edgeMED

MINGLE ANALYTICS

Getting Started with MIPS

A concise overview of MIPS and introducing you to MIPS Solutions™ by Mingle Analytics

Presented by:
Gay De Hart
SVP Special Projects

What we plan to cover:

- ✓ An overview of MIPS
- ✓ Transition Year Scoring
- ✓ Who participates
- ✓ MIPS Performance Categories
- ✓ An introduction to MIPS Solutions™

Q&A

We'll stay on to answer your questions!

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Introducing Mingle Analytics

Founded by Dr. Dan Mingle, Family Physician

Track record of success

- #1 registry by volume for Group submissions in 2015
- Submitted in 2016 for 2,000+ Practices, 33,000 providers, 50 States, 4 Territories
- 94 Net Promoter Score

50+ team members dedicated to helping you succeed with Medicare reporting

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Getting Started with MIPS

What you need to know

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MACRA

Medicare Access and CHIP Reauthorization Act of 2015

Quality Payment Program

Advanced Alternative Payment Models (APMs)

Merit-Based Incentive Payment System (MIPS)

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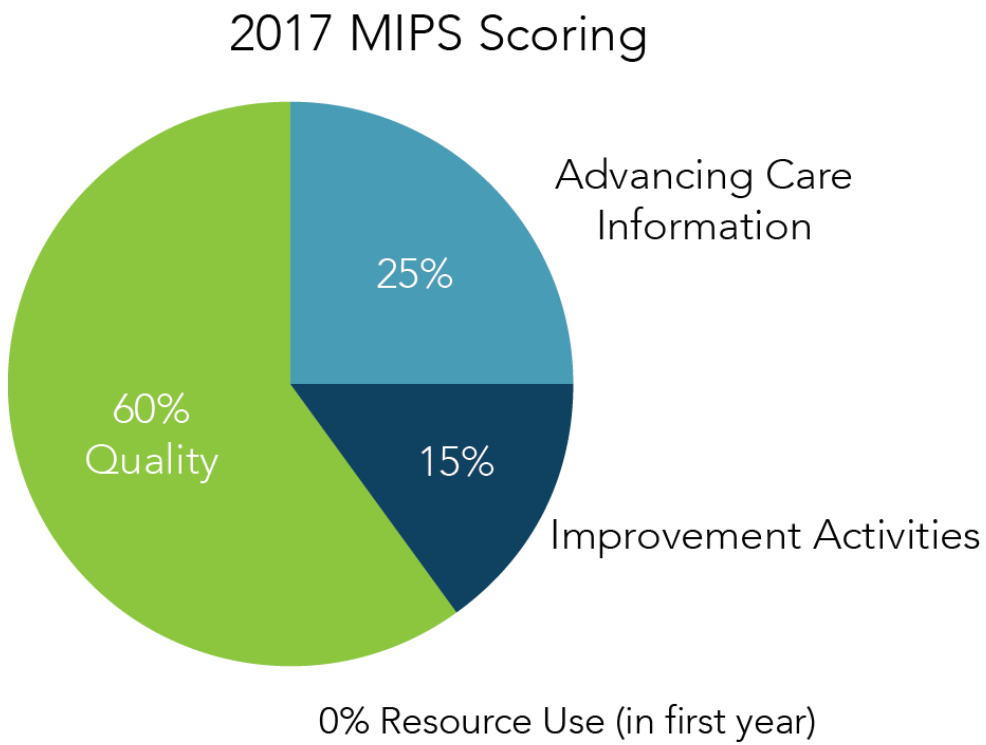
MIPS and the Quality Payment Program

The Merit-Based Incentive Payment System (MIPS) began January 1, 2017.

In the 2017 transition year, you will be scored based on three performance categories.

Depending on the Edition you choose, MIPS Solutions by Mingle Analytics let's you complete each of the performance categories.



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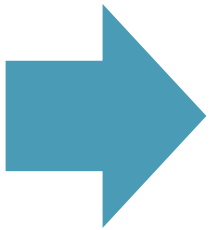
Old vs. New

Existing Program
PQRS
Meaningful Use
Value-Based Payment Modifier



MIPS Performance Categories
Quality
Advancing Care Information (ACI)
Cost (Resource Use)
Improvement Activities (IA)

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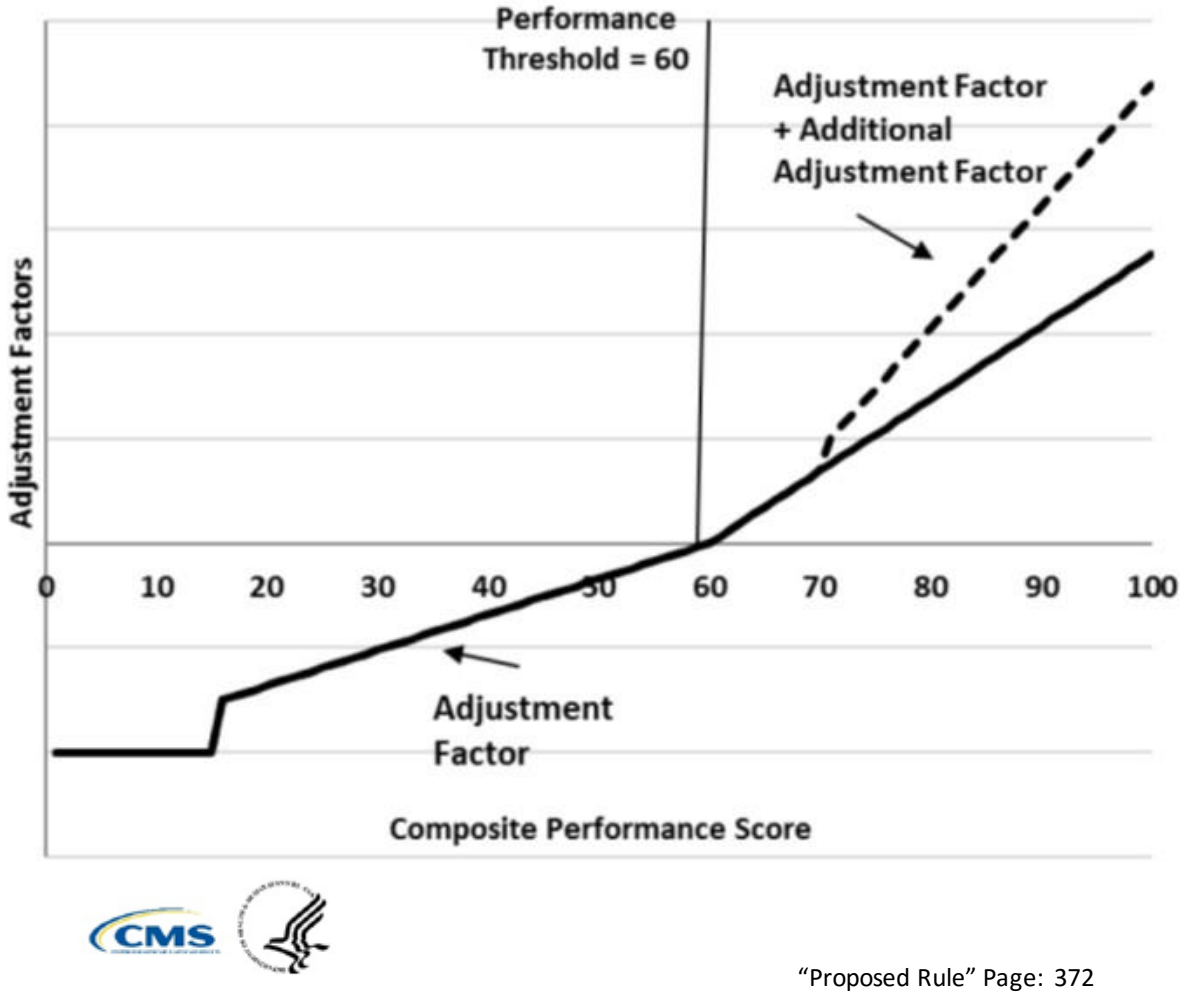
MIPS Scoring Model

Set each year:

- Performance Threshold
- Exceptional performance threshold



"Proposed Rule" Page: 372

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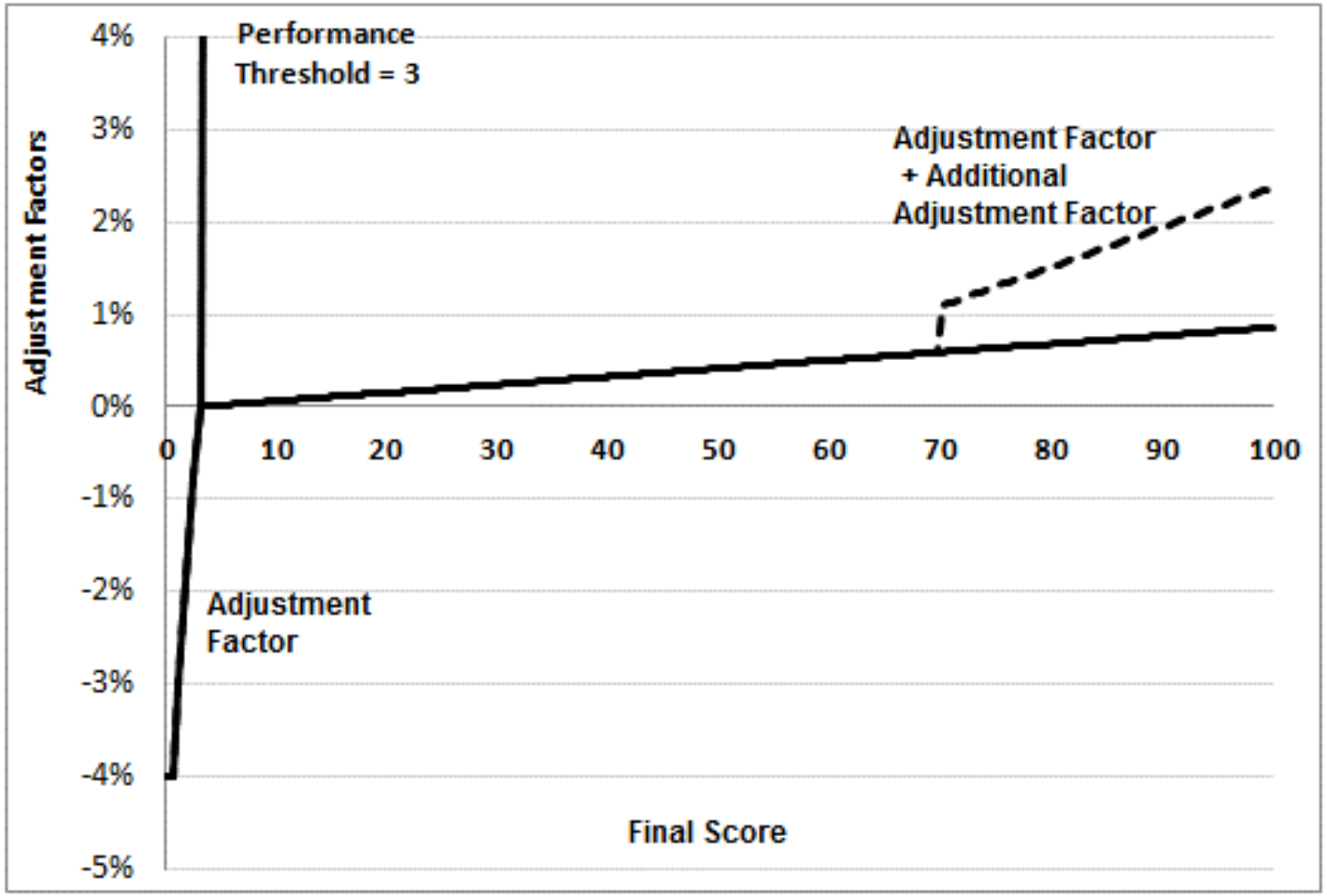
2017 (2019) Transition Year Plan



"Final Rule" Page 1284

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Who is affected? Eligible Clinicians (EC)

Physicians

Doctors of:

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

Non-Physicians

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

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

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Good News for 2017!

It is ridiculously easy to avoid a penalty!

Most should be able to earn an incentive (though small)

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Who is exempt?

Low-volume threshold:

- Submit $30,000 or less in Medicare Part B claims

  OR

- Care for 100 or fewer Medicare patients

In the first year of submitting Medicare claims

Participate in an Advanced APM-as a Qualifying Participant

Exempt	Not-Exempt
≤ $30,000 or ≤ 100	>$30,000 + >100

Example:

- Provider joins a practice and gets credentialed with Medicare in July 2017.
  - Exempt, first year as a Medicare provider
- Provider has 200 patient, just $50,000 in Medicare Part B Charges

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Reporting as Group or Individual

If you select group

- You report as a group for all categories

Register in advance ONLY

- Using CMS Web Interface
- Using CAHPS for MIPS

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Quality Performance Category

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2017 Rules for Quality Submissions

- Submit 6 Measures
- 1 Outcome Measure (or intermediate outcome)
- If no Outcome Measures the High Priority Measure
  - Appropriate Use
  - Patient Safety
  - Efficiency
  - Patient Experience
  - Care Coordination
- If fewer than 6 measures apply, submit all that apply

- Can submit more than six measures for bonus points
- NO Cross-Cutting Measure Requirement

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Data Completeness Criteria

	Payers	Period 2017	Reporting Rate 2017	Period 2018	Reporting Rate 2018	Long Term Rate
Claims	Medicare Part B	90 days	50%	1 Year	60%	90%
Web Interface	Medicare Part B	1 Year	248 patients	1 Year	248 patients	248 patients
Qualified Registry	All	90 days	50%	1 Year	60%	90%
Qualified Clinical Data Registry	All	90 days	50%	1 Year	60%	90%
EHR & Data Submission Vendor	All	90 days	50%	1 Year	60%	90%

At least 1 Medicare patient has to be represented in at least 1 measure

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Specialty Measure Sets

- CMS has grouped measures into Specialty Measure Sets
  - Specialty Measure Sets are a suggestion
- There isn't a measure set for every specialty
- Need not go beyond the measures in your Specialty Set
  - If there is a measure set, and fewer than six measures
  - Only report measures in measure set
- If there is a measure set, but no eligibility
  - Only report measures with eligibility
- Not required to use any of the measures in the measure set

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Quality Measure Bonus Points

High-Priority Bonus Points

- 2 Points for Extra Outcome or Patient Experience Measures
- 1 Point for any other high priority measure
- Bonus Points Capped at 10% of Denominator

End-to-End Electronic Submissions

- Using EHR to submit data without any manual interpretation of the data
- 1 point for each measure
- Bonus Points Capped at 10% of denominator

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~~Measure Groups~~

No more measure groups

Small practices can still be successful

- At the very least, can still avoid the penalty
  - Submit “some data”
- 2017 completeness criteria, 90 days makes it manageable

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Advancing Care Information Performance Category

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ACI Scoring Methodology

Base Score	Incent Participation and Reporting All Base Score Points have to be earned to earn Performance Points
Performance Score	Incent Exceptional Performance
Bonus Points	Extra Registry Data Connections Use of CEHRT in CPIA

Scoring is specific to the certification edition

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ACI Scoring (2014 Edition)

Objective	Measure	Base Score	Perf Score	Report
Protect Patient Health Information	Security Risk Analysis	Required	NA	Yes/No
Electronic Prescribing	e-Prescribing	Required	NA	Num/Den
Patient Electronic Access	Provide Patient Access	Required	Up to 20%	Num/Den
	View, Download, or Transmit (VDT)		Up to 10%	Num/Den
Patient-Specific Education	Patient-Specific Education		Up to 10%	
Secure Messaging	Secure Messaging		Up to 10%	Num/Den
Health Information Exchange	Health Information Exchange	Required	Up to 20%	Num/Den
Medication Reconciliation	Medication Reconciliation		Up to 10%	Num/Den
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting		0 or 10%	Yes/No

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Hypothetical Scoring Example (2014 Edition)

	Objective	Measure	Rptd Perf	Base Score	Perf Score	Bonus
1	Protect Patient Health Information	Security Risk Analysis	Yes	Pass	NA	
2	Electronic Prescribing	e-Prescribing	50%	Pass	NA	
3	Patient Electronic Access	Provide Patient Access (x2)	50%	Pass	10	
		View, Download, or Transmit (VDT)	1%		1	
4	Patient-Specific Education	Patient-Specific Education	10%		1	
5	Secure Messaging	Secure Messaging	1%		1	
6	Health Information Exchange	Health Information Exchange (x2)	10%	Pass	2	
7	Medication Reconciliation	Medication Reconciliation	50%		5	
8	Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting	Yes		10	
		Optional Syndromic Surveillance Reporting				
		Optional Electronic Case Reporting				
		Optional Public Health Registry Reporting				
		Optional Clinical Data Registry Reporting				
	CEHRT in Practice Improvement Activities					
	Subtotals			50	30	
	Total					80

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Scoring Example

50 Base Points

+ 30 Performance Points

+ 0 Bonus Points

= 80%

.80 X 25 points contribution to Composite Score

= 20 ACI Points

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Improvement Activities Performance Category

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Improvement Activities

- PCHM = Maximum Possible Points (40)
- High Weighted Activities = 20 Points
- Medium Weighted Activities = 10 Points
- Maximum = 40 Points
- APM Participation = 50% of Maximum Possible Points (20). Most APMs get full credit just by participating

Participation Thresholds

- 90 days required for most activities. Some longer.
- No Practice or Provider Participation thresholds

Special Populations: Points Doubled for

- Practice with ≤ 15 Providers
- Rural Practice
- HPSA Practices
- Non-patient facing MIPS Eligible Clinicians

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Cost (Resource Use) Performance Category

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Introducing MIPS Solutions™ by Mingle Analytics

We've streamlined PQRS reporting, and we've done the same with MIPS and the Quality Payment Program.

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MIPS Solutions™

Empowering You with
Expert Consultants and Cutting-Edge Tools

- ✓ Create a plan to avoid penalty
- ✓ Optimize incentive and potential bonus
- ✓ Select the right measures
- ✓ Analyze and improve performance
- ✓ Successfully submit data to Medicare

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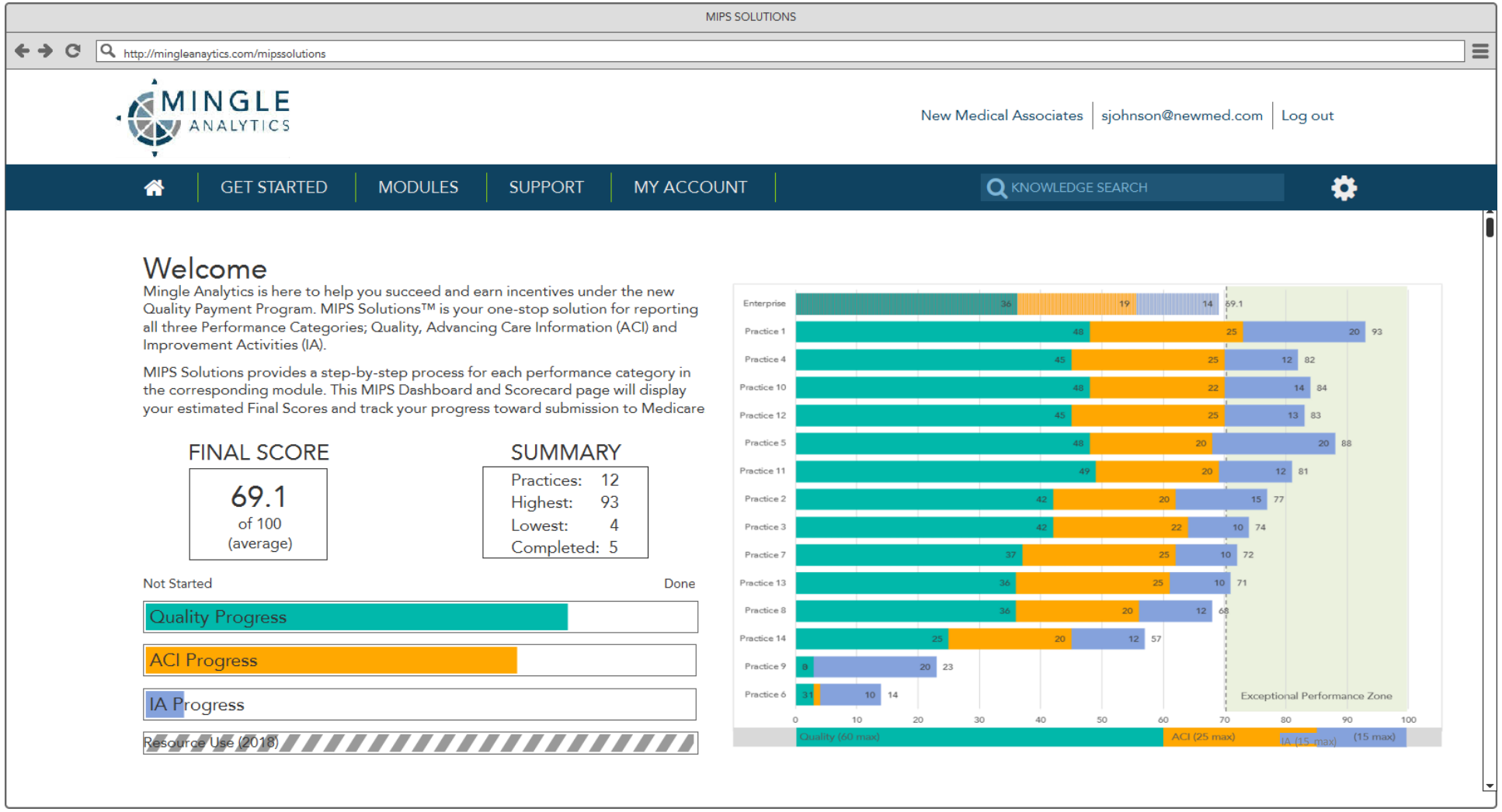
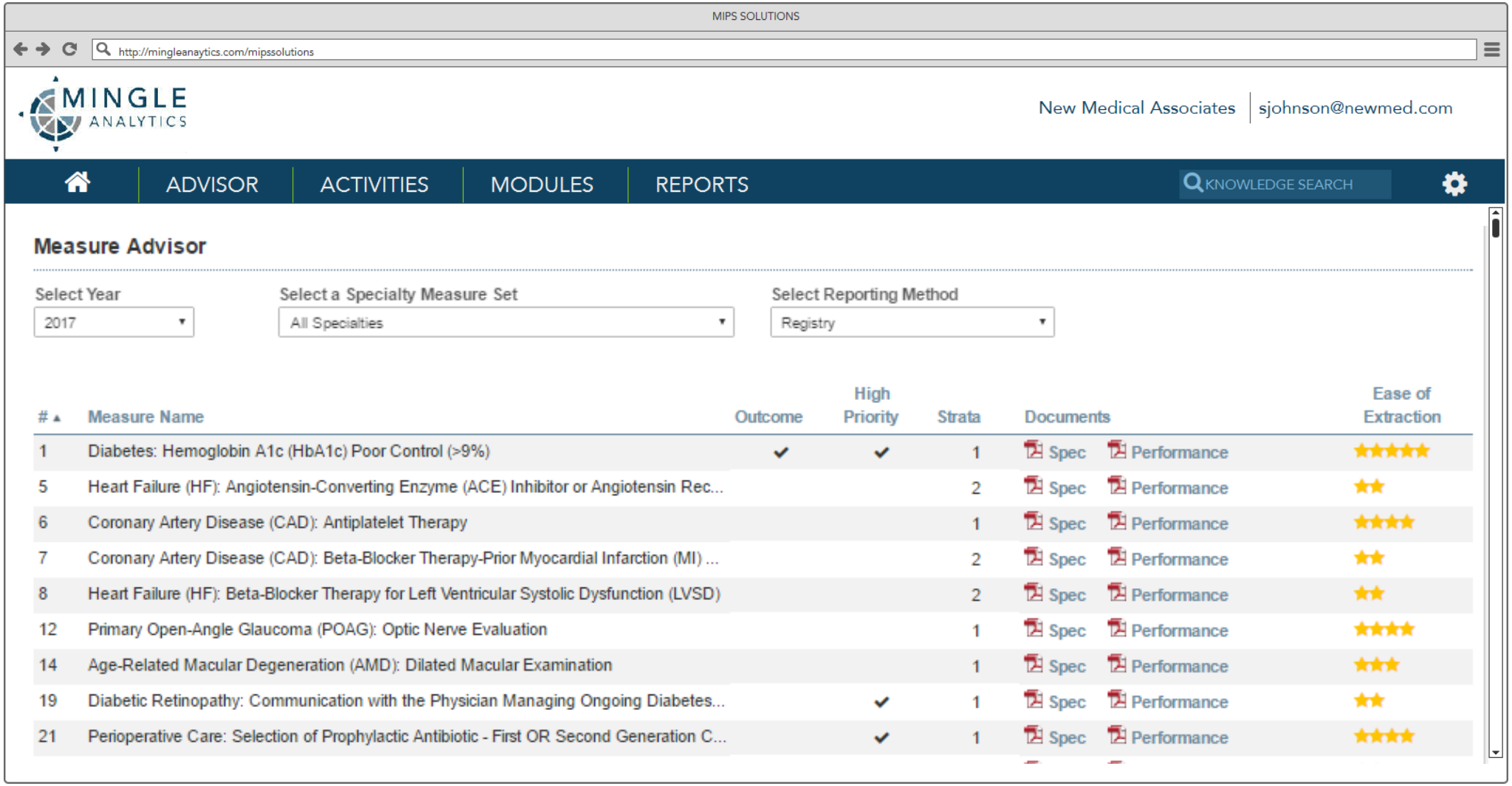
Dashboard & Scorecard



MIPS Solutions™ Quality Module



#	Measure Name	Outcome	High Priority	Strata	Documents	Ease of Extraction
1	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	✔	✔	1	Spec Performance	★★★★★
5	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Rec...			2	Spec Performance	★★
6	Coronary Artery Disease (CAD): Antiplatelet Therapy			1	Spec Performance	★★★★
7	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) ...			2	Spec Performance	★★
8	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)			2	Spec Performance	★★
12	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation			1	Spec Performance	★★★★
14	Age-Related Macular Degeneration (AMD): Dilated Macular Examination			1	Spec Performance	★★★
19	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes...		✔	1	Spec Performance	★★
21	Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation C...		✔	1	Spec Performance	★★★★

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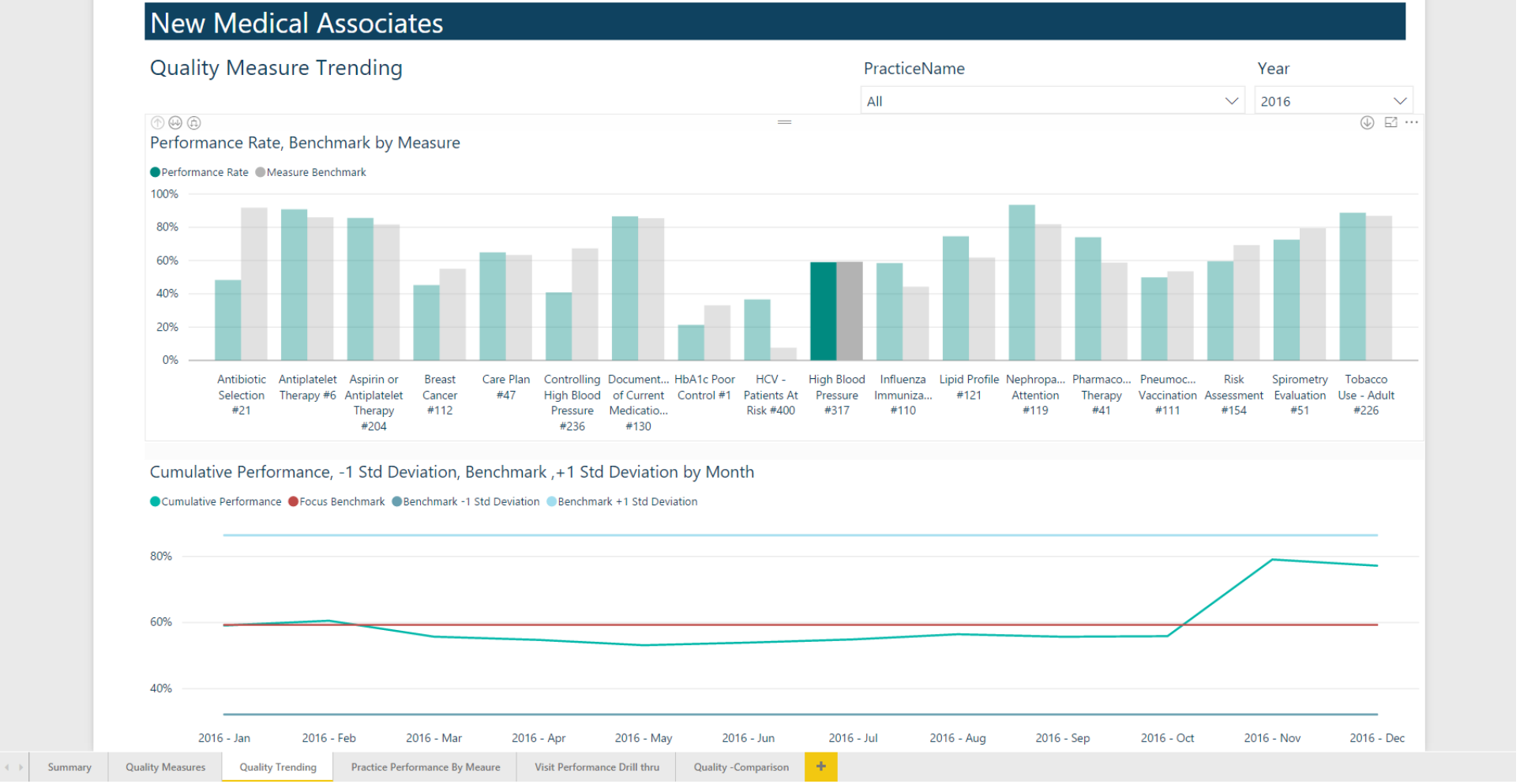
Track your performance throughout the year



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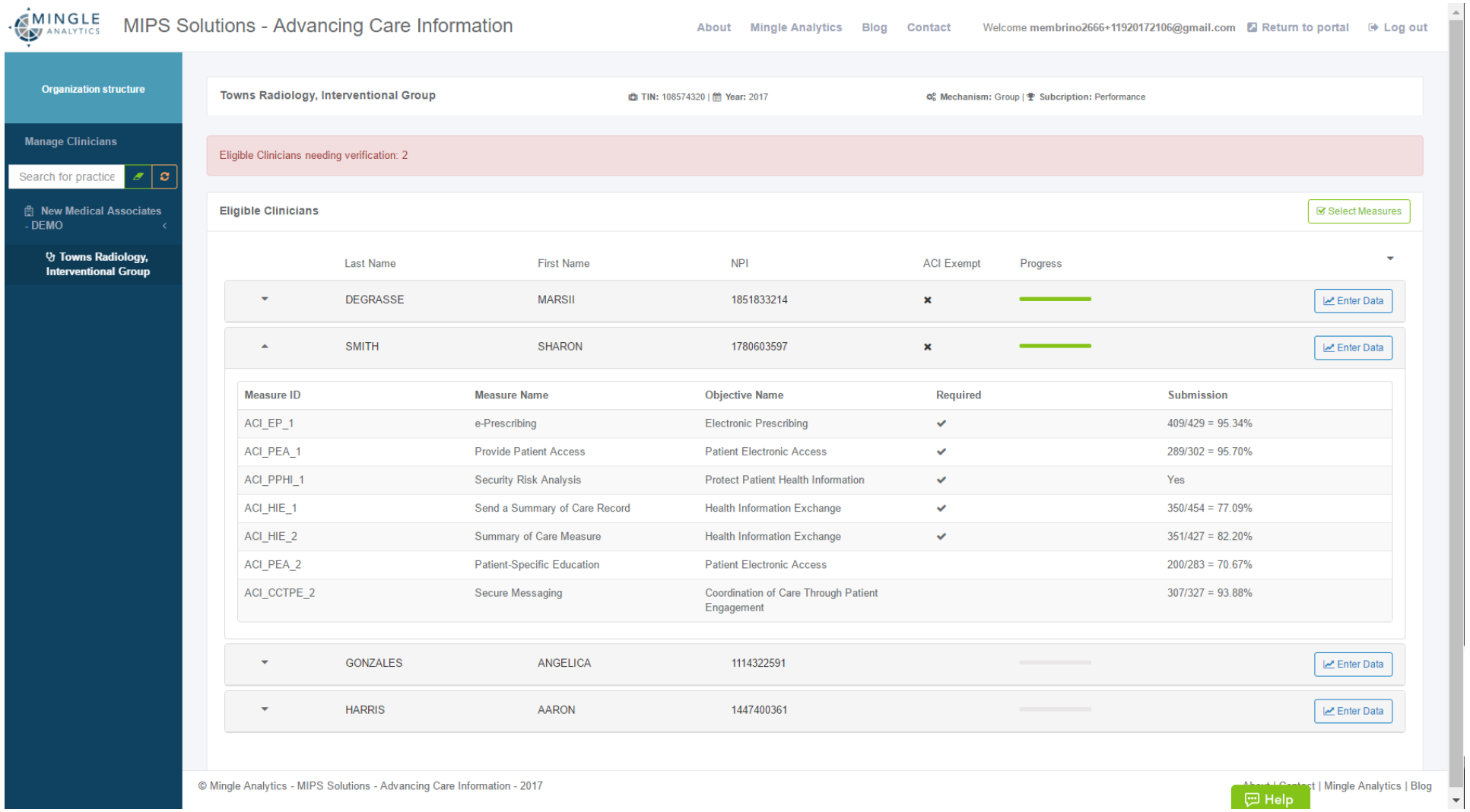
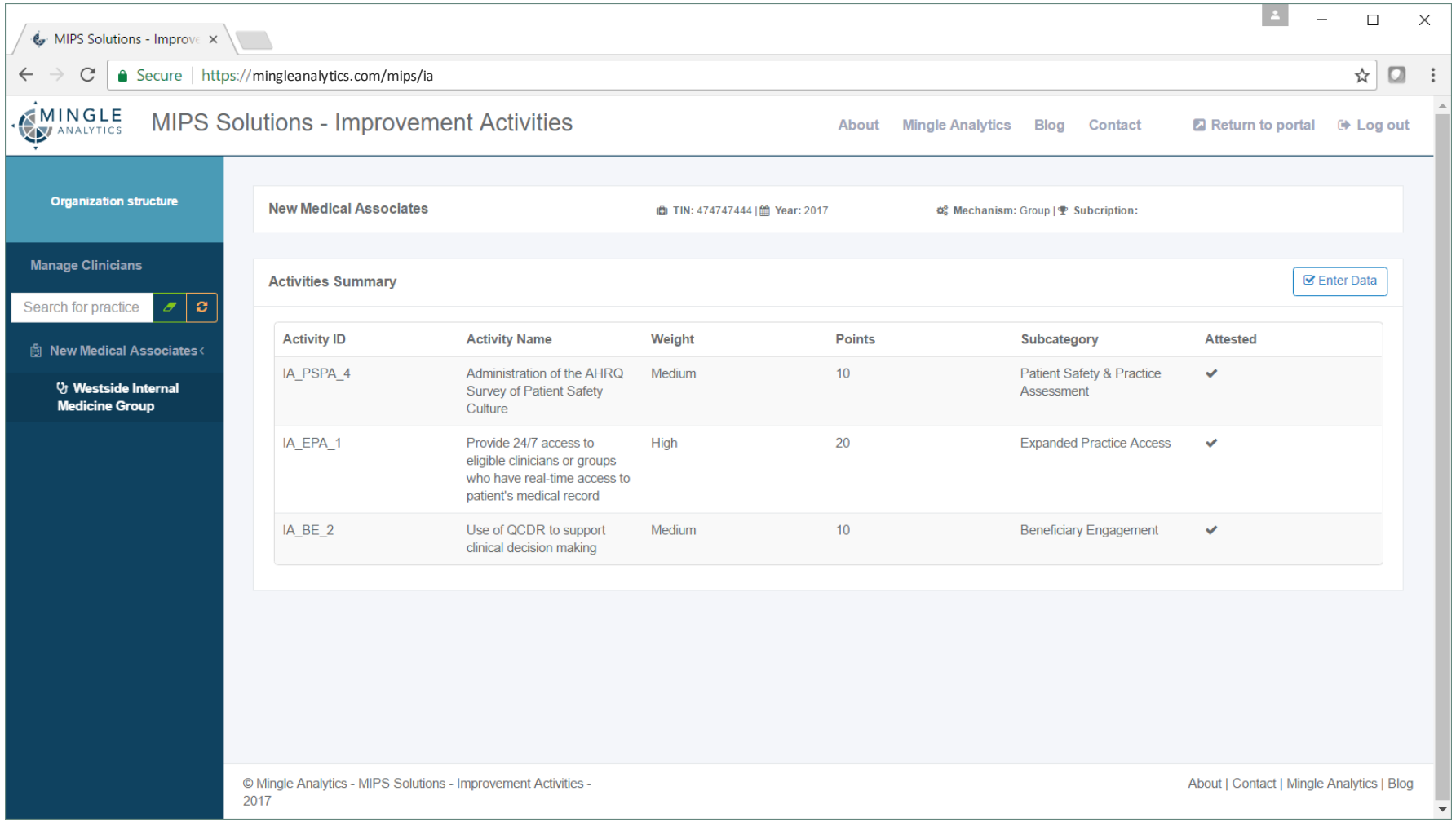
Advancing Care Information Module



Improvement Activities Module



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Choose your MIPS Solutions™ Edition

	Performance Edition	Enterprise Edition
Whether you want to avoid a penalty or continuously monitor your performance, we have a plan to meet your needs.	Fully participate in MIPS to become incentive and bonus eligible	Maximize potential for MIPS and APM incentive and bonus payments
	Analyze up to 9 measures plus report IA and ACI categories	Analyze up to 18 measures with regular performance reporting
	$399* per provider	$699* per provider
Discount coupon code	“EDGEMED17PER”	“EDGEMED17ENT”

* Exclusive discount available for edgeMED customers

MIPS Solutions™

Empowering You with Expert Consultants and Cutting-Edge Tools

Manage all components of the program in one place.

Our tools help you track the status of your reporting and stay informed about your progress.

Analyze and track your performance.

Review performance by practice and provider continuously, quarterly, or annually. Extend your reporting capability with data integration.

Understand the measures that are best for you and your practice.

Research eligibility, specifications, and use our analyzers to make an informed decision about the measures most applicable to your organization.

Send your data to Medicare for all programs and payment models.

- ✓ Qualified Registry for QPP (MIPS & APMs)
- ✓ Data Submission Vendor (DSV)
- ✓ ACO Reporting

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MIPS Solutions™

Submission is the easy part.
Let us help you with the hard part.

- ✓ Create a plan to avoid penalty
- ✓ Optimize incentive and potential bonus
- ✓ Select the right measures
- ✓ Analyze and improve performance
- ✓ Successfully submit data to Medicare

Sign up today!

https://mingleanalytics.com/get-started/

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edgeMED & MIPS Solutions

Use your coupon code at registration and check out to take advantage of exclusive discount:

Performance Edition: $20 off per provider
Coupon code “EDGEMED17PER”

Enterprise Edition: $35 off per provider
Coupon code “EDGEMED17ENT”

edgeMED team will help you run your Claims report to upload to Mingle for analysis with MIPS Solutions

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Q&A

Andrea Asks:

We were planning to do the reporting of one item to satisfy MIPS this year. Is this still a valid option?

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Q&A

Jonathan Asks:

What is simplest means to comply with MIPS?

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Q&A

Bill Asks:

Is MIPS Claims based or Registry based reporting?

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Q&A

Walt Asks:

Our physicians do not utilize EHR. Is there a claims based reporting method under MIPS to avoid the 4% penalty in 2019 and beyond?

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Q&A

Roy Asks:

How will the ACI information will be delivered to CMS? Is performance attested and then selectively audited, as with Meaningful Use?

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Q&A

Maria Asks:

I would like to know specifics of what we, as pain management, should be coding or doing to be compliant with MIPS?

This year will be our 3rd year in the PQRS/MIPS program.

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Q&A

DeLanna Asks:

What happens if you do not have 6 measures?

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Thank You

Ask your questions now or
send by email to gay.dehart@mingleanalytics.com

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