



What we plan to cover:

- ✓ An Overview of 2018 MIPS Reporting
- ✓ Eligibility Criteria
- ✓ Requirements
- ✓ Introduction to MIPS Solutions
- ✓ Your Questions!

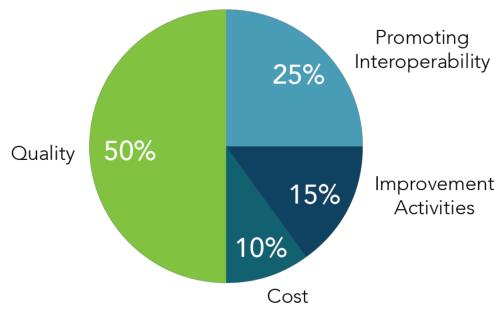
MIPS and the Quality Payment Program

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.





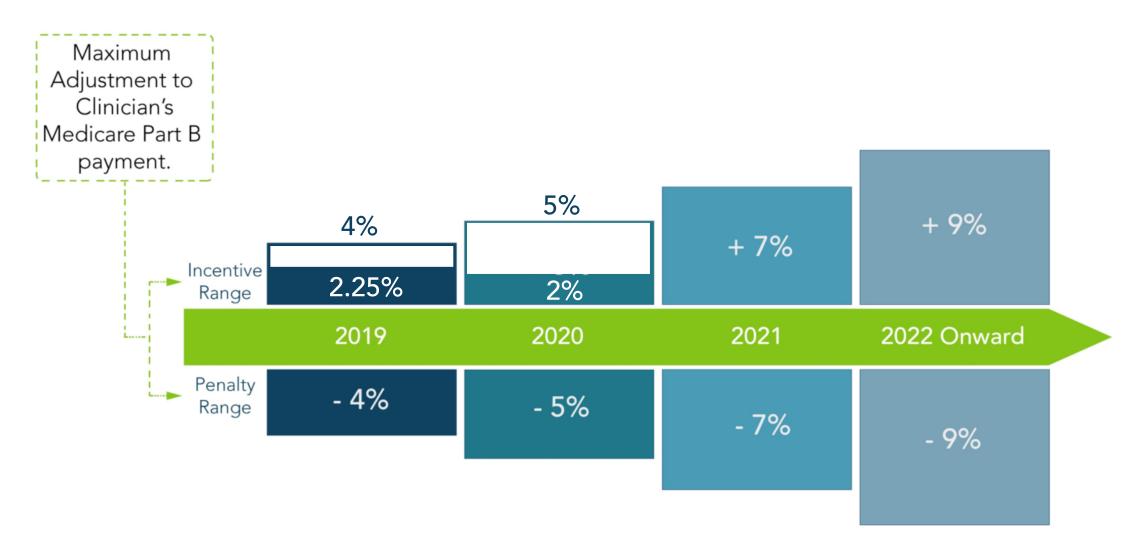


Familiar programs combined into MIPS

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)



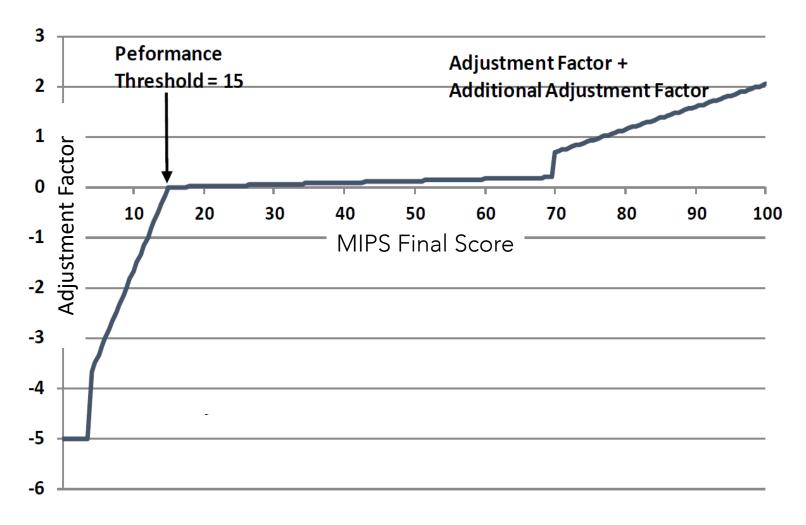


Transition Year 2: Projected Financial Impact

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



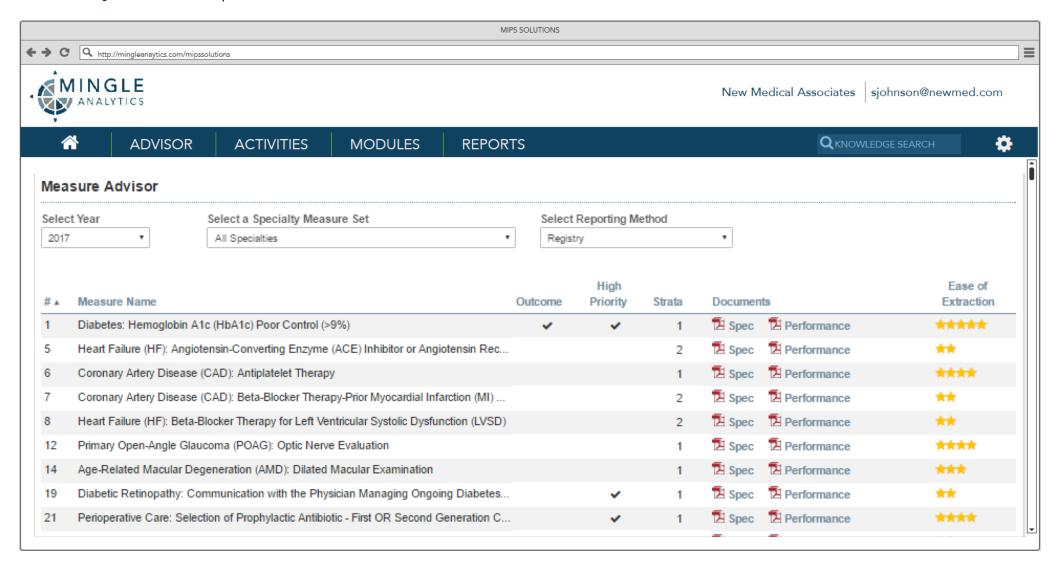




Report on 6 measures, with at least 1 outcome measure or high priority measure for at least 60% of patients and a *full-year* of data.



Quality Module | MIPS Solutions





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Measure Analyzer



Measure and Incentive Analyzer

New Medical Associates Visit Year: 2017 Date Run: 2/26/2018 8:58 PM (EST)

Group Measure Analyzer

* All Payers

Desetion	0.4	High		1 4 \ F - 21		Eligible
Practice	Outcome		First Visit	Last Visit	Measure	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 Olde	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
İ	No	No	1/1/2017	4/30/2017	126: Diahetes Mellitus: Diahetic Foot and Ankle Care, Perinheral Neuronathy - Neurological Evaluation	4

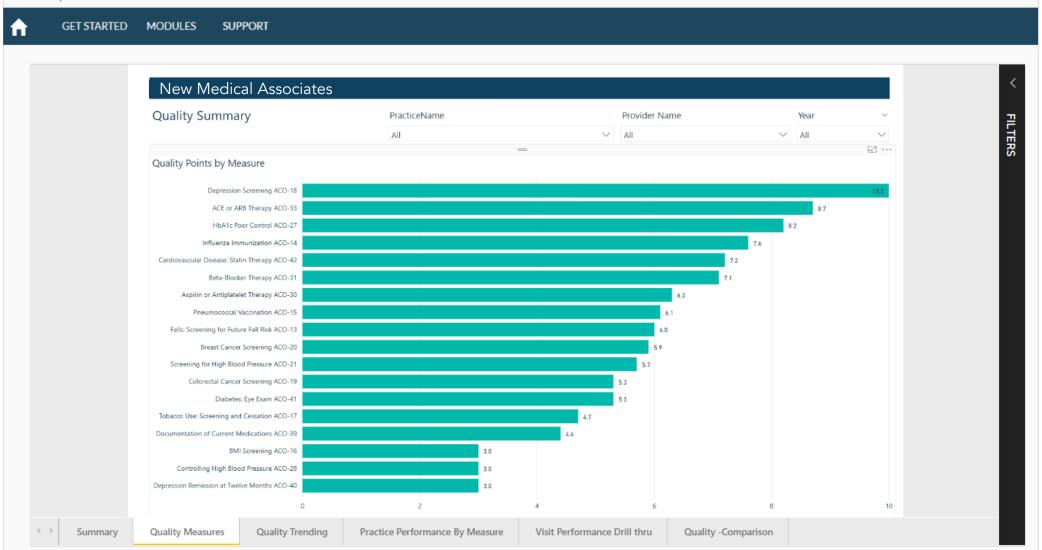


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Analyze your performance with MIPS Solutions BI





Promoting Interoperability

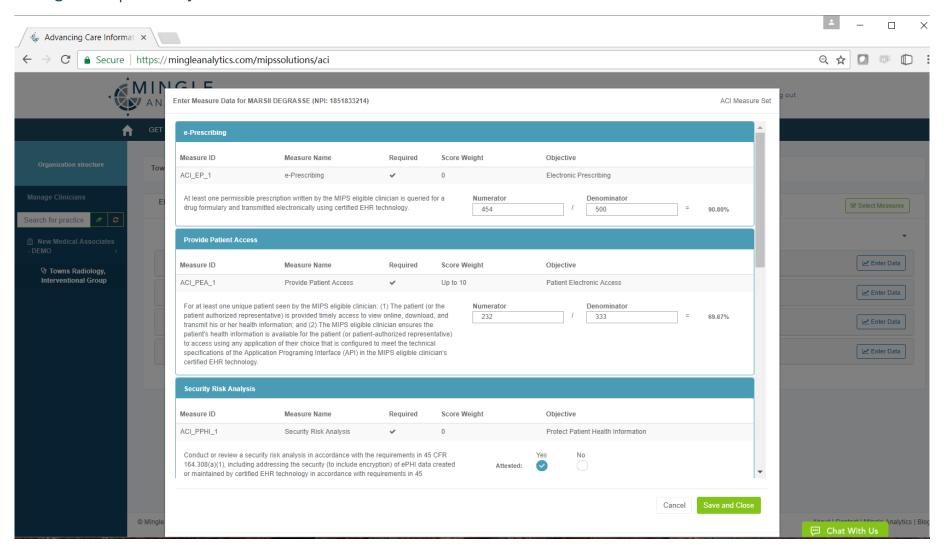
25%

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





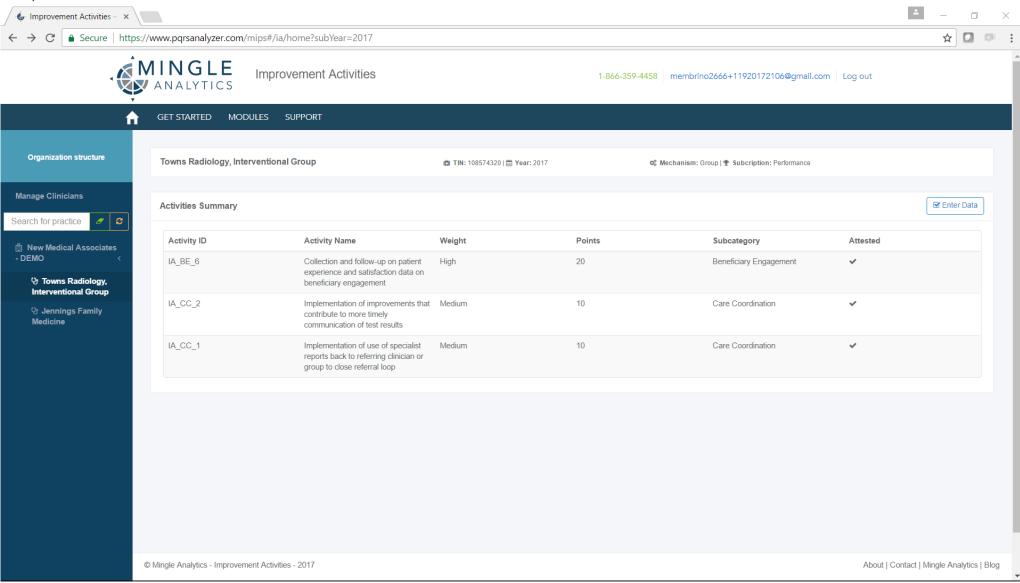
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Earn full credit by attesting to activities that your practice is likely already doing.

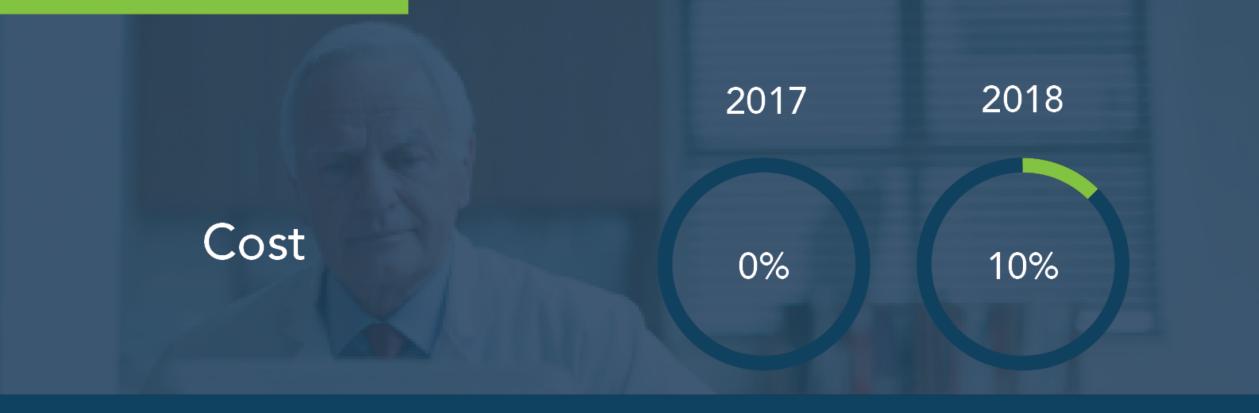


Improvement Activities Module | MIPS Solutions





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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

<u>OR</u>

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 SolutionsTM

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://minglehealth.com/get-started





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/



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Q&A

Amber Asks:

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



A&P

Janelle Asks:

What needs to be gathered to report claims by registry?



A&D

Janet Asks:

How can we help practices prepare?



A&P

Rosie asks:

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



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

