Reg-ent®
ENT CLINICAL DATA REGISTRY

Reporting MIPS 2019 Through Reg-ent
Thursday, December 12, 2019
12 – 1 pm ET
Agenda and Objectives

- Welcome and Introductions
- The Reg-ent Registry
- MIPS 2019 Requirements
- Reg-ent MIPS 2019 Module
- Open Q&A
  - Submit questions via the Question functionality in Go ToWebinar
- Closing Remarks
Speakers and Contributors

- AAO-HNSF Reg-ent Team
  - Cathlin Bowman
  - Laura McQueen
  - Julia K. Quintero

- FIGmd Reg-ent Client Account Support (CAS) Team
  - Mukund Amberkar
  - Shruti Kadam
  - Farha Mandal
  - Heather Weerda
Reg-ent: MIPS Reporting Tool

REG-ENT IS THE MIPS REPORTING TOOL OF CHOICE FOR OTOLARYNGOLOGISTS

- Promoting Interoperability
- Quality Performance
- Improvement Activities
Intro to MIPS 2019 Year 3 of CMS program

- Requirements outlined in QPP Year 3 Final Rule
- Performance period: January 1, 2019 – December 31, 2019
- Performance Categories (and % of total MIPS score):
  - Quality (45%)
  - Promoting Interoperability (PI) (25%)
  - Improvement Activities (IA) (15%)
  - Cost (15%)
    - Evaluated and calculated directly by CMS / not reported through Reg-ent
MIPS 2019 Eligibility

- Check/recheck eligibility: QPP Lookup Tool
- Questions? Visit How MIPS Eligibility is Determined
- Eligible Clinician Types
  - New for 2019: audiologists and speech language pathologists
- Low Volume Threshold
- Reporting options:
  - Individual Reporting vs. Group Reporting
  - New for 2019: Opt-in
Performance Threshold & Payment Adjustments

• Performance Threshold is set at **30 points**
  • *Increased from 15 points for MIPS 2018*
  • Additional performance threshold set at 75 points for exceptional performance

• Payment Adjustments (applied in 2021)
  • 30 points = neutral / no payment adjustment
  • The maximum negative payment adjustment is -7%
  • A positive payment adjustment generally can be up to 7%
    • *The upward payment adjustment factor is multiplied by a scaling factor to achieve budget neutrality, which could result in an adjustment above or below 7%*
Small Practice Flexibilities & Options

- CMS definition = 15 or fewer clinicians
- Small practice bonus
  - Increased to 6 points
  - Included in Quality performance category (versus standalone bonus)
- Quality scoring
  - 3 points for measures that don't meet data completeness requirements (versus 1 point)
- Promoting Interoperability (PI)
  - Ability to apply for a PI Hardship Exception (reweighting to 0) – deadline is 12/31/19
- Improvement Activities (IA) scoring
  - 40 points for high-weighted, 20 points or medium-weighted (versus 20 and 10, respectively)
Reg-ent Quality Measures

• 67 total measures available in Reg-ent for MIPS 2019
• 22 QCDR otolaryngology-specific measures exclusively in Reg-ent
  • NOT AVAILABLE to practices using the web tool / manually entering patient data for the Quality performance category
• 45 publicly-available QPP measures
  • Includes otolaryngology-specific topics as well as general topics
  • AVAILABLE in web tool
• Measure availability changes occur between reporting years
  • Review the measures available in Reg-ent for MIPS 2019 reporting: https://www.entnet.org/reg-ent-2019-quality-measures
Quality Performance Category

• 45% of final MIPS score
• 60 points available (60/60 → 45%)
• Requirements:
  • Full 12-month performance period
  • Six (6) measures
    • Include one **outcome measure**; if no applicable outcome measure, submit a high priority measure
  • Data completeness:
    • For each measure, submit at least **60% of eligible patients from all payers**
    • For each measures, submit a **minimum of 20 patient cases**
Promoting Interoperability (PI) Performance Category

• 25% of final MIPS score
• 100 points available (100/100 → 25%)

• Requirements:
  • Any continuous 90-day performance period
  • New for 2019: Use of 2015 Edition Certified EHR Technology (CEHRT)
  • New for 2019: Single set of measures and objectives, align with 2015 Edition CEHRT
    • 4 objectives:
      • Electronic Prescribing
      • Health Information Exchange
      • Provider to Patient Exchange
      • Public Health and Clinical Data Exchange
  • Unless exclusion claimed must submit measures for each of the four objectives
PI Attestations, Exclusions & Bonuses

• In addition to submitting measures, clinicians must submit a “yes” to:
  • The Prevention of Information Blocking Attestation
  • The ONC Direct Review Attestation
  • The Security Risk Analysis measure

• Exclusions available for some measures / objectives:
  • Clinical Data Registry Reporting
  • e-Prescribing
  • Electronic Case Reporting
  • Immunization Registry Reporting
  • Public Health Registry Reporting
  • Support Electronic Referral Loops By Receiving and Incorporating Health Information
  • Syndromic Surveillance Reporting

• 5 bonus points each for the submission of these optional measures:
  • Query of Prescription Drug Monitoring (PDMP)
  • Verify Opioid Treatment Agreement
PI Hardship Exception

- If your practice’s EHR is not 2015 CEHRT, you may qualify for a PI Hardship Exception, if one or more the qualifications listed here applies:
  - Your EHR is considered “decertified” EHR technology
  - You’re a small practice
  - You have insufficient Internet connectivity
  - You face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress or vendor issues
  - You lack control over the availability of CEHRT

- **PI Hardship Exception Applications** due by December 31, 2019

- **Lack of CEHRT does not constitute for an exception**

- If you are approved for an exemption by CMS, the 25% weighted score will move under Quality, bumping the total weight for Quality to 75%
Extreme and Uncontrollable Circumstances Exception

• Extreme and uncontrollable circumstances are defined as rare events entirely outside of your control and the control of the facility in which you practice.
  • These circumstances would cause you to either be:
  • Unable to collect information necessary to submit for a performance category, or;
  • Unable to submit information that would be used to score a performance category for an extended period of time (for example, if you were unable to collect data for the Quality performance category for 3 months).

• Link to application: https://cmsqualitysupport.service now.com/nav_to.do?uri=%2Fcom.glideapp.servicecatalog_cat_item_view. do%3Fv%3D1%26sysparm_id%3D1b90b058db03670092d5365e7c961925
Improvement Activities (IA) Performance Category

- 15% of final MIPS score
- 40 points available (40/40 → 15%)
  - Points per activity dependent on practice size:
    - Large practice: High-weighted = 20 points, medium-weighted = 10 points
    - Small practice: High-weighted = 40 points, medium-weighted = 20 points
- Requirements:
  - Any continuous 90-day performance period
  - Submit one or more improvement activities, any combination, to obtain 40 points
- 54 Registry Favorites
  - Includes QCDR participation-related activities
Additional Information

• Quality category
  • Data provided through EHR integration - OR - through manual entry and attestation
    • Web tool practices required to enter Eligible Population (EP) and EP Exclusions for each measure submitted

• PI and IA categories
  • Involve limited manual entry and attestation

• Potential for audits by:
  • Reg-ent, as required by CMS of all QCDRs and QRs
  • CMS, directly
MIPS 2019 Module Review
Accessing the MIPS 2019 Module

Use this link to access the dashboard login page:


Enter your login credentials here.

To access the Pegasus dashboard, click the 2019 dashboard link on the top right side of the page.

Forgot your password?
Accessing the MIPS 2019 Module

Once you complete the steps from the prior slide, you will now have access to your Quality Performance Dashboard.

To access the MIPS Dashboard click the icon on the left side of the page.
Getting Started with the MIPS Module

If you have Individual Clinician access: You will have access to the Individual Reporting option whether you are in Reg-ent alone or with other clinicians.

If you are in a practice of more than two clinicians and want to benefit from Group Reporting, one individual will need Practice Admin credentials to report on behalf of the practice.

When you click on the Individual Reporting or Group Reporting tile, you’ll be taken to the applicable reporting landing page...
When you click on the Individual Reporting tile, you’ll be taken to the Individual Reporting landing page to provide, review and validate the required clinician and/or practice information, including:

- Practice TIN
- Clinician NPI(s)
- MIPS eligibility
- Settings, which includes questions on your CEHRT edition, practice setting, clinician type, etc., that impact your scoring and your exclusions as applied by CMS.

<table>
<thead>
<tr>
<th>NAME &amp; NPI</th>
<th>TIN</th>
<th>ELIGIBILITY</th>
<th>SETTINGS</th>
<th>QUALITY</th>
<th>PI</th>
<th>IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLLEEN ADAMS</td>
<td>1689991879</td>
<td>ADD TIN</td>
<td></td>
<td>0/45</td>
<td>0/25</td>
<td>0/15</td>
</tr>
<tr>
<td>DENNIS BARCZ</td>
<td>2000000000</td>
<td>✓</td>
<td>1</td>
<td>0/70</td>
<td>NA</td>
<td>0/15</td>
</tr>
<tr>
<td>JACQUELINE AGENTROAD</td>
<td>1447222328</td>
<td>✓</td>
<td>1</td>
<td>0/70</td>
<td>NA</td>
<td>0/15</td>
</tr>
<tr>
<td>JOHN CAMPANA</td>
<td>1740373190</td>
<td>✓</td>
<td>1</td>
<td>0/45</td>
<td>0/25</td>
<td>0/15</td>
</tr>
</tbody>
</table>
Group Reporting Landing Page

When you click on the Individual Reporting tile, you’ll be taken to the Group Reporting landing page to provide, review and validate the required clinician and/or practice information, including:

- Practice TIN
- MIPS eligibility
- Settings, which includes questions on your CEHRT edition, practice setting, clinician type, etc., that impact your scoring and your exclusions as applied by CMS.
Individual Reporting: Profile Details

This information will automatically be generated based on the information in your account.

Provider Name: DENNIS BARCZ
NPI: 1124008628

NPI of the clinician is valid.
Individual Reporting: Profile Details

TIN validation will be manually entered by you.

This is where to confirm your eligibility or Opt-in to report MIPS.
Group Reporting: Profile Details

When reporting as a group, it’s essential that you confirm that all of your clinicians are in your Reg-ent account. You can check here as well as on the Pegasus dashboard via Practice Profile. Changes to your clinician list should be made via the Sign Up Portal.

- Add TIN: 1111111110
- Confirm TIN: 1111111110
- Valid From: 01/01/2019
- Valid To: 12/31/2019
- Locations: All Locations
- Providers: All Providers
- MIPS Eligibility: Eligible

Note: Updating the TIN, will void/discard previously generated or signed DROC (if any)
Settings Questions

This section will be important for the Promoting Interoperability category. The first step in this section is to enter your CEHRT ID. If you do not know your CEHRT, click the link above the text box.

Answer the following questions accurately, to the best of your knowledge.
Settings Questions Continued

As noted on the prior slide, answer the following questions accurately, to the best of your knowledge.

- Are you a group with 15 or fewer clinicians (NPIs) billing under the group’s TIN during one or both of the 12-month segments of the MIPS determination period?  
  View More

- Is the area that your group is reporting from designated as a rural area by HRSA (Health Resources & Services Administration)?  
  View More

- Select “Yes” if more than 75% of the NPIs billing under the group’s TIN are designated as clinicians in a Health Professional Shortage Area (HPSA).  
  View More

Questions Answered: 7 / 7
Performance Categories

To review and/or enter data for any of the performance categories, click on the icons highlighted with the red circle.
A Client Account Support team member will work with you on reviewing your data on this page. At this point, you should ensure all your measures are approved and signed off by you. You will be able to differentiate the ones that have been approved as it is listed as “Operational”.

Please take note of the highlighted icons as they will be helpful in monitoring your submission progress.
Quality Requirements & Scoring Functionality

Take note of how the icons change once measures are selected.
Quality Measure Performance Details

<table>
<thead>
<tr>
<th>REGISTRY ID</th>
<th>MEASURE TITLE</th>
<th>NUM/DEN</th>
<th>EXCL EXCPT</th>
<th>PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA013</td>
<td>Bell’s Palsy: Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan</td>
<td>18/40</td>
<td>0/22</td>
<td>100</td>
</tr>
<tr>
<td>AA027</td>
<td>Tympanostomy Tubes: Resolution of Otitis Media with Effusion in Children</td>
<td>46/60</td>
<td>0/14</td>
<td>100</td>
</tr>
<tr>
<td>AA029</td>
<td>Quality of Life for Patients with Neurology Disorders</td>
<td>9/20</td>
<td>6/5</td>
<td>100</td>
</tr>
</tbody>
</table>
Scoring, Benchmarks and Deciles

By clicking the measure, you will be able to review the details of how your measure is being scored. Please Note: CMS provides the benchmarks and decile ranges, as well as your MIPS score, for each measure that you submit data on.
Promoting Interoperability

- The PI category requires manual entry/selection and attestation.
- As a reminder, the MIPS 2019 PI category requires the use of 2015 edition Certified EHR Technology (CEHRT). If you need to apply for a **PI Hardship Exception** you have until December 31, 2019 to do so.
- To review the changes to the PI category for MIPS 2019, visit the [QPP website](https://qpp.cms.gov).
- Attestations
  - Mandatory (must reply “yes” to report PI category):
    - ONC Direct Review Attestation
    - Prevention of Information Blocking Attestation
    - Security Risk Analysis
  - Plus (can reply “yes” or “no” to report PI category):
    - ONC-ACB Surveillance Attestation
PI Category Attestations

In order to report the PI category you must reply “yes” to the first three attestations.
PI Category Attestations

You can report either “yes” or “no” for the fourth attestation and still be able to report the PI category.
Promoting Interoperability

CEHRT ID VALIDATION is based on the information provided in the Settings questions.

ATTESTED is based on your responses to the three required attestations.

Select any 90-day consecutive duration to report data for the PI category.
PI Measure Details

The OBJECTIVES MET icon will change as you enter data and make selections.
PI Measure Exclusions

You can claim an exclusion to some of the PI measures/objectives:
• “Yes” means you are claiming an exclusion.
• “No” means you are not claiming an exclusion.
Optional PI Measures for Bonus Points

There are opportunities for bonuses if they apply to your practice workflows. For each of the two measures above in green, 5 bonus points are available.
Improvement Activities

The points for High- and Medium-Weighted activities is based on your practice size/the applicable Settings question.
Once you select your activities, your score will populate here.

Select the “Registry Favorite” subcategory to see the 54 “Registry Favorite” activities. These activities can be identified by the green star to the far left.
New Pegasus Help Center

Welcome to the Pegasus Help Center

Your central hub for knowledge and information

Get Started Here  User Roles & Permissions  Registry Documents
Now What?

• Meet with the Client Account Support (CAS) team to:
  • Get started with the MIPS 2019 module
  • Review and validate practice and clinician details, MIPS eligibility
  • Answer the Settings questions – *remember, these impact scoring!*
  • Review your Quality performance data and select measures
    • Continue to work on mapping and validating your measures on the *Pegasus* dashboard – *remember, measures must be under “Practice Review” or approved as “Operational” to show on the MIPS module*
  • Enter your Promoting Interoperability (PI) data
    • Run necessary report(s) in your EHR
  • Review the available Improvement Activities (IA) and select those that apply
  • For all categories, review estimated scoring based on data available and selections
And Then What?

• The performance period ends December 31, 2019
  • Review of Quality data will continue into January 2020 following data/dashboard refreshes
  • **Web tool practices** must complete all data entry by February 14, 2020
• Submission functionality will be enabled for Reg-ent participants that are paid in full through December 31, 2019
• Review and finalize data and selections
  • Review and sign Data Release Consent Form (DCRF)
  • Complete submission to CMS
• Reg-ent webinar in January 2020
Reg-ent MIPS 2019 Resources

• MIPS 2019 Module Quick Start Guide

• Reg-ent website www.reg-ent.org

• Reg-ent 2019 Quality Measures

• Email communications
Additional MIPS 2019 Resources

- AAO-HNS MIPS and APMs Webpage
  - [https://www.entnet.org/content/quality-payment-program-advocacy](https://www.entnet.org/content/quality-payment-program-advocacy)

- CMS Quality Payment Program Webpage
  - [https://qpp.cms.gov/](https://qpp.cms.gov/)

- CMS QPP Participation Status Lookup Tool
  - [https://qpp.cms.gov/participation-lookup](https://qpp.cms.gov/participation-lookup)

- Extreme and Uncontrollable Circumstances Exception
  - Extreme and uncontrollable circumstances are defined as rare events entirely outside of your control and the control of the facility in which you practice. For more information, please see the link below.
  - [https://qpp.cms.gov/mips/exception-applications](https://qpp.cms.gov/mips/exception-applications)
Q&A Session

• Please use the Question functionality via your Go ToWebinar to submit your questions.

• For questions that are practice/provider-specific or for those not addressed during the webinar, please contact us at:
  • AAO-HNSF Reg-ent team
    • reg-ent@entnet.org
  • FIGmd Reg-ent Client Account Support (CAS) team
    • aaohnscams@figmd.com
Thank You

• Today’s slides will be shared via email following the conclusion of the webinar and will be posted on www.reg-ent.org

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