

# ASPS Qualified Clinical Data Registry (QCDR) Webinar



# Agenda

- MIPS Overview
  - Pick Your Pace
    - Test Participation
    - Partial Participation
    - Full Participation
  - Requirements for using a QCDR
- Registering on PSRN
- QCDR Module
  - Dashboard
    - Quality (60% of MIPS Score)
      - Case Entry
      - CSV Bulk Case Uploader
      - Quality Dashboard
    - Advancing Care Information (ACI)
    - Improvement Activities (IA)
  - Viewing your Score
- TOPS
  - Case Entry
  - CSV Bulk Case Uploader
  - How to Send Cases to the QCDR Module for MIPS Reporting

# MIPS Payment Adjustments

- Beginning in 2017, Merit-Based Incentive Payment System (MIPS) replaces three former CMS programs and adds one new component:
  - PQRS is now the Quality component of MIPS
  - EHR Incentive (Meaningful Use) is now the Advancing Care Information (ACI) component
  - Value Based Modifier is now the Cost component (not active in 2017)
  - New component for quality improvement- Improvement Activities (IA)
- MIPS payment adjustments will be in 2019 based on 2017 reporting
- Eligibility for MIPS: Bill > \$30,000 in Part B charges AND see > 100 Part B beneficiaries- important to check your status (exempt if either one doesn't apply)
- Potential penalties for not reporting will begin at 4% in 2019 and climb to 9% in 2022



# MACRA/MIPS Final Rule 2017: Impact on Quality

- 2017 is a “Pick Your Pace” year:
  - Test “Pace” Participation (Avoid the 4% penalty in your 2019 payments)
    - Report one quality measure (min one patient) OR
    - Report one improvement activity OR
    - Report the base/core measures for ACI for 90 days
  - Partial “Pace” Participation (Qualify for a small incentive in your 2019 payments)
    - Report quality measures for 90 days- the more you report, the more points you earn.
    - Report 2 medium weight or 1 high weight improvement activity for 90 days (for practices with fewer than 15 clinicians; these double for larger practices)
    - Report at least the base/core measures for ACI for 90 days
  - Full “Pace” Participation (Qualify for a larger incentive in your 2019 payments)
    - Report at least 6 quality measures for the full year
    - Report 2 medium weight or 1 high weight improvement activity for 90 days (for practices with fewer than 15 clinicians; these double for larger practices)
    - Report at least the base/core measures + at least 1 performance measure for ACI for 90 days



# MACRA/MIPS Proposed Rule 2018: Impact on Quality

- Eligibility criteria dramatically increase:
  - Must bill > \$90,000 in Part B charges AND
  - Must see > 200 Part B beneficiaries
  - Exempt if either of the above do not apply
- Important to evaluate your eligibility status and continue to be aware of MIPS quality measures



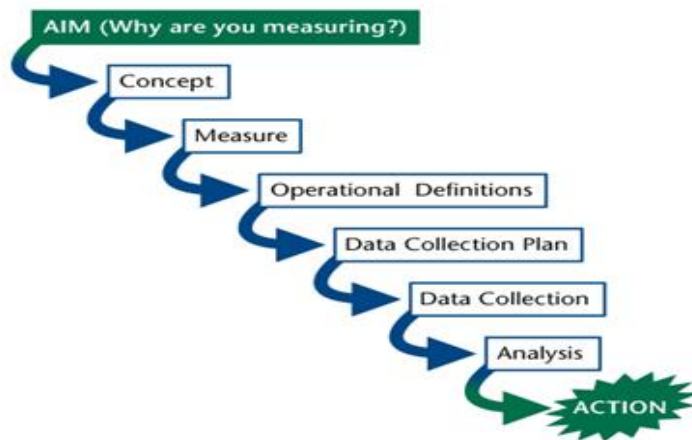
## How ASPS Will Help

**American Society  
of Plastic Surgeons**



## ASPS QCDR MIPS Measures Available

- Perioperative Measures (stewarded) (2)
- Additional MIPS Measures (25) including those from Plastic Surgery Measure Set



## ASPS Non-MIPS (QCDR) Measures Available

- These measures are only available in the QCDR
  - All Breast Reconstruction: Return to the OR (60 days)
  - Autologous Breast Reconstruction: Flap Loss (30 days)
  - Offloading for Diabetic Foot Ulcer (licensed from the US Wound Registry)





# QCDR Requirements

- For anything other than Test Participation:
  - Quality (60% of MIPS Score)
    - Report at least 6 measures for 90 days or the full year
    - Report on 50% of your patients for whom the measure applies, regardless of payer
      - This is the requirement for QCDRs and Qualified Registries (QRs) this year
      - Only claims reporting is limited to 50% of Medicare Part B patients
    - There is a minimum requirement of 20 cases for all measures
    - Measures are worth 3-10 points depending on performance compared to the benchmark.
  - Improvement Activities (15% of MIPS Score)
    - Attest to 2 medium weight or 1 high weight activity for 90 days for practices with fewer than 15 clinicians (this doubles for larger practices)

# QCDR Requirements (con't)

- Advancing Care Information (ACI) (25% of MIPS Score)
  - Report at least the base/core measures for your CEHRT year (2014 or 2015)
  - Earn bonus points for reporting additional measures
  - Hospital-based clinicians (those with 75% or more of their billing from their hospital), PAs, and NPIs are exempt from ACI and will have this category automatically re-weighted to Quality (making Quality 85% of the score)
  - If you don't have an EHR, you can still do partial participation, reporting only Quality and IA

# Cost

- There is no cost to enter data; we only charge you once you submit data to CMS.
- The pricing structure for submitting data will be as follows:
  - **TOPS** users who send at least one Quality case to the QCDR: \$49 per member for all your MIPS reporting
  - QCDR stand-alone users- members\* (all cases entered directly into the QCDR module): \$299 per member for all your MIPS reporting
  - QCDR stand-alone users- non-members (all cases entered directly into the QCDR module): \$499 per non-member for all your MIPS reporting
  - QCDR stand-alone users for Advancing Care Information (ACI) only (not Quality or IA): \$49
  - QCDR stand-alone users for Improvement Activities (IA) only (not Quality or ACI): \$49
  - QCDR stand-alone users for ACI and IA only (not Quality): \$98

*\*Affiliate members of the ASPS will receive stand-alone member pricing. Affiliate members are not eligible for TOPS participation at present.*



# FYI...

- Visit [plasticsurgery.org/qcdr](https://plasticsurgery.org/qcdr) to find How-to guides, measures, IAs, scoring information, and important dates
- Contact [quality@plasticsurgery.org](mailto:quality@plasticsurgery.org) or Caryn at 847-228-3349 with any questions
- Visit us in the ASPS Resource Center at PSTM Oct 7-9 to learn more, register, or ask any questions you might have!
- Visit [qpp.cms.gov](https://qpp.cms.gov) for more information on MIPS