



NACOR Vendor News

Monday, February 5, 2018

February 15 quality reporting deadlines approaching

The deadline for the following quality reporting components is Thursday, February 15.

- Selecting a 90-day reporting period in the NACOR dashboard. Click [here](#) for instructions.
- Reconciling provider lists and ensuring all NPIs are assigned the proper provider type (MD-Anesthesia, CRNA, DO, AA, SRNA, Resident, etc.).
- Attesting to 2017 Improvement Activities. In this [step-by-step tutorial](#), clinicians learn how to select the Improvement Activity to which they will attest.
- December 2017 data submissions

Quality reporting consent submissions due February 28

Eligible clinicians (ECs) who are enrolled in 2017 individual quality reporting must return paper or electronic consent forms by Wednesday, February 28, as required by the Centers for Medicare & Medicaid Services (CMS). CMS prohibits submission of data on behalf of an EC unless an individual consent form is completed. AQI's NACOR **will not** be able to submit your quality reporting data to CMS if the consent form is not complete by February 28. For more information email [Margaret Bussan](#).

2018 QCDR measure specifications

AQI has updated the [2018 QCDR Measure Specifications](#) booklet, which includes QCDR measures for 2018 reporting, minor changes made to AQI's NACOR 2017 measure specifications in preparation for the 2018 performance year, and measures removed from the 2018 AQI's NACOR measure set.

The current booklet is dated January 15, 2018 and includes no changes to 2018 measure specifications. The following measures are retired and do not count toward 2018 MIPS Quality Reporting:

- AQI 29: Prevention of Post-OP Nausea and Vomiting – Combination therapy (Peds)
- AQI 31: PACU Reintubation Rate
- AQI 32: Procedural Safety for Central Line Placement
- AQI 34: Perioperative Cardiac Arrest
- AQI 35: Perioperative Mortality Rate
- AQI 37: Surgical Safety Checklist
- AQI 52: Treatment of Hyperglycemia with Insulin

2018 XML schema changes announced

AQI has made modifications to improve the NACOR XML schema for 2018. The changes allow reporting of a few retired measures that practices wish to track internally, but not send to CMS. AQI has designated those retired measures as Internal Improvement Measures (IIM) and will provide a measure specification booklet in 2nd quarter 2018 to list which measures will be supported.

In 2017, the Committee on Data Definitions focused on defining several comorbidities. It was decided to report those via ICD codes supplemented by registry codes in the PreOpICD node set. The XML schema has been updated to permit registry codes with ICD codes.

AQI has also recognized some errors that practices receive when submitting files, including sections that were out of order according to the schema. AQI has relaxed some requirements pertaining to the order in which sections of data are listed for each Anesthesia Record.

AQI intends to require all schema changes be made by April 1, 2018. Data may be submitted using either format for the first quarter of 2018 for either 2017 or 2018 data. AQI will soon announce the date when 2018 schema may first be used. The AQI website also will be updated soon with 2018 schema information, as well as an updated XML validation tool. For more information, email askaqi@asahq.org.

New NACOR comorbidity data elements now available

AQI recently released the new [Comorbidity Data Set](#), which includes elements in validated risk-adjustment models used by other major specialties, as well as those associated with adverse anesthesia-specific outcomes. While these data elements are not mandatory, NACOR practices are encouraged to submit them, as they are essential in determining and reducing risk of patient harm and in calculating risk-adjusted clinical outcomes.

Upcoming NACOR Quality Reporting Deadlines

02/15/2018	All Data Submissions; In NACOR Dashboard: CMS Opt-Out TIN/NPI Reconciliation Improvement Activity Attestation
02/28/2018	Individual Quality Reporting Consent Submission
03/16/2018	If a practice does not pay its final invoice in full by this date, the practice's data may not be submitted to CMS.