

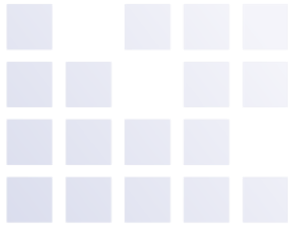
# Updating your Practice Provider List in NACOR Dashboard

February 2021



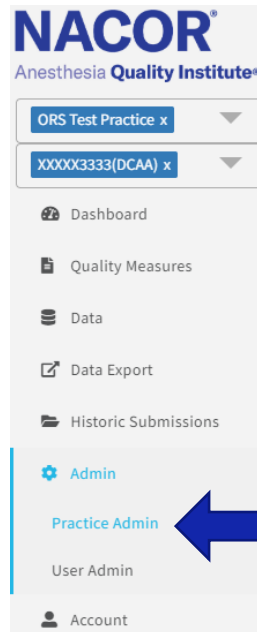
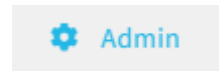
American Society of **Anesthesiologists**<sup>®</sup>

[aqihq.org](http://aqihq.org)



# Access NACOR Dashboard

- <https://aqi.epreop.com/login>
- Select the Admin Icon in the menu on the left side of the screen
- Select the Practice Admin





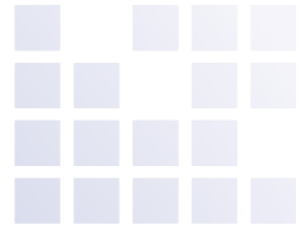
# Access the Provider List in the NACOR Dashboard

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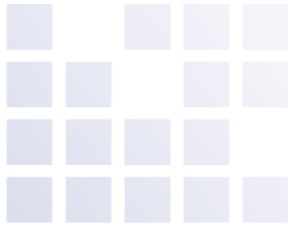
- Select the Providers Tab located at the top right corner



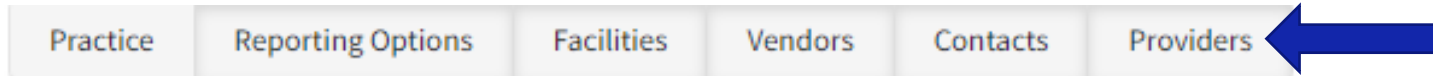
# Tabs to access under Practice Admin



- Under Practice Admin, practice champions are able to:
  - Add Providers
  - Search Providers
  - View practice, provider or facility lists
- Practice List: This will display basic practice Information and TIN Information
- Reporting Options: QR option by year
- Facility List: This will display the list of all the facilities that the providers Perform anesthesia services at.
- Vendor List:
- Contact List: AQI Practice champion
- Provider List: This will display a list of providers that are tied to your practice. It will include their NPI number, and AQI Champions will be able to attest to improvement activities here.



# Provider List Tab



– Practice champions are able to:

- Add Providers

- Search Providers

- Edit Providers



- Export Provider List  ProviderList.csv

- You can organize by column header by selecting the ^

NPI ^	First Name	Last Name	Email	Phone	Type	Status	
1234343434	John	brown			CRNA	Active	
1244556688	JOHN	SMITH			MD-Anesthesia		
3000000001					MD-Anesthesia	Active	
3000000002					MD-Anesthesia	Active	
3000000003					MD-Anesthesia	Active	
3000000004					MD-Anesthesia	Active	



# Add a new provider

- Select the  icon to add a new provider
- Fill in all required fields
- Click the save icon 

**NACOR**  
Anesthesia Quality Institute®

ORS Test Practice x

XXXXX3333(DCAA) x

- Dashboard
- Quality Measures
- Data
- Data Export
- Historic Submissions
- Admin
  - Practice Admin
  - User Admin
- Account

QCDR - Group

### Provider For - ORS Test Practice

NPI

First Name

Last Name

Middle Initial

ASA Membership?

Status

Email

Phone

Provider Type

This field is required

ASA Membership Number