How to get started with 2018 MIPS Reporting

Presented by:
Mary Ellingwood
Quality Reporting Consultant
What we plan to cover:

✓ An Overview of 2018 MIPS Reporting
✓ Eligibility Criteria
✓ Requirements
✓ Introduction to MIPS Solutions
✓ Your Questions!
MIPS and the Quality Payment Program

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

In 2018, you will be scored based on four performance categories. Cost will be scored by CMS based on your claims data.

Depending on the Edition you choose, MIPS Solutions by Mingle Health lets you complete each of the performance categories.

2018 MIPS Scoring

- Quality: 50%
- Cost: 10%
- Promoting Interoperability: 25%
- Improvement Activities: 15%
Familiar programs combined into MIPS

<table>
<thead>
<tr>
<th>MIPS Performance Categories</th>
<th>Replaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>PQRS &amp; CMS-calculated measures under Value Modifier (VM)</td>
</tr>
<tr>
<td>Cost</td>
<td>CMS-calculated measures under Value Modifier (VM)</td>
</tr>
<tr>
<td>Promoting Interoperability (PI)</td>
<td>EHR Incentive Program (MU) for eligible professionals</td>
</tr>
<tr>
<td>Improvement Activities (IA)</td>
<td>New category</td>
</tr>
</tbody>
</table>

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Potential financial impact of MIPS (as designed)

- **Incentive Range**
  - 2019: 4%
  - 2020: 5%

- **Penalty Range**
  - 2019: -4%
  - 2020: -5%
  - 2021: -7%
  - 2022 Onward: -9%

Maximum Adjustment to Clinician’s Medicare Part B payment.
Transition Year 2: *Projected Financial Impact*

2018 Performance Year  
2020 Payment Year

Participation Options:
- Do nothing – receive 5% negative adjustment in 2020
- Submit minimal data to earn 15 points and avoid a penalty
- Fully participate in MIPS to become incentive eligible
- Earn 70+ points and enjoy exceptional performance bonus

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Report on 6 measures, with at least 1 outcome measure or high priority measure for at least 60% of patients and a full-year of data.
# Measure Analyzer

<table>
<thead>
<tr>
<th>Practice</th>
<th>Outcome</th>
<th>Priority</th>
<th>First Visit</th>
<th>Last Visit</th>
<th>Measure</th>
<th>Eligible Instances</th>
</tr>
</thead>
<tbody>
<tr>
<td>000000115</td>
<td>New Medical Associates</td>
<td>Yes</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td>1. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&lt;9%)</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>21. Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin</td>
<td>565</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>23. Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)</td>
<td>507</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>24. Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 65-85 Years of Age</td>
<td>499</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>39. Screening for Osteoporosis for Women Aged 65-85 Years of Age</td>
<td>2,054</td>
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<tr>
<td>No</td>
<td>Yes</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>46-1: Medication Reconciliation Post-Discharge</td>
<td>4,647</td>
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<tr>
<td>No</td>
<td>Yes</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
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<td>46-2: Medication Reconciliation Post-Discharge</td>
<td>5,369</td>
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<td>No</td>
<td>Yes</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
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<td>46-3: Medication Reconciliation Post-Discharge</td>
<td>10,856</td>
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<tr>
<td>No</td>
<td>Yes</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
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<td>47. Care Plan</td>
<td>3,666</td>
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<tr>
<td>No</td>
<td>No</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>48. Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older</td>
<td>2,396</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>69. Hematology: Multiple Myeloma: Treatment with Bisphosphonates</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>110. Preventive Care and Screening: Influenza Immunization</td>
<td>2,607</td>
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<tr>
<td>No</td>
<td>No</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>111: Pneumococcal Vaccination Status for Older Adults</td>
<td>3,692</td>
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<tr>
<td>No</td>
<td>No</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>112: Breast Cancer Screening</td>
<td>2,288</td>
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<tr>
<td>No</td>
<td>No</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>113: Colorectal Cancer Screening</td>
<td>3,972</td>
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<tr>
<td>No</td>
<td>No</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>117: Diabetes: Eye Exam</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>119: Diabetes: Medical Attention for Neoplasia</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>1/1/2017</td>
<td>4/30/2017</td>
<td></td>
<td>125: Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy, Neurological Evaluation</td>
<td>4</td>
</tr>
</tbody>
</table>
Analyze your performance with MIPS Solutions BI

New Medical Associates

Quality Summary

Quality Points by Measure

- Depression Screening ACO-11
- ACE or ARB Therapy ACO-32
- HbA1c Foot Care ACO-27
- Influenza Immunization ACO-14
- Cardiovascular Disease Statin Therapy ACO-40
- Breast Cancer Screening ACO-28
- Screening for High Blood Pressure ACO-21
- Colorectal Cancer ACO-16
- Diabetes Eye Exam ACO-41
- Tobacco Use Screening and Cessation ACO-17
- Documentation of Current Medications ACO-38
- BMi Screening ACO-10
- Controlling High Blood Pressure ACO-22
- Depression Remission at Twelve Months ACO-85

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There are 4-5 measures for the base score that you must pass. MIPS Solutions provides an easy-to-use portal. You can enter data individually or as a group.
Promoting Interoperability | MIPS Solutions
Improvement Activities (IA)

Earn full credit by attesting to activities that your practice is likely already doing.
Cost will be calculated and scored automatically by CMS using your claims data.
How will the Cost Category be scored?

The Cost Performance Category is new this year and will be calculated by CMS in 2018 using your claims data.

There are 2 measures you will be scored on:
• Total Per Capita Cost for All Attributed Beneficiaries
• Medicare Spending Per Beneficiary

If you are a specialist, make sure your patients are seeing a PCP. There is also no attribution if your patient is seeing a Mid-Level.
Who will you be reporting for?

MIPS Eligible in 2018:

Physicians (doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, optometry, and chiropracty)

Physician Assistants (PA)

Nurse Practitioners (NP)

Clinical Nurse Specialists (CNS)

Certified Registered Nurse Anesthetists (CRNA)
Are any of your Clinicians exempt?

<table>
<thead>
<tr>
<th>Who is Excluded from MIPS?</th>
<th>Clinicians who are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly-enrolled in Medicare</td>
<td>Enrolled in Medicare for the first time during the performance period (exempt until following performance year)</td>
</tr>
<tr>
<td>Significantly Participating in Advanced APM's</td>
<td>Receive 25% of your Medicare payments OR See 20% of your Medicare patients through an Advanced APM</td>
</tr>
<tr>
<td>Below the Low-Volume Threshold</td>
<td>Medicare Part B allowed charges less than or equal to $90,000 a year OR See 200 or fewer Medicare Part B patients a Year</td>
</tr>
<tr>
<td>Significant Hardship Exemption</td>
<td>This concept has been expanded to include not just EHR utilization, but now can be applied to any of the MIPS categories.</td>
</tr>
<tr>
<td>Extreme and Uncontrollable Circumstances</td>
<td>Applies to regions of the nation where widespread disasters broadly disrupted infrastructure. This exemption is applied automatically to regions determined to have been affected by a disaster.</td>
</tr>
</tbody>
</table>

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Plan your MIPS strategy today!

Whether you want to avoid a penalty or regularly monitor your performance to increase your chance for an incentive, our products and services will help you succeed with Medicare quality reporting.

Speak with one of our friendly Consultants today to determine a MIPS strategy that is best for your practice.

Contact us at:

https://minglehealth.com/contact-us/
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.

https://mingleanalytics.com/MIPS
Additional Resources

2018 Final Rule – MIPS & QPP

Our team has dissected the 2018 Final Rule so you don’t have to. Dr. Mingle, President and CEO, will provide you with the information you need to succeed for the upcoming 2018 reporting year.


Prepare for 2018 MIPS Success

We've made a guide that provides an overview of 2018 MIPS reporting and what you can do now to prepare for 2018 reporting success.

Jennifer Asks:

Can a physician NOT enroll due to low-threshold?
Q&A

Janet Asks:

How can we help practices prepare?
Anthony asks:

Are there minimum steps we can take to only avoid the penalty?
Q&A

Rosie asks:

What are our options for 2018 if we are not on an EMR system?
Geri asks:

How does your company obtain the data to be reported?
Your Quality Reporting Partner

Helping You Thrive in the Business & Practice of Medicine

✓ Dr. Dan Mingle, recognized industry innovator
✓ Quality reporting from a physician’s perspective
✓ Submission success rate over 99%
✓ Equally committed to serving large and small practices

http://go.mingleanalytics.com/mingle-intro-video
Register today to access your MIPS Solutions Dashboard.

https://mingleanalytics.com/MIPS