

Quality Reporting Office Hours

Claire Ostarello, Quality Associate

Annette Antos, AQI Senior Registry Services Manager

Javeria Ali, AQI Registry Operations Associate

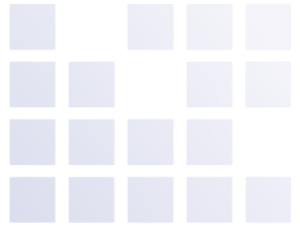
July 14, 2020



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Agenda



QRA

- CMS Announcements:
 - 2020 QPP Hardship Exemption
 - COMING SOON: 2021 QPP Proposed Rule, 2019 MIPS Final Scores
- QRA Updates
 - In Progress: 2021 QCDR Self-Nomination Period

AQI

- Office Hours Survey Results
- 2019 Historic Data (NACOR Dashboard)
- Improvement Activities Component
- Reporting for Locum Providers
- Opt-In versus Voluntary Reporting

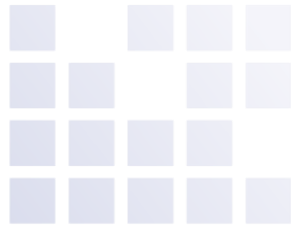
Quality and Regulatory Affairs Update

Claire Ostarello | July 14, 2020



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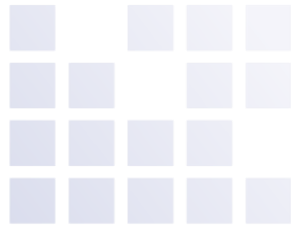


CMS Announcements

2020 Extreme and Uncontrollable Circumstances Exception:

<https://qpp.cms.gov/mips/exception-applications>

What	MIPS Extreme and Uncontrollable Circumstances Exception Application allow you to request one or more performance categories be reweighted to 0%.
Who	Individual Clinicians, Groups, and Virtual Groups
Why	<p>You can submit an application to have your MIPS Quality, Cost, Improvement Activities, and/or Promoting Interoperability performance categories reweighted to 0% if:</p> <ul style="list-style-type: none">• You experience an extreme and uncontrollable circumstance outside of your control, such as a natural disaster or public health emergency (e.g. COVID-19 pandemic), that prevents you from collecting data for an extended period of time, or that could impact your performance on cost measures.
When	Now through December 31, 2020 8 p.m. ET

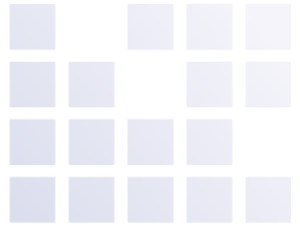


CMS Announcements (cont.)

Coming Soon:

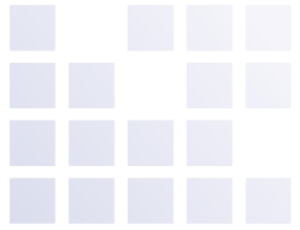
- 2019 MIPS Final Scores to be released this month
- 2021 QPP Proposed Rule to be released any day

Check the CMS QPP website for updates and the release of this information: <https://qpp.cms.gov/>



Quality and Regulatory Affairs Update

- QRA is currently working on the 2021 QCDR Self-Nomination application to CMS.
- The nomination period is open until September 1st



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/quality-and-practice-management>

AQI Update

Annette Antos, AQI Senior Registry Operations Manager

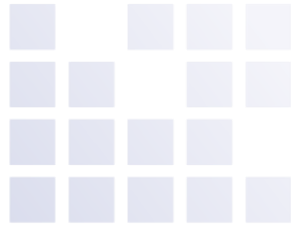
Javeria Ali, AQI Registry Operations Associate



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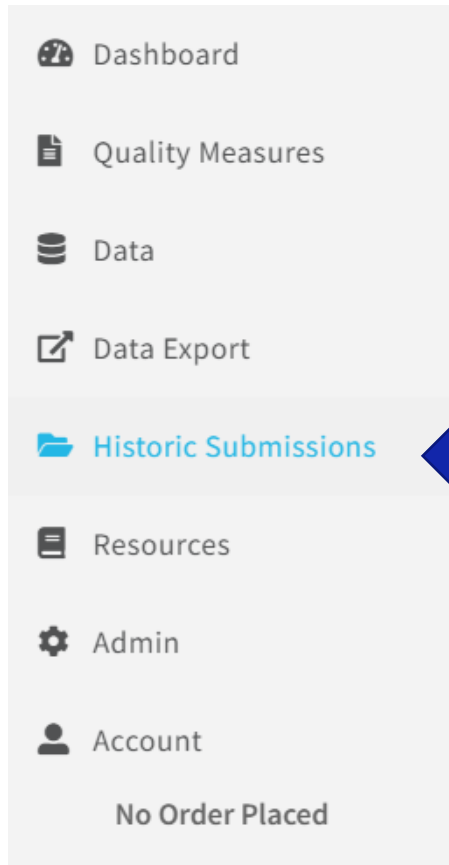
Survey Results



Common Themes

- 65% of respondents like the current format
- Send out slides before the webinar
- Pre-submission of questions
- More frequent reminders
 - Reminders will be sent out one week before and the day before office hours
- Future Topics
 - Effect of Covid-19 on 2020 MIPS
 - MIPS Value Pathways
 - Ways to use the NACOR Dashboard
 - Better understanding of measures/most used measures

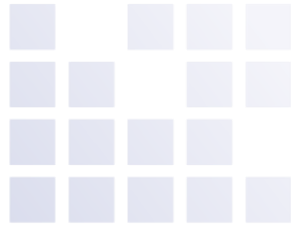
2019 Historic Submission Data (NACOR Dashboard)



In preparation for the 2019 Final MIPS scores the 2019 historic submission data has been added to the NACOR Dashboard.

To access the data:

- Click on Historic Submissions from the main menu on the left side of the dashboard





2019 Historic Submission Data

Historic Submissions

Year
2019

Select a year by clicking on the drop down menu

Group/Individual	NPI	QR/QCDR	TIN	Year	
Group		QCDR	720732206	2019	 

Reports available in PDF and excel

Improvement Activities Category



Improvement Activities component is still 15% of the total MIPS score



ECs/groups must complete activities worth 40 points

High Weighted Activities worth **20 points**

Medium Weighted Activities worth **10 points**



For groups to attest to an activity at least 50% of the clinicians (in the group) must perform the same activity during any continuous 90-day period, or as specified in the activity description, within the same performance period



Special reweighting for the following providers: Small, rural, HPSA and non patient-facing ECs/groups

High Weighted Activities worth **40 points**

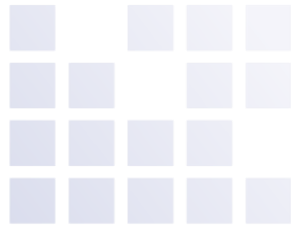
Medium Weighted Activities worth **20 points**



Perform activities for minimum of **90 days and maintain documentation for six years**



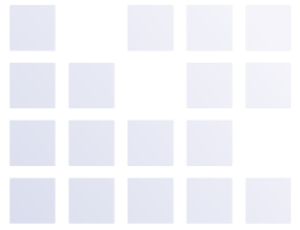
Complete attestation through NACOR dashboard



Improvement Activities – Top Attestations

The top 5 Improvement Activities reported by practices to NACOR in 2019 were:

Activity ID	Improvement Activity
PSPA_1	Participation in an AHRQ-listed patient safety organization
PSPA_16	Use of decision support and standardized treatment protocols
PSPA_19	Implementation of formal quality improvement methods, practice changes or other practice improvement processes
PSPA_20	Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes
BE_13	Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms



COVID-19 Improvement Activities

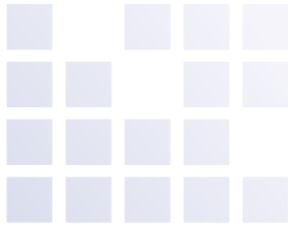
Activity ID	Improvement Activity
PM_14	Implementation of methodologies for improvements in longitudinal care management for high-risk patients
PM_18	Provide Clinical-Community Linkages
ERP_1	Participation on Disaster Medical Assistance Team, registered for 6 months
ERP_2	Participation in a 60-day or greater effort to support domestic or international humanitarian needs

For Individual Reporting Practices: How to Attest



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Individual Provider Attestation

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

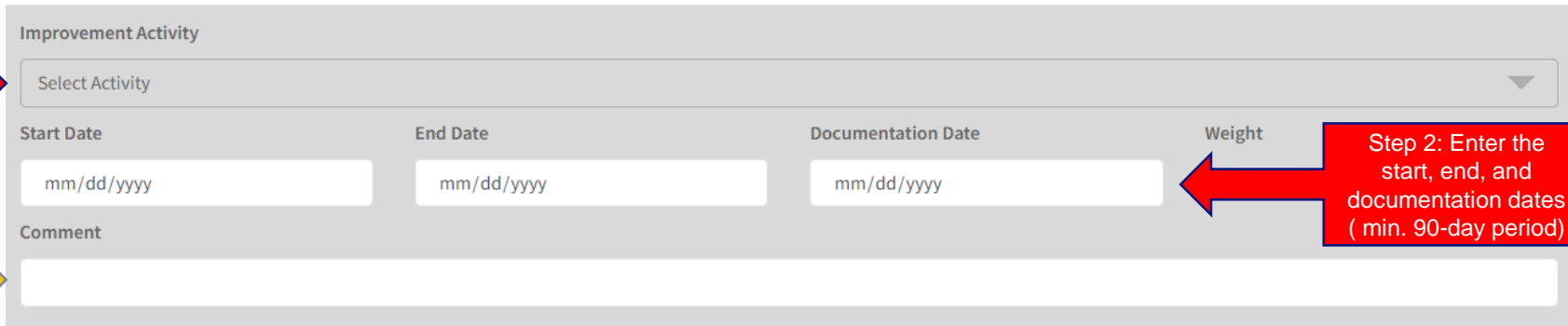
- Log in to the NACOR, and select Quality Measure then select Improvement Activity List located on the left side menu

The screenshot shows the NACOR Anesthesia Quality Institute interface. At the top left is the NACOR logo and the text 'Anesthesia Quality Institute®'. Below this are two dropdown menus: the first is labeled 'ORS Test Practice x' and the second is labeled 'XXXXX3333(DCAA) x'. The left-side menu contains the following items: 'Dashboard', 'Quality Measures', 'Improvement Activity List', 'Provider Performance List', and 'TIN Performance Summary'. Two blue arrows point to the 'Quality Measures' and 'Improvement Activity List' items, with labels 'Step 1: Select' and 'Step 2: Select' respectively.



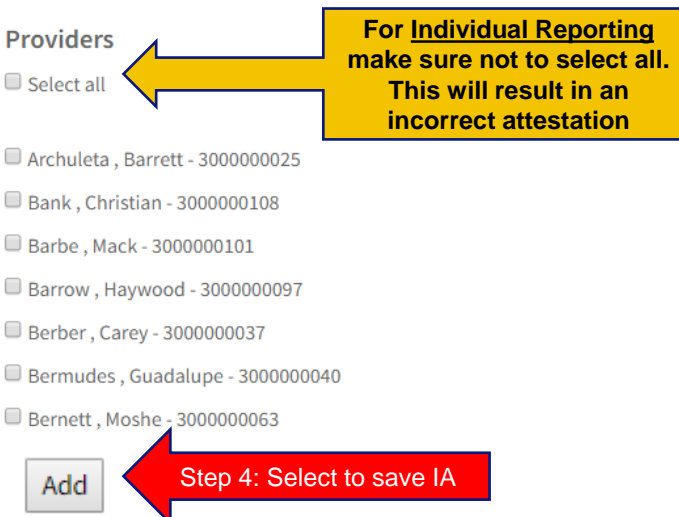
Individual Provider Attestation

– To add a new Improvement Activities (IA) click 
2020 Individual Improvement Activities Multiple Add



The screenshot shows a form titled "Improvement Activity" with the following fields:

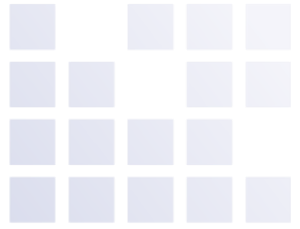
- Select Activity:** A drop-down menu. An annotation "Step 1: Select your IA from the drop-down menu" points to it.
- Start Date:** A text input field with a placeholder "mm/dd/yyyy".
- End Date:** A text input field with a placeholder "mm/dd/yyyy".
- Documentation Date:** A text input field with a placeholder "mm/dd/yyyy". An annotation "Step 2: Enter the start, end, and documentation dates (min. 90-day period)" points to this field.
- Weight:** A text input field.
- Comment:** A large text area. An annotation "Optional field (e.g. record documentation)" points to it.



The screenshot shows a list of providers with checkboxes next to their names and IDs. An annotation "Step 3: Select the box for the provider for which you are attesting for" points to the first checkbox. Another annotation "For Individual Reporting make sure not to select all. This will result in an incorrect attestation" points to the "Select all" checkbox. A third annotation "Step 4: Select to save IA" points to the "Add" button at the bottom.

Providers

- Select all
- Archuleta , Barrett - 3000000025
- Bank , Christian - 3000000108
- Barbe , Mack - 3000000101
- Barrow , Haywood - 3000000097
- Berber , Carey - 3000000037
- Bermudes , Guadalupe - 3000000040
- Bennett , Moshe - 3000000063



Individual Provider Attestation

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

2020 Individual Improvement Activities

Providers

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



IA list will appear in this box

Improvement Activity	Start Date	End Date	Documentation Date	Weight	
IA_AHE_1 - Engagement of New Medicaid Patients and Follow-up	01/01/2020	03/31/2020	03/31/2020	High	

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_PSPA_8 - Use of Patient Safety Tools	02/01/2020	04/30/2020	05/01/2020	Medium	

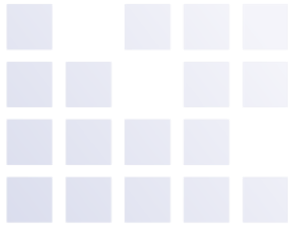
2 total

For Group Reporting Practices: How to Attest



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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

The screenshot shows the NACOR Anesthesia Quality Institute interface. At the top left is the logo "NACOR[®] Anesthesia Quality Institute[®]". Below the logo are two drop-down menus. The first menu shows "ORS Test Practice x" and the second shows "XXXXX3333(DCAA) x". A blue callout box with an arrow points to the second menu, containing the text: "Use the drop-down menu to select TIN* (For practices that may have 2 TINs)". Below the menus is a vertical 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. The first callout says "Step 1: Select" and the second says "Step 2: Select".

Group Reporting Attestation



– To add a new Improvement Activities (IA) click 

2020 Group Improvement Activities

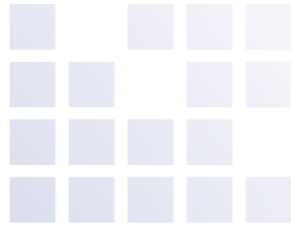


The screenshot shows a form for adding a new Improvement Activity. The form has a blue header bar. Below the header, there is a section titled 'Improvement Activity' with a plus icon in the top right corner. The form contains the following fields:

- Improvement Activity:** A drop-down menu with the text 'Select Activity'. A red arrow points to this field with the callout: 'Step 1: Select your IA from the drop-down menu'.
- Start Date:** A text input field with the placeholder 'mm/dd/yyyy'.
- End Date:** A text input field with the placeholder 'mm/dd/yyyy'.
- Documentation Date:** A text input field with the value '05/07/2020'. A red arrow points to this field with the callout: 'Step 2: Enter the start, end, and documentation dates (min. 90-day period)'.
- Weight:** A text input field.
- Comment:** A large text area for optional documentation. A yellow arrow points to this field with the callout: 'Optional field (e.g. record documentation)'.

In the top right corner of the form, there are two icons: a save icon and a close icon. A red arrow points to the save icon with the callout: 'Step 3: Select to save IA'.

1 total



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



QCDR - Group

2020 Group Improvement Activities

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_3 - Promote Use of Patient-Reported Outcome Tools	01/01/2020	03/31/2020	04/07/2020	High	 
Comment					

Improvement Activity	Start Date	End Date	Documentation Date	Weight	
IA_BE_7 - Participation in a QCDR, that promotes use of patient engagement tools.	02/01/2020	04/30/2020	05/07/2020	Medium	 
Comment					

2 total

Make sure correct TIN is selected

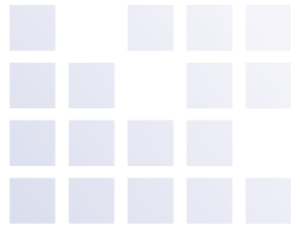
Step 1: Select

Step 2: Select

Reporting for Part Time and Locum Providers



- If a part time clinician meets the minimum eligibility requirements for MIPS he/she is required to report to MIPS to the same standard of a full time clinician.
- Locum Tenens are not considered MIPS eligible clinicians and their services should be billed under the NPI of the clinician for who they are substituting.



Opting In vs. Voluntary Reporting

- You can ***opt-in*** to MIPS if you are an eligible clinician or group who exceeds 1 or 2 (but not all 3) of the low-volume threshold criteria during either review period. If you are an eligible clinician or group who opts-in to MIPS, you will receive a MIPS final score and a payment adjustment in 2022.
- You can ***voluntarily report*** if you are a clinician or group that is not MIPS eligible. If you report voluntarily, you will receive a MIPS final score but no payment adjustment.

2020 Low-Volume Threshold

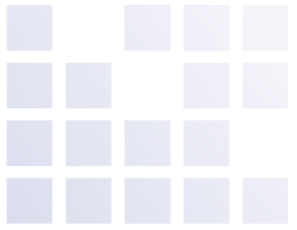
Bills at least **\$90,000** Medicare Part B charges

Or

sees **200** Medicare Part B patients in a year

OR

Provides **200** or more covered professional services under the Physician Fee Schedule (PFS)



Opt-In Scenario

- Dr. Smith is not a MIPS eligible clinician because he does not meet or exceed all three of the Low-Volume Threshold (LVT) Criteria. He bills more than \$90,000 in Medicare Part B claims and sees 200 Medicare Part B Claims patients but **does NOT** provide 200 Medicare Part B services. Because Dr. Smith meets 2 out of the 3 LVT, he can Opt-in to MIPS Reporting.
- If Dr. Smith does not want to Opt-in to MIPS reporting another reporting option available is voluntary reporting. Voluntary reporting allow physicians a chance to receive performance feedback but no payment adjustment.

2020 Low-Volume Threshold

Bills at least **\$90,000** Medicare Part B charges

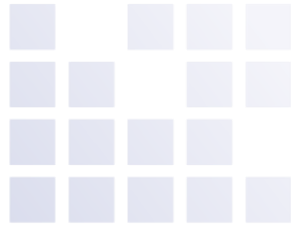
Or

sees **200** Medicare Part B patients in a year

OR

Provides **200** or more covered professional services under the Physician Fee Schedule (PFS)





Next Office Hours

Tuesday, August 11th, 2020
11am CST

To register click [here](#)

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

Slides and a recording of today's presentation will be available on the AQI
website the week of July 20th