



NACOR News

Friday, December 1, 2017

Consents for individual reporting will be sent soon

AQI's NACOR is collecting consent forms from each Eligible Clinician (EC) who is enrolled in 2017 individual quality reporting, as required by the Centers for Medicare & Medicaid Services (CMS). In early December, ArborMetrix will email all individual reporting ECs (whose email addresses were provided to AQI by the practice) a link to the electronic consent form. The email subject line from nacormessaging@arbormetrix.com is "CMS requirement: Consent needed for NACOR individual quality reporting."

For practices that submitted paper consent forms and received receipt confirmation from AQI, no further action is required. For questions about consents, email [Margaret Bussan](mailto:Margaret.Bussan).

Quality reporting resources available at AQI's Virtual Office Hours

AQI's next regularly scheduled [Quality Reporting Virtual Office Hours](#) will cover 2017 AQI quality reporting deadlines, reporting of Improvement Activities, and available NACOR merging and formatting services. The next Virtual Office Hours are scheduled at [11 a.m.](#) and [5 p.m.](#), Tuesday, December 12.

Deadline for merging or formatting assistance – December 15

All NACOR participants with data from multiple sources must submit data files merged and in XML format to AQI's data submission portal. Services are available for a fee for practices that need merging and formatting assistance. Email askaqi@asahq.org by Friday, December 15, to schedule a conference call to discuss this service.

Review your NACOR dashboard

Have you submitted 2017 MIPS Quality data to NACOR? AQI recommends the review of 2017 quality reports in the [NACOR Dashboard](#). Reviewing reports helps identify measure gaps and monitor providers' performances in meeting 2017 reporting requirements. For more information, contact your AQI account manager or email askaqi@asahq.org.

Frequent question: Reporting MIPS Central Line Measure 76

AQI and ASA's Quality and Regulatory Affairs Department have received questions about MIPS Central Line Measure #76: Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections.

When a provider administers anesthesia in support of procedures like an insertion of a central venous access device, the appropriate anesthesia code should be reported. If a clinician did not attempt a central venous cannulation insertion, reporting the central line measure does not apply.

If the anesthesiologist **places the line**, the **surgical CPT** should be placed in the **<CPTValue> section** of the XML data file. If the anesthesiologist **provides anesthesia** for the line placement, the **anesthesia CPT code** should be placed in the **<CPTAnesValue>**. For more information, email askaqi@asahq.org.

Quality reporting reconciliation to begin in December

As noted in the NACOR Standard Quality Reporting order form you completed at enrollment, AQI will soon begin reconciling purchased Eligible Clinician (EC) counts against actual data submitted. AQI will begin sending invoices where applicable in January, and all payments must be received by March 16, 2018.

For example, if a practice ordered quality reporting services for 10 CRNAs, but submitted data for 12 CRNAs, AQI will invoice for two additional CRNAs. If AQI does not receive payment for the two additional CRNAs by March 16, 2018, the additional CRNAs' data will not be submitted to CMS.

2017 NACOR Quality Reporting Deadlines

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| 12/15/2017 | Enrollment in Merging and/or Formatting Services |
| 01/31/2018 | January – November 2017 Data Submission |
| 02/15/2018 | Enrollment in NACOR Quality Concierge 90-day or 1 measure/1 case option – to be determined on a case-by-case basis. Depending on the complexity of the practice, the 90-day option may not be feasible, and the practice will be directed to the one measure/one case option; December 2017 Data Submission; In NACOR Dashboard: CMS Opt-Out TIN/NPI Reconciliation Improvement Activity Attestation |
| 02/28/2018 | Individual Quality Reporting Consent Submission |