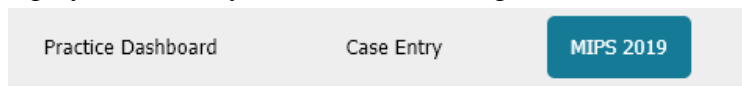



How to Enter Data for the ASPS Qualified Clinical Data Registry (QCDR)- Quality, PI, and IA Components


Included below are the steps to complete your ASPS-QCDR Data Entry:

- A. Login to <https://psrn.plasticsurgery.org/Dashboard/Default.aspx> using your FIGmd provided user name and credentials.
- B. Once you complete your login, you will see tabs for all PSRN Registries that you have signed up for. Click on the QCDR tab to be brought to the Practice Dashboard.
- C. You will see a grey bar which you will use for navigation:



Quality (50% of MIPS score)- Manual Case Entry:

- D. Gather the medical records that you will use for quality measure reporting.
- E. The Practice dashboard has been designed to show performance against National benchmarks where available.
- F. To begin case entry:
 1. CLICK the “Case Entry” button on the grey bar.
 2. To add a new case, CLICK .
 3. ENTER demographic information on your selected patient.
 4. CLICK “Proceed to Procedures/Visits tab.”
 5. If you have any errors on the Demographic Details tab, a red error box will populate on the right side of the screen. Address the errors and then CLICK the Proceed tab. If the errors are resolved, the red error box will disappear, and you will be brought to the Procedures/Visits tab.
 6. ENTER the procedure or visit date [*For surgical measures, enter the date the procedure was performed; for office-based measures, enter the visit date associated with the selected quality measure*].
 7. IDENTIFY the CPT Code for the procedure or visit from a drop-down box that correlates to your selected measures. [*To select the CPT Code, you can type the code directly, or search for the code you are looking for*].
 8. CLICK “Save” [*The CPT code will populate the bottom table on the screen and allow you to enter additional CPT codes if necessary; click save after selecting each CPT code*].
 9. RESOLVE any errors as on the demographics page.
 10. CLICK “Proceed to ICD-10 Code tab.” [*The ICD-10 tab is not required for all measures; you may proceed directly to the QCDR tab if you do not plan to report CDR 1 or MIPS 137, 138, 224, or 236, or ASPS 8. If you do plan to report any of these measures, enter applicable ICD-10 codes. You again have the ability to directly type the ICD Code, or to search for the code you are looking for, as was done for CPT codes.*]

11. CLICK “Save” [*The ICD code will populate the bottom table on the screen and allow you to enter additional ICD codes if necessary. Click save after each code*].
12. RESOLVE any errors as on the previous pages.
13. CLICK “Proceed to QCDR Tab.”
14. CHECK the box(es) for the measure(s) on which you wish to report or click the box at the top of the column to select all.
15. CLICK the stand-alone “Save” button immediately below the list of measures (this may require you to scroll down in order to see the “Save” button- do not click the “Save” button that is next to the “Submit” button)
16. Questions will trigger below the list of measures that are specific to each measure that you have selected. You may need to scroll down further to view all the questions.
17. ANSWER the applicable questions for each of the selected measures.
18. CLICK “Save” next to the “Submit” button
19. Resolve any errors as on the page
20. CLICK “Submit.”
21. To add a subsequent case for the same patient, click  Add Visit on the main Case Entry page, then follow the steps as above. The demographic information should be pre-populated. (New for 2018!)

G. Once you have completed entering measures and clicked the “Submit” button:

1. You will be brought back to the “View Cases” screen. Your case should be visible to you in the table.
2. Click Measure Details to review your performance for that case.
3. To view previous cases that you have entered at any time, select the “Case Entry” tab on the home screen.
4. Click the Practice Dashboard to return to the Practice (or Registry) Dashboard

H. Plan to enter cases representing at least 60% of all your patients regardless of payer (Medicare, private insurance, and self-pay) for 2019. You must have a minimum of 20 cases for each measure to score more than 3 points. Cases must span a full calendar year when possible.

The MIPS Dashboard- this is where you can view the details on your measure performance, enter data for the Promoting Interoperability (formerly meaningful use, formerly ACI) category, and attest to the Improvement Activities (IA).

- I.** Click on MIPS 2019 on the grey bar.
- J.** A box will open telling you that this will open in a new tab. Click Ok.
- K.** On the new tab, choose the profile you wish to view (Individual Reporting or Group Reporting) as applies
- L.** The first time you access this, a settings box will pop open automatically. Walk through the questions, paying careful attention to stating if you are in a small practice and/or have received the hardship exemption for PI. If you have a 2015 CEHRT you will need to enter the number.
- M.** You will now see a bar for each clinician in your practice, if you have access to more than just your own data (most will see only their own name).
- N.** Follow the tabs to verify your MIPS eligibility, TIN, NPI, and sign the DRCF. There is a new step for validating the TIN that requires you to upload your Form 1500 that you submit to CMS. This will be manually verified against the TIN you entered and will require a 24 hour turn-around. HOWEVER, you **can** enter IA and PI data before this validation is complete and before the DRCF is signed (but you must upload your document before you can proceed).


O. Click on the number below each category in the middle column to navigate to the category.

Promoting Interoperability (PI- 25% of MIPS Score)

P. To begin entering data for the PI module, click PI in the middle column on the name screen or on the bar if coming from another category.

Q. A few things of note:

5. You must select the “From” and “To” dates during calendar year 2019 for which you will be reporting data. At a minimum, this range must be 90 consecutive days. You will see an error message if you try to save data for a range below 90 days.

R. Read the specification for Measures PI_EP_1, PI_HIE_1, PI_HIE_4, and PI_PEA_1 to determine whether you qualify for the exclusion. Click  to open the PDF specification document.

1. If you are claiming the exclusion, click Yes in that column.

2. If you are not, then enter the numerator and denominator appropriate for that measure

3. You can get bonus points for PI_EP_2 and PI_EP_3 if you do any of these things for opioid prescribing. Most plastic surgeons will not, but some states require it.

S. For **Public Health and Clinical Data Exchange**, you will claim the exclusion for each of these. The majority do not apply to plastic surgery and our QCDR, at present, does not meet the definition of a Clinical Data Registry for this purpose.

Improvement Activities (IA- 15% of MIPS Score)

T. To begin entering data for the IA module, navigate there by clicking IA in the middle column of the name screen or on the bar if you are coming from another category.

U. CLICK the box that says, “Filter the activities by selecting the required subcategory.”

1. Choose Registry Recommended

2. You can click on each activity to see a longer description.

3. Put a check in the box next to the activities you wish to attest to (small practices of 15 or fewer clinicians need 2 medium or 1 high weight and larger practices need twice that).

4. You must select the “From” and “To” dates during calendar year 2019 for which you will be reporting data. At a minimum, this range must be 90 consecutive days. You will see an error message if you try to save data for a range below 90 days. A full year is also fine.

Submission Process- COMING SOON

YOU MUST COMPLETE SUBMISSION BY MARCH 16, 2020!