



Reg-ent MIPS Advancing Care Information and Improvement Activities Webinar

October 25, 2017
2:00 – 3:00 PM ET

Thank you for joining today's
Reg-ent webinar

**MIPS Advancing Care Information and
Improvement Activities**

The webinar will begin promptly at 2 pm ET

- Welcome

- Introduction of Reg-ent Team and Today's Speakers
 - Cathlin Bowman, MBA
 - Director, Reg-ent, AAO-HNSF

 - Laura McQueen, RN MSN
 - Senior Manager, Reg-ent, AAO-HNSF

 - Taskin Monjur
 - Program Manager, Reg-ent, AAO-HNSF

 - Tim Parr
 - VP, Technology, FIGmd

 - Siddhi Baralay
 - COO, FIGmd

- Opening Remarks
 - Laura McQueen

- Reg-ent MIPS Reporting Overview - ACI and IA Categories
 - Laura McQueen & Taskin Monjur

- Demonstration of the Reg-ent MIPS Dashboard - ACI and IA Categories
 - Tim Parr

- Open Question & Answer Session
 - All

- Closing Remarks
 - Laura McQueen

- Conclusion of Webinar

- Review the features and functionality of the Reg-ent MIPS Dashboard, with particular focus on the following components:
 - Advancing Care Information (ACI)
 - Improvement Activities (IA)
- Increase knowledge and understanding of how to use the Reg-ent Dashboard to report MIPS 2017, including:
 - How to enter ACI data and complete attestation
 - How to select IAs and monthly complete attestation
- Illuminate the Reg-ent MIPS 2017 reporting process and timeline
- Increase understanding of the MIPS 2017 reporting options and requirements for the ACI and IA categories
- Address attendee questions regarding ACI and IA reporting via Reg-ent

- MIPS 2017 reporting process and timeline
- MIPS 2017 Advancing Care Information reporting options and requirements
- MIPS 2017 Improvement Activities reporting options and requirements
- How to use the Reg-ent MIPS Dashboard for MIPS 2017 reporting

- Quality Performance Data
 - EHR data integration
 - Web entry tool
 - Manually enter
 - Utilize a CSV file to streamline data upload
- Advancing Care Information (ACI)
 - For practices with EHRs
 - Enter data and attest
- Improvement Activities (IA)
 - Enter data and attest

- October – December 2017
 - Receive access to the Reg-ent MIPS Dashboard / Web Entry Tool
 - Confirm MIPS eligibility for each clinician
 - Review Tax ID and NPI numbers for accuracy
 - Select reporting timeframe: Test, Partial, Full
 - Select Quality measures
 - Review Quality Dashboard
 - Enter or upload patient data in the MIPS Web Entry Tool
 - Complete ACI and IA data entry and attestations

- January - March 2018
 - Receive access to MIPS Submission module
 - Web entry tool practices to complete data entry
 - Review and finalize submission data and time periods for each category
 - Complete Data Release and Consent Form (DRCF)
 - Complete submission to Reg-ent
 - FIGmd reviews submission and then submits to CMS

Advancing Care Information Options and Requirements

- Requires the use of certified EHR technology (CEHRT)
 - 2014 and/or 2015 editions
- ACI total score = Base score + Performance score + Bonus score and counts towards 25% of an Eligible Clinician final MIPS composite score
- Two measure set options
 - **Advancing Care Information Objectives & Measures**
 - 2015 edition or a combination of 2014 and 2015 editions
 - 4 required Base measures
 - 9 optional Performance measures
 - **2017 Advancing Care Information Transition Objectives & Measures**
 - 2014 edition, 2015 edition or a combination of 2014 and 2015 editions
 - 5 Base measures
 - 7 optional Performance measures
- Required to report base measures or receive a score of zero. Base measures account for 50 points of the total ACI category. Report other measures to secure up to 90 points.
- Bonus points available for reporting to 1 or more public health and clinical data registries and for reporting certain Improvement Activities using CEHRT.
- Choose to report additional measures for up to an additional 15 points.

Advancing Care Information Measures and Scores

Required Measures for 50% Base Score
Security Risk Analysis
e-Prescribing
Provide Patient Access*
Send a Summary of Care*
Request/Accept Summary Care*

2017 Advancing Care Information Transition Measures and Scores

Required Measures for 50% Base Score
Security Risk Analysis
e-Prescribing
Provide Patient Access*
Health Information Exchange*

*Note that these measures are also included as performance score measures and will allow a clinician to earn a score that contributes to the performance score category (see the list below).

https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf

ACI Measures for Performance Scores

Advancing Care Information Measures and Scores

Measures for Performance Score	% Points
Provide Patient Access*	Up to 10%
Send a Summary of Care*	Up to 10%
Request/Accept Summary Care*	Up to 10%
Patient Specific Education	Up to 10%
View, Download or Transmit (VDT)	Up to 10%
Secure Messaging	Up to 10%
Patient-Generated Health Data	Up to 10%
Clinical Information Reconciliation	Up to 10%
Immunization Registry Reporting	0 or 10%

2017 Advancing Care Information Transition Measures and Scores

Measures for Performance Score	% Points
Provide Patient Access*	Up to 20%
Health Information Exchange*	Up to 20%
View, Download, or Transmit (VDT)	Up to 10%
Patient-Specific Education	Up to 10%
Secure Messaging	Up to 10%
Medication Reconciliation	Up to 10%
Immunization Registry Reporting	0 or 10%

https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf

Advancing Care Information Measures and Scores

Requirements for Bonus Score	% Points
*Report to 1 or more of the following public health and clinical data registries: <ul style="list-style-type: none"> • Syndromic Surveillance Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting 	5%
Report certain improvement Activities using CEHRT	10%

2017 Advancing Care Information Transition Measures and Scores

Requirements for Bonus Score	% Points
*Report to 1 or more of the following public health and clinical data registries: <ul style="list-style-type: none"> • Syndromic Surveillance Reporting • Specialized Registry Reporting 	5%
Report certain improvement Activities using CEHRT	10%

https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf

Advancing Care Information Options and Requirements

- Determine reporting period
 - 90 days – 365 days
 - Does not need to be same as for other reported categories
- Criteria for Reweighting of ACI Score to 0%
 - Apply for Hardship Exemption
 - Lack of sufficient internet connectivity, extreme and uncontrollable circumstances, lack of control of available CEHRT
 - Certain exempt eligible clinicians
 - Hospital-based clinicians
 - PAs, NPs, CNSs, and CRNAs
- If two or more providers, option to report as individuals or as a group (GPRO)
 - *Must be same as for other reported categories*

Improvement Activities Options and Requirements

- 92 MIPS Improvement Activities – all available in Reg-ent
- 9 subcategories
 - Expanded Practice Access
 - Population Management
 - Care Coordination
 - Beneficiary Engagement
 - Patient Safety and Practice Assessment
 - Participation in an APM
 - Achieving Health Equality
 - Integrating Behavioral and Mental Health
 - Emergency Preparedness and Response
- Improvement Activities Eligible for the ACI bonus
- Registry Recommended Activities

- **Expanded Practice Access**
 - IA_EPA_1 - Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record**
 - IA_EPA_2 - Use of telehealth services that expand practice access
- **Population Management**
 - IA_PM_10 - Use of QCDR data for quality improvement such as comparative analysis reports across patient populations
 - IA_PM_15 - Implementation of episodic care management practice improvements
- **Care Coordination**
 - IA_CC_1 - Implementation of use of specialist reports back to referring clinician or group to close referral loop
 - IA_CC_6 - Use of QCDR to promote standard practices, tools and processes in practice for improvement of care coordination
 - IA_CC_7 - Regular training in care coordination
 - IA_CC_12 - Care coordination agreements that promote improvements in patient tracking across settings
- **Beneficiary Engagement**
 - IA_BE_2 - Use of QCDR to support clinical decision making
 - IA_BE_5 - Enhancements/regular updates to practice websites/tools that also include considerations for patients with cognitive disabilities.
 - IA_BE_6 - Collection and follow-up on patient experience and satisfaction data on beneficiary engagement**
 - IA_BE_7 - Participation in a QCDR, that promotes use of patient engagement tools.
 - IA_BE_9 - Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement.
 - IA_BE_10 - Participation in a QCDR, that promotes implementation of patient self-action plans.
 - IA_BE_13 - Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms
 - IA_BE_15 - Engage patients, family and caregivers in developing a plan of care

** Denotes Highly Weighted Activities

- **Patient Safety and Practice Assessment**
 - IA_PSPA_1 - Participation in an AHRQ-listed patient safety organization.
 - IA_PSPA_2 - Participation in MOC Part IV
 - IA_PSPA_7 - Use of QCDR data, for ongoing practice assessment and improvements in patient safety.
 - IA_PSPA_8 - Use of Patient Safety Tools
 - IA_PSPA_12 - Participation in private payer CPIA
 - IA_PSPA_18 - Measurement and improvement at the practice and panel level
 - IA_PSPA_19 - Implementation of formal quality improvement methods, practice changes or other practice improvement processes
 - IA_PSPA_20 - Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes
- **Achieving Health Equity**
 - IA_AHE_3 - Leveraging a QCDR to promote use of patient-reported outcome tools
 - IA_AHE_4 - Leveraging a QCDR for use of standard questionnaires
- **Emergency Response and Preparedness**
 - IA_ERP_1 - Participation on Disaster Medical Assistance Team, registered for 6 months
 - IA_ERP_2 - Participation in a 60-day or greater effort to support domestic or international humanitarian needs**

** Denotes Highly Weighted Activities

<http://www.entnet.org/content/reg-ent%E2%84%A0-mips-improvement-activities-ia-reporting>

Improvement Activities Options and Requirements

- IA category counts towards 15% of an Eligible Clinician final MIPS composite score
 - Maximum IA score is 40 points

- High and Medium weighted activities
 - Different scoring and requirements based on practice size

 - Large groups – more than 15 clinicians
 - High = 20, Medium = 10
 - To achieve max score of 40 report 2 high, 1 high and 2 medium, or 4 medium
 - Small groups – 15 or fewer clinicians
 - High = 40, Medium = 20
 - To achieve max score of 40 report 1 high or 2 medium

- If two or more providers, option to report as individuals or as a group (GPRO)
 - *Must be same as for other reported categories*

- Report for 90 days
 - Attestation
 - Per CMS, retain records for 6 years for audit purposes

Improvement Activities
Data Validation Criteria

Activity ID	Subcategory Name	Activity Name	Activity Description	Activity Weighting	Validation	Suggested Documentation (inclusive of dates during the selected continuous 90-day or year long reporting period)
IA_EPA_1	Expanded Practice Access	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record	<p>Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following:</p> <p>Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care);</p> <p>Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or</p> <p>Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management</p>	High	Functionality of 24/7 or expanded practice hours with access to medical records or ability to increase access through alternative access methods or same-day or next-day visits	<p>1) <u>Patient Record from EHR</u> - A patient record from a certified EHR with date and timestamp indicating services provided outside of normal business hours for that clinician; or</p> <p>2) <u>Patient Encounter/Medical Record/Claim</u> - Patient encounter/medical record claims indicating patient was seen or services provided outside of normal business hours for that clinician including use of alternative visits; or</p> <p>3) <u>Same or Next Day Patient Encounter/Medical Record/Claim</u> - Patient encounter/medical record claims indicating patient was seen same-day or next-day to a consistent clinician for urgent or transitional care</p>
IA_EPA_2	Expanded Practice Access	Use of telehealth services that expand practice access	Use of telehealth services and analysis of data for quality improvement, such as participation in remote specialty care consults or teleaudiology pilots that assess ability to still deliver quality care to patients.	Medium	Documented use of telehealth services and participation in data analysis assessing provision of quality care with those services	<p>1) <u>Use of Telehealth Services</u> - Documented use of telehealth services through: a) claims adjudication (may use G codes to validate); b) certified EHR or c) other medical record document showing specific telehealth services, consults, or referrals performed for a patient; and</p> <p>2) <u>Analysis of Assessing Ability to Deliver Quality of Care</u> - Participation in or performance of quality improvement analysis showing delivery of quality care to patients through the telehealth medium (e.g. Excel spreadsheet, Word document or others)</p>
IA_EPA_3	Expanded Practice Access	Collection and use of patient experience and satisfaction data on access	Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.	Medium	Development and use of access to care improvement plan based on collected patient experience and satisfaction data	<p>1) <u>Access to Care Patient Experience and Satisfaction Data</u> - Patient experience and satisfaction data on access to care; and</p> <p>2) <u>Improvement plan</u> - Access to care improvement plan</p>
IA_EPA_4	Expanded Practice Access	Additional improvements in access as a result of QIN/QIO TA	As a result of Quality Innovation Network-Quality Improvement Organization technical assistance, performance of additional activities that improve access to services (e.g., investment of on-site diabetes educator).	Medium	Implementation of additional processes, practices, resources or technology to improve access to services, as a result of receiving QIN/QIO technical assistance	<p>1) <u>Relationship with QIN/QIO Technical Assistance</u> - Confirmation of technical assistance and documentation of relationship with QIN/QIO; and</p> <p>2) <u>Improvement Activities</u> - Documentation of activities that improve access including support on additional services offered</p>
IA_PM_1	Population Management	Participation in systematic anticoagulation program	Participation in a systematic anticoagulation program (coagulation clinic, patient self-reporting program, patient self-management program) for 60 percent of practice patients in the transition year and 75 percent of practice patients in year 2 who receive anti-coagulation medications (warfarin or other coagulation cascade inhibitors).	High	Documented participation of patients in a systematic anticoagulation program. Could be supported by claims.	<p>1) <u>Patients Receiving Anti-Coagulation Medications</u> - Total number of patients receiving anti-coagulation medications; and</p> <p>2) <u>Percentage of that Total Participating in a Systematic Anticoagulation Program</u> - Documented number of referrals to a coagulation/anti-coagulation clinic, number of patients performing patient self-reporting (PST); or number of patients participating in self-management (PSM).</p>

[https://qpp.cms.gov/about/resource-library
MIPS Data Validation Criteria 2017 08 02 Improvement Activities Remediated.pdf](https://qpp.cms.gov/about/resource-library/MIPS%20Data%20Validation%20Criteria%202017%2008%2002%20Improvement%20Activities%20Remediated.pdf)

Demonstration of the Reg-ent MIPS Dashboard

Advancing Care Information (ACI) and Improvement Activities (IA) Categories

Questions & Answers

- Thank you
- Additional resources
 - User Guides
 - www.reg-ent.org
 - www.qpp.cms.gov
 - Reg-ent communications
- Contact information
 - Reg-ent@entnet.org
 - aaohnscams@figmd.com

Please join us for our next Reg-ent webinar

Friday, December 15, 12 – 1 pm ET

**MIPS Data Release and Consent Form
(DRCF) and Submission Module**



Reg-entSM
ENT CLINICAL DATA REGISTRY