QCDR Support Office Hours

February 21, 2019
What we will cover

- Dates/Timeline
- CMS Submission
- Q&A
Key Dates

- Jan. 31, 2019: This was the deadline to complete submission of measure data to QCDR. Data can still be submitted, but time is running out.

- March 15, 2019: MIPS fees are due. Invoices were sent in January and the fees can be paid via the NRDR portal.
  - We would also recommend that you have your submission finalized and submitted to CMS by this date in order to have this completed with plenty of time to spare.

- April 2, 2019: Submission period for 2018 MIPS closes at 8pm ET. Measures, IAs and PI **must** be submitted before then in order to receive credit for 2018 MIPS participation.
CMS Submission Portal

- CMS Submission portion of the MIPS portal is now available
- This tab will allows users to submit their data directly to CMS
- ACR receives performance feedback from CMS in real-time; users can 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.
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).

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.

<table>
<thead>
<tr>
<th>Physician Group TIN</th>
<th>GPRO</th>
<th>NonGPRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>232323232</td>
<td></td>
<td></td>
</tr>
<tr>
<td>676767676</td>
<td></td>
<td></td>
</tr>
<tr>
<td>787878787</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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.
Selecting Quality Measures

- To select a measure reporting:
  - Check the “I am selecting this measure...” box.
  - Indicate your completeness by entering your total exam volume OR marking that you’ve submitted 100% of relevant exams.
  - Click the “Save” button.
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.
Selecting Improvement Activities

Selected TIN 676767676 (GPRO)

Selected Physician: Charles Dowkley

Total Activities meeting criteria: 113

- **IA_AHE_1**: Engagement of new Medicaid patients and follow-up
  - Start Date: 01/01/2018
  - End Date: 04/01/2018

- **IA_AHE_2**: Leveraging a QCDR to standardize processes for screening
  - Start Date: 01/01/2018
  - End Date: 04/01/2018

- **IA_AHE_3**: Leveraging a QCDR to promote use of patient-reported outcome tools
  - Start Date: (blank)
  - End Date: (blank)

Selected Activities

- **IA_AHE_1**: Engagement of new Medicaid patients and follow-up
  - Remove

- **IA_AHE_2**: Leveraging a QCDR to standardize processes for screening
  - Remove

**Add All Activities**  **Clear All**
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

<table>
<thead>
<tr>
<th>TIN</th>
<th>Category</th>
<th>CMSYear</th>
</tr>
</thead>
<tbody>
<tr>
<td>2323232322</td>
<td>QM</td>
<td>2018</td>
</tr>
</tbody>
</table>

**Total TIN Score (QM, IA, PI):** 27.5000

<table>
<thead>
<tr>
<th>Original Score:</th>
<th>Contribution Score:</th>
<th>Max Contribution:</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.0000 (Unweighted Score)</td>
<td>12.5000 (Weighted Score)</td>
<td>50.0000</td>
</tr>
</tbody>
</table>

**QM Weight:** Scoring based on weight of 50%.

## Detail: Picked the highest scoring measurement set registry

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measurement Score Value</th>
<th>Processing Status</th>
<th>Total Bonus Points</th>
<th>Measurement Picker</th>
<th>Feedback - Quality</th>
<th>End To End Bonus</th>
<th>Outcome Or Patient Experience Bonus</th>
<th>High Priority Bonus</th>
<th>Decile Score</th>
<th>Decile</th>
</tr>
</thead>
<tbody>
<tr>
<td>023</td>
<td>3.0000</td>
<td>PICKED</td>
<td>0.0000</td>
<td>Picked at 1</td>
<td>Focus on improving measure 023</td>
<td>0.0000</td>
<td>0.0000</td>
<td>0.0000</td>
<td>3.0000</td>
<td>NA</td>
</tr>
<tr>
<td>012</td>
<td>3.0000</td>
<td>PICKED</td>
<td>0.0000</td>
<td>Picked at 2</td>
<td>Focus on improving measure 012</td>
<td>0.0000</td>
<td>0.0000</td>
<td>0.0000</td>
<td>3.0000</td>
<td>NA</td>
</tr>
<tr>
<td>145</td>
<td>3.0000</td>
<td>PICKED</td>
<td>0.0000</td>
<td>Picked at 3</td>
<td>Focus on improving measure 145</td>
<td>0.0000</td>
<td>0.0000</td>
<td>0.0000</td>
<td>3.0000</td>
<td>NA</td>
</tr>
<tr>
<td>146</td>
<td>3.0000</td>
<td>PICKED</td>
<td>0.0000</td>
<td>Picked at 4</td>
<td>Not Available</td>
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<td>0.0000</td>
<td>0.0000</td>
<td>3.0000</td>
<td>NA</td>
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<tr>
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<td>0.0000</td>
<td>Picked at 5</td>
<td>Not Available</td>
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<td>0.0000</td>
<td>0.0000</td>
<td>3.0000</td>
<td>NA</td>
</tr>
</tbody>
</table>
Reminder: Check Your Data

- Make sure to review your data in the performance report and the exam count on your CMS Submission tab before submitting to CMS.
- Discrepancies between your records and the numbers in your overall exam count may be related to several factors, including:
  - TIN/NPIs/registries not correctly linked under Manage Physicians in the NRDR portal
  - Cases submitted without MIPS numerators
  - NPI data missing from NRDR submissions
- If you encounter any data discrepancies, please open a ticket with nrdrsupport@acr.org so we can investigate.
Final 2018 QCDR Webinar

- **QCDR Support Office Hours**
  Thursday, March 14, 2pm - 3pm ET | [Register »](#)

Review past QCDR webinars at [www.acr.org/qcdr](http://www.acr.org/qcdr)
Contact Us

Submit a Ticket

https://nrdrsupport.acr.org

Email

nrdrsupport@acr.org

Phone

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