American College of Radiology
National Radiology Data Registry
2018

Data Validation Strategy

This data validation strategy document details how the American College of Radiology's National Radiology Data Registry (NRDR) Qualified Clinical Data Registry (QCDR) will determine whether individual MIPS/QPP eligible clinicians and groups have submitted accurate and complete data to satisfy MIPS reporting requirements.

1. Name of the QCDR: American College of Radiology National Radiology Data Registry (NRDR)
　　　　Organization name: American College of Radiology
　　　　Program year: 2018
　　　　Vendor type: Qualified Clinical Data Registry (QCDR)

2. Benchmarking capability: Yes
Document titled Benchmarking Methodology_ACRNRDR.docx has been uploaded. This document describes our benchmarking capabilities.

3. How will your organization verify QPP eligibility of each Eligible Clinician/Group?
Whether individual MIPS/QPP eligible clinician or group bills Medicare Part B:
We will ask them to self-attest to whether they bill Medicare Part B. We will audit a random sample of 20-30 records by comparing them to the Medicare Provider Directory. If we find substantial errors, we will notify all participants to recheck and verify their responses to the question about whether they bill Medicare Part B. Further, the age profile of patients for whom data were submitted will be examined. If the proportion of patients over age 65 is substantially lower than average for a physician relative to other physicians in the registry, additional validation may be requested to ensure that the provider bills Medicare.

4. How will your organization verify accuracy of TIN/NPIs?

　　　　Accuracy of National Provider Identifier's (NPI):
　　　　We subscribe to the NPI Lookup Web services from HIPAASpace (http://www.hipaaspace.com/) to validate a provider's NPI based on his/her first name, last name and NPI that are captured in our system. At the time a physician is enrolled for CMS submission, we require NPIs, and we validate accuracy of NPI against first and last name.

　　　　Tax Identification Number (TIN):
　　　　Physicians will self-attest to accuracy of TINS.   We ask all groups to upload documentation supporting their TIN is active and reflective of the current reporting year 2018. We review the documents to ensure accuracy of group TINs.

In addition, eligible providers will register on a web-interface to declare intent to submit data for MIPS/QPP through ACR NRDR. At the time of registration, individual MIPS/QPP eligible clinicians and groups will provide and attest to the accuracy and completeness of their name, email address and the NPI and TIN under which they bill Medicare.

5. What method will your organization use to calculate reporting and performance rates?
Methods for accurate calculation of reporting and performance rates based on specification:
The count of records submitted to the registry is the basis for the reporting numerator for calculation of reporting rate. Registry participants must provide the total number of exams relevant to a given measure for the calculation of reporting denominator or indicate 100% of exams have been submitted to the registry to calculate the reporting rate. Our data collection methods have validation logic built in for exclusion of ineligible records, such as inappropriate age. We use a combination of SAS and SQL analytics for any additional data manipulation, such applying denominator exclusions to derive reporting numerator and denominator from registry records and stated initial patient population.

Performance rates are calculated as described in detailed measure specifications available on the QCDR page and the individual database pages. Proportional measures have numerator, denominator and exceptions defined. We also have continuous measures, such as mean turnaround time. All measures are calculated for QCDR reporting the same way they currently are calculated for NRDR feedback reports. The routine feedback reports are at the level of facility, physician, and if applicable, group. The measures are aggregated by TIN/NPI for CMS submission. More information on measures and sample reports are available, by database, at www.acr.org/nrdr.

6. How will your organization verify 2018 QPP/QCDR measures?

At the time of registration, individual MIPS/QPP eligible clinician or group administrator will be notified of the requirements on number of measures for successful reporting across all three performance categories (quality, improvement activities and advancing care information) under MIPS/QPP for 2018 to avoid a MIPS/QPP penalty.

 Individual MIPS/QPP eligible clinicians or groups will also be notified that they need to report on 50% of all eligible patients, from all payers, and on at least one Medicare beneficiary. We will provide the capability for QCDR participation by groups using the Group Practice Reporting Option (GPRO), as now allowed by CMS starting 2016. The NRDR Participation Agreement lists participant responsibility as follows: "Participant shall provide data for all eligible patients and exams to ACR for purposes of the NRDR by securely transmitting the data as prescribed by the specific registry." Facilities and physicians who have been submitting data to NRDR for the whole year and have complied with the terms of the agreement will generally meet the submission requirements. Once approved by CMS we will post a complete QPP and Non-QPP measures lists with detailed specifications for reporting QCDR supported measures. In addition, we will design web based tools and resources to educate clinicians and groups on all aspects of the MIPS performance categories , requirements and measure selection. The web site will be www.acr.org/qcdr .

Validation for appropriate selection of measures:
When physicians register to notify us of their interest in MIPS /QPP submissions through NRDR, they will be prompted to select measures. If their selections are inadequate in quantity or spread (fewer than one outcome measure, or does not cover at least 6 measures), a warning message will be displayed. Physicians can change their selections at any time, up to the time that we need to submit data to CMS. At any time, if a change in the selection results in inadequate coverage for eligibility for MIPS/QPP incentive or MIPS /QPP penalty avoidance, error messages will be displayed. We will encourage our QCDR participants to submit all quality measures and activities they can above the general requirements for 2018 to maximize value and data collection.

Methods to verify that only approved measures are used for submission:
Only measures approved for NRDR QCDR by CMS for MIPS/QPP reporting will be offered for selection by individual MIPS/QPP eligible clinician or group administrator on the QCDR registration page. Measures not approved will not be offered as options for submission on the physician interface, but will continue to be included on feedback reports provided to participating facilities. Our registry feedback reports offer feedback on a large number of measures, but only the ones eligible for MIPS/QPP are offered at time of selection for CMS submission. As mentioned above, we will post only CMS approved QPP and Non-QPP measures to our web site for registry participants to select from. Key changes to measures from the previous reporting year will also be identified to minimize confusion and increase compliance with measure changes. Lastly, we have a web based portal to allow clinicians and their QI teams to view data through the year on exam counts, performance and reporting rates prior of selection of measures or activities for CMS submission.

7. Describe the process used for completion of randomized audit. (2018)

Randomized audit of a sub-set of data prior to the submission to CMS:
NRDR has some data quality assessment processes already in place and these are supplemented with additional processes for QCDR submissions.

Facilities receive (or are prompted to run online) data quality reports when their data are uploaded. These reports allow facilities to verify that data submitted were comparable to data viewed at facility and that data on all elements are submitted to the registry as expected.

As a part of additional checking for QCDR, a random subset of data quality reports, for 20-30 physicians, will be reviewed by registry staff to identify deficiencies. Tips to remedy data deficiencies will be posted on the registry web-site for all individual MIPS /QPP eligible clinicians or groups to use. Facilities and physicians will be prompted to review the accuracy of procedure volumes to help them with the reporting denominator at the end of the reporting year. Prior to submission to CMS physicians will be asked to verify that the data being submitted on their behalf appear accurate and to provide final authorization for submission to CMS.

For two registries, the source data match the data in the registry destination and validation of patient records is not expected to be fruitful. For manually entered data for NRDR registries as well as MIPS/QPP measures, data validation may be helpful. We plan to perform semi-annual inspections of a random sample of 5 facilities, asking for data validation for 10 patients identified by age, gender, date and time. Similar inspections will be undertaken for a similar sample of physicians for MIPS/QPP data, with validation of numerator and denominator.

After data submission is complete at the end of the reporting year, we will sample 25 TIN/NPIs, and ask for validating documentation for a random sample of 10 records for each of the submitted measures. Validating documentation may be screenshots from EHR, billing systems or showing other screens as applicable to the specific measure audited on a web-based meeting.

8. Describe the process used for completion of detailed audit.

Process for completing a detailed audit if the QCDR's validation reveals inaccuracy:
From NRDR Participation Agreement:
Participant agrees that its submitted data may be audited for accuracy and completeness by or on behalf of ACR. If ACR requests an audit, Participant agrees to provide corroborating evidence of the accuracy of submitted data in the form of additional supporting documentation. Participant agrees that if an audit process or the applications of threshold criteria find the data do not conform to ACR standards, as a condition of continued participation in the NRDR, Participant shall submit within forty-five (45) days of notice of the audit an action plan, in a form acceptable to ACR, to correct such data issues. Furthermore, the non-conforming data submitted by the Participant will be withheld from the NRDR database for national reporting purposes, until such data are brought up to standard and re-submitted to ACR by Participant. Moreover, during any such correction period, while Participant may receive information comparing its data to general data from the registry, ACR makes no representation or warranty concerning the reliability of any such comparison or the conclusions Participant may draw from it.

Any gross inaccuracies discovered and confirmed in data already submitted will be communicated with CMS by email within 30 days of confirmation.

9. Please check the box to attest that, per the requirements, entity has the ability to randomly request and receive documentation from providers in order to verify accuracy of data. Entity will provide CMS access to review the Medicare beneficiary data on which 2018 QPP QCDR-based submissions are based or provide to CMS a copy of the actual data (if requested for validation purposes).
Ability to randomly request and receive documentation from providers in order to verify accuracy of data:
Our Participation Agreements include language about our ability to request corroborating evidence for any audit of data to ensure accuracy.

Ability to provide CMS access to review registry data:
Any data from NRDR can be made available to CMS upon request for physicians opting to use NRDR for MIPS/QPP submissions. NRDR has patient age, gender, type of exam, and date of exam which is generally used to locate cases within a facility's records. Data at the same level can be shared with CMS for any NPI.