



Qualified Clinical Data Registry

Participation Guide

2018

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 CMS on behalf of eligible professionals (EPs) for participation with Physician Quality Reporting System (PQRS). MPOG/ASPIRE has continued to maintain QCDR designation and plans to report on behalf of approximately 275 anesthesia professionals for 2017.

The purpose of this Participation Guide is to outline the requirements of participation with the MPOG QCDR for the 2018 reporting year. **MPOG 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 MPOG 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:

MPOG QCDR will offer both group and individual reporting options for 2018. 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.

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 \$90,000 per year OR see fewer than 200 Medicare Part B patients per year.

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

Step 1: Join MPOG

Site must submit membership application to MPOG by January 2018.

In order to participate with the MPOG QCDR service, individual providers need to be employed by an institution that is contributing data to MPOG. In order to comply with CMS Data Completeness Threshold requirements, MPOG will assess whether practices submit enough cases to the registry to be able to participate with the QCDR program. Practices will be asked to submit total case volume billed for the previous year and MPOG will determine what portion of those cases have data within the registry. If greater than 60% of cases were submitted to the registry the previous year, MPOG will be considered a potential reporting option for the practice.

The MPOG QCDR collects a limited dataset from the electronic health records of its member institutions via 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 MPOG accurately represents the care documented by a provider. Data submitted to the MPOG database includes information needed to calculate and transmit each of the MPOG QCDR quality measures at the NPI/TIN level. A subset of the MPOG quality measures are approved for QCDR use- see page six (6) of this guide for the full listing. All MPOG quality measures can be found on our website at <https://mpog.org/quality/our-measures/>

For more information on how to join MPOG, please visit our website at <https://mpog.org/join/> or contact Tory Lacca, MPOG Program Manager at lacca@med.umich.edu. Please mention desire to participate with QCDR program.

Step 2: Confirm provider eligibility.

Verify which providers within your practice are eligible to participate with the MIPS program. If a provider is not eligible for individual or group reporting, he or she will not be subject to any payment adjustments in 2020, positive or negative. Use the provider lookup tool published on the CMS QPP website to confirm eligibility for the 2018 performance year: <https://qpp.cms.gov/participation-lookup> (Tool will update in early 2018 for the new performance year. As of December 19, 2017, the tool generated results for providers based on 2017 eligibility.)

Step 3: Submit Reporting Services Agreement to MPOG.

Site must return form by March 31, 2018.

Those sites interested in participation with the MPOG QCDR program must be able to meet the requirements outlined in this Participation Guide. To begin the registration process, please contact Katie Buehler at kjbucrek@med.umich.edu and include the following information:

- a) Reporting option: Group or Individual
- b) MIPS categories MPOG will be submitting: Quality, Improvement Activities, or both
- c) Estimated number of providers and provider type (Attendings, CRNAs, or both)
- d) Formal practice business name and address
- e) Contact information

Step 3: Contribute Data on a Monthly Basis

Site must be contributing by July 17, 2018.

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 2018- June 2018 no later than July 17, 2018 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://mpog.org/join/mindataelements/>

Step 4: Submit Provider Contact Information

Submit provider contacts for initial submission by August 17, 2018.

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, 2018 and maintained through November 30, 2018. Existing sites are required to update the Provider Contacts Tool quarterly (March 2018, June 2018, September 2018, and December 2018).

Step 5: Initiate Monthly Provider Feedback Emails

Site must meet email eligibility requirements by September 17, 2018.

MPOG will generate first round of emails one month after initial upload to MPOG Central, no later than September 2018. 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 24th, 2018. All emails will be sent to the Quality Champion for final review before sending to individual providers. MPOG 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://mpog.org/files/quality/resources/maintenance_schedule.pdf

Step 6: Obtain Provider Consents to participate with QCDR

Deadline: November 17, 2018.

Individual Reporting: MPOG will email each provider to verify NPI and obtain consent for data submission to CMS on his/her behalf for MIPS participation. If opting for MPOG to report improvement activities as well, providers will receive an email to complete attestation for the improvement activities performed. Providers must have performed cases at the participating site before September 1, 2018 to participate via the MPOG QCDR. MPOG will provide regular updates on consent/attestation status for each provider at the site but site QCDR administrators are responsible for facilitating the consent and attestation process. Providers are responsible for maintaining documentation related to improvement activity should they be subject to CMS audit. Anesthesia providers need to report one (1) high priority or two (2) medium priority improvement activities for the 2018 performance year.

Group Reporting: A single consent by a group representative that is a provider practicing under the group Tax Identification Number (TIN) is required by CMS for data submission to CMS on behalf of the group. See Appendix A as an example of the Group Consent. Sites interested in reporting improvement activities through MPOG will also need to select and attest to improvement activities that the group will perform for 90 consecutive days in 2018. Refer to the CMS QPP website for a complete list of Improvement Activities: <https://qpp.cms.gov/mips/improvement-activities> Practices are responsible for maintaining documentation related to improvement activity should they be subject to CMS audit. Anesthesia providers need to report one (1) high priority or two (2) medium priority improvement activities for the performance year. See Appendix B as an example of the Group Attestation document. Both the consent and attestation forms will be distributed to QCDR champions by July 2018 and are due to the MPOG Coordinating Center by November 17, 2018.

Step 7: Complete measure performance audit.

Deadline: February 15, 2019.

Each site is responsible for conducting a randomized sample audit to validate measure results against the site electronic medical record/anesthesia information management system. MPOG created the QCDR Audit Tool to facilitate this review and ensure random cases are selected for the sample. Each site is responsible for reviewing

approximately 5 cases per month for a total of 60 cases per group. (Group is defined using Tax Identification Number). As cases are reviewed, quality champions and reviewers can relay audit results to the MPOG Coordinating Center and address any measure errors before reporting to CMS in March 2019. For more information on the QCDR Audit Tool, refer to the MPOG website: https://mpog.org/files/quality/resources/app-b_qcdr_audit_tool.pdf

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

Deadline: February 28, 2019.

The site QCDR Champion is responsible for reviewing and approving QCDR performance data for all providers before MPOG submits to CMS in March 2019. QCDR Champions must inform the QCDR of measures selected for reporting to CMS. MPOG will provide summary performance reports to the QCDR Champion to assist in measure selection. Measures are scored based on available benchmarks and measure type (high priority or outcome measures are weighted higher). For more information on MIPS scoring, refer to the CMS QPP website: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html>

If utilizing the MPOG QCDR for the Improvement Activities category, the provider or practice must perform two (2) medium weighted activities or one (1) high-weighted activity for each provider/practice and submit attestation by November 17, 2018. A complete list of all Improvement Activities can be found on the CMS website: <https://qpp.cms.gov/mips/improvement-activities>

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

Deadline: March 31, 2019.

MPOG will submit Quality category measure data via CMS Portal on behalf of all consenting participating providers by March 31, 2019. If utilizing the MPOG QCDR for the Improvement Activities category, MPOG will attest for those consented by March 31, 2019.

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 MPOG 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, 2018 performance will dictate the financial incentives or penalties that will occur in 2020. 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 2018 and will be included for ten percent of 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 2020 negative adjustments will be no more than 5 percent and positive adjustments are expected to be around 5 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 5% in 2020 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 quality category.

Cost: Cost measures are now included in the final score for providers for 2018 accounts for ten percent (10%) of the MIPS score for 2018. Cost will be calculated by CMS using the total per capita costs for all attributed beneficiaries and the Medicare Spending per Beneficiary (MSPB). CMS will provide performance feedback for these measures by July 1, 2018. MPOG does not have access to this data.

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 2018 and must be performed for at least 90 consecutive days during the performance period. QCDR involvement may qualify for several of the activities listed in this category. MPOG 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 a minimum of 6 quality measures, one of the six must be an outcome measure. The Quality category accounts for 50 percent of the MIPS score in 2018. Because most anesthesia providers are considered non-patient facing and do not participate with the Advancing Care Information category, the quality category is re-weighted to 75%. The MPOG QCDR currently offers 10 measures to choose from for the Quality category. Those measures marked with an (*) are considered High Priority measures per CMS.

QCDR Measure	MPOG Measure Abbreviation	Measure Description	Measure Domain
ASPIRE 2	NMB 01	Train of four monitor documented after last dose of non-depolarizing neuromuscular blocker	Effective Clinical Care
ASPIRE 6*	PUL 01	Avoiding excessively high tidal volumes during positive pressure ventilation	Patient Safety
ASPIRE 18*	CARD 01	Avoiding myocardial injury	Effective Clinical Care
ASPIRE 19*	AKI 01	Avoiding acute kidney injury	Effective Clinical Care
MIPS 44	CARD 04	CABG: Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	Effective Clinical Care
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 427*	TOC 03	Post-anesthetic transfer of care measure: procedure room to a ICU	Communication and Care Coordination
MIPS 430*	PONV 01	Prevention of postoperative nausea and vomiting (PONV)- combination therapy	Patient Safety
MIPS 463*	PONV 02	Prevention of postoperative nausea and vomiting (PONV)- combination therapy (pediatrics)	Patient Safety

Measure specifications can be found on the MPOG website: <https://mpog.org/quality/our-measures/>

Appendix A:
MPOG QCDR Group Reporting Attestation – Calendar Year 2018
EXAMPLE ONLY: Do NOT sign this version

By signing below, you attest to each of the following:

- Your practice name and contact information is reflected correctly below;
- Your TIN ends with the last 5 digits listed below;
- The provider information as reported in the MPOG Provider Contacts tool is accurate and complete including provider names, email addresses, and NPI numbers;
- You agree that the MPOG QCDR will report six (6) measures, including at least one (1) outcome measure;
- Regents of the University of Michigan, and specifically Multicenter Perioperative Outcomes Group, has your permission to provide the data and results to Centers for Medicare and Medicaid Services for purposes of the Quality Payment Program established under MACRA;
- Consistent with CMS requirements, Regents of the University of Michigan can release your email address solely to CMS for feedback report distribution;
- You agree with the HIPPA Business Associate Agreement (“BAA”);
- You agree that the MPOG QCDR will attest on your practices behalf for improvement activities per CMS requirements; and
- You agree that your group practice has completed the selected improvement activities (page 2 of this consent/attestation) for a minimum of 90 consecutive days.

Practice Name:

Contact Information:

TIN: *****

Printed Name:

Date of Signature:

Signature:

Appendix B
MPOG QCDR Improvement Activity Attestation for Group Reporting
EXAMPLE ONLY: Do NOT sign this version

Site/Practice:

Last 5 digits of TIN: **** _ _ _ _ _

By signing below, you attest that your group practice has completed the following improvement activities for a minimum of 90 consecutive days. Anesthesia providers are designated by CMS as non-patient facing clinicians and are only required to attest to two (2) medium-weighted or one (1) high-weighted activity for 2018.

High-Weighted Activities (Select at least 1):

- IA_PM_7: Use of QCDR for feedback reports that incorporate population health (High)
- Other _____
Please list exactly as listed on the Quality Payment Program website: <https://qpp.cms.gov/mips/improvement-activities>

OR

Medium-Weighted Activities (Select at least 2):

- IA_BE_8: Participation in a QCDR that promotes collaborative learning network opportunities that are interactive (Medium)
- IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements (Medium)
- IA_CC_6: Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination (Medium)
- IA_BE_2: Use of QCDR to support clinical decision making (Medium)
- Other _____
Please list exactly as listed on the Quality Payment Program website: <https://qpp.cms.gov/mips/improvement-activities>

Signature:

Date: