



MIPS Office Hours

Succeeding with MIPS for Small Practices



Presented by:
Dr. Dan Mingle
President and CEO



What we plan to cover:

Your questions...ask me anything!

- ✓ Overview of MIPS and Quality Payment Program
- ✓ Who is considered a MIPS Eligible Clinician
- ✓ Introduction to the MIPS Performance Categories
- ✓ How Mingle Analytics can help you avoid the 4% penalty

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
- 99%+ submission success

Q&A

Wanda asks:

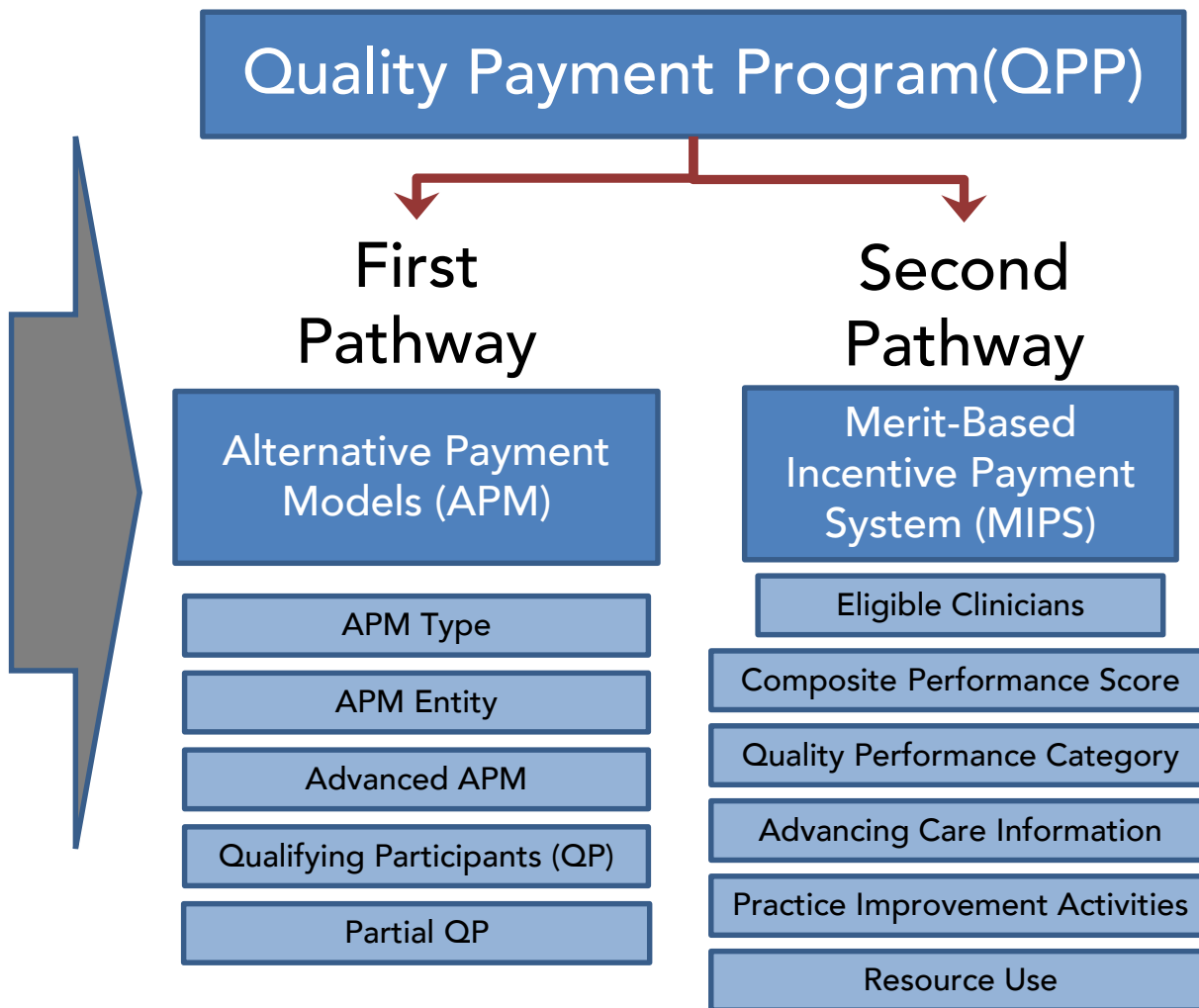
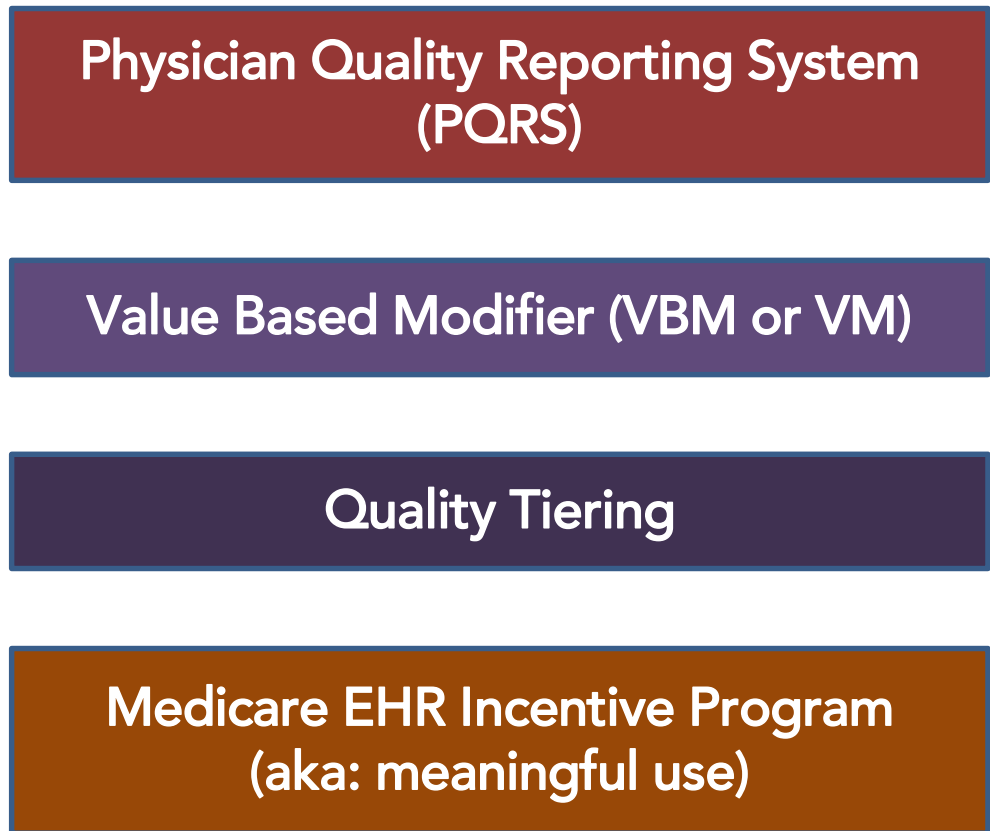
What is the deadline for reporting?

Q&A

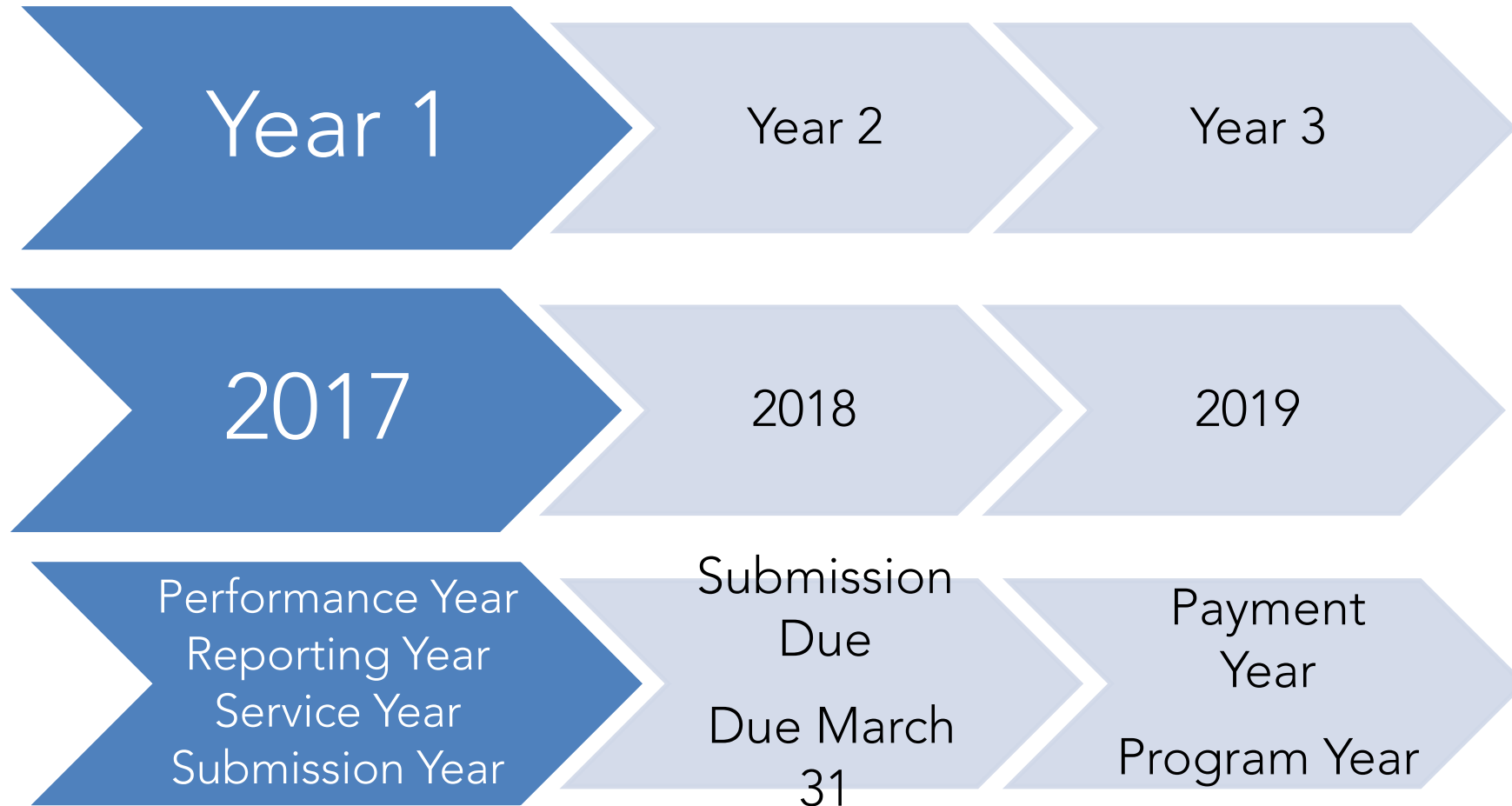
Debbie asks:

I have a new client that has done nothing for MIPS. Is it too late to get them ready so that they don't get a negative or penalty to their payments?

MACRA 2015 Induced Transition



4 -Year Service-Analysis-Payment Cycle



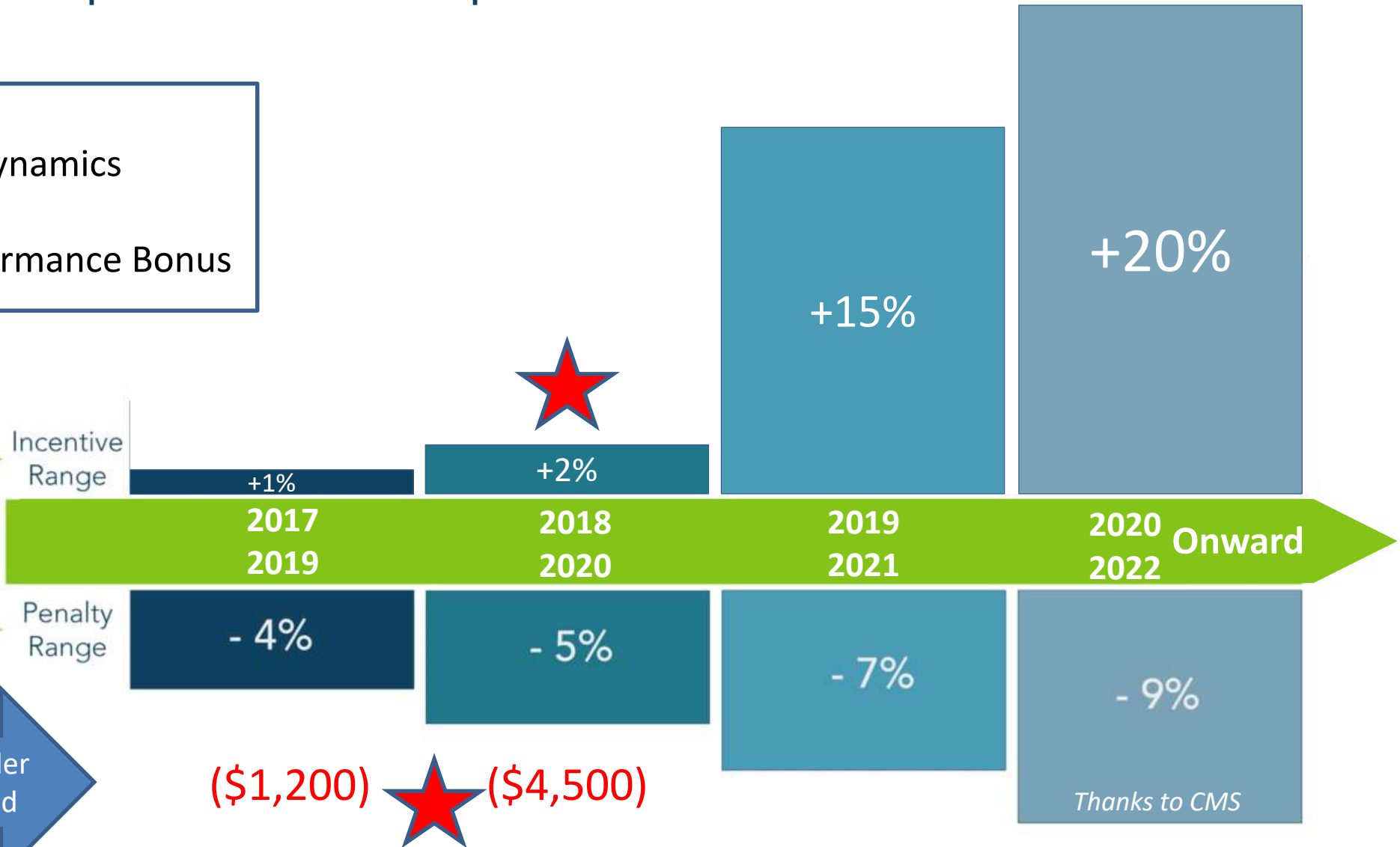
What is the potential impact of MIPS?

Accounting for:

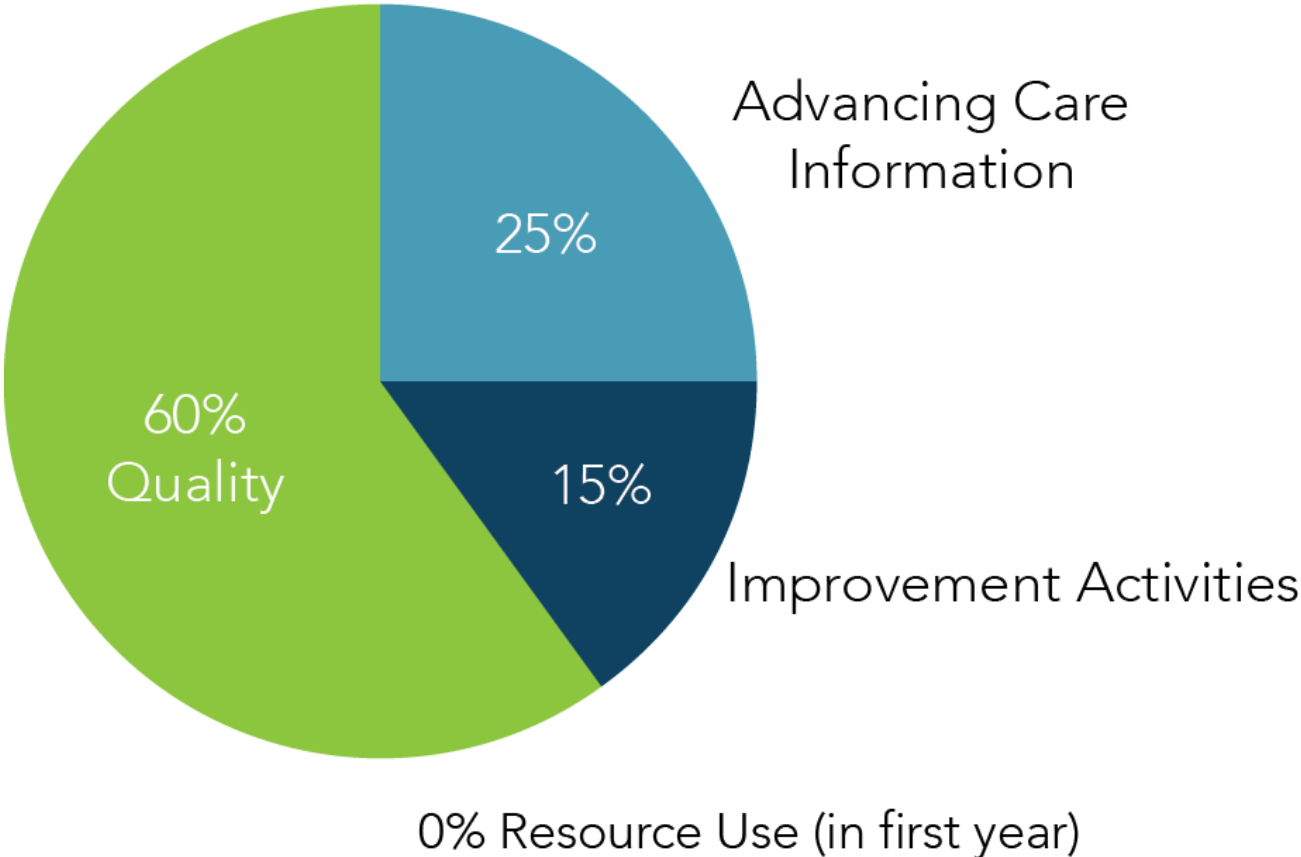
- Transition Year Dynamics
- Scaling Factor
- Exceptional Performance Bonus

Performance Year
Payment Year

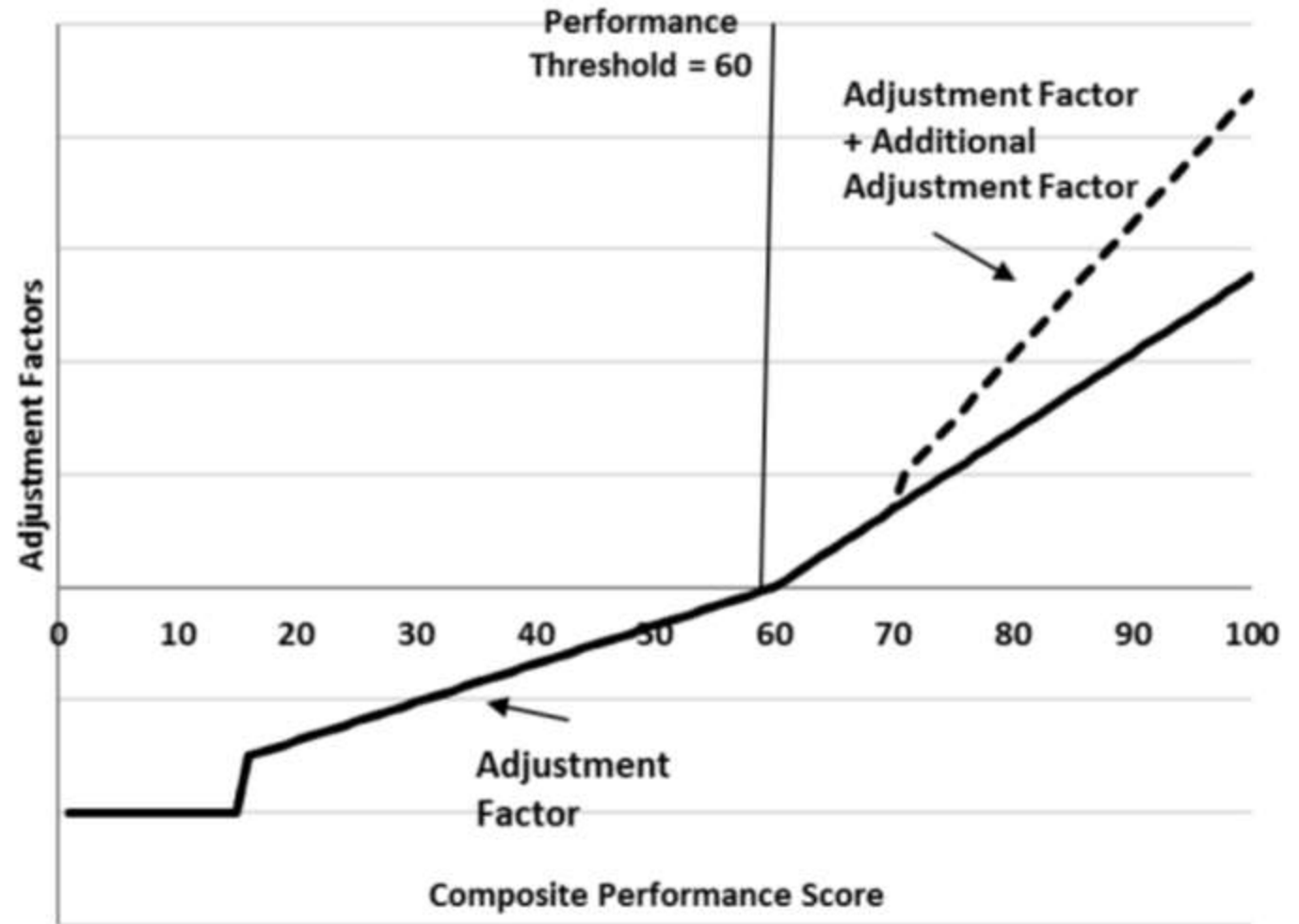
Minimum Loss Per Provider
At Low Volume Threshold



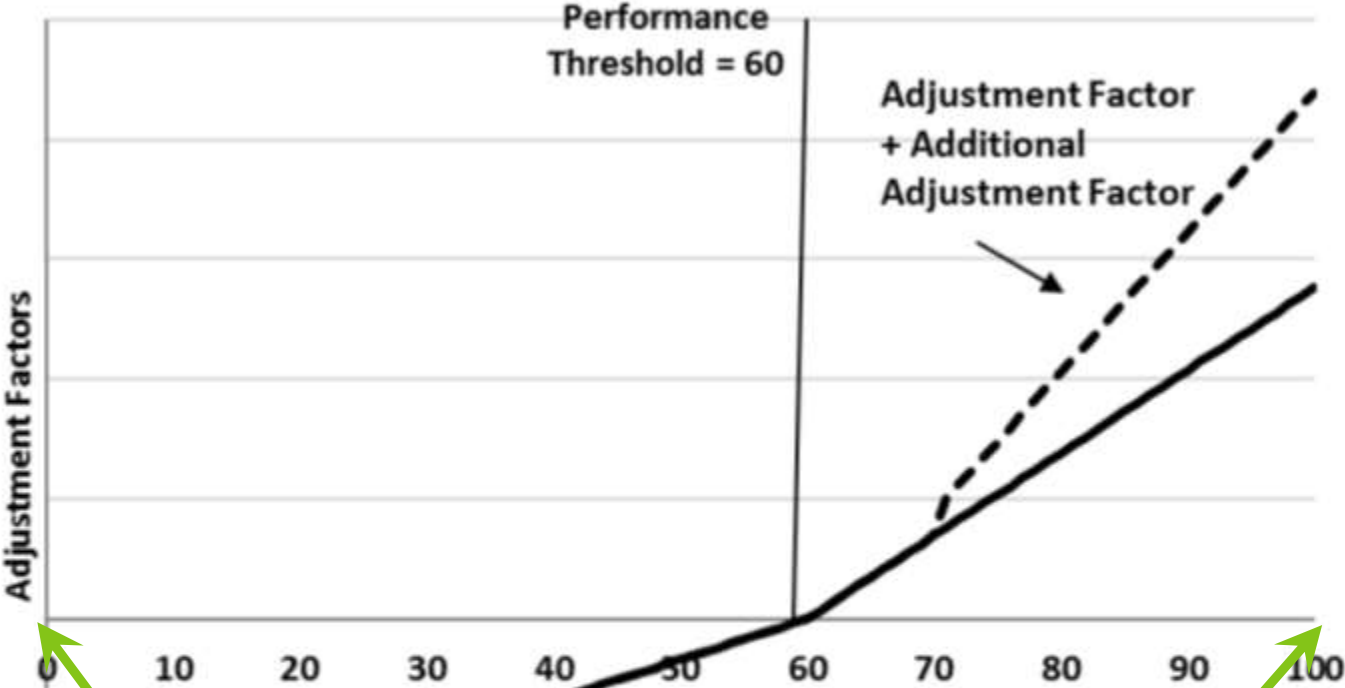
2017 MIPS Scoring



MIPS Conceptual Model



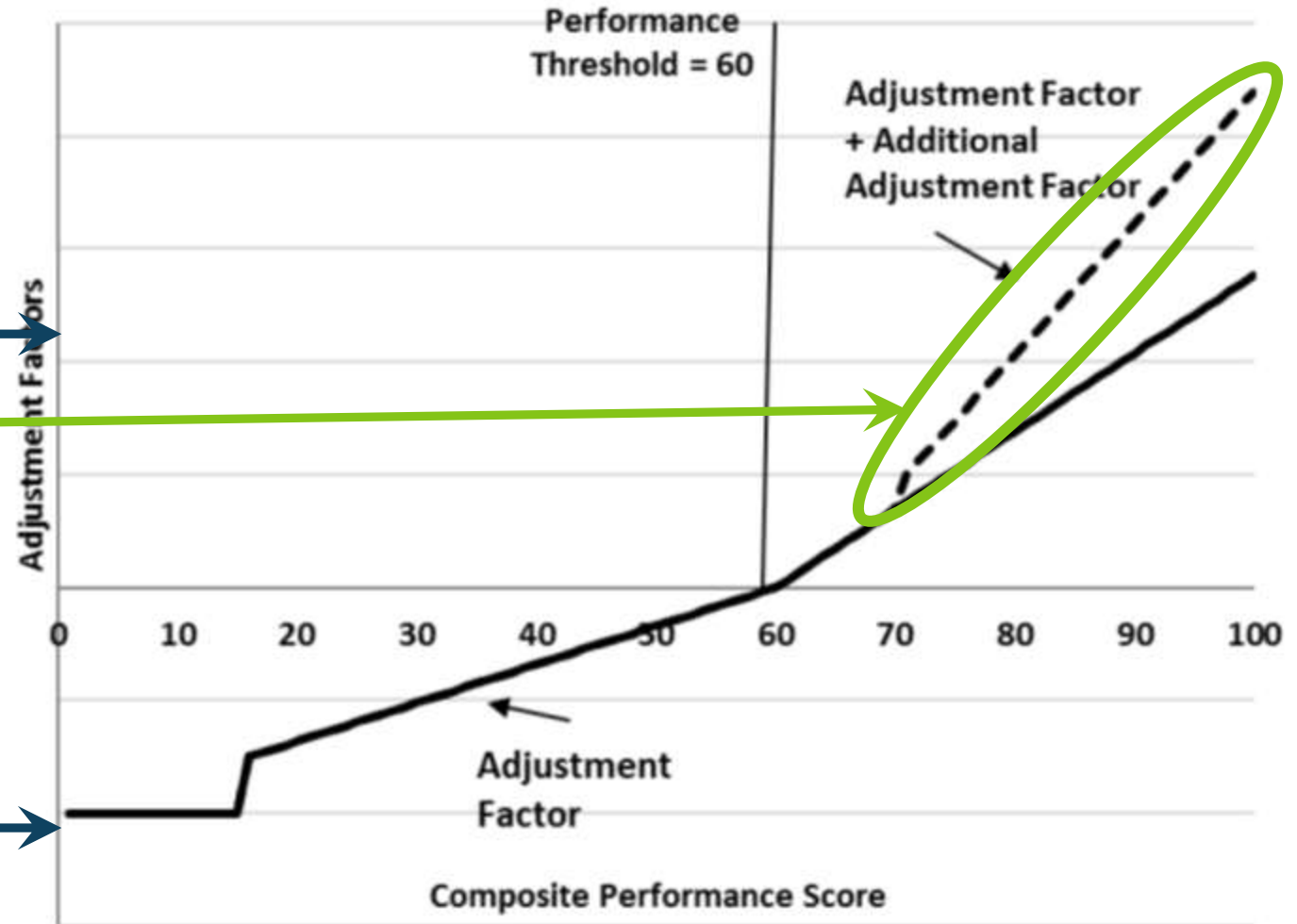
MIPS Conceptual Model



PerYr	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%

MIPS Conceptual Model

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

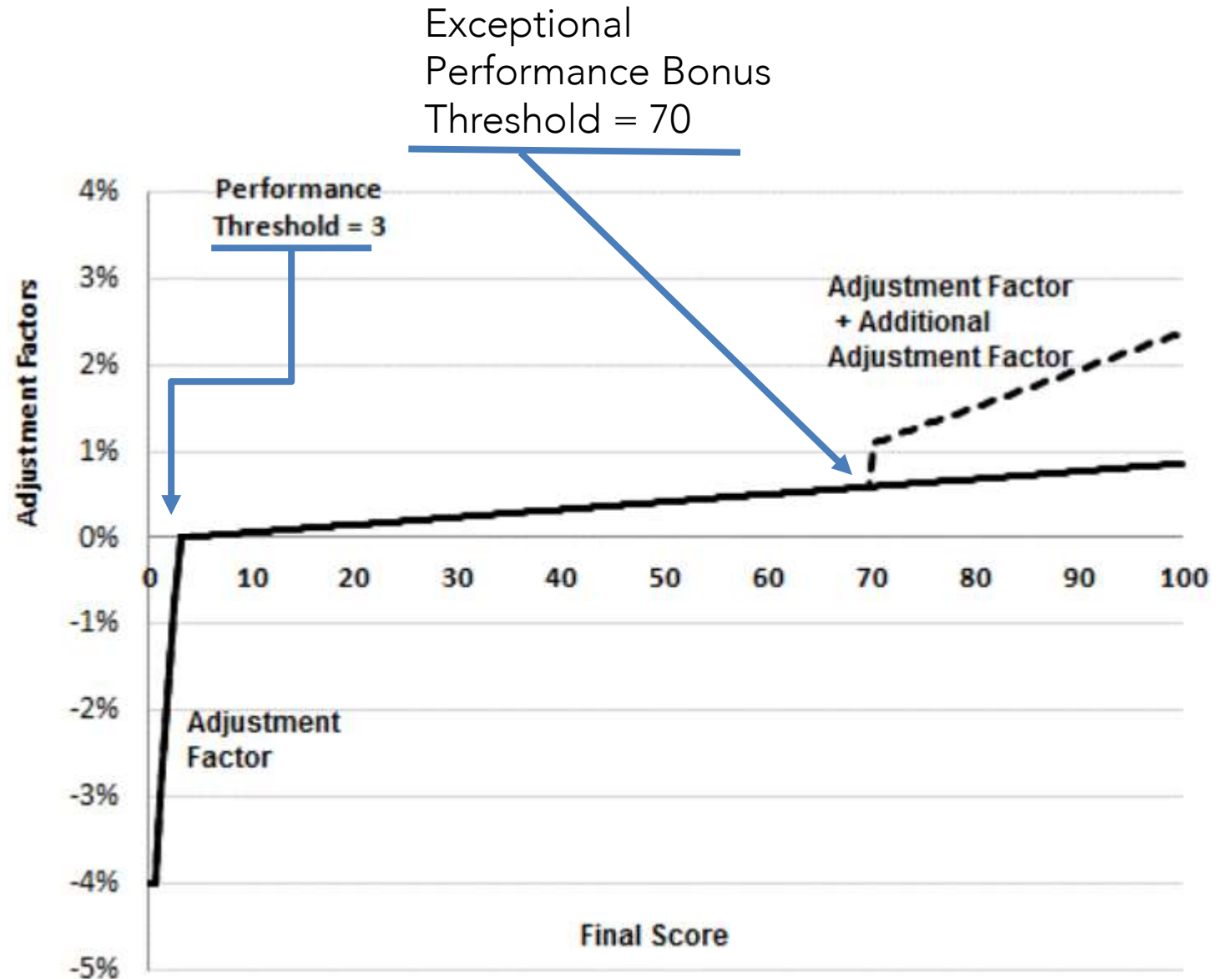


Transition Year Plan

2017 Performance Year
2019 Payment Year

Pick Your Pace Options 2017

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



MIPS Eligible Clinicians (EC)

- for the first 2 years
 - Physician (doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, optometry, and chiropractic)
 - 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

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

Q&A

Patty asks:

What would you recommend to small rural providers (solo eligible clinicians) moving forward in becoming an Alternative Payment Model?

Quality Performance Category

Q&A

Joann asks:

Can Mingle Analytics provide us with templates specific to the quality measures we have chosen?

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

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

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

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

Advancing Care Information Performance Category (formerly Meaningful Use)

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?

Q&A

Roy Asks:

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

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

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

Scoring

50 Base Points

+ 30 Performance Points

+ 0 Bonus Points

= 80%

X 25 points contribution to Composite Score

= 20 ACI Points

Improvement Activities Performance Category

Q&A

Rebecca Asks:

How do you determine what is sufficient documentation for Improvement Activities?

Q&A

Renee asks:

How do we avoid being penalized for not giving referrals? We are a specialist office and don't really refer out.

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

Q&A

Jonathan Asks:

What is simplest means to comply with MIPS?

Getting Started with Essentials Edition

Participate in MIPS to avoid a penalty	Example: Report on 1 Quality Measure for 1 Patient
Enter the provider & mechanism	Enter the National Provider Identification (NPI) number for the provider(s). Each one will need to submit a Permission Form to authorize Mingle Analytics to submit data on their behalf to Medicare.
Select a measure	Review the measure specification documentation in the Mingle Analytics Measure Advisor™ to be sure you choose a patient that is eligible for the measure
Select a patient	The patient must have Medicare Part B or Railroad Medicare Insurance and meet the requirements outlined in the specification of the measure you have selected
Enter performance	To avoid a penalty, you must select a measure where the patient encounter meets the requirements as outlined in the measure specification
Review results & submit to Medicare	Review your submission and approve it for submission to Medicare



Need assistance? Contact us M-F 9am – 5pm ET via Live Chat or Phone: 866-359-4458



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

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.

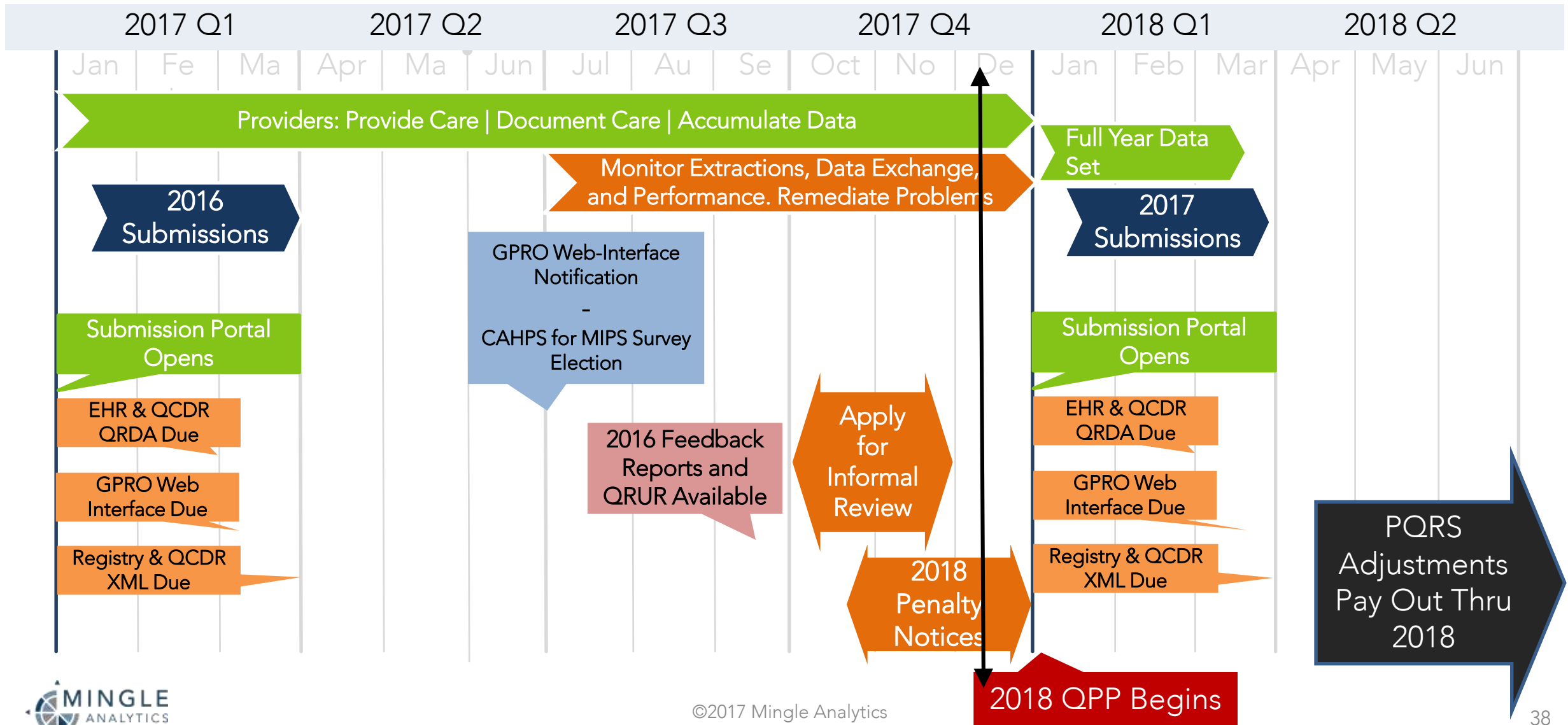


Q&A

Rhonda Asks:

Do you offer any guarantees that if we utilize your services you will help us avoid penalties?

Medicare Quality Reporting Timeline



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