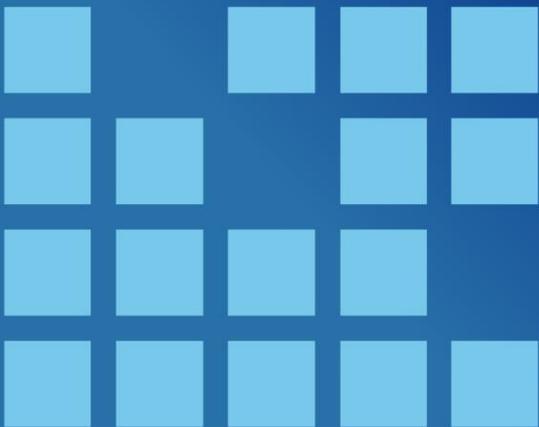


NACOR



2018 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 with Benchmarking
NACOR STANDARD QUALITY
REPORTING

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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.

Welcome 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.

NACOR Basic with Benchmarking

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

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

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 benchmarking for MIPS Quality components without submission to CMS as well as Outcomes / Adverse Events
- Includes specialty-specific reporting measures, providing broader options that may be more meaningful to your practice
- Helps you prepare for reporting requirements in 2019 under MIPS

Reporting Clinical Outcomes/Adverse Events (excluding CMS measure data)

If a practice is reporting clinical 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.

There are currently 101 clinical outcomes/adverse events available to be reported to NACOR. The complete list of [outcomes](#) can be found on the AQI website but examples include:

- Airway trauma
- Anaphylaxis
- Arrhythmia
- Cardiac Arrest
- Delirium

The following sample assumes that only 9 outcomes are tracked and maintained by the data submitter. Outcomes 18 and 20 - 27 are reported and will be benchmarked for the practice. Other outcomes will not be as they are not reported. Each practice submitting outcomes will be required to report on an outcome (either occurred or not occurred) to receive benchmarks for that outcome.

Following is an example of how to report a clinical outcome in the data file:

```
<OutcomeSet>
  <Outcome>
    <OutcomeID>18</OutcomeID>
    <OutcomeOccurred>>true</OutcomeOccurred>
    <OutcomeTimeStamp>2018-01-01T07:00:00</OutcomeTimeStamp>
    <OutcomeSeverity>Mild Harm</OutcomeSeverity>
    <OutcomeTimeFrame>PACU</OutcomeTimeFrame>
  </Outcome>
  <Outcome>
    <OutcomeID>20</OutcomeID>
    <OutcomeOccurred>>false</OutcomeOccurred>
  </Outcome>
  <Outcome>
    <OutcomeID>21</OutcomeID>
    <OutcomeOccurred>>false</OutcomeOccurred>
  </Outcome>
  <Outcome>
    <OutcomeID>22</OutcomeID>
    <OutcomeOccurred>>false</OutcomeOccurred>
  </Outcome>
  <Outcome>
```

```
<OutcomeID>23</OutcomeID>
<OutcomeOccurred>>false</OutcomeOccurred>
</Outcome>
<Outcome>
<OutcomeID>24</OutcomeID>
<OutcomeOccurred>>false</OutcomeOccurred>
</Outcome>
<Outcome>
<OutcomeID>25</OutcomeID>
<OutcomeOccurred>>false</OutcomeOccurred>
</Outcome>
<Outcome>
<OutcomeID>26</OutcomeID>
<OutcomeOccurred>>false</OutcomeOccurred>
</Outcome>
<Outcome>
<OutcomeID>27</OutcomeID>
<OutcomeOccurred>>false</OutcomeOccurred>
</Outcome>
</OutcomeSet>
```

[Outcomes definitions](#) are standardized, and all vendors and groups should report based on definitions posted on the AQI website.

NACOR Standard Quality Reporting

For 2018, 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 dashboard.

Quick Quality Payment Program (QPP) Links

- [ASA MACRA Website](#)
- [CMS Quality Payment Program Website](#)

NACOR Quality Reporting Options

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

Group Practice Reporting

CMS evaluates 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 2018 [here](#).

Individual

CMS evaluates quality data at the Tax Identification Number (TIN) and 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 (see pages 13-15 for definitions) can report at the individual level or through Group Practice Reporting in 2018. ECs must elect a reporting option prior to the deadline for data submission.

Do I have to report MIPS?

Physicians and other clinicians can check their [MIPS 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 to Medicare Part B reimbursements in the correlating payment year 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 60 percent of all denominator-eligible cases for all measures
- 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, 60 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 \$90,000 in allowed charges or less than or equal to 200 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 \$90,000 in allowed charges or less than or equal to 200 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 Promoting Interoperability category (formally known as Promoting Interoperability Performance.) For these ECs, the Quality component is reweighted to 75 percent, and Cost remains at 10 percent and Improvement Activities remains 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 population. For the Improvement Activities component, activities are reweighted for non-patient-facing ECs and those that are part of a small, rural or Health Professional Shortage Area (HPSA) practice, with medium activities equaling 20 points and high-weighted activities equaling 40 points. Therefore, non-patient facing and those in small, rural and HPSA 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. The CMS eligibility tool indicates whether 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?

The CMS eligibility tool will indicate the eligibility status for all clinicians. 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.

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 the Quality Component under MIPS and help ECs meet the CMS requirements. Practices should consider the following to when deciding 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 / high priority 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 QCDR	MIPS and QCDR
Data summary level	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 32 MIPS measures supported by the NACOR QR.***

For 2018, 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 #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*
- MIPS #463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)*

*designates a proposed "high-priority measure"

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 or high-priority measure if no outcome measure applies.
- Report at least 60 percent of the eligible cases that apply to each measure 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 on the Quality Payment Program website under the [Resource library](#).

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.

2018 QCDR Measures

For 2018 the NACOR QCDR has been approved for 48 measures (32 MIPS and 16 QCDR Measures)

The measure specifications can be found here:

- [2018 MIPS Measures Available for Reporting through AQI NACOR](#)
- [2018 QCDR Measure Booklet](#)

Reporting Requirements

- Report at least six measures with one outcome measure or high-priority measure if no outcome measure applies
- Report at least 60 percent of the eligible cases that apply to each measure. 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 QCDR measures through the QCDR.
- A measure with a zero percent performance rate will not be counted unless it is an inverse measure.

MIPS Reporting – Improvement Activities (IA) Component

For 2018, 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 2018 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 developed the following resources to assist anesthesia providers and practices with the selection of Improvement Activities to attest for credit in the MIPS Improvement Activities category:

- [2018 Recommended Improvement Activities](#)
- [2018 Improvement Activity Flow Chart](#)
- [2018 ASA MIPS Improvement Activities Templates](#)

For a full list, visit the [CMS Quality Payment Program website](#).

Attesting to Improvement Activities

Before your practice attests to an Improvement Activity please keep the following in mind:

- Practice must perform the activity for a minimum of 90 days
- Practice needs to maintain documentation for 6 years in case CMS audits
- Practice should contact CMS directly (gpp@cms.hhs.gov) to verify documentation is sufficient

Improvement Activity attestation is completed using the provider list in the NACOR dashboard. Review the [instructions](#) before you attest. There are options to attest as an individual or as a group.

For further assistance with IA attestation please contact your AQI Account Manager or email askaqi@asahq.org.

2018 Quality Reporting Deadlines

	Deadlines
Enrollment in NACOR Quality Reporting	October 31, 2018
January – November 2018 Data Submission	January 31, 2019
December 2018 Data Submission	February 15, 2019
Final reconciliation of TIN, NPI and Report to CMS selection by the Practice Improvement Activity attestations must be completed EC's reporting as individuals must have signed provider consents on file	February 15, 2019
Data submitted by AQI to CMS	No later than March 30, 2019

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/QCDR Measure Number	MIPS 426
Reported Value (CPT II Code, HCPCS Code, Registry 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 clinical databases that capture patient outcomes. Outcomes collected on paper must be converted to electronic format for submission to NACOR.

- If 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.
- Outcomes must be included with billing data in the file. If practices require services to merge billing and administrative data with clinical outcomes data, please contact us at askaqi@asahq.org.

Collection Methodologies

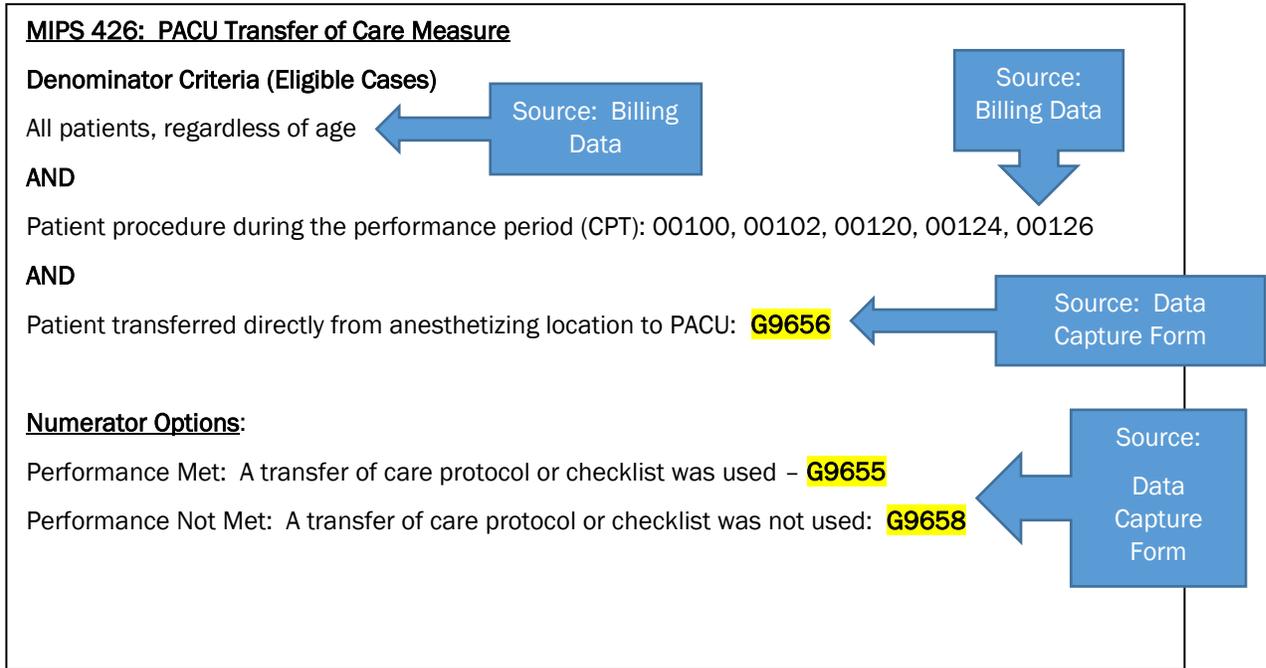
There are many ways to collect the data required for submission to NACOR, including:

- Paper (data capture forms)
- Electronic
 - Specially designed applications that utilize tablets, smartphones and computers (i.e. [Quality Concierge](#))
 - 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 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:



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](#).

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' compliance of the Quality and Improvement Activity component requirements for MIPS.

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 (practice specific facility ID, facility type, facility name and facility location).

Data Source: The practice is issued a unique login, and the information is entered via the NACOR dashboard. This practice demographic information is collected one time. The AQI practice champion should review this information annually to review the accuracy of the data.

The **Provider List** is the source of truth for CMS MIPS reporting as well as ASA billing and invoice reconciliation for reporting fees. It is the practices responsibility to maintain the accuracy of this list. It is recommended that the provider list is **updated** quarterly. Final changes to the provider list must be completed by February 15, 2019.

The **Facility List** maintains a list of the facilities where your providers complete their cases. The practice specific facility ID should match the facility ID in your practice's data submission file. If the facility ID does not match the ID submitted on the case data, this information will not be linked to the case. Use [this guide](#) for instructions on maintaining your facility list.

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 a [NACOR-ready Vendor](#) or have their in-house IT staff create the XML-formatted file. The Appendix B shows the required minimum data fields for QR and QCDR reporting options.

The [2018 NACOR XML and Measure Specifications document](#) will assist IT vendors or IT developers in creating the appropriate XML data file for each practice. Within the document you will find the following:

- 2018 QR-QCDR XML
- 2018 Clinical Outcomes XML
- Outcomes Reference Table
- QCDR and MIPS Measure coding specifications

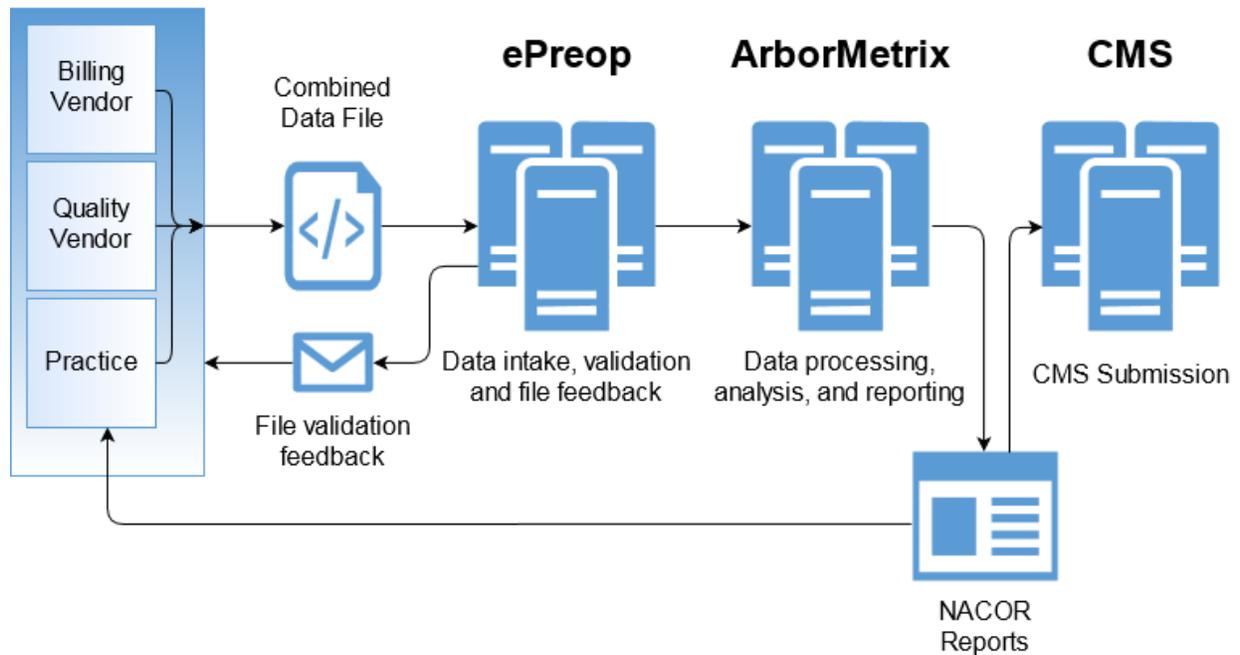
XML file format testing is recommended prior to file submission. Please use the [XML file validator to test files using fake data](#). If your IT vendor has questions regarding the XML schema, email askaqi@asahq.org.

Submitting data to NACOR

When data files are submitted to NACOR they will go through two processes: data intake validation and file feedback through ePreop and data processing, data analysis and reporting through ArborMetrix.

Instructions for submitting data to NACOR may be found in the [Data Submission User Guide](#) provided ePreop

AQI NACOR Data Flow Chart



Data Validation Emails

AQI Practice Champions and/or their vendors will receive a data validation email one (1) business day after uploading a data file. Examples of the emails are below:

Example 1: File passed minimum validation criteria



Thank you for submitting your data file to NACOR for processing.

Your file successfully passed minimum validation criteria; however, not all cases were able to be processed. Cases passing validation will be incorporated into NACOR. Data analytics will be completed and reports available in the [NACOR Dashboard](#) within 48 hours. We are currently working to decrease the processing time to 24 hours. Cases that did not pass validation will not be incorporated into NACOR. You may fix errors for those cases and resubmit your file to NACOR.

10889 of 11225 (97.01%) records were valid for submission in the file: 004/AQI Anesthesia_01112018_PID(004)_DOSSTART(20180401)_DOSEND(20180430).xml.

This validation checks whether your file adheres to the NACOR XML schema and performs certain basic logic checks. **It does not confirm the completeness of measures reported (i.e., numerator and denominator codes).**

To review accuracy of the data provided and, if applicable, whether your data meet QCDR/QR reporting and performance thresholds, please review the data and CMS Quality Reporting reports within the [NACOR Dashboard](#).

Below is a summary of any issues:

- The 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:AnesthesiaCategory' element is invalid - The value 'Other' is invalid according to its datatype 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:AnesthesiaCategoryCodeType' - The Enumeration constraint failed (occurs 3 times). The AnesthesiaRecordIDs of the records containing the error are: 3608913, 3608918, 3628739
- The 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:HomeState' element is invalid - The value 'Ou' is invalid according to its datatype 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:USStateCodeType' - The Enumeration constraint failed (occurs 1 time). The AnesthesiaRecordIDs of the records containing the error are: 3622559
- The 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:HomeZip' element is invalid - The value '7102' is invalid according to its datatype 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:ZipCodeType' - The Pattern constraint failed (occurs 1 time). The AnesthesiaRecordIDs of the records containing the error are: 3632944

Example 2: File passed validation



Thank you for submitting your data file to NACOR for processing.

Your file successfully passed validation and will be incorporated into NACOR. Data analytics will be completed and reports available in the [NACOR Dashboard](#) within 48 hours. We are currently working to decrease the processing time to 24 hours.

9925 of 9925 (100.00%) records were valid for submission in the file:215/SAAS_PID(215)_DOSSTART(20181001)_DOSEND(20181130).xml.

This validation checks whether your file adheres to the NACOR XML schema and performs certain basic logic checks. **It does not confirm the completeness of measures reported (i.e., numerator and denominator codes).**

To review accuracy of the data provided and, if applicable, whether your data meet QCDR/QR reporting and performance thresholds, please review the data and CMS Quality Reporting reports within the [NACOR Dashboard](#).

Additional information and support resources:

[NACOR Data Submission Guide](#) | [NACOR Support](#) | [AQI Developer Website](#) | [NACOR Reporting Portal](#)

Example 3: File Failed Validation



Thank you for submitting your data file to NACOR for processing.

Your file failed validation and will not be incorporated into NACOR. You may fix errors for those cases and resubmit your file to NACOR.

This validation checks whether your file adheres to the NACOR XML schema and performs certain basic logic checks. **It does not confirm the completeness of measures reported (i.e., numerator and denominator codes).**

To review accuracy of the data provided and, if applicable, whether your data meet QCDR/QR reporting and performance thresholds, please review the data and CMS Quality Reporting reports within the [NACOR Dashboard](#).

Below is a summary of any issues:

- The 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:AnesthesiaCategory' element is invalid - The value 'Other' is invalid according to its datatype 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:AnesthesiaCategoryCodeType' - The Enumeration constraint failed (occurs 8 times). The AnesthesiaRecordIDs of the records containing the error are: 3517883, 3524851, 3524857, 3526127, 3527661, 3528622, 3528649, 3532178
- The 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:HomeState' element is invalid - The value 'NS' is invalid according to its datatype 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:USStateCodeType' - The Enumeration constraint failed (occurs 2 times). The AnesthesiaRecordIDs of the records containing the error are: 3509819, 3535900
- The 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:HomeState' element is invalid - The value 'On' is invalid according to its datatype 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:USStateCodeType' - The Enumeration constraint failed (occurs 1 time). The AnesthesiaRecordIDs of the records containing the error are: 3512219
- The 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:HomeState' element is invalid - The value 'Pr' is invalid according to its datatype 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:USStateCodeType'

Additional information and support resources:

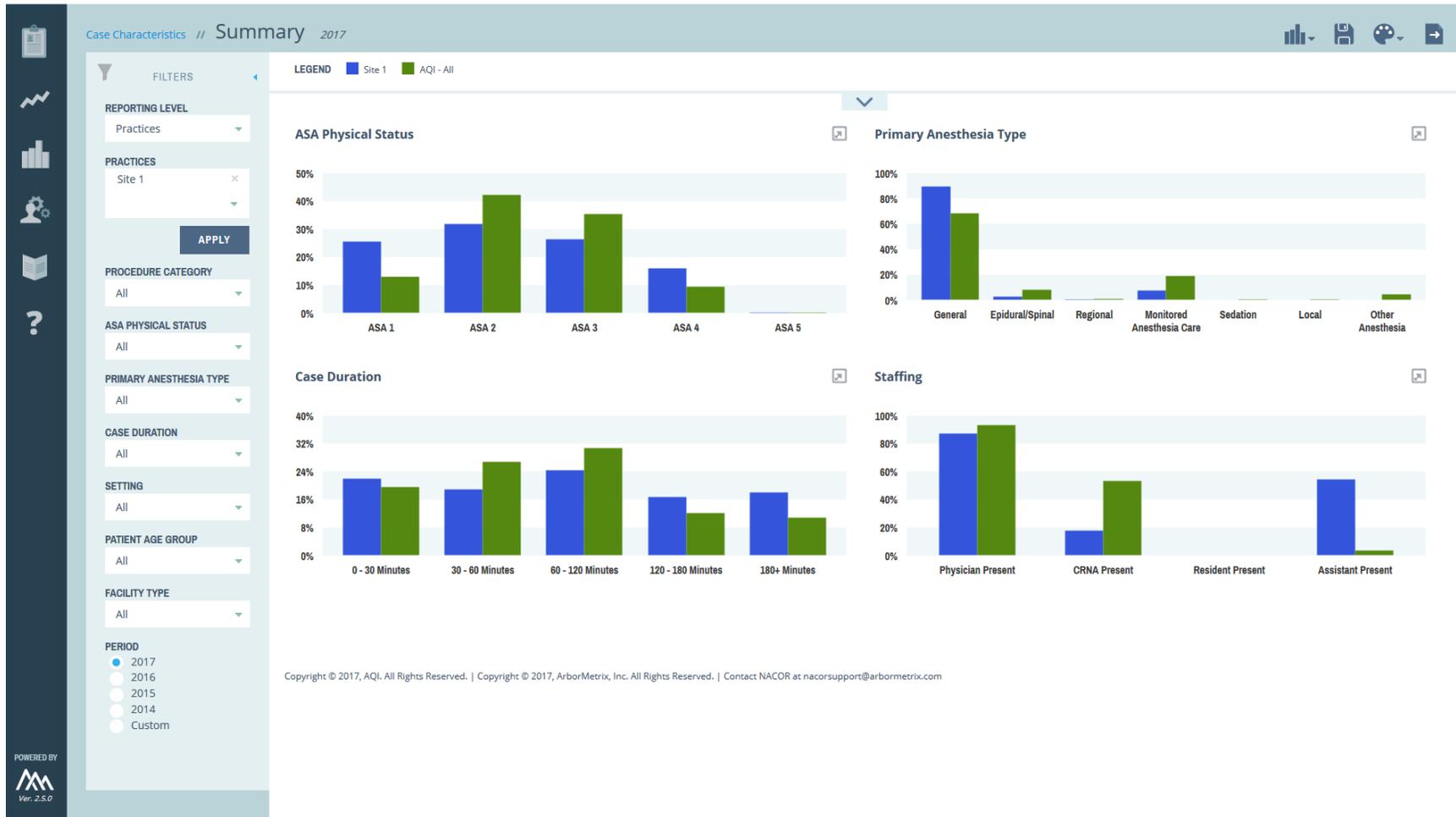
[NACOR Data Submission Guide](#) | [NACOR Support](#) | [AQI Developer Website](#) | [NACOR Reporting Portal](#)

NACOR Basic Reports

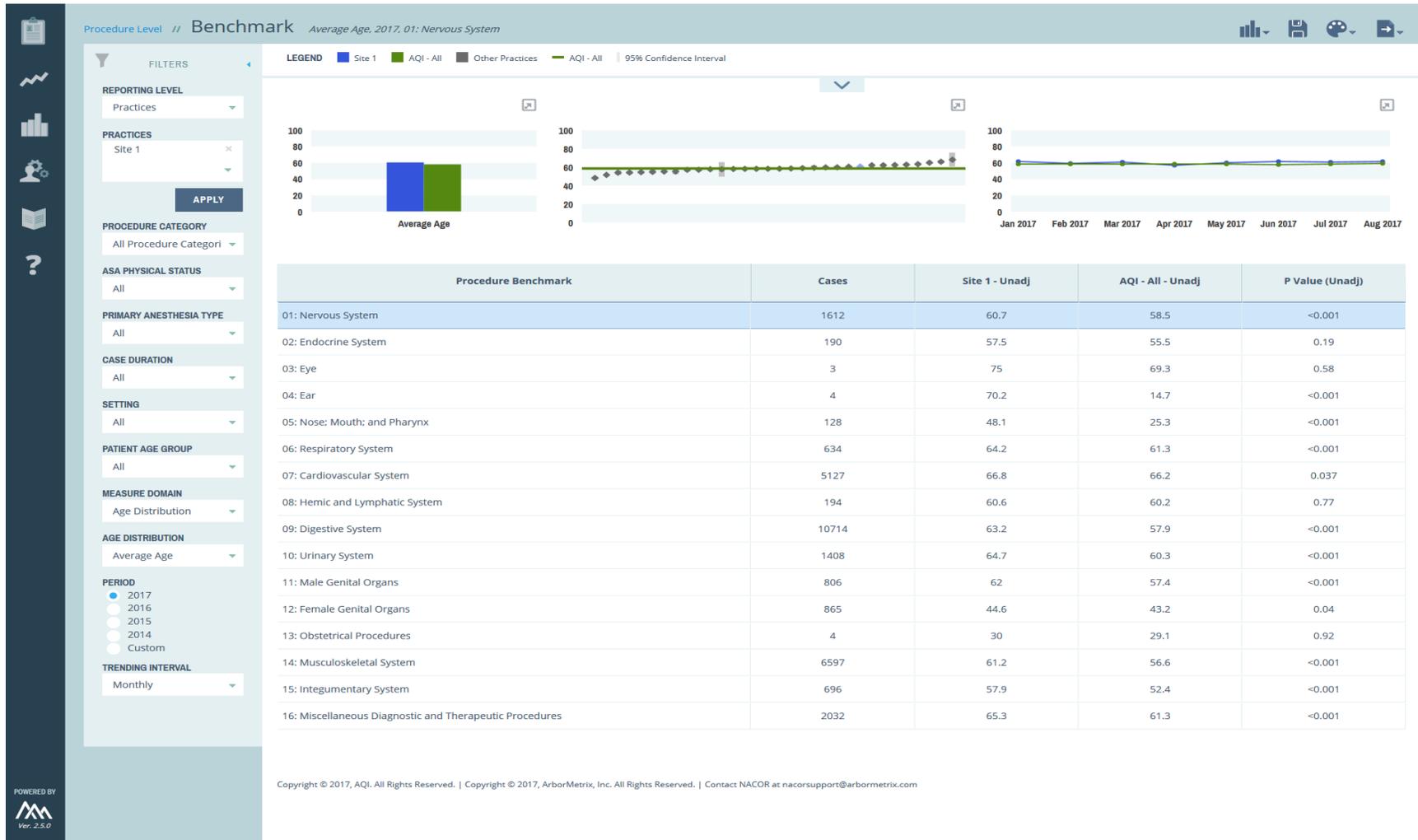
Patient Demographics – Summary



Case Characteristics – Summary



Procedure Level – Benchmarking



Provider Level – Benchmarking



Provider Level // Benchmark *Average Age, 2017, Facility: 15168*

LEGEND Facility: 15168 Site 1 Other Facilities Other Site 1 Facilities Site 1 95% Confidence Interval

Episode Quality By Provider

Facility	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



Data Submission Status // Practice Level Data Completeness *Site 1, 2017*

FILTERS

PRACTICES

Site 1

2017

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



Data Filters Report Filters

CMS Quality Reports // TIN Summary *Ava Hodges Memorial Hospital, 2016*

FILTERS

PRACTICES

Ava Hodges Memorial

SERVICE YEAR

2016

2015

SAVE FILTERS

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



2017 CMS Quality Measures // Measure Performance 2017

FILTERS

PRACTICES
Site 1

MEASURES
All

OUTCOME MEASURE
All

2017

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



2017 CMS Quality Reports // Measure Summary Site 1, 2017

FILTERS

- PRACTICES**: Site 1
- MEASURE DOMAIN**: All
- OUTCOME MEASURE**: All
- MEASURE SET**: All

2017

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

2017 CMS Reports // Practice Performance Site 1, 2017

FILTERS

PRACTICES
Site 1

OUTCOME MEASURE
All

2017

Practice Performance	Reporting Rate	Reporting Denominator	Reporting Numerator	Measure Performance Exclusions	Performance Rate	Measure Performance Achieved	Measure Performance Not Achieved	Performance Decline
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

Practice Provider Summary



2017 CMS Quality Reports // Practice Provider Summary 2017

FILTERS

PRACTICES

Site 1

2017

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

2017 CMS Quality Reports // Provider Performance Site 1, 1021847454, 2017

2017

FILTERS

REPORTING LEVEL
Physicians

PRACTICE AFFILIATION
Site 1

PHYSICIANS
1021847454

MEASURE DOMAIN
All

OUTCOME MEASURE
All

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

Additional Resources and Contacts

Centers for Medicare and Medicaid Services (CMS)

- Information on MACRA: qpp.cms.gov
- [MIPS Eligibility Determination](#)
- 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 MIPS preliminary and final scores
 - Review Medicare status and payments

American Society of Anesthesiologists/Anesthesia Quality Institute MIPS resources

- [MACRA Information for Anesthesiologists](#)
- [2018 QCDR Measure Booklet](#)
- [2018 MIPS Measures Available for Reporting through AQI NACOR](#)
- [Recommended Improvement Activities for Anesthesiologists](#)
- [2018 Improvement Activity Recommendation flow chart](#)
- [2018 ASA MIPS Improvement Activities Templates](#)
- [2018 Sample QCDR Data Capture Form](#)
- [2018 Sample QR Data Capture Form](#)
- [NACOR Data Submission Guide](#)

NACOR Administrative Resources

- [2018 NACOR Definitions](#)
- [Updating your Practice Provider List in the NACOR Dashboard](#)
- [Auditing the Facility List in the NACOR Dashboard](#)

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

Appendix A: Understanding MACRA/MIPS 2018 Quality Reporting

The Centers for Medicare & Medicaid Services (CMS) released the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Final Rule in October 2017. In the performance year 2018 (corresponding payment year 2020), 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 to 100-point scale on their performances in four categories: Quality, Cost, Promoting Interoperability (Formally, Advancing Care Information and 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 50% of EC's composite score in performance year 2018 (payment year 2020), and 30% of the composite score every year thereafter.

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

- Claims – **Not Supported by AQI's NACOR**
- Electronic Health Record (EHR) – **Not Supported by AQI's NACOR**
- QR – **Supported by AQI's NACOR**
- QCDR – **Supported by AQI's NACOR**
- Web Interface (Group only) – **Not Supported by AQI's NACOR**
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS (Group only) – **Not Supported by AQI's NACOR**

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 2018. 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 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 32 MIPS measures supported by AQI's NACOR. MIPS Measure specifications for performance year 2018 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 32 MIPS measures and 16 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 data meeting the minimum data threshold (60% of eligible cases that apply to the measure) 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. 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
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.

Appendix B: 2018 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., XXAX)	<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>		✓	✓

Appendix C: 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) 2018 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 website resources to help practices navigate complex MIPS reporting:
 - Educational materials
 - Sample quality capture forms
 - Templates for commonly reported Improvement Activities
 - A list of vendors who have reported their ability to meet AQI NACOR's file formatting and content requirements.
- Provide Account Manager support:
 - NACOR report interpretation available upon request
 - Monthly webinars followed by Q & A
 - Answer measures-related questions via e-mail: gra@asahq.org
- Offer Dashboard reports to help practices monitor QCDR and QR measure compliance
- Submit QCDR and QR files to CMS in accordance with regulatory requirements

PRACTICE ROLES & RESPONSIBILITIES:

- Understand MIPS reporting and performance requirements
- Engage with your AQI Account Manager to ensure the practice is on track with Quality Reporting and the practice champion has a clear understanding of the steps
- Update all provider information and practice information in the NACOR dashboard and notifying AQI of any AQI champion contact changes
- 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 NACOR User Guide for Quality Reporting
 - Selecting 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.
- 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@asa.hq.org.
- Complete provider list audits in the NACOR dashboard:
 - Verify practice TIN and provider NPI
 - If reporting as individuals, “Opt Out” clinician whose data you do not wish to report to CMS
- 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

SHARED RESPONSIBILITIES 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.
- Notify vendor if the AQI Practice Champion receives a failed data validation email so data files can be corrected and resubmitted.