Making the Most of QCDR: Preparing for Data Submission Deadlines

ACR Quality & Safety Department Staff:

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What we will cover

- **QCDR & MIPS portal overview**
  - How to submit data
  - Dealing with upload errors
  - Reviewing your performance report
- **NRDR account setup overview**
  - Registration
  - Changes to account structure
- **Overview of QCDR timeline**
  - Participation checklist
  - October 31st – deadline to begin submitting
  - Other key dates
- **Frequently submitted tickets**
QCDR Overview
MIPS Qualified Clinical Data Registry

- The ACR National Radiology Data Registry (NRDR™) has been approved as a Qualified Clinical Data Registry (QCDR) for the CMS Merit-Based Incentive Payment System (MIPS) for 2018.

Key benefits:
- The QCDR will support both individual physicians and physician group practices in meeting MIPS requirements for the Quality, Improvement Activities and Promoting Interoperability performance categories
- Manage submission of MIPS and QCDR measure data to CMS
- QCDR (non-MIPS) measures are developed by ACR and are more applicable to the care radiologists provide
- Allow physicians to review and select measures and activities to report prior to CMS submission
- Help your practice avoid the **-5.0% payment adjustment** for MIPS non-participation and potentially earn a positive adjustment
MIPS Qualified Clinical Data Registry

Visit [www.acr.org/qcdr](http://www.acr.org/qcdr) for more MIPS information including:

- Lists of MIPS/QCDR measures
- Data submission files and instructions
- List of upcoming/past QCDR webinars
- Links to helpdesk articles related to NRDR/QCDR
High-Level QCDR Process

**Step 1:** View available **measures** and improvement activities and select appropriate registries for reporting in NRDR

**Step 2:** Add your physician group TIN and supporting documentation using the [Manage Physician Group TIN](#) function in the NRDR (Select GPRO here)

**Step 3:** Add your physicians using the [Manage Physician](#) function in the NRDR

**Step 4:** Start submitting your **measure data** for the MIPS performance year

**Step 5:** **Monitor performance data** in your feedback report or via the MIPS portal
Using the MIPS Portal
To access the MIPS portal, you must be logged in to the NRDR portal under any facility which is registered for MIPS.

In this case, you must access the MIPS portal under a facility which is registered for MIPS.
MIPS

NOTICE:

- Data submissions to CMS for QPP Reporting Year 2017 are now complete.

You may login to https://qpp.cms.gov to see any measure data submitted on behalf of your practice or group, view your scores, the application of special status on scoring and other functions, such as the EHR report.

Keep an eye out for your 2018 Q1 reports that will be available in May and plan to use them to guide your MIPS performance.

The ACR National Radiology Data Registry (NRDR™) has been approved as a Qualifying Clinical Data Registry (QCDR) to participate in the MIPS program, radiologists can avoid a negative payment adjustment by submitting information measure data to CMS.

Physicians and group practices participating in the NRDR QCDR will receive feedback on their performance and their information will be submitted to CMS in March following the end of the reporting period.
Name: ADMINISTRATOR_100210

Welcome to the MIPS Participation Portal for the National Radiology Data Registry Qualified Clinical Data Registry

- By using the QCDR to participate in the MIPS program, radiologists can avoid a negative payment adjustment for not reporting and can potentially earn a positive payment incentive.
- To satisfy MIPS requirements clinicians and groups can use the QCDR to report on three out of the four MIPS performance categories: Quality, Improvement Activities, and Promoting Interoperability if applicable. The fourth category, Cost, will be calculated by CMS using claims data and will not require data submission.
- Radiologists can maximize their MIPS performance score by focusing on reporting quality measures and improvement activities. For Promoting Interoperability, reporting is optional for non-patient facing and hospital-based MIPS clinicians. The category will be “reweighted” to zero with those points added to the Quality category for a total weight of 75% for the total MIPS performance score.
- Twenty-two QCDR quality measures spanning all six NRDR data registries have been approved for inclusion in the QCDR, along with 58 MIPS quality measures. QCDR participants may report a combination of QCDR and MIPS measures in order to fulfill reporting requirements.
- To fully meet the Quality performance category requirements, MIPS eligible clinicians or groups must submit to CMS 6 measures for at least 60% of the eligible provider’s applicable patient (all patients, not just Medicare) seen during the performance period. Of these measures, report on at least one outcome measure. If an outcome measure is not available report on a high priority measure. Bonus points are available for reporting outcome and high priority measures; bonus points are capped at 10% of the total quality score denominator, usually 6 bonus point cap for radiologists.
- To satisfy the Improvement Activities performance category under MIPS, groups with fewer than 15 participants and non-patient facing clinicians must attest to completing up to 2 activities (2 medium-weighted or 1 high-weighted) for a minimum of 90 days. Patient facing clinicians must attest to completing up to 4 activities (4 medium-weighted or 2 high-weighted).
- Report each quality measure for at least 60% of your applicable patients during the performance period. This includes both patients with Medicare or private payer coverage.

Measures you can report to CMS for the year 2018

MIPS Measures Supported: Table 1
2018 MIPS Measures Supported

Non-MIPS Measures Supported: Table 2
2018 Non-MIPS QCDR Measures Supported

Physician Group TIN: 232323232 (GPRO)
This page allows you to upload MIPS data file or check the status of the upload for physicians. You may combine data for a group of physicians in the same file.

**Download MIPS Measure Data Template**
- MIPS Data Upload - Excel File Specifications
- MIPS Data Upload - Text File Specification

**Upload Status**
- **Successful** - The file was successfully uploaded and records from the file were added to the database.
- **Pending** - The file was successfully uploaded, but records from the file have not yet been added to the database.
  
  **Note:** “Record may take up to 24 hours to be added to the database.”
- **Processing** - The file was successfully uploaded, but the file status will be updated Processing from Pending when it is being processed by the Service.
- **Rejected** - The file could not be uploaded.
- **Deleted by user** - The upload was cancelled by the user.
- **Load failure** - The file was successfully uploaded, but records from the file could not be added to the database.

**2018 MIPS Quality Measure Resources**

**Upload MIPS Measure Data**

**Note:** Data must be submitted in text or Excel template given below.

**Search uploaded file(s):**
How to Ensure MIPS Files Are Accepted

- Review the MIPS Excel/Txt file specifications documents
  - Excel file specification
  - Text file specification

- Common errors:
  - Invalid filename
  - Physician not listed or not enrolled in MIPS
  - Invalid TIN
  - Missing data fields in template; refer to file specification and MIPS measure specifications

- If you see “Rejected” or “Successful with Warning,” check your Log file for more information
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Other MIPS Portal Tabs

- Improvement Activities: Select MIPS IAs for individual physicians or for the entire group if submitting as a GPRO.
- Promoting Interoperability: Formerly known as “Advancing Care Information,” and not applicable to most radiologists. Required for physicians considered “patient-facing” who aren’t rural/small practices.
- CMS Submission: This tab will be available around January 2019 for users to finalize their submission.
Reviewing Your Performance Report

- Use your Performance Report to review your scores for all MIPS and QCDR measures submitted for 2018.
- View a score breakdown by group or by individual physician.
- Compare your scores against historical CMS benchmarks.
- Updates ~24 hours after you submit measure data.
### Proportion Measures

**Measure:** ACRad 23  
High Priority, Lung Cancer Screening Abnormal Interpretation Rate  
Domain: Efficiency and Cost Reduction

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<th>Performance Denominator</th>
<th>Performance Numerator</th>
<th>Performance Not Met</th>
<th>Performance Rate</th>
<th>Denominator Exclusions</th>
<th>Denominator Exception</th>
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*Inverse measure - lower is better!!

**Measure:** ACRad 31  
High Priority, Percent of CT Abdomen-Pelvis exams with contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level  
Domain: Patient Safety

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NRDR Registration & Portal Updates
What to do if your hospitals are already participating in NRDR?

There are 2 paths to choose from:

• You can join the Hospital’s Registration
  • The hospital may allow you to join their facility(ies) as a Registry Administrator
  • You would add your TIN(s) and Physicians to their locations
  • Upload MIPS files
  • You would not incur registry fees as the hospital is already invoiced

• You can register your own Facility
  • Enroll your physicians in MIPS
  • Add your Physician Group and TIN
  • Make sure that your physicians and TINs are added to the hospitals locations in the system
  • Upload MIPS files to your Facility
  • If you are only enrolling in MIPS, you would not incur a facility fee, but any other registries would have a fee (physician fees are separate)

If you are uncertain as to whether the hospitals your physicians read at are currently in NRDR, submit a ticket at https://nrdrsupport.acr.org with a list of the hospital names and addresses so that it can be researched. Please note that not all hospitals will allow radiology groups access to their registries.
NRDR Registration

- Complete a ‘New Corporate Account Registration’
  - The corporate account is an “umbrella” account for handling all administrative tasks – was previously known as a master facility.
  - Add facilities – each physical location where a patient receives an imaging exam – previously known as child facilities.
  - If you are uncertain if your locations are currently registered, submit a ticket at [https://nrdrsupport.acr.org](https://nrdrsupport.acr.org) so that it can be researched.

- Register all facilities for MIPS
  - From your ‘NRDR Dashboard’ you will see your registries and from Facility Information you will see the status – submitted or accepted.

If you do not see MIPS listed, you will need to register this facility for MIPS.

If your Status is Submitted, we need a signed agreement/addendum to change the status to Accepted.

If some facilities are Accepted and some are Submitted, please submit a ticket so that all facilities can be updated to Accepted.
Registration continued

- During registration, MIPS facilities are asked to add Physician Group name, Physician Group TIN, and Physicians – these screens allow for a skip so that you can register and come back to this point if need be
- To accept registration, we must receive a signed **BAA** - email to [nrdr@acr.org](mailto:nrdr@acr.org).
- Fee Schedule
  - Registry Fees – required before data can be submitted (for new facilities only)
    - $500 one time registration fee
    - Annual fee based on your number of radiologists and locations (If you participate in DIR or GRID, you have full registry access and can participate in all other registries at no additional cost)
  - MIPS Reporting Fee – separate from Registry Fees
    - ACR members: $199 per physician/year
    - Nonmembers: $1,299 per physician/year
  - MIPS reporting fee is due March 1, 2019
Manage Physicians

- Physicians must be enrolled in MIPS if you plan to submit MIPS and Non-MIPS measures to CMS
- Physicians must be at all facilities
- Physicians must have TIN information tied to each facility
- Physicians now have an option to have a login to view data
- Physician Group Name and TIN must be added before adding Physicians if manually entering physicians – if using template, Physician Group Name must be added prior to your template upload

Select Facilities/Registries and TINs

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<td>09/01/2018</td>
<td>09/19/2028</td>
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</tbody>
</table>
**Manage Physician Groups and Physician Group TINs**

- Add your physician group using the **Manage Physician Groups** page - A physician group is a name that you give to a list of facilities and registries from which the group will use data to report measures for MIPS.

- Add your physician group TIN using the **Manage Physician Group TIN** page

- **Date available from field is relevant to the start date your TIN became active through the IRS; not required to add an end date****

- Be sure to upload a document that confirms your physician group TIN is active and valid for Medicare billing (professional component and global billing)

- Appropriate forms of documents are:
  1. Submitted claim;
  2. Tax document or
  3. Other official document that includes the TIN

- Be sure to select the appropriate registry and locations where the TIN should be applied

- If you bill Medicare for more than one TIN we can accept all TINs

<table>
<thead>
<tr>
<th>Physician Group Name</th>
<th>Facilities</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACR Radiology Group</td>
<td>100000: ACR Test</td>
<td></td>
</tr>
<tr>
<td></td>
<td>100853: Public Facility</td>
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</tr>
</tbody>
</table>

**Add New Physician Group**

**Add Physician Group**

- Physician Group Name: [New Radiology Group]
- Facilities: 100853, 100000
Manage Physician Group TIN

- The facilities must be associated with a Physician Group before being able to add a TIN to a specific facility
- Make sure to check off the appropriate facilities when adding your TINs
- The GPRO column indicates whether the TIN has been added as GPRO
- If you used MIPS previously, please make sure that the end date has not expired, or measures will not appear in the MIPS portal
- There is now functionality to delete TINs if you enter an incorrect number, if any physicians are tied to this TIN, you will not be able to delete the TIN
QCDR Timeline
Key Considerations for Using a QCDR

- Facility/Registry Administrator manages account information for MIPS participation
- Be sure your registry account indicates MIPS
- Review measures list (MIPS and QCDR) and data submission requirements (varies by registry)
- Submit data frequently to enhance your participation
- Use MIPS portal to view performance rates and available measures
Snapshot: MIPS QCDR Timeline

10/31/18
- MIPS registry added to NRDR account
- Some data submitted for each registry used

11/30/18
- QCDR participants must add physicians/locations and TINs

1/31/19
- QCDR participants finalize data submission to ACR

3/15/19
- MIPS reporting fee issue
- Deadline to finalize measures & improvement activities

3/31/19
- QCDR’s deadline to send data to CMS for MIPS
QPP Participation Checklist

- Determine your **eligibility** and understand the requirements
  - [CMS MIPS Participation Status tool](#)
  - Determine your **patient facing** status, based on face-to-face encounters.

- Determine your **volume/rural status** – Check if you fall below the MIPS volume threshold (less than $90,000 Medicare billings or fewer than 200 patients), and do you work in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Critical Access Hospital (CAH)

- Determine your **hospital-based MIPS clinician** status, based on your level of hospital patient volume

- Determine whether you will report as an **individual** or as a **group**. No registration is required, but you must select which Taxpayer Identification Number (TIN) to use for MIPS reporting

- Choose your **submission method** – claims, qualified registry (QR), qualified clinical data registry (QCDR) such as NRDR, or EHR

- Review your **practice readiness** and your ability to report measures

- Review 2018 **measures and improvement activities** to understand how and what to report
Frequently Submitted Tickets

- Why are my files being rejected?
- Why can’t I see the MIPS Participation Portal on my account?
- How do I select measures and improvement activities for CMS submission?
- Why can’t I remove a physician from my account that is no longer with my practice?
- Why aren’t my measures showing up in the Portal?
- I uploaded a file with an incorrect record, how do I fix it?
- I thought all of our physicians were ACR members – why are we getting charged the non-member fee?
- Why do I have to submit data on non-Medicare patients?
Save the Dates: Upcoming Events

- **October 26-28, 2018** [Annual Quality and Safety Conference](#) in Boston, MA
  - *NRDR User Pre-Conference Roundtable*
    Thursday, October 25 | Register »

- **Avoid Costly Errors: Submitting QCDR Data Accurately and Understanding Feedback Reports**
  Thursday, November 15 2pm - 3pm ET | Register »
Websites & Resources

To view past recordings and slides, please see [Webinars and Presentations »](#)

- [www.acr.org/qcdr](http://www.acr.org/qcdr)
- [www.acr.org/nrdr](http://www.acr.org/nrdr)
- [nrdr.acr.org](http://nrdr.acr.org)
- [nrdrsupport.acr.org](http://nrdrsupport.acr.org)
- QCDR Participation Checklist
- 2018 MIPS Supported Measures
- 2018 QCDR Supported Measures
  - QCDR Detailed Specifications with Appendix
- MIPS Improvement Activities
Contact Us

Submit a Ticket

https://nrdrsupport.acr.org

Email

nrdrsupport@acr.org

Phone

1-800-227-5463 x3535