

Quality Reporting Office Hours

Claire Ostarello, Senior Quality and Regulatory Affairs Associate, QRA

Annette Antos, AQI Senior Registry Operations Manager

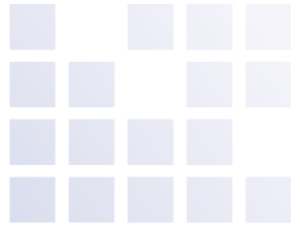
Javeria Ali, AQI Registry Operations Associate

December 2021



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Agenda

AQI

- **2021 Quality Reporting Deadlines**
- **2021 MIPS Reporting Requirements**
- **Improvement Activity Attestation via NACOR**
- **Data Review**
- **AQI Practice Audits**

QRA

- **CMS Updates**
 - **2022 QPP Final Rule Released**
 - Key provisions for 2022
 - What's to come in 2023
 - **MIPS Value Pathways (MVPs)**
 - What we know from the Final Rule
 - Reporting requirements
 - A look at the anesthesia MVP

AQI Update

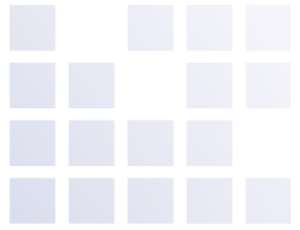
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2021 Quality Reporting Deadlines

Date	Deadline
January 31, 2022	<ul style="list-style-type: none">• Submission of January - November 2021 data• Improvement Activity Attestation• Individual Quality Reporting Consent Submission• CMS opt-out for Individual Reporting• TIN/NPI Reconciliation
February 15, 2022	<ul style="list-style-type: none">• Submission of December 2021 data and any corrected files



Reporting Requirements



Quality Component

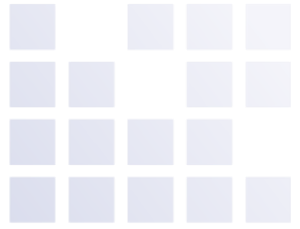
- Reporting at least 6 measures (with one being an outcome or high-priority measure)
- Measures must meet the 20-case minimum to be scored
- Reporting rate must be at least 70% of all eligible cases across all payers for each measure reported

Improvement Activity

- To receive full credit, you must submit activities worth 40 points and have a continuous 90-day performance period or otherwise stated in the activity description
- High-Weighted is worth 20 points and Medium-Weighted is worth 10 points
- **For **group reporting**, a group can attest to an activity when at least 50% of the clinicians in the group perform the same activity during any continuous 90-day period (or as specified in the activity description) in the same performance year.



**Improvement Activity
Attestation Demo-
Group Reporting**



Group Reporting Attestation

Reminder: This process should be followed for practices who are group reporting

- Log in to the NACOR, and select Quality Measure then select Improvement Activity List located on the left side menu

2021 Group Improvement Activities

Export the provider list to track 50% of the providers participated in the IA. The provider list can be maintained for documentation.

NPI List Export

0 total

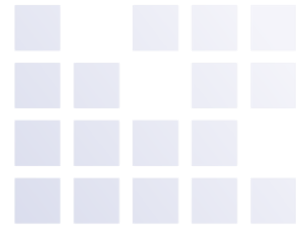
No data to display

Step 1. Click Quality Measures then Improvement Activity List

Use the drop-down menu to select TIN* (For practices that may be reporting multiple TINs)

Step 2. Click this button to begin attesting




Group Reporting Attestation



— To add a new Improvement Activities (IA) click 

Improvement Activity

IA_AHE_5 - MIPS Eligible Clinician Leadership in Clinical Trials or CBPR x

Start Date	End Date	Documentation Date	Weight
01/01/2021 	03/31/2021 	06/17/2021 	Medium

Comment

Optional field (e.g. record documentation type and where you saved it)

All three checkboxes must be checked in order for the Improvement Activity to be submitted to CMS

- I attest that 50% of the clinicians who have a National Provider Identifier (NPI) in this group participated and/or completed the IA during a continuous 90-day period (or the time period as specified in the activity description) in the same 2020 performance year.
- I attest that I have documentation that confirms (1) those NPIs that completed this IA; (2) that at least 50% of the NPIs within the group completed this IA; and (3) that the IA was completed based upon the CMS [Data Validation criteria](#) for this improvement activity available on the CMS Quality Payment Program [website](#).
- I understand this documentation must be maintained for 6 years and is subject to audit by AQI, CMS and/or CMS contractors. I will provide this documentation if selected for an audit.

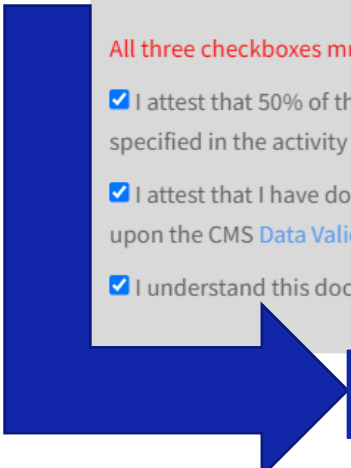
Step 6. Click to save IA

Step 3. Select the IA from the drop-down list

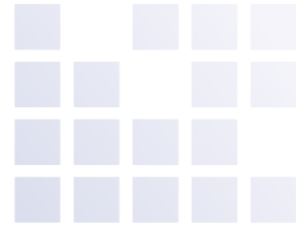
Step 4. Enter the start, end, and documentation dates (min. 90-day period)

Optional field (e.g. record documentation type and where you saved it)

Step 5. Check each box



Group Reporting Attestation



– To view or edit the list of Improvement Activities (IA) that the group is attesting for:

NACOR[®]
Anesthesia Quality Institute[®]

ORS Test Practice x

XXXXX3333(ABC TIN) x

Dashboard

Quality Measures

Improvement Activity List

Provider Performance List

TIN Performance Summary

Data

Data Export

Historic Submissions

Resources

Admin

Account

QCQR - Group

2019 2020 2021

2021 Group Improvement Activities

Export the provider list to track 50% of the providers participated in the IA. The provider list can be maintained for documentation.

NPI List Export

The IA list will show here

To make any edits select icon on left and select again to save

Improvement Activity	Start Date	End Date	Documentation Date	Weight
IA_AHE_5 - MIPS Eligible Clinician Leadership in Clinical Trials or CBPR	01/01/2021	03/31/2021	06/17/2021	Medium

All three checkboxes must be checked in order for the Improvement Activity to be submitted to CMS

- I attest that 50% of the clinicians who have a National Provider Identifier (NPI) in this group participated and/or completed the IA during a continuous 90-day period (or the time period as specified in the activity description) in the same 2020 performance year.
- I attest that I have documentation that confirms (1) those NPIs that completed this IA; (2) that at least 50% of the NPIs within the group completed this IA; and (3) that the IA was completed based upon the CMS [Data Validation criteria](#) for this improvement activity available on the CMS Quality Payment Program [website](#).
- I understand this documentation must be maintained for 6 years and is subject to audit by AQI, CMS and/or CMS contractors. I will provide this documentation if selected for an audit.

1 total



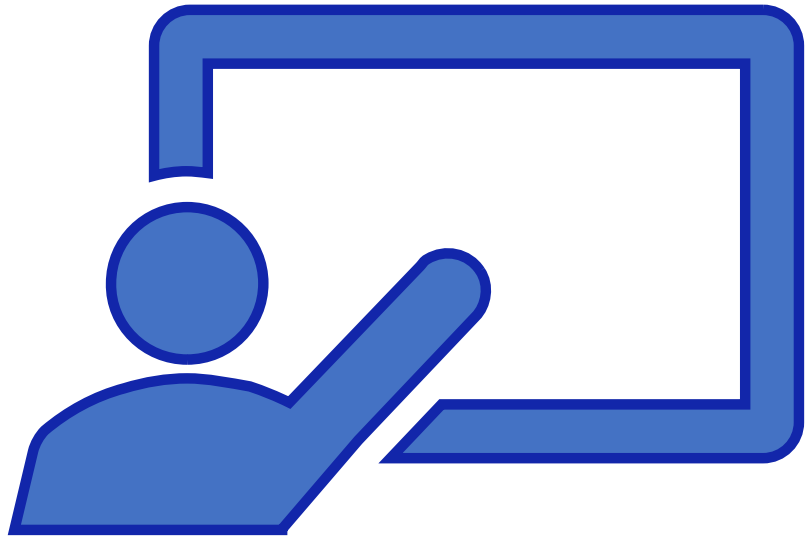
Group Reporting Attestation

2021 Group Improvement Activities

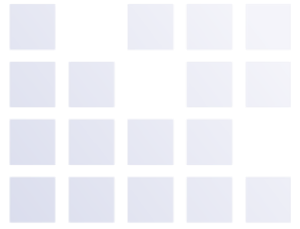
Export the provider list to track 50% of the providers participated in the IA. The provider list can be maintained for documentation.



Npi	First Name	Last Name	Provider Type	Provider Status	Completed IA_AHE_6 - Provide Education Opportunities for New Clinician	Completed IA_BE_13 - Regularly assess the patient experience of care
3000000039	Abdul	Grennan	Anesthesiologist	Active	Yes	Yes
3000000069	Ahmad	Wark	Registered Nurse	Active	Yes	Yes
3000000068	Alan	Mitchel	Anesthesiologist	Active	Yes	Yes
3000000074	Alberto	Mohr	Certified Registered Nurse Anesthetist (CRNA)	Active	Yes	Yes
3000000048	Alejandro	Rostad	Anesthesiologist	Active	Yes	
3000000094	Alvin	Nuckols	Anesthesiologist	Active	Yes	
3000000066	Arden	Platt	Anesthesiologist	Active	Yes	Yes
3000000072	Arnold	Denicola	Certified Anesthesiologist Assistant (AA)	Active	Yes	Yes



Improvement Activity Attestation Instructions- Individual Reporting

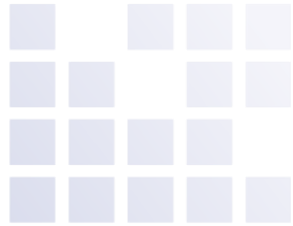


Individual Provider Attestation


Reminder: This process should be followed for practices who are reporting individually

- Log in to the NACOR dashboard and select Quality Measure then select Improvement Activity List located on the left side menu

The screenshot shows the NACOR Anesthesia Quality Institute® dashboard. At the top, there is a logo and a header with a drop-down menu showing "ORS Test Practice x". Below this is a text input field containing "XXXXX3333(DCAA) x". A blue callout box with an arrow points to this field, containing the text: "Use the drop-down menu to select TIN* (For practices that may be reporting multiple TINs)". Below the input field is a sidebar menu with the following items: "Dashboard", "Quality Measures", "Improvement Activity List", "Provider Performance List", and "TIN Performance Summary". Two blue callout boxes with arrows point to the "Quality Measures" and "Improvement Activity List" items, labeled "Step 1: Select" and "Step 2: Select" respectively.



Individual Provider Attestation

– To add a new Improvement Activities (IA) click 
2021 Individual Improvement Activities Multiple Add

Step 1:
Select your
IA from the
drop-down
menu

Improvement Activity

Select Activity

Start Date End Date Documentation Date

Comment

Both checkboxes must be checked in order for the Improvement Activity to be submitted to CMS

I attest that I have documented (1) the NPI that completed this IA; and (2) that the IA was completed based upon the CMS [Data Validation criteria](#) for this improvement activity available on the [Improvement Program website](#).

I understand this documentation is maintained for 6 years and is subject to audit by AQI, CMS and/or CMS contractors. I will provide this documentation if selected for an audit.

Step 2: Enter the
start, end, and
documentation dates
(min. 90-day period)

**Optional field (e.g. record
documentation type and
where you saved it)**

Step 3: Select
both
checkboxes.

Step 4: Select
the box for the
provider(s) for
which you are
attesting for

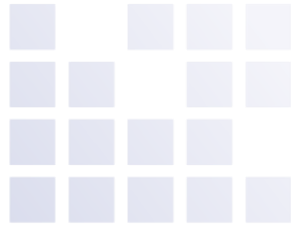
Providers

- Select all
- 3000000109
- 3000000110

Add

**For Individual Reporting
make sure not to select all.
This will result in an
incorrect attestation**

Step 5: Select to save IA



Individual Provider Attestation

- To view IA by provider select the provider from the drop-down menu

2021 Individual Improvement Activities

Providers

Bolt , King - 3000000077

Select the drop down and select the provider to view their IA list

IA list will appear in this box

Select the icon on the left to make any changes, and select again to save changes

Improvement Activity	Start Date	End Date	Documentation Date	Weight
IA_AHE_5 - MIPS Eligible Clinician Leadership in Clinical Trials or CBPR	01/01/2021	03/31/2021	06/17/2021	Medium

Comment

Both checkboxes must be checked in order for the Improvement Activity to be submitted to CMS

I attest that I have documentation that confirms (1) the NPI that completed this IA; and (2) that the IA was completed based upon the CMS [Data Validation criteria](#) for this improvement activity available on the CMS Quality Payment Program [website](#).

I understand this documentation must be maintained for 6 years and is subject to audit by AQI, CMS and/or CMS contractors. I will provide this documentation if selected for an audit.

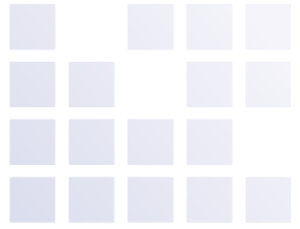
Improvement Activity

IA_BE_4 - Engagement of patients through implementation of improvements in patient portal

Start Date	End Date	Documentation Date	Weight
01/01/2021	03/31/2021	06/17/2021	Medium

Comment

Data Review



Benefits of reviewing your data:

- Checks the accuracy and completeness of your data
- Allows you to identify measure gaps
- Monitor provider's performance in meeting the reporting requirements
- Verify TIN and NPIs
- Verify that your reporting option QR (MIPS measures only) or QCDR (MIPS and AQL measures) is correct
- If issues are identified allows time to correct and resubmit data prior to CMS data submission deadlines

Utilize the NACOR dashboard reports

- **Total Number of Cases and Total Number of Cases with Quality Codes:** Quick glance of how many cases were submitted per month, breaks down the number of cases with billing and quality data.
- **Provider Performance List:** Quick look at how each measure is being reported and the corresponding performance rate (how many cases are meeting the measure performance)
- **TIN Performance Summary:** Shows how many providers meet CMS requirements based on the data that is submitted (important for practices who are reporting as individuals).

2021 AQI Quality Reporting Practice Audits

- To remain in good standing as a Qualified Registry and Qualified Clinical Data Registry, AQI and its registry, NACOR, is required to submit an annual data validation plan to the Centers for Medicare & Medicaid Services (CMS) based on the results of the practice audits.
 - 2021 practice audits have begun!
 - Practices were randomly selected and were notified via certified mail and email
 - Practices will be audited in the Quality, Improvement Activity and possibly the Promoting Interoperability Components
 - Audits must be completed and reviewed before data can be submitted to CMS in March 2022
 - Audits will begin before end of 4th Quarter

Audit Checklist MIPS 404: Smoking Abstinence

Documentation Checklist		
Denominator Criteria		
Data Element	Suggested Documentation Source(s)	
<ul style="list-style-type: none"> Encounter Date (date of service) Patient's age or date of birth on date of encounter Patient sex Encounter CPT Code used to bill service (ASA CPT code) 	<ul style="list-style-type: none"> HCFA claim form OR Screen shot from billing system. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Patient is a current smoker (e.g. cigarette, cigar, pipe, e-cigarette or marijuana) (G9642) 	<ul style="list-style-type: none"> Medical record documentation clearly stating patient is a current smoker. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Surgery was elective. 	<ul style="list-style-type: none"> Medical record documentation stating case was elective. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Received <i>instruction</i> from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery: (G9497) 	<ul style="list-style-type: none"> Medical record (may reside in preop clinic record) documentation that patient was counseled to abstain from smoking day of surgery. 	<input type="checkbox"/>
Numerator Option		
Note: Provide documentation for the numerator code that was reported for the case)		
<ul style="list-style-type: none"> Performance Met: Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure (G9644) 	<ul style="list-style-type: none"> Medical record documentation clearly showing the patient was a smoker and abstained from smoking the day of surgery. 	<input type="checkbox"/>
<ul style="list-style-type: none"> Performance Not Met: Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure (G9645) 	<ul style="list-style-type: none"> Medical Record documentation clearly showing the patient smoked on the day of surgery. 	<input type="checkbox"/>

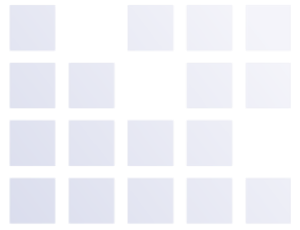
AQI Office Hours – December 2021 QRA Update

Claire Ostarello, Senior Quality and Regulatory Affairs Associate



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2022 Quality Payment Program Final Rule

CMS released the 2022 QPP Final Rule November 2, 2021

Key Provisions for 2022:

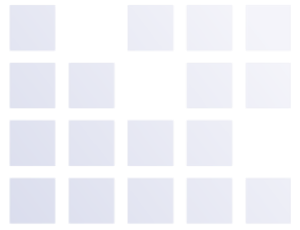
1. Performance Threshold set at 75 points and exceptional performance 89 points
 - +/-9% payment adjustment
2. Data completeness requirement is set at 70% (2022/2023)
3. Quality 30%, Cost 30%, Improvement Activities 15%, Promoting Interoperability 25%
4. CMS retired QID#44: Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery measure from the MIPS program.
5. The Perioperative Surgical Home improvement activity (IA_CC_15) is now a “High” weighted improvement activity.
6. CMS Finalized 7 MIPS Value Pathways, one of them being related to anesthesia.
 - The Patient Safety and Support of Positive Experiences with Anesthesia MVP has been finalized.

More to Come in the 2023 Performance Year



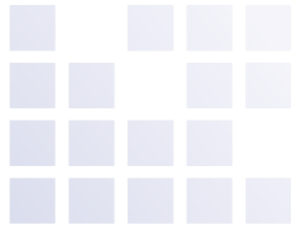
Looking Ahead to Performance Year 2023

1. 3-point floor removed for quality measure scoring
2. Maintaining the 70% data completeness requirement
3. MIPS Value Pathways
 - CMS finalized the Support of Positive Experiences with Anesthesia MVP



MIPS Value Pathways

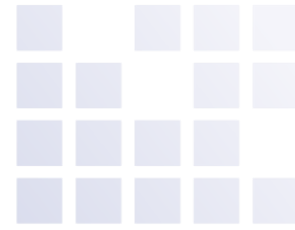
- CMS Finalized 7 MIPS Value Pathways, one of them being related to anesthesia
 - The Patient Safety and Support of Positive Experiences with Anesthesia MVP has been finalized.
- Delayed until 2023 performance year
- Voluntary reporting through the 2027 performance year
- Each MVP is made up of the four existing performance categories



MIPS Value Pathways

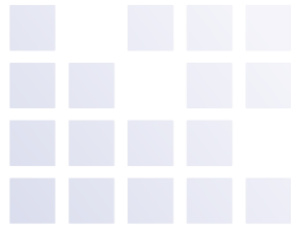
- Reporting requirements for MVPs
 - 4 quality measures
 - 2 Med IAs or 1 High IA
 - Cost – included in the MVP
 - Foundational Layer (MVP agnostic) – Population health measure and PI category
- Registration process: April 1st – November 30th of the applicable performance year
- For more information and a timeline of events please visit the MVP page on the QPP website: <https://qpp.cms.gov/mips/mips-value-pathways>

The Patient Safety and Support of Positive Experiences with Anesthesia MVP – Table G



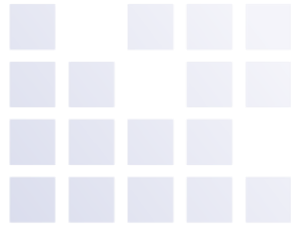
Quality	Improvement Activities	Cost
(!!) Q404: Anesthesiology Smoking Abstinence (MIPS CQMs Specifications)	(*) IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)	Medicare Spending Per Beneficiary (MSPB) Clinician
(!!) Q424: Perioperative Temperature Management (MIPS CQMs Specifications)	IA_BE_22: Improved practices that engage patients pre-visit (Medium)	
(*)(!) Q430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy (MIPS CQMs Specifications)	IA_BMH_2: Tobacco use (Medium)	
(*)(!) Q463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics) (MIPS CQMs Specifications)	IA_CC_2: Implementation of improvements that contribute to more timely communication of test results (Medium)	
(!) Q477: Multimodal Pain Management (MIPS CQMs Specifications)	(*) IA_CC_15: PSH Care Coordination (High)	
(!!) AQ148: Patient-Reported Experience with Anesthesia (QCDR)	IA_CC_19: Tracking of clinician’s relationship to and responsibility for a patient by reporting MACRA patient relationship codes (High)	
(!) AQ169: Intraoperative Antibiotic Redosing (QCDR)	(*)(~) IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient’s Medical Records (High)	
	IA_PSPA_1: Participation in an AHRQ-listed patient safety organization (Medium)	
	(~) IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements (Medium)	
	IA_PSPA_16: Use of decision support and standardized treatment protocols (Medium)	
	IA_PSPA_20: Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes (Medium)	

Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission Rate for the Merit-Based Incentive Payment Program (MIPS) (Administrative Claims)	Prevention of Information Blocking
Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Administrative Claims)	e-Prescribing
	Query of the Prescription Drug Monitoring Program (PDMP) (Optional)
	Provide Patients Electronic Access to Their Health Information
	Support Electronic Referral Loops By Sending Health Information
	Support Electronic Referral Loops By Receiving and Reconciling Health Information
	Health Information Exchange (HIE) Bi-Directional Exchange
	Immunization Registry Reporting
	Syndromic Surveillance Reporting
	Electronic Case Reporting
	Public Health Registry Reporting
	Clinical Data Registry Reporting
	Security Risk Analysis
	(^) Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)



Helpful Resources

- QPP Resource Library
 - <https://qpp.cms.gov/about/resource-library>
 - [QPP Improvement Activity Information](#)
- ASA MACRA webpage
 - <https://www.asahq.org/macra>
 - [ASA Documentation Guidance](#)
- AQI Quality Reporting Materials
 - <https://www.aqihq.org/MACRAOverview.aspx>
- QPP Help Desk
 - QPP@cms.hhs.gov



Contact Quality and Regulatory Affairs

- Questions and comments on quality measures and regulatory information (e.g. reporting requirements, CMS regulation) should be sent to Quality and Regulatory Affairs staff.

Quality and Regulatory Affairs

(qra@asahq.org)

<https://www.asahq.org/macra>





Next Office Hours

January Office Hours will be posted to the AQI website the week of 17th

If you have any topics that you would like us to cover during office hours, please email askaqi@asahq.org