

2018 MIPS QCDR Submission Wrap-Up

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What we will cover

- Dates/Timeline
- 2019 Invoices
- Performance Report
- CMS Submission
 - Attestation
 - Measure/IA selection
- CMS Scoring

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

Registries that Support QCDR



[CMS Deems NRDR a Qualified Clinical Data Registry for 2018 »](#)

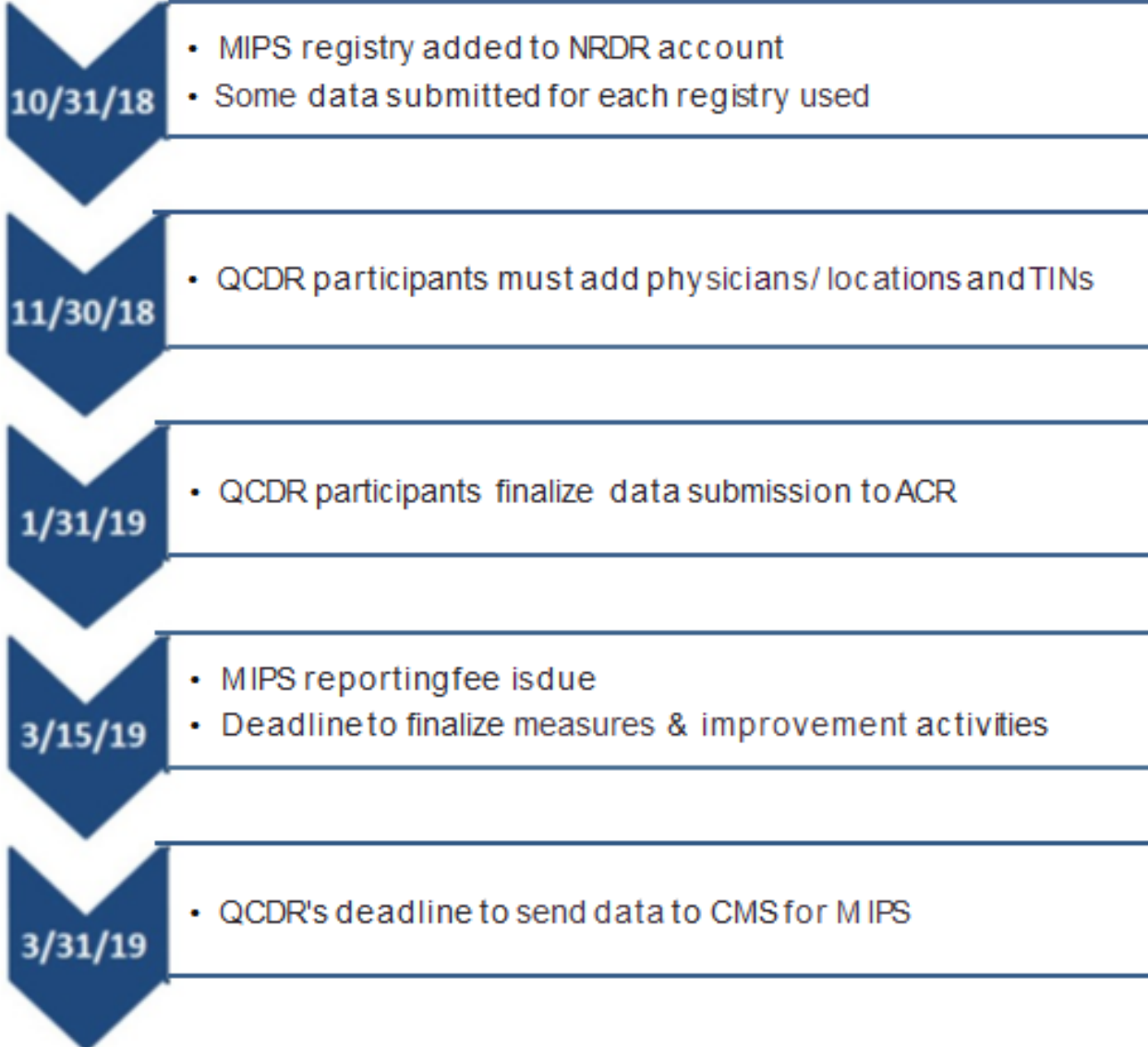
The ACR National Radiology Data Registry (NRDR™) is a CMS-approved Qualified Clinical Data Registry (QCDR) for the Merit-Based Incentive Payment System (MIPS) for 2018. Twenty-two QCDR measures spanning all six NRDR data registries have been approved for inclusion in the QCDR, along with 58 MIPS measures.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

Snapshot: MIPSQCDR Timeline



Invoicing

- MIPS invoices are automatically sent to the corporate administrator via email
- Available on NRDR through the Corporate Account
- To pay your invoice, your facility corporate administrator can go to “Account Balance”
- Fees are \$199 per ACR member and \$1,299 for non-members
- Payment is due by **March 15, 2019**

☐ ACR NRDR Homepage
Super Corporate Account Information
☐ Corporate Account Management Financial
Account Balance
Invoices for CMS Reporting
Invoices for Registries
Manage Invoice Settings

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Account Balance
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Physician ACR Member Status

- To receive the ACR member MIPS reporting rate, physicians must have their ACR member number in “Manage Physicians”
- If you don’t know your ACR member number, you can email membership@acr.org
- Once updated in the Portal, the CMS invoice will automatically refresh with the correct payment balance

QCDR Measure Benchmarks

- Some QCDR measures (non-MIPS measures available through the ACR registries) have not yet received historical CMS benchmarks.
- Non-benchmarked QCDR measures may receive same-year benchmark.
- Last year, CMS didn't provide a method of calculating reporting or performance rate for GRID measures so these measures only received the minimum 3 points. For 2018, this has been corrected and we are hopeful that CMS will be able to calculate a benchmark.
- ACR will provide registry-calculated benchmark so users will have an idea of how they're performing on measures with no CMS benchmark.
- We encourage users to submit these measures—the more submitters, the more likely the measures will receive a benchmark and be eligible for higher scoring.

Performance Report

- The Performance Report tab in the MIPS Portal gives you a snapshot of your quality measures by TIN and NPI
- Check this report daily to identify the measures best representing your TIN or NPI for CMS submission
- For 2018, practices must submit 6 quality measures, one being a high priority or outcome measure, with 60% data completeness

[Interpreting Performance Report Fields](#)

TIN Validation Reminder

- CMS requires that ACR validate group TIN before submitting MIPS data to CMS.
- During our TIN audit, we have noticed that some users have provided the **Facility TIN** but not the **Group TIN**. The Group TIN is the one you should be using.
- You can check your TIN under **Manage Physician Group TIN** in the NRDR Portal; please correct this if the incorrect TIN has been entered.
- Be sure to upload documentation (a tax document, for example) that verifies your TIN.

CMS Submission Portal

- CMS Submission portion of the MIPS portal will be available January 2019.
- This tab will now allow users to submit their data directly to CMS.
- ACR will receive performance feedback from CMS in real-time; users will be able to see their preliminary CMS scores in the MIPS portal.
- Data can be resubmitted after initial submission; in other words, you can change your submission, submit new data, etc.

CMS Submission Walkthrough

Reporting Year: 2018 ▼

Refresh Data

CMS Score Reports ▼

+ CMS Submission Instructions

+ GPRO/Non GPRO Management

+ Attestation

+ Select Quality Measures  GPRO  NON-GPRO

+ Improvement Activities

+ Promoting Interoperability

GPRO/Non GPRO Management

This tab allows you to indicate which of your TINs will be submitting as a group (GPRO) and which will be submitting as individual NPIs (non-GPRO).

+ CMS Submission Instructions

- GPRO/Non GPRO Management

ATTENTION FOR SUBMISSION AS INDIVIDUAL NPI(s) (not GPRO): In order to meet CMS requirements for QCDR participation, when agreeing and attesting to each item above on behalf of NPIs participating in MIPS as individuals and not as a group (GPRO) you must provide written, signed consent by each NPI confirming agreement to the above and authorizing the selection and transfer of performance data to CMS. Documentation may be uploaded in the Attestation section below.

Physician Group TIN: 232323232 GPRO NonGPRO

Physician Group TIN: 676767676 GPRO NonGPRO

Physician Group TIN: 787878787 GPRO NonGPRO

Attestation

- Users must complete attestation to confirm that they have permission to submit MIPS data on behalf of a group or individual physicians.
- GPRO submitters only need to complete the online attestation; non-GPRO (individual) submitters must upload a document signed by each physician whose NPI is included in your submission.

- Non-GPRO TINs can upload their physician authorization document here.

I attest/agree Email Address: Name: Date: 01/17/2019

Upload Physician Authorization Documentation

File Name	Uploaded By	Uploaded Date	Action
testfile.docx	administrator_100210	1/17/2019 9:55:21 AM	<input type="button" value="Menu"/>

Page of 1 Show Rows per page Showing 1 - 1 of 1

Path to File: No file chosen

Please download the template of Physician Authorization Document from [here](#) and upload it back using the upload below.

Physician Authorization Template

ATTESTATION FOR AUTHORIZATION TO SUBMIT FOR INDIVIDUAL NPI(s)

I have obtained direction and authorization to select measures and submit performance measure data to CMS on behalf of the physicians listed below.

(Authorization must be provided for each physician per TIN.)


Corporate Account ID	TIN	NPI	Physician Name	Physician Signature

Submitted by: <name and email address>

Submitted date:

Selecting Quality Measures

- All available measures will be displayed below, with an estimated score based on measure performance/benchmark status.
- GPRO facilities will select measures for the entire group; non-GPRO will select measures by NPI.
- “Submit to CMS” will submit your selections directly to CMS. “View Score” will display the CMS score report.

Select Quality Measures  GPRO  NON-GPRO


Facility - TIN/Measure Selection

Resources:

- [Quality Performance Category Requirements](#)
- [MIPS Quality Performance Scoring](#)

Note: changes made on your selections will be reflected on the Performance Report page on the following day.

Last report calculation performed at : 01/04/2019 03:24:40

	Physician Group TIN : 232323232	(GPRO)		<input type="button" value="Submit to CMS"/>	<input type="button" value="View Score"/>	Last Submitted to CMS on Jan 11 2019 9:14AM
	Physician Group TIN : 676767676	(GPRO)		<input type="button" value="Submit to CMS"/>	<input type="button" value="View Score"/>	Last Submitted to CMS on Jan 11 2019 9:10AM
	Physician Group TIN : 787878787	(GPRO)		<input type="button" value="Submit to CMS"/>	<input type="button" value="View Score"/>	Last Submitted to CMS on Jan 16 2019 2:39AM

Selecting Improvement Activities

- “Review Improvement Activities” button will allow you to edit selections.
- GPRO facilities will select IAs for the entire group; non-GPRO will select measures by NPI.
- “Submit to CMS” will submit your selections directly to CMS. “View Score” will display the CMS score report.



Improvement Activities

Instructions

- Select your TIN below to begin adding Improvement Activities.
- TINs which are registered as GPRO (Group Practice Reporting Option) will select activities for the entire group, while TINs reporting as individuals will have the option to apply activities to all physicians or select activities for each individual physician.
- **Resource:**
 - [2018 IA Measures Supported](#)
 - [IA Performance Category Requirements](#)



Physician Group TIN : 232323232

(GPRO)

Submit to CMS

View Score

Last Submitted to CMS on

Review Improvement Activities



Physician Group TIN : 676767676

(GPRO)

Submit to CMS

Review Improvement Activities



Physician Group TIN : 787878787

(GPRO)

Submit to CMS

Review Improvement Activities

Promoting Interoperability

- Originally called “Advancing Care Information” and requires measures to be submitted using CEHRT (Certified Electronic Health Record Technology).
- Requires attestation before selecting measures.
- Most radiologists will be exempt from this category; do not attest unless you intend to submit Promoting Interoperability measures.
- P.I. measure selection is similar to Improvement Activities selection.

CMS Score Report

Score Details

Note: All the data is received from CMS

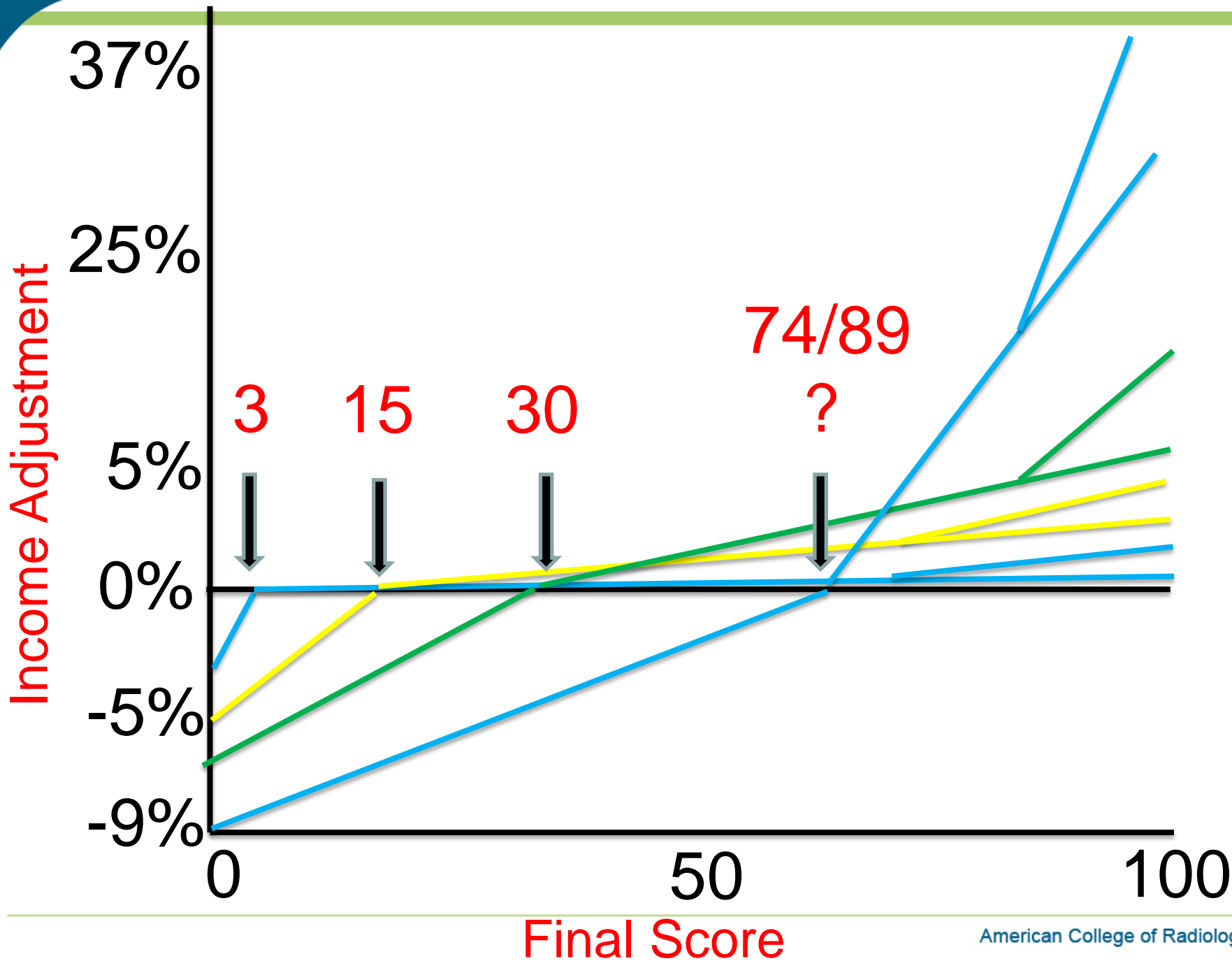
TIN : 676767676	Category : QM	CMSYear : 2018
Total TIN Score (QM, IA, PI): 11.7		
Unweighted Quality Score: 23.3	Contribution to Final Score: 11.7 (Weighted Score)	Max Contribution : 50.0
QM Weight :	Scoring based on weight of 50%.	

Detail : Picked the highest scoring measurement set registry

Measure Number	Measurement Score Value	Processing Status	Total Bonus Points	Measurement Picker	Feedback - Quality	End To End Bonus	Outcome Or Patient Experience Bonus	High Priority Bonus	Decile Score	Decile
236	1.0	PICKED	0.0	Picked at 1	Focus on improving measure 236	0.0	0.0	0.0	1.0	NA
024	3.0	PICKED	0.0	Picked at 2	Focus on improving measure 024	0.0	0.0	0.0	3.0	NA
046	3.0	PICKED	0.0	Picked at 3	Not Available	0.0	0.0	0.0	3.0	NA
144	3.0	PICKED	0.0	Picked at 4	Not Available	0.0	0.0	0.0	3.0	NA
146	3.0	PICKED	0.0	Picked at 5	Not Available	0.0	0.0	0.0	3.0	NA

Projected Payment Adjustments

- The MEAN and MEDIAN final scores for 2017 MIPS participants were 74.01 and 88.97 respectively.
- In future MIPS years, these numbers will be used to determine the performance threshold for a negative/positive payment adjustment.
- In 2017, that threshold was set at 3 points; for 2018, it will be 15 points. This is still significantly lower than the average performance score.
- Due to the low threshold in 2017, most physicians received a neutral or positive payment adjustment. Since MIPS is a budget-neutral program, the amount of positive adjustment depends on how many physicians are receiving negative adjustments. This is why the maximum adjustment for 2017 ended up being around +1.8%.
- For 2018 participation, expect a slightly higher positive adjustment, but most likely it will not reach the maximum of +5%.



MIPS Measure 226

- Measure 226, “Tobacco Use: Screening and Cessation Intervention,” changed in 2018 to become a multi-strata measure.
- MIPS portal is being updated to accommodate changes to this measure; anyone who has already submitted measure 226 will likely need to resubmit.
- ACR will reach out to all users who have submitted files for measure 226 with instructions for how to correct the file according to the new specifications.

QCDR Measures in 2019

- For 2018 MIPS, ACR offers 22 QCDR measures from the NRDR registries.
- CMS removed or changed several of these measures for the upcoming 2019 reporting year:
- Removed:
 - NMD measures ACRad 3, 5 and 6 (Mammography cancer detection rate, abnormal interpretation rate and positive predictive value)
 - LCSR measures ACRad 21, 22 and 23 (Lung screening cancer detection rate, positive predictive value and abnormal interpretation rate)
 - IR measure ACRad 28 (rate of early peristomal infection)
- Changed:
 - DIR measures ACRad 31, 32 and 33 are now combined into a single measure which encompasses abd/pelvis, chest and head CT.
 - NMD measures ACRad 7 and 8 (node negativity and minimal cancer rate) are now combined into a single measure.
- This leaves 12 QCDR measures for 2019.

Save the Dates: Upcoming Webinars

☐ QCDR Support Office Hours

Thursday, February 21, 2pm - 3pm ET | [Register »](#)

☐ QCDR Support Office Hours

Thursday, March 14, 2pm - 3pm ET | [Register »](#)

Contact Us

Submit a Ticket

<https://nrdrsupport.acr.org>

Email

nrdrsupport@acr.org

Phone

1-800-227-5463 x3535

