

**1. Do we submit all data to NACOR and then decide if all data or 90 days of data is submitted to CMS or do we only submit data that is to be submitted to CMS?**

AQI is working with ArborMetrix on a tool that will allow a practice to select a 90-day period that they would like submitted to CMS. If a selection is not made all data will be submitted to CMS. Details to follow in the next few months.

**2. How can we locate resources regarding vendors to assist with data reporting to NACOR?**

New for 2017 AQI has partnered with ePreop on a full-service reporting tool with [Quality Concierge](#). There is also a list of [vendors](#) that are currently submitting data to NACOR.

**3. Are there any resources that summarize changes to MIPS measures?**

Yes, there is a [2017 CMS Registry Measure Specifications Release Notes](#) document that summarizes the changes to the MIPS measures.

**4. How do we assess if a new provider in our practice for 2017 is MIPS included or not?**

You can visit the [Quality Payment Program website](#) and enter the provider's NPI number to check their MIPS participation status. This will notify the practice if the provider is included in the reporting year.

**5. What factors help you decide between individual and group reporting options?**

There are many factors that could influence whether your practice enrolls in individual or group reporting options. These [FAQs](#) will be able to give you further insight into group reporting versus individual reporting.

**6. If we are submitting data at the individual level, do we need to look at each provider's special status to determine the number of activities they need to complete? Or is it determined by >75% of the providers special status in the group?**

Yes, a practice should determine each eligible clinician's (EC) special status via the [QPP eligibility tool](#) if reporting at the individual level. ECs' special status may affect their individual reporting requirements for Improvement Activities and Advancing Care Information components.

Entire TINs are determined to be non-patient facing and/or hospital-based if 75% or more ECs within the TIN meet these special status definitions. Special status at the group level is relevant for those reporting as a group.

**7. Question about AQI28: Corneal Injury Measure. This measure lists 3 different observation periods: PACU Discharge, Anesthesia End Time, and In PACU or Recovery Room. Which one is correct?**

The correct time point is anesthesia end time, as mentioned in the description and defined within the numerator statement.

**8. Are you required to submit measure AQI48 (Anesthesia: Patient Experience Survey) to AQI if your survey vendor submits the results?**

If your patient experience survey vendor is Survey Vitals you do not need to submit the numerator or denominator codes in a separate file. ePreop will merge the numerator codes that Survey Vitals provides with your billing/quality data files.