



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!

Introducing Mingle Analytics



Founded on vision of Dr. Dan Mingle for stronger healthcare system

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

Getting Started with MIPS

What you need to know

MACRA

Medicare Access and CHIP Reauthorization Act of 2015

Quality Payment Program

Advanced Alternative Payment Models (APMs)
Merit-Based Incentive Payment System (MIPS)

THE NEW QUALITY PAYMENT PROGRAM

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graph TD; A[THE NEW QUALITY PAYMENT PROGRAM] -.- B[MIPS Merit-Based Incentive Payment System]; A -.- C[ADVANCED APMS Advanced Alternative Payment Models]
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MIPS

Merit-Based Incentive
Payment System

ADVANCED APMS

Advanced Alternative
Payment Models

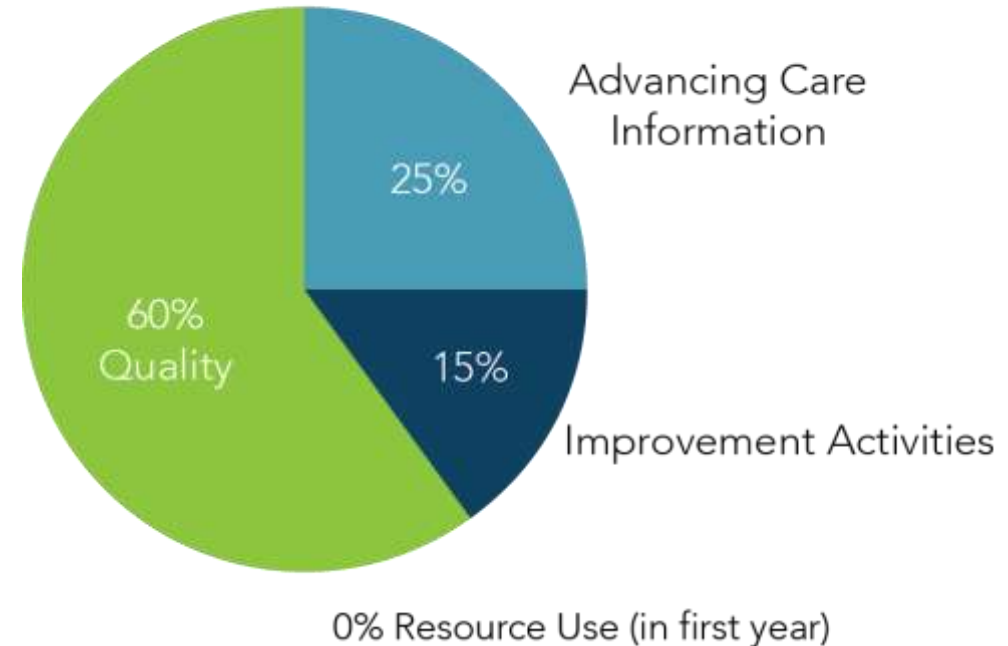
MIPS and the Quality Payment Program

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

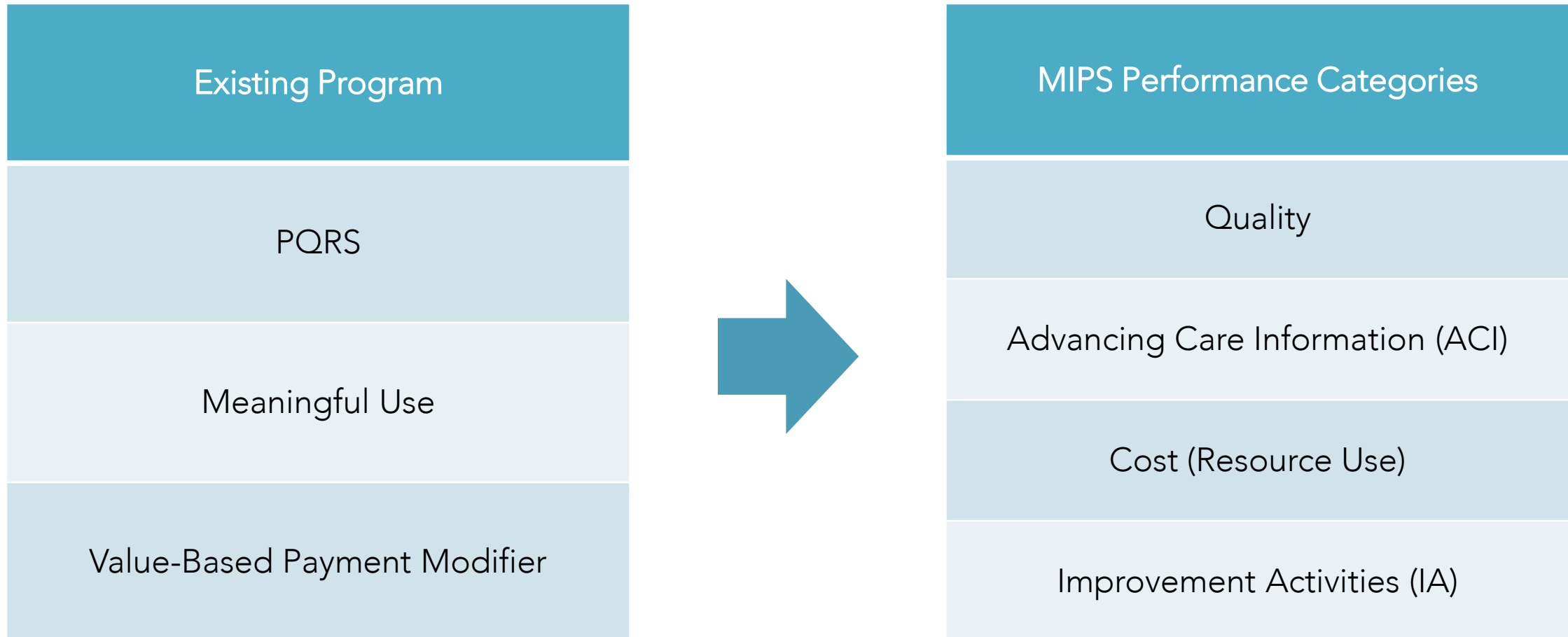
In the 2017 transition year, you will be scored based on three performance categories.

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

2017 MIPS Scoring



Old vs. New



CMS' Confusing slide

Quality Payment Program

Pick Your Pace for Participation for the Transitional Year

Participate in an Advanced Alternative Payment Model



- Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

Test Pace



Submit Something

- Submit **some** data after January 1, 2017
- Neutral or small payment adjustment

MIPS

Partial Year



Submit a Partial Year

- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

Full Year



Submit a Full Year

- Fully participate starting January 1, 2017
- Modest positive payment adjustment

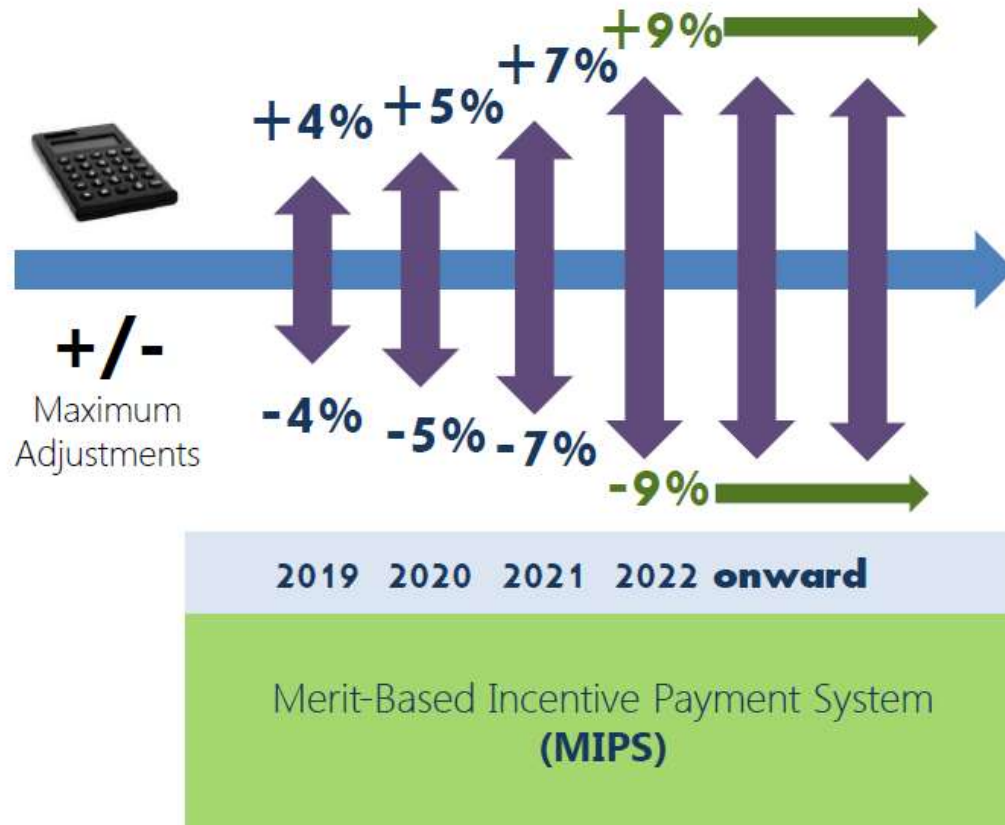
Not participating in the Quality Payment Program for the transition year will result in a negative 4% payment adjustment.



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How much can MIPS adjust payments?

Based on a MIPS Composite Performance Score, clinicians will receive +/- or neutral adjustments up to the percentages below.



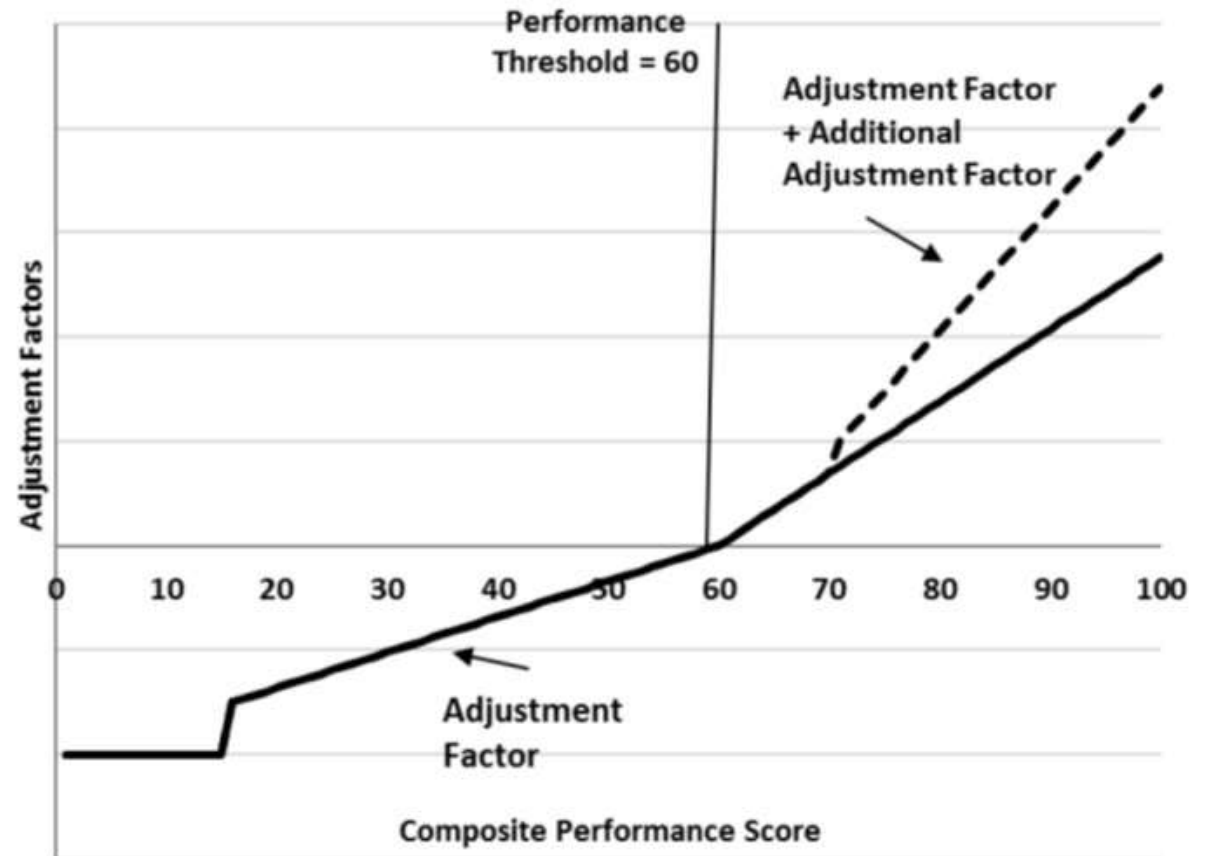
The potential maximum adjustment % will increase each year from 2019 to 2022



MIPS Scoring Model

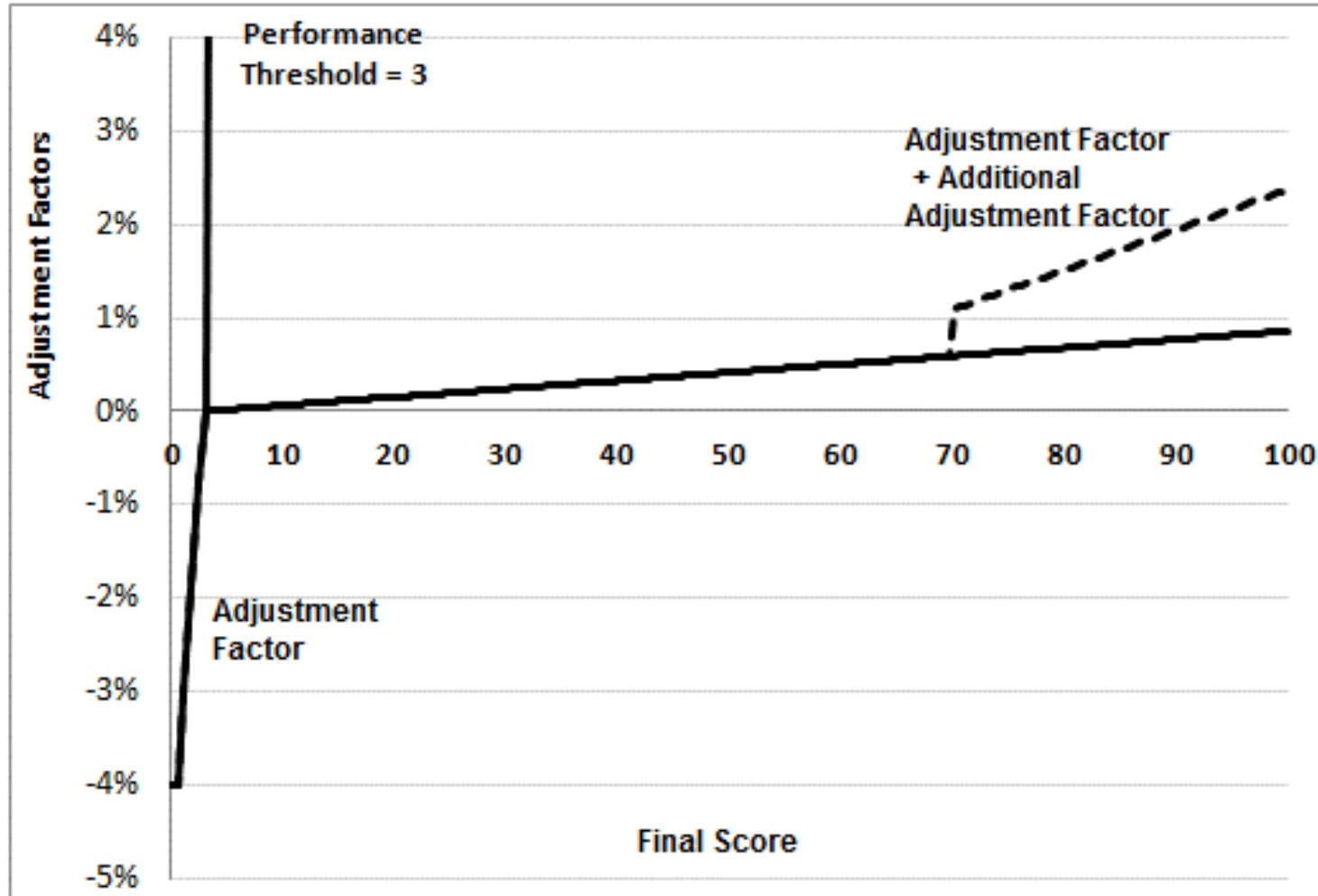
Set each year:

- Performance Threshold
- Exceptional performance threshold



"Proposed Rule" Page: 372

2017 (2019) Transition Year Plan



"Final Rule" Page 1284

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

Good News for 2017!

It is ridiculously easy to avoid a penalty!

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

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 |
|-------------------------------|------------------------|
| $\leq \$30,000$ 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

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



Quality Performance Category

Quality Performance Category

- 6 Reported Measures Including
 - 1 Outcome, Intermediate or High Priority Measure
 - 50% Reporting Rate
 - All Payers
 - 90 Days
- 1 Administrative-Claims Measure
 - All cause Hospital Readmissions
 - Group size >15 and ≥ 200 attributed Hospitalizations
- Bonus Points Available

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

Quality Bonus Points

- Priority Measure 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
- Bonus Points for End-to-End Electronic Reporting
 - 1 point for each measure
 - Bonus Points capped at 10% of denominator

~~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




Advancing Care Information Performance Category

ACI Points Available

- There are 155 points
 - 50 Base Score Measures
 - + 90 Maximum Performance in each of 9 measures
 - + 15 Bonus Points for use of certain Improvement Activities
 - 155 Maximum Available Points
- Capped at 100 out of 155

ACI Scoring Methodology



| | |
|-------------------------|--|
| Base Score PASS/FAIL | 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 Improvement Activities |

Scoring is specific to the certification edition

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 |

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 |



Improvement Activities Performance Category

Improvement Activities

- PCHM = Maximum Possible Points (40)
- APM Participation = 50% of Maximum Possible Points (20)
- High Weighted Activities = 20 Points
- Medium Weighted Activities = 10 Points
- Maximum = 40 Points

Participation Thresholds

- 90 days required
- 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



Cost (Resource Use) Performance Category

Introducing MIPS Solutions™ by Mingle Analytics

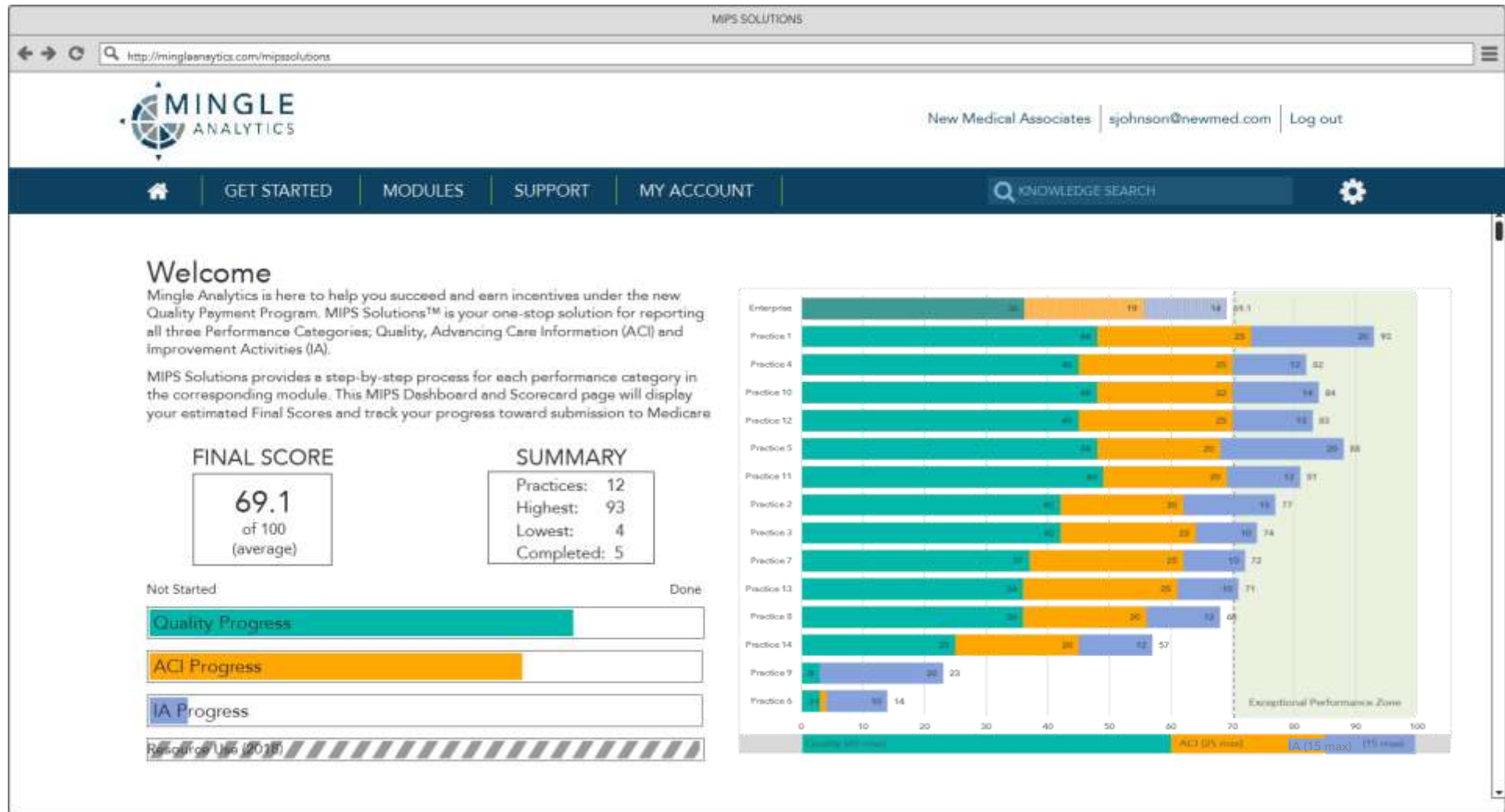
We've streamlined PQRS reporting, and we've done the same with MIPS and the Quality Payment Program.

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

Dashboard & Scorecard



MIPS Solutions™ Quality Module

The screenshot displays the MIPS Solutions Quality Module interface. At the top, the browser address bar shows the URL <http://mingleanalytics.com/mipsolutions>. The Mingle Analytics logo is on the left, and the user information "New Medical Associates | sjohnson@newmed.com" is on the right. A navigation bar includes "ADVISOR", "ACTIVITIES", "MODULES", and "REPORTS", along with a "KNOWLEDGE SEARCH" button and a settings icon.

The "Measure Advisor" section features three dropdown menus: "Select Year" (set to 2017), "Select a Specialty Measure Set" (set to All Specialties), and "Select Reporting Method" (set to Registry).

Below the filters is a table of quality measures with the following columns: #, Measure Name, Outcome, High Priority, Strata, Documents, and Ease of Extraction.

| # | 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 | ★★★★ |

Track your performance throughout the year



Advancing Care Information Module

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Organization structure

Manage Clinicians

Search for practice

New Medical Associates - DEMO

Towns Radiology, Interventional Group

Towns Radiology, Interventional Group TIN: 199574320 | Year: 2017 Mechanism: Group | Subscriptions: Performance

Eligible Clinicians needing verification: 2

Eligible Clinicians Select Measures

| Last Name | First Name | NPI | ACI Exempt | Progress | |
|-----------|------------|------------|------------|------------|------------|
| DEGRASSE | MARSII | 1851833214 | ✘ | ██████████ | Error Data |
| SMITH | SHARON | 1780603597 | ✘ | ██████████ | Error Data |

| Measure ID | Measure Name | Objective Name | Required | Submission |
|-------------|-------------------------------|---|----------|------------------|
| ACI_EP_1 | e-Prescribing | Electronic Prescribing | ✔ | 409/429 = 95.34% |
| ACI_PEA_1 | Provide Patient Access | Patient Electronic Access | ✔ | 289/302 = 95.70% |
| ACI_PPHI_1 | Security Risk Analysis | Protect Patient Health Information | ✔ | Yes |
| ACI_HIE_1 | Send a Summary of Care Record | Health Information Exchange | ✔ | 350/454 = 77.09% |
| ACI_HIE_2 | Summary of Care Measure | Health Information Exchange | ✔ | 351/427 = 82.20% |
| ACI_PEA_2 | Patient-Specific Education | Patient Electronic Access | ✔ | 208/283 = 70.67% |
| ACI_CCTPE_2 | Secure Messaging | Coordination of Care Through Patient Engagement | ✔ | 307/327 = 93.88% |

| | | | | | |
|----------|----------|------------|-------|-------|------------|
| GONZALES | ANGELICA | 1114322591 | ----- | ----- | Error Data |
| HARRIS | AARON | 1447400361 | ----- | ----- | Error Data |

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Improvement Activities Module

MIPs Solutions - Improv... x

Secure | https://mingleanalytics.com/mips/ia

MINGLE ANALYTICS MIPS Solutions - Improvement Activities

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Organization structure

Manage Clinicians

Search for practice

New Medical Associates

Westside Internal Medicine Group

New Medical Associates TIN: 474747444 | Year: 2017 Mechanism: Group | Subscription:

Activities Summary

| Activity ID | Activity Name | Weight | Points | Subcategory | Attested |
|-------------|--|--------|--------|--------------------------------------|----------|
| IA_PSPA_4 | Administration of the AHRQ Survey of Patient Safety Culture | Medium | 10 | Patient Safety & Practice Assessment | ✓ |
| IA_EPA_1 | Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record | High | 20 | Expanded Practice Access | ✓ |
| IA_BE_2 | Use of QCDR to support clinical decision making | Medium | 10 | Beneficiary Engagement | ✓ |

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Choose Your MIPS Solutions™ Edition

Whether you want to avoid a penalty or continuously monitor your performance, we have a plan to meet your needs.

Essentials Edition

Participate in MIPS to avoid a penalty

Report one quality measure; or, the base ACI measures; or, IA attestation

\$249

per provider

Performance Edition

Fully participate in MIPS to become incentive and bonus eligible

Analyze up to 9 measures plus report IA and ACI categories

\$399

per provider

Enterprise Edition

Maximize potential for MIPS and APM incentive and bonus payments

Analyze up to 18 measures with continuous performance reporting

\$699

per provider

Additional Products & Services



Integrated Data Solutions

Ease the burden of sending us your data for analysis by using custom APIs, 837 data transmission, and more.



Custom Reporting

Whether you need to track additional measures or need custom reports, Mingle has a solution for you.



Custom Education Program and Webinars

We'll build an education program for you and your organization. CME-credits available.



Consulting Services

Engage our experts to transform your practice and succeed with Medicare quality programs.

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

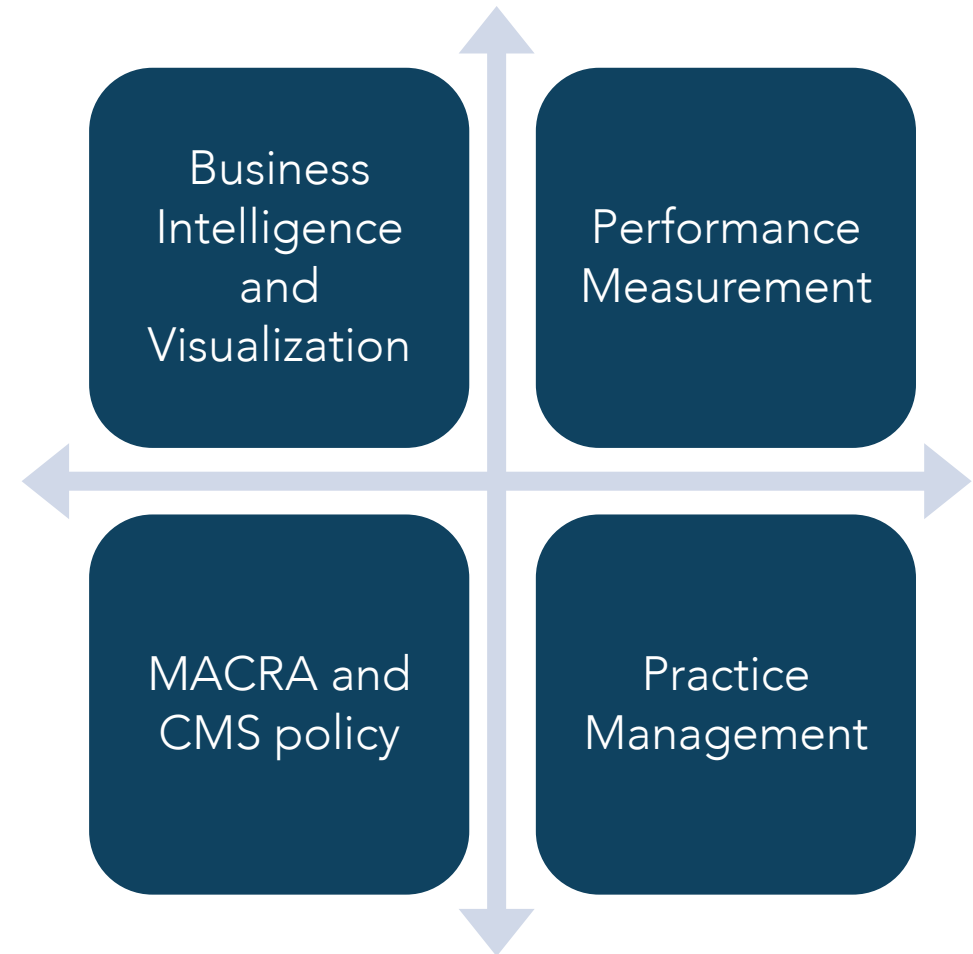
Your Partner for Quality Payment Program Success

Our solution extends to all payment models (APMs) including ACOs:

- ✓ Choose Enterprise Edition and analyze up to 18 measures
- ✓ Make data-informed quality-improvement decisions through our Business Intelligence Tool
- ✓ Identify where performance improvement is needed ACO Measures
- ✓ Maximize Shared Savings and QPP incentives

We're more than a technology company

- CMS/MACRA Policy Expertise and Quality Measurement Guidance
- Clinical Informatics Data Management and Acquisition
- Practice Management and Quality Improvement Experience



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/>



Q&A

Kathy Asks:

What suggestions would you have for an orthopaedic practice?

Q&A

Linda Asks:

How is a specialist, such as oncology or geriatric psychiatry, supposed to show "improvement" in their patients, and thus avoid a Medicare penalty?

Q&A

Ashlee Asks:

How can this company help a provider without an EHR?

Q&A

Deb Asks:

Will Ambulatory Surgical Centers be required to do MIPS or is this just for provider groups or ASC's which do billing for providers?

Thank You

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

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<http://mingleanalytics.com/webinars>

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