Overview of QCDR Reporting under QPP and MIPS

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What we will cover

- Overview of MACRA and QPP
- MIPS Performance Categories and Requirements
- Benefits of Using ACR Registries for MIPS
- Timeline and Key Considerations
Poll #1

What reporting mechanism did you use in 2016?

- Claims
- Registry
- EHR
- None of the above (did not participate)
MACRA and QPP Overview

- **MACRA:** Medicare Access and CHIP Reauthorization Act of 2015
- Implemented by CMS as the **Quality Payment Program (QPP)** starting January 1, 2017
- Under the QPP, clinicians can participate in either the **Merit-based Incentive Payment System (MIPS)** or in Advanced Alternative Payment Models (APMs) – positive/negative adjustments
- **Legacy quality programs** (PQRS, Value-Based Payment Modifier and Medicare EHR Incentive Program) **streamlined into MIPS** with new category, **Improvement Activities**
MIPS Performance Categories

- Quality
- Improvement Activities
- Advancing Care Information
- Cost

See this resource Be MACRA Ready: A Decision Guide for Radiologists on ACR
MACRA Resource page:
https://www.acr.org/Quality-Safety/Resources/MACRA-Resources
MACRA Participation Checklist

- Determine **eligibility** and understand the requirements – clinician type, newly enrolled
- Determine **patient facing** status – face-to-face encounters
- Determine **volume/rural status** – low volume, FQHC, RHC, CAH
- Determine **hospital-based MIPS clinician** status – level of hospital volume
- Report as an **individual** or as a **group** – no registration
- Choose your **submission method** – claims, qualified registry (QR), qualified clinical data registry (QCDR) or EHR
- Review your **practice readiness**, ability to report and 2017 "Pick Your Pace" options
- Review 2017 **measures and improvement activities** — understand reporting
- **PQRS-experienced**? Keep doing that.
- **Care** for your patients, record and submit your data
## MIPS Data Submission Options

### Quality and Cost

#### Individual Reporting
- QCDR
- Qualified Registry
- EHR
- Claims

#### Group Reporting
- QCDR
- Qualified Registry
- EHR
- Administrative Claims (No submission required)
- CMS Web Interface (groups of 25 or more)
- CAHPS for MIPS Survey

- Administrative Claims (No submission required)
MIPS Data Submission Options
Advancing Care Information and Improvement Activities

Individual Reporting

- Attestation
- QCDR
- Qualified Registry
- EHR Vendor

Group Reporting

- Attestation
- QCDR
- Qualified Registry
- EHR Vendor
- CMS Web Interface (groups of 25 or more)

- Attestation
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Advancing Care Information
Replaces the Medicare EHR Incentive Program, also known as Meaningful Use.

Improvement Activities
What is a QCDR?

- **Qualified Clinical Data Registry (QCDR)** - reporting mechanism for satisfactory MIPS participation, distinct from Qualified Registries.
- 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.
- Can include **“non-MIPS”** measures for MIPS participation.
- QCDRs can submit **quality measures, improvement activities and advancing care information measures to CMS** on behalf of its participants.
Benefits of Using QCDR

- Supports both individual physicians and physician group practices (GPRO) in meeting MIPS requirements
- Manages submission of three MIPS categories to CMS
- ACR QCDR non-MIPS measures are developed by ACR and may be more meaningful and 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
NRDR Umbrella for ACR QCDR

NMD-Certified Software Partners

www.acr.org/nrdr
Using QCDR to meet MIPS Requirements

- By using the QCDR to participate in the MIPS program, radiologists can avoid the -4.0% MIPS 2019 negative payment adjustment for not reporting and potentially earn an incentive.

- ACR will submit physician and/or group practice quality measure data, improvement activities and advancing care information measure data to CMS on your behalf if you decide to use the QCDR. By **January 31, 2018**, physician and group practices must complete submission of quality measure data and improvement activities to the QCDR.

- GPROs are not required to register with CMS to report as a group; let ACR know and CMS will assess your group’s performance and apply one payment adjustment.
How to Use NRDR as a QCDR for MIPS

Step 1: Consider measures and activities you would report in order to meet the 2017 MIPS reporting requirements. Decide if you will report as an Individual or Group; QCDR supports both.

The MIPS Measure Calculator is available to help your practice understand MIPS requirements and browse the quality measures and improvement activities available for 2017 reporting.

Step 2: If you are interested in using the QCDR but are NOT currently submitting data to NRDR, register for the National Radiology Data Registry to start the process now. Past QCDR participants do not need to re-register with NRDR; you use your existing account(s).

NOTE: You do not need to submit data to all the databases; only submit to databases that support measures relevant to your practice. Data may be submitted later in 2017, retrospective to January 1, 2017. Data submission deadline in January 31, 2018.

Step 3: Learn more about registration, data submission and fees by viewing the educational material at www.acr.org/qcdr
QCDR Supported Quality Measures

- QCDR participants are allowed to report a combination of MIPS and Non-MIPS measures for successful MIPS participation. Non-MIPS measures are chosen from across NRDR registries.

- **Quality** – Report up to 6 quality measures, including an outcome measure, for a minimum of 90 days. If no outcome, report a high-priority measure instead.

  - **2017 MIPS Measures Supported** (52)

  - **2017 Non-MIPS measures** are pending CMS approval. We anticipate releasing this list May 2017. These measures will span across all six of the NRDR data registries and will be similar to the 2016 Non-PQRS measures.

  - The **MIPS Measure Calculator** is available to help your practice understand MIPS requirements and browse the quality measures and improvement activities available for 2017 reporting. We will continue to enhance this web resource.
Improvement Activities

This new performance category under MIPS assesses how much a physician or group participates in activities that improve clinical practice. Requirements differ for patient facing and non-patient facing clinicians see [Clarification on Non-Patient Facing Clinician Requirements](#).

- **Improvement activities** - Attest that you completed 2-4 improvement activities for a minimum of 90 days.

- **Patient-facing clinicians**: Attest that you completed up to 4 improvement activities (4 medium-weighted or 2 high-weighted) for a minimum of 90 days.

- **Groups with fewer than 15 participants and Non-patient facing clinicians**: Attest that you completed up to 2 improvement activities (2 medium-weighted or 1 high-weighted) for a minimum of 90 days.

- [MIPS Improvement Activities Suggested for Radiology](#)
- [CMS MIPS Improvement Activities Factsheet](#) Includes information about choosing and submitting improvement activities, reporting criteria, and scoring.
Advancing Care Information

Advancing Care Information evaluates MIPS clinicians’ use of certified EHR technology. Most radiologists will be determined either non-patient facing and/or hospital-based so that the ACI category will be reweighted to 0 (no need to report). Others may apply for reweighting with other exemptions.

- **Base score**: Report Yes or numerator/denominator (at least 1 in the numerator) for 4 or 5 base score measures (dependent on CEHRT edition). Base score needed to have ACI points towards MIPS final score.

- **Performance score**: Report Yes or numerator/denominator (at least 1 in the numerator) for up to 10 measures. Performance points dependent on measure rate, added to the ACI total score.

- **Bonus score**: Report Yes to additional registry measures – 5% bonus; or report Y to completing an Improvement Activity with CEHRT – 10% bonus.
High-Level QCDR Process

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

**Step 2:** Add your physicians using the Manage Physician function in the NRDR

**Step 3:** Add your physician group TIN and supporting documentation using the Manage Physician Group TIN function in the NRDR (Select GPRO here)

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

First-time Users

QCDR Participation Checklist

Part A: Complete once. “First-time QCDR Users”
If you already completed this part for 2016, you do not need to do it again in 2017.

- Physician group practices must review MIPS QCDR reporting requirements and determine if they are able to satisfy MIPS requirements using a QCDR. The entire QCDR process should be managed by the facility administrator of your NRDR account and physician (s) champion.
  - MIPS QCDR Reporting Requirements
  - See MIPS QCDR Web Resources and select QCDR Supported Measures

- Any physician or group practices looking to use the QCDR to satisfy MIPS requirements must have an NRDR account.
  - NOTE: QCDR requirements and measures change annually check 2017 requirements. QCDR will continue to support individual and group/GPRO reporting for MIPS.

- By October 31, 2017, to participate in the QCDR, add the PQRS and/or MIPS registry to your NRDR Registration in the portal.
  - NOTE: If you used the QCDR in prior years for PQRS reporting you do not need to modify your account. For MIPS participation, physician groups must have data submitted to one or more of the NRDR registries at this time.

- By October 31, 2017, physician group practices must complete a participation agreement or addendum if selecting quality measures (MIPS and/or Non-MIPS measures) for
  - NRDR Participation Agreement

Existing Users

Part B: Complete annually. “Returning QCDR Users”
Complete this part for 2017, even if you already registered in 2016.

- Physician group practices must review MIPS QCDR reporting requirement and determine if they are able to satisfy MIPS requirements using a QCDR.
  - MIPS QCDR Reporting Requirements
  - See MIPS QCDR Web Resources and select QCDR Supported Measures

- By November 30, 2017, physician group practices review TIN(s) for each facility and registry used for MIPS participation and make any edits or modifications as needed.
  - GPROs must select GPRO under Manage Physician Group TIN. For 2017, group practices are not required to register with CMS.

- Data Submission – QCDR participants can submit data to ACR for both MIPS and Non-MIPS measures for successful MIPS participation. ACR collects data in the following; manual web based entry, automatically through software/structured report templates, web-based data upload and web services.
  - See MIPS QCDR Web Resources and select How to Submit Data
  - 2018 Measures Code List

American College of Radiology
How to Submit Data?

QCDR participants can submit data to ACR for both MIPS and Non-MIPS measures for successful MIPS participation. Attestation of Improvement activities and Advancing Care Information measure data will be collected in the MIPS portal.

**ACR collects quality measure data in the following ways:**

1. Manual web based entry;
2. Flat file/Excel file upload;
3. Web services API; and
4. HL7 message transmission and use of structured report templates

**NOTE:** Data submission requirements differ for MIPS and Non-MIPS measures. Data need not be submitted for all NRDR registries, only to registries that support measures relevant to your practice for MIPS participation.

For more information visit
MIPS Portal

- QCDR participants access a portal designed especially to manage the MIPS participation process
- MIPS portal provides:
  - Location for MIPS measure file upload
  - Review of quality measure performance scores and comparison to benchmarks; review accuracy of volume
  - Selection of measures and required attestations prior to CMS submission
- Physician and group level performance data available for all physicians across multiple locations and TINs
QCDR Feedback Reports

- QCDR provides registry comparison feedback reports to participants at least quarterly at facility and physician level
- Importance of reports – check performance scores for improvement and analyze data submission for completeness and accuracy
- Individual physician level reports with performance rates prior to CMS submission
- Physician review of measures and authorization to report prior to submission
NRDR Feedback Report Schedule

Q1 (Jan-Mar)  
Issued: May

Q2 (Apr-Jun)  
Issued: August

Q3 (Jul-Sept)  
Issued: November

Q4 (Oct-Dec)  
Issued: February
MIPS QCDR Timeline

- **October 31, 2017**: Some data submitted for each registry used.
- **November 30, 2017**: QCDR participants must add physicians/locations and TINs.
- **January 31, 2018**: QCDR participants finalize data submission to ACR.
- **March 1, 2018**: MIPS Reporting Fee Due.
- **March 31, 2018**: QCDR’s deadline to send data to CMS for MIPS.

More details [www.acr.org/qcdr](http://www.acr.org/qcdr)
Cost to Participate

The following 2017 reporting fees* apply for reporting performance measures and activities to CMS for MIPS:

- **ACR members:** $199 per physician per year
- **Non-members:** $1299 per physician per year

*in addition to NRDR participation fees*
Websites & Resources

- MACRA Resources [www.acr.org/macra](www.acr.org/macra)
- Quality Payment Program [www.acr.org/qpp](www.acr.org/qpp)
- QCDR [www.acr.org/qcdr](www.acr.org/qcdr)
- NRDR [www.acr.org/nrdr](www.acr.org/nrdr)
- QCDR Participation Checklist
- 2017 MIPS Supported Measures
- 2017 MIPS Measure Codes
- MIPS Improvement Activities Suggested for Radiology
Next Steps and Considerations for Using a QCDR

- Consider reporting as an individual or group via GPRO
- Consider measures and activities the practice will report (MIPS and Non-MIPS)
- View requirements for all four MIPS performance categories
- Understand data submission requirements to comply with MIPS
- Assess your ability to use the QCDR for MIPS reporting
Save the Dates: Upcoming Events

- April 23-26, [RBMA 2017 PaRADigm](#) in Chicago, Ill.
- Monthly QCDR Webinar Series
- October 13-14, 2017 [Annual Quality and Safety Conference](#) in Boston, MA
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