



Reg-ent MIPS Web Entry Tool Webinar

October 10, 2017
12:00 – 1:00 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
 - Cathlin Bowman

- Reg-ent Web Entry Tool Overview
 - Cathlin Bowman & Laura McQueen

- Demonstration of the Reg-ent MIPS Web Entry Tool
 - Tim Parr

- Open Question & Answer Session
 - Tim Parr, Siddhi Baralay & Cathlin Bowman

- Closing Remarks
 - Cathlin Bowman & Laura McQueen

- Conclusion of Webinar

- MIPS 2017 reporting process and timeline
- MIPS 2017 Quality Performance measures available in Reg-ent
- MIPS 2017 Advancing Care Information and Improvement Activities reporting options and requirements
- How to use the Reg-ent MIPS Web Entry Tool for MIPS 2017 reporting

- Quality Performance Data
 - Manually enter via web entry tool
 - Utilize a CSV file to streamline data upload
- Additional MIPS Components:
 - Advancing Care Information (ACI)
 - for practices with EHRs
 - Improvement Activities (IA)
 - Enter data and attest
- Prompts will guide you step-by-step through the entry, review and submission process

- Select your measures for Quality Performance Reporting
- Enter or upload your measures data:
 - Minimum of 20 patients per measure for base quality score
 - Enter 50% of denominator eligible patients for maximum quality score
- For those with EHRs, enter Advancing Care Information data and attestations
- Select Improvement Activities for attestation
- Select reporting period(s)
- Follow the steps and prompts to complete entry and submit to CMS

- Following completion of data entry and review, complete reporting process via MIPS Submission Module:
 - Sign Data Release and Consent Form (DRCF)
 - Review submission
 - Submit data to Reg-ent
 - Data submitted to CMS on your behalf by Reg-ent

- October – December 2017
 - Receive access to the Reg-ent MIPS Web Entry Tool
 - Confirm MIPS eligibility for each clinician
 - Select Quality measures
 - Enter or upload patient data in the MIPS Web Entry Tool
 - Review Tax ID and NPI numbers for accuracy
 - Select reporting timeframe: Test, Partial, Full
 - Complete Advancing Care Information (those with EHRs) and Improvement Activities attestations

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

MIPS 2017 Quality Performance Measures Available in Reg-ent

QPP Measures Available for 2017 MIPS Reporting

Adult Sinusitis	<ul style="list-style-type: none"> I. Antibiotic Prescribed for Acute Sinusitis (Overuse) II. Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use) III. Computerized Tomography (CT) for Acute Sinusitis (Overuse) IV. More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse) 	Surgery	<ul style="list-style-type: none"> I. Unplanned Reoperation within the 30 Day Postoperative Period** II. Unplanned Hospital Readmission within 30 Days of Principal Procedure** III. Surgical Site Infection** IV. Patient-Centered Surgical Risk Assessment and Communication
Acute Otitis Externa	<ul style="list-style-type: none"> I. Topical Therapy II. Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use 	Asthma	<ul style="list-style-type: none"> I. Optimal Asthma Control**
Preventive Care & Screening	<ul style="list-style-type: none"> I. Influenza Immunization II. Pneumococcal Vaccination Status for Older Adults III. Body Mass Index (BMI) Screening and Follow-Up Plan IV. Tobacco Use: Screening and Cessation Intervention V. Screening for High Blood Pressure and Follow-Up Documented VI. Unhealthy Alcohol Use: Screening & Brief Counseling 	Sleep Apnea	<ul style="list-style-type: none"> I. Assessment of Sleep Symptoms II. Severity Assessment at Initial Diagnosis III. Positive Airway Pressure Therapy Prescribed IV. Assessment of Adherence to Positive Airway Pressure Therapy
Peri-operative Care	<ul style="list-style-type: none"> I. Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) 	Opioid Therapy	<ul style="list-style-type: none"> I. Opioid Therapy Follow-up Evaluation II. Documentation of Signed Opioid Treatment Agreement III. Evaluation or Interview for Risk of Opioid Misuse
Falls	<ul style="list-style-type: none"> I. Risk Assessment II. Plan of Care 	Other	<ul style="list-style-type: none"> I. Medication Reconciliation Post-Discharge II. Care Plan III. Appropriate Treatment for Children with Upper Respiratory Infection (URI) IV. Appropriate Testing for Children with Pharyngitis V. Documentation of Current Medications in the Medical Record VI. Pain Assessment and Follow-Up VII. Use of High-Risk Medications in the Elderly VIII. Biopsy Follow-Up IX. Tobacco Use and Help with Quitting Among Adolescents X. Anesthesiology Smoking Abstinence XI. Quality of Life Assessment for Patients with Primary Headache Disorders**

** Denotes an outcome measure.

Non-QPP Measures

Otitis Media with Effusion

- I. Antihistamines or Decongestants – Avoidance of Inappropriate Use
- II. Systemic Corticosteroids – Avoidance of Inappropriate Use
- III. Systemic Antimicrobials – Avoidance of Inappropriate Use
- IV. Avoidance of Topical Intranasal Corticosteroids

Validation and Gap Analysis

Tonsillectomy

- I. Tonsillectomy: Primary post-tonsillectomy hemorrhage in children
- II. Tonsillectomy: Primary post-tonsillectomy hemorrhage in adults
- III. Tonsillectomy: Secondary post-tonsillectomy hemorrhage in children
- IV. Tonsillectomy: Secondary post-tonsillectomy hemorrhage in adults

Otitis Media with Effusion

- I. OME: Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility
- II. OME: Hearing Testing
- III. OME: Resolution of Otitis Media with Effusion in children
- IV. OME: Resolution of Otitis Media with Effusion in adults

Quality Reporting Options & Requirements

- Identify your “pace” for reporting:
 - Test: minimum 1 measure for 1 patient or 1 improvement activity; no minimum time period
 - Partial: One or more quality measures/improvement activities for a minimum of 90 consecutive days
 - Full: Report on all categories for at least 90 days and up to a full year:
 - 6 measures, including 1 outcome measure or 1 high priority measure for at least 90 days, up to a full year **AND** report ACI and IA categories for 90 days, up to a full year
 - For Partial and Full paces required to submit 50% of patients that meet the denominator requirements (data is for all payers)
 - Minimum 20 eligible patients per measure
 - Note: while you identify your reporting pace, CMS will place your submission within one of the three pace options based on data submitted and if you use multiple submission mechanisms CMS will select the best performance data submitted for each MIPS category
- If two or more providers, option to report as individuals or as a group (GPRO)

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 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
- Registry Recommend Activities
- Improvement Activities Eligible for the ACI bonus

Improvement Activities Options and Requirements

- 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
- Report for 90 days
 - Attestation
 - Per CMS retain records for 6 years for audit purposes
- If two or more providers, option to report as individuals or as a group (GPRO)
 - *Must be same as for other reported categories*

Demonstration of the Reg-ent MIPS Web Entry Tool

Questions & Answers

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



Reg-entSM
ENT CLINICAL DATA REGISTRY