

# Reviewing your 2017 CMS Quality Reports

Anesthesia Quality Institute

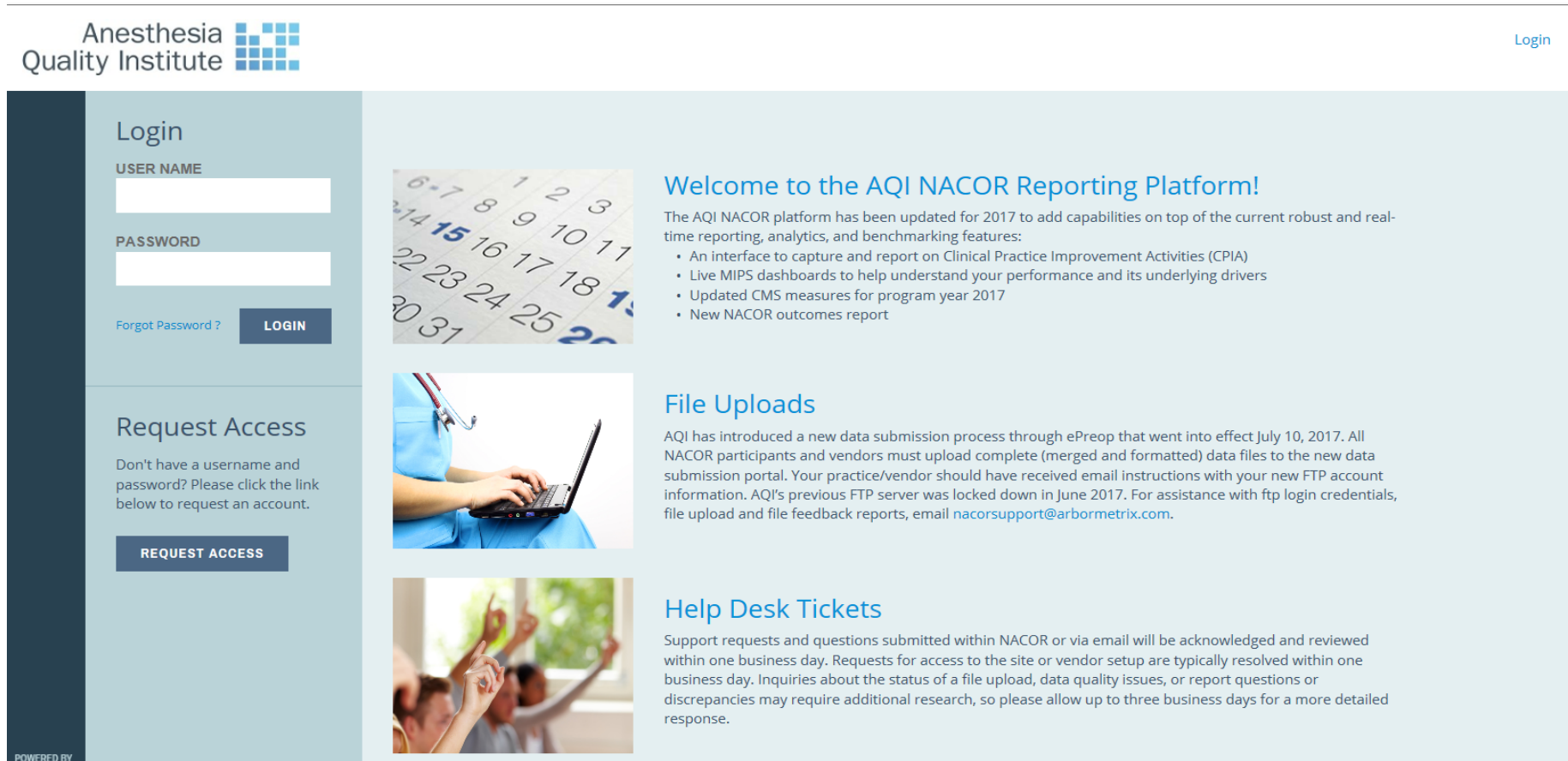
# Reviewing 2017 CMS Quality Reports

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- Monitor your providers' measure compliance monthly using your NACOR/ArborMetrix login.
- Reports are designed to help you gauge if your practice and your individual providers are compliant with MIPS Quality and Improvement Activity requirements.
  - Drill down into the reports to determine where gaps may exist.
- *Monthly review* is strongly encouraged, as it allows you to pinpoint any problems and make the necessary corrections prior to data submission deadlines.
- Remember that passing one month does not guarantee passing every month.

# NACOR Dashboard – Login Screen

Access the dashboard at <https://aqi.arbormetrix.com/Registry>



The screenshot shows the login interface for the Anesthesia Quality Institute (AQI) NACOR Reporting Platform. The page features a dark blue sidebar on the left with the AQI logo and a 'Login' button. The main content area is light blue and contains three sections: a 'Login' form with fields for 'USER NAME' and 'PASSWORD', a 'Request Access' section with a 'REQUEST ACCESS' button, and three informational articles: 'Welcome to the AQI NACOR Reporting Platform!', 'File Uploads', and 'Help Desk Tickets'. The 'Welcome' article lists updates for 2017, including new reporting features and a new outcomes report. The 'File Uploads' article describes a new ePreop submission process. The 'Help Desk Tickets' article provides information on support request resolution times.

Anesthesia Quality Institute 

Login

## Login

USER NAME

PASSWORD

[Forgot Password ?](#) **LOGIN**

## Request Access

Don't have a username and password? Please click the link below to request an account.

**REQUEST ACCESS**

POWERED BY

## Welcome to the AQI NACOR Reporting Platform!

The AQI NACOR platform has been updated for 2017 to add capabilities on top of the current robust and real-time reporting, analytics, and benchmarking features:

- An interface to capture and report on Clinical Practice Improvement Activities (CPIA)
- Live MIPS dashboards to help understand your performance and its underlying drivers
- Updated CMS measures for program year 2017
- New NACOR outcomes report

## File Uploads

AQI has introduced a new data submission process through ePreop that went into effect July 10, 2017. All NACOR participants and vendors must upload complete (merged and formatted) data files to the new data submission portal. Your practice/vendor should have received email instructions with your new FTP account information. AQI's previous FTP server was locked down in June 2017. For assistance with ftp login credentials, file upload and file feedback reports, email [nacorsupport@arbormetrix.com](mailto:nacorsupport@arbormetrix.com).

## Help Desk Tickets

Support requests and questions submitted within NACOR or via email will be acknowledged and reviewed within one business day. Requests for access to the site or vendor setup are typically resolved within one business day. Inquiries about the status of a file upload, data quality issues, or report questions or discrepancies may require additional research, so please allow up to three business days for a more detailed response.

# NACOR Dashboard – Login Screen

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Once you log into the NACOR Dashboard, you will see your TIN Reporting Status. For those participating in QCDR, review to see if >50% of your providers are meeting the reporting requirements for 6 measures (including 1 outcome measure) for 50% of their eligible cases.

For those registered for Qualified Registry, this report will only populate if your practice is reporting on 6 measures.

# TIN Reporting Status

2017 CMS Quality Reports // TIN Reporting Status *abc123(TEST) - 619, 2017*

**FILTERS**

**PRACTICES**

abc123(TEST) - 619


2017

TIN Summary	% of EPs Meeting Requirement	# of EPs	# of EPs Meeting Requirement	# of EPs Not Meeting Requirement	% of EPs with 6 Measures	% of EPs with an Outcome Measure	Most Recent Service Date
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PARTICIPATION IN THE ASA® QUALITY REPORTING SERVICE DOES NOT GUARANTEE SATISFACTORY PARTICIPATION IN THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) QUALITY COMPONENT PROGRAM. SUCCESSFUL SUBMISSION TO CMS IS CONTINGENT UPON EACH INDIVIDUAL PROVIDER AND/OR PRACTICE MEETING THE MIPS QUALITY COMPONENT PROGRAM REQUIREMENTS AND THE TIMELINESS, QUALITY, AND ACCURACY OF THE DATA THEY PROVIDE FOR REPORTING. ASA AND AQI ARE NOT RESPONSIBLE FOR THE CONTENT OF THE DATA OR WHETHER THE PROVIDER MEETS THE REQUIREMENTS FOR THE INCENTIVE PAYMENT OR TO AVOID ADJUSTMENTS. EACH PROVIDER IS REQUIRED TO REGULARLY REVIEW HIS/HER MEASURE RESULTS (AT A MINIMUM FOUR TIMES A YEAR) AND PROMPTLY REPORT ANY CHANGES OR QUESTIONS TO AQI. PARTICIPATION IN THE ASA® QUALITY REPORTING SERVICE IS NOT A PATIENT SAFETY ACTIVITY OF THE AQI, A FEDERALLY-LISTED PATIENT SAFETY ORGANIZATION. THE RESULTS OF THE MEASURE CALCULATIONS ARE PUBLICLY REPORTED ON AN INDIVIDUAL PROVIDER BASIS IN ACCORDANCE WITH CMS REQUIREMENTS AND ARE NOT CONSIDERED PATIENT SAFETY WORK PRODUCT AND ARE NOT PART OF AQI'S PATIENT SAFETY EVALUATION SYSTEM.

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# 2017 CMS Quality Reports

- Access the 2017 CMS Quality Reports by clicking on the NACOR Quality Reporting Icon 
- Menu Navigation



2017 CMS Quality Reporting	Historic CMS Quality Reports
TIN Reporting Status	TIN Summary
Measure Summary	Measure Summary
Practice Provider Summary	Provider Summary
Measure Performance	Measure Detail
Provider Performance	
Practice Performance	
Practice Performance Benchmark	
CPIA Scoring	

2015 and 2016 Quality Reports can be found here

# Commonly Asked Questions

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Question	Report to review	Table
Are all of the measures my practice has selected displayed in my reports?	Measure Summary	Table 1
One of my providers is not meeting requirements. Where can I find details on this provider?	Provider Performance	Table 2
Of the data my practice has submitted how can I tell how many cases were eligible for a certain measure?	Measure Performance	Table 3
How can I determine how many months of data have been submitted for my practice?	Data Submission Status – Practice Level	Table 4

# Measure Summary – Table 1

This report shows all eligible measures based on submitted denominator eligible cases.

Verify that all of the measures you collected and submitted are on this list.

Quality Measure	% of EPs Reporting >= 50%	# EPs for Measure	# EPs Reporting >= 50%	# EPs Reporting < 50%	# EPs Not Reporting
AQI-28: New Corneal Injury Not Diagnosed in the Postanesthesia Care Unit/Recovery Area after Anesthesia Care	100%	29	29	0	0
AQI-29: Prevention of Post-Operative Vomiting (POV)	100%	29	29	0	0
AQI-31: Post-Anesthesia Care Unit Re-intubation Rate	100%	29	29	0	0
AQI-32: Procedural Safety for Central Line Placement	100%	21	21	0	0
AQI-34: Perioperative Cardiac Arrest	100%	29	29	0	0
AQI-35: Perioperative Mortality Rate	100%	29	29	0	0
AQI-48: Anesthesia: Patient Experience Survey ASA	100%	29	29	0	0



# Provider Performance – Table 2

This report allows you to drill down by NPI to identify measure performance gaps.

In this example, the provider is only reporting AQI 32 at 25% (i.e., 4 denominator eligible cases with only 1 reported numerator code).

Measure	Reporting Rate	Reporting Denominator	Reporting Numerator	Measure Performance Exclusions	Performance Rate	Measure Performance Achieved	Measure Performance Not Achieved	Performance Decile
AQI-28: New Corneal Injury Not Diagnosed in the Postanesthesia Care Unit/Recovery Area after Anesthesia Care	100%	407	407	0	99.8%	406	1	NA
AQI-29: Prevention of Post-Operative Vomiting (POV)	100%	1	1	0	100%	1	0	NA
AQI-31: Post-Anesthesia Care Unit Re-intubation Rate	100%	167	167	0	0%	0	167	NA
AQI-32: Procedural Safety for Central Line Placement	25%	4	1	0	100%	1	0	0

# Measure Performance – Table 3

2017 CMS Quality Measures // Measure Performance *AQI-34: Perioperative Cardiac Arrest, 2017*

**Filters:** PRACTICES, SELECTED MEASURES (AQI-34: Perioperative Cardiac Arrest), BILLING TIN (All), MEASURE DOMAIN (All), MEASURE SET (All), OUTCOME MEASURE (All), 2017

Measure Performance	Reporting Rate	Reporting Denominator	Reporting Numerator	Measure Performance Exclusions	Performance Rate	Measure Performance Achieved	Measure Performance Not Achieved	Performance Decile
[Redacted]	100%	50931	50931	0	0.039%	20	50911	NA
[Redacted]	100%	184	184	0	0%	0	184	NA
[Redacted]	100%	545	545	0	0%	0	545	NA
[Redacted]	100%	197	197	0	0%	0	197	NA
[Redacted]	100%	484	484	0	0%	0	484	NA
[Redacted]	100%	240	240	0	0.42%	1	239	NA
[Redacted]	100%	206	206	0	0%	0	206	NA
[Redacted]	100%	200	200	0	0%	0	200	NA

**Annotations:**  
 - "Measure name and number" points to the header text "AQI-34: Perioperative Cardiac Arrest, 2017".  
 - "NPI" points to the redacted Measure Performance column.  
 - "# of eligible cases" points to the Reporting Denominator column.

# Data Submission Status – Table 4

- To access this report click on the NACOR Basic Icon



Practice Data Completeness	All Months	January	February	March	April	May	June	July	August	September	October	November	December
Total Cases	2009	NA	NA	NA	NA	NA	422	362	436	366	423	NA	NA
Cases with Quality and Billing Codes	512	NA	NA	NA	NA	NA	100	106	109	78	119	NA	NA
Cases with Billing Codes Only	1497	NA	NA	NA	NA	NA	322	256	327	288	304	NA	NA
Cases with Quality Codes Only	0	NA	NA	NA	NA	NA	0	0	0	0	0	NA	NA

# Common Measure Errors – Missing Denominator Criteria

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- The most common errors are found in the following 2017 measures due to missing denominator criteria:
  - AQR 29 – Prevention of POV - Pediatric
  - AQR 31 – PACU Reintubation Rate
  - AQR 37 – Surgical Safety Checklist
  - MIPS 404 – Anesthesia Smoking Abstinence
  - MIPS 430 – Prevention of PONV
- The following slides provide details on how to correctly report these measures.

# AQI 29 – Prevention of POV - Pediatric

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3 codes required to report the measure

- 2 Denominator Codes
  - **10A37** – Patient received general anesthetic with inhalational anesthetic for maintenance
  - **10A38** – Patient has 2 or more risk factors for POV
- Appropriate Numerator Code
  - **G9775** – Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intra-operatively
  - **G9776** – Documentation of medical reason(s) for not administering combination therapy of at least two prophylactic pharmacologic anti-emetic agents of different classes (e.g, intolerance or other medical reason)
  - **G9777** – Combination therapy of at least two prophylactic pharmacologic anti-emetic agents of different classes not administered, reason unspecified

**Denominator Exclusion: 10A39 – Inhalational Anesthetic is used only for induction.**

# AQI 31– PACU Re-intubation Rate

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3 codes required to report the measure

- 2 **Denominator** Codes
  - **10A32** – Patient received general anesthesia for a procedure via endotracheal tube
  - **10A33** – Patient was extubated in the operating room or PACU
- Appropriate **Numerator** Code
  - **10A35** – Patient required re-intubation in the PACU
  - **10A36** – Patient did not require re-intubation in the PACU

**Denominator Exclusions:** **10A25:** Patients who bypassed PACU

**10A34:** Patient received a planned trial of extubation documented in the medical record prior to the removal of the original airway device.

# AQI 37 – Surgical Safety Checklist

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2 codes required to report the measure

- 1 **Denominator** Code
  - **10A42** – Patient underwent a surgical procedure under anesthesia
- Appropriate **Numerator** Code
  - **10A43** – All applicable safety checks of the WHO Surgical Safety Checklist (or other surgical checklist that includes the safety checks for specific procedure) performed before induction of anesthesia
  - **10A44** – All applicable safety checks of the WHO Surgical Safety Checklist (or other surgical checklist that includes the safety checks for specific procedure) NOT performed before induction of anesthesia

# MIPS 404 – Anesthesia Smoking Abstinence

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4 codes required to report the measure

- 3 **Denominator** Codes
  - **G9642** – Current Cigarette Smoker
  - **G9643** – Elective Surgery
  - **G9497** – Seen preoperatively by anesthesiologist or proxy
- Appropriate **Numerator** Code
  - **G9644** – Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure
  - **G9645** – Patients who did NOT abstain from smoking prior to anesthesia on the day of surgery or procedure.



# MIPS 430 – Prevention of PONV

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3 codes required to report the measure

- 2 **Denominator** Codes
  - **4554F** – Patient received inhalational anesthetic
  - **4556F** – Patient exhibits 3 or more risk factors for post-operative nausea and vomiting
- Appropriate **Numerator** Code
  - **G9775** – Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively.
  - **G9776** – Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively
  - **G9777** – Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively.

# Reasons for Common Measure Errors

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- If measures your practice is collecting do not appear on your reports check the following:
  - Denominator Criteria
    - 2017 MIPS Measures – E&M codes instead of ASA CPT codes
    - 2017 AQR Measures – missing surgical CPT codes (i.e. AQR Measure 32)
    - 2017 AQR Measure codes – missing denominator measure codes (i.e. AQR 29, 31 and 37)
  - Measure Codes – use 2017 specifications

# 2017 Quality Reporting Deadlines

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<b>12/15/2017</b>	Enrollment in Merging and/or Formatting Services
<b>01/31/2018</b>	January – November 2017 Data Submission
<b>02/15/2018</b>	<p>Enrollment in NACOR Quality Concierge 90 day or 1 measure/1 case option (will 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);</p> <p>December 2017 Data Submission;</p> <p>In NACOR Dashboard:</p> <ul style="list-style-type: none"><li>CMS Opt-Out</li><li>TIN/NPI Reconciliation</li><li>Improvement Activity Attestation</li></ul>
<b>02/28/2018</b>	Individual Quality Reporting Consent Submission

# Questions about the Reports?

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Submit a helpdesk ticket to ArborMetrix by emailing [NACORsupport@arbormetrix.com](mailto:NACORsupport@arbormetrix.com) regarding the following:

- Data file format
- NACOR or QR/QCDR reports
- Uploading data files – ftp accounts
- Username/password resets