

Quality Reporting Office Hours

Annette Antos, AQI Senior Registry Operations Manager

Matthew T. Popovich, Ph.D., Director, Quality and Regulatory Affairs

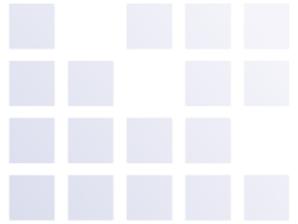
November 12, 2019



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Agenda



- **QRA Update**
 - 2020 CMS Final Rule
- **AQI Update**
 - Dashboard Enhancements
 - Improvement Activity Attestation
 - Report to CMS
 - Provider Consents
 - Data File Email Reminders
 - Quality Reporting Deadlines

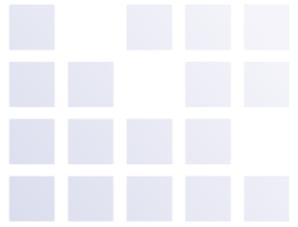
Quality and Regulatory Affairs Update

Matthew T. Popovich, Ph.D. | November 12, 2019



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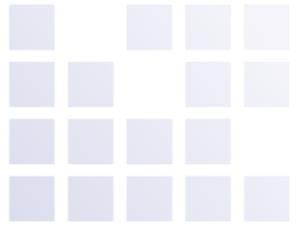


Quality and Regulatory Affairs Update

The Quality Payment Program 2020 Final Rule was released on November 1, 2019.

Provisions that stayed the same from 2019 to 2020:

1. Eligibility requirements
2. Opt-In Status
3. Facility-based Scoring
4. Special Statues (except for definition of Hospital-based groups and rural areas)
5. MIPS component scoring weights
 - a. Reweighting of categories (e.g. promoting interoperability and cost)

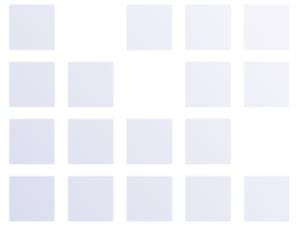


Quality and Regulatory Affairs Update

Quality Payment Program Final Rule was released on November 1, 2019.

Provisions that changed from 2019 to 2020:

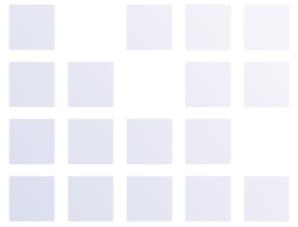
1. MIPS Performance threshold is 45 MIPS points to avoid a penalty; 85 points to receive an exceptional bonus.
2. Quality measure data completion will be 70% of applicable cases
3. MIPS #477: Multimodal Pain Management added to anesthesiology specialty measure set
4. Group can attest to an improvement activity when at least 50% of the clinicians in the group perform the same activity.



Quality and Regulatory Affairs

For 2020: make sure to carefully check and update your reporting:

- Multimodal Pain Management is now MIPS #477 (2020 PY)
- Make sure to use 2020 specifications
- QCDR measures are expected to be released in the next few weeks
 1. Expect no new QCDR measures
 2. Expect retirement of AQI63 and AQI64
 3. Expect minor changes to measure specifications, CPT coding, etc.
- Check availability and validation criteria for improvement activities



Quality and Regulatory Affairs Update

Where to find regulatory and measure information:

- **Now:** CMS Resource Library: <https://qpp.cms.gov/about/resource-library>
 - Rule, fact sheets and press release
- **By end of November:** <https://qpp.cms.gov/>
 - Eligibility status, measure sets, MIPS measure specifications (expected)
- **By mid-December (expected)**
 - ASA MACRA Webpage updates: www.asahq.org/macra
 - AQI QCDR Measure Specifications: www.aqihq.org
 - Regulatory information specific to anesthesiology

AQI Update

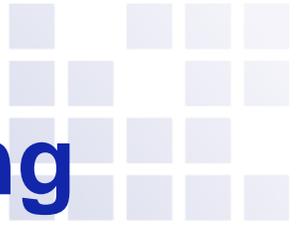
Annette Antos, AQI Senior Registry Operations Manager



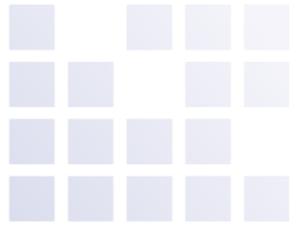
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Dashboard Enhancements: Quality Reporting



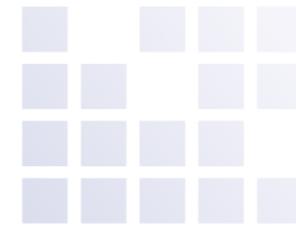
- Improvement Activity Attestation
 - Group and Individual
- CMS Opt-Out for Individual Reporting
- Provider Consent Received



Improvement Activity Requirements

AQI Resources for Improvement Activities:

- [Recommended Improvement Activities for Anesthesiology \(PDF\)](#)
 - [Improvement Activity Recommendation Flowchart \(PDF\)](#)
 - [ASA MIPS Improvement Activities Templates](#)
-
- Practices need to perform or participate in any improvement activity for a minimum of 90 days (**Last 90-day period started 10/1/19**)
 - Practices do not need to submit any documentation to AQI, but should keep documentation within practice for 6 years
 - Improvement Activity component requirement is 40 points total



Individual Provider Attestation

– To attest to a new Improvement Activity (IA) click 

2019 Individual Improvement Activities Multiple Add

The form is titled "Improvement Activity" and contains the following fields:

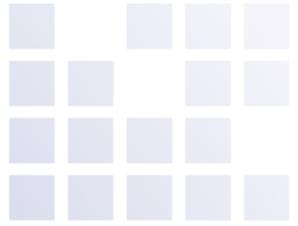
- Select Activity:** A drop-down menu. **Step 1:** Select your IA from the drop-down menu.
- Start Date:** A text input field with a placeholder "mm/dd/yyyy".
- End Date:** A text input field with a placeholder "mm/dd/yyyy".
- Documentation Date:** A text input field with a placeholder "mm/dd/yyyy". **Step 2:** Enter the start, end, and documentation dates (min. 90-day period).
- Weight:** A text input field.
- Comment:** A large text area. **Optional field (e.g. record documentation)** points to this field.

Below the form is a section titled "Providers" with a list of checkboxes:

- Select all. **To attest for all providers click here** points to this checkbox.
- , - 3000000001
- , - 3000000002
- , - 3000000003
- , - 3000000004
- , - 3000000005
- , - 3000000006
- , - 3000000007

Step 3: Select the box for the provider for which you are attesting for points to the list of provider checkboxes.

At the bottom of the provider list is an **Add** button. **Step 4:** Select to save IA points to this button.



Individual Provider Attestation

To view Improvement Activities by provider select the provider NPI from the drop-down menu

2019 Individual Improvement Activities

Providers

Select the drop down and select the provider to view their IA list



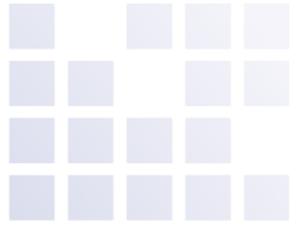
IA list will appear in this box

Select the edit icon

Improvement Activity						
IA_AHE_1 - Engagement of New Medicaid Patients and Follow-up						
Start Date	End Date	Documentation Date	Weight			
01/01/2019	03/31/2019	04/01/2019	High			
Comment						

Improvement Activity						
IA_AHE_1 - Engagement of New Medicaid Patients and Follow-up						
Start Date	End Date	Documentation Date	Weight			
01/01/2019	03/31/2019	04/01/2019	High			
Comment						

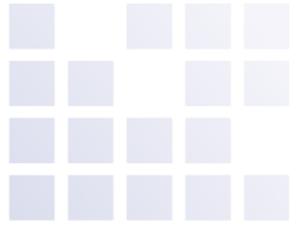
2 total



Group Reporting Attestation

Log in to the NACOR dashboard and select Quality Measure then select Improvement Activity List located on the left side menu

The screenshot shows the NACOR dashboard interface. At the top left is the NACOR logo with the tagline "Anesthesia Quality Institute®". Below the logo are two drop-down menus: the first is labeled "ORS Test Practice x" and the second is labeled "XXXXX3333(DCAA) x". Below these are five menu items: "Dashboard", "Quality Measures", "Improvement Activity List", "Provider Performance List", and "TIN Performance Summary". The "Improvement Activity List" item is highlighted in blue. Three red arrows point to the interface: one points to the second drop-down menu with a text box that says "Use the drop-down menu to select TIN* (For practices that may have multiple TINs)"; another points to the "Quality Measures" item with the label "Step 1"; and a third points to the "Improvement Activity List" item with the label "Step 2".



Group Reporting Attestation

To attest to a new Improvement Activity (IA) click 

2019 Group Improvement Activities



Step 1: Select your IA from the drop-down menu

Optional field (e.g. record documentation)

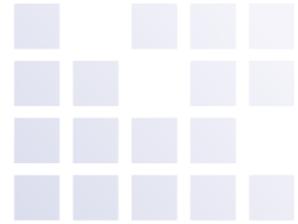
The screenshot shows a form titled 'Improvement Activity' with a blue header bar. The form contains the following fields:

- Improvement Activity:** A drop-down menu with the text 'Select Activity'.
- Start Date:** A text input field with the placeholder 'mm/dd/yyyy'.
- End Date:** A text input field with the placeholder 'mm/dd/yyyy'.
- Documentation Date:** A text input field containing the value '11/04/2019'.
- Weight:** A text input field.
- Comment:** A large text area for additional notes.

Red arrows indicate the following steps:

- Step 1: Points to the 'Select Activity' drop-down menu.
- Step 2: Points to the 'Start Date', 'End Date', and 'Documentation Date' fields.
- Step 4: Points to a save button (represented by a lock icon) in the top right corner of the form.

Group Reporting Attestation

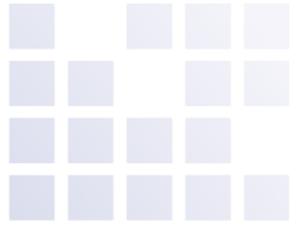


To view or edit the list of Improvement Activities (IA) that the group is attesting to:

The screenshot shows the NACOR (Anesthesia Quality Institute) interface for 2019 Group Improvement Activities. The left sidebar contains navigation options: Dashboard, Quality Measures, Improvement Activity List (highlighted with a red arrow labeled 'Step 2'), Provider Performance List, TIN Performance Summary, Data, Data Export, Historic Submissions, Resources, Admin, and Account. The main content area displays a table of activities. A red arrow labeled 'Verify TIN' points to the 'ORS Test Practice x' dropdown menu. Another red arrow labeled 'To edit activity' points to the edit icon in the first row of the table.

Improvement Activity	Start Date	End Date	Documentation Date	Weight	
IA_PSPA_1 - Participation in an AHRQ-listed patient safety organization.	01/01/2019	12/31/2019		Medium	 
IA_BE_13 - Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	01/01/2019	01/01/2019	06/19/2019	Medium	 
IA_BE_4 - Engagement of patients through implementation of improvements in patient portal	01/01/2019	12/31/2019	06/20/2019	Medium	 

3 total



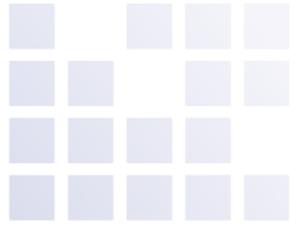
Data File Email Reminders

AQI began sending email notification reminders to AQI champions in October

- Reminders will be sent every other week until the final deadline (2/14/20)
- Notifies AQI champions:
 - If no data files have been submitted to NACOR for the 2019 reporting year
 - If a new data file has been uploaded

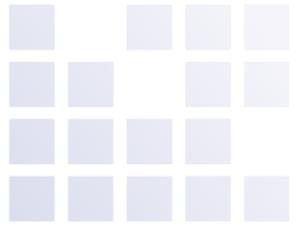
If a new file has been uploaded review the NACOR dashboard prior to deadlines so you have an opportunity to review any errors and correct them before the final deadlines.

Please email askaqi@asahq.org if you have any questions or would like to review your dashboard results



Data Merging and Formatting Services

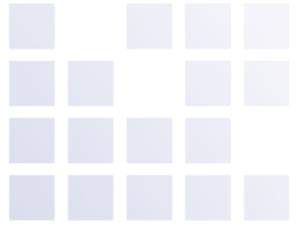
- Services are available for practices who need merging, formatting or both merging and formatting of their data files.
- Registration deadline is 12/13/19
- If interested email askaqi@asahq.org



2019 NACOR Quality Reporting Deadlines

Date	Deadline
1/31/20	January-November 2019 data due Improvement Activity Attestation CMS Opt-Out for Individual Reporting TIN/NPI Reconciliation Provider Consents
2/14/20	2019 Final Data Submission <ul style="list-style-type: none">• December 2019 data• All corrected files





Next Office Hours

Tuesday, December 10, 2019
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

Slides and a recording of today's presentation will be available on the AQI
website the week of November 18th