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

2020 MIPS SUBMISSION AND DATA VALIDATION AUDIT WEBINAR

JANUARY 15, 2021

12:00 PM EST – 1:00 PM EST

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY FOUNDATION

Introductions

AAO-HNSF Reg-ent Team

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- *Client Account Executive*

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- *Senior Team Lead*

Webinar Agenda

- Webinar Overview
- 2020 MIPS Overview
  - *DRCF Signing and Submission Process*
  - *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	Cost	Improvement Activities	Promoting Interoperability
45%	15%	15%	25%

Performance Threshold

- Payment Adjustments:
  - The maximum negative payment adjustment is -9%.
  - The maximum positive payment adjustment is 9%.
  - 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.

Final Score	Payment Adjustment
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:
  - 20 case minimum.
  - 70% of eligible patients/encounters.
    - **Provide Eligible Population and Exceptions for each measure for PUSH EHRs and webtool sites.**
- Measure Submission Requirements:
  - 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:
  - 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:**
  - Functionality: Must be in place at the beginning of the PY.
  - 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.

Improvement Activity Weight	Standard Scoring	Improvement Activity Weight Standard Scoring Special Status Scoring: Rural | Health Professional Shortage Area (HPSA) | Non-Patient Facing | Small Practice
Medium-Weighted Activity	10 Points	20 Points
High-Weighted Activity	20 Points	40 Points

Quality Scoring and Benchmarks

- 0 points are awarded to measures that do not meet the data completeness requirement.
  - Exception: Small practices will be awarded a maximum of 3 points.
- Reg-ent QCDR Measures:
  - If no historical benchmark the maximum score for that measure will be 3 points.
  - 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.

Reg-ent MIPS 2020 Submission Demonstration

MIPS 2020 Submission Dashboard Review

Version 1.0

January 15, 2021

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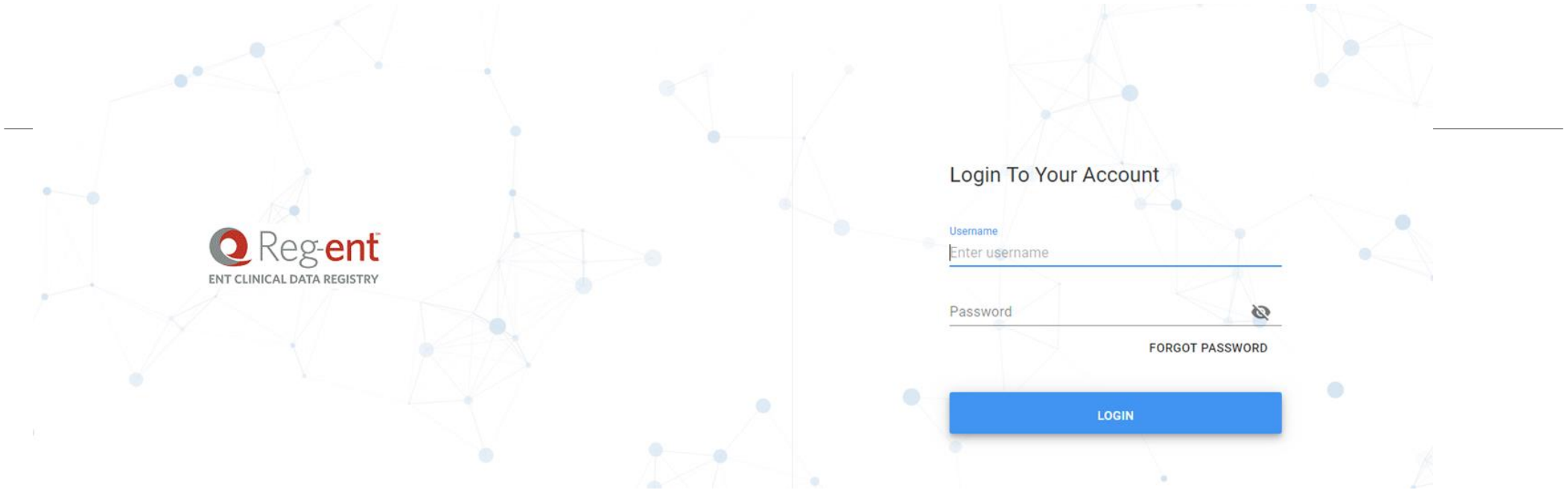
2020 Reg-ent Dashboard



Sign in to your 2020 Reg-ent Quality Performance Dashboard

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2020 Reg-ent Dashboard

Reg-ent
ENT CLINICAL DATA REGISTRY

TOUR

Quality Performance Dashboard

Practice: 6 - Web Demo practice

PRACTICE | CLINICIANS (31) | LOCATIONS (3)

AAOHNS 2020 | 01-01-2020 | 12-31-2020 | CHANGE

ALL | Favorites | EXPORT ALL

Updated on : Dec 7th, 2020 10:27 Data available till : Nov 1st, 2020

FAVORITE	ID	MEASURE		ACHIEVED PERFORMANCE		DC		
♡	AAO 12	Tympanostomy Tubes: Topical Ear Drop Monotherapy Acute Otorrhea	M	37.44%	0 %	0 %		EXPORT
♡	AAO 13	Bell's Palsy: Inappropriate Use of Magnetic Resonance Imaging or Computed Tomog...	M	26.73%	0 %	0 %		EXPORT
				87.89%				

Choose the MIPS Icon on the left

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Reporting Type

Reg-ent
ENT CLINICAL DATA REGISTRY

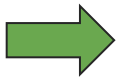
LEARN MORE ABOUT MIPS 2020

Select an appropriate reporting option to get started

Practice: 6 - Web Demo practice

Performance Year: 2020

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.

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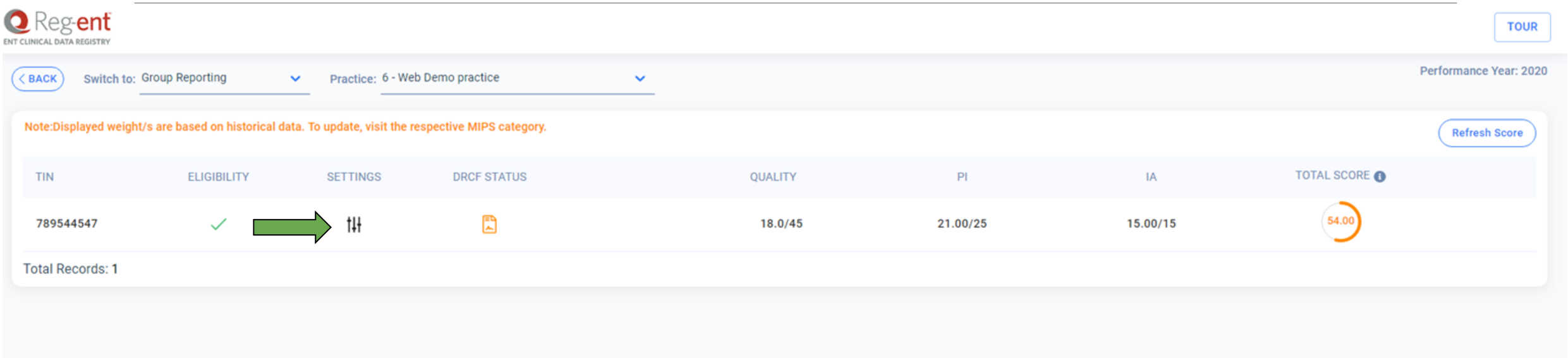
2020 MIPS Dashboard



Choose settings

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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.

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Validation Questions

FIGmd

Settings :

TIN : 789544547

* 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 — ○ Yes ◉ No

* 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 — ○ Yes ◉ No

* 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 — ○ Yes ◉ No

* 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 — ○ Yes ◉ No

* 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 — ◉ Yes ○ No

* Is the area that your group is reporting from designated as a rural area by FORHP (Federal Office of Rural Health Policy)? View More — ○ Yes ◉ No

* 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 — ○ Yes ◉ No

Questions Answered: 8 / 8

CLOSE UPDATE

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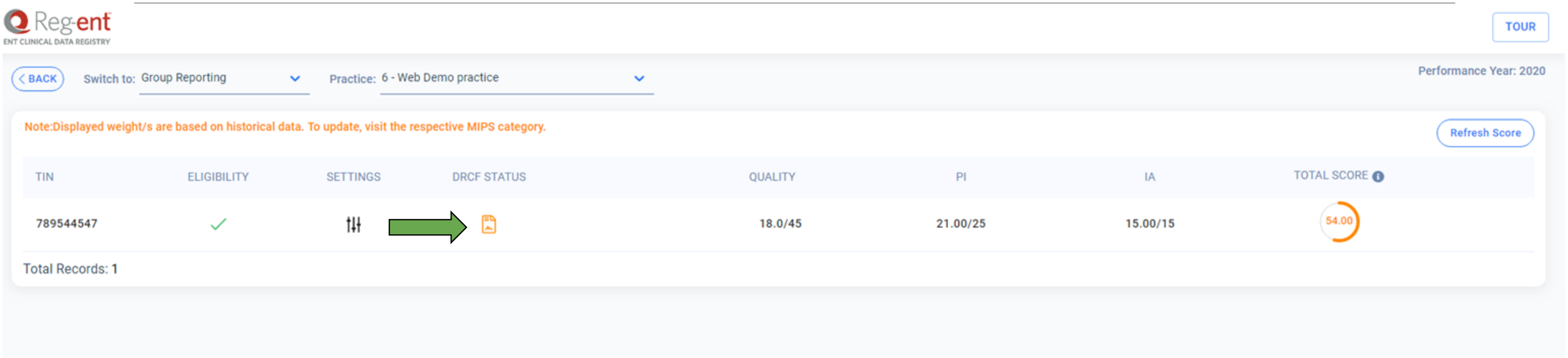
DRCF



Choose DRCF Icon

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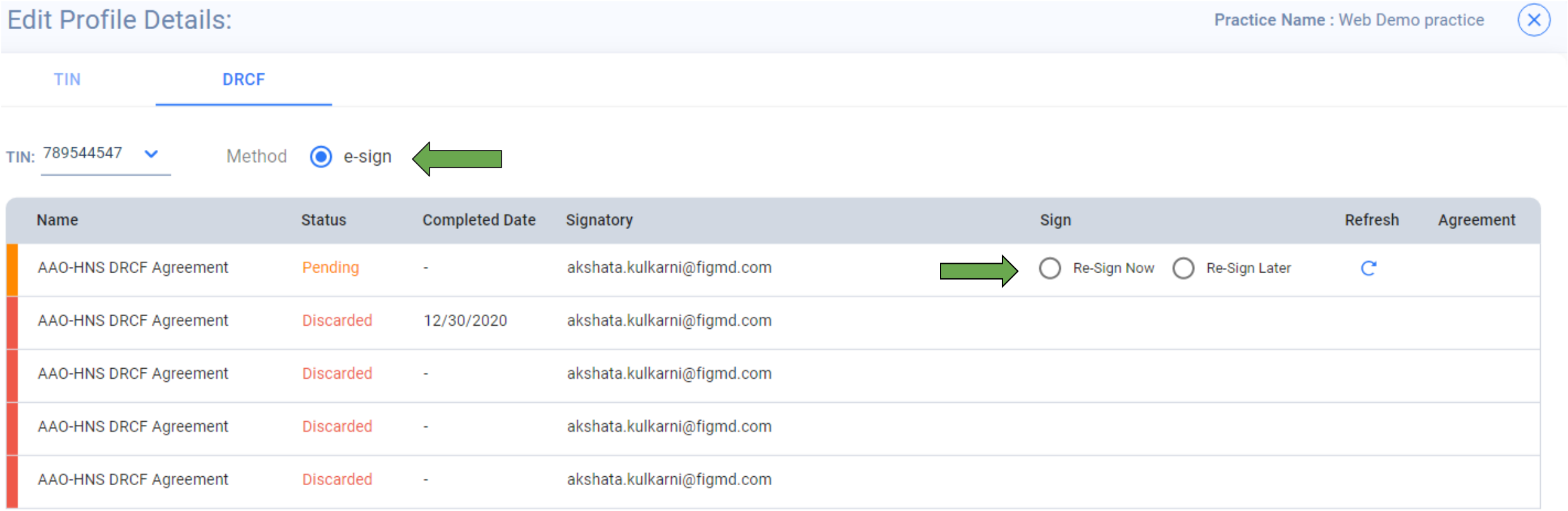
DRCF



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

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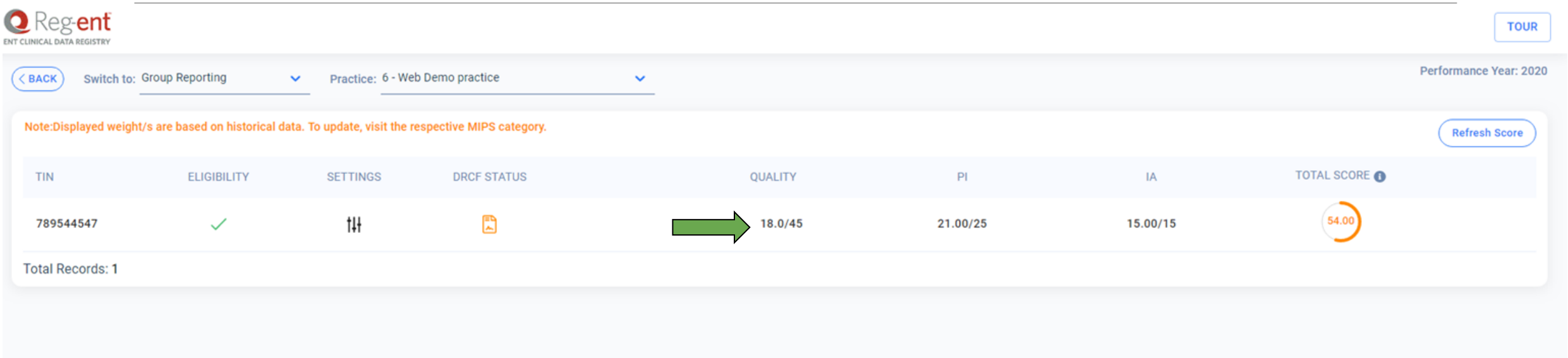
Quality Score



Choose Quality Number

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Quality Measure Scores

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TOUR

BACK | TIN: 789544547 | PERFORMANCE DURATION: 01/01/2020 to 12/31/2020 | PRACTICE: Web Demo practice | Submission key : QR

QUALITY | PI | IA

7 Measures selected (Select minimum 6 measures)

Outcome/High-priority measure selected (Select minimum 1 Outcome/High-priority measure)

2 Measures meeting 20 cases (All measures should meet minimum 20 cases)

Estimated Quality Points: 18.0 Points + 6 Bonus = 24.0/60 Total

Estimated Quality Weight: 18.0/45

All | Selected | Favorite

Measure Collection Type: Webtool_Measures 2020

REGISTRY ID QUALITY ID	MEASURE TITLE	DATA COMPLETENESS			NUM DEN	EXCL EXCPT	PERFORMANCE	POINTS
QPP 21 021	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin (Process)	500	43	17.60%	23/45	0/0	51.11	3.0
QPP 23 023	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) (Process)	600	70	14.67%	14/23	0/5	77.78	3.0
QPP 93 093	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use (Process)	12	1	83.33%	9/10	0/1	100	3.0
QPP 130 130	Documentation of Current Medications in the Medical Record (Process)	11	EP Exception	63.64%	3/7	0/0	42.86	3.0
QPP 355 355	Unplanned Reoperation within the 30 Day Postoperative Period (Outcome)	11		72.73%	2/8	0/NA	25	3.0

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Promoting Interoperability Score

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TOUR

BACK Switch to: Group Reporting Practice: 6 - Web Demo practice

Performance Year: 2020

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

Refresh Score

TIN	ELIGIBILITY	SETTINGS	DRCF STATUS	QUALITY	PI	IA	TOTAL SCORE
789544547	✓			18.0/45	21.00/25	15.00/15	54.00

Total Records: 1

Choose PI Number

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Promoting Interoperability Score

Reg-ent
ENT CLINICAL DATA REGISTRY

TOUR

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

QUALITY | PI | IA

CEHRT ID VALIDATION

ATTESTED
Click to change attestation

4 OBJECTIVES MET

Estimated PI Points: 79 Points + 5 Bonus = 84/100 Total

Estimated PI Weight: 21.00/25

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

MEASURE ID	MEASURE TITLE	CLAIM EXCLUSION	REPORTING REQUIREMENTS		PERFORMANCE	POINT
Electronic Prescribing						
PI_EP_1	e-Prescribing	Yes / No	78	89	88	9/10
PI_EP_2	Query of the Prescription Drug Monitoring Program (PDMP)		Yes / No			5/5
Health Information Exchange						
PI_HIE_1	Support Electronic Referral Loops By Sending Health Information	Yes / No	78	90	87	17/20
PI_HIE_4	Support Electronic Referral Loops By Receiving and Incorporating Health Information	Yes / No	34	45	76	15/20
Provider to Patient Exchange						

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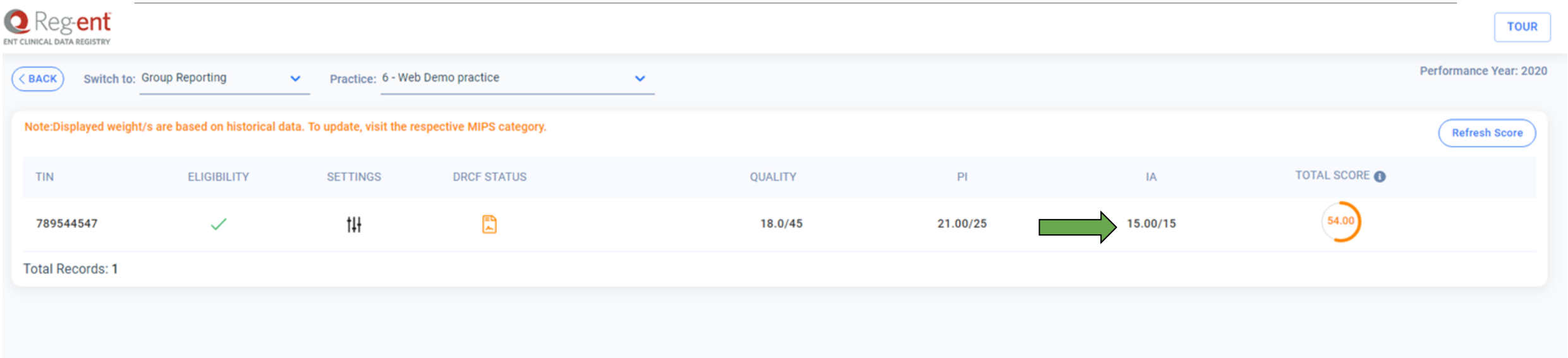
Improvement Activities Score



Choose IA Number

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Improvement Activities Score

Reg-ent
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TOUR

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

QUALITY | PI | IA

1 HIGH-WEIGHTED ACTIVITIES | 2 MEDIUM-WEIGHTED ACTIVITIES

Estimated IA Points: 40/40
Estimated IA Weight: 15.00/15

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.

Filter activities: All | Duration * : 02/28/2020 to 11/23/2020 | Activity Weight: All | Select Subcategory : Filter the activities by selecting the required subcategory.

IA_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.

ACTIVITY ID	ACTIVITY DESCRIPTION	Supporting Info	WEIGHT	POINT
Achieving Health Equity				
IA_AHE_1	Engagement of New Medicaid Patients and Follow-up	Edit/Review	High	40
IA_AHE_3	Promote Use of Patient-Reported Outcome Tools		High	40
IA_AHE_5	MIPS Eligible Clinician Leadership in Clinical Trials or CBPR		Medium	20

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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.

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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)
  - Late January 2021 / Early February 2021
  - 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.

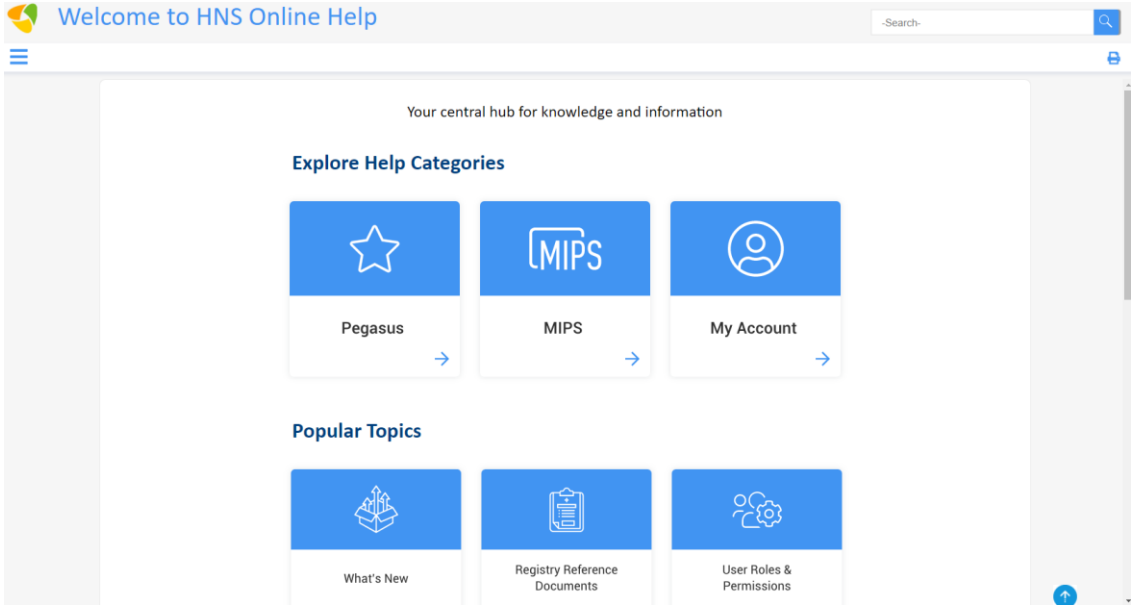
Please remember to include your practice ID and practice name in the subject line.

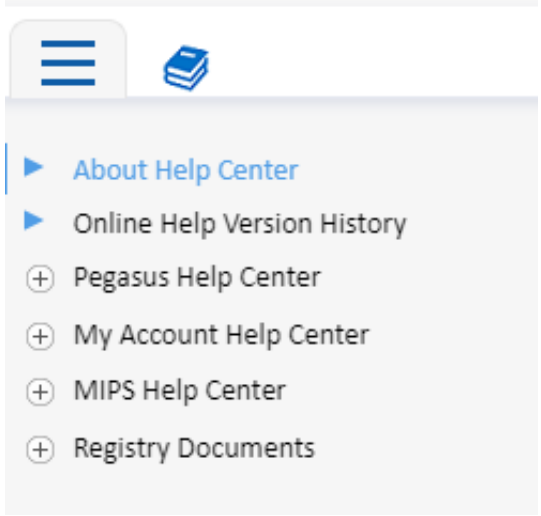
Resources

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

Quality Payment Program Questions? Visit https://qpp.cms.gov/

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!