QCDR Webinar #1
2018 QCDR Kick-off

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ACR Quality Management Programs
What we will cover

- 2017 QCDR Submission Stats
- Overview of MIPS Year Two
- 2018 QPP Timeline
- QCDR Overview
- Registration Overview
- MIPS Portal Overview
- 2018 Key Dates & Milestones
QCDR 2017 Submission Stats

- Submitted data for 225 GPRO and non-GPRO TINs and 3,553 unique NPIs
- Huge jump from 2016 submission – only 102 TINs and 1,794 NPIs submitted through ACR
- Many 2018 QCDR participants were eligible for positive payment adjustment
MIPS Performance Categories for Year 2 (2018)

- **Quality**: 50 points
- **Cost**: 10 points
- **Improvement Activities**: 15 points
- **Advancing Care Information**: 25 points

= 100 Possible Final Score Points

### Transition Year 1 (2017) Final
- 3 point threshold
- Exceptional performer set at 70 points
- Payment adjustment set at +/- 4%

### Year 2 (2018) Final
- 15 point threshold
- Exceptional performer set at 70 points
- Payment adjustment set at +/- 5%

American College of Radiology
MIPS ELIGIBLE CLINICIANS

- PHYSICIANS
- PHYSICIAN ASSISTANTS
- NURSE PRACTITIONERS
- CLINICAL NURSE SPECIALISTS
- CERTIFIED REGISTERED NURSE ANESTHETISTS

Who is exempt?

* Physicians newly enrolled in Medicare
* Physicians below the low-volume threshold:
  - Medicare Part B allowed charges ≤ $90,000 a year
  or
  - See 200 or fewer Medicare Part B patients a year
* Physicians significantly participating in Advanced APMs

2018 MIPS Participation Look-up Tool
## Data Submission Mechanisms

*(No changes for 2018)*

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Submission Mechanisms for Individuals</th>
<th>Submission Mechanisms for Groups (Including Virtual Groups)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>QCDR Qualified Registry EHR Claims</td>
<td>QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)</td>
</tr>
<tr>
<td>Cost</td>
<td>Administrative claims (no submission required)</td>
<td>Administrative claims (no submission required)</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>Attestation QCDR Qualified Registry EHR</td>
<td>Attestation QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)</td>
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<tr>
<td>Advancing Care Information</td>
<td>Attestation QCDR Qualified Registry EHR</td>
<td>Attestation QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)</td>
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</tbody>
</table>
2018 MIPS Changes Summary

- Minimum of **12 months** performance period for the Quality category
- The performance threshold has been raised from **3 points** to **15 points**
- A MIPS score of 15 avoids negative adjustment; a score of 70+ earns the exceptional performance bonus
- Use of appropriate use criteria (AUC) for diagnostic imaging will qualify as a high-weighted improvement activity if physicians attest the use of AUC through a qualified clinical decision support mechanism for all advanced diagnostic imaging services ordered
- **Non-patient facing clinicians** and **small practices** (defined as 15 or fewer providers) are exempt from meeting advancing clinical information submission requirements and the percentage is reweighted to quality
- Small and rural practices are exempt from the QPP if they bill ≤ **$90,000** to Medicare or treat ≤ **200 patients** per year
- Small and rural practices will receive 3 points for all reported measures regardless of data completion, as well as 5 bonus points as long as data is submitted on at least one performance category
QPP Year 2 Timeline

- **Performance year**
  - 2018 Performance Year
  - Performance year opens January 1, 2018.
  - Closes December 31, 2018.
  - Clinicians care for patients and record data during the year.

- **submit**
  - March 31, 2019 Data Submission
  - Deadline for submitting data is March 31, 2019.
  - Clinicians are encouraged to submit data early.

- **Feedback available**
  - Feedback
    - CMS provides performance feedback after the data is submitted.
    - Clinicians will receive feedback before the start of the payment year.

- **adjustment**
  - January 1, 2020 Payment Adjustment
    - MIPS payment adjustments are prospectively applied to each claim beginning January 1, 2020.
QCDR Overview

- A Qualified Clinical Data Registry (QCDR) is one of several available reporting mechanisms for satisfactory Merit-Based Incentive Payment System (MIPS) participation in 2018.

- A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of improvement in the quality of care furnished to patients. **Quality data submitted to a QCDR must include patients across all payers**, and is not limited to Medicare beneficiaries.

- If you decide to use a QCDR for MIPS participation, ACR will submit **your Quality measures and Improvement Activities to CMS** on behalf of your physicians and/or group practices.
Registries that Support QCDR

NRDR™
National Mammography
Database
AMERICAN COLLEGE OF RADIOLOGY

NRDR™
Interventional Radiology
Registry™
AMERICAN COLLEGE OF RADIOLOGY SOCIETY OF INTERVENTIONAL RADIOLOGY

NRDR™
CT Colonography
Registry
AMERICAN COLLEGE OF RADIOLOGY

NRDR™
Lung Cancer Screening
Registry
AMERICAN COLLEGE OF RADIOLOGY

NRDR™
General Radiology
Improvement
Database
AMERICAN COLLEGE OF RADIOLOGY

NRDR™
Dose Index
Registry
AMERICAN COLLEGE OF RADIOLOGY

NRDR a Qualified Clinical Data Registry for 2018

CMS has renewed the ACR National Radiology Data Registry (NRDR)® as a QCDR. Radiologists can continue to use NRDR for MIPS reporting. Get more information »

www.acr.org/qcdr
The QCDR supports both individual physicians and physician group practices (GPRO) in meeting MIPS requirements.
Includes QCDR measures which are developed by ACR and are more applicable to the care radiologists provide.
Provides direct assistance with compiling the needed data for quality improvement.
Provides feedback to registry participants at least quarterly and on-demand via the MIPS portal.
Allows physicians to review and select measures to report prior to CMS submission deadline.
## QCDR Supported Measures

<table>
<thead>
<tr>
<th>NRDR Database/Measures</th>
<th># of measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT Colonography Registry (CTC)</td>
<td>1</td>
</tr>
<tr>
<td>National Mammography Database (NMD)</td>
<td>5</td>
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<tr>
<td>Screening Mammography</td>
<td></td>
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<td>Note: 2018 participation relies on 2017 data</td>
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<tr>
<td>Dose Index Registry (DIR)</td>
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<tr>
<td>CT Radiation Dose</td>
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<tr>
<td>General Radiology Improvement Database (GRID)</td>
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<tr>
<td>Report Turn Around Times</td>
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<tr>
<td>Lung Cancer Screening Registry (LCSR)</td>
<td>3</td>
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<tr>
<td>Note: 2018 participation relies on 2017 data</td>
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<td>Interventional Radiology Registry (IR)</td>
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<tr>
<td>Merit Based Incentive Payment System (MIPS)</td>
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</table>

### NON - MIPS Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Title</th>
<th>Measure Description</th>
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<tbody>
<tr>
<td>ACRad 1</td>
<td>CT Colonography True Positive Rate</td>
<td>Percentage of exams with confirming colonoscopies for a ≥10mm polyp detected by CTC (True Positive Rate)</td>
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<tr>
<td>ACRad 3</td>
<td>Screening Mammography Cancer Detection Rate (CDR)</td>
<td>The fraction of all screening mammograms that are interpreted as positive (abnormal) and have a tissue diagnosis of cancer within 12 months (expressed per 1000 exams, not as a percentage)</td>
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<tr>
<td>ACRad 5</td>
<td>Screening Mammography Abnormal Interpretation Rate (Recall Rate)</td>
<td>The percentage of screening mammograms interpreted as positive (abnormal)</td>
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<tr>
<td>ACRad 6</td>
<td>Screening Mammography Positive Predictive Value 2 (PPV2 - Biopsy Recommended)</td>
<td>The percentage of screening mammograms where biopsy was recommended that have a tissue diagnosis of cancer within 12 months</td>
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<tr>
<td>ACRad 7</td>
<td>Screening Mammography Node Negativity Rate</td>
<td>The percentage of invasive cancers detected at screening mammography that are node negative</td>
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<tr>
<td>ACRad 8</td>
<td>Screening Mammography Minimal Cancer Rate</td>
<td>The percentage of cancers detected at screening mammography that are invasive carcinoma ≤ 10 mm or DCIS</td>
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<tr>
<td>ACRad 15</td>
<td>Report Turnaround Time: Radiography</td>
<td>Mean radiography RTAT</td>
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<tr>
<td>ACRad 16</td>
<td>Report Turnaround Time: Ultrasound (Excluding Breast US)</td>
<td>Mean Ultrasound RTAT</td>
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</tbody>
</table>

Download measures list from [www.acr.org/qcdr](http://www.acr.org/qcdr)
How to Participate in QCDR

- See if you need to submit data for MIPS, using your National Provider Identifier (NPI) number
- Consider measures and activities you could report to meet the 2018 MIPS reporting requirements. Refer to the QCDR participation checklist
- Decide if you will report as an individual or as part of a group
- Fees are due by March 2019
  - ACR members: $199 per physician per year
  - Non-members: $1,299 per physician per year
- Not currently submitting data to NRDR? Follow our registration process to get started.
New Registration Tips

- Make sure your facility is registered for MIPS and any relevant NRDR registries and that your participation addendum has been completed.
- Add TIN for all registries and child facilities under Manage Physician Group TIN, upload TIN documentation.
- Add all physicians and TINs/NPIs under Manage Physicians (Excel template available).
- For new and returning users: check the Performance Report and quarterly feedback reports regularly to monitor your MIPS performance.
MIPS Participation Portal

- Accessible to all facilities who have registered for MIPS
- Available all year—not just at the end of the reporting period
- Includes a summary of MIPS-registered physicians
- Includes the Performance Report which shows a summary of all Quality measure data
## MIPS Performance Report

**Measure**: 145  
**High Priority, Exposure Dose or Time Reported for Procedures Using Fluoroscopy**  
**Domain**: Patient Safety

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<tr>
<th>Group</th>
<th>Initial Patient Population</th>
<th>Performance Denominator</th>
<th>Performance Numerator</th>
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<th>Performance Rate</th>
<th>Denominator Exclusions</th>
<th>Denominator Exception</th>
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</table>
### GPRO/Non-GPRO CMS Submission Tab

- **Select Quality Measures**

#### Facility - TIN/Measure Selection

| + | Physician Group TIN: 1212121212 (GPRO) |
|+|+|+|+

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

- Used to select and finalize your Quality measures, Improvement Activities and Advancing Care Information measures in order to submit to CMS
- Accessed under the MIPS Participation Portal
- Will be available year-round
**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 is due
- Deadline to finalize measures & improvement activities

**3/31/19**
- QCDR’s deadline to send data to CMS for MIPS
NRDR Helpdesk and Solution Center

Knowledge base

NRDR - Overview

Benefits of Participation (2)
- Introducing the NRDR
- Benefits For Clinicians

Support for CMS Regulations (3)
- Key Dates and Milestones
- Merit-based Incentive Payment System (MIPS)
- MIPS Educational Material

Features of Individual NRDR Registries (7)
- CT Colonography Registry (CTC)
- Dose Index Registry (DIR)
- General Radiology Improvement Database (GRID)
- Interventional Radiology Registry (IR)
- Lung Cancer Screening Registry (LCSR)

See all 7 articles

https://nrdrsupport.acr.org/support/solutions/
Contact Us

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