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

Promoting Interoperability  Quality Performance  Improvement Activities

2020 MIPS SUBMISSION AND DATA VALIDATION AUDIT WEBINAR

JANUARY 15, 2021
12:00 PM EST – 1:00 PM EST
Introductions

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Amy Grace, RN
• Client Account Manager
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• Senior Team Lead
Webinar Agenda

• Webinar Overview

• 2020 MIPS Overview
  o DRCF Signing and Submission Process
  o Data Validation Audit Process

• Reg-ent MIPS 2020 Submission Demonstration

• MIPS Submission Check List

• Important Dates and Deadlines

• Q&A

• Resources & Closing
Webinar Overview

• All attendees are in listen-only mode

• Questions?...
  ◦ Please use the Q&A box in GoToWebinar to submit your questions.
    ❖ *If possible, kindly include your practice ID and/or practice name.*

• The slide deck will be emailed to the attendees.
  ◦ We will include resource links.
  ◦ A recording of this webinar will be posted on our website.
2020 MIPS Overview
2020 MIPS Category Weights

- Quality: 45%
- Cost: 15%
- Improvement Activities: 15%
- Promoting Interoperability: 25%
Performance Threshold

• Payment Adjustments:
  o The maximum negative payment adjustment is -9%.
  o The maximum positive payment adjustment is 9%.
  o Neutral payment adjustments are awarded to those who meet, but do not exceed the 45-points performance threshold.

• Performance threshold is set at 45 points.

• Additional performance threshold set at 85 points for exceptional performance.

<table>
<thead>
<tr>
<th>Final Score</th>
<th>Payment Adjustment</th>
</tr>
</thead>
</table>
| 85.00 – 100.00 points  | ✓ Positive MIPS payment adjustment (subject to a scaling factor to preserve budget neutrality).  
                        | ✓ Eligible for additional adjustment for exceptional performance (subject to a scaling factor to account for available funds). |
| 45.01 – 84.99 points   | ✓ Positive MIPS payment adjustment (subject to a scaling factor to preserve budget neutrality).  
                        | ✓ Not eligible for additional adjustment for exceptional performance.               |
| 45.00 points           | ✓ Neutral MIPS payment adjustment (0%).                                               |
| 11.26 – 44.99 points   | ✓ Negative MIPS payment adjustment (between -9% and 0%).                              |
| 0 – 11.25 points       | ✓ Negative MIPS payment adjustment of -9%.                                            |
Quality Measure Category

• Data Completeness Requirement:
  o 20 case minimum.
  o 70% of eligible patients/encounters.
    ➢ Provide Eligible Population and Exceptions for each measure for PUSH EHRs and webtool sites.

• Measure Submission Requirements:
  o Must submit six measures or more.
    ➢ You include an Outcome Measure in your submission:
      ✓ Even if you do not have 20 cases.
      ✓ Even if performance rate is zero percent.
      ✓ You cannot submit a high priority measure instead.
    ➢ If you do not have data on an outcome measure, you are to submit a high priority measure.

• Reminder: Keep record of all supporting documentation for your Quality Measure selections.
Promoting Interoperability Category

What’s New with Promoting Interoperability in 2020?

• Minimum continuous 90-day period in PY 2020:
  o Please keep supporting documentation for your Promoting Interoperability (PI) attestations.

• Removal of the Verify Opioid Treatment Agreement measure.

• **Bonus Points!** Query of Prescription Drug Monitoring Program (PDMP) measure now requires a yes/no response instead of entering a numerator and denominator.

• Certain MIPS eligible clinician types are not required to report data for this performance category. Their PI score will automatically be reweighted to 0%.

• 2015 Edition CEHRT **Functionality** vs. ONC **Certification**:
  o Functionality: Must be in place at the beginning of the PY.
  o Certification: Must be in place by the last day of the PY.

• For more information, please review the 2020 Promoting Interoperability Quick Start Guide.
Improvement Activities

What’s New with Improvement Activities in 2020?

• You must submit supporting documentation with your Improvement Activities (IA) attestations.

• CMS increased the performance threshold for groups and virtual groups:
  ○ At least 50% of the clinicians (in the group or virtual group) must perform the same activity during any continuous 90-day period, or as specified in the activity description, within the same duration period.

• For more information, please review the [2020 Improvement Activities Quick Start Guide](#).

<table>
<thead>
<tr>
<th>Improvement Activity Weight</th>
<th>Standard Scoring</th>
<th>Improvement Activity Weight Standard Scoring Special Status Scoring: Rural</th>
<th>Health Professional Shortage Area (HPSA)</th>
<th>Non-Patient Facing</th>
<th>Small Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium-Weighted Activity</td>
<td>10 Points</td>
<td>20 Points</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-Weighted Activity</td>
<td>20 Points</td>
<td>40 Points</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Quality Scoring and Benchmarks

• 0 points are awarded to measures that do not meet the data completeness requirement.
  o Exception: Small practices will be awarded a maximum of 3 points.

• Reg-ent QCDR Measures:
  o If no historical benchmark the maximum score for that measure will be 3 points.
  o Based on previously submitted data, CMS can create a benchmark which can impact your final score.

❖ Receiving CMS benchmarks on our QCDR measures:
  ➢ We encourage practices to submit QCDR measures that are already operational in your MIPS Submission Dashboard. Remember, CMS will only use your 6 best performing measures to determine your final score. By submitting operational QCDR measures data to CMS, you will help create benchmarks for specialty specific measures, which will allow you to receive higher points for relevant measures in the future.
Eligibility and Data Release and Consent Form (DRCF)

GROUP/GPRO Reporting Pathway

• To meet the CMS data completeness requirement, practices must include all providers who bill under their Tax Identification Number (TIN). This means, to meet the requirements for group participation, the practice must aggregate data across the TIN, which could include covered professional services furnished by individual NPIs within the TIN who are not required to participate in MIPS.

❖ NOTE: A practice administrator or an individual with contract signing privileges may sign the GROUP DRCF on behalf of all the providers in the group.

Individual Reporting Pathway

• If your practice or providers decide to report through the individual reporting pathway, you are not required to include providers who do not meet the Low-Volume Threshold (LVT) in your submission.

❖ NOTE: Individual providers MUST sign their own DRCF. The practice administrator can not and must not sign the provider’s individual DRCF on the provider’s behalf.

How to Verify Eligibility

• You can verify eligibility status by entering the provider’s NPIs into the QPP (Quality Payment Program) Participation Lookup Tool or by reviewing the group’s eligibility in your HARP (HCQIS Authorization Roles and Profile) account. If you need assistance on how to complete your HARP account registration, please review the HARP user guides located, here.
Data Validation Audit Process

• **CMS has mandated audits be completed for all three categories of MIPS:**
  - Quality Performance;
  - Improvement Activities; and
  - Promoting Interoperability.

• Audit participants are identified via a randomized sampling methodology within each MIPS category.

• If your practice is selected, it is required that you participate in order to finalize MIPS reporting.

• Your participation assures that Reg-ent is able to maintain its registry in good standing with CMS.
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Environment

FIGmd is committed to the conservation of natural resources and reducing its overall burden on the environment. Please consider the environment before printing this document.
Sign in to your 2020 Reg-ent Quality Performance Dashboard
Choose the MIPS Icon on the left
Choose reporting type

Individual Reporting
An individual is defined as a single clinician identified by their:
- Individual National Provider Identifier (NPI)
- Tied to a single Taxpayer Identification Number (TIN).
If you report only as an individual:
- You will report measures and activities for the practice(s)/TIN(s) under which you are MIPS-eligible and be assessed across all 4 performance categories at the individual level.
- Your payment adjustment will be based on your Final Score derived from the 4 MIPS performance categories.

Group Reporting
A group is defined as a single TIN with 2 or more clinicians (of which at least one clinician within the group must be MIPS-eligible) as identified by their NPI, who have reassigned their Medicare billing rights to a single TIN.
If you report only as a group:
- You must meet the definition of a group at all times during the performance period and aggregate the group’s performance data across the 4 MIPS performance categories for a single TIN.
- Each MIPS-eligible clinician in the group will receive the same payment adjustment based on the group’s performance across all 4 MIPS performance categories.
## 2020 MIPS Dashboard

Choose settings

<table>
<thead>
<tr>
<th>TIN</th>
<th>ELIGIBILITY</th>
<th>SETTINGS</th>
<th>DRG STATUS</th>
<th>QUALITY</th>
<th>PI</th>
<th>IA</th>
<th>TOTAL SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>789544547</td>
<td>✔</td>
<td>[ ]</td>
<td></td>
<td>18.0/45</td>
<td>21.00/25</td>
<td>15.00/15</td>
<td>84.00</td>
</tr>
</tbody>
</table>

Note: Displayed weights are based on historical data. To update, visit the respective MIPS category.
CEHRT Validation

**Settings:**

TIN : 789544547

Disclaimer: Responses provided below are applied to your selected group. Re-weighting may occur for all categories based on your selection. Score provided in the dashboard is an estimate and should not be considered as final.

**CEHRT ID Validation**

Please provide a valid 2015 CEHRT ID in order to:

a. Report for the PI category of MIPS.
b. Be eligible to receive the end-to-end reporting bonus in Quality category (if applicable).
c. Be eligible to report the eCQMs in MIPS (if applicable).

You may generate a CEHRT ID for your EHR/s [here](#).

**CEHRT ID** 0015EXB4B0C1K8E

[CHANGE ID]

Your CEHRT ID is valid and certified for 2015 edition.
### Validation Questions

**Settings:**

* The automatic extreme and uncontrollable circumstances policy does not apply to groups. However, you may submit an extreme and uncontrollable circumstances application to CMS. Have you been approved to receive an extreme and uncontrollable circumstances exception for your group? [View More]

* Do all the MIPS eligible clinicians within the group eligible to receive automatic reweighting for the PI category of MIPS? Click on "View more" to view the list of clinicians eligible to receive automatic reweighting of the PI category of MIPS. [View More]

* CMS allows non-submission of PI data for groups whose application for Hardship exception has been approved. Has the application for Hardship exception for your group been approved? [View More]

* CMS provides exemption for reporting on the PI category and fewer reporting requirements in the IA category, if more than 75% of the clinicians (NPIs) billing under the group's TIN meet the definition of a non-patient facing individual MIPS eligible clinician during one or both of the 12-month segments of the MIPS determination period. Does your group qualify to be a non-patient facing group? [View More]

* 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 FORHP (Federal Office of Rural Health Policy)? [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: 8 / 8**
Choose DRCF Icon
## DRCF

### Edit Profile Details:

<table>
<thead>
<tr>
<th>TIN</th>
<th>DRCF</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIN: 769544547</td>
<td>Method: e-sign</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Completed Date</th>
<th>Signatory</th>
<th>Sign</th>
<th>Refresh</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAO-HINS DRCF Agreement</td>
<td>Pending</td>
<td></td>
<td><a href="mailto:akshata.kulkarni@figmd.com">akshata.kulkarni@figmd.com</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AAO-HINS DRCF Agreement</td>
<td>Discarded</td>
<td>12/30/2020</td>
<td><a href="mailto:akshata.kulkarni@figmd.com">akshata.kulkarni@figmd.com</a></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Choose e-sign option**
2. **Sign DRCF**
Quality Score

Choose Quality Number

<table>
<thead>
<tr>
<th>TIN</th>
<th>ELIGIBILITY</th>
<th>SETTINGS</th>
<th>DRGF STATUS</th>
<th>QUALITY</th>
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<th>IA</th>
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<td></td>
<td>18.0/45</td>
<td>21.00/25</td>
<td>15.00/15</td>
<td>84.00</td>
</tr>
</tbody>
</table>

Total Records: 1

Note: Displayed weight/s are based on historical data. To update, visit the respective MIPS category.
# Quality Measure Scores

## Regent Clinical Data Registry

**TIN:** 789544547  
**PERFORMANCE DURATION:** 01/01/2020 to 12/31/2020  
**PRACTICE:** Web Demo practice

### Quality

#### Measures selected
- Select minimum 6 measures

#### Outcome/High-priority measure selected
- Select minimum 1 Outcome/High-priority measure

#### Measures meeting 20 cases
- All measures should meet minimum 20 cases

<table>
<thead>
<tr>
<th>Registry ID</th>
<th>Measure Title</th>
<th>DATA COMPLETENESS</th>
<th>NUM</th>
<th>DEN</th>
<th>EXCL EXCPT</th>
<th>PERFORMANCE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPP 21 021</td>
<td>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin</td>
<td>500/45</td>
<td>23</td>
<td>43</td>
<td>0</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>OPP 23 023</td>
<td>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</td>
<td>600/70</td>
<td>14</td>
<td>5</td>
<td>0</td>
<td>11</td>
<td>3.0</td>
</tr>
<tr>
<td>OPP 93 093</td>
<td>Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use</td>
<td>12/10</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>100</td>
<td>3.0</td>
</tr>
<tr>
<td>OPP 130 130</td>
<td>Documentation of Current Medications in the Medical Record</td>
<td>11</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>42.86</td>
<td>3.0</td>
</tr>
<tr>
<td>OPP 355 355</td>
<td>Unplanned Reoperation within the 30 Day Postoperative Period</td>
<td>11</td>
<td>72.73%</td>
<td>2</td>
<td>0</td>
<td>NA</td>
<td>28</td>
</tr>
</tbody>
</table>
Promoting Interoperability Score

Choose PI Number
### Promoting Interoperability Score

You cannot submit Promoting Interoperability data using multiple submissions methods. Any conflicting data for a single measure or required attestation submitted through multiple submission types will result in a score of 0 for the Promoting Interoperability performance category.

**Duration**: 09/26/2020 to 12/24/2020

<table>
<thead>
<tr>
<th>MEASURE ID</th>
<th>MEASURE TITLE</th>
<th>CLAIM EXCLUSION</th>
<th>REPORTING REQUIREMENTS</th>
<th>PERFORMANCE</th>
<th>POINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI_EP_1</td>
<td>e-Prescribing</td>
<td>Yes</td>
<td>76 89</td>
<td>88</td>
<td>9/10</td>
</tr>
<tr>
<td>PI_EP_2</td>
<td>Query of the Prescription Drug Monitoring Program (PDMF)</td>
<td>Yes</td>
<td>76 90</td>
<td>87</td>
<td>17/20</td>
</tr>
<tr>
<td>PI_HIE_1</td>
<td>Support Electronic Referral Loops By Sending Health Information</td>
<td>Yes</td>
<td>76 90</td>
<td>87</td>
<td>17/20</td>
</tr>
<tr>
<td>PI_HIE_4</td>
<td>Support Electronic Referral Loops By Receiving and Incorporating Health Information</td>
<td>Yes</td>
<td>34 45</td>
<td>76</td>
<td>15/20</td>
</tr>
</tbody>
</table>
Improvement Activities Score

Choose IA Number
## Improvement Activities Score

### High-Weighted Activities

1. **Activity ID:** IA_AHE_1  
   **Activity Description:** Engagement of New Medicaid Patients and Follow-up  
   **Weight:** High  
   **Point:** 40

### Medium-Weighted Activities

2. **Activity ID:** IA_AHE_3  
   **Activity Description:** Promote Use of Patient-Reported Outcome Tools  
   **Weight:** High  
   **Point:** 40

3. **Activity ID:** IA_AHE_5  
   **Activity Description:** MIPS Eligible Clinician Leadership in Clinical Trials or CBPR  
   **Weight:** Medium  
   **Point:** 20

---

**Participants may submit a combination of high and medium-weighted activities. Each activity must be performed for the selected duration of minimum 90 consecutive days or more.**

**Per CMS requirement, participants are subject to an audit of their IA category performance.** The document linked [here](#) details how to show documentation for specific activities. By attesting to this statement, I hereby declare my acceptance.

**IPA PCMH:** I attest that I am a Patient Centered Medical Home (PCMH) or Comparable Specialty Practice that has achieved certification from a national program, regional or state program, private payer, or other body that administers patient-centered medical home accreditation and should receive full credit for the Improvement Activities performance category.
When to Submit?

1. The MIPS 2020 submission module is scheduled to be open on your Reg-ent dashboard in mid-February 2021.
2. Your FIGmd Client Account Executive will help you through the submission process.
3. Please contact aaohnscams@figmd.com and reg-ent@entnet.org with any questions you may have.
Thank You
MIPS 2020 Submission Checklist

- Individual reporting vs. Group reporting
- Confirm MIPS eligibility
- Validate TIN and NPIs
- Review quality performance and scoring
- Provide eligible population and exceptions per measure (*webtool & EHR push sites only*)
- Make selections across all categories and review scoring
- Finalize selections
- Review and then sign Data Release Consent Form (DRCF)
- Confirm measure selections
- Submit to CMS
Important Dates and Deadlines

• December 31, 2020 – End of MIPS 2020 performance period
• January 2, 2021 – CMS opened submission period
• January 21, 2021 – Quality data refreshed for 2020 Q4 (for most SI practices)
  o Late January 2021 / Early February 2021
  o Reg-ent MIPS 2020 submission functionality released
• Eligible Population & Exceptions functionality released (EHR push and web tool sites)
• January 15, 2021 – Deadline for web tool practices to enter patient encounter data for the Quality performance category
• February 1, 2021 – Last day to apply for the CMS Extreme and Uncontrollable Exception application.
• March 1, 2021 – DRCFs signed and all data submissions to CMS through Reg-ent completed
• April 2, 2021 – CMS submission period closes
Q&A

We welcome everyone to post questions in the Q&A box. If you have practice specific questions, we kindly request that you email us at reg-ent@entnet.org and aaohnscams@figmd.com. Please remember to include your practice ID and practice name in the subject line.
Resources

Questions for the Reg-ent team? Contact reg-ent@entnet.org and aaohnscams@figmd.com


Dashboard and MIPS reporting user guides? Click the question mark icon on the top right corner of your dashboard to access additional resources and materials!
THANK YOU!