



# Qualified Clinical Data Registry

## Participation Guide

2017



## Program Summary

The Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE) was designated as a Qualified Clinical Data Registry (QCDR) by the Centers of Medicare and Medicaid Services (CMS) in 2015. With this designation, ASPIRE was able to report approved quality measures to report to CMS on behalf of eligible professionals (EPs) for participation with Physician Quality Reporting System (PQRS). ASPIRE has continued to maintain QCDR designation and reported on behalf of more than 500 anesthesia professionals for 2016.

The purpose of this Participation Guide is to outline the requirements of participation with the ASPIRE QCDR for the 2017 reporting year. **ASPIRE QCDR will be able to report for the Quality and Clinical Improvement Activities components of the Merit Based Incentive Payment System (MIPS).** For more information on MIPS and the Medicare Access and CHIP Reauthorization Act (MACRA), please refer to page 3 of this guide.

The ASPIRE QCDR service has associated fees for the institution and/or provider. **Participating sites are charged an annual fee of \$250 per provider.** These fees cover the cost of administering the QCDR program.

### Reporting Options:

ASPIRE QCDR will offer both group and individual reporting options for 2017. The selected option will determine how the data will be displayed for public reporting on Physician Compare and how payment adjustment will be applied.

Individual reporting: Data submitted to CMS on behalf of each eligible provider as a NPI/TIN combination.

Group reporting: Data submitted at the TIN level to CMS. If choosing to report CAHPS for the group reporting option, the practice must submit through a CMS-approved survey vendor (ASPIRE does not offer this service). CAHPS for MIPS survey will count as one measure but is not required for 2017. If interested in reporting CAHPS, more information can be found at the CMS QPP website:

[https://qpp.cms.gov/docs/QPP\\_CAHPS\\_for\\_MIPS\\_Fact\\_Sheet.pdf](https://qpp.cms.gov/docs/QPP_CAHPS_for_MIPS_Fact_Sheet.pdf)

### MIPS Provider Exclusions\*:

1. Newly Enrolled in Medicare (Enrolled for the first time during the performance year.)
2. Participating in an Advanced Alternative Payment Model (e.g. Next Generation ACO, Medicare Shared Savings Program).
3. Bill less than or equal to \$30,000 per year OR see fewer than 100 Medicare Part B patients per year.

\*Providers can still be members of MPOG/ASPIRE without participating in the QCDR program.

## **Step 1: Join MPOG/ASPIRE**

*Site must submit membership application to MPOG by January 2017.*

In order to participate with the ASPIRE QCDR service, individual providers need to be employed by an institution that is contributing data to MPOG/ASPIRE.

The ASPIRE QCDR collects a limited dataset from the electronic health records of its member institutions using electronic interfaces after the data is validated using tools that are part of the MPOG Application Suite. These tools ensure that the data submitted to ASPIRE accurately represent the care documented by a provider. Data submitted to ASPIRE/MPOG database includes information needed to calculate and transmit each of the ASPIRE QCDR quality measures at the NPI/TIN level. A subset of the ASPIRE measures are approved for QCDR use- see page six (6) of this guide for the full listing. All ASPIRE measures can be found on our website at <https://www.aspirecqi.org/aspire-measures>

For more information on how to join ASPIRE, please visit the MPOG website at <https://www.mpogresearch.org/become-member> or contact Tory Lacca, MPOG/ASPIRE Program Manager at [lacca@med.umich.edu](mailto:lacca@med.umich.edu). Please mention desire to participate with QCDR program.

## **Step 2: Submit Non-Binding Letter of Intent to ASPIRE.**

*Site must return form by May 15, 2017.*

Those sites interested in participation with the ASPIRE QCDR program must be able to meet the requirements outlined in this Participation Guide. To begin the registration process, please complete and return a signed copy of the [Non-Binding Letter of Intent](#). (Letter of Intent is also available as the last page of this document.)

## **Step 3: Contribute Data on a Monthly Basis**

*Site must be contributing by July 17, 2017.*

Participating QCDR sites must upload to MPOG Central on a monthly basis. If joining MPOG as a new site, all participating QCDR sites must upload all elements of the minimum data set for January 2017- June 2017 no later than July 17, 2017 and continue monthly submission by the 17th of every month for the remainder of the year. Minimum data requirements listed on the MPOG website: <https://www.mpogresearch.org/minimum-data-requirement>

## **Step 4: Submit Provider Contact Information**

*Submit provider contacts for initial submission by August 17, 2017.*

Participating sites will need to enter contact information into the Provider Contacts tool on behalf of all providers. Contact information includes National Provider Identification (NPI) number, Tax Identification Number (TIN), email address, first and last name. For new sites, all information must be entered into the Provider Contacts Tool no later than August 17, 2017 and maintained through November 30, 2017. Existing sites are required to update the Provider Contacts Tool quarterly (March 2017, June 2017, September 2017, and December 2017).

## **Step 5: Initiate Monthly Provider Feedback Emails**

*Site must meet email eligibility requirements by September 17, 2017.*

ASPIRE will generate first round of emails one month after initial upload to MPOG Central, no later than September 2017. Quality Champions are responsible for reviewing performance dashboards and resolving any data issues before the first batch of emails are distributed on or before September 24<sup>th</sup>, 2017. All emails will be sent to the Quality Champion for final review before sending to individual providers. ASPIRE will continue to send emails on a monthly basis on or around the 24th of each month. Refer to monthly maintenance schedule for further details: <https://www.aspirecqi.org/sites/default/files/ASPIRE%20Maintenance%20Schedule.pdf>

## **Step 6: Obtain Provider Consents to participate with QCDR**

*Deadline: November 17, 2017.*

Using the email address provided, ASPIRE will email each provider to verify NPI and obtain consent for data submission to CMS on his/her behalf for MIPS participation. Providers must have performed cases at the participating site before September 1, 2017 to participate via the ASPIRE QCDR. ASPIRE will provide regular updates on consent status for each provider at the site but site QCDR administrators are responsible for facilitating the consent process.

## **Step 7: Conduct measure performance audit.**

*Deadline: February 28, 2018.*

Each site is responsible for conducting a randomized sample audit to validate measure results against the site electronic medical record/anesthesia information management system. ASPIRE will facilitate generating the list of sample cases- the site is responsible for the audit and relaying results to the ASPIRE Coordinating Center.

## **Step 8: Verify Measure Performance for accuracy before submission to CMS**

*Deadline: February 28, 2018.*

The site Quality Champion is responsible for reviewing and approving QCDR performance data for all providers before ASPIRE submits to CMS in March 2017. If utilizing the ASPIRE QCDR for the Improvement Activities category, the site must verify the 4 activities per provider by February 28, 2018.

## **Step 9: ASPIRE submits data to CMS on behalf of Qualified Professionals (QPs) or Group Practice.**

*Deadline: March 31, 2018.*

ASPIRE will submit Quality category measure data via CMS Portal on behalf of all consenting participating providers by March 31, 2018. If utilizing the ASPIRE QCDR for the Improvement Activities category, ASPIRE will attest for those consented by March 31, 2018.

## MACRA Overview

The information provided within this document is a high-level summary of the MACRA program in order to provide context for the QCDR program. For details regarding the Medicare Access and CHIP Reauthorization Act (MACRA) & Merit-Based Incentive Payment System (MIPS), please visit the CMS Quality Payment Program website at: <https://qpp.cms.gov>

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 was passed in April 2015 and aimed at shifting payment from a fee-for-service to value based model. The new framework is referred to as the “Quality Payment Program” by CMS. There are two pathways to meet the MACRA requirements and avoid financial penalties. One pathway is participation with advanced Alternative Payment Models (APMs) such as next generation Accountable Care Organizations or Medicare Shared Savings programs (Track 2 or 3 only). The second pathway is likely to be the most common amongst anesthesia providers and is known as the Merit-Based Incentive Payment System (MIPS). This guide focuses on MIPS as the ASPIRE QCDR will report on behalf of providers choosing the MIPS pathway.

### The Financial Impact

Within this new framework, providers are financially incentivized for providing high performance and incur penalties for not participating or performing poorly. As with CMS programs in the past, the financial impact lags by two years. For example, 2017 performance will dictate the financial incentives or penalties that will occur in 2019. Each provider will receive a MIPS score based upon performance in three areas: quality, advancing care information, and clinical practice improvement activities. Cost measures will be calculated for 2017 and distributed to clinicians for feedback purposes but will not be included to determine the final score. Each of these areas will be described in more detail below. After scores are determined for all providers, adjustments are calculated. For 2019, negative adjustments will be no more than 4 percent and positive adjustments are expected to be around 4 percent. Over time, the positive and negative adjustments will increase. MIPS is a budget-neutral program. However, for the first five payment years, an additional \$500 million dollars is available (budget neutrality exempt) to reward exceptional performance above the designated 4% in 2019 up to 9% in 2022 and beyond.

### MIPS Performance Categories (4)

**Advancing Care Information:** Replaces the Medicare EHR Incentive Program (Meaningful Use) and requires providers to report on 5 required measures under this section. However, hospital-based MIPS clinicians (75%+ of services provided in an inpatient hospital or emergency room setting identified by Place of Service codes 21, 22, 23) are exempt from the Advancing Care Information category. For exempt providers, the 25 percent typically assigned to the Advancing Care Information category will be reduced to zero and will be reallocated to the other two categories.

**Cost:** Cost measures will not be included to determine the final score for providers for the 2017 transition year but the information will be given to clinicians as feedback. The Resource Use category accounts for zero percent of the MIPS score for 2017.

**Improvement Activities:** Providers select and attest to participation in 4 activities that improve clinical practice in areas such as population management, care coordination, patient safety and practice assessment. However, hospital-based MIPS clinicians (75%+ of services provided in an inpatient hospital or emergency room setting identified by Place of Service codes 21, 22, 23) are only required to submit 2 medium-weighted or 1 high-weighted

improvement activity to meet this requirement. The Improvement Activity category accounts for 15 percent of the MIPS score for 2017. QCDR involvement may qualify for several of the activities listed in this category. ASPIRE QCDR can attest on behalf of providers for improvement activities. For a full list of improvement activities, please go to the Quality Payment System website: <https://qpp.cms.gov/measures/ia>

**Quality:** Providers select and report on 6 quality measures, one of the six must be an outcome measure. The Quality category accounts for 60 percent of the MIPS score for 2017. The ASPIRE QCDR currently offers 13 measures to choose from for the Quality category. Those measures with an (\*) are considered High Priority measures per CMS.

<b>QCDR Measure</b>	<b>ASPIRE Measure Abbreviation</b>	<b>Measure Description</b>	<b>Measure Domain</b>
ASPIRE 2	NMB 01	Train of four monitor documented after last dose of non-depolarizing neuromuscular blocker	Effective Clinical Care
ASPIRE 3	NMB 02	Administration of Neostigmine before extubation for cases with nondepolarizing neuromuscular blockade	Effective Clinical Care
ASPIRE 4	GLU 01	Administration of insulin or glucose recheck for patients with hyperglycemia	Effective Clinical Care
ASPIRE 6*	PUL 01	Avoiding excessively high tidal volumes during positive pressure ventilation	Patient Safety
ASPIRE 8	TEMP 02	Core temperature measurement for all general anesthetics	Effective Clinical Care
ASPIRE 13*	TRAN 02	Transfusion goal of hematocrit less than 30	Efficiency and Cost Reduction
ASPIRE 16*	BP 01	Avoiding intraoperative hypotension	Patient Safety
ASPIRE 18*	CARD 01	Avoiding myocardial injury	Effective Clinical Care
ASPIRE 19*	AKI 01	Avoiding acute kidney injury	Effective Clinical Care
ASPIRE 22*	MED 01	Avoiding medication overdose	Patient Safety
MIPS 424*	TEMP 03	Perioperative temperature management	Patient Safety
MIPS 426*	TOC 02	Post-anesthetic transfer of care measure: procedure room to a PACU	Communication and Care Coordination
MIPS 430*	PONV 01	Prevention of postoperative nausea and vomiting (PONV)- combination therapy	Patient Safety

Measure specifications can be found on the ASPIRE website: <https://www.aspirecqi.org/aspire-measures>

## ASPIRE Qualified Clinical Data Registry Non-Binding Letter of Intent

**Deadline: May 15, 2017**

This Non-Binding Letter of Intent allows individuals and group practices to express informal interest in the ASPIRE QCDR program and outline reporting selections. Elements of this form will be used to populate the formal Agreement for Reporting Services between your practice and the Regents of the University of Michigan. This Non-Binding Letter of Intent does not create any legal obligations between the Regents of the University of Michigan and your practice. **The Agreement for Reporting Services, along with related health information privacy agreements, must be signed to formally register for the QCDR program.**

Site: \_\_\_\_\_

Date: \_\_\_\_\_

**Provider Types (Check all that apply):**

- Attending Anesthesiologists
- Certified Registered Nurse Anesthetists (CRNAs)
- Anesthesiologist Assistants

**Reporting Option (select only one):**

- Individual
- Group Practice

**MIPS Performance Category Options (Check all that apply):**

- Quality
- Improvement Activities

**Participation Requirement:**

*By submitting this Non-Binding Letter of Intent, you agree that your practice is able to commit to submitting January 2017-June 2017 data no later than July 17, 2017 and monthly thereafter. If your practice is a new MPOG site in 2017, the technical process of joining should be in progress in order to meet the July 17, 2017 deadline.*

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_