

Quality Reporting Office Hours

June 13, 2017

Agenda

QRA Update

- Review of MIPS Eligibility Letters
- Considerations for reporting Individual vs GPRO
- Review of 2017 non-MIPS Measures Version 1.0

AQI Update

- 2017 Quality Reporting Renewals
- New Formatting/Merging Requirements

MIPS – Eligibility Letters (June 2017)

- Practices should have received official notification from their Medicare Administrative Contractor (MAC) on MIPS eligibility **last month**
- **MIPS Eligibility:**
 - Have at least \$30,000 in Medicare Part B allowed charges per year **and** see at least 100 Medicare patients per year
 - Not first year as Medicare Participating Provider
 - Not significantly participating in an Advanced Alternative Payment Model (APM)
- ***Check eligibility on QPP Website:*** <https://qpp.cms.gov/learn/eligibility>
- Non-patient facing/hospital-based status letters **coming soon**

Individual vs. GPRO Reporting (June 2017)

Consideration	Individual	Group Practice Reporting Option (GPRO)
Who reports?	Eligible clinicians assessed based on their NPI; Must meet eligibility criteria – at least 100 Medicare pts and \$30,000 in Medicare Part B charges at the individual NPI level	Assessment of 2 or more clinicians that reassign billing rights to the TIN; Must meet eligibility criteria – at least 100 Medicare pts and \$30,000 in Medicare Part B charges across the TIN
Do I have to report?	Clinicians deemed eligible per CMS letter and meeting minimum thresholds individually	If the TIN meets eligibility criteria, everyone in the group regardless of their eligibility status at the individual level
At what level?	Report at NPI level for all MIPS categories	Report all MIPS categories across the TIN
How do I report the Quality component?	Six measures, incl. one outcome or high-priority measure per eligible clinician	Six measures, incl. one outcome or high-priority measure across the TIN
How do I report Improvement Activities?	Attest to activities totaling 40 points per clinician	Attest to activities totaling 40 points across the TIN
How is payment adjustment applied?	Applied at individual NPI level	Applied across the TIN

Visit [ASA website for FAQs on Individual vs. Group Practice Reporting Option \(GPRO\)](#)

Non-MIPS QCDR Measures – Version 1.0

- 15 measures approved
- Specifications to be released later this month
- Expect:
 - Updated measure numbers
 - Updated coding
- Download measure titles and descriptions:
<https://www.aqihq.org/files/2017%20V1%20Approved%20Measures.pdf>

Non-MIPS QCDR Measures – Version 1.0

DISCLAIMER: SUBJECT TO FINAL CMS APPROVAL

- Adherence to Blood Conservation Guidelines for Cardiac Operations Using Cardiopulmonary Bypass (CPB)- Composite*
- Anesthesia: Patient Experience Survey
- Application of Lung-Protective Ventilation during General Anesthesia*
- Assessment of Patients for Obstructive Sleep Apnea*
- Coronary Artery Bypass Graft (CABG): Post-Operative Renal Failure- INVERSE MEASURE
- Coronary Artery Bypass Graft (CABG): Prolonged Intubation- INVERSE MEASURE
- Coronary Artery Bypass Graft (CABG): Stroke- INVERSE MEASURE

* Indicates **NEW** measure

Non-MIPS QCDR Measures – Version 1.0 (continued)

DISCLAIMER: SUBJECT TO FINAL CMS APPROVAL

- New Corneal Injury Not Diagnosed in the Postanesthesia Care Unit/Recovery Area after Anesthesia Care
- Perioperative Cardiac Arrest - INVERSE MEASURE
- Perioperative Mortality Rate- INVERSE MEASURE
- Postanesthesia Care Unit (PACU) Reintubation Rate - INVERSE MEASURE
- Prevention of Post-Operative Vomiting (POV)- Combination Therapy (Pediatrics)
- Procedural Safety for Central Line Placement
- Surgical Safety Checklist- Applicable Safety Checks Completed Before Induction of Anesthesia
- Treatment of Hyperglycemia with Insulin*

* Indicates **NEW** measure

Quality and Regulatory Affairs (QRA) Update (May 2017)

Questions and comments on quality measures and regulatory information (e.g. reporting requirements, CMS regulation) should be sent to Quality and Regulatory Affairs staff.

Quality and Regulatory Affairs (qra@asahq.org)

<http://www.asahq.org/quality-and-practice-management/quality-improvement>

ASA MACRA Webpage:

<http://www.asahq.org/quality-and-practice-management/macra>

CMS Quality Payment Program Website:

<http://www.qpp.cms.gov>

AQI: 2017 Quality Reporting Renewals

- All Practice Champions received a letter and email last week outlining the new process
 - No rosters
 - Names/NPI's no longer collected
 - Actual data sent to NACOR will provide NPI/TIN for each provider
 - Provider List in NACOR Dashboard will be the “record of truth”
 - Order Form – Group needs to order for the number of non-ASA members in their practice

AQI: 2017 Quality Reporting Renewals

- Practice must **opt out** for any provider for which they do not want to report by selecting “NO” in the “REPORT TO CMS” field.
 - NACOR defaults every provider to “YES” to optimize the group meeting their CMS reporting requirements and picking up newly hired providers.
- All providers with “YES” in the “REPORT TO CMS” field will be reported to CMS and the group will be responsible for any charges incurred beyond what was ordered in their 2017 renewal order form. **Credits will not be issued.**
- In March 2018, AQI will reconcile renewal orders against actual provider data submitted to NACOR.

AQI: New Formatting/Merging Process

- Effective July 1, 2017 AQI will move away from merging files from multiple sources (i.e., billing system and an outcomes file from a disparate system) as part of the data intake process.
- Files must be properly formatted and merged before submission to NACOR.
 - **Exception** – Survey Vitals

AQI: New Formatting/Merging Process

- After June 30, 2017, participating practices that require assistance merging files have three options:
- 1) Work with their internal IT service or engage a vendor to merge files before submission to NACOR.
- 2) Purchase a service available through AQI to reconcile and merge disparate files. For more information, email askaqi@asahq.org.
- 3) Enroll in Quality Concierge™, AQI's preferred service that captures data from multiple sources and formats and merges data to meet AQI's submission requirements. For more information, email qcdr@asahq.org.

Next Quality Reporting Office Hours

Tuesday, June 20, 2017
11 a.m. CST or 5 p.m. CST

11 a.m.

<https://attendeegotowebinar.com/register/5891729042300043779>

5 p.m. registration URL:

<https://attendeegotowebinar.com/register/5822479601120884227>