2017 NACOR USER GUIDE

A step-by-step guide to submitting data to the Anesthesia Quality Institute's National Anesthesia Clinical Outcomes Registry (NACOR).

NACOR BASIC
NACOR QUALITY REPORTING

Updated August 24, 2017

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Participation in NACOR Quality Reporting does not guarantee satisfactory participation in the Centers for Medicare and Medicaid Services (CMS) Merit-based Incentive Payment System (MIPS) program. Successful submission to CMS is contingent upon each individual eligible clinician (EC) and/or practice meeting the MIPS program requirements and the timeliness, quality, and accuracy of the data they provide for reporting. The information provided is not to be construed as practice management or legal advice. Every reasonable effort has been made to ensure the accuracy of the information presented at the time of posting, but the American Society of Anesthesiologists (ASA), and its related organization, the Anesthesia Quality Institute (AQI) do not warrant or guarantee that the information presented is exhaustive or error-free. AQI and ASA further disclaim all liability for loss or damage incurred by third parties arising from the use of the information. Please consult your legal advisor or other qualified professional for guidance and information specific to your situation.

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Introduction

The Anesthesia Quality Institute (AQI) was established by the American Society of Anesthesiologists in October 2008 to facilitate practice-based quality management through education and quality data feedback.

Home to the National Anesthesia Clinical Outcomes Registry (NACOR), the largest anesthesia registry in the country, AQI's ***vision*** is "to be the primary source of information for quality improvement in the clinical practice of anesthesiology. Through education and quality feedback, AQI will help to improve the quality care of patients, lower anesthesia mortality and lower anesthesia incidents."

AQI is listed as a Patient Safety Organization (PSO) by the Department of Health & Human Services (HHS), and ASA is a member of the National Quality Forum (NQF). AQI's NACOR is a designated Qualified Registry (QR) and Qualified Clinical Data Registry (QCDR) for the Centers for Medicare & Medicaid Services (CMS) Quality Payment Program (QPP). With millions of cases and growing, AQI's clinical data informs treatment choices and helps control treatment costs.

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NACOR Basic

NACOR Basic is intended for all anesthesia providers in all practice settings and ***does not include additional quality reporting options***. The registry provides:

- Interactive analytical reports
- Ability to analyze data across various dimensions
- Peer-to-peer benchmarks

Reporting Outcomes/Adverse Events (excluding CMS measure data)

If a practice is reporting outcomes to NACOR, a blank outcome field is interpreted in the database as "no adverse event." Ideally, the most accurate capture is to record 'yes' or 'no' for an adverse event for every case. We recognize many practices are capturing outcomes on paper or some other manual system where clicking a box 'yes' or 'no' for every case may be resource intensive and interrupt workflow.

Beginning in 2017 Outcomes definitions are standardized, and all vendors and groups should report based on definitions posted on the AQI website.

NACOR participants have continuous online access to NACOR reports, which they can use to identify gaps in specific quality measures. Performance tracking reports capture trends over time and help measure improvements in care. NACOR also provides access to national benchmarking reports.

Participants also can use NACOR to identify outliers and review performance results across their patient populations to help address clinical gaps and better inform local practice improvement interventions. Data can be used to review performance and quickly determine the impact of an improvement intervention. Results are presented graphically to identify trends in performance.

Participants range from pen-and-paper anesthesiology practices to the most technologically advanced academic centers. An Anesthesia Information Management System (AIMS) or electronic health record (EHR) is not required to participate. Participation requires close collaboration between the anesthesia practice, its providers and health care technology vendors.

Benefits

- Provides comprehensive MIPS reporting and supports your local quality improvement activities
- Includes specialty-specific reporting measures, providing broader options that may be more meaningful to your practice
- Helps you prepare for reporting requirements in 2017 under MIPS

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NACOR Quality Reporting

For 2017, NACOR will support the Quality and Improvement Activities Components of MIPS. For the Quality Component, NACOR offers two reporting options (Group Practice Reporting and Individual) and two reporting mechanisms (Qualified Registry and Qualified Clinical Data Registry).

For the Improvement Activities Component, NACOR supports attestation of the Improvement Activities via the NACOR dashboards.

Pick Your Pace

For the 2017 MIPS Quality Component, CMS has introduced a "Pick your pace" Program. Eligible Clinicians (EC) will be exempt from MIPS penalties for the first year of the program (2017) if they submit measures data in one of the following ways:

Test – Submit data for 1 measure on 1 case (No payment adjustment))

Partial Year (90 day) – Submit data on 50% of the eligible cases for 6 measures with 1 outcome measure for a consecutive 90-day period. The last 90-day period for 2017 begins October 2, 2017. (Small positive payment adjustment)

Full Year Reporting – Submit data on 50% of the eligible cases for 6 measures with 1 outcome measure for the full year. (Modest positive payment adjustment)

Quick Quality Payment Program (QPP) Links

- ASA MACRA Website
- CMS Quality Payment Program Website

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NACOR Quality Reporting Options

AQI's NACOR offers two quality reporting options for practices participating in MACRA.

Group Practice Reporting
CMS evaluates the quality data at the Tax Identification Number (TIN) level. All eligible clinicians' (ECs) data are aggregated and summarized together prior to evaluation by CMS. Download CMS guidance on group reporting in MIPS 2017 here.
Individual
CMS evaluates the quality data at the National Provider Identification (NPI) level. Each EC's data are aggregated individually prior to evaluation by CMS.

Considerations for Individual vs. Group Practice Reporting

ECs reporting for the Merit-based Incentive Payment System (MIPS) via QR or QCDR can report at the individual level or through Group Practice Reporting in 2017.

Do I have to report MIPS?
Physicians and other clinicians can check their MIPS eligibility here:
https://qpp.cms.gov/learn/eligibility

What is Individual reporting?
As previously mentioned, ECs reporting at the individual level will be assessed based upon their NPI. Payment adjustments are based on performance across all MIPS categories and will be applied to the individual EC's Medicare Part B reimbursements in the correlating payment year.

What is Group Practice Reporting?
A group can report via Group Practice Reporting when two or more ECs reassign their billing rights to a single Tax Identifier Number (TIN). Groups are assessed collectively at the TIN level across all MIPS categories and payment adjustments will be applied across the group. To participate in Group Practice Reporting via QR or QCDR, all ECs within the TIN must be registered with AQI, including CRNAs.

Are there different reporting requirements for individual and Group Practice Reporting?
Requirements for the MIPS performance categories are similar for individual and group reporting for both QR and QCDR. All ECs, reporting either individually or via Group Practice Reporting must report:

- All payer data, Medicare and Non-Medicare
- Minimum of 50 percent of all denominator-eligible cases for all measures

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- Six measures, including one outcome or high-priority measure as specified by CMS
- Attest to Improvement Activities equaling 40 points

ECs and groups electing to report via QCDR will be able to report ASA QCDR measures and MIPS measures, potentially expanding the pool of applicable measures to report for the MIPS Quality Component. ECs and groups reporting via QR can report MIPS measures only.

So, should we report individually or via Group Practice Reporting?

There are several factors: unique to each practice, to consider when deciding whether to report individually or via Group Practice Reporting, including:

- Past performance: Were clinicians successful in PQRS?
  If a group elects to report via Group Practice Reporting, any payment adjustment will be applied at the TIN level to all ECs. If a few ECs fail to meet reporting requirements or have poor performance, this could affect the entire group's payment adjustment. Please note: ECs must notify AQI if they wish to report via Group Practice Reporting or individually.
- Reporting burden: Can an individual EC successfully meet all reporting requirements? Is it easier to do so as a group?
  Specialty ECs may struggle to meet the six-measure requirement and may find it easier to report as a group. Practices should consider how this can shift reporting burden to a select few members of a group. For example, a cardiac anesthesia measure may apply to only two ECs in a large group. As a reminder, 50 percent of all denominator-eligible cases must be reported for each selected measure.

What if a few clinicians in a group are exempt from MIPS and the rest are not?

If a few clinicians in a practice are exempt from reporting individually, but the group is eligible to report MIPS via Group Practice Reporting, practices have a couple options:

- All eligible clinicians report individually. In this case, the clinicians exempt from MIPS do not have to report at all. Clinicians eligible for MIPS at the individual level must report and meet reporting requirements as an individual. The low volume threshold for individuals is defined as clinicians with less than or equal to $30,000 in allowed charges or less than or equal to 100 Medicare patients.
- All clinicians report as a group. The entire group must report all data for all clinicians, including clinicians who would have been exempt as individuals. As data are submitted at the TIN level, payment adjustments are applied at the TIN level. The low volume threshold for groups is defined as practices with less than or equal to $30,000 in allowed charges or less than or equal to 100 Medicare patients.

What about non patient-facing and hospital-based clinicians? How do they factor in?

ECs who are deemed non patient-facing or hospital-based status must report Quality and Improvement Activities, but not the Advancing Care Information (ACI) category. For these ECs, the Quality component is reweighted to 85 percent and Improvement Activities remain at 15 percent. Non-patient facing and hospital-based ECs and groups still must report six (6) measures or if there are not six, must report all measures that apply to their patient

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population. For the Improvement Activities component, activities are reweighted for non patient-facing and hospital-based physicians, with medium activities equaling 20 points and high-weighted activities equaling 40 points. Therefore, non-patient facing and hospital-based ECs can perform two medium-weighted Improvement Activities or one high-weighted Improvement Activity to meet component requirements.

An entire group is considered non patient-facing or hospital-based if 75 percent or more ECs fall into these categories. CMS letters noting practice eligibility in MIPS clarify whether or not a group is considered entirely non patient-facing or hospital-based. Groups should consider the differences in requirements and their ability to meet these requirements based on their clinician status and specific practice contingencies.

How should I consider part-time clinicians or locum tenens in my practice?

CMS will notify all clinicians of eligibility in MIPS. If a part-time clinician meets the minimum eligibility requirements, he/she is required to report to MIPS to the same standard of a full-time clinician. Locum tenens are not considered MIPS ECs and they should bill for services they provide using the NPI of the clinician for whom they are substituting.

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NACOR Quality Reporting Mechanisms – QR and QCDR

AQI's NACOR offers two quality reporting mechanisms, QCDR and QR, which use NACOR to collect data for quality reporting and help ECs meet the CMS requirements. Practices should consider the following to help them decide which NACOR quality reporting option to choose:

QR versus QCDR

	QR Individual	QR Group	QCDR Individual	QCDR Group
Number of measures to be reported	6	6	6	6
Number of outcome measures to be reported	1	1	1	1
Payers	All Payers	All Payers	All Payers	All Payers
Types of measures available to report	MIPS only	MIPS only	MIPS and non-MIPS/QCDR	MIPS and non-MIPS/QCDR
Data evaluated by	NPI/TIN	TIN	NPI/TIN	TIN

QR – Measures and Reporting Requirements

Identifying Your Measures

Measure specifications provide the details of each measure, including measure description, type of measure (process/outcome), domain name, denominator criteria and numerator options.

Denominator: The eligible cases for a measure or the eligible patient population.

Numerator: The specific clinical action required by the measure for performance.

Practices can only report on measures for which they bill the CPT codes listed in the denominators. In meeting the criteria for reporting measures, participants ***can only report on the 31 MIPS measures supported by the NACOR QR.***

For 2017, CMS has recommended the following **Anesthesiology-Specific Measure Set:**

- MIPS #44: CABG: Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
- MIPS #76: Prevention of CVC-Related Bloodstream Infections
- MIPS #130: Documentation of Current Medications in the Medical Record
- MIPS #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

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- MIPS #404: Anesthesiology Smoking Abstinence
- MIPS #424: Perioperative Temperature Management
- MIPS #426: Post-Anesthetic Transfer of Care Measure: Procedure Room to PACU
- MIPS #427: Post-Anesthetic Transfer of Care Measure: Procedure Room to ICU
- MIPS #430: Prevention of PONV – Combination Therapy

High-Priority Measure: Measure appropriate use, patient safety, efficiency, patient experience or care coordination. Eligible clinicians are not required to report across multiple National Quality Strategy domains.

If your providers see patients in a preoperative clinic or do any inpatient hospital visits that require billing Evaluation and Management (E&M) Codes, additional MIPS measures may be available to report.

Reporting Requirements

- Report at least six measures with one outcome measure available under a QR.
- Report each measure for at least 50 percent of the eligible cases for the EC's patients. This includes case data for all payers (not just Medicare).
- A measure with a zero percent performance rate will not be counted unless it is an inverse measure.

MIPS Measure details can be found here: 2017 MIPS at a Glance

QCDR– Measures and Reporting Requirements

Identifying Your Measures

Measure specifications provide the details of each measure, including measure description, type of measure (process/outcome), denominator criteria and numerator options.

Denominator: The eligible cases for a measure or the eligible patient population.

Numerator: The specific clinical action required by the measure for performance.

Practices can only report on measures for which they bill the CPT codes listed in the denominators.

2017 non-MIPS/QCDR Measures

For 2017 the NACOR QCDR has been approved for 46 measures (31 MIPS and 15 QCDR Measures)

The measure specifications can be found here:

- 2017 MIPS at a Glance

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- 2017 QCDR Measure Booklet

Reporting Requirements

- Report at least six measures with one outcome measure available under a QCDR.
- Report each measure for at least 50 percent of the eligible cases for the EC's patients. This includes case data for all payers (not just Medicare).
- In meeting the criteria for reporting measures, participants can report on a combination of MIPS and non-MIPS measures through the QCDR.
- A measure with a zero percent performance rate will not be counted unless it is an inverse measure.

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MIPS Reporting – Improvement Activities Component

For 2017, AQI's NACOR will support attestation of the Improvement Activities via the NACOR dashboard.

Improvement Activities is a scored category of MIPS that aims to reward eligible clinicians for engaging in activities such as care coordination, beneficiary engagement and patient safety. Improvement Activities account for 15% of the total MIPS Composite Score in performance year 2017 and beyond.

Each activity is assigned a weight of either medium or high. Medium activities receive 10 points and high activities receive 20 points. To receive full credit, eligible clinicians must receive a score of 40 points or more.

ASA has recommended several Improvement Activities for anesthesiologists and pain medicine physicians to attest to for credit in the MIPS Improvement Activities category. For a full list, visit the CMS Quality Payment Program website.

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2017 Quality Reporting Deadlines

	Deadlines
Enrollment in NACOR Quality Reporting	October 31, 2017
January – November 2017 Data Submission	January 31, 2018
December 2017 Data Submission	February 15, 2018
Final reconciliation of TIN, NPI and Report to CMS selection by the Practice	February 15, 2018
Data submitted by AQI to CMS	No later than March 30, 2018

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Collecting Your Data

NACOR collects data from anesthesia practices and hospitals through data extracts developed by software vendors or reports generated by the practice and/or hospital.

Participation in **NACOR Basic** and **NACOR Quality Reporting** requires collection of the NACOR Minimum Data Field Requirements:

NACOR Minimum Data Field Requirements	
Unique Anesthesia Episode of Care ID	Patient Sex
Provider TIN	Patient Age, Patient Date of Birth (one or both)
Provider NPI	Anesthesia Type
Provider Credentials (e.g. Anesthesiologist, Certified Registered Nurse Anesthetist, etc.)	ASA Physical Status (with "E" designator when appropriate)
Facility ID – ID created by the practice. Must be the same as the number in the roster (see Exhibit A of the Participation Agreement).	ASA CPT Code (with modifiers as appropriate)
Date of Service	Surgical CPT Code (with modifiers as appropriate)
Anesthesia Start Time	Procedure Status (Emergency, Elective)
Anesthesia End Time	Payment Method

The source of this data is the administrative and billing data from the practice billing software.

If your practice enrolls in NACOR Quality Reporting, the following fields must be added to your data file:

Data Elements	Example
MIPS/non-MIPS Measure Number	MIPS 426
Reported Value (CPT II Code, HCPCS Code, non-MIPS Measure Code)	G9656 or 10A44
Appropriate Code Modifiers	1P, 8P, GQ, or GT
CMS Place of Service Codes	Numeric value from 01 - 99

Reporting Outcomes/Adverse Events (excluding CMS measure data)

If a practice chooses to report patient outcomes to NACOR, the source of the data will be from the Anesthesiology Department data or from linkage to surgical databases that capture

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patient outcomes. Outcomes collected on paper must be converted to electronic format for submission to NACOR.

- If a practice reports outcomes to NACOR, the practice must indicate “yes” or “no” for each outcome they track for each case. Clinicians may still select “no adverse event” in tracking forms, however when preparing reports for NACOR, “no adverse event” must be converted to “no” for each outcome the practice tracks.
- Outcomes definitions are standardized and should be used by all vendors and groups.
- Starting in 2017, outcomes must be included in the billing data file. If practices require services to merge billing and administrative data with clinical outcomes data, please contact us at askaqi@asahq.org.

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Collection Methodologies

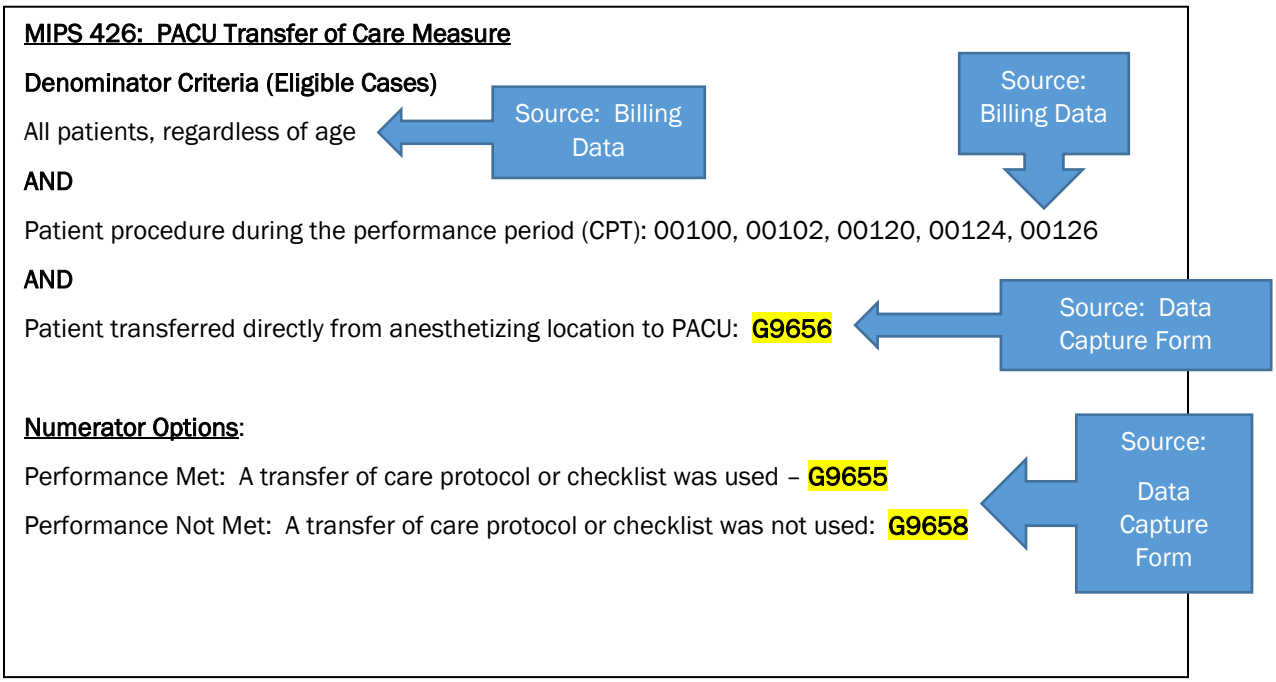
There are many ways to collect the data required for submission to NACOR including:

- Paper (data capture forms)
- Electronic
    - Specially designed applications that utilize tablets, smartphones and computers
    - Electronic Health Record (e.g., Epic or Cerner)
    - AIMS
- Third party vendors

Regardless of the collection method, all data files must be properly merged and formatted and electronically submitted to NACOR.

Note: Data files coming from multiple sources must contain a unique anesthesia episode of care ID in order to link the files together, e.g., Epic (Episode of Care ID), Cerner (FIN number).

The pertinent information you need to collect can be found in the measure specifications. Example:



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Sample 2017 Qualified Registry Data Collection Form

****Disclaimer: Not all MIPS measures have been included on this form. This example contains 6 measures including 1 outcome measure. Practices can customize based upon their measure selection****

MIPS 44: CABG - Preoperative Beta-Blocker (Process) Numerator Codes ☐ **4115F**: Beta Blocker Administered within 24 hrs. prior to surgical incision ☐ **4115F 1P**: Documentation of Medical Reason for not administering Beta Blocker ☐ **4115F 8P**: Beta Blocker not administered, reason not otherwise specified	**MIPS 426: Transfer of Care to PACU (Process)** Denominator Code ☐ **G9656:** Pt transferred directly from anesthetizing location to PACU ☐ Numerator Codes ☐ **G9655:** Transfer of Care Checklist Used ☐ **G9658:** Transfer of Care Checklist NOT Used
MIPS 76: CVC related Bloodstream Infections (Process) Numerator Codes ☐ **6030F:** All elements of sterile barrier techniques followed ☐ **6030F 1P:** Medical Reason for not following sterile barrier techniques ☐ **6030F 8P:** Sterile Barrier Techniques not followed, reason not otherwise specified	**MIPS 427: Transfer of Care to ICU (Process)** Denominator Code ☐ **0581F:** Pt transferred directly from anesthetizing location to ICU Numerator Codes ☐ **0583F:** Transfer of Care Checklist Used ☐ **0583F 8P:** Transfer of Care Checklist Not Used
MIPS 424: Temperature Management (Outcome) Denominator Code ☐ **4255F:** Anesthesia of 60-minutes duration or longer Numerator Codes ☐ **G9771:** At least 1 body temperature ≥ 35.5 degrees Celsius ☐ **G9772**: Documentation of medical reason for not recording at least 1 body temperature ≥ 35.5 degrees Celsius ☐ **G9773:** At least 1 body temperature ≥ 35.5 degrees Celsius **NOT** recorded Denominator Exclusions ☐ **G9654**: Monitored Anesthesia Care ☐ **G9770:** Peripheral Nerve Block	**MIPS 430: Prevention of Post-Op Nausea and Vomiting (Process)** Denominator Codes ☐ **4554F**: Pt received inhalational anesthetic agent ☐ **4556F**: Pt exhibits 3 or more risk factors for PONV Numerator Codes ☐ **G9775:** Pt received 2 prophylactic anti-emetic agents ☐ **G9776:** Documentation of medical reason for NOT receiving 2 anti-emetics ☐ **G9777:** Pt did NOT receive at least 2 anti-emetics preoperatively and intraoperatively

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Sample QCDR Data Collection Form

****Disclaimer: Not all MIPS and non-MIPS measures have been included on this form. This example contains 6 measures including 1 outcome measure. Practices can customize based upon their measure selection****

MIPS 44: CABG - Preoperative Beta-Blocker (Process) Numerator Codes ☐ **4115F**: Beta Blocker Administered within 24 hrs. prior to surgical incision ☐ **4115F 1P**: Documentation of Medical Reason for not administering Beta Blocker ☐ **4115F 8P**: Beta Blocker not administered, reason not otherwise specified	**MIPS 426: Transfer of Care to PACU (Process)** Denominator Code ☐ **G9656:** Pt transferred directly from anesthetizing location to PACU Numerator Codes ☐ **G9655:** Transfer of Care Checklist Used ☐ **G9658:** Transfer of Care Checklist NOT Used
MIPS 76: CVC related Bloodstream Infections (Process) Numerator Codes ☐ **6030F:** All elements of sterile barrier techniques followed ☐ **6030F 1P:** Medical Reason for not following sterile barrier techniques ☐ **6030F 8P:** Sterile Barrier Techniques not followed, reason not otherwise specified	**MIPS 427: Transfer of Care to ICU (Process)** Denominator Code ☐ **0581F:** Pt transferred directly from anesthetizing location to ICU Numerator Codes ☐ **0583F:** Transfer of Care Checklist Used ☐ **0583F 8P:** Transfer of Care Checklist Not Used
MIPS 424: Temperature Management (Outcome) Denominator Code ☐ **4255F:** Anesthesia of 60-minutes duration or longer Numerator Codes ☐ **G9771:** At least 1 body temperature ≥ 35.5 degrees Celsius ☐ **G9772**: Documentation of medical reason for not recording at least 1 body temperature ≥ 35.5 degrees Celsius ☐ **G9773:** At least 1 body temperature ≥ 35.5 degrees Celsius **NOT** recorded Denominator Exclusions ☐ **G9654**: Monitored Anesthesia Care ☐ **G9770:** Peripheral Nerve Block	**MIPS 430: Prevention of Post-Op Nausea and Vomiting (Process)** Denominator Codes ☐ **4554F**: Pt received inhalational anesthetic agent ☐ **4556F**: Pt exhibits 3 or more risk factors for PONV Numerator Codes ☐ **G9775:** Pt received 2 prophylactic anti-emetic agents ☐ **G9776:** Documentation of medical reason for NOT receiving 2 anti-emetics ☐ **G9777:** Pt did NOT receive at least 2 anti-emetics preoperatively and intraoperatively

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NACOR Quality Concierge

Quality Concierge is a full-service NACOR quality reporting solution with complete quality analytics and tracking and reporting tools that measure compliance across the entire perioperative continuum. The proven reporting platform integrates with most major anesthesia billing services and EHRs and can be used in non-integrated environments. Real-time provider and administrative dashboards help generate data and allow you to document your practice improvement activities.

For additional information, visit the Quality Concierge page of the ASA website.

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Creating Your Data File

NACOR collects data from anesthesia practices and hospitals through data extracts developed by software vendors or reports generated by the practice and/or hospital. Your practice will have access to QR or QCDR reports which will help you monitor providers' measures compliance.

The minimum data required to participate in NACOR are Data Types 1 and 2 described below. Every anesthesia practice has this information available. Type 1 data is self-reported through the NACOR dashboard. Type 2 data is available in any billing system. Type 3 data is the applicable measure codes for each MIPS or QCDR Measure.

> ***Data Type 1***: Practice information, Practice Champion information, data submission contacts (i.e., vendor or practice name), provider data (i.e., provider ID, staff role, DOB, NPI, TIN, quality reporting option) and facility information (name, facility location, facility type).
>
> > **Data Source: The practice is issued a unique login, and the information is entered via the NACOR dashboard.** This information is collected one time, but periodic updates are recommended to reflect group demographic changes.
>
> ***Data Type 2***: Case-specific data (minimum data requirement) in several tiers: simple (e.g., CPT code, anesthesia type, provider ID number, patient age), and moderate (e.g., duration of surgery, agents used).
>
> > **Data Source: Administrative and billing data from the practice billing software**. Optional complex data (e.g., output from AIMS with vital signs, fluids, drug doses etc.).
>
> ***Data Type 3***: Quality Reporting measure specific codes. Code examples:
>
> > **MIPS**: Category II CPT or HCPCS codes (e.g., 6030F 1P or 0583F)
> >
> > **QCDR**: QCDR Measure codes (e.g., 10A28)

Practices may use an NACOR-ready Vendor or have their in-house IT staff create the XML-formatted file. The table on page 16 shows the required minimum data fields for QR and QCDR reporting options.

XML file format testing is required prior to file submission. Please use the XML file validator to test files using fake data.

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Submitting data to NACOR

It is recommended that practices upload data to NACOR monthly to regularly monitor measure compliance using the QR or QCDR reports in the NACOR dashboard.

All files must be uploaded to NACOR servers. AQI will not pull files from vendors or practices.

File Review and Notification

To ensure data is successfully uploaded into NACOR, avoid the following file errors,:

- Non-XML file format
- Multiple incomplete files
- Files that do not meet the minimum data field requirements to meet CMS measure specifications
- Files without NPI numbers
- Files that do not meet the 2017 Quality Reporting deadlines listed on page 15

More information on XML file format specifications and test file validation can be found at: aqihq.org/vendorsQCDRHelp.aspx

File acceptance notifications will be sent when:

- Production file processed successfully and placed in the queue for processing
- Test file validated against XSD successfully but not placed in the queue for processing

Note: Only production files will be processed, analyzed and displayed in the NACOR dashboard.

Error notifications will be sent when:

- File does not have a '.xml' or '.zip' extension
- File does not pass XSD validation
- File data fails to load into the staging environment
- File data fails to be placed in the queue

The FTP contact and Practice Champion will receive an email if there are problems loading a file. It is the practice/vendor's responsibility to correct errors and resubmit a production file.

Additional Support

Please contact nacorsupport@arbormetrix.com for further assistance.

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Data Transmission

File Format Specifications

NACOR data file specifications and other pertinent resources are provided on the AQI website. Files being uploaded undergo full data file validation and must match the outlined schema and required rules.

File Naming

The NACOR data submission process requires that practice identifiers are both included in the file name and within the file. This helps identify practices for data submission should there be any issues opening or reading files. File name length restriction: 100 characters maximum

*The following identifiers are **required** to be present in the file name for the file to pass validation:*

- PID – This is your AQI Practice ID Number
- .xml – This is the file extension

*The following additional identifiers are **recommended**:*

- Practice Name (or abbreviation)
- Date the file was generated
- DOSSTART(YYYYMMDD) – The first date of service in your data file
- DOSEND(YYYYMMDD) – The last date of service in your data file

*The following identifiers are **optional**:*

- TEST(Y) – indicates the file is a test file

These recommended additional values will help identify your practice and ensure your file names are unique each month. Please be assured that including additional values to the file names will not cause failures or issues. Each value must be separated by the underscore character "_".

A complete file name example using both the required and recommended elements:

Practice NAME_PID(AQI ID #)_DOSSTART(20170701)_DOSEND(20170731).xml
Practice NAME_20170815_PID(AQI ID #)_DOSSTART(20170701)_DOSEND(20170731).xml
Practice NAME_PID(AQI ID #)_DOSSTART(20170701)_DOSEND(20170731)_TEST(Y).xml

Additional example file names:

CREST A NESTHESIA_201706010001_PID(554711)_DOSSTART(20170501)_DOSEND(20170531).xml
CREST ANESTHESIA_201706010001_PID(554711)_DOSSTART(20170501)_DOSEND(20170531)_TEST(Y).xml

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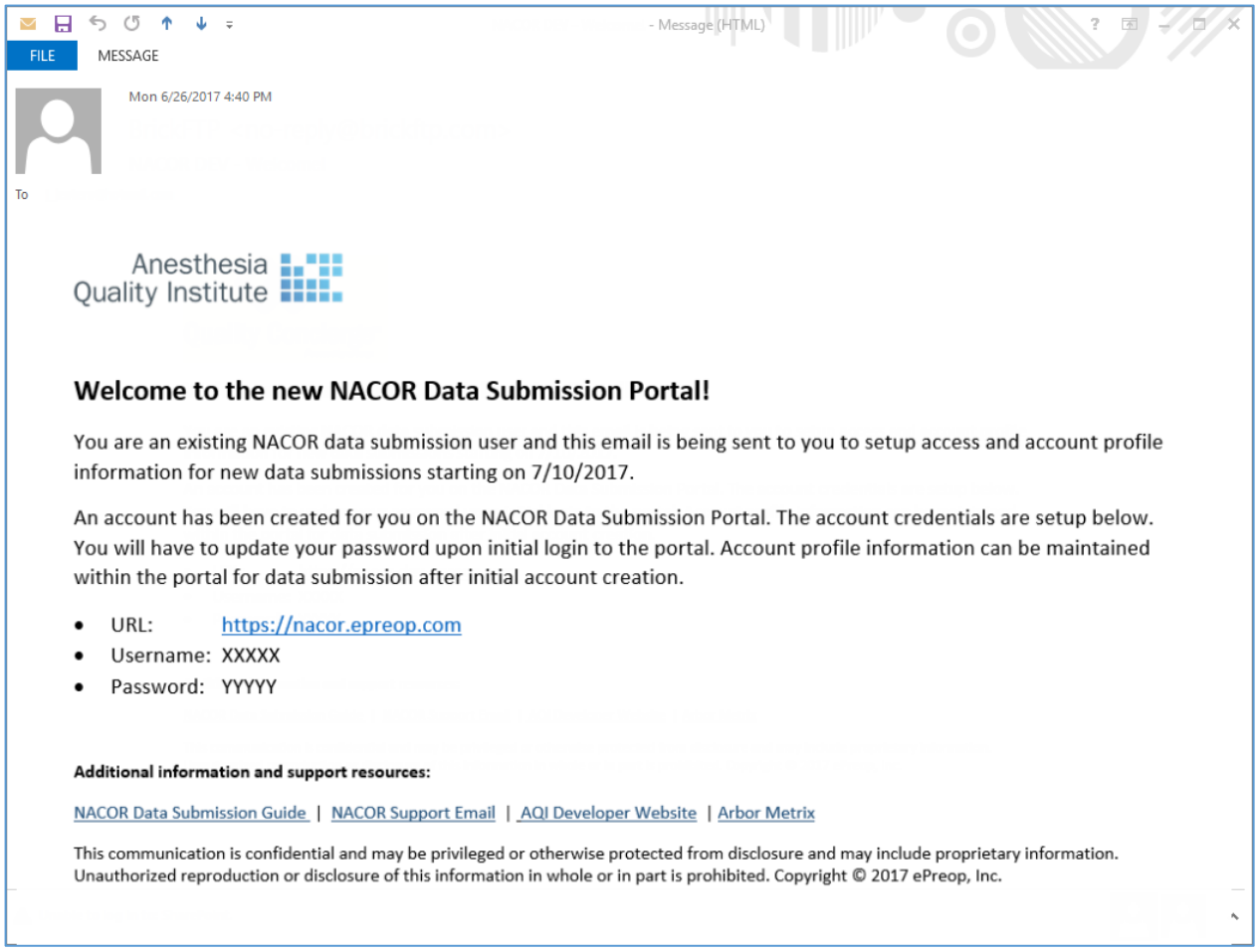
Submission Account Setup

All accounts were transferred from prior submission mechanisms. An email describing the new account registration process was sent to users with previously existing accounts. The user will need to follow the instructions in the email to activate the account and credentials. An example of the registration email communication is below:



- Message (HTML)

FILE MESSAGE

Mon 6/26/2017 4:40 PM

To

Anesthesia Quality Institute

Welcome to the new NACOR Data Submission Portal!

You are an existing NACOR data submission user and this email is being sent to you to setup access and account profile information for new data submissions starting on 7/10/2017.

An account has been created for you on the NACOR Data Submission Portal. The account credentials are setup below. You will have to update your password upon initial login to the portal. Account profile information can be maintained within the portal for data submission after initial account creation.

- URL: https://nacor.epreop.com
- Username: XXXXX
- Password: YYYYY

Additional information and support resources:

NACOR Data Submission Guide | NACOR Support Email | AQI Developer Website | Arbor Metrix

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If you are a new user and do not have credentials, or if you need additional support, please contact NACOR support.

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Submission Options

Secure FTP (SFTP)

Any SFTP Client can be used to upload data files for submission. Connection detail information is below:

- Host: nacor.epreop.com
- Port: 22
- Protocol: SSH/SFTP

FileZilla SFTP client is suitable for data uploads. Please use the connection information above along with the username/password setup instructions in the previous section.

Note: It is possible that hospital firewalls may limit access to this port for outgoing traffic. If that is the case, you can speak with your hospital IT department to have it opened or utilize the web portal option below.

Web Portal

A new submission portal has been added as another data transfer option.

URL: https://nacor.epreop.com

After receiving your account activation email and setting up access, you can utilize the link above to access the web portal. The following screen captures will walk you through the features in the portal.

Directory Configuration

There is a folder in the upload directory utilized for any special feedback reports and documentation back to the practice. Contents of this directory will not be utilized for processing data.

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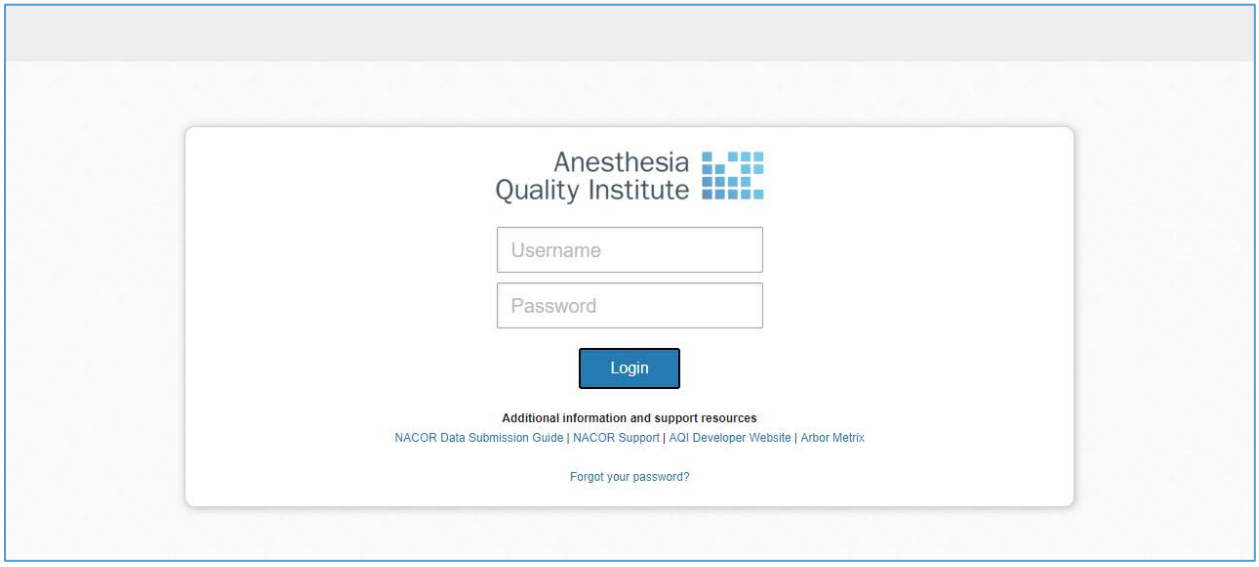
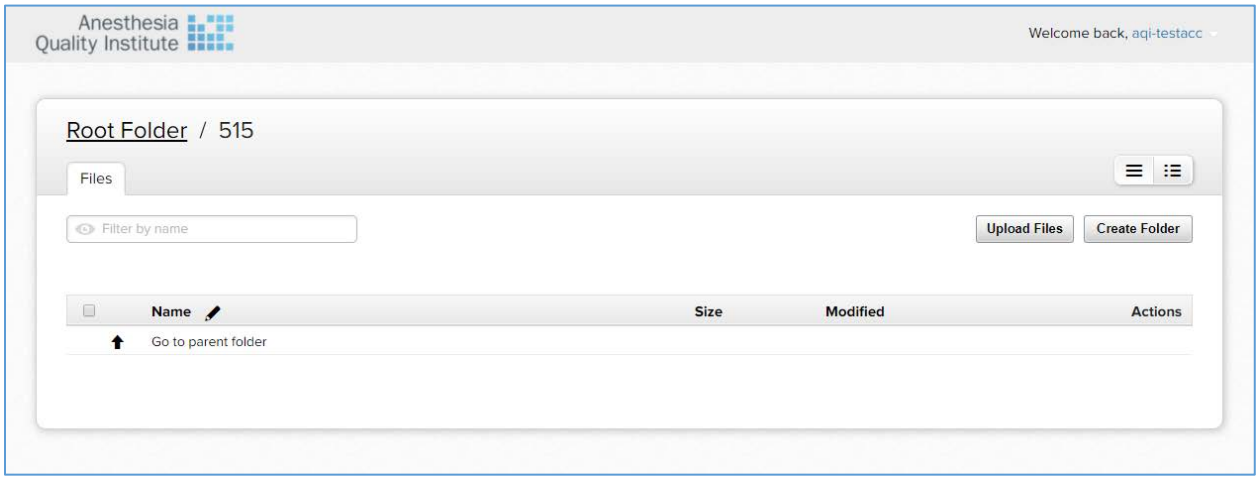
Login Page



You will enter your username and password on the login page. There is a link at the bottom of the page should you forget or require resetting your password. Additional resource links are located at the bottom of the page.

Data Submission Directory



After login, you will be placed into your practice folder or vendor folder depending on your permissions. You can drag and drop files into the window for upload or choose the “Upload Files” button in the upper right corner. There is no need to create folders in the directory. Note: Files will be pulled from all folders.

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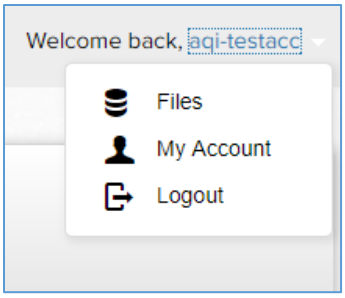
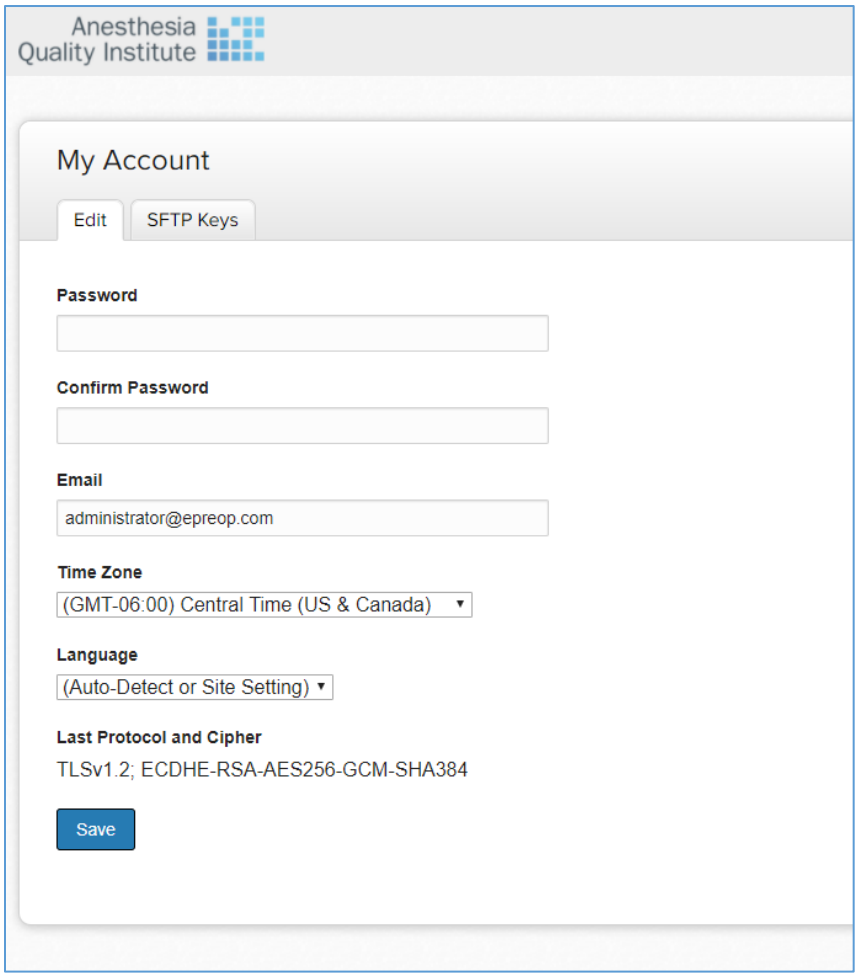


In the upper right corner, the currently logged in user is highlighted. Click on “My Account” to change profile information.

Account Profile

Within “My Account” you may update your password, email, time zones and language preference.



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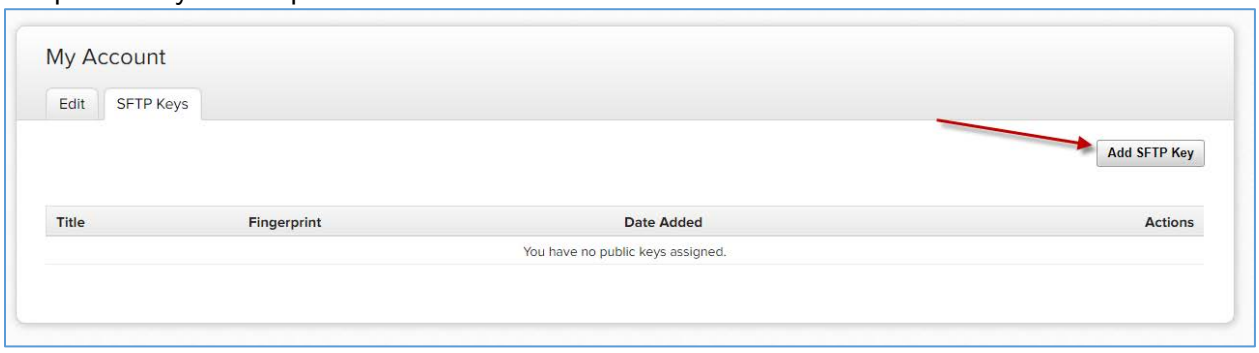
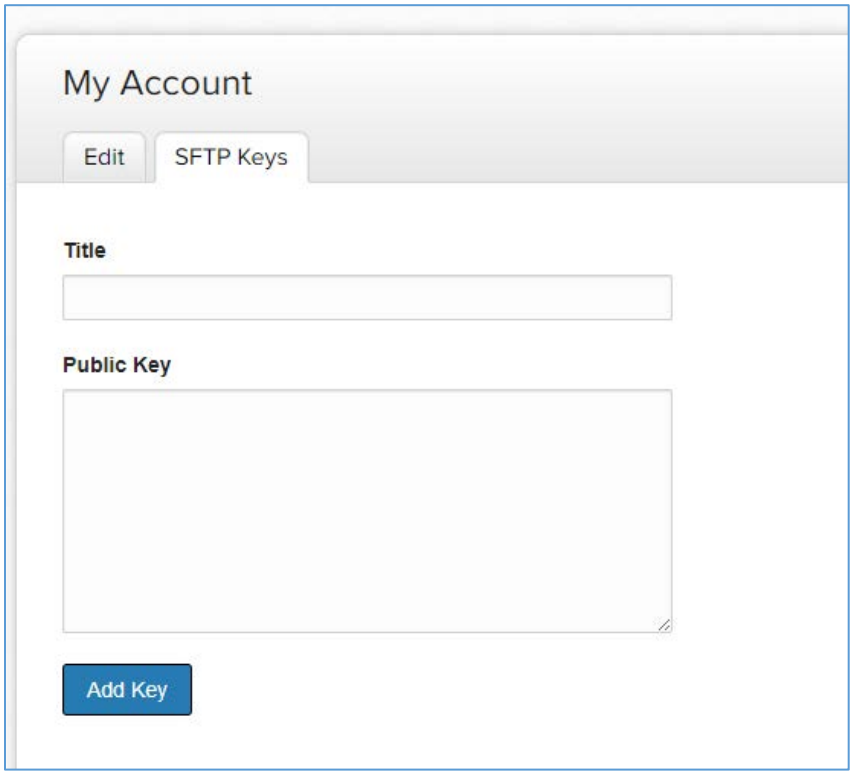
SFTP Keys

SSH Keys can be uploaded to the portal by clicking the “Add SFTP Key” button. A title and the public key will be placed into the text boxes for connection.





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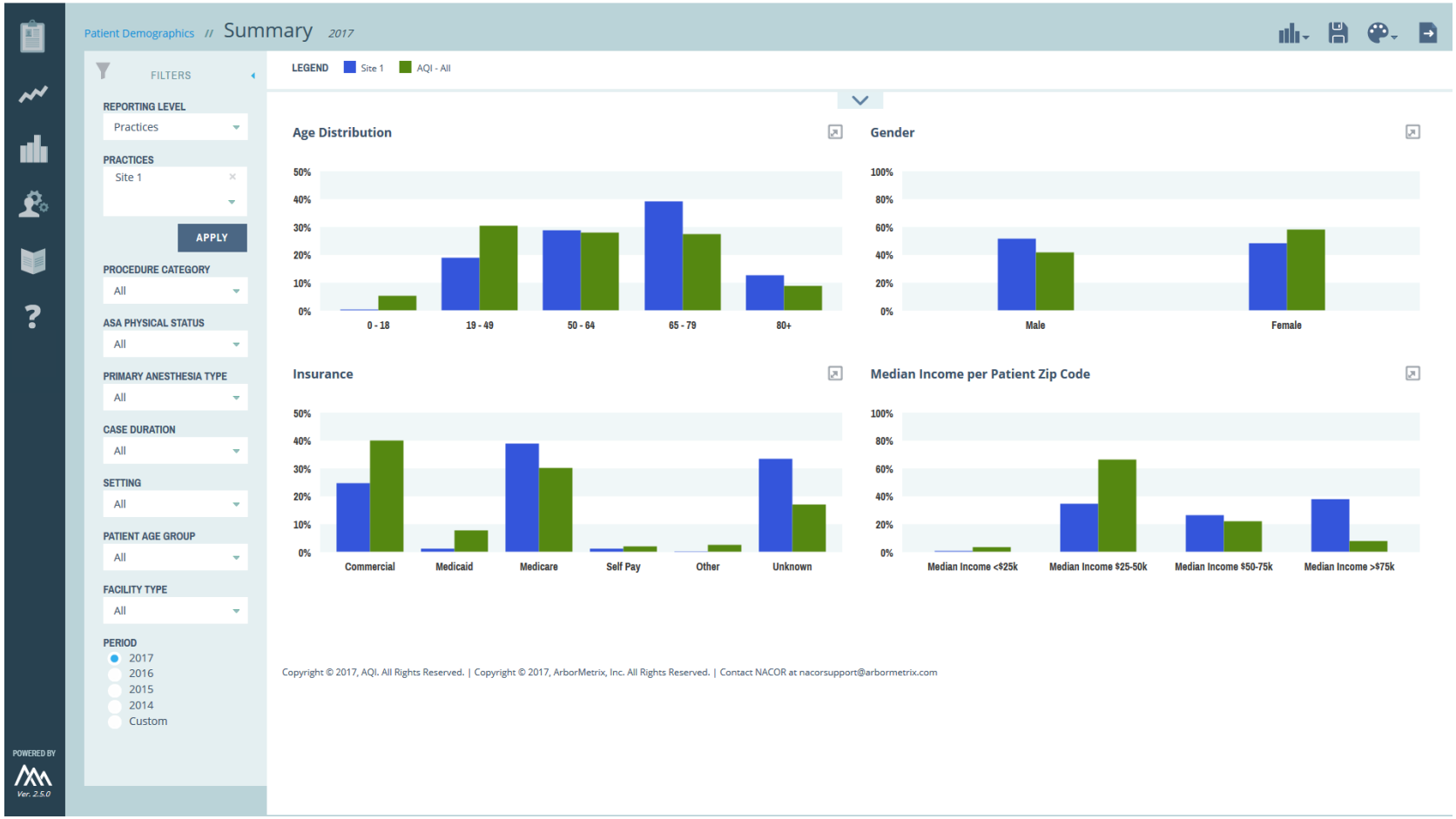
NACOR Basic Reports

Patient Demographics – Summary

Anesthesia Quality Institute



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Case Characteristics – Summary

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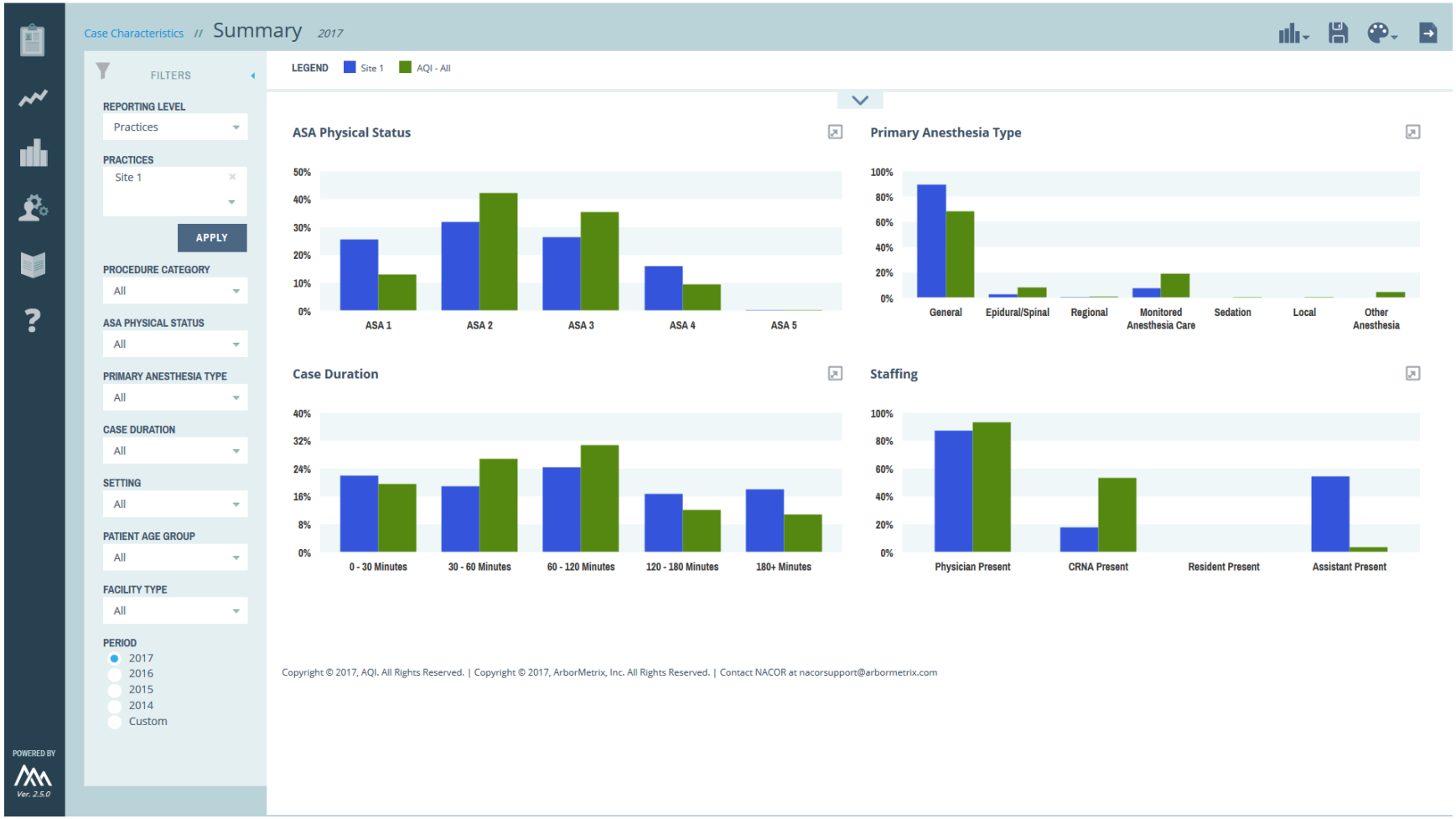

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Procedure Level – Benchmarking

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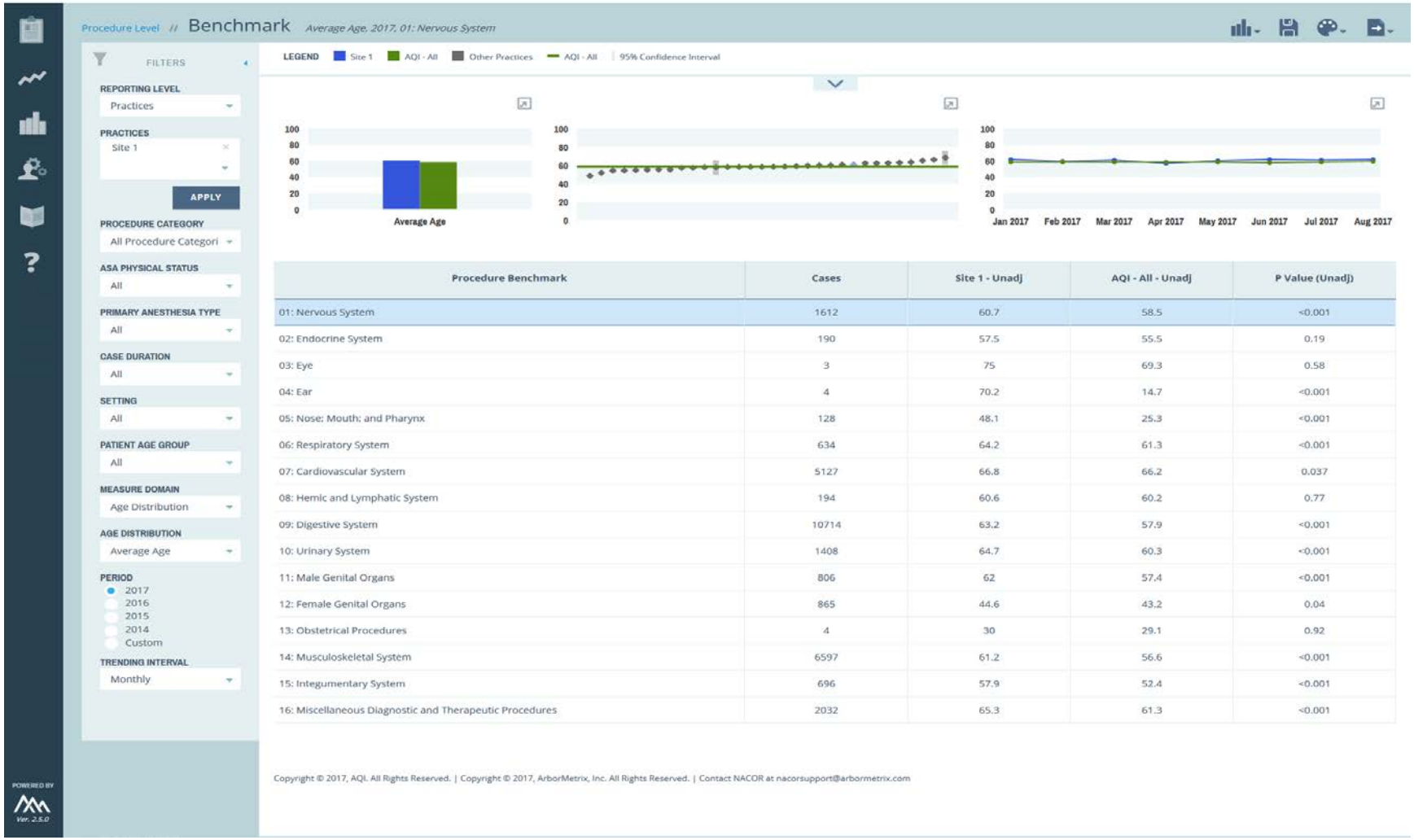

Procedure Benchmark	Cases	Site 1 - Unadj	AQI - All - Unadj	P Value (Unadj)
01: Nervous System	1612	60.7	58.5	<0.001
02: Endocrine System	190	57.5	55.5	0.19
03: Eye	3	75	69.3	0.58
04: Ear	4	70.2	14.7	<0.001
05: Nose; Mouth; and Pharynx	128	48.1	25.3	<0.001
06: Respiratory System	634	64.2	61.3	<0.001
07: Cardiovascular System	5127	66.8	66.2	0.037
08: Hemic and Lymphatic System	194	60.6	60.2	0.77
09: Digestive System	10714	63.2	57.9	<0.001
10: Urinary System	1408	64.7	60.3	<0.001
11: Male Genital Organs	806	62	57.4	<0.001
12: Female Genital Organs	865	44.6	43.2	0.04
13: Obstetrical Procedures	4	30	29.1	0.92
14: Musculoskeletal System	6597	61.2	56.6	<0.001
15: Integumentary System	696	57.9	52.4	<0.001
16: Miscellaneous Diagnostic and Therapeutic Procedures	2032	65.3	61.3	<0.001

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Provider Level – Benchmarking

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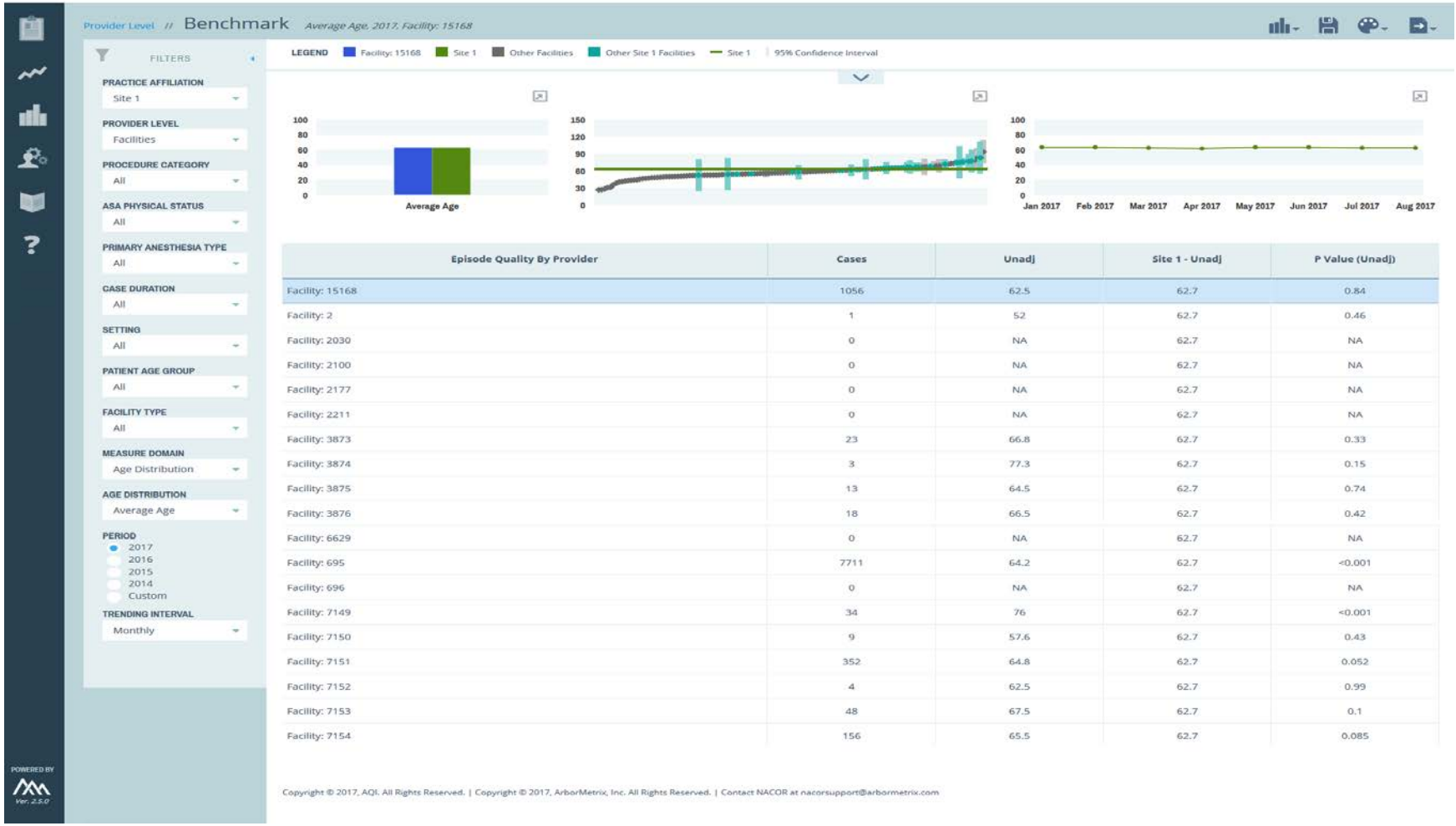

Episode Quality By Provider	Cases	Unadj	Site 1 - Unadj	P Value (Unadj)
Facility: 15168	1056	62.5	62.7	0.84
Facility: 2	1	52	62.7	0.46
Facility: 2030	0	NA	62.7	NA
Facility: 2100	0	NA	62.7	NA
Facility: 2177	0	NA	62.7	NA
Facility: 2211	0	NA	62.7	NA
Facility: 3873	23	66.8	62.7	0.33
Facility: 3874	3	77.3	62.7	0.15
Facility: 3875	13	64.5	62.7	0.74
Facility: 3876	18	66.5	62.7	0.42
Facility: 6629	0	NA	62.7	NA
Facility: 695	7711	64.2	62.7	<0.001
Facility: 696	0	NA	62.7	NA
Facility: 7149	34	76	62.7	<0.001
Facility: 7150	9	57.6	62.7	0.43
Facility: 7151	352	64.8	62.7	0.052
Facility: 7152	4	62.5	62.7	0.99
Facility: 7153	48	67.5	62.7	0.1
Facility: 7154	156	65.5	62.7	0.085

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Data Submission Status – Practice Level Data Completeness

Anesthesia Quality Institute

Practice Data Completeness	All Months	January	February	March	April	May	June	July	August	September	October	November	December
Total Cases	31113	2938	2669	2264	2666	3831	3861	4030	3444	2134	1612	1251	413
Cases with Quality and Billing Data	11529	1208	860	840	916	926	933	1101	1177	1089	1221	954	304
Cases with Quality Data	11595	1274	860	840	916	926	933	1101	1177	1089	1221	954	304
Cases with Billing Data	31034	2864	2664	2264	2666	3831	3861	4030	3444	2134	1612	1251	413
Cases with Billing Data Only	19505	1656	1804	1424	1750	2905	2928	2929	2267	1045	391	297	109
Cases with Quality Data Only	66	66	0	0	0	0	0	0	0	0	0	0	0

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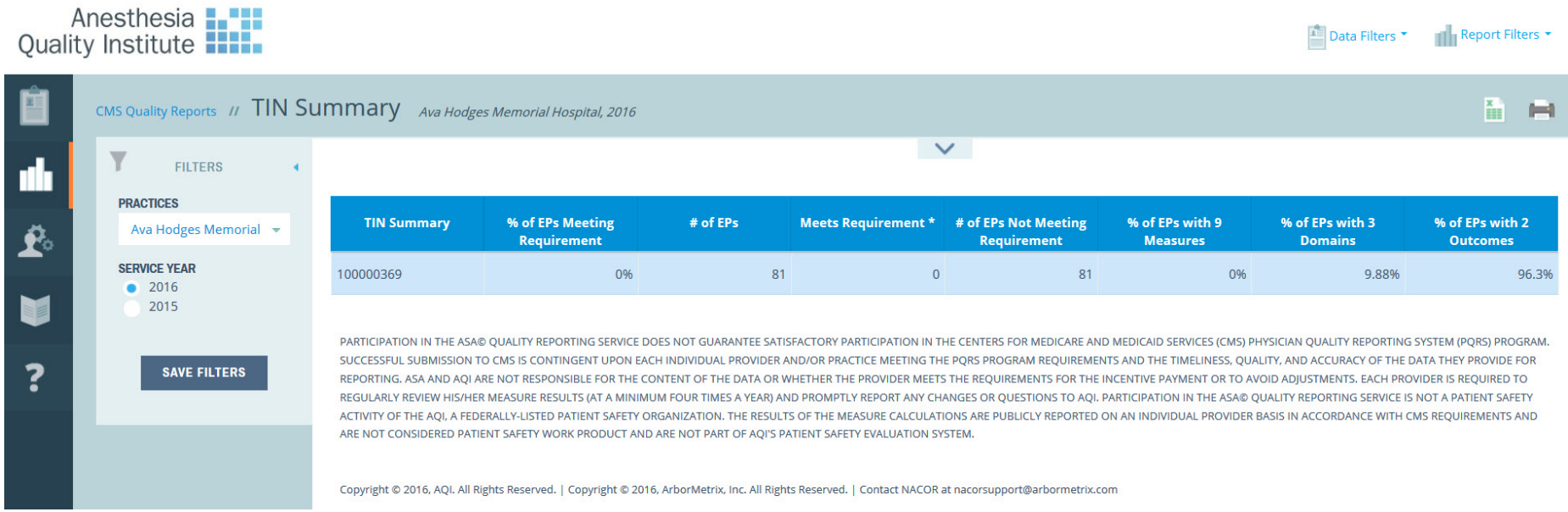
Quality Reporting Data Reports

TIN Summary



TIN Summary	% of EPs Meeting Requirement	# of EPs	Meets Requirement *	# of EPs Not Meeting Requirement	% of EPs with 9 Measures	% of EPs with 3 Domains	% of EPs with 2 Outcomes
100000369	0%	81	0	81	0%	9.88%	96.3%

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Measure Performance Summary

Anesthesia Quality Institute

Measure Performance	Reporting Rate	Reporting Denominator	Reporting Numerator	Measure Performance Exclusions	Performance Rate	Measure Performance Achieved	Measure Performance Not Achieved	Performance Decile
1520108753	35.5%	555	197	0	90.4%	178	19	0
1592567056	28.3%	414	117	0	95.7%	112	5	0
1345754086	35.5%	586	208	0	96.6%	201	7	0
1468612362	52.2%	186	97	0	92.8%	90	7	0
1954190296	0%	162	0	0	NA	NA	NA	0
1916426918	36.7%	529	194	0	92.8%	180	14	0
1109884288	25.8%	559	144	0	97.2%	140	4	0
1387334734	32.1%	561	180	0	88.9%	160	20	0
1217155266	32.6%	1235	402	0	92.5%	372	30	0
1573533628	34.3%	542	186	0	93.5%	174	12	0
1727027081	49.9%	425	212	0	92%	195	17	0

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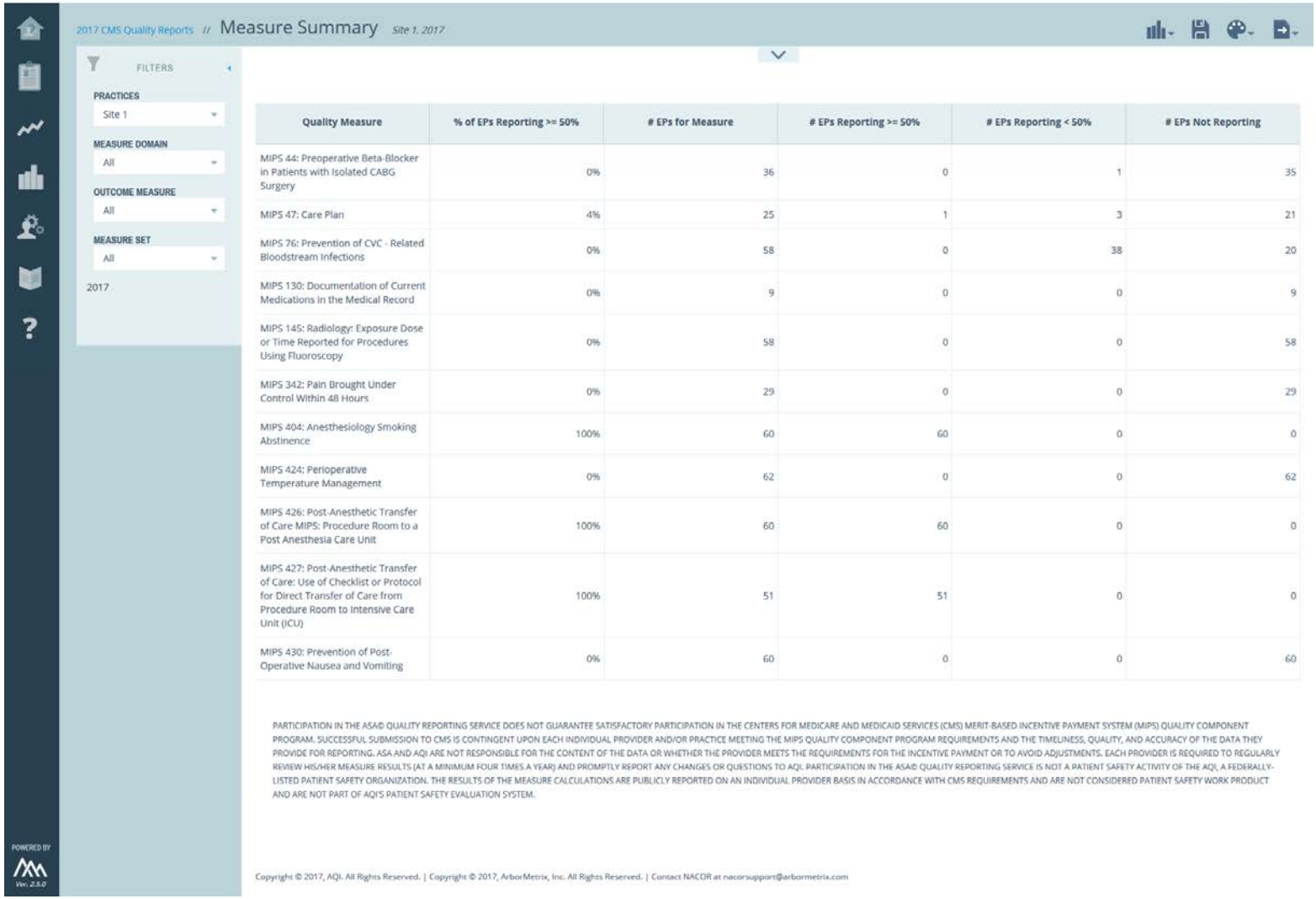
Measure Summary

Anesthesia Quality Institute



Quality Measure	% of EPs Reporting >= 50%	# EPs for Measure	# EPs Reporting >= 50%	# EPs Reporting < 50%	# EPs Not Reporting
MIPS 44: Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	0%	36	0	1	35
MIPS 47: Care Plan	4%	25	1	3	21
MIPS 76: Prevention of CVC - Related Bloodstream Infections	0%	58	0	38	20
MIPS 130: Documentation of Current Medications in the Medical Record	0%	9	0	0	9
MIPS 145: Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy	0%	58	0	0	58
MIPS 342: Pain Brought Under Control Within 48 Hours	0%	29	0	0	29
MIPS 404: Anesthesiology Smoking Abstinence	100%	60	60	0	0
MIPS 424: Perioperative Temperature Management	0%	62	0	0	62
MIPS 426: Post-Anesthetic Transfer of Care MIPS: Procedure Room to a Post Anesthesia Care Unit	100%	60	60	0	0
MIPS 427: Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)	100%	51	51	0	0
MIPS 430: Prevention of Post-Operative Nausea and Vomiting	0%	60	0	0	60

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Practice Performance

Practice Performance	Reporting Rate	Reporting Denominator	Reporting Numerator	Measure Performance Exclusions	Performance Rate	Measure Performance Achieved	Measure Performance Not Achieved	Performance Decile
MIPS 44: Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	0.087%	1143	1	0	100%	1	0	0
MIPS 47: Care Plan	3.09%	162	5	0	100%	5	0	0.4
MIPS 76: Prevention of CVC - Related Bloodstream Infections	12.7%	2286	290	0	100%	290	0	0
MIPS 130: Documentation of Current Medications in the Medical Record	0%	12	0	0	NA	NA	NA	0
MIPS 145: Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy	0%	2389	0	0	NA	NA	NA	0
MIPS 342: Pain Brought Under Control Within 48 Hours	0%	386	0	0	NA	NA	NA	0
MIPS 404: Anesthesiology Smoking Abstinence	95.4%	1384	1320	0	53.3%	704	616	0
MIPS 424: Perioperative Temperature Management	0%	17644	0	0	NA	NA	NA	0
MIPS 426: Post-Anesthetic Transfer of Care MIPS: Procedure Room to a Post Anesthesia Care Unit	98%	10535	10324	0	96.9%	9999	325	NA
MIPS 427: Post Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)	98.2%	823	808	0	99.8%	806	2	NA

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Practice Provider Summary

Anesthesia Quality Institute

Provider NPI	# of Eligible Measures	# Measures Reporting >=50%	# Measures Reporting <50%	# Measures Not Reporting	# of Outcome Measures	Meets Requirement * (1 = Yes)
1155677456	0	0	0	0	0	0
1269875443	0	0	0	0	0	0
1916467447	0	0	0	0	0	0
1953027073	0	0	0	0	0	0
1828134155	0	0	0	0	0	0
1240688552	0	0	0	0	0	0
1353035950	0	0	0	0	0	0
1822149439	0	0	0	0	0	0
1329455548	0	0	0	0	0	0
1985764151	0	0	0	0	0	0

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Provider Performance Summary

Measure	Reporting Rate	Reporting Denominator	Reporting Numerator	Measure Performance Exclusions	Performance Rate	Measure Performance Achieved	Measure Performance Not Achieved	Performance Decile
MIPS 44: Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	0%	43	0	0	NA	NA	NA	0
MIPS 47: Care Plan	0%	10	0	0	NA	NA	NA	0
MIPS 76: Prevention of CVC - Related Bloodstream Infections	12.2%	74	9	0	100%	9	0	0
MIPS 145: Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy	0%	73	0	0	NA	NA	NA	0
MIPS 342: Pain Brought Under Control Within 48 Hours	0%	21	0	0	NA	NA	NA	0
MIPS 404: Anesthesiology Smoking Abstinence	93.9%	66	62	0	51.6%	32	30	NA
MIPS 424: Perioperative Temperature Management	0%	601	0	0	NA	NA	NA	0
MIPS 426: Post-Anesthetic Transfer of Care MIPS: Procedure Room to a Post Anesthesia Care Unit	99.1%	349	346	0	97.4%	337	9	NA
MIPS 427: Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)	96%	25	24	0	100%	24	0	NA

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Additional Resources and Contacts

Centers for Medicare and Medicaid Services (CMS)

- Information on MACRA: qpp.cms.gov
- MIPS Eligibility Determination
- MIPS Improvement Activities Fact Sheet
- Submit a question to CMS on the Quality Payment Program: QPP@cms.hhs.gov
- CMS Enterprise Portal:
    - Download your quality reports from previous years
    - Download your Quality and Resource Use Reports (QRUR)
    - Review Medicare status and payments

American Society of Anesthesiologists/Anesthesia Quality Institute

- MACRA Information for Anesthesiologists
- 2017 QCDR Measure Specifications
- 2017 MIPS at a glance
- 2017 CMS Registry Measure Specifications Release Notes
- 2016/2017 QCDR Measure ID Crosswalk
- 2016/2017 QCDR Measure Codes Crosswalk
- Recommended Improvement Activities for Anesthesiologists

Questions regarding NACOR Basic and/or Quality Reporting Enrollment: qcdr@asahq.org

Questions on measure interpretation/reporting: qra@asahq.org

Questions regarding NACOR dashboard: nacorsupport@arbormetrix.com

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Appendix A: Understanding MACRA/MIPS 2017 Quality Reporting

The Centers for Medicare & Medicaid Services (CMS) released the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Final Rule in October 2016.

Beginning in the performance year 2017 (corresponding payment year 2019), Medicare Part B payments will be based in part on an eligible clinician's (EC's) participation in one of two CMS Quality Payment Program tracks: Merit-based Incentive Payment System (MIPS) or Alternative Payment Model (APM).

For MIPS, CMS will score physicians on a 0-100 point scale on their performances in four categories: Quality, Cost, Advancing Care Information (Meaningful Use of Certified Electronic Health Record Technology) and Improvement Activities. For APMs, CMS has released materials describing how eligible clinicians and practices may participate in the APM pathway.

MIPS Quality Component

The MIPS Quality component accounts for 60% of EC's composite score in performance year 2017 (payment year 2019), 50% in performance year 2018 and 30% of the composite score every year thereafter. ***The MIPS Quality Component replaces the Physician Quality Reporting System (PQRS) for reporting purposes on January 1, 2017.***

Anesthesiologists can submit quality measures through any of the mechanisms listed below. However, AQI's NACOR only supports two pf them. Reporting specific measures is dependent on the type of mechanism an EC or group practice chooses to report.

- Claims
- Electronic Health Record (EHR)
- QR – Supported by AQI's NACOR
- QCDR – Supported by AQI's NACOR
- Web Interface (Group only)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS (Group only)

Under MIPS, group practices of more than 100 ECs are no longer required to report a CAHPS survey. Reporting CAHPS for MIPS will count as one of the six required measures in the quality component category, and groups reporting this measure would receive bonus points in performance year 2017. Practices must use another reporting mechanism to submit its remaining five measures.

Quality Component Measures and Scoring

MIPS ECs must report six measures during the 12-month MIPS reporting year. If less than six measures apply, the eligible clinician must report on *all* applicable measures. One of the six

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measures must be an outcome measure. If there is no applicable outcome measure, the EC must instead report a high priority measure, which measures appropriate use, patient safety, efficiency, patient experience or care coordination. ECs are no longer required to report a cross-cutting measure or report across multiple National Quality Strategy domains.

MIPS ECs using the Qualified Registry reporting mechanism may select their measures from a list of 31 MIPS measures supported by AQI's NACOR. MIPS Measure specifications for performance year 2017 are available on the CMS Quality Payment Program website. MIPS eligible clinicians using the QCDR reporting mechanism may select their measures from a list of 31 MIPS measures and 15 non-MIPS QCDR measures supported by AQI's NACOR. Practices should ensure they are accurately reporting quality measures for the ***current*** performance year.

ECs may receive up to 10 points for each measure they successfully submit. If the EC submits any data with the correct denominator and numerator codes for the measure, the EC will earn at least three points (measure floor) out of ten possible points for that measure in 2017. ECs receive from 3-10 points per measure dependent upon their performance score in comparison to measure benchmarks. If an EC fails to submit ***any*** measure data as required under the quality performance category criteria, zero points will be awarded for that measure.

Benchmarking: Measure-specific benchmarks established by CMS, based on a measure's performance rate, will determine an EC's score on the 10-point scale. Points are awarded to ECs based on benchmarking performance rates. CMS provided the following example in the proposed rule. Each benchmark must have a minimum of 20 MIPS ECs who reported the measure.

Example of Using Benchmarks for a Single Measure to Assign Points with a Floor of 3 Points

Benchmark Decile	Sample Quality Measure Benchmarks	Possible Points with 3-Point Floor	Possible Points Without 3-Point Floor
Benchmark Decile 1	0.0-9.5%	3.0	1.0-1.9
Benchmark Decile 2	9.6-15.7%	3.0	2.0-2.9
Benchmark Decile 3	15.8-22.9%	3.0-3.9	3.0-3.9
Benchmark Decile 4	23.0-35.9%	4.0-4.9	4.0-4.9
Benchmark Decile 5	36.0-40.9%	5.0-5.9	5.0-5.9

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Benchmark Decile 6	41.0-61.9%	6.0-6.9	6.0-6.9
Benchmark Decile 7	62.0-68.9%	7.0-7.9	7.0-7.9
Benchmark Decile 8	69.0-78.9%	8.0-8.9	8.0-8.9
Benchmark Decile 9	79.0-84.9%	9.0-9.9	9.0-9.9
Benchmark Decile 10	85.0%-100%	10	10

Population-based Measures: Under MIPS, quality performance scores will include the All-Cause Hospital Readmission Measure for groups of 16 or more ECs with a minimum of 200 cases. ECs are not responsible for submitting this measure, as CMS will calculate the measures internally. If a group does not meet the 200-case minimum, the measure will not be scored.

Bonus Points: CMS will award bonus points for reporting additional high-priority and outcome measures above initial reporting requirements. Bonus points are capped at 10% of total possible points in the MIPS Quality Component.

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Appendix B: 2017 NACOR Minimum Data Set

Data Element	Location in XML Schema	NACOR (Declined QR or QCDR)	QR	QCDR
Unique Anesthesia Episode of Care ID	<AnesthesiaRecordID>	✓	✓	✓
Staff ID	<StaffID>	✓	✓	✓
Staff Role (MD, DO, CRNA, AA)	<StaffRole>	✓	✓	✓
Staff NPI Number	<NPI>	✓	✓	✓
Facility ID	<FacilityID>	✓	✓	✓
Date of Service	<AnesthesiaStartTime>	✓	✓	✓
Anesthesia Start Time	<AnesthesiaStartTime>	✓	✓	✓
Anesthesia End Time	<AnesthesiaEndTime>	✓	✓	✓
Patient Gender	<Gender>	✓	✓	✓
Patient age or Date of Birth	<DOB> or <Age>	✓	✓	✓
Anesthesia Type (General, MAC, etc.)	<AnesthesiaCategory>	✓	✓	✓
ASA Physical Status (E Designator when appropriate)	<ASAClass>	✓	✓	✓
Surgical CPT Code	<CPTValue>	✓	✓	✓
Payment Code (i.e., Medicare)	<PaymentCode>	✓	✓	✓
PQRS Measure Number *	<QCDRMeasure>		✓	✓
ASA Measure Number	<QCDRMeasure>			✓
PQRS Measure Code* (i.e., 0581F)	<QCDRCodeValue>		✓	✓
ASA Measure Code (i.e., ASA10A)	<QCDRCodeValue>			✓
Modifier (1P or 8P, if applicable)*	<QCDRModifier>		✓	✓
Denominator Exclusion*	<QCDRDenomExclusion>		✓	✓
ASA CPT Code (If billing vendor does not collect Surgical CPT codes ok to send ASA CPT code)	<CPTAnesValue>	✓	✓	✓
ICD10 (Required if part of the denominator criteria for a measure)	<ICDValue>		✓	✓

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Appendix C: 2017 QR/QCDR AQI NACOR XML Specifications

XML Element	Description	Example	Data Element	Valid Values	Data Type	Field Size	Data Required for NACOR	Data Required for QR / QCDR
<?xml version="1.0" encoding="utf-8"?>								
<AnesthesiaRecords>	Opening tag for all anesthesia records. This tag contains no data.	<AnesthesiaRecords xmlns="https://www.aqihq.org/AQIXMLResources/AQISchema.xsd">	N/A				Yes	Yes
<RecordHeader>	Sub-element of the anesthesia records element. This tag contains no data.		N/A				Yes	Yes
<PracticeID>	Sub-element of the record header element. The practice identification number generated by AQI/ArborMetrix upon initial registration.	<PracticeID>3</PracticeID>	Unique practice identifier assigned by AQI / ArborMetrix	Incremental integer {1-9999}	number	4	Yes	Yes
<CreatedBy>	Sub-element of the record header element. The name of the organization or entity who created the file.	<CreatedBy>AQITestProcess</CreatedBy>	Organizational Name generating the file	Free-form text	Character	150	Yes	Yes
<CreateDate>	Sub-element of the record header element. The date and time the file was created.	<CreateDate>1900-01-01T13:00:00.000</CreateDate>	Date/Time the file was generated	ISO 8601 Standard Date/Time format YYYY-MM-DDThh:mm:ss[.mmm]	Date time	23	Yes	Yes
<EmailSet>	Sub-element of the record header element. This tag contains no data.	Note: When EmailSet value is null use <EmailSet xmlns:nil="true" />	N/A				Yes	Yes
<EmailNotificationSet>	Sub-element of the EmailSet element. This tag contains no data.		N/A				Yes	Yes

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<EmailNotificationFirstName>	Sub-element of EmailNotificationSet element. This is the first name of the individual who wishes to receive email notificaitons regarding data processing status.	<EmailNotificationFirstName>John</EmailNotificationFirstName>	Data Submitter First Name	Free-form text	Character	50	Yes	Yes
<EmailNotificationLastName>	Sub-element of EmailNotificationSet element. This is the last name of the individual who wishes to receive email notificaitons regarding data processing status.	<EmailNotificationLastName>Doe</EmailNotificationLastName>	Data Submitter Last Name	Free-form text	Character	50	Yes	Yes
<EmailNotificationAddress>	Sub-element of EmailNotificationSet element. This is the email address of the individual who wishes to receive email notifications regarding data procesing status.	<EmailNotificationAddress>John.Doe@domain.com</EmailNotificationAddress>	Data Submitter Email Address	Valid email address	Character	150	Yes	Yes
</EmailNotificationSet>	Closing tag for the EmailNotificationSet. This tag contains no data.						Yes	Yes
</EmailSet>	Closing tag for the EmailSet element. This tag contains no data.						Yes	Yes
<AQIXMLVersion>	Sub-element of the record header element. This is the AQI XML Schema version used to format this file.	<AQIXMLVersion>2017V1.0</AQIXMLVersion>	AQI XML Version	2017V1.0 2017V1.0R	Character	10	Yes	Yes
</RecordHeader>	Closing tag for the record header element. This tag contains no data.		N/A				Yes	Yes
<AnesthesiaRecord>	Sub-element of the anesthesia records element. This tag contains no data.		N/A				Yes	Yes
<Demographic>	Sub-element of the anesthesia record element. This tag contains no data.		N/A				Yes	Yes

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<PatientID>	Sub-element of the demographic element. The patient specific identification number generated or used by the anesthesia practice's billing software to indicate which patient the procedure/case was performed. Note, this value should not be equal to and is not the patient medical record number.	<PatientID>Patient123</PatientID> Note: When PatientID value is null use <PatientID xmlns:nil="true" />	Unique patient identifier (Not MRN)	Alphanumeric free-form text	Character	25	No*	No*
<DOB>	Sub-element of the demographic element. The month, day, and year on which the patient was born.	<DOB>1900-01-01</DOB> Note: When DOB value is null, omit this element.	Patient date of birth	ISO 8601 Standard Date format YYYY-MM-DD	Date	10	No†	No†
<PatientSex>	Sub-element of the demographic element. The biological sex at birth. The World Health Organization (WHO) summarizes the issue as follows: "Sex refers to the biological and physiological characteristics that define men and women. Gender refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women." Oct 21, 2011.	<PatientSex>Female</PatientSex>	Patient sex	Female Male Other Unknown	Character	7	Yes	Yes
</Demographic>	Closing tag for the demographic element. This tag contains no data.		N/A				Yes	Yes
<Procedure>	Sub-element of the anesthesia record element. This tag contains no data.		N/A				Yes	Yes
<ProcedureID>	Sub-element of the procedure element. The practice specific identification number generated or used by the anesthesia practice's billing software to indicate which procedure/case was performed.	<ProcedureID>X123ABC-A1</ProcedureID>	Unique procedure identifier	Alphanumeric free-form text	Character	50	No*	No*

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<FacilityID>	Sub-element of the procedure element. The practice specific identification number generated or used by the anesthesia practice's billing software to indicate in what facility the procedure/case was performed.	<FacilityID>Fac123ABC-A1</FacilityID>	Unique facility identifier	Alphanumeric free-form text	Character	50	Yes	Yes
<ProcedureLocation>	Sub-element of the procedure element. This tag contains no data.		N/A				Yes	Yes
<LocationType>	Sub-element of the procedure location element. CMS's Place of Service Codes for Professional Claims Database (Updated November 2016).	<LocationType>21</LocationType>	Location Type	Incremental integer {1-99} https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html	number	2	Yes	Yes
</ProcedureLocation>	Closing tag for the procedure location element. This tag contains no data.		N/A				Yes	Yes
<ProcStatus>	Sub-element of the procedure element. The value specifying the state of the procedure/case which was performed.	<ProcStatus>Emergency</ProcStatus>	Procedure Status	Emergency Urgent Elective Unknown	Character	10	Yes‡	Yes‡
<CPTSet>	Sub-element of the procedure element. Opening tag for the set of CPT codes. This tag contains no data.	Note: When not submitting surgical CPT codes, omit this set.	N/A				No	No
<CPT>	Sub-element CPT set element. Opening tag for the CPT code data. This tag contains no data. This tag is required only if it's parent tag CPTSet is present.		N/A				Yes	Yes
<CPTRank>	Sub-element of the CPT element. Order of precedence for codes submitted. Rank 1 is the CPT code representing the primary procedure billed.	<CPTRank>1</CPTRank>	CPT code rank	Incremental integer {1-9999}	number	4	Yes	Yes

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<CPTValue>	Sub-element of the CPT element. The Current Procedural Terminology (CPT) code set describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.	<CPTValue>93313</CPTValue>	Category I & III codes	Regular Expression: ^([0-9]{4,4}[T0-9])$	Character	5	Yes	Yes
<CPTModifier>	Sub-element of the CPT element. CPT modifiers provide additional information about the procedure performed.	<CPTModifier>59</CPTModifier> Note: When CPT modifier value is null use <CPTModifier xmlns:nil="true" />	Modifiers for Category I codes	Regular Expression: ^([A-Z0-9]{2,2})$	Character	2	No	No
</CPT>	Closing tag for the CPT element. This tag contains no data.		N/A					
</CPTSet>	Closing tag for the CPT set element. This tag contains no data.		N/A					
</Procedure>	Closing tag for the procedure element. This tag contains no data.		N/A					
<AnesthesiaCase>	Sub-element of the AnesthesiaRecord element. This tag contains no data.		N/A					
<AnesthesiaRecordID>	Sub-element for the anesthesia case element. The primary key number internally generated by the anesthesia practice from the billing or electronic medical/health record related to the episode of anesthetic care. This is not the identifiable medical record number	<AnesthesiaRecordID>AnesthesiaRecordID1</AnesthesiaRecordID>	Unique Anesthesia Episode of Care ID (an anesthesia case ID for episode of care)	Alphanumeric free-form text	Character	50	Yes	Yes
<AnesthesiaStaffSet>	Sub-element of the anesthesia case element. This tag contains no data.		N/A				Yes	Yes

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<AnesthesiaStaff>	Sub-element of the anesthesia staff set element. This tag contains no data.		N/A				Yes	Yes
<TaxID>	Sub-element of the anesthesia staff element. Taxpayer Identification Number (TIN) and Employer Identification Number (EIN) are defined as a nine-digit number that the IRS assigns to organizations. The IRS uses the number to identify taxpayers who are required to file various business tax returns. TIN/EIN are used by employers, sole proprietors, corporations, partnerships, nonprofit associations, trusts, estates of decedents, government agencies, certain individuals, and other business entities.	<TaxID>123456789</TaxID>	Tax ID (TIN)	Nine digit Numeric value (include preceeding zeros if necessary)	Character	9	Yes	Yes
<NPI>	Sub-element of the anesthesia staff element. The standard unique health identifier for health care providers as mandated by the Health Insurance Portability and Accountability (HIPAA) Act of 1996	<NPI>1234567890</NPI>	Provider NPI	Provider NPI (National Provider Identification) Number	number	10	Yes	Yes
<ProviderCredentials>	Sub-element of the anesthesia staff element. Identifies the provider credentials	<ProviderCredentials>Anesthesiologist</ProviderCredentials>	Provider credentials	Anesthesiologist Certified Anesthesiologist Assistant Certified Registered Nurse Anesthetist Fellow (Anesthesiology) Surgeon Advanced Practice Nurse Physician Assistant Registered Nurse Resident (Anesthesia) Student Registered Nurse Anesthetist Dentist or Oral Surgeon Podiatrist	Character	47	Yes	Yes

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</AnesthesiaStaff>	Closing tag for the anesthesia staff element. This tag contains no data.		N/A					
</AnesthesiaStaffSet>	Closing tag for the anesthesia staff set element. This tag contains no data.		N/A					
<AnesthesiaMethodSet>	Sub-element of the anesthesia case element. This tag contains no data.		N/A				Yes	Yes
<AnesthesiaMethod>	Sub-element of the anesthesia method set element. This tag contains no data.		N/A				Yes	Yes
<AnesthesiaCategory>	Sub-element of the anesthesia method element. The anesthesia technique used for the procedure / case.	<AnesthesiaCategory>General Anesthesia</AnesthesiaCategory>	Anesthesia type	Neuraxial General Anesthesia Monitored Anesthesia Care Peripheral Nerve Block No Anesthesia Provided Unknown	Character	25	Yes	Yes
<AnesthesiaSubCategory>	Sub-element of the anesthesia method element. The descriptor for the anesthesia technique used for the procedure / case.	<AnesthesiaSubCategory>Inhalational General Anesthesia</AnesthesiaSubCategory>	Anesthesia sub type	Combined Spinal and Epidural Epidural Spinal Inhalational General Anesthesia Total Intravenous Anesthesia	Character	35	No	No
<AnesthesiaStartTime>	Sub-element of the anesthesia method element. The month, day, and year on which the procedure/case/episode of care took place Time when the anesthesia team assumes continuous care of the patient and begins preparing the patient for an anesthetic	<AnesthesiaStartTime>1900-01-01T01:01:01</AnesthesiaStartTime>	Date of service & anesthesia start time	ISO 8601 Standard Date/Time format YYYY-MM-DDThh:mm:ss[.mmm]	Date time	23	Yes	Yes

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<AnesthesiaEndTime>	Sub-element of the anesthesia method element. The month, day, and year on which the procedure/case/episode of care took place Time at which anesthesiologist turns over care of the patient to a post anesthesia care team (either PACU or ICU)	<AnesthesiaEndTime>1900-01-01T01:01:01</AnesthesiaEndTime>	Date anesthesia ended & anesthesia end time	ISO 8601 Standard Date/Time format YYYY-MM-DDThh:mm:ss[.mmm]	Date time	23	Yes	Yes
</AnesthesiaMethod>	Closing tag for the anesthesia method element. This tag contains no data.		N/A					
</AnesthesiaMethodSet>	Closing tag for the anesthesia method set element. This tag contains no data.		N/A					
<CPTAnesSet>	Sub-element of the anesthesia case element. This tag contains no data.	Note: When not submitting anesthesia CPT codes, omit this element set.	N/A				No	No
<CPTAnes>	Sub-element of the CPT aness set. This tag contains no data.		N/A				Yes	Yes
<CPTAnesValue>	Sub-element of the CPT anes element. The Current Procedural Terminology (CPT) code set describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.	<CPTAnesValue>00562</CPTAnesValue>	Category I codes	Regular Expression: ^([0|1][0-9]{4,4})$	Character	5	Yes	Yes
<CPTAnesModifer>	Sub-element of the CPT anes element. CPT modifiers provide additional information about the procedure performed.	<CPTAnesModifer>QK</CPTAnesModifer> Note: When CPT anes modifier value is null use <CPTAnesModifer xmlns:nil="true" />	Modifiers for Category I codes	Regular Expression: ^([A-Z0-9]{2,2})$	Character	2	No	No
</CPTAnes>	Closing tag for the CPT anes element. This tag contains no data.		N/A					
</CPTAnesSet>	Closing tag for the CPT aness set element. This tag contains no data.		N/A					

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</AnesthesiaCase>	Closing tag for the anesthesia case element. This tag contains no data.		N/A					
<PreOp>	Sub-element of the anesthesia record element. This tag contains no data.		N/A				Yes	Yes
<Age>	Sub-element of the Pre Op element. The length of time that the patient has lived from birth to the date of service in years. Patients aged less than one year may be reported in decimal years rounded to the ten-thousandths place. E.g. patient six days old will be reported as (6/365) 0.0164.	<Age>25.0000</Age>	Patient age	Incremental decimal {0.0000-110.0000}	number	3	Yes†	Yes†
<ASAClass>	Sub-element of the Pre Op element. American Society of Anesthesiologists Physical Status Classification System Oct 15, 2014. www.asahq.org/resources/clinical-information/asa-physical-status-classification-system	<ASAClass>IIIE</ASAClass>	ASA Physical Status	I IE II IIE III IIIE IV IVE V VE VI VIE	Character	4	Yes	Yes
<ICDSet>	Sub-element of the Pre Op element. This tag contains no data.	Note: When child elements are null, use <ICDSet xmlns:nil="true" />	N/A				No	No
<ICD>	Sub-element of the ICD set element. This tag contains no data.		N/A				No°	No°

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<ICDRank>	Sub-element of the ICD element. Order of precedence for codes submitted. Rank 1 is the ICD code representing the primary diagnosis used to identify the diagnosis related group (DRG).	<ICDRank>1</ICDRank>	ICD Diagnosis Rank	Incremental integer {1-9999}	number	4	No[o]	No[o]
<ICDValue>	Sub-element of the ICD element. ICD (International Classification of Diseases) is a set of codes used to indicate patient diagnosis, comorbidities and during any medical encounter.	<ICDValue>V25.11</ICDValue>	ICD Diagnosis Code	Regular Expression: ^([A-TV-Z][0-9][A-Z0-9])(\.[A-Z0-9]{1,4})?$	Character	8	Yes[o]	Yes[o]
<ICDVersion>	Sub-element of the ICD element. ICD version used (ICD9 or ICD10).	<ICDVersion>10</ICDVersion>	ICD Diagnosis version	Incremental integer {9-10}	number	2	Yes[o]	Yes[o]
</ICD>	Closing tag for the ICD element. This tag contains no data.		N/A					
</ICDSet>	Closing tag for the ICD set element. This tag contains no data.		N/A					
</PreOp>	Closing tag for Pre Op element. This tag contains no data.		N/A					
<IntraOp>	Sub-element of anesthesia record element. This tag contains no data.	Note: When child elements are null, use <IntraOp xmlns:nil="true" />	NA				Yes	Yes
<PostOp>	Sub-element of anesthesia record element. This tag contains no data.		N/A				Yes	Yes
<PaymentMethod>	Sub-element of Post Op element. This tag contains no data.		N/A				Yes	Yes

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<PaymentCode>	Sub-element of the payment method element. The primary way in which a health care provider is compensated for services provided.	<PaymentCode>Government: Medicare Fee for Service - Part B</PaymentCode>	Payment method	Charity Commercial Government: Medicaid Government: Medicare Fee for Service - Part A Government: Medicare Fee for Service - Part B Government: Medicare Fee for Service - Part C Government: Military/Veterans Government: Other Other Self-Pay Unknown Worker's Compensation			Yes	Yes
<PaymentDescription>	Sub-element of the paymet method element. The secondary way in which a health care provider is compensated for services provided.	<PaymentDescription>Commercial</PaymentDescription> Note: When the payment description element is null, omit this element.	Payment method	Charity Commercial Government: Medicaid Government: Medicare Fee for Service - Part A Government: Medicare Fee for Service - Part B Government: Medicare Fee for Service - Part C Government: Military/Veterans Government: Other Other Self-Pay Unknown Worker's Compensation			No	No

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<PaymentDescriptionSec>	Sub-element of the paymet method element. The tertiary way in which a health care provider is compensated for services provided.	<PaymentDescriptionSec>Self-Pay</PaymentDescriptionSec> Note: When the payment description sec element is null, omit this element.	Payment method	Charity Commercial Government: Medicaid Government: Medicare Fee for Service - Part A Government: Medicare Fee for Service - Part B Government: Medicare Fee for Service - Part C Government: Military/Veterans Government: Other Other Self-Pay Unknown Worker's Compensation			No	No
<PaymentDescriptionTh>	Sub-element of the payment method element. The quaternary way in which a health care provider is compensated for services provided.	<PaymentDescriptionTh>Government: Other</PaymentDescriptionTh> Note: When the payment description th element is null, omit this element.	Payment method	Charity Commercial Government: Medicaid Government: Medicare Fee for Service - Part A Government: Medicare Fee for Service - Part B Government: Medicare Fee for Service - Part C Government: Military/Veterans Government: Other Other Self-Pay Unknown Worker's Compensation			No	No
</PaymentMethod>	Closing tag for payment method. This tag contains no data.		N/A					
<ICDSet>	Sub-element of the Post Op element. This tag contains no data.	Note: When child elements are null, use <ICDSet xmlns:nil="true" />	N/A				No°	No°

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<ICD>	Sub-element of the ICD set element. This tag contains no data.		N/A				No°	No°
<ICDRank>	Sub-element of the ICD element. Order of precedence for codes submitted. Rank 1 is the ICD code representing the primary procedure used to identify the diagnosis related group (DRG).	<ICDRank>1</ICDRank>	ICD Procedure Rank	Incremental integer {1-9999}	number	4	No°	No°
<ICDValue>	Sub-element of the ICD element. ICD (International Classification of Diseases) is a set of codes used to indicate patient procedure during any medical encounter.	<ICDValue>10E0XZZ</ICDValue>	ICD Procedure Code	Regular Expression: ^[a-zA-Z0-9]{7}$	Character	7	No°	No°
<ICDVersion>	Sub-element of the ICD element. ICD version used (ICD9 or ICD10).	<ICDVersion>10</ICDVersion>	ICD Procedure version	Incremental integer {9-10}	number	2	No°	No°
</ICD>	Closing tag for the ICD element. This tag contains no data.		N/A					
</ICDSet>	Closing tag for the ICD set element. This tag contains no data.		N/A					
</PostOp>	Closing tag for the Post Op element. This tag contains no data.		N/A					
<OutcomesEvents>	Sub-element of the anesthesia record element. This tag contains no data.	Note: When child elements are null, use <OutcomeEvents xmlns:nil="true" />	N/A				No	Yes
<QCDRSet>	Sub-element of the outcomes events element. This tag contains no data.	Note: When child elements are null, omit this element set.	N/A				No	Yes
<QCDR>	Sub-element of the QCDR set element. This tag contains no data.		N/A				No	Yes
<QCDRMeasure>	Sub-element of the QCDR element. The measure's listed identification number supplied by CMS / AQI.	<QCDRMeasure>AQI58</QCDRMeasure>	Measure Number	Regular Expression: ^(AQI[0-9]{2,2}?(MIPS[0-9]{3,3})$ Note: The QR program only accepts PQRS measures, The QCDR program accepts both PQRS and ASA measures.	Character	6	No	Yes

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<QCDRCodeValue>	Sub-element of the QCDR element. The quality tracking codes (CPT II, HCPCS, or ASA), which facilitate data collection for the purposes of performance measurement.	<QCDRCodeValue>4558F</QCDRCode Value>	CPT II code, HCPCS code, or ASA Measure code	Regular Expression: ^([0-9][0-9][A-Z][0-9][0-9])?([0-9]{4,4}F)?(G[0-9]{4,4})?$	Character	6	No	Yes
<QCDRModifier>	Sub-element of the QCDR element. Quality code modifiers provide additional information about the quality data captured.	<QCDRModifier>8P</QCDRModifier> Note: When child elements are null, use <QCDRModifier xmlns:nil="true" />	Quality code modifier	Regular Expression: ^(1|8)P$	Character	2	No	No
</QCDR>	Closing tag for the QCDR element. This tag contains no data.		N/A					
</QCDRSet>	Closing tag for the QCDR set element. This tag contains no data.		N/A					
</OutcomesEvents>	Closing tag for the outcomes events element. This tag contains no data.		N/A					
</AnesthesiaRecord>	Closing tag for the anesthesia record element. This tag contains no data.		N/A					
</AnesthesiaRecords>	Closing tag for the anesthesia records element. This tag contains no data.		N/A					

** Patient identifier, Procedure identifier are used for matching disparate data sources. If AQI/ArborMetrix will be required to do so, these values will therefore be required. Patient identifierss may also be used in select MIPS measures for accurately calculations.*

† One of patient age or date of birth is required, not both. Both may be submitted.

‡ Procedure status: Emergency is used as a denominator exclusion for many ASA measures used in quality reporting to CMS. This value is usually captured as part of ASA Physical Status as th "E" designator, but some systems are not able to concatenate "E" with the ASA Physical Status Roman Numeral appropriately.

[0] ICD codes are only needed if the EP intends on reporting PQRS measures which use ICD values in the specification's denominator. If reporting ICD code values, all ICD elements are required.

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Appendix D: NACOR Quality Reporting – Roles and Responsibilities

The Anesthesia Quality Institute's (AQI) National Anesthesia Clinical Outcomes Registry (NACOR) is an approved Qualified Registry (QR) and Qualified Clinical Data Registry (QCDR) for the Centers for Medicare & Medicaid Services (CMS) 2017 Merit-based Incentive Payment System (MIPS) Quality Payment Program. Regardless of the reporting option you choose, participating in MIPS requires coordination and input from multiple parties.

The following roles and responsibilities lay the foundation for successful quality reporting.

NACOR ROLES & RESPONSIBILITIES:

- Offer four options for MIPS reporting: QR Individual Reporting; QR Group Practice Reporting; QCDR Individual Reporting; and QCDR Group Practice Reporting
- Support the clinical improvement activity attestation process
- Support a wide range of anesthesia measures for each reporting option
- Provide resources to help practices navigate complex MIPS reporting:
  - Website resources
  - Monthly webinars followed by Q & A
  - Answer measures-related questions via e-mail: qra@asahq.org
  - Sample quality capture forms
  - A list of vendors who have reported their ability to meet AQI NACOR's file formatting and content requirements. Because each practice is unique, practices are responsible for verifying a vendor's ability to successfully submit data on their behalf. NACOR in no way endorses, certifies, guarantees or warrants the services of any listed vendor.
  - Dashboard reports to help practices monitor QCDR and QR measure compliance
  - Submission of QCDR and QR files to CMS in accordance with regulatory requirements
  - NACOR report interpretation available upon request

PRACTICE ROLES & RESPONSIBILITIES:

- Understand MIPS reporting and performance requirements
- Ensure the accuracy and quality of data submitted to NACOR
- Monitor MIPS reporting compliance via NACOR dashboard reports
- Meet NACOR deadlines
- Choose a physician anesthesiologist or other quality champion to manage and oversee the practice quality reporting activities. These activities typically include:
  - Reading the 2017 NACOR User Guide for Quality Reporting
    - Select a reporting option - QR Individual Reporting; QR Group Practice Reporting; QCDR Individual Reporting or QCDR Group Practice Reporting
  - Completing the contracting process and NACOR Quality Reporting Order Form
    - NACOR Participation Agreement and the ASA Quality Reporting Agreement are required.

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PRACTICE ROLES & RESPONSIBILITIES (CONT'D):

- Identify measures that may be reported for all eligible clinicians (ECs) in the practice
- Operationalize the data collection, data formatting, and data submission processes:
  - Determine whether the practice will utilize the service(s) of a vendor(s) or in-house IT staff. When making this decision, consider the type of IT support available within the practice, the IT systems the practice already has in place and the amount of time the quality champion can dedicate to the project. Practices struggling with pulling data from their systems for submission to NACOR may consider using the Quality Concierge™ solution. For more information, email qcdr@asahq.org.
- Check TIN and NPI numbers for completeness and accuracy
- Take advantage of the resources AQI provides:
  - Utilize the training materials under Resources in the NACOR application to learn the administrative and reporting features in NACOR
  - Review online QR and QCDR reports monthly to identify potential gaps. Follow up with your ECs, in-house IT staff or vendor(s) and take the necessary corrective action. Reports include group performance metrics, individual performance metrics and quality measure compliance reports with drilldown capabilities for more granular data.
  - Participate in NACOR Quality Reporting Virtual Office Hours
  - Read AQI NACOR News and other listserv communications and follow recommended actions

- Because billing data for all anesthesia clinicians is submitted to NACOR, the practice is responsible to "Opt Out" for any clinician they do not wish to report data to CMS. AQI NACOR defaults all clinicians to "YES to CMS Reporting" to achieve maximum reporting for the practice. The deadline for opting out a clinician(s) is February 15, 2018. Instructions are provided here.

RESPONSIBILITIES INVOLVING COLLABORATION BETWEEN THE PRACTICE AND IT STAFF OR VENDOR(S):

- Establish a quality control process with the practice's vendor(s) or in-house IT staff.
- Merge data from multiple sources into one file prior to submission to AQI NACOR. Additional fee-based services for merging multiple files are available by contacting askaqi@asahq.org.
- Verify the accuracy of the file format and content before submitting files to AQI NACOR.

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