

# Quality Reporting Office Hours

Annette Antos, AQI Senior Registry Operations Manager

Matthew Popovich, Director, ASA Quality and Regulatory Affairs

May 11, 2021

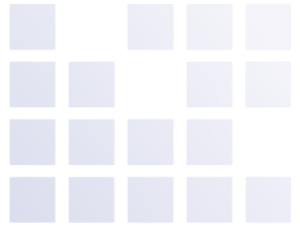


American Society of **Anesthesiologists**<sup>®</sup>

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

# Agenda

---



## **AQI**

- 2020 MIPS Preliminary Scores
- Dashboard Unlocked
- 2021 Registration
- 2021 XML Schema
- 2021 Measure Specifications

## **QRA**

- Documentation for Measures and Improvement Activities
- ASA MACRA Website Updates
- MIPS Performance Threshold for 2021
- MIPS Quality Performance Category Benchmarks
- Available Resources

# AQI Update

Annette Antos, AQI Senior Registry Operations Manager



American Society of **Anesthesiologists**®

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

# 2020 Preliminary MIPS Scores

- Quality Payment Program Website (<https://qpp.cms.gov>)
  - Preliminary scores are available now
  - Final scores will be available Summer 2021
  - Targeted Review opens after release of the performance feedback
  - Need a [HARP account](#) to login

Quality Payment  
PROGRAM

About ▾  
The Quality Payment  
Program

MIPS ▾  
Merit-based Incentive  
Payment System

APMs ▾  
Alternative Payment  
Models

Resources  
Resources

Sign In  
Manage Account  
and Register

## Check Your Participation Status

Enter your National Provider Identifier (NPI) number.

Want to check eligibility for all clinicians in a practice at once? You can view practice eligibility after signing in.



# Dashboard Unlocked

- The NACOR dashboard was unlocked April 6
- Ability to edit provider lists and attest to Improvement Activities restored



# 2021 NACOR Registration

- 2021 Registration is open
- Complete a 2021 registration form for NACOR Quality, Benchmarking and Basic
- As a reminder if you're a Quality Concierge Practice you do not have to complete the registration form.

**Note: New Registration  
Deadline – October 1, 2021**



# 2021 XML Schema

- All data files submitted to NACOR should be submitted using the 2021 XML Schema
- Files submitted using the 2020 Schema will fail validation and files will not be incorporated in NACOR



Thank you for submitting your data file to NACOR for processing.

Your file failed validation and will not be incorporated into NACOR. You may fix errors for those cases and resubmit your file to NACOR.

This validation checks whether your file adheres to the NACOR XML schema and performs certain basic logic checks. It does not confirm the completeness of measures reported (i.e., numerator and denominator codes).

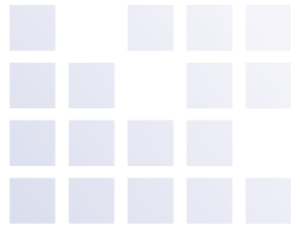
To review accuracy of the data provided and, if applicable, whether your data meet QCDR/QR reporting and performance thresholds, please review the data and CMS Quality Reporting reports within the [NACOR Dashboard](#).

Below is a summary of any issues:

- The 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:AQIXMLVersion' element is invalid - The value '2020V1.0' is invalid according to its datatype 'https://www.aqihq.org/AQIXMLResources/AQISchema.xsd:AQIXMLVersionType' - The Enumeration constraint failed (occurs 2 times).

Additional information and support resources:

[NACOR Data Submission Guide](#) | [NACOR Support](#) | [AQI Developer Website](#) | [NACOR Reporting Portal](#)



# 2021 Measure Specifications

---

- QCDR, MIPS (QID) and Internal Improvement Measure Specifications are updated annually
- Before submitting data
  - Check to see if measure is valid for the reporting year
  - Check that the measure codes have not changed
- 2021 Measure Specifications
  - [QCDR](#)
  - [MIPS measures \(QPP Resource Library\)](#)
  - [Internal Improvement Measures](#)



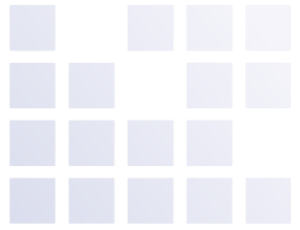
# Quality and Regulatory Affairs Update

Matthew T. Popovich, Director of Quality and Regulatory Affairs | May 11, 2021



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

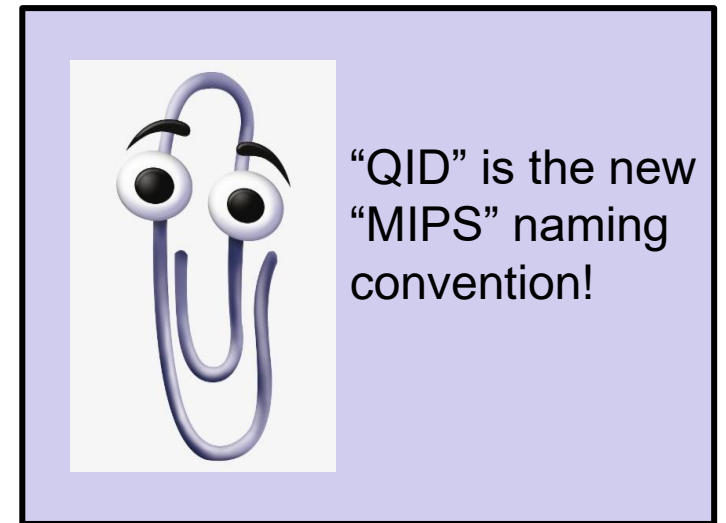
[aqihq.org](http://aqihq.org)



# 2021 MIPS Quality Measures

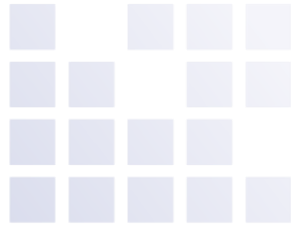
## Anesthesiology Specialty Measure Set (2021) is:

1. QID #44: CABG: Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
2. QID #76: Prevention of CVC-Related Bloodstream Infections\*
3. QID #404: Anesthesiology Smoking Abstinence\* (Intermediate Outcome)
4. QID #424: Perioperative Temperature Management\* (Outcome)
5. QID #430: Prevention of PONV - Combination Therapy\*
6. QID #463: Prevention of Post-Operative Vomiting (POV) – Combination Therapy (Pediatrics)\*
7. QID #477: Multimodal Pain Management\*



***Any EC or group can choose to report non-anesthesiology MIPS measures.***

\* designates a "high priority" measure

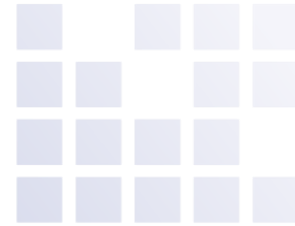


# 2021 QCDR Measures

## AQI QCDR Quality Measures for 2021

- AQI18: CABG – Prolonged Intubation
- AQI48: Patient-Reported Experience with Anesthesia
- AQI49: Adherence to Blood Conservation Guidelines
- AQI55: Team-based Implementation of a Care-and-Communication Bundle
- AQI56: Use of Neuraxial Techniques/Peripheral Nerve Blocks for TKA
- AQI57: Safe Opioid Prescribing
- AQI62: Obstructive Sleep Apnea: Patient Education
- AQI65: Avoidance of Cerebral Hyperthermia for CABG
- AQI66: Obstructive Sleep Apnea: Mitigation Strategies
- AQI67: Consultation for Frail Patients
- AQI68: Obstructive Sleep Apnea: Mitigation Strategies
- AQI69: Intraoperative Antibiotic Redosing
- AQI70: Prevention of Arterial Line-Related Bloodstream Infections
- AQI71: Ambulatory Glucose Management
- AQI72: Perioperative Anemia Management
- Quantum31: Central Line Ultrasound Guidance
- ePreop31: Intraoperative Hypotension among Non-Emergent Noncardiac Surgery Cases

# Quality Measures are Complex



**Measure Title**  
AQI68 Obstructive Sleep Apnea: Mitigation Strategies

**Measure Description:** Percentage of patients aged 18 years or older, who undergo requiring anesthesia services who are screened for obstructive sleep apnea (OSA) whom two or more selected mitigation strategies were used prior to PACU discharge.

**NQS Domain / Meaningful Measures Area**  
Patient Safety / Preventable Healthcare Harm

**Measure Type**  
Process

**High Priority Status**  
Yes

**Inverse Measure**  
No

**Instructions**  
This measure is to be reported each time a patient undergoes an elective procedure during the reporting period. It is anticipated that qualified anesthesia providers who provide denominator-eligible services will submit this measure.

**Measure Reporting via the Qualified Clinical Data Registry**  
Patient demographics, G-codes and CPT codes are used to identify patients who measure denominator. Registry Codes are used to capture the numerator.

**Denominator:** All patients aged 18 years or older, who undergo an elective procedure services

*Denominator Note:* For the purposes of this measure, anesthesia services or general anesthesia, neuraxial anesthesia and monitored anesthesia care (MAC).

**Denominator Criteria (Eligible Cases):**  
Patients aged 18 years and older  
**AND**  
Elective procedure: G9643  
**AND**  
Patient encounter during the reporting period (CPT):  
00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00180, 00182, 00184, 00170, 00172, 00174, 00176, 00190, 00192, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00350, 00352, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00548, 00554, 00583, 00586, 00567, 00580, 00600, 00604, 00620, 00625, 00626, 00630, 00670, 00700, 00702, 00730, 00731, 00732, 00750, 00752, 00754, 00756, 00794, 00796, 00797, 00800, 00802, 00811, 00812, 00813, 00820, 00830, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00922, 00924, 00925, 00926, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01200, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01430, 01442, 01444, 01452, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634, 01636, 01638, 01650, 01656, 01670, 01680, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01820, 01829, 01830, 01832, 01844, 01850, 01852, 01860, 01816, 01920, 01922, 01924, 01925, 01926, 01930, 01933, 01935, 01936, 01951, 01952, 01958, 01960, 01961, 01982, 01963, 01965, 01991, 01992

**Denominator Exclusions**  
• None

**Numerator**  
Patients who are screened for obstructive sleep apnea AND, if positive, have documentation of more of the following mitigation strategies were used prior to PACU discharge:

- Preoperative initiation of continuous positive airway pressure (CPAP) or non-invasive pressure ventilation (NIPPV)
- Preoperative use of mandibular advancement devices or oral appliances
- Intraoperative administration of CPAP, nasopharyngeal airway, or oral appliance during anesthesia
- Use of major conduction anesthesia (spinal/epidural) or peripheral nerve block
- Multimodal analgesia
- Extubation while patient is awake
- Verification of full reversal of neuromuscular block
- Extubation and recovery carried out in lateral, semiupright, or other nonsupine position
- Postoperative administration of CPAP, nasopharyngeal airway, or oral appliance in the postanesthesia care unit (PACU)

**Numerator Quality-Data Coding Options for Reporting Satisfactorily**

**Performance Met:**  
11A26 Positive patient screen for OSA OR existing OSA diagnosis AND documentation of two or more mitigation strategies used at discharge

**OR**

**Performance Met:**  
11A27 Negative patient screen for OSA

**OR**

**Denominator Exception**  
11A38 Documentation of medical reason(s) for not screening for sleep apnea and/or documenting the use of two or more mitigation strategies (e.g., patient remains intubated postoperatively, mitigation strategies contraindicated, other medical reason)

**OR**

© 2020 Anesthesia Quality Institute. All rights reserved. Please contact Anesthesia Quality Institute at [askai@asahq.org](mailto:askai@asahq.org) for permission to use any of the information in this document.

**Performance Not Met:**  
11A28 No patient screen for OSA OR positive OSA screen result and documentation of less than 2 mitigation strategies used at discharge

**NQF Number:** Not applicable

**eQCM:** Not applicable

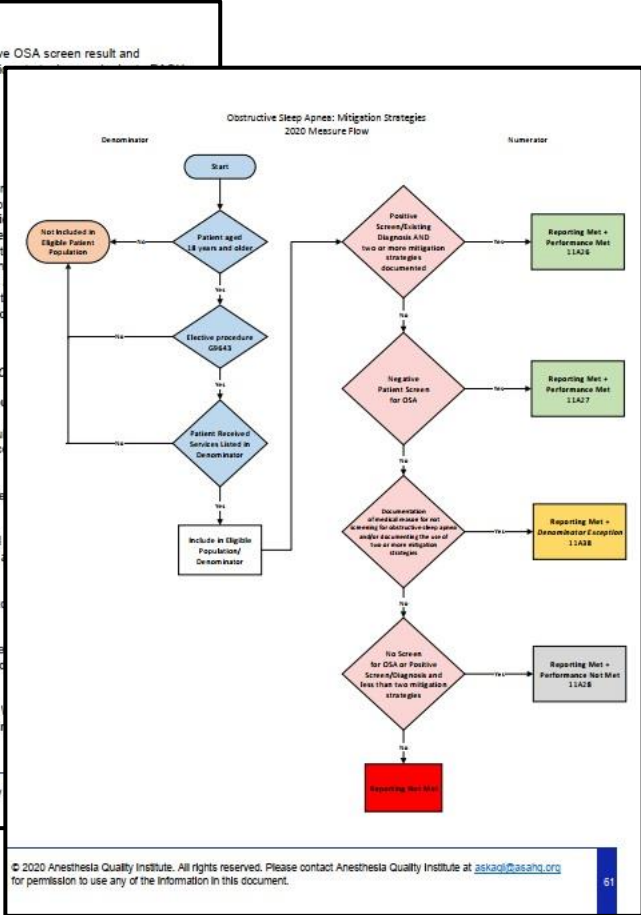
**Rationale**  
Undiagnosed OSA may pose a variety of problems for anesthesiologists and a number of case reports have documented an increase in the incidence of and deaths among patients suspected of having OSA. Untreated OSA patients are at risk for difficult intubation, postoperative complications, increased incidence of difficult intubation, postoperative complications, increased incidence of greater duration of hospital stay. Identifying patients with OSA is the first step in the management of OSA. Moderate-to-severe sleep apnea is independent of increased risk of all-cause mortality, incident stroke, and cancer incidence. A patient-based sample. With improved preoperative assessment of OSA risk, anesthesiologists can tailor their care to the individual patient's needs through a variety of techniques.

**Clinical Recommendation Statements:**

**2014 ASA Guidelines on Perioperative Management of Patients with OSA:**  
"Preoperative initiation of continuous positive airway pressure (CPAP) should be considered for patients with OSA who are suspected to have moderate to severe OSA. For patients who do not respond adequately to CPAP, NIPPV should be considered. The preoperative use of mandibular advancement devices or oral appliances should be considered when feasible."  
"For superficial procedures, consider the use of local anesthesia or peripheral nerve block for moderate sedation."  
If moderate sedation is used, ventilation should be continuously monitored and an automated method if feasible because of the increased risk of undetected apnea during sedation.  
Consider administering CPAP or using an oral appliance during sedation for these modalities."  
"Major conduction anesthesia (spinal/epidural) should be considered for patients with OSA. Unless there is a medical or surgical contraindication, patients at increased risk of OSA should be extubated while awake."  
Full reversal of neuromuscular block should be verified before extubation. Extubation and recovery should be carried out in the lateral, semiupright, or other nonsupine position.

**Data Source:** Claims/Paper Medical Record, Registry

© 2020 Anesthesia Quality Institute. All rights reserved. Please contact Anesthesia Quality Institute at [askai@asahq.org](mailto:askai@asahq.org) for permission to use any of the information in this document.



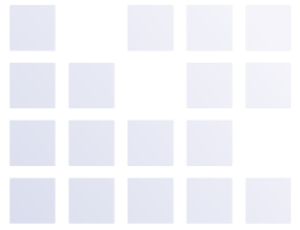
# Quality Measure Documentation Requirements



CMS is increasing responsibilities of third-party vendors and contractors to audit quality data.

- Groups may see this from CMS, AQR, and/or other registry vendors.
- Individuals and groups should maintain all documentation for all MIPS performance categories for at least six (6) years.

**What is the intended outcome of this CMS auditing policy?  
To make sure that data submitted to CMS is true, accurate, and  
complete.**



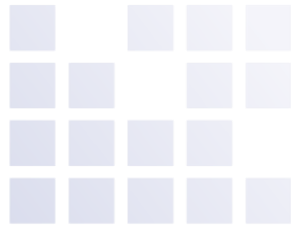
# When the measure applies to you.

---

Although an individual or group may collect and report on any measure, not all measures are applicable to all patients or physicians.

- Do you have access to all elements of the denominator?
- Can you capture and document all the elements of the denominator?
- Are you billing the CPT codes found in the denominator?
- Can you capture the denominator exclusions to the measure?
- Are you objectively tracking the numerator actions or outcomes?  
(NOTE: a pre-filled checkbox is NOT appropriate)
- Are you documenting denominator exceptions as they occur?

# When the measure does NOT apply to you.



If any of these scenarios apply, the measure cannot be reported by you or your group.

- You do not capture or cannot document one or more elements of the denominator.
- You do not have access to or cannot document or substantiate the denominator was fulfilled or the numerator actions occurred.
- Only a general policy exists but individual elements of the denominator or number are not captured.
- Unless otherwise stated, you do not complete the clinical action or are not responsible for the outcome measure.
- You cannot maintain documentation on the measure for six years.

# Quality Measure Documentation Requirements



## CASE STUDY: QID 404: Anesthesiology Smoking Abstinence

### Denominator:

- 1.) Patients aged  $\geq 18$  years on date of service
- 2.) Applicable CPT Code
- 3.) Current Smoker
- 4.) Elective Surgery
- 5.) Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery

***THERE ARE NO DENOMINATOR EXCLUSIONS***

### Numerator:

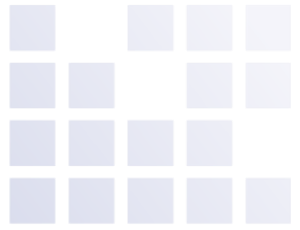
**Definition:** Abstinence - Defined by either patient self-report or an exhaled carbon monoxide level of  $< 10$  ppm.

Performance Met: Patients who abstained from smoking....

Performance Not Met: Patients who did not abstain from smoking.....

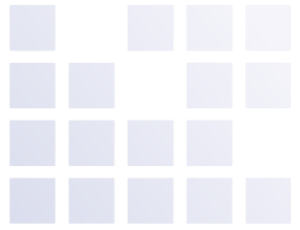


# Documentation requirements for a measure



## **CMS and your registry may conduct audits on your measure data.**

- Read the measure closely
- Ensure that your numerator choice (performance met v performance not met) is appropriately chosen
- Make sure that you have access to documents that substantiate the measure
- Ensure that policies are supported by clinical documentation that a process or outcome occurred
- Record appropriate time stamps (especially for Perioperative Temperature Management)
- Work with your technology vendors
- Keep documentation for at least six years



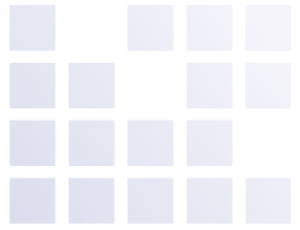
# 2021 Improvement Activities

---

In 2021 AQI NACOR is supporting 58 Improvement Activities representative of all activity types.

- For a full list of these activities and their titles, please visit:
  - <https://www.aqihq.org/MACRAOverview.aspx>
- Choose your activities early in the year.

**Important Note:** AQI NACOR cannot accept attestations for Improvement Activities that are not supported.

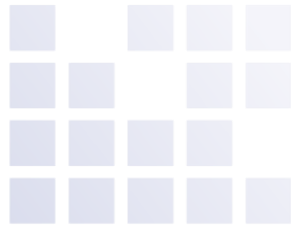


# 2021 Improvement Activities

---

CMS requires that at least **50 percent of a group's National Provider Identifiers (NPIs)** must perform the same activity for any continuous 90 days in the performance period.

- Maintain documentation for up to six (6) years.
- Make sure that you keep information on improvement activities, including dated materials that demonstrate 90-day performance.
- CMS has provided additional validation documentation requirements on the QPP Website.
- NEW: ASA Website includes nine (9) documentation templates.
  - <https://www.asahq.org/macra/qualitypaymentprogram/mips/ia-2021>



# MIPS Performance Threshold for 2021

**60 points**

MIPS performance score needed to avoid a negative adjustment and points needed to earn an exceptional performance bonus.

**85 points**

To earn the exceptional bonus

## Finalized 2023 MIPS Payment Adjustments (Performance Year 2021)

Final Score Points	MIPS Adjustment
0.0-15.0	Negative 9%
15.01-59.99	Negative MIPS payment adjustment greater than negative 9% and less than 0% on a linear sliding scale
60.0	0% adjustment
60.01-84.99	Positive MIPS payment adjustment greater than 0% on a linear sliding scale ranging from 0 to 9% for scores from 60.00 to 100.00.
85.0-100.00	Eligible for additional MIPS payment adjustment for exceptional performance starting at 0.5%



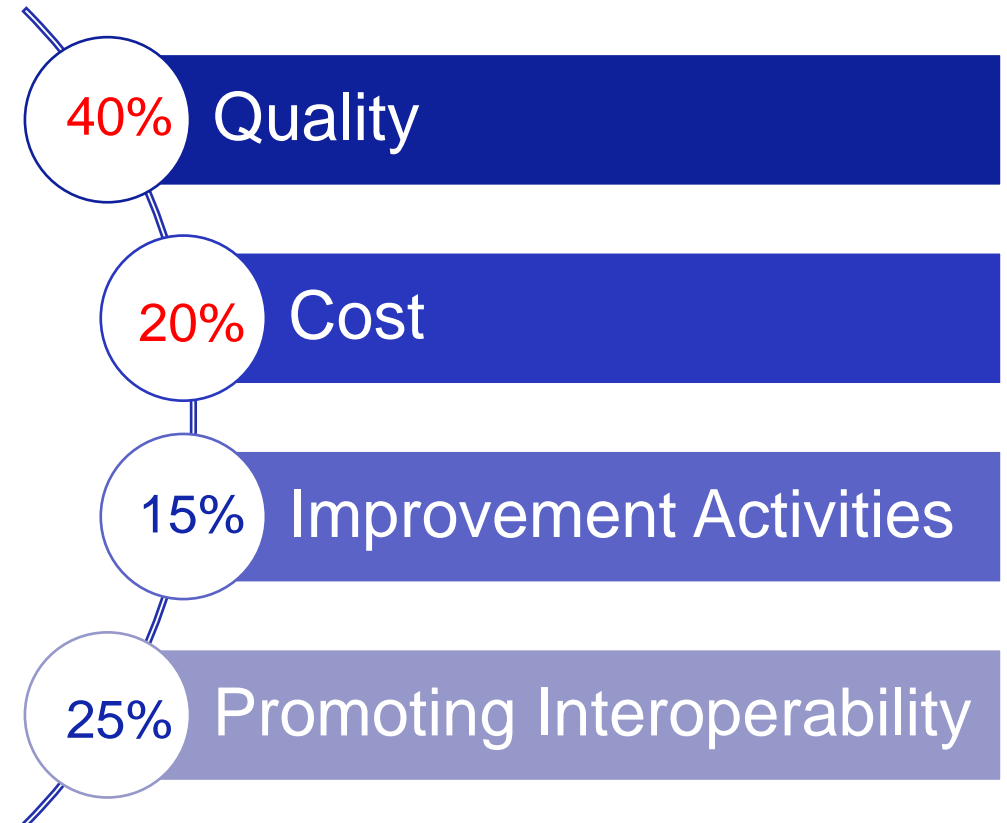
# MIPS Performance Threshold for 2021

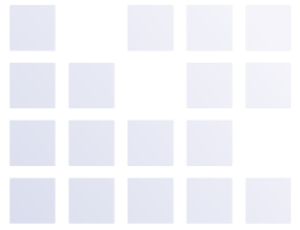
The Quality and Cost performance category percentages of the final score have changed.

Quality and Cost performance categories **must be 30%** by reporting year 2022.

2023 Payment adjustment based on 2021 performance and participation = + / - 9%.

Performance category weights may change based on clinician special status.



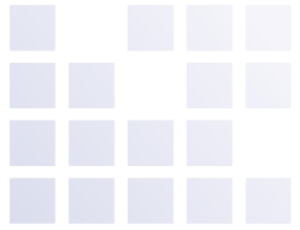


# Know Your MIPS Strategy for 2021

---

## Groups should develop strategies for earning more than 60 points

- Earn the points that you have always earned – make sure you earn 15 points in the improvement activities category
- Know your measures and identify historic benchmarks
  - CMS released 2021 benchmark data in April 2021 (CMS QPP Resources Library)
  - Measures without historic benchmarks can be benchmarked on current year data
  - Consider reporting new measures
  - Report more than six (6) quality measures – and maximize your outcome/high priority measures!
- Check if you will receive Facility-based Scoring
- Check if you were scored in the MIPS Cost Performance Category



# 2021 Resource List

---

## **2021 ASA MACRA/Quality Payment Program Website**

<https://www.asahq.org/macra/qualitypaymentprogram>

## **2021 QCDR Measure Book**

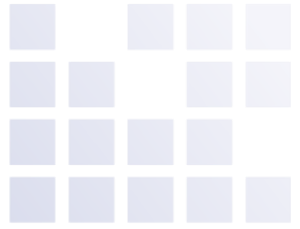
<https://www.aqihq.org/MACRAOverview.aspx>

## **2021 Improvement Activities Supported**

<https://www.aqihq.org/MACRAOverview.aspx>

## **QPP Information and Resources**

<https://qpp.cms.gov/resources/resource-library>



# Contact Quality and Regulatory Affairs

---

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](mailto:qra@asahq.org))

<https://www.asahq.org/macra>





# Next Office Hours

---



Tuesday, June 8, 2021

11am CST

[To register click here](#)

If you have any topics that you would like us to cover during office hours, please email [askaqi@asahq.org](mailto:askaqi@asahq.org)

Slides will be sent out after the webinar. The slides and a recording of today's presentation will be available on the AQI website soon.