

Making the Most of QCDR: Preparing for Data Submission Deadlines

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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

Upcoming Webinar: Making the Most of QCDR - Preparing for Data Submission Deadlines »

Making the Most of QCDR - Preparing for Data Submission Deadlines

Thursday, October 11, 2:00 - 3:00pm ET

Register Now ➔

CMS Deems NRDR a Qualified Clinical Data Registry for 2018 »

The ACR National Radiology Data Registry (NRDR™) is a CMS-approved Qualified Clinical Data Registry (QCDR) for the Merit-Based Incentive Payment System (MIPS) for 2018. Twenty-two QCDR measures spanning all six NRDR data registries have been approved for inclusion in the QCDR, along with 58 MIPS measures. [Learn more about QCDR](#) ➔

QCDR participants may report a combination of QCDR measures and MIPS measures in order to fulfill reporting requirements for the Quality category. Participants may also use the QCDR to select activities for the Improvement Activities category.

The NRDR QCDR offers many important benefits to participants:

- Report as either an individual or as a part of a group practice via the Group Practice Reporting Option (GPRO)
- Manage submission of MIPS (claims-based) and QCDR (registry-based) quality measure data as well as improvement activities to CMS using one interface
- Get direct assistance with compiling data needed for quality improvement
- Get feedback at least quarterly and on-demand via the MIPS portal
- Physicians can review and select measures to report prior to the CMS submission deadline

Log In to NRDR ➔

Need assistance? [Visit our help desk](#) ➔

Visit 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.

Manage User Profiles
 Registries
CTC Registry
DIR
GRID
IR Registry
LCSR
<u>MIPS Participation Portal</u>
NMD
 Portal Management
Aggregate Reports
Aggregate Reports - Backend Upload History
Application Completed Worklist



NATIONAL RADIOLOGY DATA REGISTRY

AMERICAN COLLEGE OF RADIOLOGY

 [MIPS Participation Portal](#)

[ACR NRDR Homepage](#)

[About the QCDR for MIPS](#)

[Data Collection and Reports](#)

[MIPS Data Submission
Overview](#)

[MIPS Available Reports](#)

[QCDR Web Resources](#)

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, view your scores, the application of special status on scoring and other functions, such as the ability to request a review.

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

The ACR National Radiology Data Registry (NRDR™) has been approved as a Qualified Data Repository (QCDR) by CMS. As a result, the QCDR to participate in the MIPS program, radiologists can avoid a negative performance evaluation by submitting their performance information measure data to CMS.

Physicians and group practices participating in the NRDR QCDR will receive feedback on their performance. This 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 4 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](#)

MIPS Participation Portal

[Home](#) [Records Entered](#) [Web Service Import](#) [Upload Data](#) [Improvement Activities](#) [Promoting Interoperability](#) [Performance Report](#) [CMS Submission](#)

User - ADMINISTRATOR_100210 ↓

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 DataTemplate [MIPS Data Upload - Excel File Specifications](#) [MIPS Data Upload - Text File Specification](#) [Download Excel template](#) [Download text template](#)**** 2018 MIPS Quality Measure Resources****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 |

NOTE: Deleting an already processed file will not delete the records loaded into the database. If you need to delete the records that have been uploaded please submit a ticket to <https://nrdrsupport.acr.org>


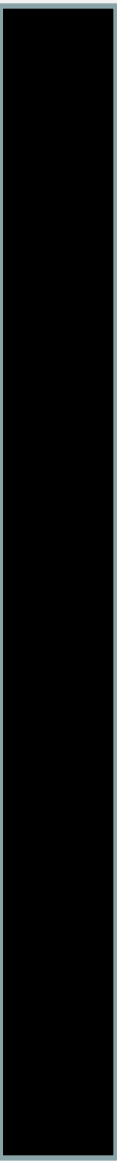


















Upload MIPS Measure Data

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

 [Choose File](#) No file chosen**Search uploaded file(s):**Upload Date: from  to  Status  

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

File Name	File Received 	File Loaded	Status	# of records in file	# of records rejected	# of records added	# of records updated	# of records added with warning	# of records updated with warning	# of records Excluded	Message	Action
	hips_20181008-150701.txt	10-08-2018 22:55:27	Successful With Warning	1077	222	839	11	5	0	0		
	hips_20181008-150700.txt	10-08-2018 22:54:13	Successful With Warning	424	75	340	0	9	0	0		
	PS_20181008-151109.xlsx	10-08-2018 22:53:33	Successful	690	0	689	1	0	0	0		
	PS_20181008-141332.xlsx	10-08-2018 22:52:31	Successful	612	0	612	0	0	0	0		
	PS_20181008-125153.xlsx	10-08-2018 22:51:34	Successful With Warning	1821	2	1808	9	1	1	0		
	PS_20181008-120718.xlsx	10-08-2018 22:49:08	Successful	32619	0	32572	47	0	0	0		
	913-161800-version3.xlsx	10-08-2018 22:09:03	Rejected	5144	5144	0	0	0	0	0	All records are Invalid	
	mips_20181008-110300-june436.xlsx	10-08-2018 22:08:46	Rejected	8627	8627	0	0	0	0	0	All records are Invalid	
	PS_20181008-103436.xlsx	10-08-2018 22:08:13	Successful	5	1	4	0	0	0	0		
	PS_20181008-103145.xlsx	10-08-2018 22:07:58	Successful	44	3	41	0	0	0	0		
	hips_20181008-102306.txt	10-08-2018 22:07:39	Successful	1961	94	1864	3	0	0	0		
	hips_20181008-102305.txt	10-08-2018 22:05:08	Successful With Warning	1618	743	692	0	183	0	0		
	hips_20181008-102304.txt	10-08-2018 22:03:53	Successful	200	14	186	0	0	0	0		
	hips_20181008-102303.txt	10-08-2018 22:03:26	Successful	30	0	30	0	0	0	0		
	hips_20181008-102302.txt	10-08-2018 22:03:08	Successful With Warning	1618	743	695	0	180	0	0		
	hips_20181008-102301.txt	10-08-2018 22:01:54	Successful With Warning	195	8	184	1	2	0	0		
	hips_20181008-102300.txt	10-08-2018 22:01:22	Successful	27	0	27	0	0	0	0		
	mips_20181008-101700-june76.xlsx	10-08-2018 22:01:05	Successful	81	0	81	0	0	0	0		

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.
- Performance Report: Review overall 2018 measure performance for MIPS & QCDR measures.
- 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.

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> 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

NRDR Dashboard

Please select the appropriate corporate account ID or facility ID for access.

Corporate Account ID	Facility ID	Facility Name	Facility Location Address	Registries	Status
200022	112447	Test 1	123 Main St	LCSR	Active
200022	114169	Test 2	234 Main St	LCSR, CTC, GRID, NMD, MIPS	Active

- 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.

3. APPLIED REGISTRIES

Registry	Submission Date	Status	Action
CTC	09/05/2018	Accepted	Cancel Registration
GRID	09/05/2018	Accepted	Cancel Registration
LCSR	09/05/2018	Accepted	Cancel Registration
MIPS	09/05/2018	Accepted	Cancel Registration
NMD	09/05/2018	Accepted	Cancel Registration

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 nrd@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 

Add New Physician

Export Physician List

Add New Physician

Status	Active 
First Name	NRDR
Last Name	Test
E-mail	nrdr@acr.org
Confirm E-mail	nrdr@acr.org
Phone	
Provider Type	M.D. 
NPI	1234567890
Will data from this corporate account be submitted for CMS quality reporting for this physician? 	<input checked="" type="radio"/> Yes <input type="radio"/> No
CMS Reporting Discount Coupon Code	
Is this physician a member of ACR? 	<input checked="" type="radio"/> Yes <input type="radio"/> No
ACR Member ID	
Send invitation e-mail to physician? 	<input type="radio"/> Yes <input checked="" type="radio"/> No

Facility	Registry	TIN	GPRO	TIN Start Date	TIN End Date	Physician Start Date	Physician End Date	Action
100000 - Test Facility 	NMD 	1234567890 	<input type="checkbox"/>	09/01/2018	09/19/2028	<input type="text"/> 	<input type="text"/> 	Delete
100000 - Test Facility 	CTC 	1234567890 	<input type="checkbox"/>	09/01/2018	09/19/2028	<input type="text"/> 	<input type="text"/> 	Delete
100000 - Test Facility 	GRID 	1234567890 	<input type="checkbox"/>	09/01/2018	09/19/2028	<input type="text"/> 	<input type="text"/> 	Delete
100000 - Test Facility 	MIPS 	1234567890 	<input type="checkbox"/>	09/01/2018	09/19/2028	<input type="text"/> 	<input type="text"/> 	Delete

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

If you do not plan to use them to submit data for MIPS, you can skip this page.

Physician Group Name	Facilities	Action
ACR Radiology Group	100000: ACR Test 100853: Public Facility	Edit

Add New Physician Group

Add Physician Group

Physician Group Name:

Facilities:

Save

Cancel

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

Add New TIN**View History**

Add TIN

* TIN:

* Physician Group:

GPRO: ☐

? * TIN Start Date: (mm/dd/yyyy)

? TIN End Date: (mm/dd/yyyy)

* Facilities:

* Registries:

Save**Cancel**

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: MIPSQCDR 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
- www.acr.org/nrdr
- nrdr.acr.org
- 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