



MingleHealth

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!

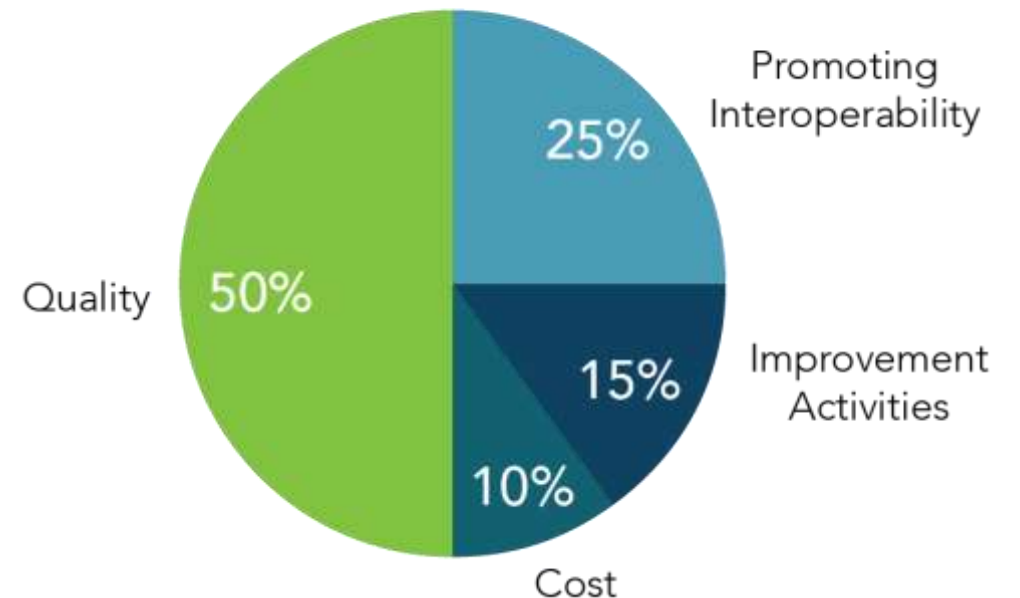
MIPS and the Quality Payment Program

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.

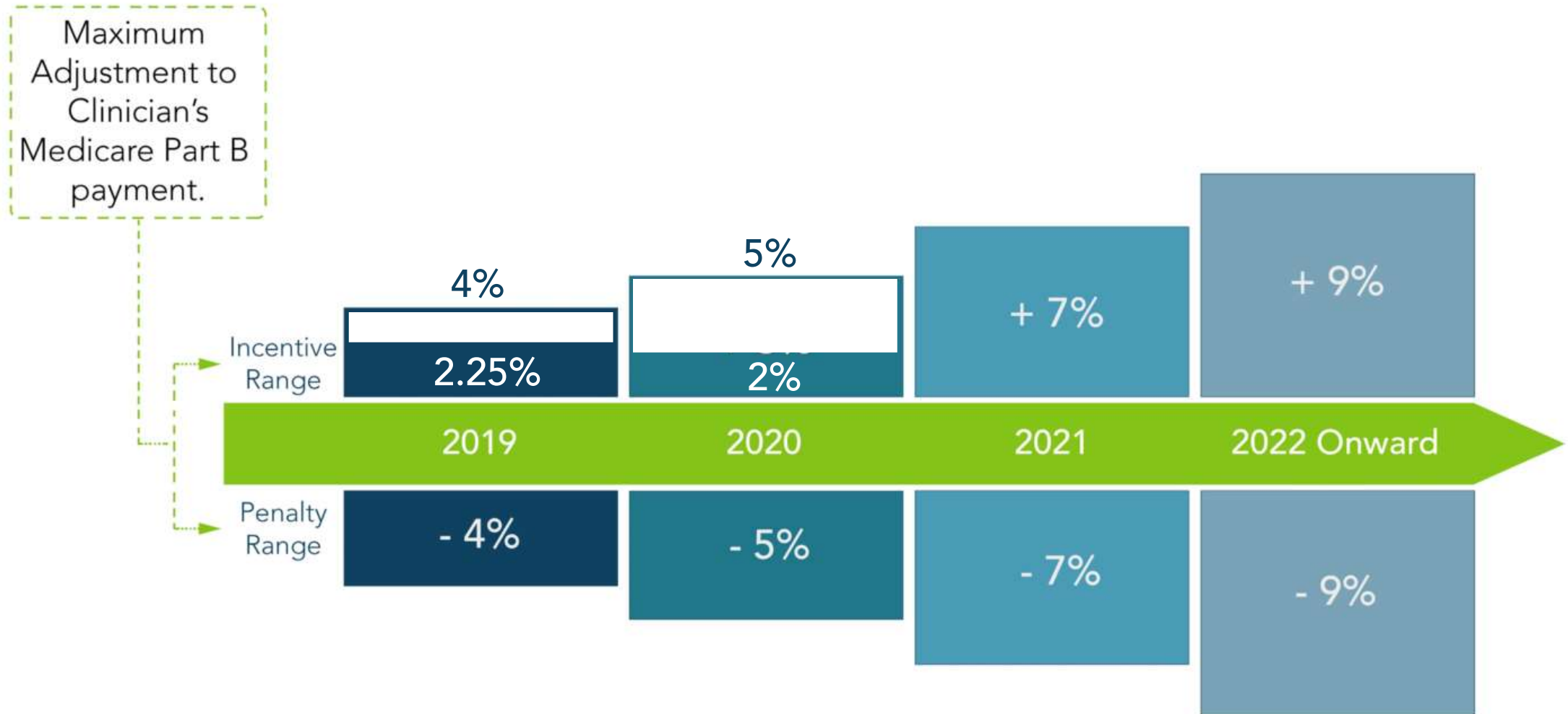
2018 MIPS Scoring



Familiar programs combined into MIPS

MIPS Performance Categories	Replaces
Quality	PQRS & CMS-calculated measures under Value Modifier (VM)
Cost	CMS-calculated measures under Value Modifier (VM)
Promoting Interoperability (PI)	EHR Incentive Program (MU) for eligible professionals
Improvement Activities (IA)	New category

Potential financial impact of MIPS (as designed)



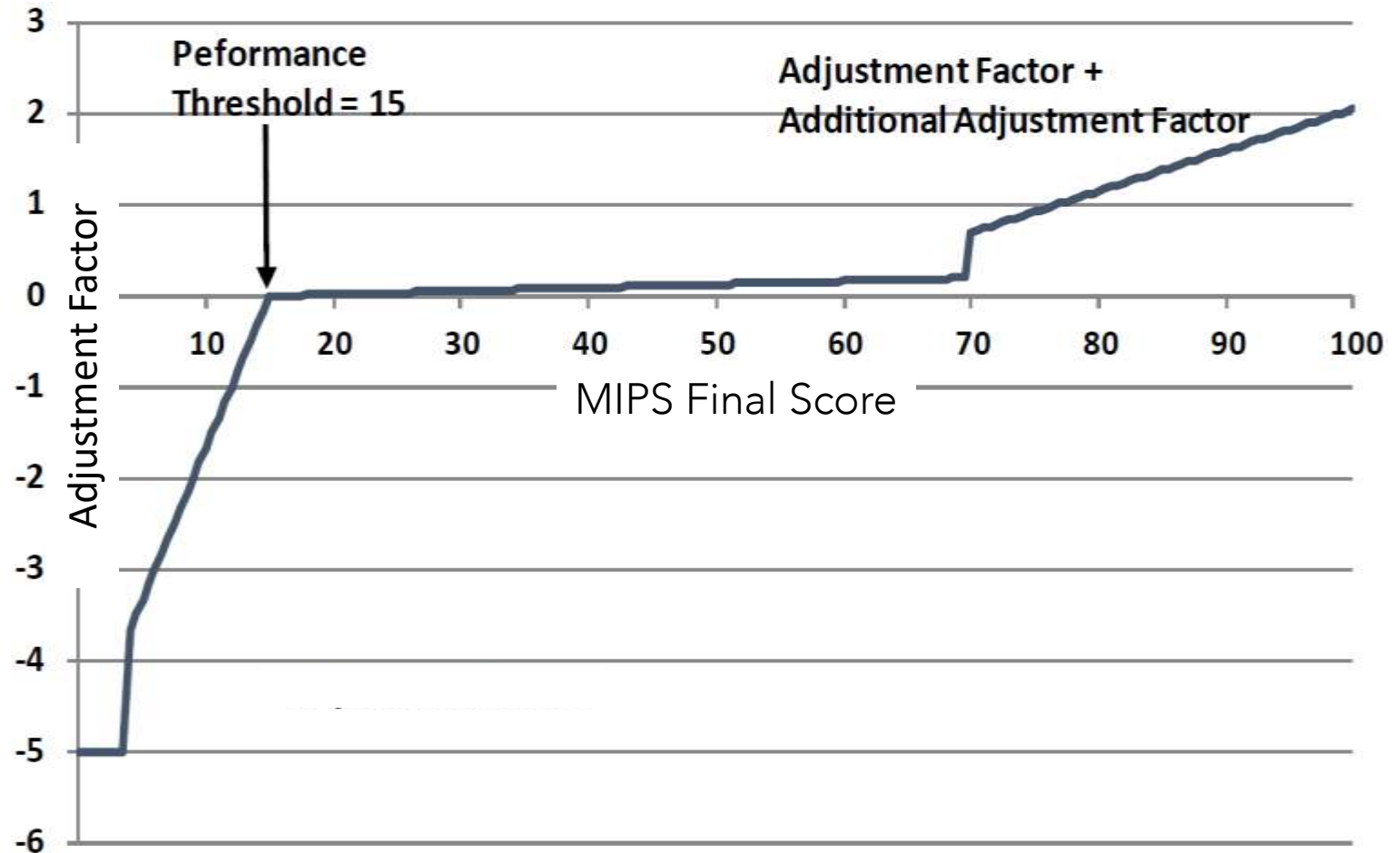
Transition Year 2: *Projected* Financial Impact

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



Quality



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.


Quality Module | MIPS Solutions

MIPs SOLUTIONS

← → ↻

http://mingleanalytics.com/mipsolutions

⋮

MINGLE
ANALYTICS

New Medical Associates | sjohnson@newmed.com

⌂

ADVISOR

ACTIVITIES

MODULES

REPORTS

🔍 KNOWLEDGE SEARCH

⚙️

Measure Advisor

Select Year



















2017

Select a Specialty Measure Set

All Specialties

Select Reporting Method

Registry

# ▲	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	★★★★

Measure Analyzer



Group Measure Analyzer

* All Payers

Measure and Incentive Analyzer

New Medical Associates

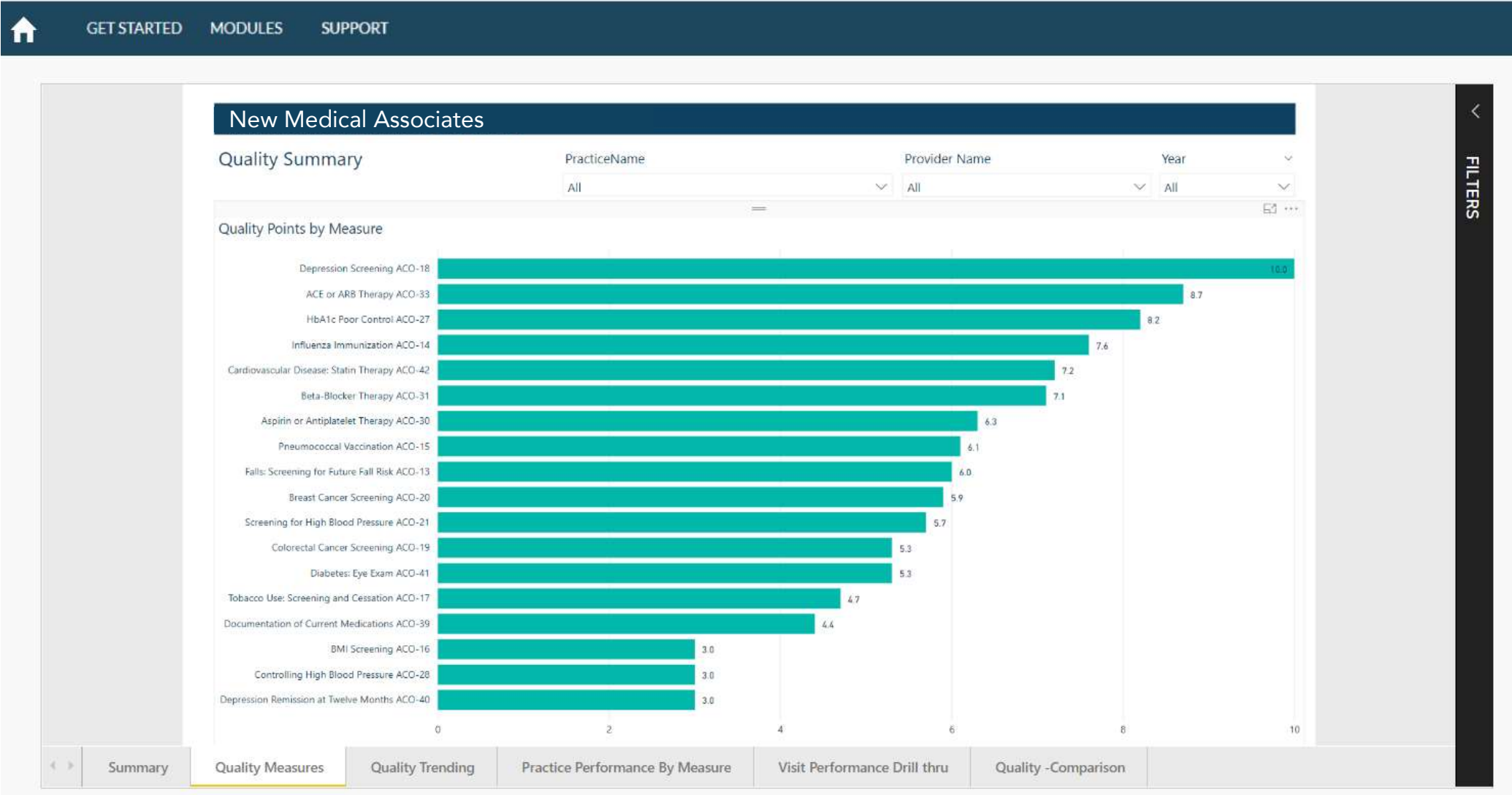
Visit Year: 2017

Date Run: 2/26/2018 8:58 PM (EST)

Practice	Outcome	High Priority	First Visit	Last Visit	Measure	Eligible Instances
xxxx08116 New Medical Associates						
	Yes	Yes	1/1/2017	4/30/2017	1: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	2
	No	Yes	1/1/2017	4/30/2017	21: Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin	565
	No	Yes	1/1/2017	4/30/2017	23: Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)	507
	No	Yes	1/1/2017	4/30/2017	24: Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged	499
	No	No	1/1/2017	4/30/2017	39: Screening for Osteoporosis for Women Aged 65-85 Years of Age	2,054
	No	Yes	1/1/2017	4/30/2017	46-1: Medication Reconciliation Post-Discharge	4,647
	No	Yes	1/1/2017	4/30/2017	46-2: Medication Reconciliation Post-Discharge	6,309
	No	Yes	1/1/2017	4/30/2017	46-3: Medication Reconciliation Post-Discharge	10,956
	No	Yes	1/1/2017	4/30/2017	47: Care Plan	3,896
	No	No	1/1/2017	4/30/2017	48: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	2,356
	No	No	1/1/2017	4/30/2017	69: Hematology: Multiple Myeloma: Treatment with Bisphosphonates	1
	No	Yes	1/1/2017	4/30/2017	109: Osteoarthritis (OA): Function and Pain Assessment	3,640
	No	No	1/1/2017	4/30/2017	110: Preventive Care and Screening: Influenza Immunization	2,607
	No	No	1/1/2017	4/30/2017	111: Pneumococcal Vaccination Status for Older Adults	3,692
	No	No	1/1/2017	4/30/2017	112: Breast Cancer Screening	2,288
	No	No	1/1/2017	4/30/2017	113: Colorectal Cancer Screening	3,972
	No	No	1/1/2017	4/30/2017	117: Diabetes: Eye Exam	2
	No	No	1/1/2017	4/30/2017	119: Diabetes: Medical Attention for Nephropathy	2
	No	No	1/1/2017	4/30/2017	126: Diabetes Mellitus: Diabetic Foot and Ankle Care: Peripheral Neuropathy - Neurological Evaluation	4



Analyze your performance with MIPS Solutions BI





Promoting Interoperability



25%

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

Advancing Care Information: x

Secure | https://mingleanalytics.com/mipsolutions/aci

Enter Measure Data for MARSH DEGRASSE (NPI: 1851833214)

ACI Measure Set

Prescribing

Measure ID	Measure Name	Required	Score Weight	Objective
ACI_EP_1	e-Prescribing	✓	0	Electronic Prescribing

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.

Numerator: 454 / Denominator: 500 = 90.80%

Provide Patient Access

Measure ID	Measure Name	Required	Score Weight	Objective
ACI_PEA_1	Provide Patient Access	✓	Up to 10	Patient Electronic Access

For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information, and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified EHR technology.

Numerator: 232 / Denominator: 333 = 69.67%

Security Risk Analysis

Measure ID	Measure Name	Required	Score Weight	Objective
ACI_FPHI_1	Security Risk Analysis	✓	0	Protect Patient Health Information

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45

Attestation: Yes (selected) No

Cancel Save and Close

Chat With Us

Improvement Activities (IA)



Earn full credit by attesting to activities that your practice is likely already doing.

Improvement Activities Module | MIPS Solutions

Improvement Activities - x

Secure | https://www.pqrsanalyzer.com/mips#/ia/home?subYear=2017

MINGLE ANALYTICS Improvement Activities

1-866-359-4458 | membrino2666+11920172106@gmail.com | Log out

GET STARTED MODULES SUPPORT

Organization structure

Manage Clinicians

Search for practice

New Medical Associates - DEMO

Towns Radiology, Interventional Group

Jennings Family Medicine

Towns Radiology, Interventional Group

TW: 108574320 | Year: 2017

Mechanism: Group | Subscription: Performance

Activities Summary

Enter Data

Activity ID	Activity Name	Weight	Points	Subcategory	Attested
IA_BE_6	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	High	20	Beneficiary Engagement	✓
IA_CC_2	Implementation of improvements that contribute to more timely communication of test results	Medium	10	Care Coordination	✓
IA_CC_1	Implementation of use of specialist reports back to referring clinician or group to close referral loop	Medium	10	Care Coordination	✓

© Mingle Analytics - Improvement Activities - 2017

About | Contact | Mingle Analytics | Blog

Cost

2017



2018



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?

Who is Excluded from MIPS?

Clinicians who are:



Newly-enrolled in Medicare

Enrolled in Medicare for the first time during the performance period

(exempt until following performance year)



Significantly Participating in Advanced APM's

Receive 25% of your Medicare payments

OR

See 20% of your Medicare patients through an Advanced APM



Below the Low-Volume Threshold

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



Significant Hardship Exemption

This concept has been expanded to include not just EHR utilization, but now can be applied to any of the MIPS categories.



Extreme and Uncontrollable Circumstances

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.

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/>

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.

<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.



Watch here:

<https://mingleanalytics.com/resource/2018-final-rule/>

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.



Download here:

<https://mingleanalytics.com/resource/prepare-for-2018-success/>

Q&A

Charles Asks:

As a locum tenens, do I qualify for MIPS?

Q&A

Amber Asks:

What is the minimum points to avoid penalty and the simplest way to meet the requirements?

Q&A

Janelle Asks:

What needs to be gathered to report claims by registry?

Q&A

Rana Asks:

I have a provider that just joined our practice, he does not have any data, how can I attest for him?

Q&A

Jennifer Asks:

Can a physician NOT enroll due to low-threshold?

Q&A

Janet Asks:

How can we help practices prepare?

Q&A

Rosie asks:

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

Q&A

Geri asks:

How does your company obtain the data to be reported?

Your Quality Reporting Partner



<http://go.mingleanalytics.com/mingle-intro-video>

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

Register today to access your
MIPS Solutions Dashboard.

<https://minglehealth.com/MIPS>