MINGLE ANALYTICS

Getting Started with MIPS

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

Presented by:
Dr. Dan Mingle
President and CEO

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What we plan to cover:

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

Q&A
We'll stay on after the presentation
to answer your questions!

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Introducing Mingle Analytics

Analytics for Value Based Health Care

- #1 registry by volume for Group submissions in 2015
- Top 10 Rated by
  - Black Book
  - Healthcare Tech
- Submitted in 2016 for 2800 Practices, 33,000 providers, 50 States, 4 Territories
- 94 Net Promoter Score
- Unsurpassed rate of successful submissions

More that 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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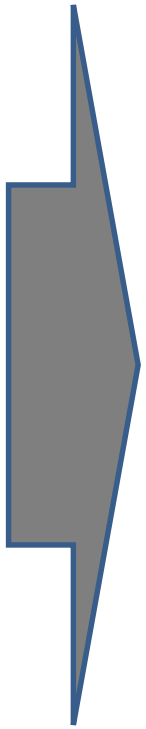
MACRA 2015 Induced Transition

- Physician Quality Reporting System (PQRS)
- Value Based Modifier (VBM or VM)
- Quality Tiering
- Medicare EHR Incentive Program (aka: meaningful use)



Quality Payment Program(QPP)

First Pathway	Second Pathway
Alternative Payment Models (APM)	Merit-Based Incentive Payment System (MIPS)
APM Type	Eligible Clinicians
APM Entity	Composite Performance Score
Advanced APM	Quality Performance Category
Qualifying Participants (QP)	Advancing Care Information
Partial QP	Practice Improvement Activities
	Resource Use

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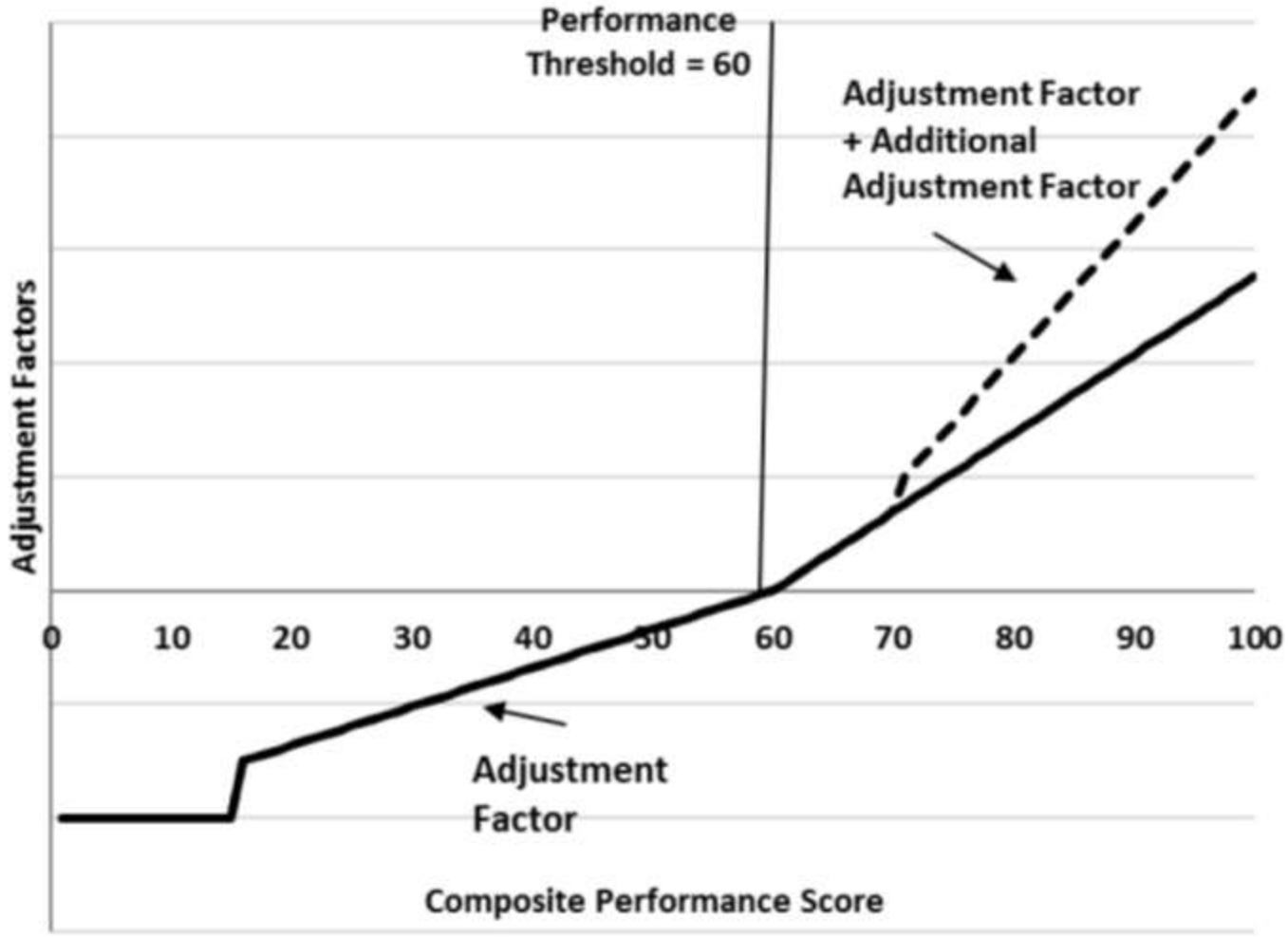
MIPS Conceptual Model



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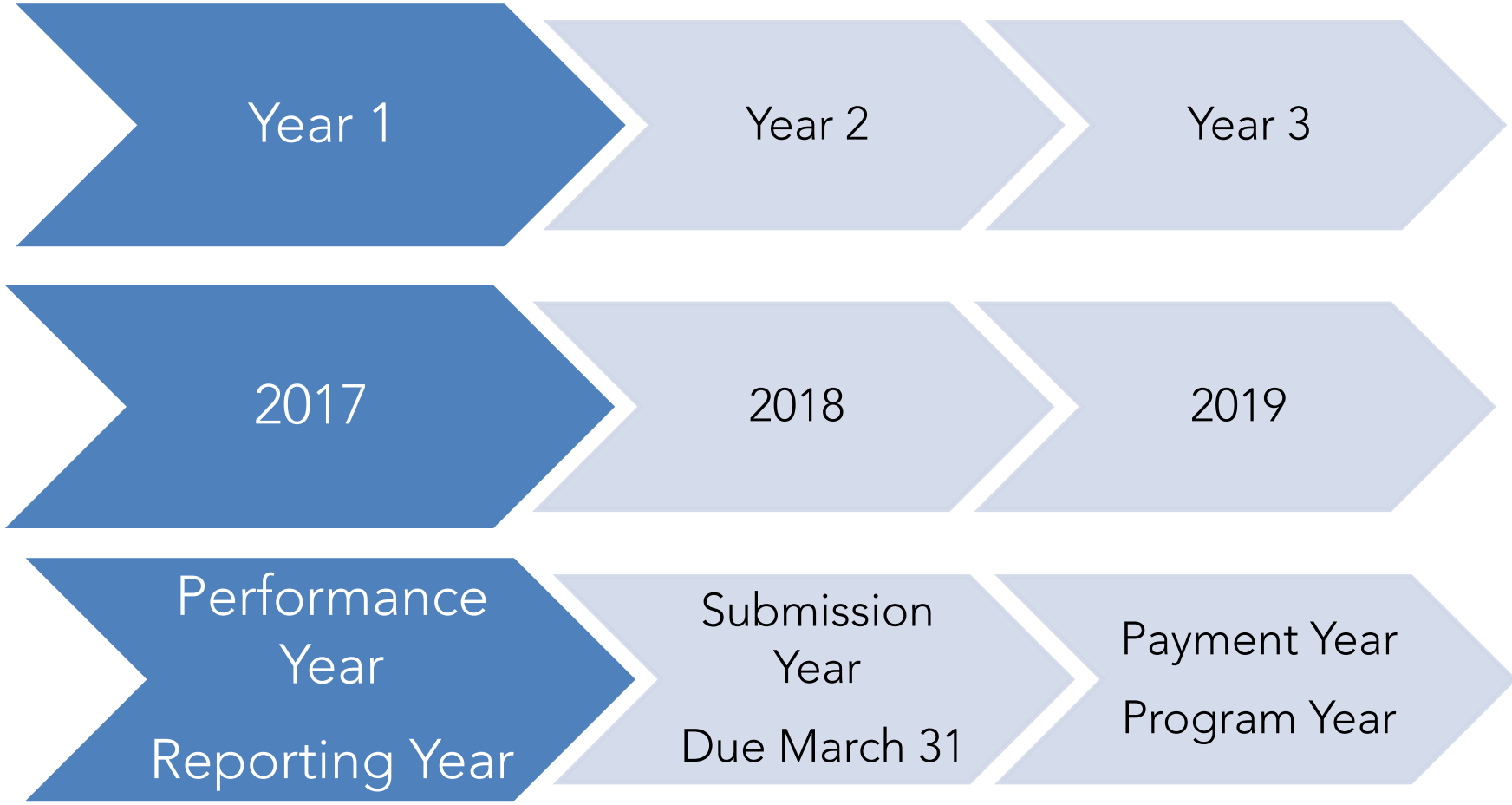
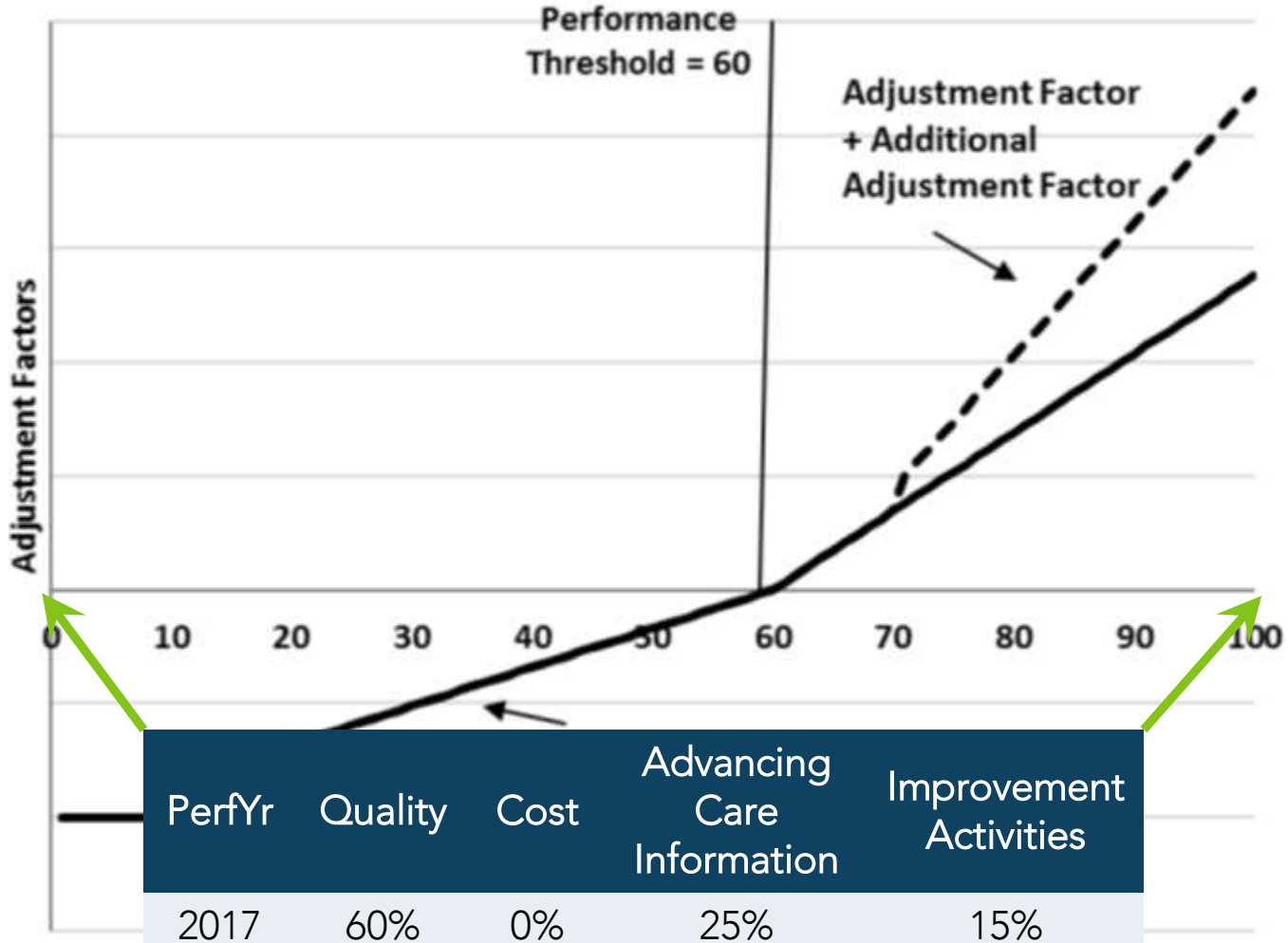
3-Year Flow


Year 1
Year 2
Year 3
2017
2018
2019
Performance Year
Reporting Year
Submission Year
Due March 31
Payment Year
Program Year

MIPS Conceptual Model



PerfYr	Quality	Cost	Advancing Care Information	Improvement Activities
2017	60%	0%	25%	15%
2018	60%	0%	25%	15%
2019	30%	30%	25%	15%
2020	30%	30%	25%	15%

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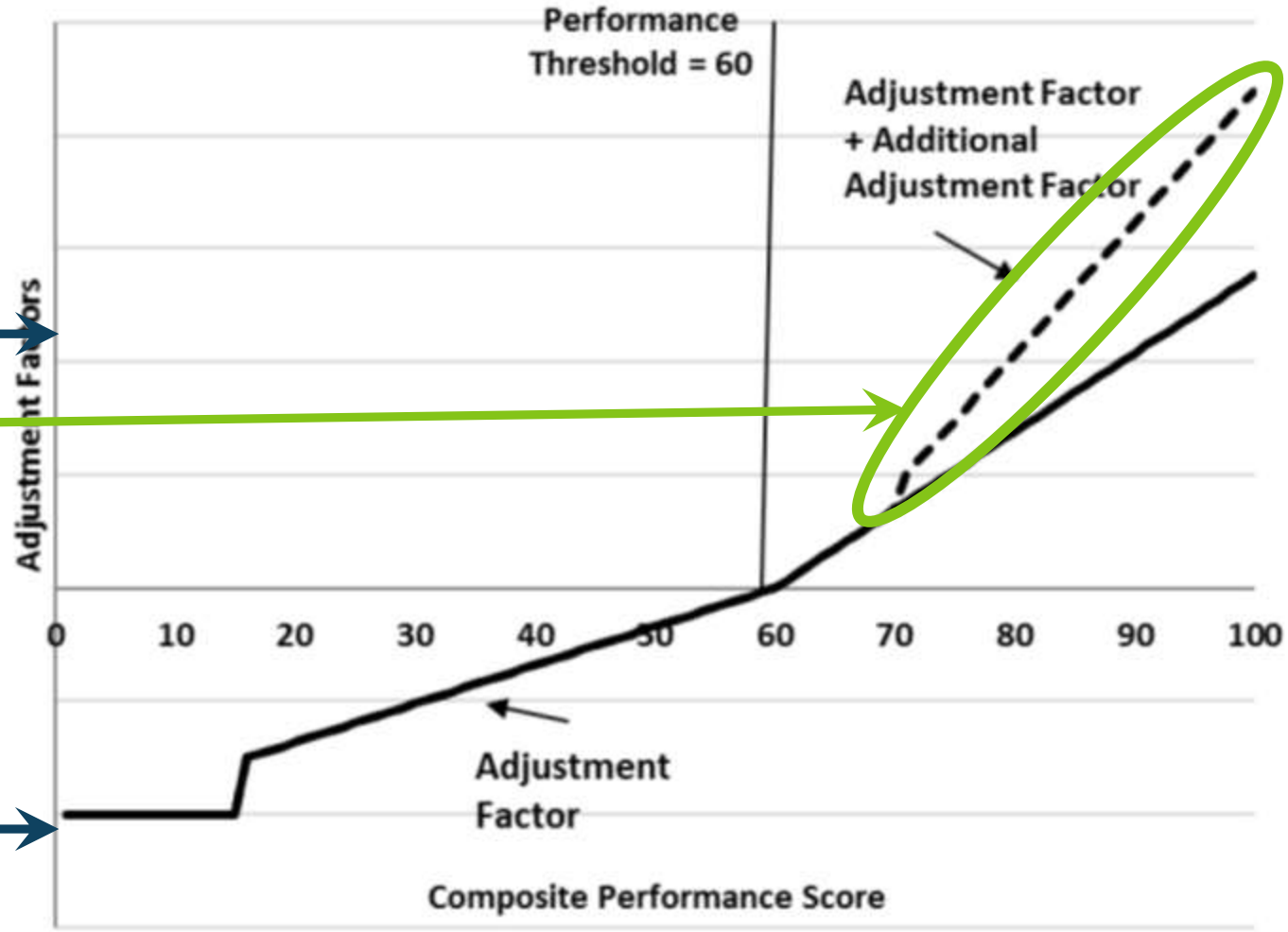
MIPS Conceptual Model

Payment Year	Adjustment Factor	Exceptional Bonus
2019	± 4%	$500m
2020	± 5%	$500m
2021	± 7%	$500m
2022	± 9%	$500m
2023	± 9%	$500m



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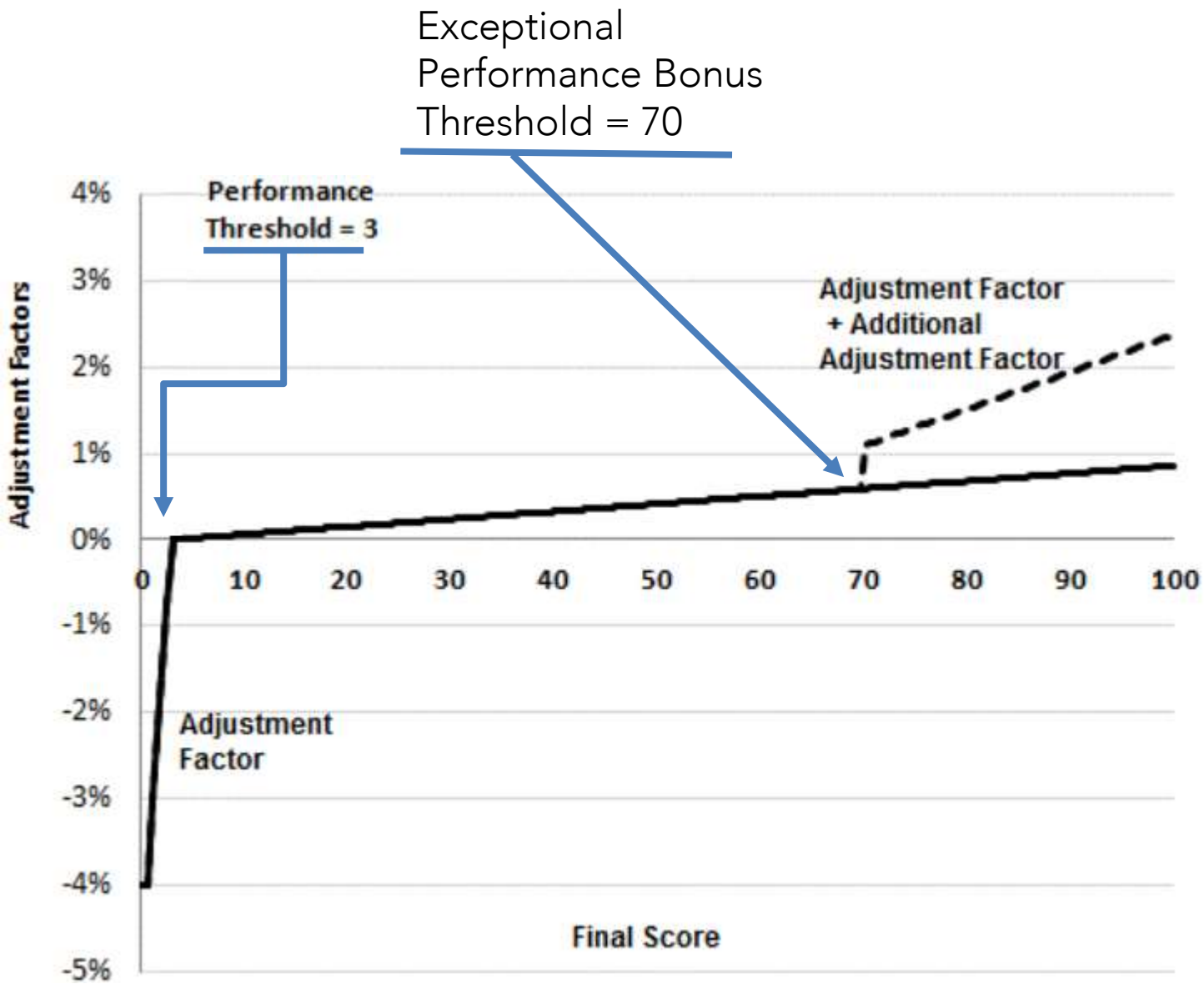
Transition Year Plan

2017 Performance Year
2019 Payment Year

<u>Pick Your Pace Options 2017</u>

- Do Nothing
- One Measure
- Some Data
- All In
- Advanced APM



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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

- 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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Quality 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

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Electronic Submission Bonus Points

- 1 Point per Measure for End to End Electronic Reporting
- Bonus Points Capped at 10% of Denominator
- Qualification
  - Clinical Data must be documented in CEHRT
  - Processing must not include abstraction or pre-aggregation
  - All Mechanisms Eligible except Claims
    - Electronic Health Record Direct
    - Data Submission Vendor
    - Qualified Registry
    - Qualified Clinical Data Registry
    - Web Interface

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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

50 Base Points
+ 30 Performance Points
+ 0 Bonus Points
= 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)
- 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

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MIPS Eligible Clinicians (EC)

- for the first 2 years
  - Physician (doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, optometry, and chiropracty)
  - Physician Assistant (PA)
  - Nurse Practitioner (NP)
  - Clinical Nurse Specialist (CNS)
  - Certified Registered Nurse Anesthetist (CRNA)

- Secretary has discretion to specify additional ECs starting in year 3 which may include
  - Certified Nurse Midwife
  - Clinical Social Worker
  - Clinical Psychologist
  - Registered Dietician or Nutrition Professional
  - Physical or Occupational Therapist
  - Speech-Language Pathologist
  - Audiologist

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MIPS Excluded Clinicians

- Newly Medicare-enrolled eligible clinicians
- Qualifying Advanced APM Participants (QPs)
- Certain Partial Qualifying Advanced APM Participants (Partial QPs)
- Clinicians that fall under the low-volume threshold

  ≤ 100 Medicare part B patients

  or

  ≤ $30,000 Medicare Part B allowable charges

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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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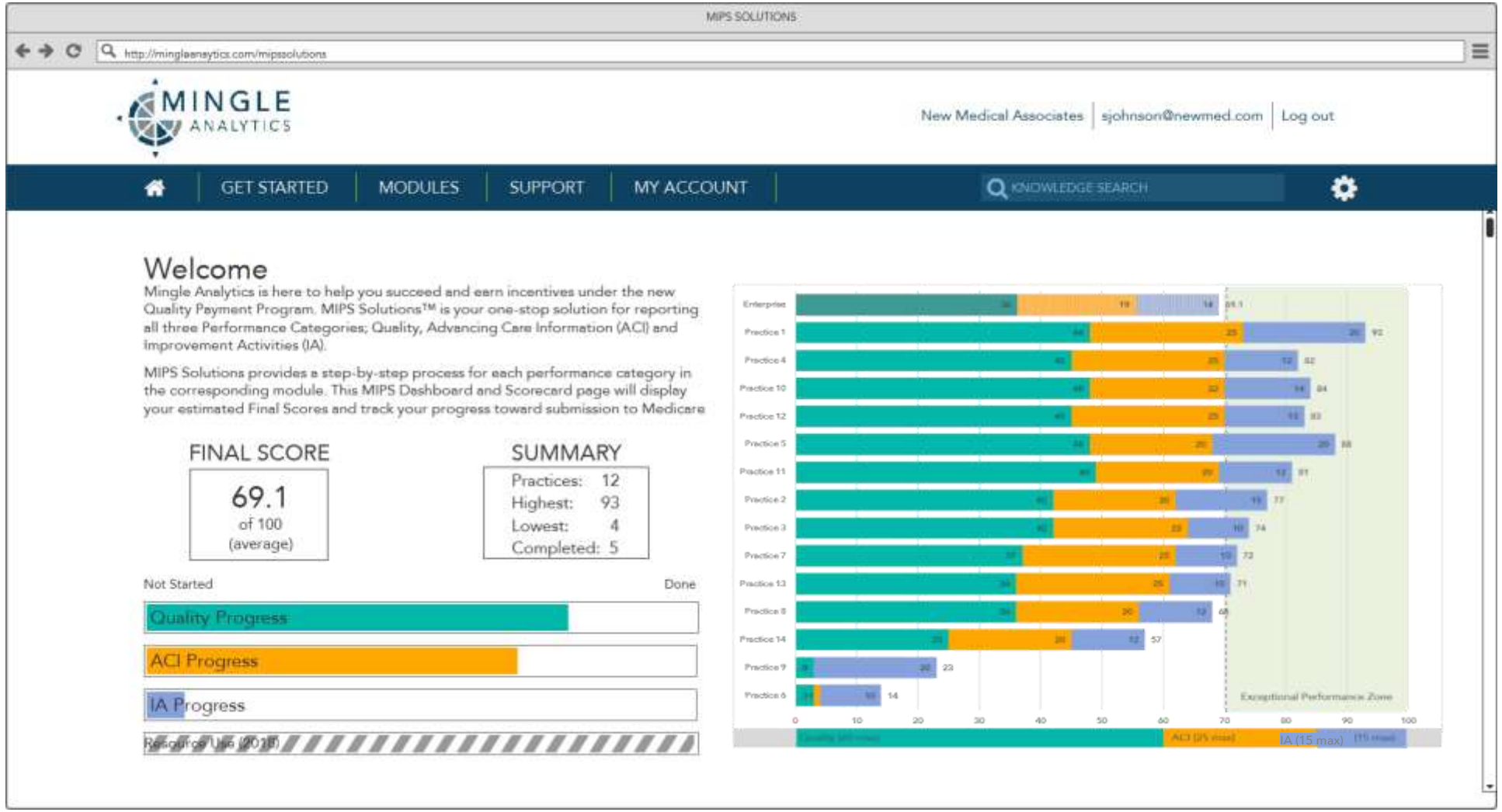
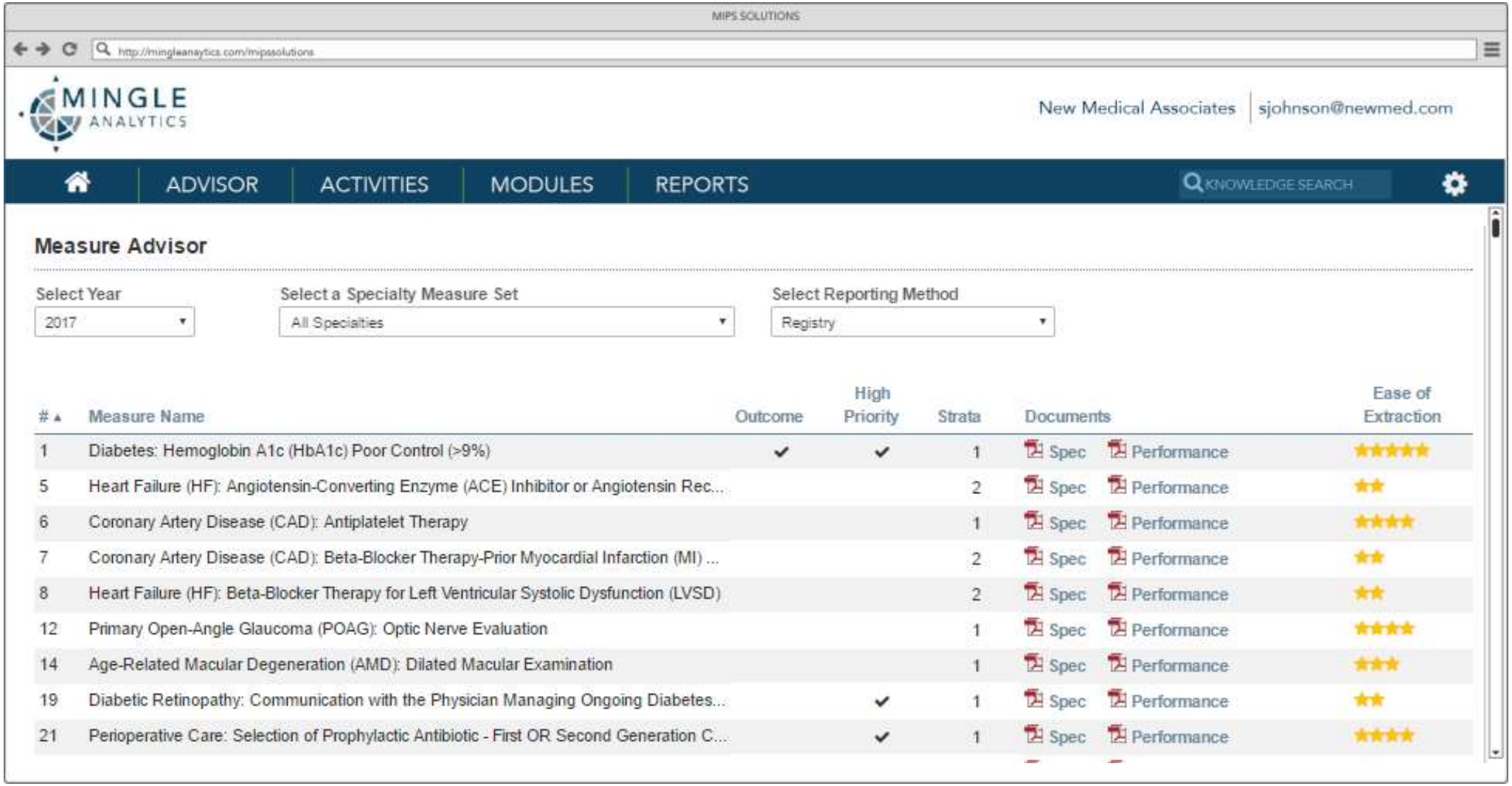
Dashboard & Scorecard



MIPS Solutions™ Quality Module



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Track your performance throughout the year

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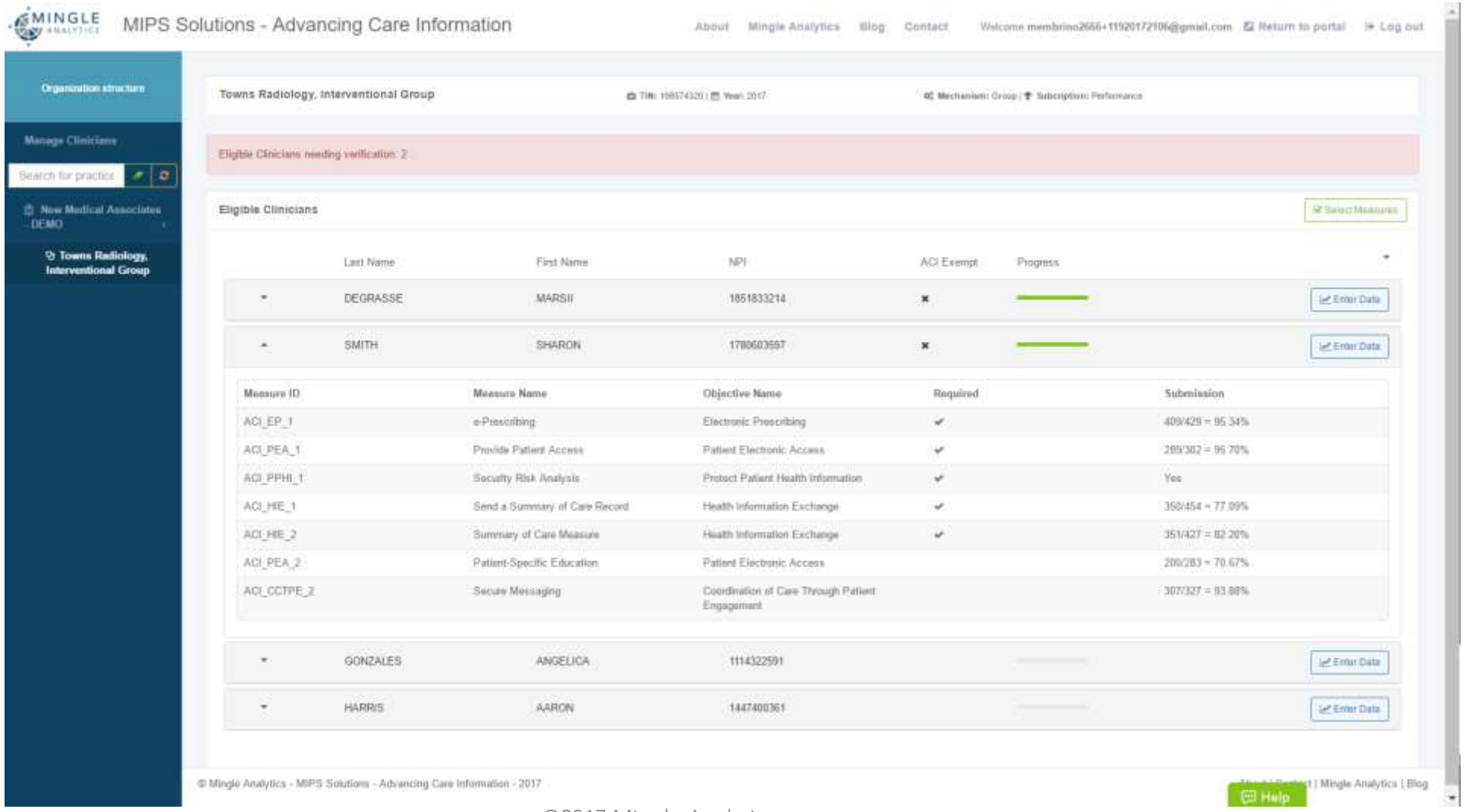
Advancing Care Information Module



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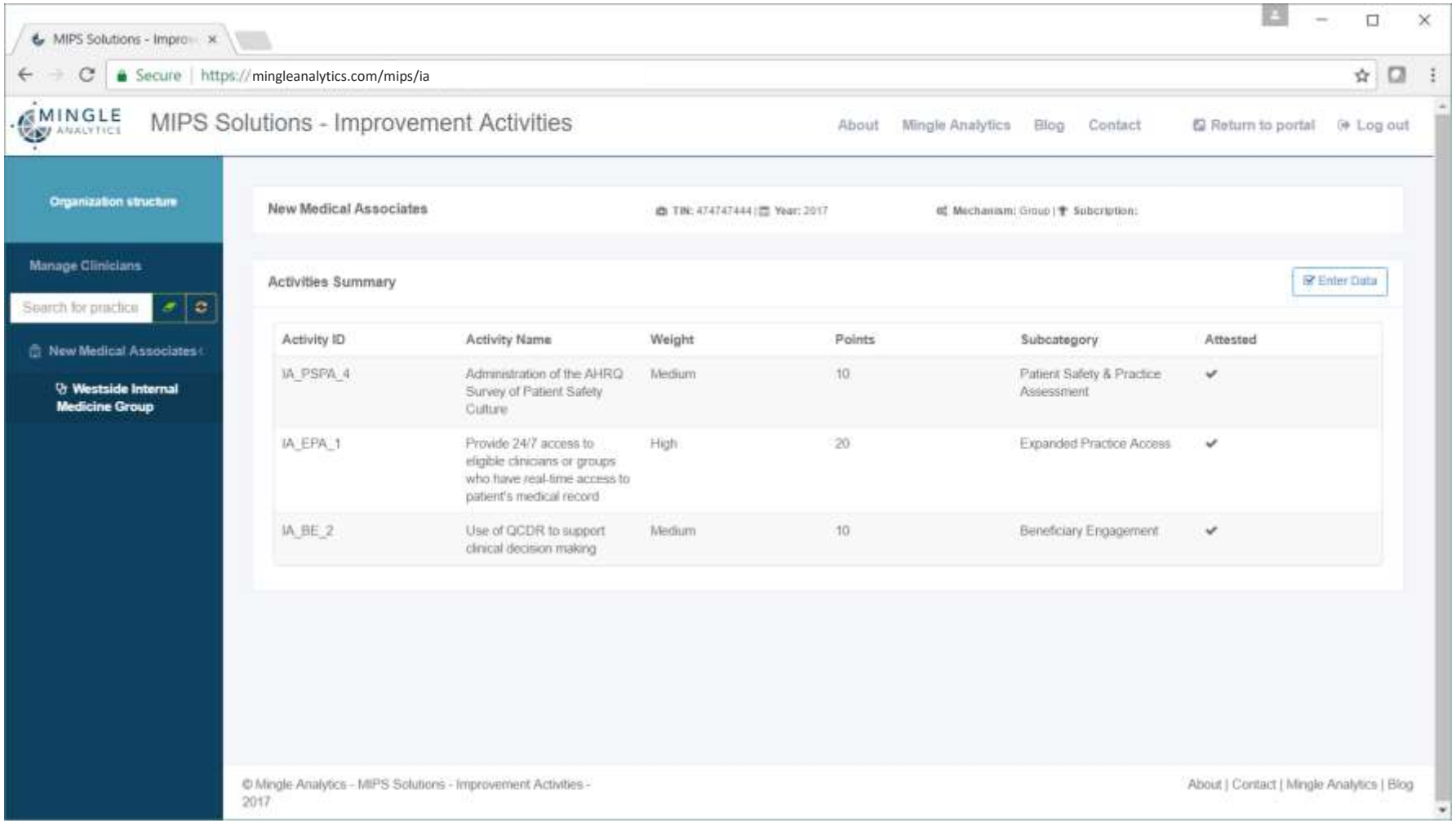
Improvement Activities Module



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	Performance Edition	Enterprise Edition
Participate in MIPS to avoid a penalty	Fully participate in MIPS to become incentive and bonus eligible	Maximize potential for MIPS and APM incentive and bonus payments
Report one quality measure; or, the base ACI measures; or, IA attestation	Analyze up to 9 measures plus report IA and ACI categories	Analyze up to 18 measures with continuous performance reporting
$249 per provider	$399 per provider	$699 per provider

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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

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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

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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

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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 to get started.

Data analysis for Q1 performance *estimated* to begin in early Q2.

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Q&A

Lydia asks:

If we had registered for a full year of MIPS reporting, can we changed it to 90 days?

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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

DeLanna Asks:

How do you select the measures for Quality based upon your E/M code for inpatient consults?

AND

What happens if you do not have 6 measures?

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Q&A

Jonathan Asks:

What is simplest means to comply with MIPS?

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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 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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Thank You

Ask your questions now or
send by email to
daniel.mingle@mingleanalytics.com

Register for webinars or Access Recordings @
http://mingleanalytics.com/webinars

Join our MUSE Collaborative for a Data-Driven learning and improvement process to help you rise to earn your highest possible MIPS Adjustment

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