

Quality Reporting Office Hours

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February 13, 2018

Agenda

AQI Update

- 2017 Reporting Deadlines
 - Partial Year Reporting (90 days)
 - Provider List Review
 - Provider Type “other”
 - Report to CMS
 - Improvement Activity Attestation
 - Provider Consents
- Best 6 measures
- 2017 Reconciliations

2017 MIPS Reporting Deadlines

- February 19, 2018
 - December 2017 data and corrected data files must be submitted
 - Provider List Review
 - Provider Type “Other”
 - Report to CMS
 - 90 Day Reporting Date Range
- February 28, 2018
 - Improvement Activity Attestation
 - Provider Consents

Partial Year Reporting – Consecutive 90 days

If your practice selected Partial year reporting for 2017 MIPS, you can select your 90 day period on your Practice Page within the NACOR dashboard.

Practice List // Edit Practice

Quality Reporting

2016 ASA Quality Reporting Option *
DECLINE ASA Quality Repi

2017 ASA Quality Reporting Option *
OR - Individual Reporting

CPIA Attestation *
Use NACOR for CPIA Attes

Quality Concierge *
No

MIPS Pace
Full Year
Partial Year

Status
Status *
Disabled

Data Submission Contact and Data Types

Vendor or Practice Name
Vendor or Practice Name

Contact Name
asdf

Contact Email
[Redacted]

Contact Phone
[Redacted]

Data Type to be uploaded
Choose only one

Partial Year Reporting – Consecutive 90 days

If selecting MIPS Partial Year, the partial year start date and partial year end date must be designated in the NACOR practice dashboard.

The date range should reflect the start and end dates of your data files.

Practice List // Edit Practice

Other Contact Name & Title
[Redacted]

Other Contact Phone
[Redacted]

Other Contact Email
[Redacted]

Quality Reporting

2016 ASA Quality Reporting Option *
Qualified Registry

2017 ASA Quality Reporting Option *
QCDR - GPRO (group repr)

CPIA Attestation *
Use NACOR for CPIA Attes

Quality Concierge *
No

MIPS Pace
Partial Year

Partial Year Start Date
10/1/2017

Partial Year End Date
12/31/2017

Status
Status *
Enabled

▼ Data Submission Contact and Data Types

Provider List Review

- 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.).
 - 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.
 - This [guide](#) will assist you in updating your list.
 - Provider lists should be reconciled by Monday, February 19.


Report to CMS

- 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.
- Those electing to report as *individuals* can change this field for their providers.

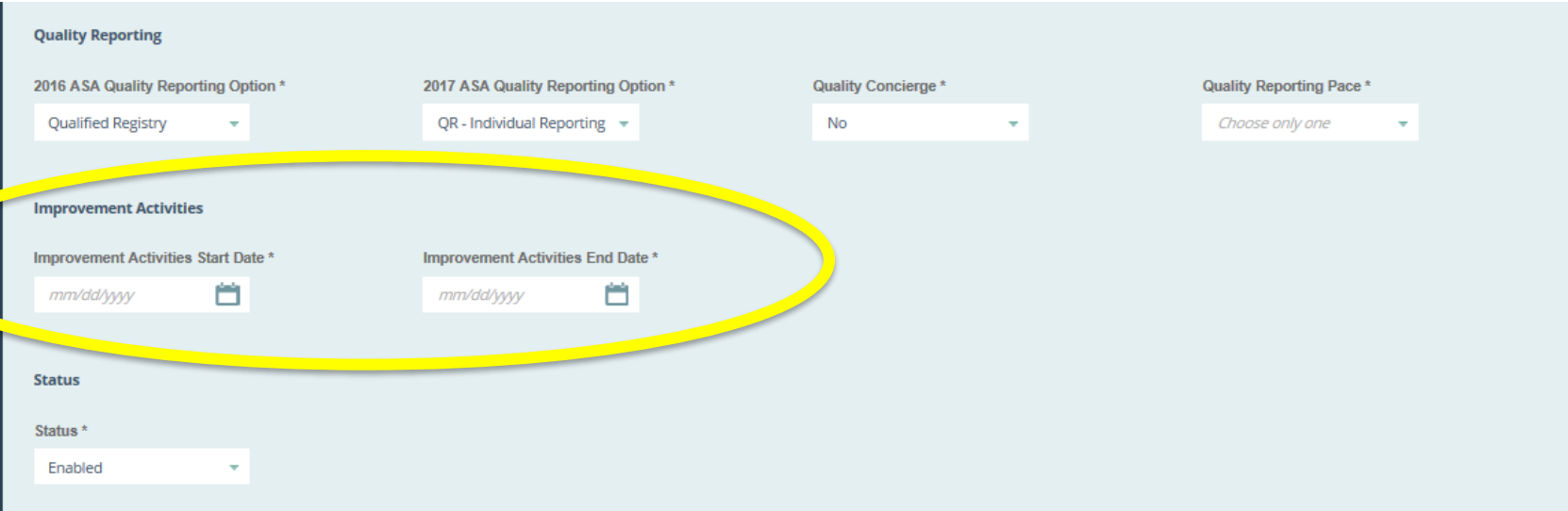
Improvement Activity Attestation

- Improvement Activities can be attested to through the NACOR platform
- Note that the improvement activities portion is a *required component* of 2017 MIPS
- **NEW:** A 90 day date range must be entered in the dashboard
- The deadline for Improvement Activity Attestation has been extended until **February 28, 2018**
- For a step by step guide, please click [here](#)

NEW REQUIRED STEP: Improvement Activities (IA) Date Selection

- Go to the Practice List, the  icon within the navigation menu on the left side of the screen and select your practice to edit
- Once in the “Edit Practice” window, scroll down to the Improvement Activities section
 - The Practice Champion must select the date ranges that match the dates in which the improvement activity was done within the practice.

Example: IA_PSPA_1 (participation in an AHRQ-listed PSO for 90 days)



The screenshot displays the 'Edit Practice' interface. The 'Improvement Activities' section is highlighted with a yellow oval. It contains two date selection fields: 'Improvement Activities Start Date *' and 'Improvement Activities End Date *', both with a placeholder 'mm/dd/yyyy' and a calendar icon. Above this section is the 'Quality Reporting' section, which includes four dropdown menus: '2016 ASA Quality Reporting Option *' (set to 'Qualified Registry'), '2017 ASA Quality Reporting Option *' (set to 'QR - Individual Reporting'), 'Quality Concierge *' (set to 'No'), and 'Quality Reporting Pace *' (set to 'Choose only one'). Below the 'Improvement Activities' section is the 'Status' section, which includes a 'Status *' dropdown menu set to 'Enabled'.

AQI - Provider Consents Update

- New for 2017 CMS is requiring provider consents to be signed and returned to AQI prior to submission of data to CMS
 - Only applies to those reporting as **Individuals** – not Group Reporting
 - Emails have been sent to individual reporting providers routinely since November 6th
 - Consents are be due by 2/28/18
 - If **no consent** is on file, **data will not be submitted** to CMS.
 - Email Margaret Bussan at m.bussan@asahq.org if you need a consent or have additional questions

Best Six Measures

- No Mechanism in place to select the best six measures.
- Reporting more than the required six measures may benefit your group if you report more than one outcome measure or high-priority measure. CMS will choose the best six measures and evaluate any additional measures appropriately to achieve the best score for the MIPS Quality Component based on data submitted.
- For more information, refer to the [MIPS Scoring 101 Guide](#).

2017 Reconciliations

- 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.

Next Quality Reporting Office Hours

Tuesday, March 13th

11am and 5pm CST

11am: <https://attendee.gotowebinar.com/register/7718772125944581122>

5pm: <https://register.gotowebinar.com/register/7734490744175276546>

Q&A

