



Reg-ent<sup>SM</sup>  
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



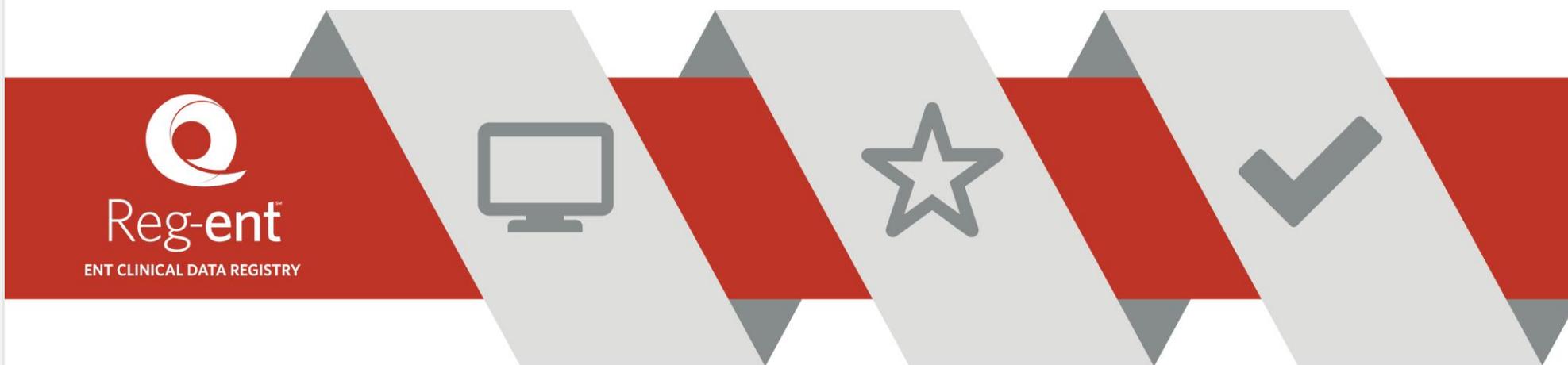
- AAO-HNSF Reg-ent Team
  - Cathlin Bowman
  - Laura McQueen
  - Julia K. Quintero



- 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%3D1b90b058db03670092d5365e7c96192](https://cmsqualitysupport.service.now.com/nav_to.do?uri=%2Fcom.glideapp.servicecatalog_cat_item_view.do%3Fv%3D1%26sysparm_id%3D1b90b058db03670092d5365e7c96192)

5

# 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



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY

F O U N D A T I O N

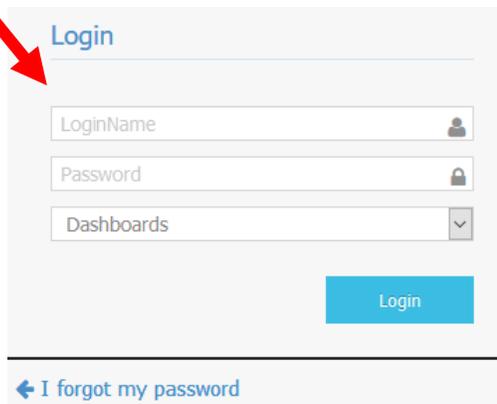
THE GLOBAL LEADER IN OPTIMIZING QUALITY EAR, NOSE, AND THROAT PATIENT CARE [www.entnet.org](http://www.entnet.org)

# Accessing the MIPS 2019 Module

Use this link to access the dashboard login page.

<https://regent.entnet.org/Dashboard/login.aspx>

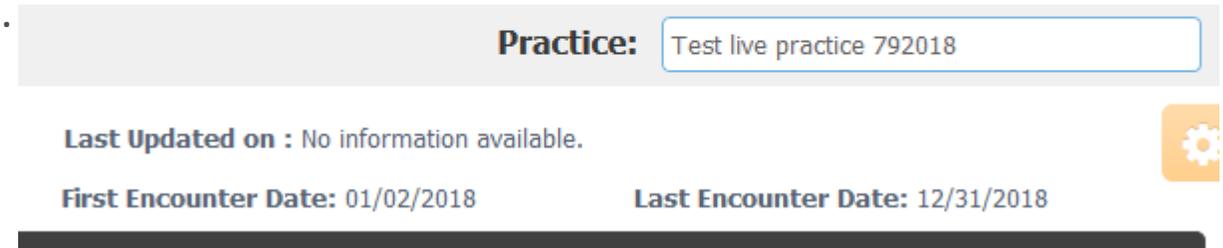
Enter your login credentials here.



The screenshot shows a login form with the following fields: 'LoginName' (with a user icon), 'Password' (with a lock icon), and 'Dashboards' (a dropdown menu). A blue 'Login' button is at the bottom right. Below the form is a link that says '← I forgot my password'.

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

[2019 Dashboard](#)



The screenshot shows the top of a dashboard page. It includes a 'Practice:' label followed by a text box containing 'Test live practice 792018'. Below this, it says 'Last Updated on : No information available.' and 'First Encounter Date: 01/02/2018' next to 'Last Encounter Date: 12/31/2018'. A gear icon is visible on the right side.

# 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.

The screenshot shows the Reg-ent ENT Clinical Data Registry interface. At the top, the logo 'Reg-ent ENT CLINICAL DATA REGISTRY' is visible. Below it is a navigation sidebar with several icons. The top icon, a star, is highlighted in blue. Below it are icons for a building, a graduation cap, a person with a shield, a clipboard, a document, and a bar chart. The bar chart icon is circled in red. The main content area is titled 'Quality Performance Dashboard' and shows a 'PRACTICE' view with 'CLINICIANS (26)'. It includes a table with columns for 'FAVORITE', 'ID', and 'MEASURE'.

FAVORITE	ID	MEASURE
♡	AA012	Tympanost
♡	AA013	Bell's Palsy Measure C

# Getting Started with the MIPS Module

Select an appropriate reporting option to get started

Practice: 512420 - Test live practice 792018 ▼ Performance Year: 2019 ▼



### 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).



### 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 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...

# Individual Reporting Landing Page

Jump To: Individual Reporting

Practice: 512420 - Test live practice 792018

Performance Year: 2019

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

Default Settings

NAME & NPI	TIN	ELIGIBILITY	SETTINGS	QUALITY	PI	IA
COLLEEN ADKINS 1689991879	+ ADD TIN	+		0/45	0/25	0/15
DENNIS BARCZ 1124008628	200000000	✓		0/70	NA	0/15
JACQUELINE AGENBROAD 1447222328	001411201	✓		0/70	NA	0/15
JOHN CAMPANA 1740373190	002019141	✓		0/45	0/25	0/15

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.

# Group Reporting Landing Page

Jump To: [Group Reporting](#) Practice: [512420 - Test live practice 792018](#) Performance Year: [2019](#)

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

TIN	ELIGIBILITY	SETTINGS	QUALITY	PI	IA
111111110	✓	††	11.3/45	25/25	15/15

Total Records: 1

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.

**Edit Profile Details:** Provider : DENNIS BARCZ    NPI : 1124008628 ✕

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**NPI Validation**      TIN

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Provider Name	NPI
<b>DENNIS BARCZ</b>	<b>1124008628</b>

**NPI of the clinician is valid.**

# Individual Reporting: Profile Details

TIN validation will be manually entered by you.

**Edit Profile Details:** Provider : DENNIS BARCZ NPI : 1124008628 ✕

**NPI Validation**      **TIN**

Do you want to submit against multiple TINs for the reporting period (Jan. 1, 2019 - Dec. 31, 2019)?  Yes  No

Add TIN *	Confirm TIN *	Valid From *	Valid To *
200000000	200000000	01/01/2019	12/31/2019

Locations \*

Testloc11 ✕

MIPS Eligibility\* (To verify your MIPS Eligibility [Click Here](#))

Eligible  Not-Eligible

Note: Updating the TIN, will void/discard previously generated or signed DRCF(if any) UPDATE

[+ ADD TIN](#)

This is where to confirm your eligibility or Opt-in to report MIPS

# Group Reporting: Profile Details

Edit Profile Details: Practice Name : Test live practice 792018

**TIN**

Do you want to submit against multiple TINs for the reporting period (Jan. 1, 2019 - Dec. 31, 2019)?  Yes  No

Add TIN *	Confirm TIN *	Valid From *	Valid To *
111111110	111111110	01/01/2019	12/31/2019

Locations \*  x | v

Providers \*  x | v

MIPS Eligibility (To verify your MIPS Eligibility [Click Here](#))

Eligible  Not-Eligible

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

[+ ADD TIN](#)

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](#).

# 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.

Settings : TIN : 111111110

**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  [CHANGE ID](#)

Your CEHRT ID is valid and certified for 2015 edition.

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

\* 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

Questions Answered: 7 / 7 [CLOSE](#) [UPDATE](#)

# 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](#)  Yes  No ▼

\* Is the area that your group is reporting from designated as a rural area by HRSA (Health Resources & Services Administration)? [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: 7 / 7 CLOSE UPDATE

# Performance Categories

Jump To: Group Reporting Practice: 512420 - Test live practice 792018 Performance Year: 2019

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

TIN	ELIGIBILITY	SETTINGS	QUALITY	PI	IA
111111110	✓	⚙️	0/45	0/25	0/15

Total Records: 1

To review and/or enter data for any of the performance categories, click on the icons highlighted with the red circle.

# 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)

Estimated Quality Points: 0 Points + 0 Bonus = 0/60 Total

Estimated Quality Weight: 0/45

Measure Collection Type: SL-Measures 2019

REGISTRY ID QUALITY ID	MEASURE TITLE	NUM DEN	EXCL EXCPT	PERFORMANCE	POINTS
<input type="checkbox"/> <input type="heart"/> AA013	Bell's Palsy: Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan Process Operational	18 40	0 22	100	3.0
<input type="checkbox"/> <input type="heart"/> QPP 404 404	Anesthesiology Smoking Abstinence Intermediate Outcome Operational	34 56	0 NA	60.71	5.6
<input type="checkbox"/> <input type="heart"/> AA027	Tympanostomy Tubes: Resolution of Otitis Media with Effusion in Children Outcome Operational	46 60	0 14	100	3.0

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

QUALITY    PI    IA

2 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: 6.0 Points + 9 Bonus = 15.0/60 Total  
 Estimated Quality Weight: 11.3/45

All | Selected | Favorite Measure Collection Type: SI\_Measures 2019

REGISTRY ID QUALITY ID	MEASURE TITLE	NUM DEN	EXCL EXCPT	PERFORMANCE	POINTS
<input checked="" type="checkbox"/> AA013	Bell's Palsy: Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan Process Operational	18/40	0/22	100	3.0
<input type="checkbox"/> QPP 404 404	Anesthesiology Smoking Abstinence Intermediate Outcome Operational	34/56	0/NA	60.71	5.6
<input checked="" type="checkbox"/> AA027	Tympanostomy Tubes: Resolution of Otitis Media with Effusion in Children Outcome Operational	46/60	0/14	100	3.0

Take note of how the icons change once measures are selected.

# Quality Measure Performance Details

All | Selected | Favorite

Measure Collection Type: SL Measures 2019

REGISTRY ID QUALITY ID	MEASURE TITLE		NUM DEN	EXCL EXCPT	PERFORMANCE	POINTS
<input checked="" type="checkbox"/>  AA013	Bell's Palsy: Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan Process Operational 	 	18 40	0 22		3.0 
<input checked="" type="checkbox"/>  AA027	Tympanostomy Tubes: Resolution of Otitis Media with Effusion in Children Outcome Operational 	 	46 60	0 14		3.0 
<input type="checkbox"/>  AA029	Quality of Life for Patients with Neurotology Disorders Patient Reported Outcome Operational 	 	9 20	6 5		3.0 

*Take note of your Numerator/Denominator totals and your Exclusions and Exceptions.*

# 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.*

QPP 110 Preventive Care and Screening: Influenza Immunization 19/38 0/8 63.33 5.8

Process Operational

Decile Range

Decile points	1	2	3	4	5	6	7	8	9	10
Performance rate range	NA	NA	29.85 - 41.42	41.43 - 53.84	53.85 - 66.02	66.03 - 76.93	76.94 - 87.80	87.81 - 96.40	96.41 - 99.99	100.00 - 100.00

REGISTRY ID QUALITY ID	MEASURE TITLE		NUM DEN	EXCL EXCPT	PERFORMANCE	POINTS
AA013	Bell's Palsy: Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan	<span>★</span> <span>↓</span>	18 40	0 22	100	3.0

You have been awarded 3 points for this measure since there is no decile range present.

# 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](#).
- 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

### Attestations

Attested: 0 / 4

Note: To be able to report for the PI category of MIPS, you will need to attest as Yes to all the mandatory attestations.

1. PL\_ONCDIR\_1: **ONC Direct Review Attestation \***

I attest that I -  Yes  No

<p><b>(1)</b> Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and;</p> <p><b>(2)</b> If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT</p>	<p>Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.</p>
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2. PL\_INFBL0\_1: **Prevention of Information Blocking Attestation \***

I attest to CMS that I -  Yes  No

<p><b>(A)</b> did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.</p> <p><b>(B)</b> Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times:</p> <ul style="list-style-type: none"><li>Connected in accordance with applicable law;</li><li>Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part</li></ul>	<ul style="list-style-type: none"><li>Implemented in a manner that allowed for timely access by patients to their electronic health information; and</li><li>Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated health care providers, and with disparate certified EHR technology and vendors.</li></ul> <p><b>(C)</b> Responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestors affiliation or technology vendor.</p>
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CANCEL SAVE

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

# PI Category Attestations

Attestations Attested: 0 / 4

Note: To be able to report for the PI category of MIPS, you will need to attest as Yes to all the mandatory attestations.

standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;

and other persons, regardless of the requestors affiliation or technology vendor.

3. PI\_PPHI\_1: Security risk analysis  \*

I attest that I -  Yes  No

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by CEHRT

in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinicians risk management process.

4. PI\_ONCACB\_1 : ONC-ACB Surveillance Attestation

I have -  Yes  No

(1) Acknowledged the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and

(2) If requested, cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT

Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.

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

# Promoting Interoperability

The screenshot shows a dashboard with three tabs: QUALITY, PI (selected), and IA. Under the PI tab, there are three status indicators: a green checkmark for 'CEHRT ID VALIDATION', a green checkmark for 'ATTESTED' with a link 'Click to change attestation', and a red '0' for 'OBJECTIVES MET'. To the right, a summary box shows 'Estimated PI Points' as 0 Points + 0 Bonus = 0/100 Total, and 'Estimated PI Weight' as 0/25. Below the indicators is a 'Duration' field with two date pickers and a red instruction: 'Select any 90-day consecutive duration to report data for the PI category.'

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

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

# PI Measure Details

QUALITY **PI** IA

CEHRT ID VALIDATION <sup>i</sup> ATTESTED   
 Click to change attestation OBJECTIVES MET <sup>i</sup>

Estimated PI Points: 0 Points + 0 Bonus = 0/100 Total  
Estimated PI Weight: 0/25

Duration: 06/01/2019 to 08/31/2019

MEASURE ID	MEASURE TITLE	CLAIM EXCLUSION	REPORTING REQUIREMENTS	PERFORMANCE	POINT
<b>Electronic Prescribing</b>					
<input checked="" type="checkbox"/> PL_EP_1	e-Prescribing	<input type="radio"/> Yes <input type="radio"/> No	Numerator <input type="text"/> Denominator <input type="text"/>	NA	0/10
<b>Health Information Exchange</b>					
<input checked="" type="checkbox"/> PL_HIE_1	Support Electronic Referral Loops By Sending Health Information	<input type="radio"/> Yes <input type="radio"/> No	Numerator <input type="text"/> Denominator <input type="text"/>	NA	0/20
<input checked="" type="checkbox"/> PL_HIE_4	Support Electronic Referral Loops By Receiving and Incorporating Health Information	<input type="radio"/> Yes <input type="radio"/> No	Numerator <input type="text"/> Denominator <input type="text"/>	NA	0/20
<b>Provider to Patient Exchange</b>					
<input checked="" type="checkbox"/> PL_PEA_1	Provide Patients Electronic Access to Their Health Information		Numerator <input type="text"/> Denominator <input type="text"/>	NA	0/40

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.

**Public Health and Clinical Data Exchange** 0/10  
Select minimum 2 from these measures:

<input type="checkbox"/>	PL_PHCDRR_1	Immunization Registry Reporting 	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/>	PL_PHCDRR_2	Syndromic Surveillance Reporting 	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/>	PL_PHCDRR_3	Electronic Case Reporting 	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/>	PL_PHCDRR_4	Public Health Registry Reporting 	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/>	PL_PHCDRR_5	Clinical Data Registry Reporting 	<input type="radio"/> Yes <input type="radio"/> No



# Optional PI Measures for Bonus Points

Electronic Prescribing									
<input checked="" type="checkbox"/>	PI_EP_1	e-Prescribing			<input type="radio"/> Yes <input checked="" type="radio"/> No	10	10	100	10/10
<input type="checkbox"/>	PI_EP_2	Query of the Prescription Drug Monitoring Program (PDMP)				Numerator	Denominator	NA	0/5
<input type="checkbox"/>	PI_EP_3	Verify Opioid Treatment Agreement				Numerator	Denominator	NA	0/5

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

QUALITY IA

**0** HIGH-WEIGHTED ACTIVITIES      **0** MEDIUM-WEIGHTED ACTIVITIES

Estimated IA Points: **0/40**      Estimated IA Weight: **0/15**

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.

All | Selected | Favorites      Duration: MM/DD/YYYY to MM/DD/YYYY

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.

Activities: All      Select subcategory: Filter the activities by selecting the required subcategory.

ACTIVITY ID	ACTIVITY DESCRIPTION	WEIGHT	POINT
<b>Achieving Health Equity</b>			
<input type="checkbox"/> <input type="heart"/> IA_AHE_1	Engagement of New Medicaid Patients and Follow-up	High	40
<input type="checkbox"/> <input type="heart"/> IA_AHE_2	Leveraging a QCDR to standardize processes for screening	Medium	20

The points for High- and Medium-Weighted activities is based on your practice size/the applicable Settings question.

# Registry Favorites

Once you select your activities, your score will populate here.

QUALITY    PI    IA

0 HIGH-WEIGHTED ACTIVITIES    2 MEDIUM-WEIGHTED ACTIVITIES

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.

All **Selected** Favorites    Duration: 10/01/2019 to 12/31/2019

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.

Activities: All    Select subcategory: **Registry Favorite**

ACTIVITY ID	ACTIVITY DESCRIPTION	WEIGHT	POINT
<b>Registry Favorite</b>			
<input checked="" type="checkbox"/> IA_BE_2	Use of QCDR to support clinical decision making	Medium	20
<input checked="" type="checkbox"/> IA_BE_4	Engagement of patients through implementation of improvements in patient portal	Medium	20

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

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  
v1.0

-   
Get Started Here
-   
User Roles & Permissions
-   
Registry Documents

[TOUR](#) 

Practice: 512420 - Test live practice 792018 | 

Updated on : Dec 9<sup>th</sup>, 2019 07:25    Data available till : Oct 9<sup>th</sup>, 2019

AAOHNS 2019    01-01-2019    12-09-2019    [CHANGE](#)

# 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](http://www.reg-ent.org)
- Reg-ent 2019 Quality Measures
  - <https://www.entnet.org/Reg-ent-MIPS-2019-Reporting>
- Email communications

# Additional MIPS 2019 Resources

- AAO-HNS MIPS and APMs Webpage
  - <https://www.entnet.org/content/quality-payment-program-advocacy>
- CMS Quality Payment Program Webpage
  - <https://qpp.cms.gov/>
- CMS QPP Participation Status Lookup Tool
  - <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>

# 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](mailto:reg-ent@entnet.org)
  - FIGmd Reg-ent Client Account Support (CAS) team
    - [aaohnscams@figmd.com](mailto: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](http://www.reg-ent.org)
- Stay up-to-date with Reg-ent:
  - *OTO News*
  - *Reg-ent Report* Newsletter
  - *Bulletin*



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