

Quality Reporting Office Hours

Claire Ostarello, Senior Quality and Regulatory Affairs Associate, QRA

Javeria Ali, AQI Registry Operations Associate

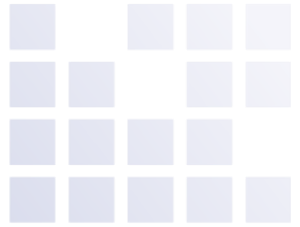
November 2021



American Society of **Anesthesiologists**[®]

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Agenda



QRA

- **CMS Updates**
 - **2022 QPP Final Rule Released**
 - Key provisions for 2022
 - What's to come in 2023
 - **Reminder: Targeted Review Deadline**

AQI

- 2021 Quality Reporting Deadlines
- AQI Quality Reporting Practice Audits
- Quality Reporting Data File Reminder Emails
- Data Auditing
- Provider List Update
- Improvement Activity Dashboard Demo
 - Group Reporting Demo
 - Individual Reporting Instructions

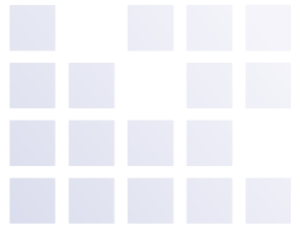
AQI Office Hours – November 2021 QRA Update

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:

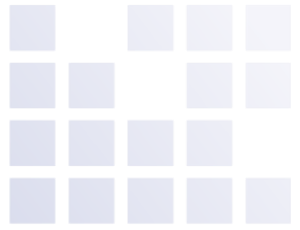
1. Performance Threshold set at 75 points and exceptional performance 89 points
 - +/-9% payment adjustment
2. Data completeness requirement is set at 70% (2022/2023)
3. Quality 30%, Cost 30%, Improvement Activities 15%, Promoting Interoperability 25%
4. CMS retired QID#44: Coronary Artery Bypass Graft (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



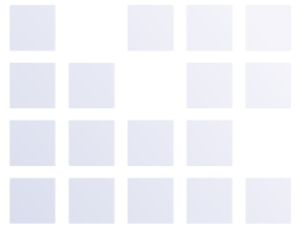
CMS Updates (cont.)

Targeted Review Deadline Extension

- The deadline to request a targeted review has been extended to **November 29, 2021, at 8:00pm (ET)**
- This can be done through your HARP account

Examples of previous targeted review circumstances include the following:

- Data was submitted under the wrong Taxpayer Identification Number (TIN) or National Provider Identifier (NPI);
- Eligibility and special status issues (e.g., the EC or group fell below the low-volume threshold and shouldn't receive a payment adjustment);
- Performance categories weren't automatically reweighted even though the EC or group qualified for reweighting due to extreme and uncontrollable circumstances.



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>

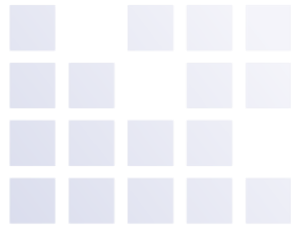
AQI Update

Javeria Ali, AQI Registry Operations Associate



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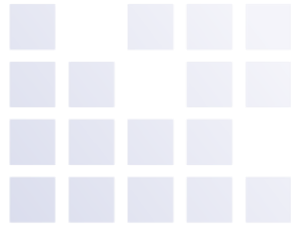
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2021 Quality Reporting Deadlines

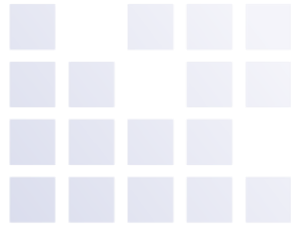
Date	Deadline
January 31, 2022	<ul style="list-style-type: none">• Submission of January - November 2021 data• Improvement Activity Attestation• Individual Quality Reporting Consent Submission• CMS opt-out for Individual Reporting• TIN/NPI Reconciliation
February 15, 2022	<ul style="list-style-type: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

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.
 - Practices are randomly selected and will be 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

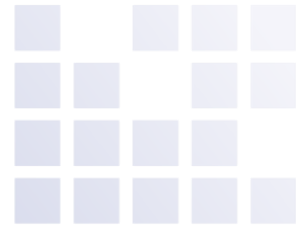




Quality Reporting data file notifications

- Starting the week of November 1st AQI began sending notifications to 2021 Quality Reporting practices via email regarding data files.
 - The notifications will indicate if a new data file has been uploaded to NACOR or if we have not yet received a data file for the 2021 reporting year.
 - **New data file** - Review the NACOR dashboard as it will allow you to monitor your providers' measure compliance as well as identify problems with measures submitted and make necessary corrections.
 - The notifications will be sent every other week through the final data submission deadline which is February 15, 2022.
- If you have any questions email askaqi@asahq.org.

Data Auditing



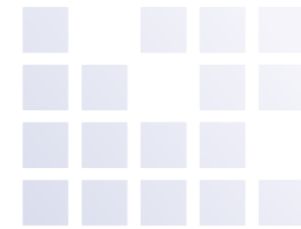
Benefits of auditing

- 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 AQR measures) is correct

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) (*important for practices who are reporting as individuals*).
- **TIN Performance Summary:** Shows how many providers meet CMS requirements based on the data that is submitted (*important for practices who are reporting as group*).

If issues are identified allows time to correct and resubmit data prior to CMS data submission deadlines



Provider List Update

- Updating your list makes your practice reports easier to understand, clears up clutter and assists with the reconciliation billing process that will occur after the new year
 - Provider names are not submitted in the data so the names must be entered manually
- Provider Status
 - Active
 - Inactive - Providers that are on a temporary leave and will be coming back to the practice
 - Remove- Providers that have retired or are no longer with the practice
- Please refer to this guide to audit your provider lists:
 - [Updating Provider Lists on the NACOR Dashboard \(PDF\)](#)



**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

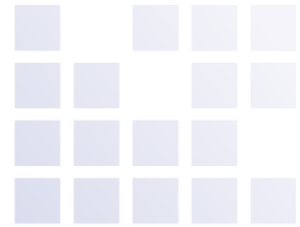
0 total

No data to display

Step 1. Click Quality Measures then Improvement Activity List

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.

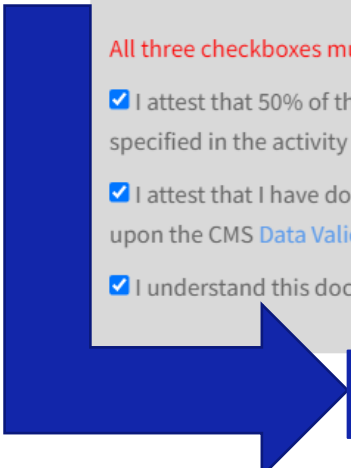
Step 6. Click to save IA

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

Comment

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



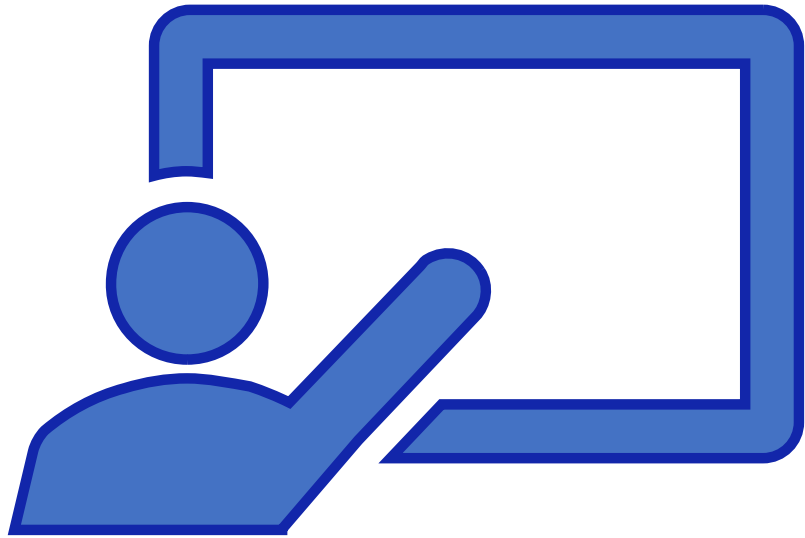
Group Reporting Attestation

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

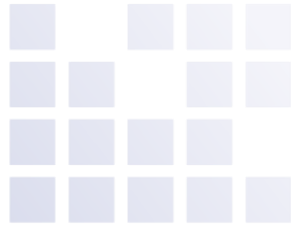


Individual Provider Attestation

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 area with two dropdown menus: 'ORS Test Practice x' and 'XXXXX3333(DCAA) x'. Below these are navigation links: 'Dashboard', 'Quality Measures', 'Improvement Activity List', 'Provider Performance List', and 'TIN Performance Summary'. Annotations include a blue box pointing to the second dropdown menu with the text 'Use the drop-down menu to select TIN* (For practices that may be reporting multiple TINs)', a blue arrow pointing to 'Quality Measures' labeled 'Step 1: Select', and another blue arrow pointing to 'Improvement Activity List' labeled 'Step 2: Select'.



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

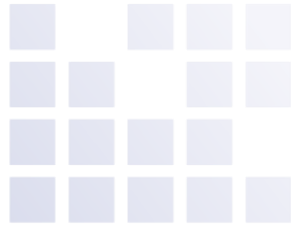
Providers

- 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



Next Office Hours

Posted to the AQI website week of November 15th

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