NACOR DASHBOARD REPORT GUIDE

Version 1.0 | December 2019

Table of Contents

Frequently Asked Questions

1. **What are my <u>access</u> privileges?**
   Depending on the level of user access, you may have the option to view and export patient data, access site level reports, and/or manage administrative privileges. You will only be able to view the sites/physicians for whom you have been granted access privileges. There are 3 types of access privileges: Basic, Benchmarking, and Quality Reporting
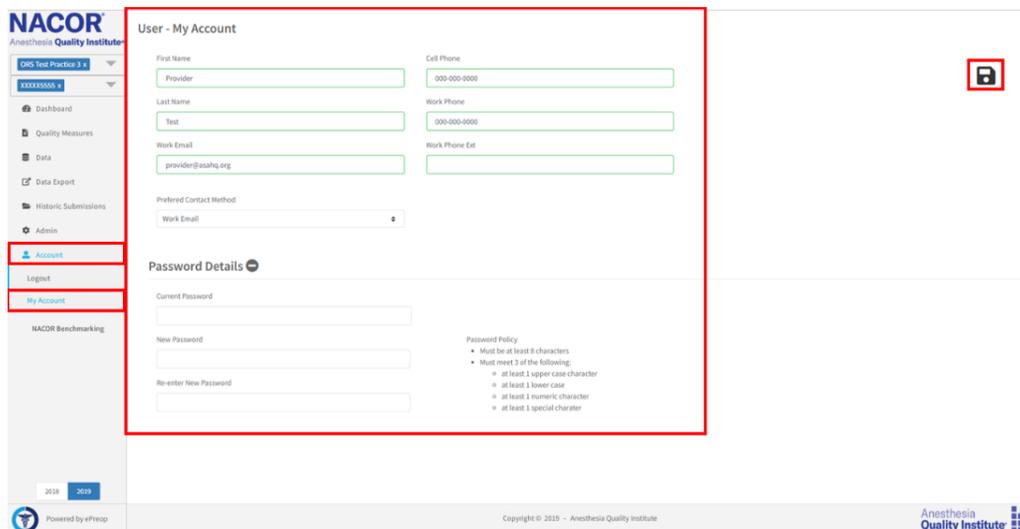
2. **Whom should I contact when I have any issue?**
   Please send an email to the askaqi@asahq.org or open a ticket by emailing support@nacor.zendesk.com

3. **What should I do if I forget my password?**
   Click the "Forgot Password?" link on the Login page. An email will be sent to you to reset your password. The authenticated link sent in the email will time-out after two hours. If that occurs, select the "Forgot Password?" link again on the Login page and check your email as soon as you can.

4. **How can I change the contact info associated with my user account or change my password (e.g., email or phone number)?**

   Click on Account in the lower left-hand Menu then select My Account
   Upon selecting this option you will be taken to a page allowing you to access User-My Account where you can update your contact info and password. Click save if you make any changes by selecting the icon 💾 which is located at the top right corner of the page. Below User-My Account you will find a Password Details section select the ➕ icon to expand section to display the password reset steps. Then click save by selecting the icon 💾 which is located at the top right corner of the page.

5. **Is there an auto time-out period if I have been logged in but have not had any activity?**
Yes, users are logged out after 20 minutes of inactivity.

6. **What browsers are supported by the application?**
The application supports all main web browsers (Chrome, Firefox, Microsoft Edge, and Opera) in versions currently supported by their companies.

NACOR Dashboard – Overview
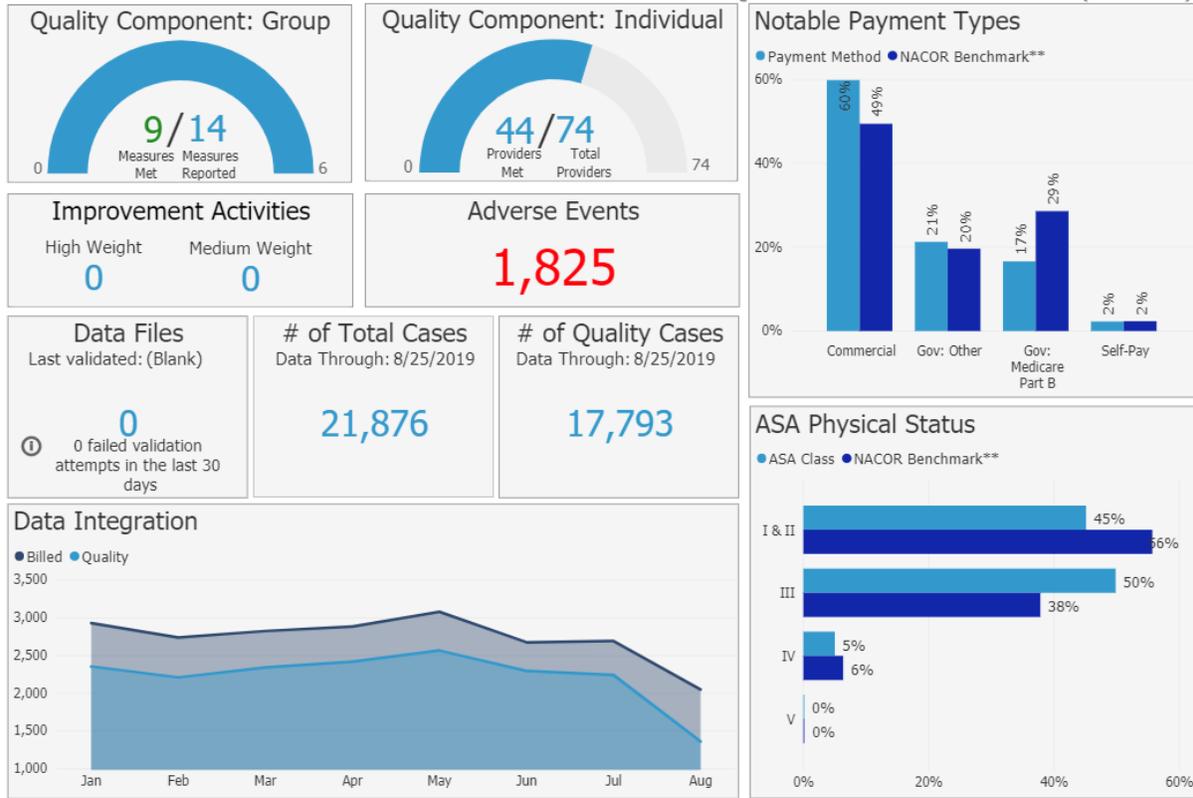
Once logged in to the NACOR application you will be brought to the dashboard. The dashboard contains the following information:

- Reporting Year
- Practice ID and Tax Identification Number
- MIPS Reporting – Group Reporting, individual reporting and Improvement Activity (IA) attestation
- Data Integration
- Payment Type Benchmarks
- ASA Physical Status Benchmarks

NACOR Dashboard - Quality Reporting

AQI#: 999999 TIN: XXXXX3333 (DCAA)

Quality Component: Group

4/5
Measures Met   Measures Reported
0   6

Quality Component: Individual

0/47
Providers Met   Total Providers
0   47

Payment Type
- Payment Method - NACOR Benchmark**

60%
40%
20%
0%

Commercial 50% / 34%; Government: Medicar... 32% / 24%; Other 8% / 14%; Government: Medicaid 7% / 11%; Self-Pay 2% / 1%; Government: Military/Veter... 0% / 0%; Worker's Compensation 0% / 1%; Unknown 0% / 11%

Improvement Activities

High Weight   Medium Weight
1   0

Adverse Events

71

Data Files
Last validated: 4/2/2019

1
ⓘ 0 failed validation attempts in the last 30 days

# of Total Cases
Data Through: 3/31/2019

2,828

# of Quality Cases
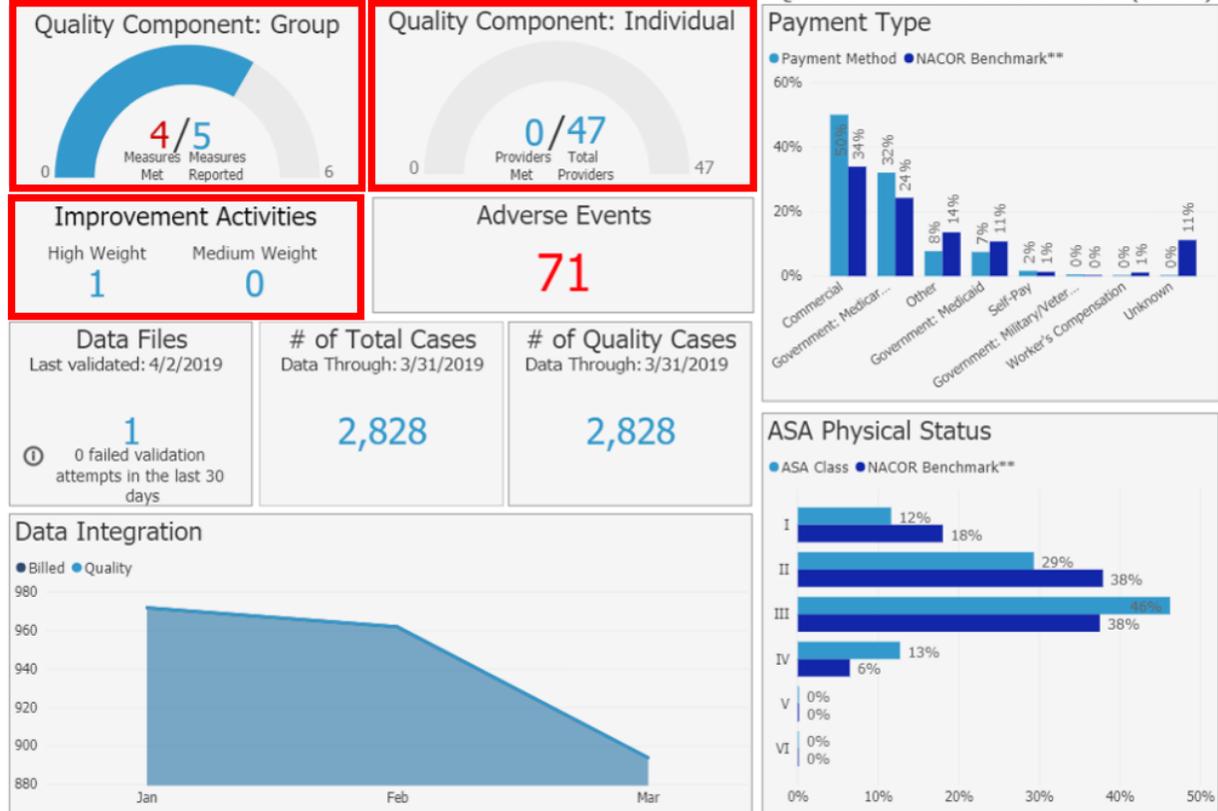Data Through: 3/31/2019

2,828

ASA Physical Status
- ASA Class - NACOR Benchmark**

I   12% / 18%
II   29% / 38%
III 46% / 38%
IV   13% / 6%
V   0% / 0%
VI   0% / 0%

0%   10%   20%   30%   40%   50%

Data Integration
- Billed - Quality

980
960
940
920
900
880
      Jan   Feb   Mar

**NACOR Benchmark does not imply CMS success.

Quality Component: Group: the gauge provides the number of measures meeting data completeness requirements (minimum 20 cases, 60% reporting rate and non-zero performance rate) over the total number of measures reported by the practice.
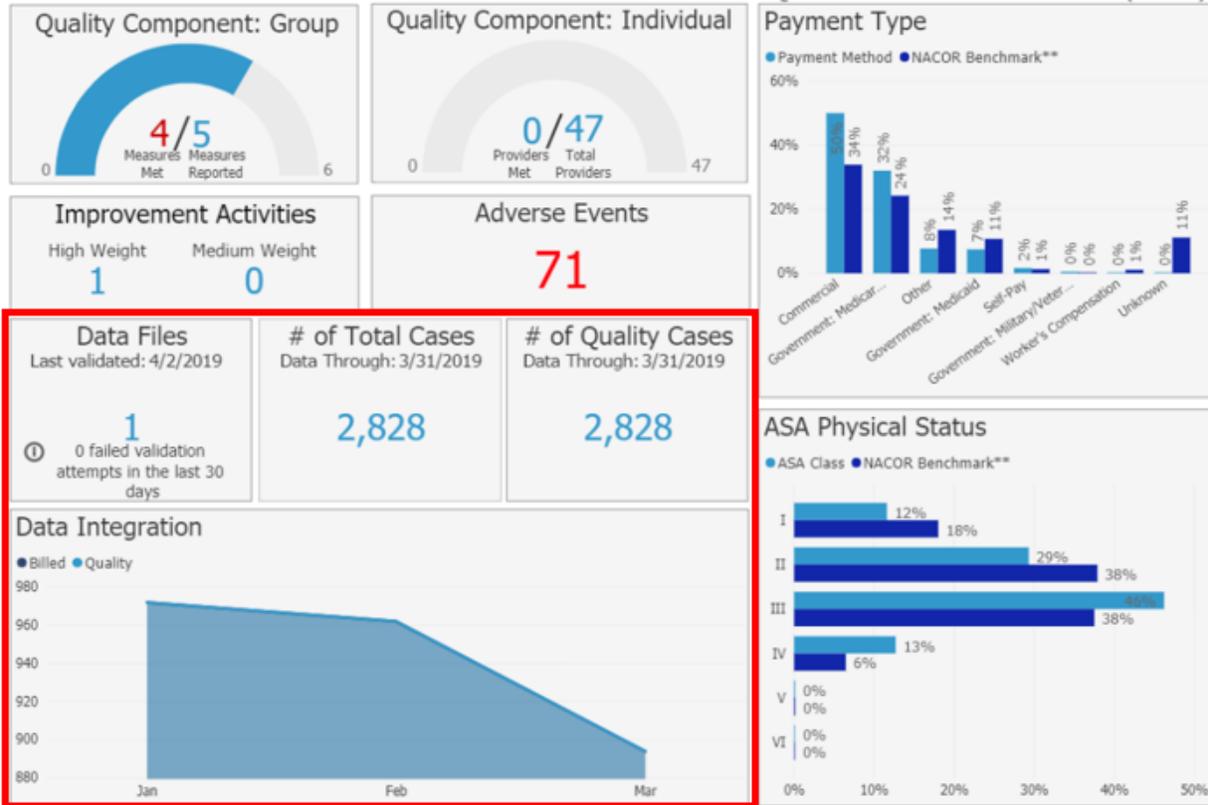
Quality Component: Individual: the gauge providers the number of clinicians meeting the data completeness requirements (minimum 20 cases, 60% reporting rate and non-zero performance rate) for 6 measures over the number of clinicians not meeting requirements.

Improvement Activities: this section will display the number of IA attestations based on the weight of the activity.

NACOR Dashboard - Data Integration

2019 Dashboard

AQI#: 999999 TIN: XXXXX3333 (DCAA)

Data Integration portion of the dashboard is comprised of the following sections:

Data Files: this box displays the date a last file was successfully uploaded, the total number of files uploaded for the year and the number of unsuccessful file uploads in the last 30 days.

# of Total Cases: displays the total number of cases submitted year to date.

# of Quality Cases: displays the total number of cases submitted with quality measure codes.

Data Integration Graph: displays the total number of billed cases and of those cases which had quality measure codes

Quality Measures Tab

Quality Measure Tab is comprised of the following sections:

Improvement Activity List: displays the improvement activities your practice is attesting to for the current MIPS reporting year.

Provider Performance List: displays all the providers by NPI, number of measures met, number of measures not met, and count of Internal Improvement measures reported.   Has the ability to drill into the provider's performance summary by clicking on the NPI. This information is of value to practices who have registered to report MIPS as individuals.

TIN Performance Summary: Measures that are reported are displayed as a card. If a measure has met the data completeness criteria for the MIPS reporting year (20 case minimum and reporting rates greater or equal to 60%) you will see a green check mark in the upper right hand of the score card. If the measure does not meet the data completeness requirement you will see a red circle with a line thru it. To drill into the measure details, click on the measure card.

Improvement Activity List

The improvement activity tab is where you can attest to the current MIPS reporting year for Individual and Group Reporting.
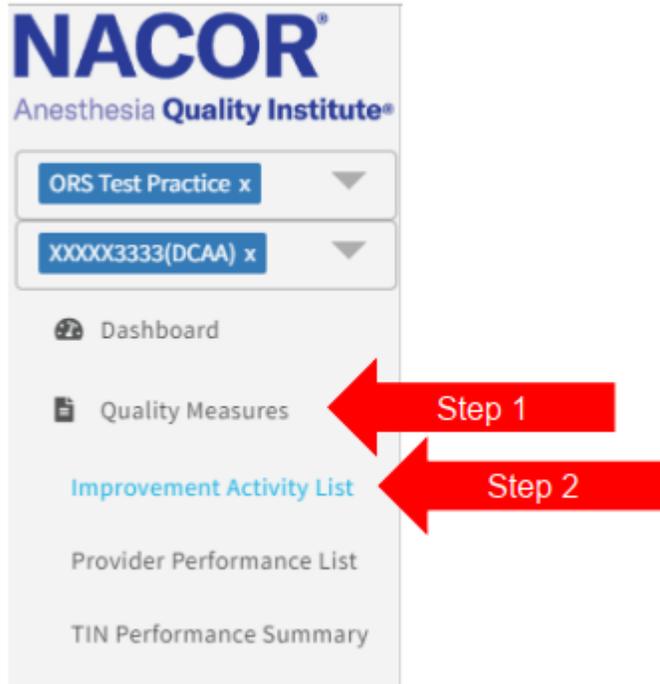
Individual Provider Attestation

To attest to a new Improvement Activity (IA) click ⊕ then follow steps 1-4 to enter the IA

2019 Individual Improvement Activities Multiple Add

Step 1: Improvement Activity

2019 Individual Improvement Activities

Providers

, - 3000000001 ⬍   Select the drop down and select the provider to view their IA list   ⊕

IA list will appear in this box

Select the edit icon ✎ 🗑

Improvement Activity

IA_AHE_1 - Engagement of New Medicaid Patients and Follow-up

Start Date	End Date	Documentation Date	Weight
01/01/2019	03/31/2019	04/01/2019	High

Comment

Improvement Activity   ✎ 🗑

IA_AHE_1 - Engagement of New Medicaid Patients and Follow-up

Start Date	End Date	Documentation Date	Weight
01/01/2019	03/31/2019	04/01/2019	High

Comment

2 total

Add   Step 4: Select to save IA

To view or edit improvement activities attested for in the dashboard by provider NPI use the drop-down menu

Group Reporting Attestation

NACOR®
Anesthesia **Quality Institute®**

ORS Test Practice x ▼

XXXX3333(DCAA) x ▼   Use the drop-down menu to select TIN* (For practices that may have multiple TINs)

🎛 Dashboard

📄 Quality Measures   Step 1

Improvement Activity List   Step 2

Provider Performance List

TIN Performance Summary

To attest to a new Improvement Activity (IA) click

2019 Group Improvement Activities

Step 1: Select your IA from the drop-down menu

Improvement Activity

Select Activity

Step 4: Select to save IA

Start Date | End Date | Documentation Date | Weight

mm/dd/yyyy | mm/dd/yyyy | 11/04/2019

Step 2: Enter the start, end, and documentation dates (min. 90-day period)

Comment

Optional field (e.g. record documentation)

To view or edit improvement activities attested for by the group

NACOR
Anesthesia **Quality Institute**

2019 Group Improvement Activities

ORS Test Practice x

XXXXX3333(DCAA) x   Verify TIN

Dashboard

Step 1 Quality Measures

Step 2 Improvement Activity List

Provider Performance List

TIN Performance Summary

Data

Data Export

Historic Submissions

Resources

Admin

Account

QCDR - Group

To edit activity

Improvement Activity			
IA_PSPA_1 - Participation in an AHRQ-listed patient safety organization.			
Start Date	End Date	Documentation Date	Weight
01/01/2019	12/31/2019		Medium
Comment			

Improvement Activity			
IA_BE_13 - Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.			
Start Date	End Date	Documentation Date	Weight
01/01/2019	01/01/2019	06/19/2019	Medium
Comment			

Improvement Activity			
IA_BE_4 - Engagement of patients through implementation of improvements in patient portal			
Start Date	End Date	Documentation Date	Weight
01/01/2019	12/31/2019	06/20/2019	Medium
Comment			

3 total

Provider Performance List

The provider performance list displays the provider's name, NPI, number of measures meeting data completeness requirements, number of measures not meeting data completeness and the number of internal improvement measures reported.

To view each provider's performance summary, select a provider then click on Provider Performance Summary.

Provider Performance Summary

This provider performance summary checks to see if the provider is meeting data completeness requirements:

- Report 6 measures with at least one measure that is an outcome or high priority.
- Measures must meet the 20-case minimum to be scored.
- Reporting rate must be at least 60% of all eligible cases across all payers for each measure reported.

The following information will be displayed:

- All measures that the provider is reporting

- If the measure meets data completeness requirements

- If the measure does not meet data completeness requirements
- The provider's performance rate for the measure.
- The practice benchmark for the measure.

KURTIS CAUTHEN (3000000043)

MIPS430	AQI59	AQI62
Process, High Priority	Process	Process, High Priority
Performance Rate / Practice Benchmark	Performance Rate / Practice Benchmark	Performance Rate / Practice Benchmark
100.00 % 99.01 %	97.60 % 46.99 %	29.14 % 22.04 %

AQI64	AQI66	MIPS404
Process, High Priority	Process, High Priority	Intermediate Outcome, High Priority
Performance Rate / Practice Benchmark	Performance Rate / Practice Benchmark	Performance Rate / Practice Benchmark
100.00 % 99.43 %	28.45 % 27.56 %	64.58 % 48.41 %

MIPS424	AQI56	AQI63
Outcome, High Priority	Process	Process, High Priority
Performance Rate / Practice Benchmark	Performance Rate / Practice Benchmark	Performance Rate / Practice Benchmark
100.00 % 99.93 %	100.00 % 89.09 %	100.00 % 99.85 %

< Select Measure

MIPS Quality Component Reporting Requirements

• Report a minimum of 6 measures with at least one outcome or high priority measure.

• Measures must meet the 20-case minimum to be scored.

• Reporting Rate must be at least 60% of all eligible cases across all payers for each measure reported

To drill into a measure, select the measure of interest. A drawer will open and display the number of cases in the denominator for the measure, number of cases that met performance, number that did not meet performance, performance exclusions and exceptions and the number of cases unreported.

AQI62	AQI64
Process, High Priority	Process, High
Performance Rate / Practice Benchmark	Performance Rate / Practice Benchmark
29.14 % 22.04 %	100.00 % 99.43 %

Step 2: Click here to drill in   Measure Details >

AQI66	MIPS404
Process, High Priority	Intermediate Outcome, High Priority
Performance Rate / Practice Benchmark	Performance Rate / Practice Benchmark
28.45 % 27.56 %	64.58 % 48.41 %

Step 1: Select a measure

MIPS Quality Component Reporting Requirements

• Report a minimum of 6 measures with at least one outcome or high priority measure.

• Measures must meet the 20-case minimum to be scored.

• Reporting Rate must be at least 60% of all eligible cases across all payers for each measure reported

MIPS 404 Anesthesiology Smoking Abstinence
Intermediate Outcome, High Priority

Denominator	Met	Not Met	Exclusions	Exceptions	Unreported
48	31	17	0	0	0

To see the measure case details for the selected measure click on the link to the measure details in step two.

The following page will display the reporting rate, performance rate, practice benchmark and NACOR benchmarks in addition to the count of cases used to calculate reporting and performance rates for the measure. To view the case list for each category listed below, click on the count of cases displayed.

Provider Performance / Provider Perfomance Summary / Measure Performance Details   AQI#: 999999 TIN: XXXXX3334 (ABC TIN)

KURTIS CAUTHEN (3000000043)

MIPS 404 Anesthesiology Smoking Abstinence

Intermediate Outcome, High Priority

	Reporting Rate	Performance Rate	Practice Benchmark	NACOR Benchmark**
	100.00%	64.58%	48.41%	66.06%

Denominator	Met	Not Met	Exclusions	Exceptions	Unreported
Click on the number	31	17	0	0	0

Monthly Performance | Case List

Month	Performance Rate	Reporting Rate	NACOR Benchmark**	Practice Benchmark
Jan	100.00 %	70.00 %	66.06%	48.41 %
Feb	100.00 %	80.00 %	66.06%	48.41 %
Mar	100.00 %	100.00 %	66.06%	48.41 %
Apr	100.00 %	66.66 %	66.06%	48.41 %
May	100.00 %	33.33 %	66.06%	48.41 %
Jun	100.00 %	50.00 %	66.06%	48.41 %
Jul	100.00 %	71.42 %	66.06%	48.41 %
Aug	100.00 %	33.33 %	66.06%	48.41 %

A list of cases with a Performance Met numerator code will appear:

Provider Performance / Provider Perfomance Summary / Measure Performance Details   AQI#: 999999 TIN: XXXXX3334 (ABC TIN)

KURTIS CAUTHEN (3000000043)

MIPS 404 Anesthesiology Smoking Abstinence

Intermediate Outcome, High Priority

	Reporting Rate	Performance Rate	Practice Benchmark	NACOR Benchmark**
	100.00%	64.58%	48.41%	66.06%

Denominator	Met	Not Met	Exclusions	Exceptions	Unreported
48	31	17	0	0	0

Montly Performance | Case List

Case ID	Patient ID	Date of Service	Facility	Gender	Age	Result
0.0167033	0.114079	6/17/2019	Facility	Male	76	Met
0.0174299	0.114079	6/17/2019	Facility	Female	48	Met
0.0204671	0.114079	6/19/2019	Facility	Female	37	Met
0.0314792	0.114079	6/25/2019	Facility	Female	65	Met
0.057938	0.114079	7/11/2019	Facility	Female	57	Met
0.0714097	0.114079	7/22/2019	Facility	Female	77	Met
0.0750245	0.114079	7/19/2019	Facility	Female	35	Met
0.0802044	0.114079	7/25/2019	Facility	Male	28	Met
0.0904898	0.114079	7/31/2019	Facility	Male	60	Met

Date of Service

Date of Service

1/1/2019   10/6/2019

To view the case details, go to the case list tab under the Data heading and enter the case ID number.

TIN Performance Summary

Measures that are reported are displayed as a card. If a measure has met the data completeness criteria for the MIPS reporting year (20 case minimum and reporting rates greater or equal to 60%) you will see a green check mark in the upper right hand of the measure card. If the measure does not meet the data completeness requirement you will see a red circle with a line through it.

To drill into the measure, click on a measure card.

To see the measure case details for the selected measure click on the link to the measure details in step two.

The TIN Performance Summary Measure Performance Details report functions in much the same way the Provider Performance Summary Measure Performance Details report functions. The reporting rate, performance rate and NACOR benchmarks in addition to the count of cases used to calculate reporting and performance rates for the measure. To view the case list for each category listed below, click on the count of cases displayed.

Data Tab

The Data Tab is comprised of the following sections:

Adverse Events: displayed as scorecards that allows you to drill into any of them and see the Adverse Events Case Details by selecting adverse event details

Case List:

Data Files List: displays the files submitted and details (File Name, File Status [Uploaded/Not Uploaded, In Process, Passed/Failed Validation], Date Uploaded, DOS Start and End

Demographics Summary: displays details surrounding your ASA Physical status, Case Duration, Primary Anesthesia Type, Age Distribution, Patient Sex Distribution, and Payment Types.

Monthly Trend: displays changes in the details surrounding your ASA Physical status, Case Duration, Primary Anesthesia Type, Age Distribution, Patient Sex Distribution, and Payment Types over the 12-month reporting period.

Practice Data Integration: View of total cases/ quality cases/ and outcome (Adverse events) by Tax ID Number (TIN)

Adverse Events List

The adverse events appear as score cards, you can select the specific score card and drill into the details for any given adverse event. The example shows the Post-Operative Nausea and Vomiting adverse event which you can drill in further and review details by case ID.

To view the details of an adverse event, perform the following steps:

- Click on an event
- Click on Adverse count
- Click on Adverse Event Details

After selecting Adverse Event Details, a list of the adverse event cases will display.

Post-Operative Nausea and Vomiting

Case ID	Patient ID	Date of Service	Gender	Age	Severity	Timeframe
0.272886	0.535472	1/10/2019	Male	2	(Blank)	(Blank)
0.273389	0.535472	1/13/2019	Female	38	(Blank)	(Blank)
0.27352	0.535472	1/15/2019	Male	62	(Blank)	(Blank)
0.273613	0.535472	1/15/2019	Male	28	(Blank)	(Blank)
0.273874	0.535472	1/21/2019	Female	56	(Blank)	(Blank)
0.273948	0.535472	1/21/2019	Male	41	(Blank)	(Blank)
0.274042	0.535472	1/21/2019	Male	64	(Blank)	(Blank)

To view specific details about a case, click on Data > Case List and enter the case number.

ORS Test Practice x

XXXXX3333(ABC TIN) x

Dashboard

Quality Measures

Data   **Step 1**

Adverse Events

Case List   **Step 2**

Data File List

Demographics Summary

Monthly Trend

Advanced Demograhpics

Practice Data Integration

Provider Data Integration

Data Export

Historic Submissions

Case List

Case list allows you to drill in by a Case ID Number to view the quality data submitted with the case number. You can type in a case number in the search box or select a case ID number from the populated list then select case details in the top right corner to drill into the case ID number. The case details button appears once you've selected a Case ID.

To view the details of the case, enter the case ID number or select a case from the populated list and then click on Case Details:

Once case details is selected the following screen will display:

Case List/Case Details

AQI#: 999999 TIN: XXXXX3333 (ABC TIN)

| 0.000343513 | 0.114079 | 10/26/1946 | 72 | Male | (Blank) |
| Case Number | Patient ID | DOB | Age | Patient Sex | Zip Code |

| 6/6/2019 12:30:00 PM | 6/6/2019 12:50:00 PM | III | | (Blank) | Elective |
| Procedure Start | Procedure End | Asa Class | | Admit Date | Procedure Status |

| Facility | | (Blank) | | (Blank) | |
| Facility | | Location | | Location Type | |

| 6/6/2019 12:30:00 PM | 6/6/2019 12:50:00 PM | 20 | General Anesthesia | Total Intravenous Anesthesia |
| Anesthesia Start | Anesthesia End | Duration (Minutes) | Primary Anesthesia Type | Sub Anesthesia Type |

Adverse Events			Quality Data		Payment Method	
Event	Severity		Measure	Code	Payment	
Adverse Drug Reaction	(Blank)		AQI62	G9643	(Blank)	
Airway obstruction	(Blank)		AQI66	G9643		
Airway Trauma	(Blank)					

Pre Op ICD	Post Op ICD	CPT		Anesthesia CPT	
I25.10	(Blank)	Code	Modifier	Code	Modifier
		92960	(Blank)	00410	(Blank)

Staff Activity

NPI	Provider Type	Sign in Date	Sign out Date
3000000026	Anesthesiologist	(Blank)	(Blank)
3000000099	Certified Registered Nurse Anes...	(Blank)	(Blank)

Measure Data

Measure #	Measure Name	Result
IIM018	New Corneal Injury Not Diagnosed Prior to Discharge	Unreported

The first section displays demographic information such as patient DOB, Age, Anesthesia Start/Stop time, case duration and anesthesia type.

| 0.000343513 | 0.114079 | 10/26/1946 | 72 | Male | (Blank) |
| Case Number | Patient ID | DOB | Age | Patient Sex | Zip Code |

| 6/6/2019 12:30:00 PM | 6/6/2019 12:50:00 PM | III | | (Blank) | Elective |
| Procedure Start | Procedure End | Asa Class | | Admit Date | Procedure Status |

| Facility | | (Blank) | | (Blank) | |
| Facility | | Location | | Location Type | |

| 6/6/2019 12:30:00 PM | 6/6/2019 12:50:00 PM | 20 | General Anesthesia | Total Intravenous Anesthesia |
| Anesthesia Start | Anesthesia End | Duration (Minutes) | Primary Anesthesia Type | Sub Anesthesia Type |

The next section displays adverse events, quality measure codes and the payment method associated with the case.

Adverse Events			Quality Data		Payment Method
Event	Severity		Measure	Code	Payment
Adverse Drug Reaction	(Blank)		AQI62	G9643	(Blank)
Airway obstruction	(Blank)		AQI66	G9643	
Airway Trauma	(Blank)				

The third section displays ICD and CPT codes associated with the case.

Pre Op ICD	Post Op ICD	CPT		Anesthesia CPT	
I25.10	(Blank)	Code	Modifier	Code	Modifier
		92960	(Blank)	00410	(Blank)

The fourth section displays the providers associated with the case.

Staff Activity			
NPI	Provider Type	Sign in Date	Sign out Date
3000000026	Anesthesiologist	(Blank)	(Blank)
3000000099	Certified Registered Nurse Anes...	(Blank)	(Blank)

The last section displays eligible measures that were not reported for the case.

Measure Data		
Measure #	Measure Name	Result
AQI48A	surveyed	Unreported
AQI62	Obstructive Sleep Apnea: Patient Education	Unreported

Data File List

ORS Test Practice

Uploaded/Not processed	In process	Failed Validation	Passed Validation
0	0	0	1

File Name	File Status	Date Uploaded	DOS Start	DOS End
ePreopConverted/DOSSTART(...	Passed Validation	4/1/2019 5:52:44 PM	1/1/2019	3/31/2019

This page will provide the following information regarding files that have been uploaded to NACOR:

File Name: the naming convention that was used for the submitted file

File Status: Once uploaded to the ftp the file will be assigned one of the following status': uploaded/not processed, in process, Failed Validation or processed.

DOS Start: the date of service of the earliest cases in the data file.

DOS End: the date of service of the latest cases in the data file.

Note: Processing time is 24-48 hours. Quality measures are available for review 48 hours after the data files have been uploaded.

Demographics Summary

This section of the dashboard will display the following information. This report may be run at the practice or provider level.:

ASA Physical status: shows the spectrum of patients from healthy to high risk

Case Duration: Duration (in minutes) from the recorded Anesthesia Start to Anesthesia Finish by incremental time categories.

Primary Anesthesia Type: The principal anesthesia technique administered

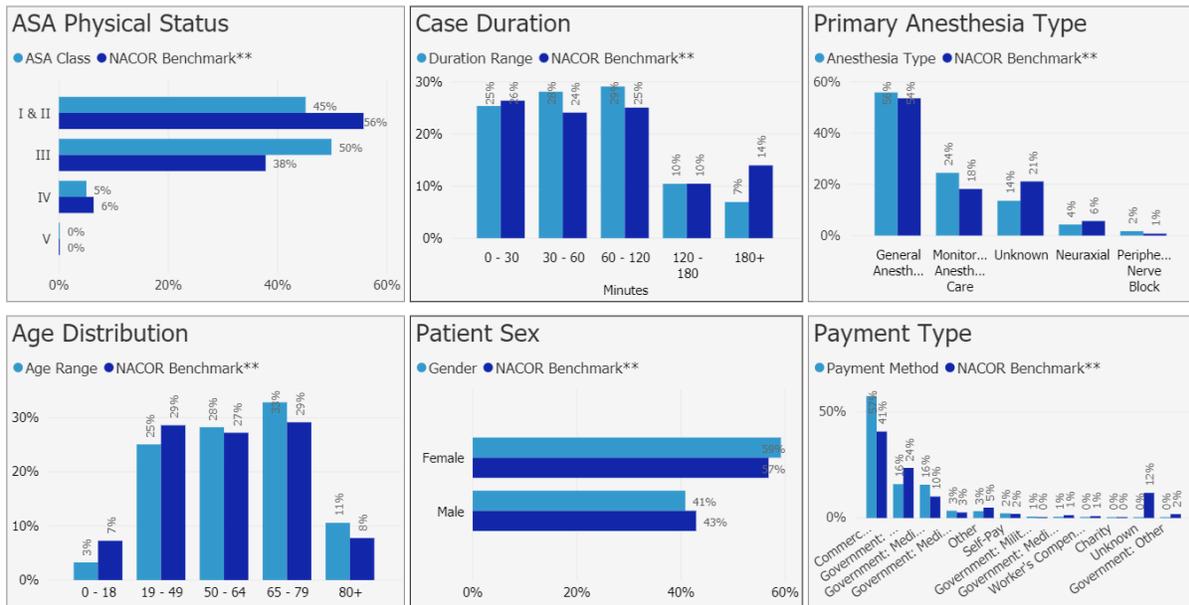**Age Distribution:** patient age in years by incremental age ranges.

Patient Sex Distribution: distribution based off the sex of your patients

Payment Types: distribution of the payment types within the data
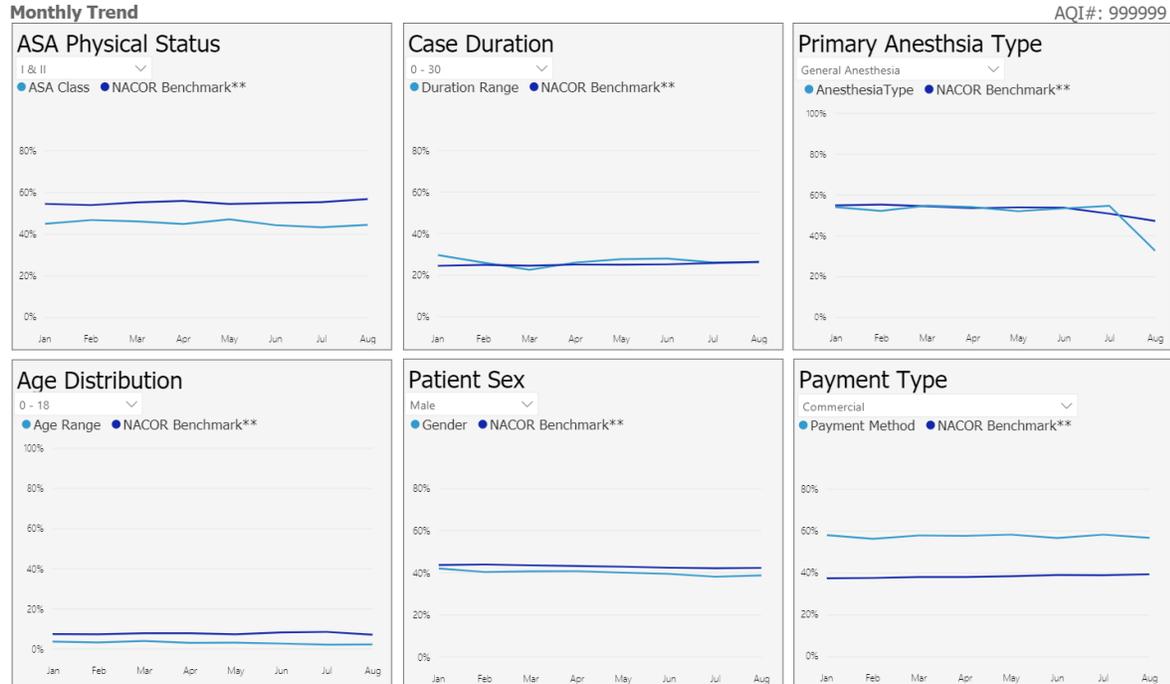
Practice View

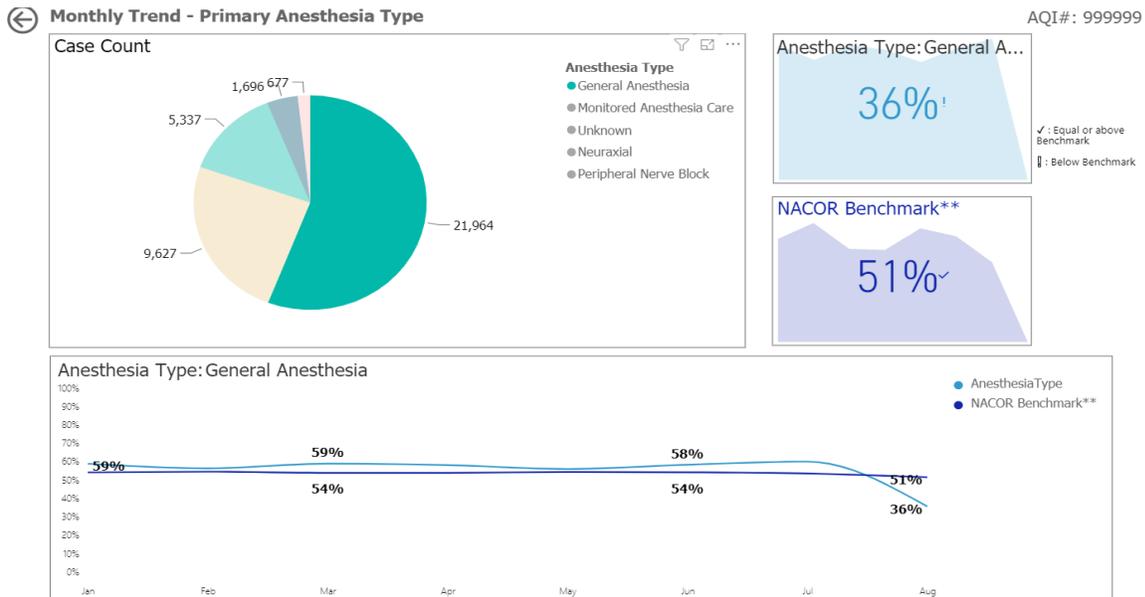Demographics Summary — AQI#: 999999 TIN: XXXXX3333 (ABC TIN)

Monthly Trend

The monthly trend tab displays patient demographic details over time. The drop-down menu at the top of each graphic will change the category displayed.

To drill into a specific category, click on a graph. The following screen will appear:

A checkmark indicates that the percentage is equal to or above the benchmark and an exclamation point indicates the percentage is below the benchmark.
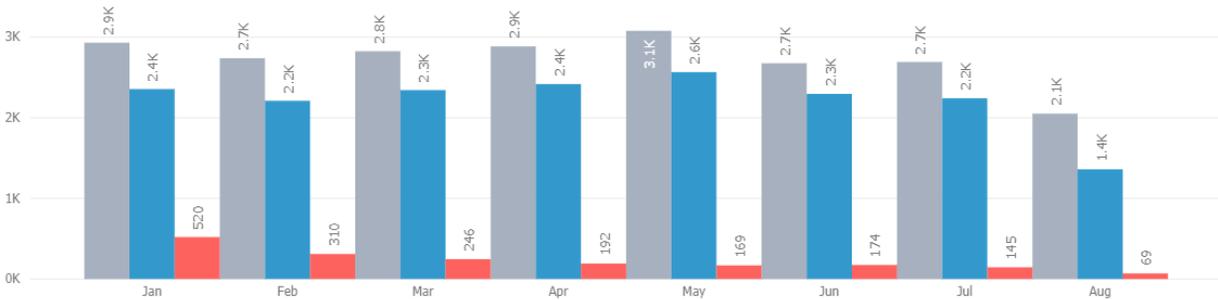
Practice Data Integration

Practice data integration graphically represents the number of billing cases, cases with quality measures codes and adverse events that were reported for the TIN each month.

Practice Data Integration Summary   AQI#: 999999 TIN: XXXXX3333 (ABC TIN)

ORS Test Practice

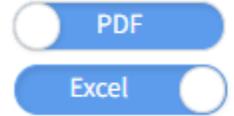| TIN Masked	TIN Name	Billed	Quality	Outcome
XXXXX3333	ABC TIN	21,876	17,793	1,825

Provider Data Integration

Provider data integration graphically represents the number of billing cases, cases with quality measures codes and adverse events that were reported for each provider by month.

To select a provider, click on the drop-down list and select an NPI or click on a provider name in the list below:

— Provider Data Integration Summary chart with callout boxes: "To select a provider, enter the NPI or provider's last name" and "Or click on the provider's name from the list"

Data Export

Data Export permits downloads of the TIN Measure Summary, Provider Measure Summary and Measure Case List reports. . Internal Improvement Measures can be selected as well to include in the report. Files can be downloaded in Excel or PDF using the slider button.

The TIN Measure Summary can be exported to show only the measures reported by the TIN or all applicable measures based upon data submitted.

To export select All Measures or Reported Measures:

Then Click on TIN Measure. The export will appear in the lower left-hand corner of the screen

If your practice is also reporting Internal Improvement Measures (IIM) these measures can be included in the export by clicking:

Excel ●

| TIN Measure | ☑ Include IIM | Reported Measures ○ |

ORS Test Practice

AQI: 999999

TIN: XXXXX3333

Year: 2019

Criteria: Reported Measures, including IIM

Exported on: 11/15/2019

Measure	Met	Not Met	Exclusions	Exceptions	Unreported	Reporting Rate	Performance Rate	NACOR Benchmark**
AQI18	0	33	0	0	49	40.24%	0.00%	0.95%
AQI56	237	29	34	47	229	57.75%	89.10%	94.83%
AQI59	2721	3069	0	9	449	92.81%	46.99%	84.75%
AQI62	1566	5537	110	0	6277	53.09%	22.05%	83.73%
AQI63	2046	3	0	0	163	92.63%	99.85%	96.96%
AQI64	1596	9	224	0	377	80.98%	99.44%	98.75%
AQI66	2189	5751	0	0	6797	53.88%	27.57%	85.13%
MIPS 044	52	0	0	3	28	66.27%	100.00%	98.23%
MIPS 076	78	0	0	0	61	56.12%	100.00%	99.71%
MIPS 404	1144	1219	0	0	93	96.21%	48.41%	67.49%

The same steps can be followed to export the Provider Measure Summary and Measure Case List reports.

Historic Submissions

To view a PDF summary of quality measures data that was submitted to CMS along with the Improvement Activities that were performed:
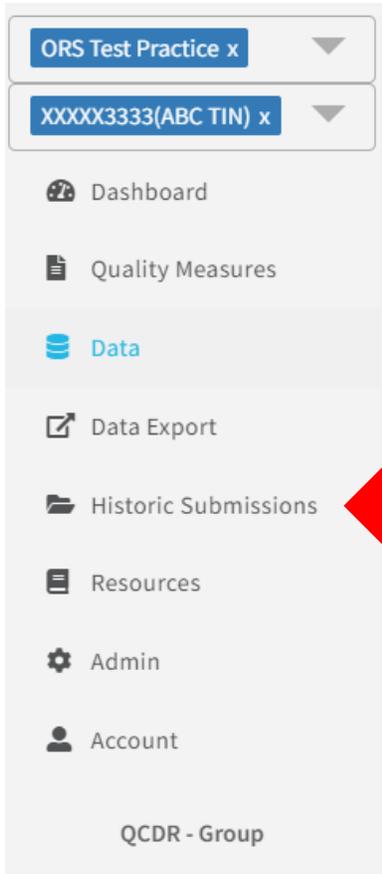
ORS Test Practice x ▼

XXXXX3333(ABC TIN) x ▼

🎛 Dashboard

📄 Quality Measures

🗄 Data

🗗 Data Export

📂 Historic Submissions ← **Step 1**

📙 Resources

⚙ Admin

👤 Account

QCDR - Group

Historic Submissions

Year

2018 ▲▼

← **Step 2**

Select the year from the drop-down menu

Group/Individual	NPI	QR/QCDR	TIN	Year
Group		QCDR	333333333	

Select View → View

The following PDF report will appear.

Anesthesia Quality Institute

Anesthesia
Quality Institute®

2018 CMS Historical Submission

TIN: ******333

Submission Type: Group

Quality Component: (01/01/2018 to 12/31/2018)

Measure	Perf Met	Perf Not Met	Denom Exceptions	Denom	Rept Rate	Perf Rate
044: Coronary Artery Bypass Graft (CABG)	23	1	6	74	40.5400%	95.8300%
076: Prevention of Central Venous Catheter (CVC) – Related Bloodstream Infections	3	0	0	112	2.6800%	100.0000%
424: Perioperative Temperature Management	5787	5	5	5797	100.0000%	99.9100%
426: Procedure Room to a Post Anesthesia Care Unit (PACU)	6177	102	0	6279	100.0000%	98.3800%
427: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)	330	32	0	362	100.0000%	91.1600%
430: PONV – Combination Therapy	2264	271	181	2716	100.0000%	89.3100%
463: POV – Combination Therapy (Pediatrics)	383	36	17	436	100.0000%	91.4100%
AQI60: New Corneal Injury not diagnosed prior to discharge	6995	0	0	6995	100.0000%	100.0000%

Improvment Activity Component: (08/01/2018 to 11/30/2018)

Measure
IA_PSPA_1: Participation in an AHRQ-listed patient safety organization.
IA_PSPA_14: Participation in Quality Improvement Initiatives
IA_PSPA_2: Participation in MOC Part IV