April, 2016

PAR MANAGEMENT ®
Physician's Accounts Receivable Management, LLC
181 Wells Avenue Suite 302 • Newton, MA 02459-3210
Phone: 781-972-7100 • Fax: 781-449-3970

CMS ALERT: PROVIDER ENROLLMENT REVALIDATION

Revalidation requires all providers/suppliers to resubmit and recertify the accuracy of enrollment information. DME Suppliers are required to revalidate every 3 years; all other providers/suppliers every 5 years.

Most notable is the fact that if a provider is deactivated, there will no longer be retroactive reimbursement for services rendered during the deactivation period as in the past. There will be a gap in reimbursement from the date of deactivation until the application is received.

Any development letters/requests should be responded to immediately and returned within 30 days to avoid deactivation. There is a new web tool that can be used to verify when providers are due for revalidation; therefore more important than ever to be proactive with revalidations.

Due dates will be posted up to 6 months beforehand and updated periodically. Notices will continue to be sent via email or mail to at least two reported addresses. However, the web tool is reported to be the most effective tool to check due dates. If written or email notices are not received within 2 months of a listed due date, providers are encouraged to submit their revalidation application. Unsolicited applications or those submitted more than 6 months in advance of a due date will be returned.

The full PowerPoint presentation from MLN Connects on Provider Enrollment Revalidation can be found on our website.

ASA QUALITY REPORTING - ROLES & RESPONSIBILITIES

Practices who have enrolled in either the Qualified Registry or the Qualified Clinical Data Registry (QCDR) will be receiving the below summary from ASA/AQI:

The Anesthesia Quality Institute's (AQI) National Anesthesia Clinical Outcomes Registry (NACOR) is an approved Qualified Registry (QR) and Qualified Clinical Data Registry (QCDR) for the Centers for Medicare & Medicaid Services (CMS) 2016 PQRS reporting. Regardless of the reporting option chosen, participating in PQRS can be a challenging exercise requiring coordination and input from multiple parties.

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Each practice is ultimately responsible for:

- Understanding PQRS reporting and performance requirements,
- The quality of data submitted to AQI/NACOR
- Monitoring PQRS reporting compliance via NACOR dashboard reports;
- And meeting AQI/NACOR deadlines.

In many cases, ASA/AQI assistance and services provided by vendors help the practice meet these responsibilities. Because NACOR is dependent on the quality of data it receives from its participants, it is important that each party understand their roles and responsibilities to ensure the highest level of data integrity as well as helping to ensure practices successfully meet PQRS reporting requirements.

ASA/AQI Roles & Responsibilities:

- Offer two methods for CMS PQRS reporting - QR and QCDR
- Support a wide range of anesthesia measures for each reporting option:
  - QR - 26 PQRS measures for 2016
  - QCDR - 48 measures (PQRS and ASA) for 2016
- Provide resources to help practices navigate the complexities of PQRS reporting:
  - Website resources
  - Monthly webinars followed by Q & A
  - Email for measures questions - qra@asahq.org
  - Sample quality capture forms
  - Vendor list - AQI maintains a list of vendors on its website that have tested their ability to meet NACOR's file formatting and content requirements. Because each practice is unique, practices are responsible for verifying a vendor's ability to successfully submit data on their behalf. AQI in no way endorses, certifies, guarantees or warrants the services of any listed vendor.
  - o Provide dashboard reports to help practices monitor QCDR/QR measure compliance.
  - o Submit QR and QCDR files to CMS in accordance with regulatory requirements.

Practice Roles & Responsibilities:

Chose a physician anesthesiologist or other quality champion to manage and oversee the practice quality reporting activities. These activities typically include the following:

- Select a reporting option - QCDR or QR
- Identify measures that are reportable for all of the practice's eligible providers
- Operationalizing the data collection, data formatting, and data submission processes
  - Determine whether the practice will utilize the service(s) of a vendor(s) or in house IT staff. When making this decision a variety of factors may be considered including the type of IT support available within the practice, the IT systems the practice already has in place and the amount of time the quality champion can dedicate to the project.
- Check TIN and NPI numbers for completeness and accuracy
- Be aware of and meet AQI deadlines
- Take advantage of the resources ASA/AQI provides:
  - Review online QR/QCDR reports on a monthly basis to identify potential gaps. Follow up with your EPs, in-house IT or vendor(s) and take the necessary corrective action
  - Participate in ASA Quality Reporting Virtual Office Hours
  - Read AQI listserv communications and follow recommended actions

Responsibilities that often require collaboration between the Practice and its IT staff or Vendor(s):

- Establish a quality control process with the practice's vendor(s) or in-house IT staff.
- Merge data from multiple sources into one file prior to submission to AQI.
    - If it is not possible to submit one merged file and separate files from multiple sources will be submitted, the champion should confirm with their vendor or in-house IT staff that a uniformly named episode of care ID is located in each file.
- Prior to submission of files to NACOR the practice and its vendor(s) or internal IT staff, should verify the accuracy of the file formatting, content, and inclusion of the episode of care ID if applicable.
    - Files that do not contain the necessary episode of care ID cannot be accurately merged and therefore will be rejected by AQI.
    - Files that do not meet NACOR's file format or content requirements will not be accepted (link to file formatting / content requirements).

PQRS STANDARD REGISTRY REPORTING

A reminder for those practices planning to submit PQRS thru a "Standard Registry" and not reporting QCDR.

As you are already aware, PQRS reporting for anesthesia services cannot be reported via claims as of 2016 and must be reported through an approved "Standard Registry". ASA/AQI has been approved by CMS for both Registry Reporting as well as QCDR Reporting.

PAR is pleased to notify you that our software vender, Bolder Anesthesia, and ASA/AQI have worked together to enable PAR to transmit your practice's PQRS data to ASA/AQI in the appropriate file format.

Please email ASA regarding Registry Reporting at qcdr@asahq.org and Amy Bergau will contact you about the registration process. Please be clear that your practice will be reporting PQRS measures only and will NOT be reporting QCDR.

2016 PQRS Claims-Based Reporting FAQs

Please note: All 3rd party links may be updated at any time without notification. If you find a link is no longer working, please contact us at newsletter@parmanage.com so that we may source the information for you.