



Succeed with PQRS + Behind the Scenes Look at our Reporting Tools

It's not too late to participate in PQRS and
avoid the penalty of up to 6%.



Presented by:
Dr. Dan Mingle
President and CEO



What we plan to cover:

- ✓ Why should your practice participate?
- ✓ An overview of PQRS
- ✓ Who is subject to PQRS in 2016?
- ✓ A look at PQRS Solutions™ tools
- ✓ A special offer for you and your practice

Q&A

We'll stay on after the 30-minute mark to answer your questions.

Why Participate?

\$ on the Line

At Risk

	PQRS Adjustment (-2%)		Value Modifier Adjustment (-2%)	Value Modifier Adjustment (-4%)
Based On	Failure to make a qualifying PQRS Submission		Groups < 10 Providers where ≥ 50% did not submit PQRS	Groups ≥ 10 Providers where ≥ 50% did not submit PQRS
	Average	Max	Average	Average
MD/DO	\$2,000 / Provider	\$335,000 / Provider	\$2,000 / Provider	\$4,000 / Provider
Other Provider	\$650 / Provider	\$40,000 / Provider	\$650 / Provider	\$1,300 / Provider

Based on CMS 2013 PQRS Experience Report

Money to be Made

Earn an incentive if top performer based on Quality or Cost:

+1x-2x% throughout 2018 for *High Quality Care*

+1x-2x% throughout 2018 for *Low Cost Care*

Remember: +9% plus bonus potential by 2022 under MIPS

Who is Subject to PQRS?

Essentially: Any Provider who Generates a Bill to Medicare Part B Covered by the Physician Fee Schedule

Providers Employed by Critical Access Hospitals

- Required if you submit method Type II billing
- Can participate PQRS if NPI is on the bill

Exempt from PQRS:

- Federally Qualified Health Center (FQHC) (except Part B Charges)
- Independent Diagnostic Testing Facilities
- Independent Laboratories

Eligible Providers by Credentials

Physicians

Doctors of:

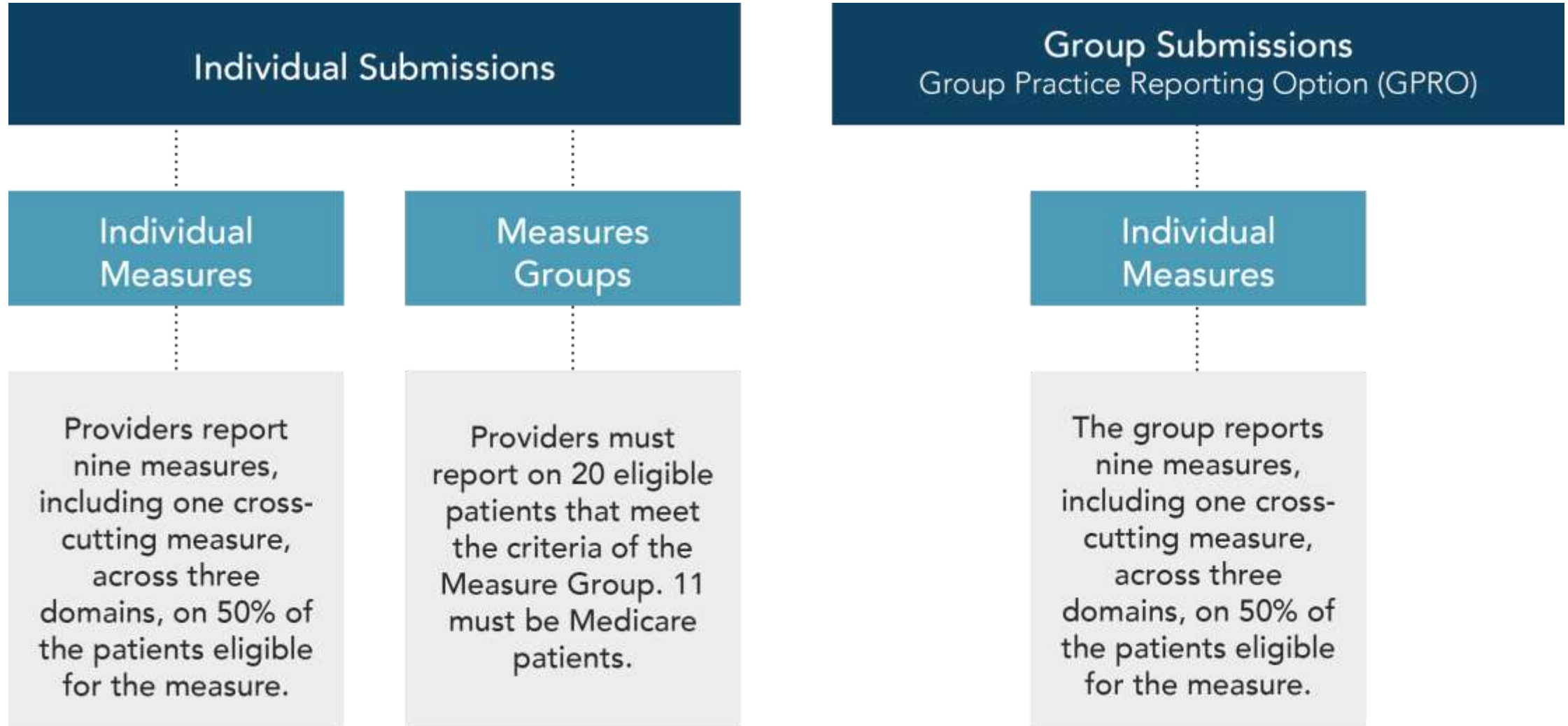
- Chiropracty
- Dental Medicine
- Dental Surgery
- Medicine
- Optometry
- Osteopathy
- Podiatric Medicine

Non-Physicians

- Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- Physician Assistant (PA)

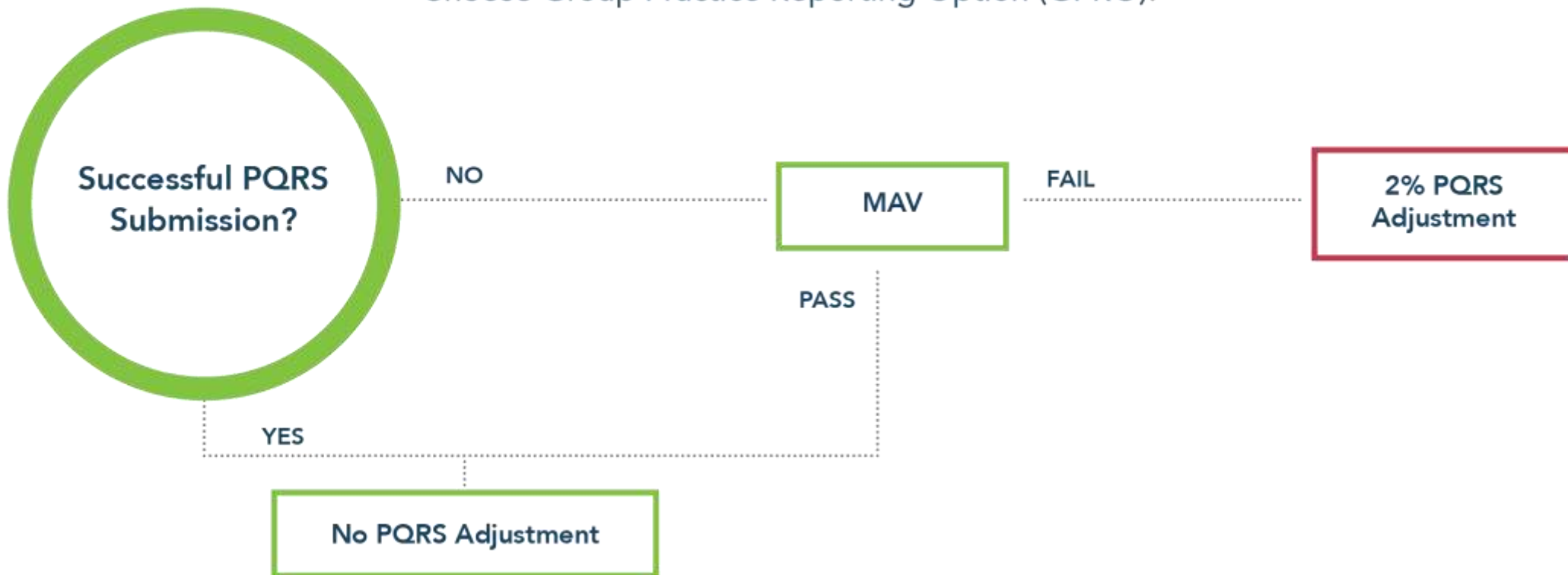
- Audiologist
- Certified Nurse Midwife
(CRNA)
- Clinical Psychologist
- Clinical Social Worker
- Physical or Occupational Therapist
- Registered Dietician or Nutrition Professional
- Speech-Language Pathologist

2016 Registry Reporting Options



Checkpoint One

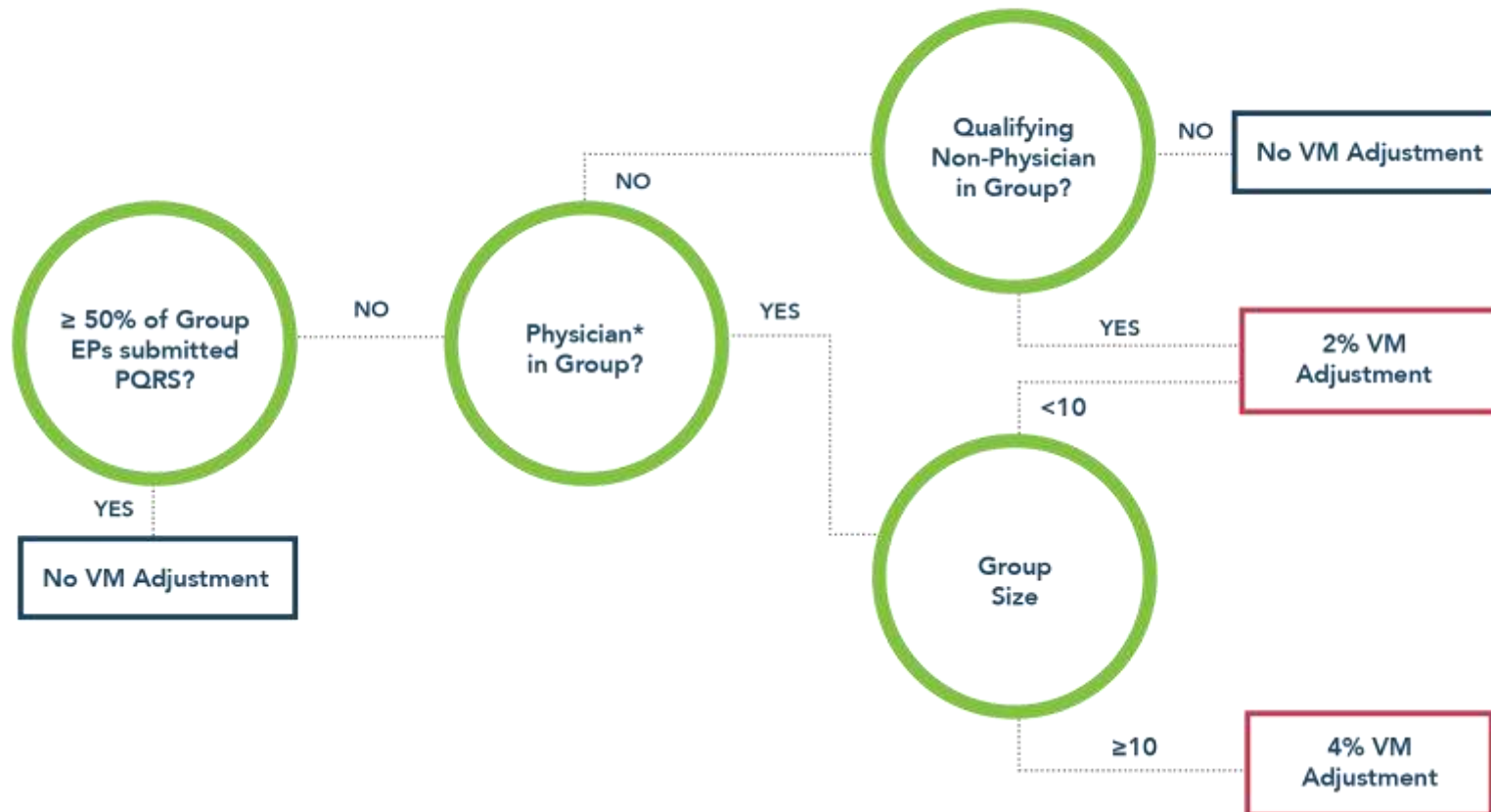
You Pass or Fail in PQRS Individually Unless You Deliberately Choose Group Practice Reporting Option (GPRO).



Checkpoint Two

Value Modifier 2016

You Pass or Fail in VM as a Group



Checkpoint Three

VM Quality Tiering

Non-Physicians Group or Solo			
Low Quality	Avg Quality	High Quality	
0	+1x%	+2x%	Low Cost
0	0	+1x%	Avg Cost
0	0	0	High Cost

Physicians Group of 1-9			
Low Quality	Avg Quality	High Quality	
0	+1x%	+2x%	Low Cost
-1%	0	+1x%	Avg Cost
-2%	-1%	0	High Cost

Physicians Group of 10 or More			
Low Quality	Avg Quality	High Quality	
0	+2x%	+4x%	Low Cost
-2%	0	+2x%	Avg Cost
-4%	-2%	0	High Cost

3 Checkpoints

Checkpoints	Judged as	Submit as	Adjustment
PQRS	Practice-Provider	Individual or Group (GPRO)	0 or -2%
Value Modifier	Practice Group	Group or $\geq 50\%$ Individuals	0 or -2% or -4%
VM Quality Tiering	Practice Group	Group	-2% to +2x% on Cost -2% to +2x% on Quality



VM Quality Tying

Non-Physicians Group or Solo			
Low Quality	Avg Quality	High Quality	
0	+1x%	+2x%	Low Cost
0	0	+1x%	Avg Cost
0	0	0	High Cost

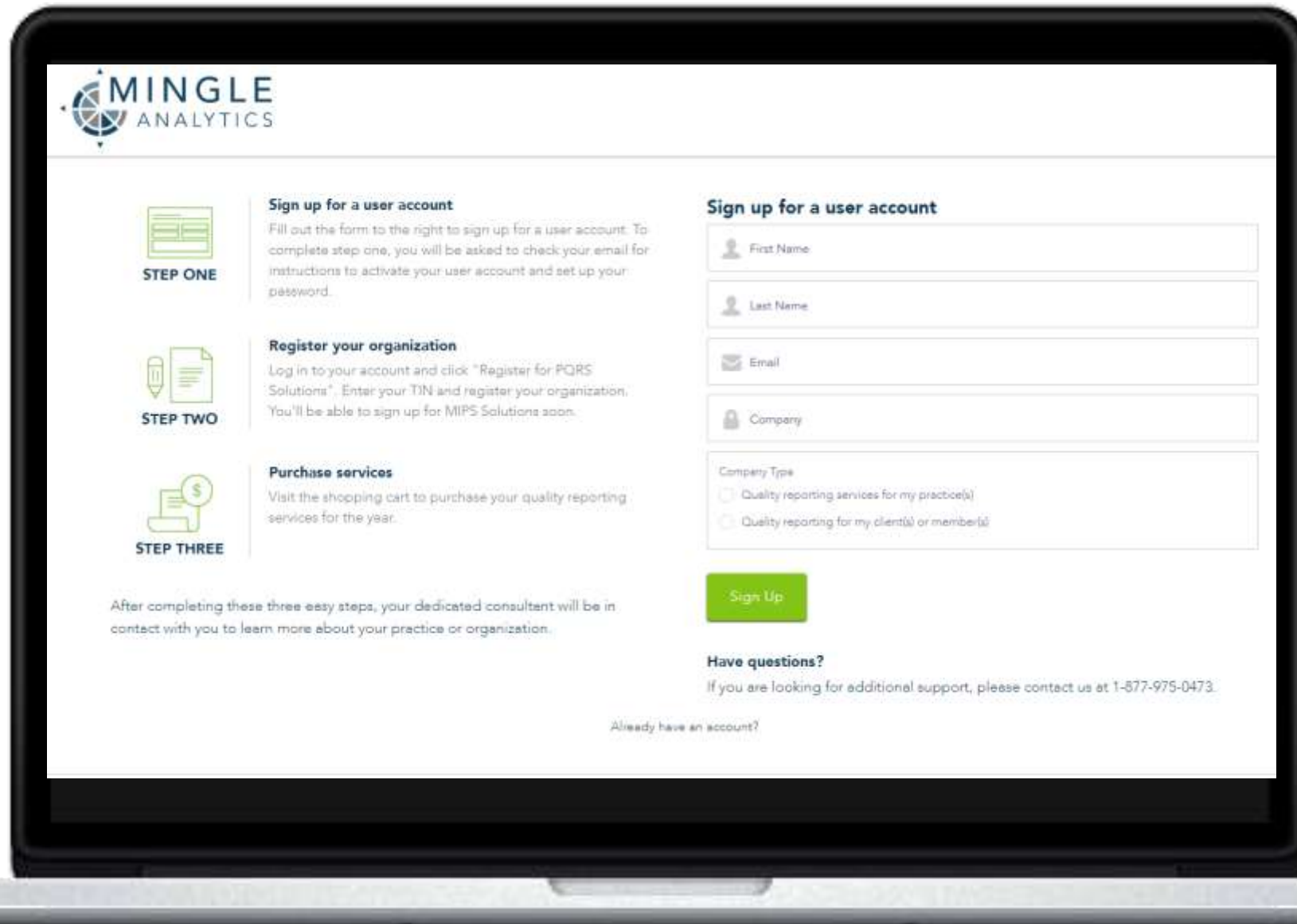
Physicians Group of 1-9			
Low Quality	Avg Quality	High Quality	
0	+1x%	+2x%	Low Cost
-1%	0	+1x%	Avg Cost
-2%	-1%	0	High Cost

Physicians Group of 10 or More			
Low Quality	Avg Quality	High Quality	
0	+2x%	+4x%	Low Cost
-2%	0	+2x%	Avg Cost
-4%	-2%	0	High Cost



A behind the scenes
look at PQRS Solutions™

Registration is simple.



Welcome to the Mingle Portal



1-866-359-4458 | holly.williams@pqrssolutions.com | Log out

Search... [Search](#)

[Home](#) | [GET STARTED](#) | [TOPICS](#) | [SUPPORT](#)

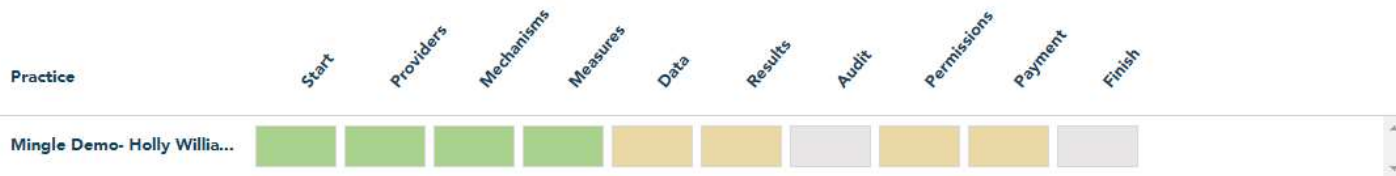
Welcome

The Mingle Analytics Platform Portal is our next phase in adding more value to your experience. You'll see lots of new, helpful features here in the weeks to come.

[Submission Dashboard](#)

Select a year

- 2016 PQRS
- 2017 MIPS



File List

UPLOAD DATE	FILE TYPE	STATUS
-------------	-----------	--------

Previous Submissions

PRACTICE	SUBMISSION YEAR	STATUS
----------	-----------------	--------



The 10-Step Process to Success

Dashboard Document Library Tools Shopping Cart Manage

Submission Process Start Process Submission Year 2016: Mingle Demo: Holly Willia... TIN: 100015534

1 Start Process [▶](#) **Organization Information** [✎ Edit](#)

Mingle Demo: Holly Williams - Demo
TIN: 100015534
41 Boulder Dr
Sabattus, ME 04280
(207) 513-6948

2 Enter Provider Info [▶](#)

3 Select Mechanism [▶](#) **PQRS Administrator**
Holly Williams
hollyw@mingleanalytics.com

4 Select Measures **Submission Year**

Change the submission year for which you are entering or viewing data.
2016 [▼](#) Ready to start the next submission year?

5 Enter Data [▶](#)

6 Review Results [▶](#)

7 Audit [▶](#)

8 Send Permissions [▶](#)

9 Pay for Submission [▶](#)

10 Finish [▶](#)

Practice Information [+](#) [Add Practice](#)

Select TIN to expand and edit details. The green checkmark shows which practice is selected for data entry.

✓ TIN: 100015534 Mingle Demo: Holly Williams - Demo

41 Boulder Dr
Sabattus, ME 04280 [✎ Edit](#)

Primary Contact
Holly Williams

Measure Advisor™

We'll start by helping you select measures that are meaningful to you.

Measure Advisor

Select Year

2016

▲ Measure Name

- | | |
|----|-----------------------------------|
| 1 | Diabetes: Hemoglobin A1c (HbA1c) |
| 5 | Heart Failure (HF): Angiotensin-C |
| 6 | Coronary Artery Disease (CAD): |
| 7 | Coronary Artery Disease (CAD): |
| 8 | Heart Failure (HF): Beta-Blocker |
| 32 | Stroke and Stroke Rehabilitation: |
| 39 | Screening for Osteoporosis for W |
| 41 | Osteoporosis: Pharmacologic Th |
| 46 | Medication Reconciliation Post-D |
| 47 | Care Plan |
| 48 | Urinary Incontinence: Assessme |
| 50 | Urinary Incontinence: Plan of Car |
| 51 | Chronic Obstructive Pulmonary D |
| 52 | Chronic Obstructive Pulmonary D |
| 53 | Asthma: Pharmacologic Therapy |
| 65 | Appropriate Treatment for Childre |
| 66 | Appropriate Testing for Children |

Measure #1 (NQF 0059): Diabetes: Hemoglobin A1c Poor Control – National Quality Strategy
Domain: Effective Clinical Care

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

INSTRUCTIONS:

This measure is to be reported a minimum of **once per reporting period** for patients with diabetes seen during the reporting period. The most recent quality-data code submitted will be used for performance calculation. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Claims:

ICD-10-CM diagnosis codes, CPT or HCPCS codes, and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-10-CM diagnosis codes, CPT or HCPCS codes, and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The reporting modifier allowed for this measure is: 8P- reason not otherwise specified. There are no allowable performance exclusions for this measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

ICD-10-CM diagnosis codes, CPT codes or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:

Patients 18 - 75 years of age with diabetes with a visit during the measurement period

Denominator Criteria (Eligible Cases):

Patients 18 through 75 years of age on date of encounter

AND

Diagnosis for diabetes (ICD-10-CM): E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.45, E10.51, E10.52, E10.59, E10.60, E10.61, E10.62, E10.63, E10.69, E10.70, E10.71, E10.72, E10.79, E10.80, E10.81, E10.82, E10.89, E10.90, E10.91, E10.92, E10.99

Measure Set

- Diabetes
- Diabetes
- Diabetes
- Diabetes
- Diabetes

Performance	Extraction
★★★★★	Performance
★★	Performance
★★★★★	Performance
★★	Performance
★★	Performance
★★★★★	Performance
★★★★★	Performance
★★★	Performance
★★★★★	Performance
★★★★★	Performance
★★★★★	Performance
★★★★★	Performance
★★★★★	Performance
★★★★	Performance
★★★★	Performance
★★★	Performance
★★★★	Performance
★★★★	Performance
★★★	Performance

Measure and Incentive Analyzer™

Or Send us your practice management data.

TIN	NPI	Visit Date	CPT	ICD 1	ICD 2	ICD 3	Modifiers	POS	MRN	DOB	Gender	First Name	Last Name	Primary Insurer	Secondary Insurer
157348736	1154372167	08/10/2016	G9172	R47.1	Z02.1	S12.200A	GN	11	1001	03/31/1955	M	Joe	Schmoe	Blue Cross	Medicare Part B
111111111	1154372167	03/05/2016	92507	R49.0	Z37.59		26 RT	11	3867	02/27/1938	F	Jane	Doe	Medicare Part B	AARP
157348736	1345678905	03/17/2016	99211	I21.19			25	11	0452	03/01/1980	F	Ellen	King	Medicare Part B	AARP
111111111	1154372167	03/29/2016	95816	I50.23	N07.5	I21.19	GW 26	21	9813	07/08/1937	M	Ron	Schwan	Medicare Part B	AARP

What you, as the client, sends to us:

- Excel, .txt, .csv file (template and specifications available)
- Typically generated from your Practice Management system or provided by your Billing Department

You'll get an in-depth report to help guide your decisions.

Identify Measure Eligibility

MINGLE ANALYTICS Measure and Incentive Analyzer
[Practice Name Here]

Individual Measure by measure

	PROVIDER, A	PROVIDER, B	PROVIDER, C	PROVIDER, D	PROVIDER, E	PROVIDER, F	PROVIDER, G	PROVIDER, H	PROVIDER, I	PROVIDER, J	PROVIDER, K	PROVIDER, L	PROVIDER, M	PROVIDER, N
Communication and Care Coordination														
131: Pain Assessment and Follow-Up	47	211	382	73			818	50	295	349	44			
155: Falls: Plan of Care	38	153	198	63			541	32	217	188	37			
411: Depression Remission at Six Months							2		1					
47: Care Plan	175	312	368	148	18	23	622	119	294	395	134	26	20	21
Community/Population Health														
110: Preventive Care and Screening: Influenza Immunization	26	105	146	36			345	19	122	143	12			
111: Pneumococcal Vaccination Status for Older Adults	38	153	198	60			541	32	217	188	37			
128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	43	185	254	67			627	36	235	241	40			
226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	43	185	254	67			627	36	235	241	40			
431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	3	23	94	4			150	9	38	77	3			
Effective Clinical Care														
1: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)		2	13	1		1	12		2	15	2			3
112: Breast Cancer Screening	10	66	67	15			145	10	49	69	11			
164: Coronary Artery Bypass Graft (CABG): Prolonged Intubation	32		2	33	24	44		26	43	1	43	34	37	
178: Rheumatoid Arthritis (RA): Functional Status Assessment			1							1				
187: Stroke and Stroke Rehabilitation: Thrombolytic Therapy	2	6	6	1			3	1	1	1	2			
236: Controlling High Blood Pressure	2	2	6	3			7	5	10	10	1			
326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	4	5	2	9			6	13	24	7	9			
414: Evaluation or Interview for Risk of Opioid Misuse	43	185	254	67			627	36	235	241	40			
Efficiency and Cost Reduction														
224-1: Melanoma: Overutilization of Imaging Studies in Melanoma		2												
Patient Safety														
130: Documentation of Current Medications in the Medical Record	95	298	550	126		2	897	79	336	600	81			21
154: Falls: Risk Assessment	38	153	198	63			541	32	217	188	37			
76: Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	1	19	59				23		4	47				2
Person and Caregiver-Centered Experience and Outcomes														
342: Pain Brought Under Control Within 48 Hours	172	262	298	139	24	27	151	129	131	357	140	32	24	37
358: Patient-Centered Surgical Risk Assessment and Communication	27	113	178	28	38	34	129	23	57	217	26	34	44	203


MINGLE ANALYTICS Measure and Incentive Analyzer
[Practice Name Here]

Group Measure

Practice	Domain	Measure	Elig Inst
12345	[Practice Name Here]		
		Communication and Care Coordination	
		131: Pain Assessment and Follow-Up	2,265
		411: Depression Remission at Six Months	2
		47: Care Plan	1,841
		Community/Population Health	
		110: Preventive Care and Screening: Influenza Immunization	934
		111: Pneumococcal Vaccination Status for Older Adults	1,397
		128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	1,039
		226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	1,039
		431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	444
		Effective Clinical Care	
		1: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	22
		112: Breast Cancer Screening	423
		164: Coronary Artery Bypass Graft (CABG): Prolonged Intubation	174
		178: Rheumatoid Arthritis (RA): Functional Status Assessment	1
		187: Stroke and Stroke Rehabilitation: Thrombolytic Therapy	19
		236: Controlling High Blood Pressure	41
		326: Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	76
		414: Evaluation or Interview for Risk of Opioid Misuse	1,039
		Efficiency and Cost Reduction	
		224-1: Melanoma: Overutilization of Imaging Studies in Melanoma	2
		Patient Safety	
		130: Documentation of Current Medications in the Medical Record	3,074
		154: Falls: Risk Assessment	1,400
		76: Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	151
		Person and Caregiver-Centered Experience and Outcomes	
		342: Pain Brought Under Control Within 48 Hours	993
		358: Patient-Centered Surgical Risk Assessment and Communication	769

By provider
or as a group.

Determine if your providers have Measure Group Eligibility

		Measure and Incentive Analyzer [Practice Name Here]											
Measure Group													
Provider	Asthma Measures Group	Cardiovascular Prevention Measures Group	Chronic Kidney Disease (CKD) Measures Group	Chronic Obstructive Pulmonary Disease (COPD) Measures Group	Coronary Artery Bypass Graft (CABG) Measures Group	Coronary Artery Disease (CAD) Measures Group	Dementia Measures Group	Diabetes Measures Group	General Surgery Measures Group	Heart Failure (HF) Measures Group	Optimizing Patient Exposure to Ionizing Radiation (OPEIR) Measures Group	Preventive Care Measures Group	Rheumatoid Arthritis (RA) Measures Group
PROVIDER, A		43		2	39	12					21	43	
PROVIDER, B		185		9		4		1	1		201	182	
PROVIDER, C	1	254	7	1	2	3	2	3	35		30	237	1
PROVIDER, D		67			44	14					18	64	
PROVIDER, E					35								
PROVIDER, F					55								
PROVIDER, G		627	18	2		9	3	3	44	2	1	599	
PROVIDER, H		36		5	35	19					7	35	
PROVIDER, I		235		2	54	36				6	35	235	
PROVIDER, J		241	8	1	1	2	3	4	40	1	47	228	1
PROVIDER, K		40		3	49	16				1		40	
PROVIDER, L					46				1				
PROVIDER, M					62								
PROVIDER, N									50				





Measure and Incentive Analyzer

[Practice Name Here]

Individual Incentive

Provider	NPI	Annualized 2% Adj
PROVIDER, A	1234567890	\$25,077
PROVIDER, B	2345678901	\$20,750
PROVIDER, C	3456789012	\$14,720
PROVIDER, D	4567890123	\$12,701
PROVIDER, E	5678901234	\$12,237
PROVIDER, F	6789012345	\$11,262
PROVIDER, G	7890123456	\$10,025
PROVIDER, H	8901234567	\$9,553
PROVIDER, I	9012345678	\$9,285
PROVIDER, J	1234567899	\$8,687
PROVIDER, K	3456789011	\$3,300
PROVIDER, L	4567890122	\$3,278
PROVIDER, M	5678901233	\$3,203
PROVIDER, N	6789012344	\$3,008
Grand Total:		\$147,086

Estimate
Potential
PQRS
Penalties



Measure and Incentive Analyzer


[Practice Name Here]

Group Incentive

Practice	TIN	PFS Year	First Visit	Last Visit	Annualized 2% Adj
[Practice Name Here]	xxxx12345	2016	01/01/2016	12/31/2016	\$117,719
Grand Total:					\$117,719



Do you add Category II Codes to your Medicare claims?

 Measure and Incentive Analyzer
[Practice Name Here]

Individual Claims

Provider	Measure	Elig Inst	Reporting Rate	Performance Rate
PROVIDER, A				
	131	40	100.00 %	0.00 %
	47	74	100.00 %	100.00 %
	110	74	95.95 %	100.00 %
	111	39	30.77 %	100.00 %
	226	31	25.81 %	100.00 %
	130	74	94.59 %	100.00 %
PROVIDER, B				
	131	2	0.00 %	0.00 %
	110	278	0.00 %	0.00 %
	111	357	98.04 %	100.00 %
	226	354	0.00 %	0.00 %
	130	229	0.00 %	0.00 %
PROVIDER, C				
	131	27	96.30 %	19.23 %
	47	58	100.00 %	100.00 %
	110	58	63.79 %	100.00 %
	111	23	56.52 %	0.00 %
	226	10	70.00 %	100.00 %
	130	58	63.79 %	100.00 %
PROVIDER, D				
	131	2	0.00 %	0.00 %
	47	2	0.00 %	0.00 %
	111	883	91.62 %	100.00 %
	226	821	0.00 %	0.00 %
	130	345	0.00 %	0.00 %

Use our Performance Guides to help you along the way.

Measure # 131

Pain

PQRS Performance Guide™*

Applicable to report as an Individual Measure



Pain Assessment and Follow-Up

Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present

Step 1 Record which patient and visit date you are reviewing.

TIN	NPI	Patient Medical Record Number	Visit Date

Step 2 Review the criteria for the measure to determine Ineligible, Met or Not Met.

OR	Pain is not assessed, and there is documentation that the patient is not eligible for pain assessment using a standardized tool.	Patient is Ineligible
	Pain assessment is documented as positive, follow-up plan is not documented, and there is documentation that the patient is not eligible for a follow-up plan.	
AND	Pain assessment using standardized tools is documented on the visit date.	Performance is Met
	If pain assessment is positive, a follow-up plan is documented.	
In all other cases		Performance is Not Met

Collecting Performance is done in a couple of different ways. For Measure Groups, this will take place in Step 5.

The screenshot displays a web application interface for managing patient performance data. At the top, there is a green '+ Add Patient' button and a checkbox labeled 'Only Show Patients Missing Performance values' which is checked. A search bar on the right contains the text 'Search by Patient Id or Patient Name' and a 'Search' button. Below this, two patient records are shown in a list view. Each record includes fields for Patient #, Id, Name, DOB, and Gender, along with 'Edit' and 'Remove' buttons. The performance data is presented in a table format with columns for Visit Date, Is Medicare?, and seven measure categories (43, 44, 164- Inverse, 165- Inverse, 166- Inverse, 167- Inverse, 168- Inverse). Each cell in the performance table contains radio buttons for 'Met', 'Not Met', 'Excluded', or 'Ineligible'. For Patient # 2 (Jane Doe), the visit date is 9/24/2016 and the Medicare status is 'Yes'. For Patient # 3 (John Smith), the visit date is 6/13/2016 and the Medicare status is 'No'. A green border highlights the main content area of the interface.

Patient #	Id	Name	DOB	Gender	43	44	164- Inverse	165- Inverse	166- Inverse	167- Inverse	168- Inverse
2	12345	jane doe	9/23/1947	Female	<input type="radio"/> Met	<input checked="" type="radio"/> Met	<input type="radio"/> Met	<input type="radio"/> Met	<input type="radio"/> Met	<input checked="" type="radio"/> Ineligible	<input checked="" type="radio"/> Met
					<input checked="" type="radio"/> Not Met	<input type="radio"/> Not Met	<input type="radio"/> Not Met	<input type="radio"/> Not Met	<input checked="" type="radio"/> Not Met	<input type="radio"/> Met	<input type="radio"/> Not Met
					<input type="radio"/> Excluded	<input type="radio"/> Excluded				<input type="radio"/> Not Met	
3	23678	John Smith	12/18/1963	Male	<input type="radio"/> Met	<input checked="" type="radio"/> Met	<input type="radio"/> Met	<input type="radio"/> Met	<input type="radio"/> Met	<input type="radio"/> Ineligible	<input type="radio"/> Met
					<input type="radio"/> Not Met	<input type="radio"/> Not Met	<input type="radio"/> Not Met	<input type="radio"/> Not Met	<input checked="" type="radio"/> Not Met	<input checked="" type="radio"/> Met	<input checked="" type="radio"/> Not Met
					<input checked="" type="radio"/> Excluded	<input type="radio"/> Excluded				<input type="radio"/> Not Met	

5 Enter Data

Download our performance template for Individual Measures submissions.



	A	B	C	D	E	F	G	H	I	J
1	TIN	Individual NPI of Rendering Provider	Measure Number	Patient FIRST Name	Patient LAST Name	Patient Identifier (MRN or account number)	Patient Gender	Patient Date of Birth (DOB)	Visit Date	Ineligible; Met; Not Met; Excluded
2	1234567889	1234567890	226	John	Smith	12345	M	2/10/1965	1/20/2016	
3	1234567889	1234567890	226	Jane	Doe	67890	F	4/16/1937	4/9/2016	
4	1234567889	1234567890	226	Holly	Williams	45678	F	5/29/1948	3/6/2016	
5	1234567889	1234567890	226	Charles	Howes	34567	M	11/18/1962	12/10/2016	
6	1234567889	1234567890	226	Brittiney	Allee	12345	F	7/10/1954	8/4/2016	
7	1234567889	1234567890	128	John	Smith	12345	M	2/10/1965	1/20/2016	
8	1234567889	1234567890	128	Jane	Doe	67890	F	4/16/1937	4/9/2016	
9	1234567889	1234567890	128	Holly	Williams	45678	F	5/29/1948	3/6/2016	
10	1234567889	1234567890	128	Charles	Howes	34567	M	11/18/1962	12/10/2016	
11	1234567889	1234567890	128	Brittiney	Allee	12345	F	7/10/1954	8/4/2016	
12	1234567889	1234567890	431	John	Smith	12345	M	2/10/1965	1/20/2016	
13	1234567889	1234567890	431	Jane	Doe	67890	F	4/16/1937	4/9/2016	
14	1234567889	1234567890	431	Holly	Williams	45678	F	5/29/1948	3/6/2016	
15	1234567889	1234567890	431	Charles	Howes	34567	M	11/18/1962	12/10/2016	
16	1234567889	1234567890	431	Brittiney	Allee	12345	F	7/10/1954	8/4/2016	
17										
18										

[Review Provider Results](#)
[Export All Patient Data](#)
[Export M2 Patient Data](#)
[Return to Submission Dashboard](#)

[Chat With Us](#)

Our tools validate your data.



Performance Summary
Mingle Demo: Holly Williams - Demo

[Download Report](#)

Practice Results

Submission Type	TIN	Submitting Providers	Incentive Eligible	Risk of Penalty	Decision Pending
Individual	123456789	2	0	2	1

Provider Results

NPI	Provider Name	Method	Number of Measures	Number of Domains	Reporting Issues	Performance Issues	MG Reporting Rate	Submission Status	Approve for Submission	Message
1234567890	WILLIAMS, HOLLY	IM	4	2	N/A	N/A	N/A	Decision pending	Approve	Risk of penalty (No eligible instances for selected measures)
2345678901	HOWES, CHARLES	MG	7	N/A	7	2	100.00 %	Risk of penalty	N/A	Fewer than 20 patients

[Review Provider Results](#)

[Export IM Patient Data](#)

[Export MG Patient Data](#)

[Return to Submission Dashboard](#)



Performance Analyzer™

Monitor your performance as you go.



Performance Analysis

[Practice Name Here]

Visit Year: 2016

Practice Summary	# of TINs
Number of TINs making individual submissions	1
Number of TINs making individual submissions	1

- Performance is better than +1 SD (non-inverse) or -1 SD (inverse).
 - Performance is better than the Mean but less than +1 SD (non-inverse) or -1 SD (inverse)
 - Performance is poorer than the mean but better than the -1 SD (non-inverse) or +1 SD (inverse)
 - Performance is poorer than -1 SD (non-inverse) or +1 SD (inverse)
- Asterisk (*) next to Performance indicates measure is inverse.

Client Summary

Measure	Measure Topic	Measure Focus	Visit Count	Eligible Instances	In-eligible	Excl	Met	Not Met	Reporting Rate	Performance Rate *	2015 Benchmark			
											Mean	Standard Deviation	Benchmark - Benchmark +1 SD	
Domain: Care														
43	CABG	Use of IMA	180	180	0	13	167	0	100.00%	100.00%	98.96%	2.01%	96.95%	100.97%
44	CABG	Preoperative Beta-Blocker	180	180	0	4	176	0	100.00%	100.00%	94.59%	10.73%	83.86%	105.32%
164	CABG	Prolonged Intubation	180	180	0	0	0	180	100.00%	0.00% *	7.92%	4.10%	3.82%	12.02%
165	CABG	Deep Sternal Wound Infection	180	180	0	0	0	180	100.00%	0.00%				
166	CABG	Stroke	180	180	0	0	0	180	100.00%	0.00%				
167	CABG	Postoperative Renal Failure	180	176	4	0	1	175	100.00%	0.57%				
168	CABG	Surgical Re-exploration	180	180	0	0	0	180	100.00%	0.00%				
Domain: Communication														
47	Management	Care Plan	1,718	1,718	0	0	873	673	89.99%	56.47%	63.36%	34.38%	28.98%	97.74%
Domain: Safety														
21	Perioperative Care	Antibiotic Selection	520	520	0	91	421	7	99.81%	98.36%	91.82%	19.35%	72.47%	111.17%
22	Perioperative Care	Antibiotic Discontinuation	520	503	17	55	446	1	99.80%	99.78%	79.47%	30.57%	48.90%	110.04%
23	Perioperative Care	VTE Prophylaxis	521	521	0	53	452	15	99.81%	96.79%	93.13%	15.08%	78.05%	108.21%

This allows you to make improvements throughout the year and ensures a successful performance rate before submission.



PQRS Solutions™

Empowering you with Expert Consultants and Easy-to-use Tools

- ✓ Choose the right submission method
- ✓ Select the right measures
- ✓ Repurpose claims data for registry submissions
- ✓ Know your results before your submission goes to Medicare

Get started today.

Register today with coupon code "PQRS16WEB" at check out to receive \$30 off per provider*

There's still time to succeed with PQRS and avoid the 4 – 6% penalty!

mingleanalytics.com/get-started

*cannot be combined with other offers or discounts; does not apply retroactively.



Q&A

What do you recommend for a provider who sees no more than a handful of patients and did less than \$10,000 in Medicare claims in 2016?

Q&A

We have psychiatric inpatients, outpatients, and clinics.

For 2016, which patients do we report on? Is it all patients, all Medicare?

Q&A

I am a plastic surgeon. Many of the PQRS measures, like Pap smears, don't apply to my practice.

What to do if I want to still see reconstructive (non-aesthetic) patients?

Q&A

If submitting for ED docs, why don't the encounter codes for this "specialty group's" quality measures include the ED codes 99281-99285?

Q&A

We are informed by Medicare that QPP/MIPS replaces the PQRS for year 2017 reporting?

What is the format that we need to provide you or is it similar to what we have provided for 2016 PQRS reporting?

Q&A

We are informed by Medicare that QPP/MIPS replaces the PQRS for year 2017 reporting?

What is the format that we need to provide you or is it similar to what we have provided for 2016 PQRS reporting?

Q&A

How does a specialty such as Hospice or Palliative Care comply with measures that do not match their practice?

Q&A

I am unclear on how to determine who is in our 50% if we choose to do 9 measures. Does the population change with each measure?

Get started today.

Register today with coupon code "PQRS16WEB" at check out to receive \$30 off per provider*

There's still time to succeed with PQRS and avoid the 4 – 6% penalty!

mingleanalytics.com/get-started

*cannot be combined with other offers or discounts; does not apply retroactively.

