Quality Reporting Office Hours

Claire Ostarello, Senior Quality and Regulatory Affairs Associate, QRA

Annette Antos, Senior Registry Operations Manager
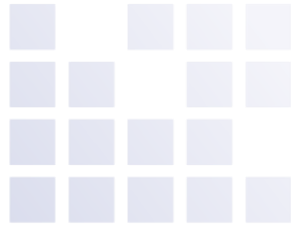
December 2022

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Agenda

AQI

- 2022 Quality Reporting Deadlines
  - IA Attestation
  - Individual Provider Consent
  - TIN/NPI Reconciliation
- FTP Access
- Audits (AQI and CMS MIPS)

QRA

- CMS Updates
  - 2023 Quality Payment Program Final Rule Overview
  - MIPS Value Pathways Implementation
  - CMS Approves AQI NACOR 2023 QCDR measures
- Quality and Regulatory Affairs Updates
  - 2023 QCDR Measure Book to be posted
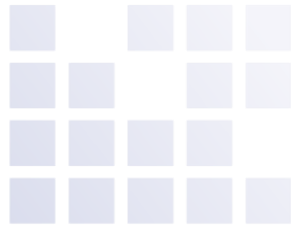 - New ASA MACRA Website to be launched

AQI Update

Annette Antos, Senior Registry Operations Manager

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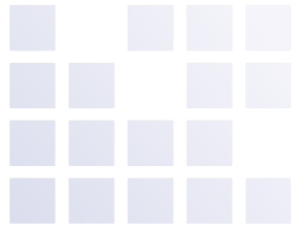# 2022 Quality Reporting Deadlines

Date	Deadline
January 31, 2023	• Submission of January - November 2022 data • Improvement Activity Attestation • Individual Quality Reporting Consents • CMS opt-out for Individual Reporting • TIN/NPI Reconciliation
February 15, 2023	• Submission of December 2022 data and any corrected files
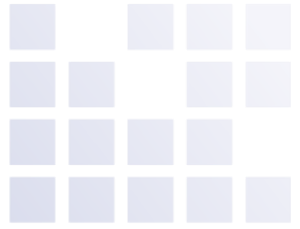
Improvement Activity Attestation

– 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

– 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

– Instructions for attesting in the NACOR dashboard can be found here.

**Attestations must be completed by January 31, 2023

Individual Reporting Consent

- Applies to practices registered for individual reporting.

- Consents with missing fields cannot be processed and will be sent back to the practice for corrections

- 2022 Individual Quality Reporting Consent

** Provider consents must be returned by January 31, 2023.

If you have any questions email askaqi@asahq.org.
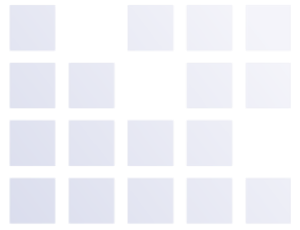
TIN/NPI Reconciliation

- As we near the end of the MIPS reporting year, it is important that practice champions take the time to audit their provider lists and verify the TIN on file

- Updating your list ensures AQI has the current list of providers for your practice and assists with the reconciliation billing process that will occur in March 2023

- Champions have the ability to inactivate and disable providers that have retired or left the practice.

- Please refer to this guide to audit your provider lists.
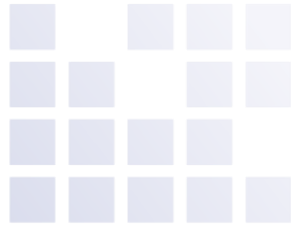
Ready to Submit Data – FTP Access

– All FTP accounts are disabled if no activity occurs within a 90-day window.

– To enable your account, submit a help desk ticket to nacorsupport@asahq.org.

– No impact on user access for the NACOR dashboard
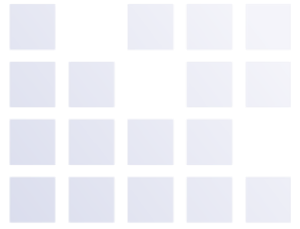
AQI Practice Audits

- To remain in good standing as a Qualified Registry and Qualified Clinical Data Registry, AQI's NACOR registry is required to submit an annual data validation plan to the Centers for Medicare & Medicaid Services (CMS).

- AQI sent letters to randomly selected practices starting in November. Additional practices may be selected.

- Practices will be audited in the Quality (50 cases), one Improvement Activity and Promoting Interoperability (if applicable)

- Practices have 45 days to upload the requested documentation to the AQI audit tool.

CMS MIPS Data Validation and Audit (DVA) beginning January 2023
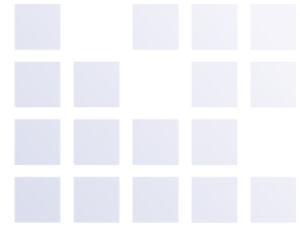
CMS contracted with Guidehouse to conduct data validation and audits of MIPS eligible clinicians or groups for the 2019, 2020, and 2021 performance years. Audits to begin in January 2023.

- If your practice is selected for audit, you will receive a request for information from Guidehouse. The request will be e-mailed to selected clinicians via the MIPS DVA contractor's email address (**MIPS_DVA@guidehouse.com**).

- Documentation must be submitted to Guidehouse within 45 days from the date of the notice. Examples of documentation may include: copies of claims, medical records for applicable patients, or other resources used in the data calculations for MIPS measures, objectives, and activities. Primary source documentation also may include verification of records for Medicare and non-Medicare patients where applicable.

- Please note, failure to provide the requested information for the data validation and audit could result in a payment adjustment in accordance with the legislative authority set forth in §§ 405.980 through 405.986. It may also increase the possibility that you will be selected for future data validation and audits.
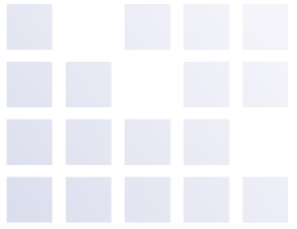
December Office Hours – QRA Update

December 13, 2022

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MIPS Regulations for 2023

The Quality and Cost performance category percentages are now 30% each (as required by law).

2025 Payment adjustment based on 2023 performance and participation = + / - 9%.

Performance threshold to avoid a payment penalty remains at 75 points.

Data completeness threshold for quality performance category is proposed to increase to 75% for **2024 and 2025** performance periods; it **REMAINS** 70% for 2023 performance year.

Performance category weights may change based on clinician special status (Most anesthesiologists and/or their groups have their scores reweighted to 85% quality and 15% improvement activities)

30% Quality

30% Cost

15% Improvement Activities

25% Promoting Interoperability
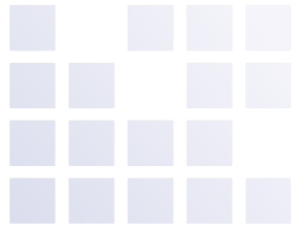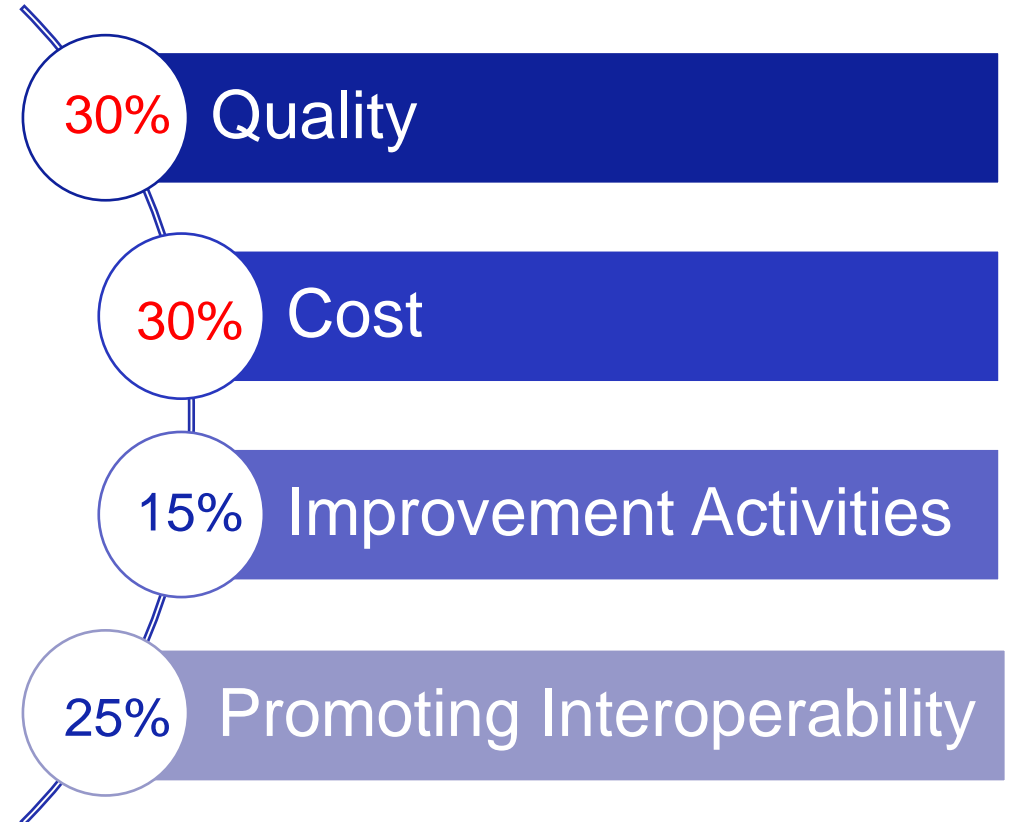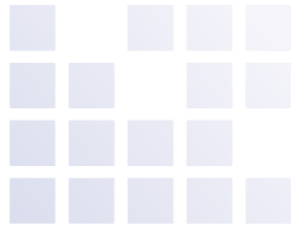
2023 MIPS Performance Threshold Score

75 points

MIPS performance score needed to avoid a negative adjustment and points needed to earn an exceptional performance bonus.

No Performance Bonus….

Unless Congress acts, the Exceptional Bonus opportunity for groups will expire on January 1, 2023.

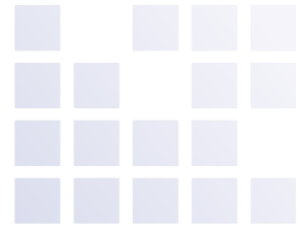| Finalized 2025 MIPS Payment Adjustments (Performance Year 2023)	
Final Score Points	**MIPS Adjustment**
0.0-18.75	Negative 9%
18.76-74.99	Negative MIPS payment adjustment greater than negative 9% and less than 0% on a linear sliding scale
75	0% adjustment
75.01-100.00	Positive MIPS payment adjustment greater than 0% on a linear sliding scale ranging from 0 to 9% for scores from 75.01 to 100.00.

MIPS Value Pathways (2023)

1. Advancing Cancer Care

2. Optimal Care for Kidney Health

3. Optimal Care for Patients with Episodic Neurological Conditions

4. Supportive Care for Neurodegenerative Conditions

5. Promoting Wellness

6. Advancing Rheumatology Patient Care

7. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes

8. Advancing Care for Heart Disease

9. Optimizing Chronic Disease Management

10. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine

11. Improving Care for Lower Extremity Joint Repair

12. Patient Safety and Support of Positive Experiences with Anesthesia

Patient Safety and Support of Positive Experiences with Anesthesia MVP (2023)

Quality (Choose 4)	Improvement Activities (Choose 2 Medium or 1 High)
• QID 404: Anesthesiology Smoking Abstinence • QID 424: Perioperative Temperature Management • QID430: Prevention of Post-Operative Nausea and Vomiting (PONV) Combination Therapy • QID463: Prevention of Post-Operative Vomiting (Pediatrics) • QID477: Multimodal Pain Management • AQI48: Patient-Reported Experience with Anesthesia • AQI69: Intraoperative Antibiotic Redosing	• IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High) • IA_BE_22: Improved practices that engage patients pre-visit (Medium) • IA_BMH_2: Tobacco use (Medium) • IA_CC_2: Implementation of improvements that contribute to more timely communication of test results (Medium) • IA_CC_15: PSH Care Coordination (High) • IA_CC_19: Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes (High) • 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_PCMH: Electronic submission of Patient Centered Medical Home accreditation. • 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)

Cost	Population Health Measures	Promoting Interoperability
• Medicare Spending Per Beneficiary	• QID479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Groups (Administrative Claims) • QID484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Administrative Claims)	Anesthesiologists typically have an exception from reporting. See CMS and/or ASA websites for more information.

# Choosing whether to report "Traditional MIPS" *v* an "MVP"

Traditional MIPS	MIPS Value Pathways
Available in 2023 and most likely will be sunset after 2027.	Available beginning in 2023 and may entirely replace "Traditional MIPS" structure in 2028.
Seen as encouraging the continuation of a Fee-for-Service structure.	Intended to be a stepping-stone toward inclusion in Alternative Payment Models
Quality Measures – *any* MIPS measures and QCDR measures applicable to anesthesiology.	Limited number of anesthesiology measures available to choose.
Improvement Activities – Choose any of the 100+ Improvement Activities.	Limited to anesthesiology-specific improvement activities designated by ASA and CMS.
Reporting burden: 6 quality measures; 1 high or 2 medium rated improvement activities	**Reporting burden:** 4 quality measures; 1 high or 2 medium rated improvement activities
Multispecialty groups can report six measures from any specialty and still meet thresholds.	Multispecialty groups will need to establish subgroups based upon specialty in future years.
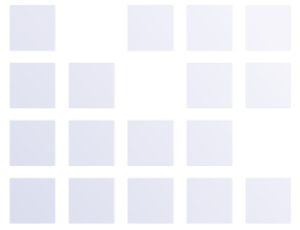
Anesthesiology Measure Set (2023)

– Reporting for the Merit-based Incentive Payment System (MIPS) via **Qualified Registry or QCDR options**:

– ~~QID #76: Prevention of CVC-Related Bloodstream Infections*~~

– QID #404: Anesthesiology Smoking Abstinence* (Intermediate Outcome)

– QID #424: Perioperative Temperature Management* (Outcome)

– QID #430: Prevention of PONV - Combination Therapy*

– QID #463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)*

– QID #477: Multimodal Pain Management*

* designates a "high priority" measure

2023 AQI NACOR Qualified Clinical Data Registry Measures *(Report via QCDR option only)*
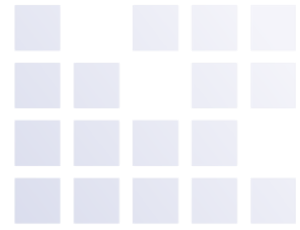
AQI18: CABG – Prolonged Intubation

AQI48: Patient-Reported Experience with Anesthesia

AQI49: Adherence to Blood Conservation Guidelines

AQI56: Use of Neuraxial Techniques/Peripheral Nerve Blocks for TKA

~~AQI57: Safe Opioid Prescribing~~

~~AQI62: Obstructive Sleep Apnea: Patient Education~~

AQI65: Avoidance of Cerebral Hyperthermia for CABG

AQI66: Obstructive Sleep Apnea: Mitigation Strategies

AQI67: Consultation for Frail Patients

AQI68: Obstructive Sleep Apnea: Mitigation Strategies

AQI69: Intraoperative Antibiotic Redosing

AQI71: Ambulatory Glucose Management

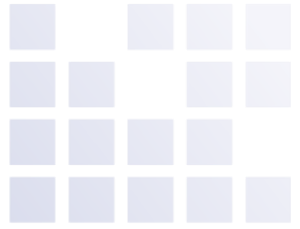AQI72: Perioperative Anemia Management

AQI73: Prevention of Arterial Line-Related Bloodstream Infections

~~Quantum31: Central Line Ultrasound Guidance~~

ePreop31: Intraoperative Hypotension among Non-Emergent Noncardiac Surgery Cases

ABG41: Upper Extremity Nerve Blockade in Shoulder Surgery

ABG43: Use of Capnography for Non-Operating Room Anesthesia

Quality and Regulatory Affairs Update

Year-end Updates

- ASA will be launching a new MACRA website by year-end

- 2023 QCDR Measure Specification Book will be posted in the coming weeks

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

Slides and Recording

Slides will be sent out after the webinar. The slides and a recording of today's presentation will be available on the AQI website by end of week.

Happy Holidays!