



# NACOR News

Friday, January 12, 2018

## 2018 MIPS and QCDR measures on AQI Virtual Office Hours agenda

AQI's regularly scheduled [Quality Reporting Virtual Office Hours](#) are scheduled at [11 a.m.](#) and [5 p.m.](#), Tuesday, January 16. The agenda includes an overview on 2018 MIPS and QCDR measures.

## Review your NACOR dashboard

Remember to review your 2017 quality reports in the [NACOR dashboard](#). Reviewing reports helps identify measure gaps and monitor providers' performances in meeting 2017 reporting requirements. Corrected data files must be submitted by the data deadlines; January 31 for January-November data, and February 15 for December data. For more information, email [askaqi@asahq.org](mailto:askaqi@asahq.org).

## Report to CMS field for Group Reporting practices

For practices that have elected Group Reporting for 2017, the Report to CMS field on the provider list in the NACOR dashboard is defaulted to "Yes." Practices do not have the ability to edit this field because, according to CMS, "a group electing to submit data at the group level will have its performance assessed and scored across the TIN, which could include items and services furnished by individual NPIs within the TIN who are not required to participate in MIPS. For example, excluded clinicians are part of the group, and therefore, would be considered in the group's score." Failing to report on all the group's clinicians could adversely impact the group's score.

## Selecting a 90-day reporting period in the NACOR dashboard

Practices electing to report for a 90-consecutive day period can select the specific date range for the 90 days in the NACOR dashboard. Click [here](#) for instructions. The deadline to make this selection is Thursday, February 15.

## Provider type "Other"

While reconciling your provider lists, make sure all NPIs are assigned the proper provider type (MD-Anesthesia, CRNA, DO, AA, SRNA, Resident, etc.). AQI has discovered that in many instances Residents and SRNAs are being listed as "Other." All providers with a provider type of "Other" will have their data submitted to CMS. Provider lists should be reconciled by Thursday, February 15.

## Attesting to Improvement Activities by February 15

For both individual and group reporting options, clinicians can attest to 2017 Improvement Activities using the provider list in the NACOR dashboard. In this [step-by-step tutorial](#), clinicians learn how to select the Improvement Activity to which they will attest. As NACOR participants, practices can attest to activity IA\_PSPA\_1: Participation in an AHRQ-listed patient safety organization. This is a medium-weighted activity worth 10 points.

## File naming convention

Before submitting data files to NACOR, make sure that the file names follow the proper format:

1. The following identifiers are **required** for proper formatting:
  - a. PID – Your AQI Practice ID number must have a minimum of three characters. If your practice ID is less than three characters, use 0 to complete the file name.
  - b. .xml – This is the file extension

2. The following additional identifiers are **recommended**:
  - a. Practice name (or abbreviation)
  - b. DOSSTART – The first date of service in your data file
  - c. DOSEND – The last date of service in your data file

**A complete example using both required and recommended elements:**

AQI Anesthesia\_PID(001)\_DOSSTART(20170701)\_DOSEND(20170731).xml

For more information, review the [NACOR Data Submission Guide](#).

## 2017 NACOR Quality Reporting Deadlines

<b>01/31/2018</b>	January – November 2017 Data Submission
<b>02/01/2018</b>	Fully Executed Participation Agreement for 2017 Pick Your Pace Limited Service (i.e., NACOR Quality Concierge 90-day or 1 measure/1 case option, determined on a case-by-case basis, depending on complexity of the practice)
<b>02/15/2018</b>	All Data Submissions; In NACOR Dashboard: CMS Opt-Out TIN/NPI Reconciliation Improvement Activity Attestation
<b>02/28/2018</b>	Individual Quality Reporting Consent Submission
<b>03/16/2018</b>	If a practice does not pay its final invoice in full by this date, the practice's data may not be submitted to CMS.