



Navigating the challenges of MIPS in 2020: What to focus on before the end of the year

Wednesday, September 23rd at 12 pm ET
with Dan Mingle, MD, MS
Executive Chairman, Mingle Health

Presented in partnership by
MTBC and Mingle Health



A Partnership for Your Success



Welcome to the Webinar



Dan Mingle, MD, MS
Executive Chairman, Mingle Health

Dr. Dan Mingle, executive chairman and nationally recognized Medicare quality reporting expert. He is a family physician with private, group, and academic practice experience. His insights into the many problems that plague our healthcare system led him on a quest to help practices of all sizes master their data for value-based care success.

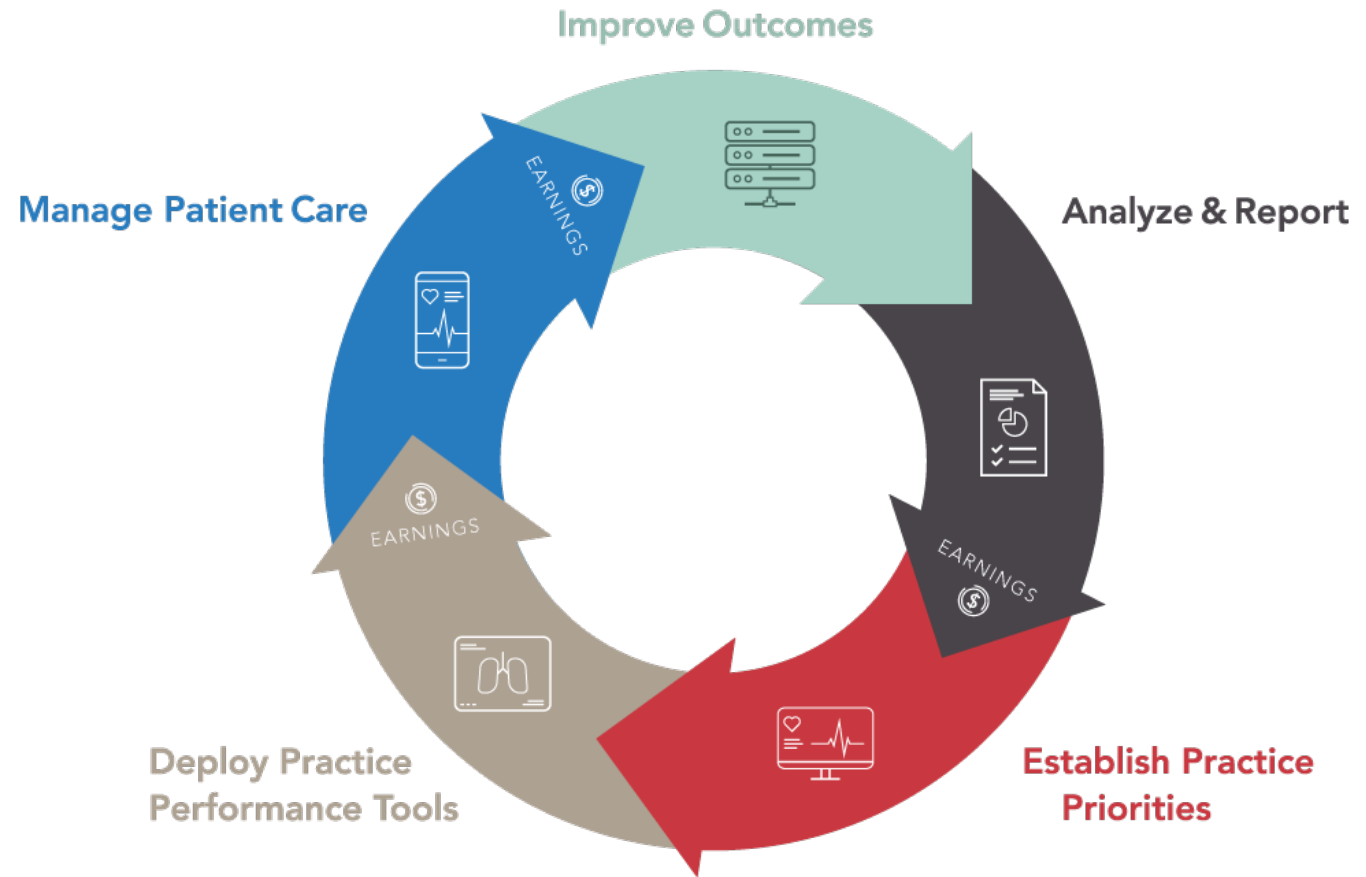
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Improve What Matters

We guide you every step of the way in the transition to value-based care.

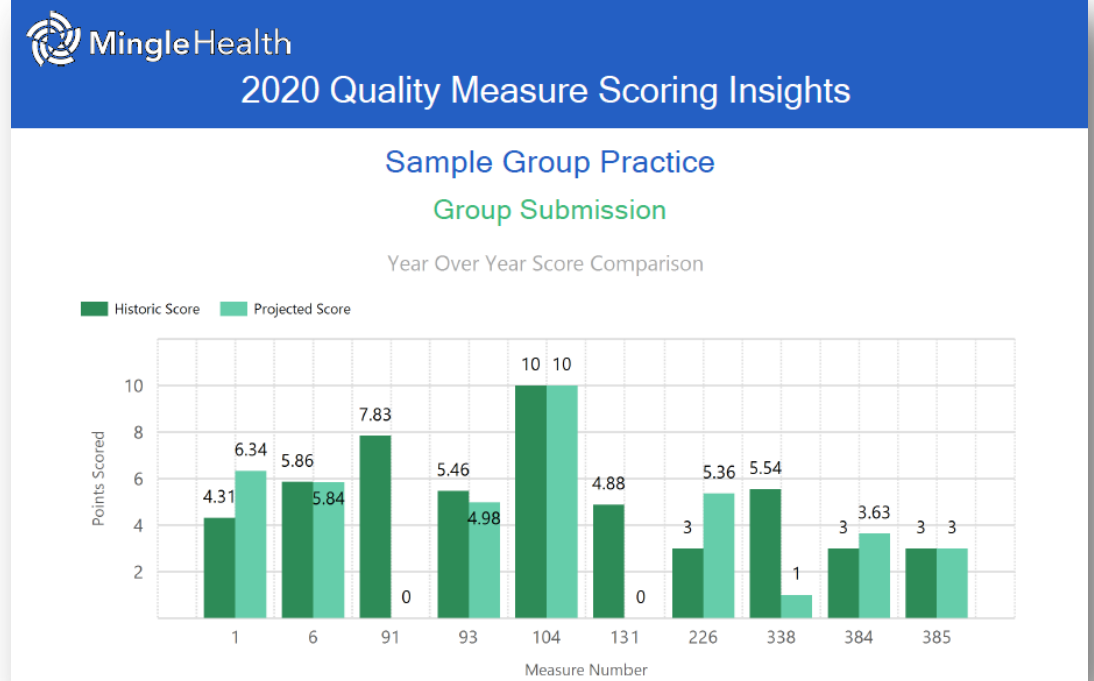
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Agenda

- MIPS in the year of COVID
- MIPS v2020
 - What's at stake?
 - Where is it going
 - How to succeed
- MIPS Solutions® for your Success
- Q&A



COVID-19 and the Quality Payment Program



MIPS 2019 and COVID-19

- CMS announced in March 2020, COVID-19 was a:
Nationwide Automatic Extreme and Uncontrollable Circumstances Exception
for the 2019 Submission

MIPS 2020 and COVID-19

Released by CMS to subscribers as an email update to the Quality Payment Program on June 24, 2020:

“Clinicians significantly impacted by the public health emergency may submit an Extreme & Uncontrollable Circumstances Application to reweight any or all of the MIPS performance categories. Those requesting relief via the application will need to provide a justification of how their practice has been significantly impacted by the public health emergency.”

Extreme & Uncontrollable Circumstances Application

- Application Window is Open
- Must include justification for significant impact on one or more MIPS categories
- Applications due by December 31, 2020
- You may not know until January 2021

qpp.cms.gov/mips/exception-applications

COVID-19 Clinical Trials Improvement Activity

- Announced in April
- 2-Ways to get IA credit
 - A clinician may participate in a COVID-19 clinical trial and have those data entered into a data platform for that study; or
 - A clinician participating in the care of COVID-19 patients may submit clinical COVID-19 patient data to a clinical data registry for purposes of future study.
- Emergency Response And Preparedness Subcategory
- High Weight Activity

Quality Payment Program (QPP) and MIPS

Where are we?

Where are we going?



All About Value

- Value = Quality ÷ Cost
- Value-Based Care
- Value-Based Payment
- Value-Based Selection of Providers

MIPS Eligible Clinicians - 2020

MIPS Eligible by Credentials aka “Provider Type”

Physicians

Doctors of:

- Chiropracty
- Dental Medicine
- Dental Surgery
- Medicine
- Optometry
- Osteopathy
- Podiatric Medicine

Non-Physicians

- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner (NP)
- Physician Assistant (PA)

New in 2019

- Audiologist
- Clinical Psychologist
- Occupational Therapist
- Physical Therapist
- Registered Dietician or Nutrition Professional
- Speech-Language Pathologist

Still Ineligible

- Certified Nurse Midwife
- Clinical Social Worker

Standard “MIPS Determination Period”

- For determination of eligibility and special status for:
 - Low-volume
 - Small practice
 - Non-patient facing
 - Hospital-based
 - Ambulatory Surgical Center-based
- First 12-month segment:
 - Oct. 1, 2018 to Sept. 30, 2019
 - including a 30-day claims run out
- Second 12-month segment:
 - Oct. 1, 2019 to Sept. 30, 2020
 - does not include a 30-day claims run out
- Status is applicable if applicable in either period



Low Volume Individual or group may opt in if:

1. MIPS Eligible
2. Qualifies for Low Volume Threshold by
< 3 criteria
3. Make irrevocable election in QPP Portal

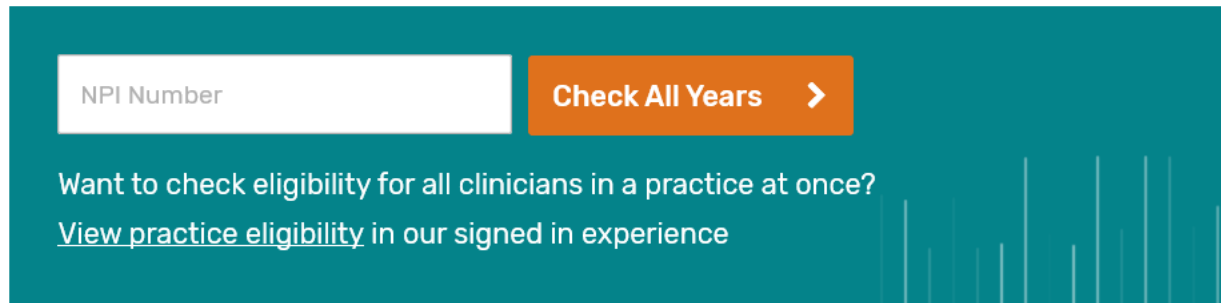
Included	Excluded	May Opt In
> \$90k Allowable Charges	≤ \$90k Allowable Charges	> \$90k Allowable Charges
AND > 200 Medicare Patients	AND ≤ 200 Medicare Patients	OR > 200 Medicare Patients
AND > 200 Charge Line Items	AND ≤ 200 Charge Line Items	OR > 200 Charge Line Items

Low-volume?
Small practice?
Non-patient
facing?
Hospital-based?
ASC-based?

Check your status at
qpp.cms.gov/participation-lookup

QPP Participation Status

Enter your 10-digit [National Provider Identifier \(NPI\)](#)  number to
view your QPP participation status by performance year (PY).

A screenshot of the QPP Participation Status lookup interface. It features a teal background with a white input field labeled 'NPI Number' and an orange button labeled 'Check All Years' with a right-pointing arrow. Below the input field, there is a link to 'View practice eligibility in our signed in experience'.

NPI Number

Check All Years >

Want to check eligibility for all clinicians in a practice at once?
[View practice eligibility](#) in our signed in experience

Quality Payment Program(QPP)

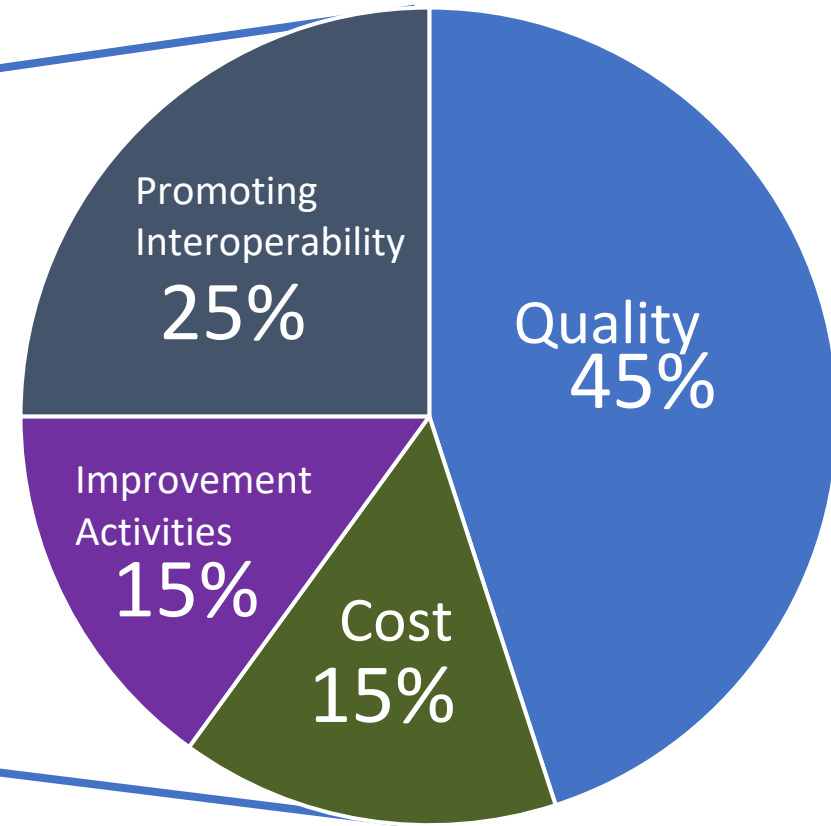
First Pathway

Second Pathway

(APM)
Alternative
Payment
Models

(MIPS)
Merit-Based
Incentive
Payment
System

4 Performance Categories

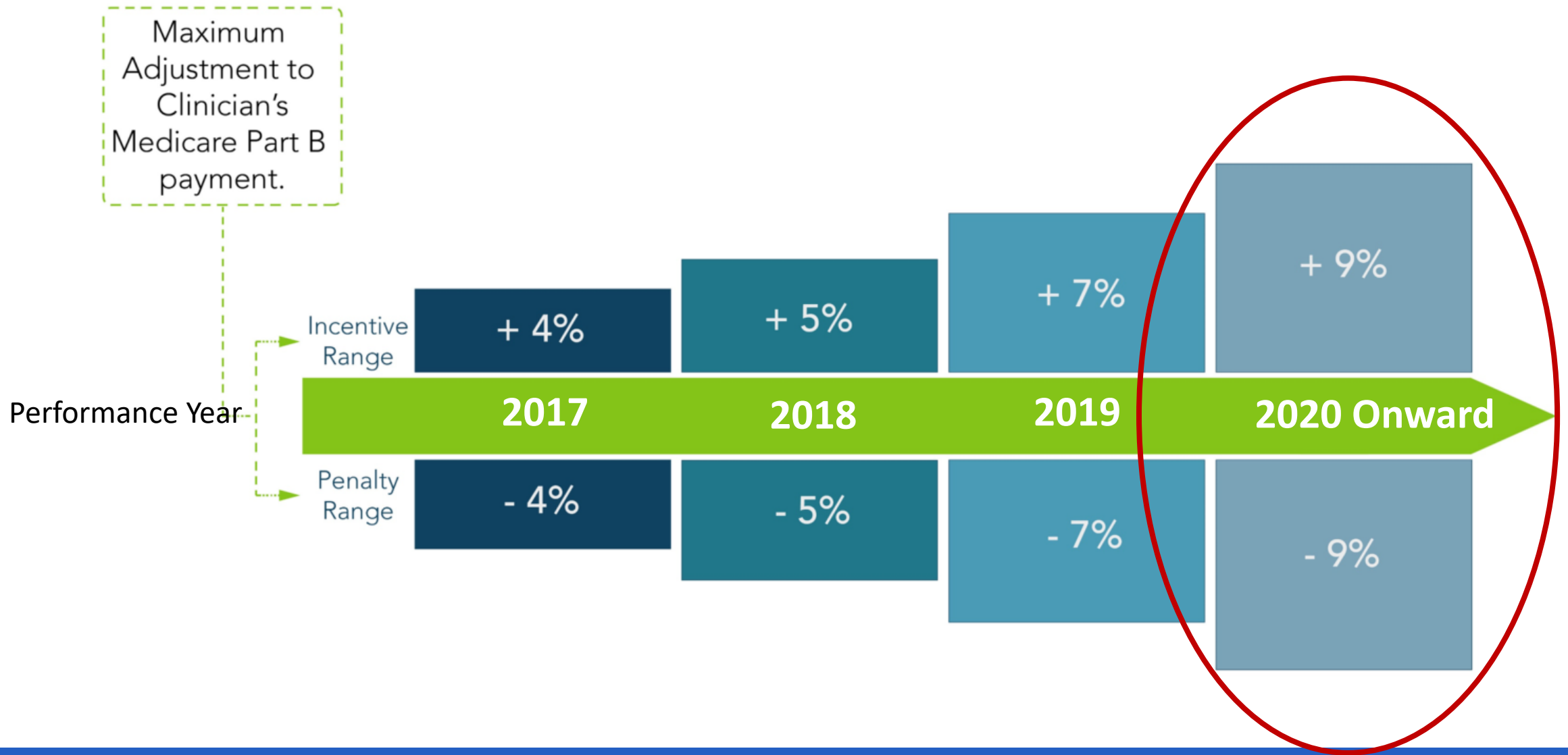




Performance Category Weights

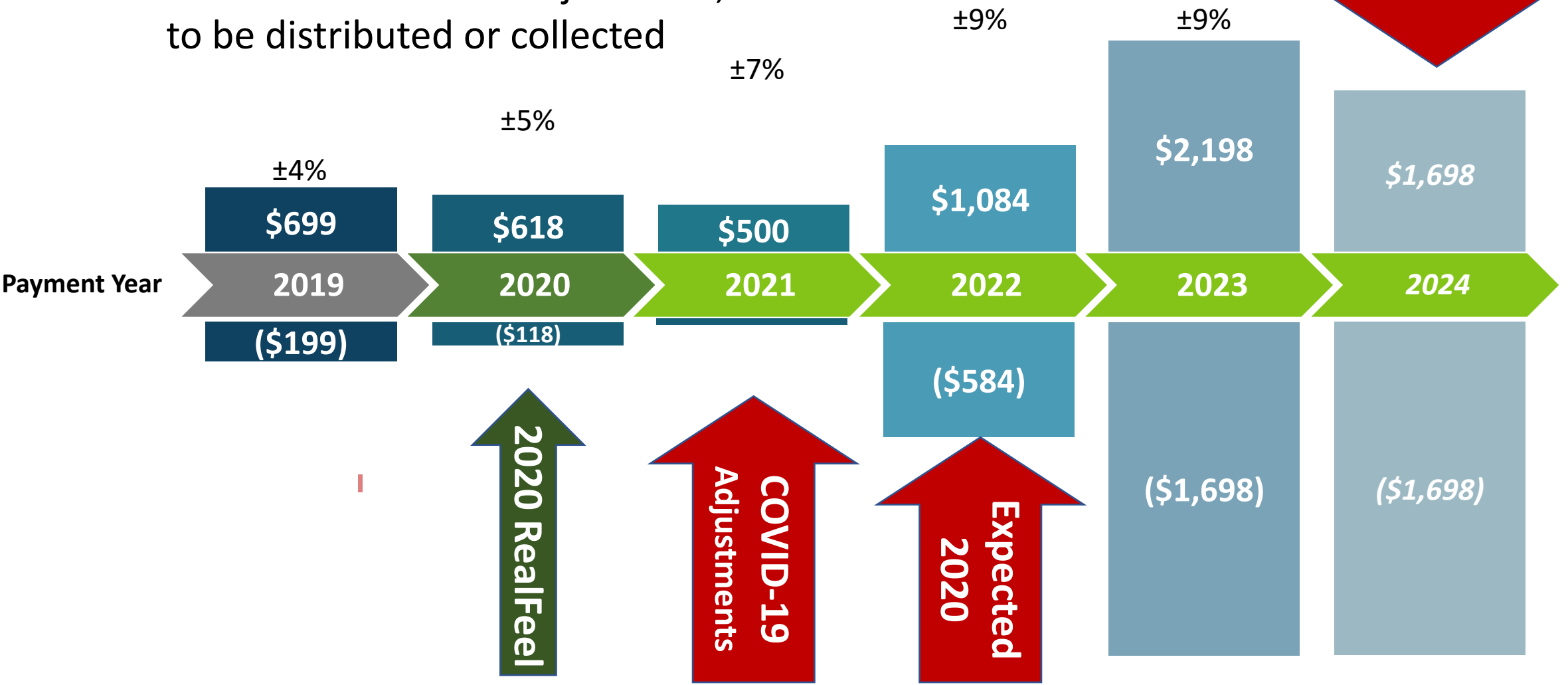


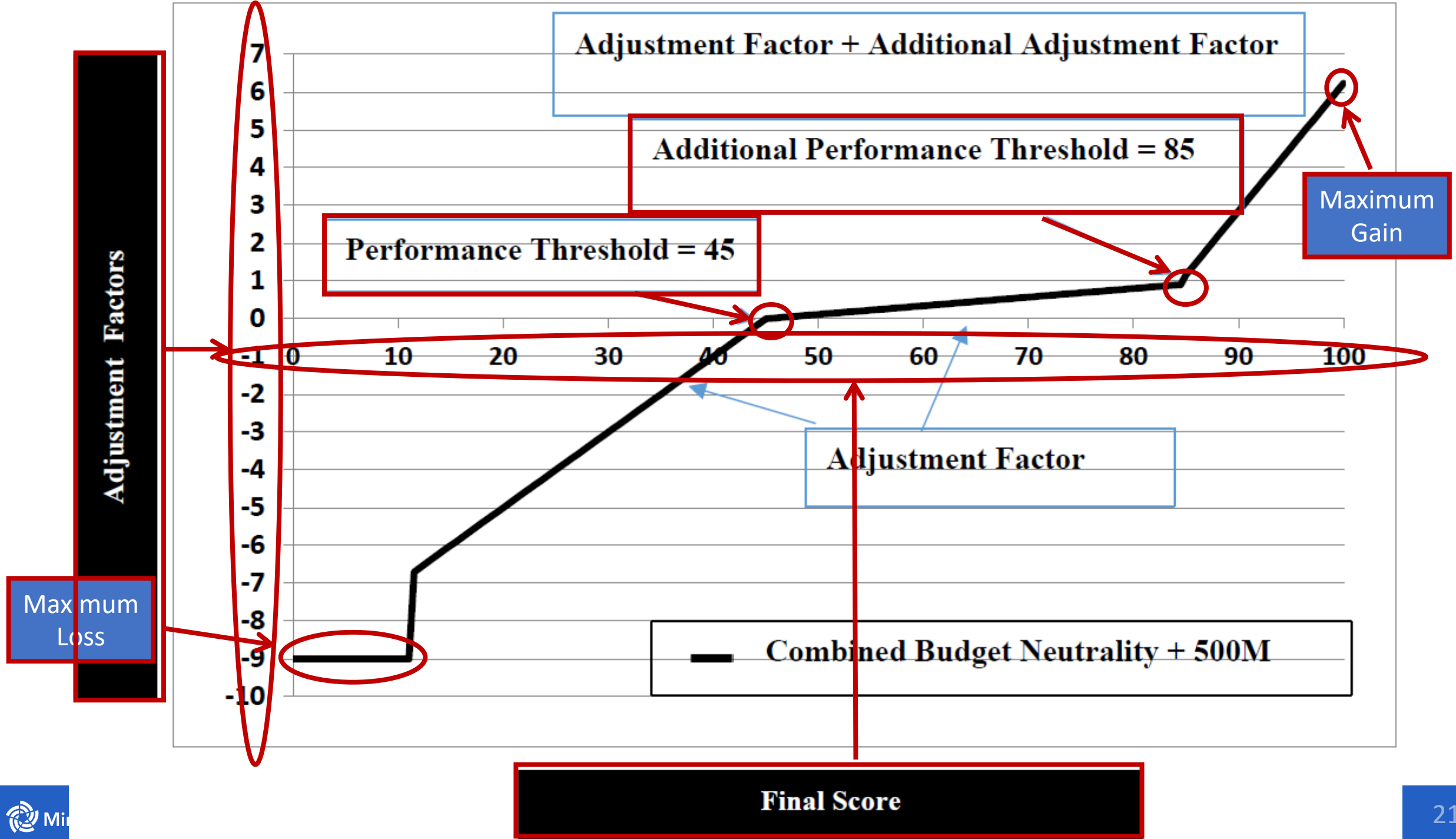
What is at Stake (Theoretical)



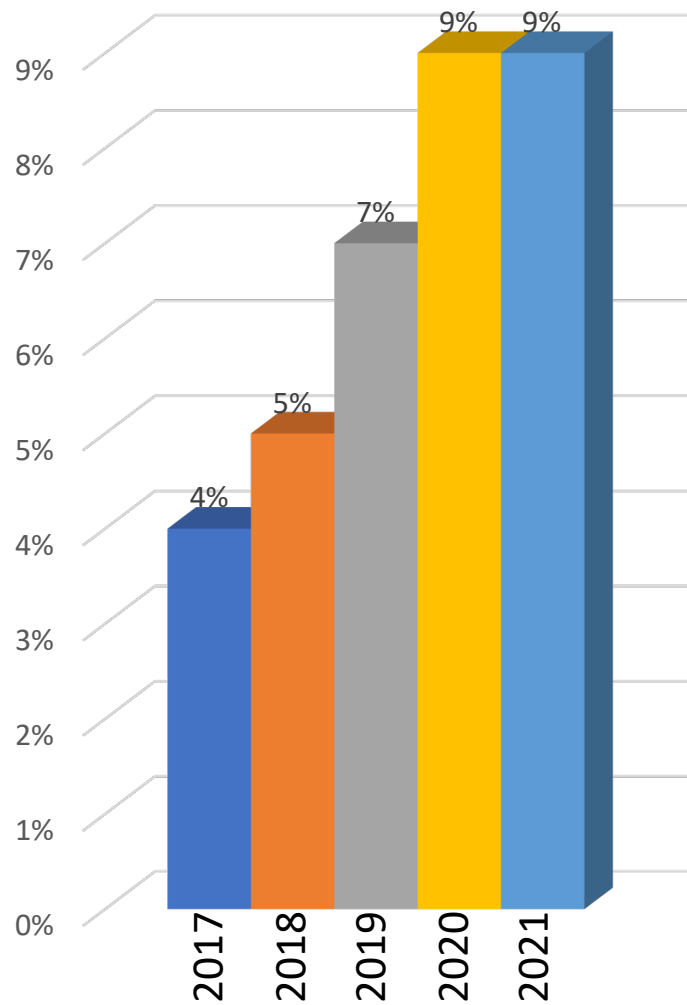
This is the MIPS Adjustment *RealFeel*

The total amount of adjustment, in MILLIONS
to be distributed or collected

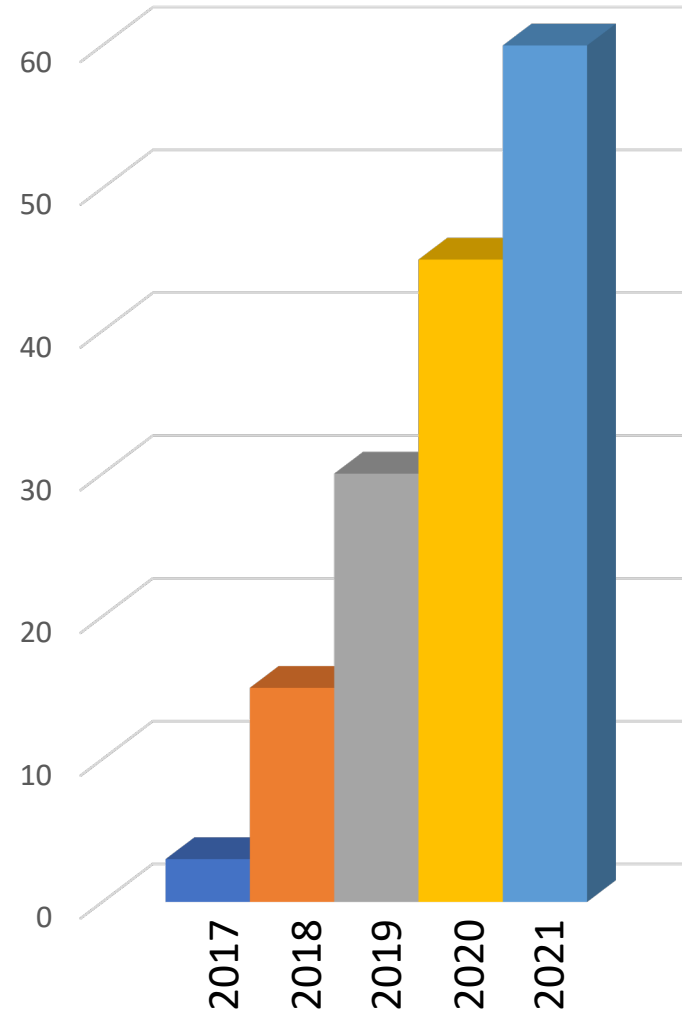




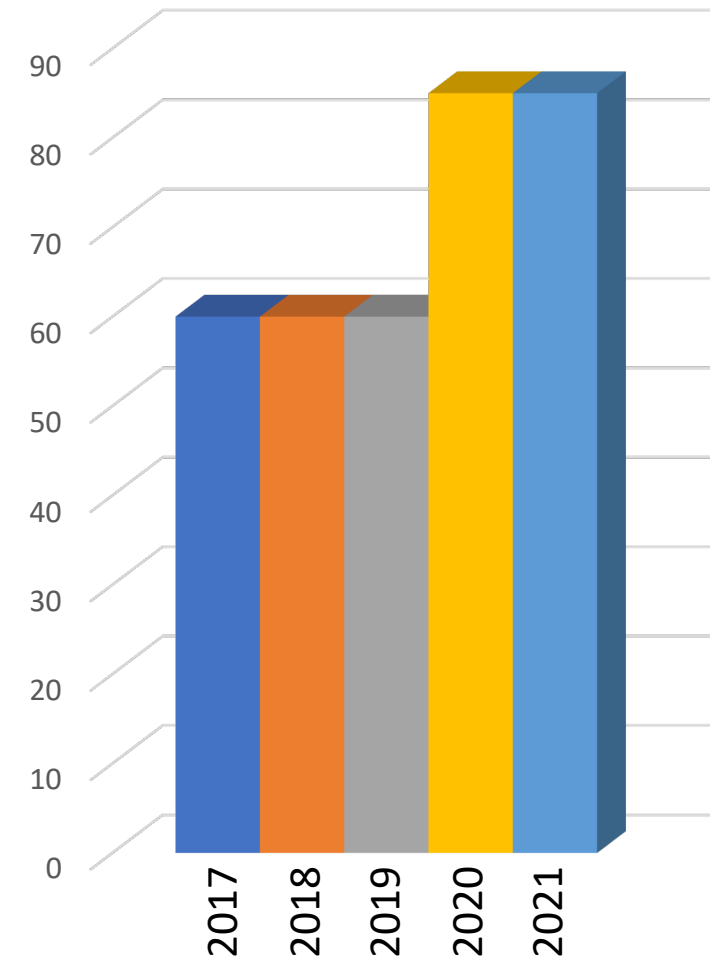
Maximum Gain/Loss



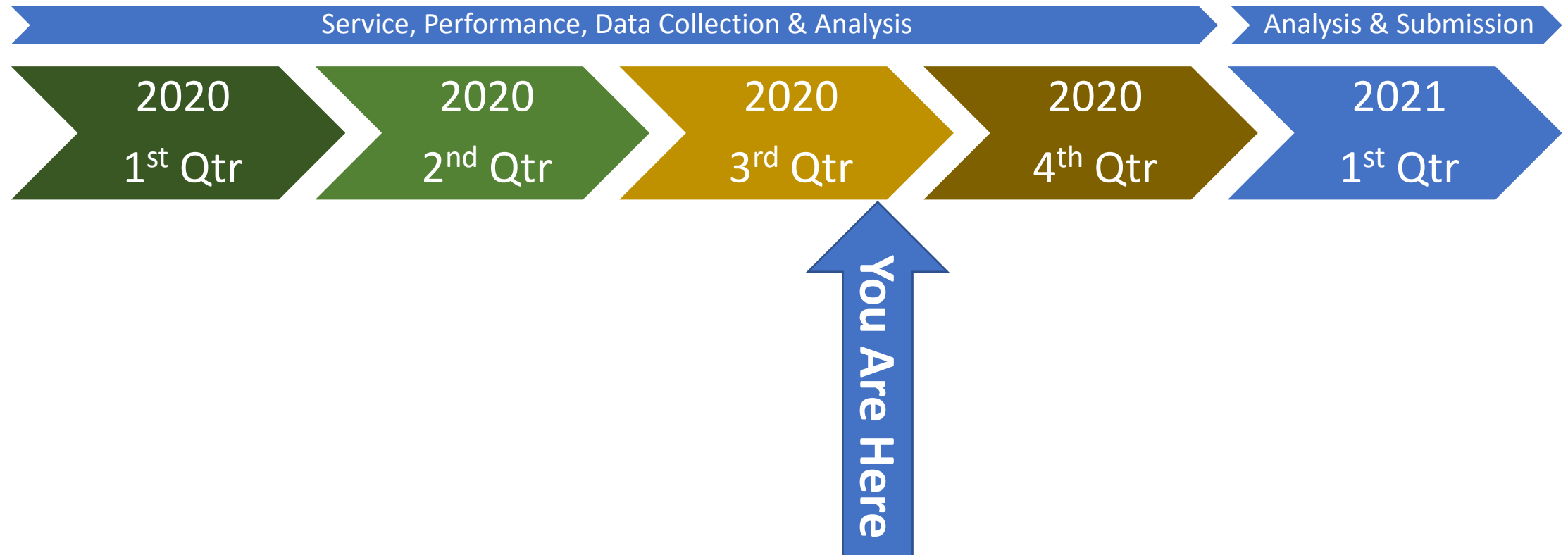
Performance Threshold



Exceptional Performance Threshold



MIPS 2020 Performance Year Mid-Point



Awaiting publication of 2018 MIPS Performance data in Physician Compare at

<https://www.medicare.gov/physiciancompare/>

Preview was available through August 20 at

<https://qpp.cms.gov/login>

How to Succeed in MIPS v2020

Tips for each Performance Category



MingleHealth

Plan for MIPS Success - Mid Year Edition

	Understand	Analyze	Forecast	Amend
Quality	Needs of your Patients & Community Current state of the rules Intent of the Program	Historical Quality Performance Feedback Reports YTD metrics	Expected Changes in: • Rules • Staffing • Service Profile • Local Healthcare Community • Local Needs • Local Risks	Change Measures, Extra Measures, Documentation Standards, Policies and Procedures
Cost		Historical Cost Performance		Systematize Transitions of Care Engage Patients Manage Care
Improvement Activities		Scope, Progress, and Documentation		Claim, Drop, Expand, Add
Promoting Interoperability		2015 Certification Security Analysis Data Sharing		Portal HIE Contribute Data

Success with Quality

- 45% of Total Score
- Report on 70% of Eligible Instances
- Full year of data
- 6 Measures
 - Including 1 High Priority or Outcome Measure
- All Cause Hospital Readmission Measure (small practices exempt)
- Check for specification changes
- Work on New Measures
 - Submitting Extra Measures
 - Bonus Points can be earned on extra measures
- Check CMS Benchmarks → qpp.cms.gov/about/resource-library
 - Benchmarks vary by submission type (Registry, EHR, Claims, Web Interface)
- If Facility-Based, will your facility have Value-Based Quality and Cost scores?
- Only small practices can use Claims submission

Measure Score Changes

Will the same performance lead to your score increasing? Decreasing? Staying the same?

Year-over-Year Score fluctuation for same performance due to:

- New and changing benchmarks
- Discontinued Measures
- Topped out measure policies
- Changing specifications
- Variations around the 20-case minimum

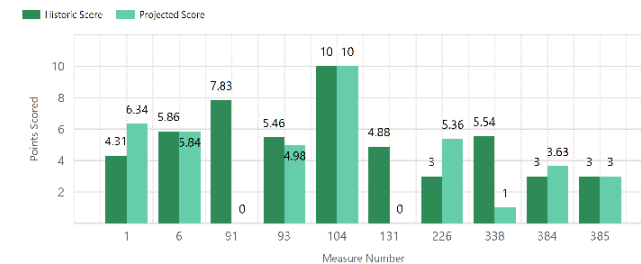


2020 Quality Measure Scoring Insights

Sample Group Practice

Group Submission

Year Over Year Score Comparison



2020 Measure Scoring Insights

In 2019 you earned 4.31 points for measure 1, (Diabetes: HbA1c Poor Control), with a reporting rate of 46.57% and a performance rate of 46.57%. A similar performance in 2020 would fall in the 6th decile, (50.00 - 40.01), and result in a score of approximately 6.34 points. This is an INCREASE of 2.03 points over last year for this measure. To reach the 7th decile, (40.00 - 30.01), you would need to improve your performance by 6.57 percentage points (approximately 722 patients). Improving your performance by just 1.0%, to 41.91%, would increase your score by 0.47 points for a total measure score of 6.81 points.
In 2019 you earned 5.86 points for measure 6, (CAD: Antiplatelet Therapy), with a reporting rate of 94.66% and a performance rate of 92.56%. A similar performance in 2020 would fall in the 5th decile, (86.38 - 93.74), and result in a score of approximately 5.84 points. This is a DECREASE of 0.02 points from last year for this measure. To receive the same score as last year you would need to improve your performance rate by 0.15 percentage points to a performance rate of 92.71%. To reach the 6th decile, (93.75 - 98.62), you would need to improve your performance by 1.19 percentage points (approximately 21 patients).
In 2019 you earned 7.83 points for measure 91, (AOE: Topical Therapy), with a reporting rate of 77.27% and a performance rate of 97.02%. This measure has been removed for the 2020 reporting period.
In 2019 you earned 5.46 points for measure 93, (AOE: Appropriate Use of Systemic Antimicrobial Therapy), with a reporting rate of 84.23% and a performance rate of 86.63%. A similar performance in 2020 would fall in the 4th decile, (73.91 - 86.94), and result in a score of approximately 4.98 points. This is a DECREASE of 0.48 points from last year for this measure. To receive the same score as last year you would need to improve your performance rate by 4.40 percentage points to a performance rate of 91.03%. Improving your performance by just 10%, to 95.29%, would increase your score by 0.66 points for a total measure score of 5.64 points.
In 2019 you earned 10.00 points for measure 104, (Prostate Cancer: Combination Androgen Deprivation Therapy), with a reporting rate of 80.65% and a performance rate of 100.00%. A similar performance in 2020 would fall in the 10th decile, (100.00 - 100.00), and result in a score of 10.00 points.
In 2019 you earned 4.88 points for measure 131, (Pain: Assessment and Follow-Up), with a reporting rate of 89.40% and a performance rate of 60.24%. This measure has been removed for the 2020 reporting period.

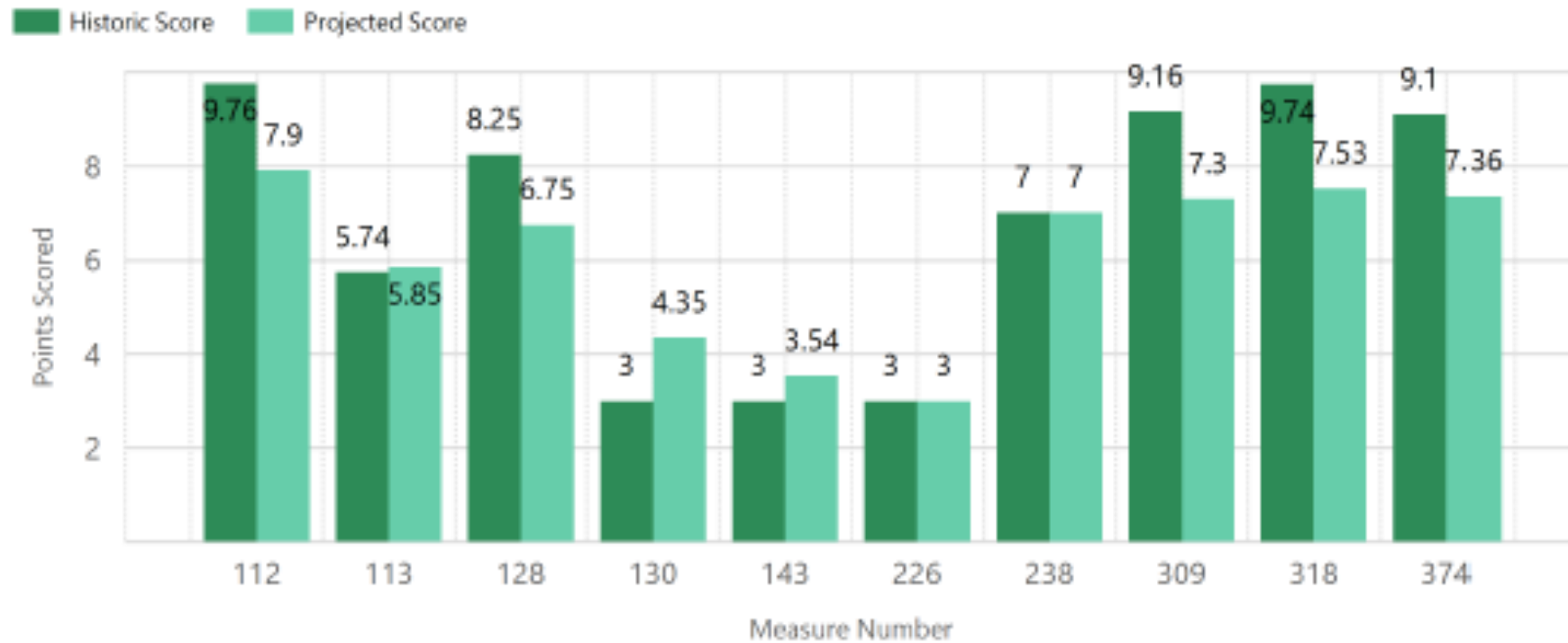


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Sample Individual Submission

Year Over Year Score Comparison

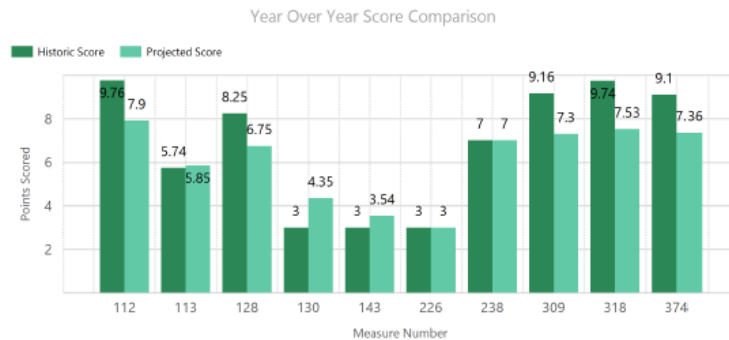


In the Narrative



2020 Quality Measure Scoring Insights

Sample Individual Submission



2020 Measure Scoring Insights

In 2019 you earned 9.76 points for measure 112, (Preventive Care and Screening: Breast Cancer), with a reporting rate of 100.00% and a performance rate of 80.23%. A similar performance in 2020 would fall in the 7th decile, (69.36 - 81.47), and result in a score of approximately 7.90 points. This is a **DECREASE** of 1.86 points from last year for this measure. To reach the same score as last year you would need to improve your performance rate by 15.85 percentage points to a performance rate of 96.08%. To reach the 8th decile, (81.48 - 88.26), you would need to improve your performance by 1.25 percentage points (approximately 2 patients). Improving your performance by just 10%, to 88.25%, would increase your score by 0.66 points for a total measure score of 8.56 points.

In 2019 you earned 5.74 points for measure 113, (Preventive Care and Screening: Colorectal Cancer), with a reporting rate of 100.00% and a performance rate of 41.73%. A similar performance in 2020 would fall in the 5th decile, (19.34 - 45.63), and result in a score of approximately 5.85 points. This is an **INCREASE** of 0.11 points over last year for this measure. To reach the 6th decile, (45.64 - 70.00), you would need to improve your performance by 3.91 percentage points (approximately 6 patients). Improving your performance by just 10%, to 45.90%, would increase your score by 0.16 points for a total measure score of 6.01 points.

In 2019 you earned 8.25 points for measure 128, (Preventive Care and Screening: BMI), with a reporting rate of 100.00% and a performance rate of 64.78%. A similar performance in 2020 would fall in the 6th decile, (37.39 - 73.96), and result in a score of approximately 6.75 points. This is a **DECREASE** of 1.50 points from last year for this measure. To receive the same score as last year you would need to improve your performance rate by 30.42 percentage points to a performance rate of 95.20%. To reach the 7th decile, (73.97 - 94.14), you would need to improve your performance by 9.19 percentage points (approximately 23 patients).

In 2019 you earned 3.00 points for measure 130, (Medication Management: Documentation of Current Medications), with a reporting rate of 100.00% and a performance rate of 73.97%. A similar performance in 2020 would fall in the 4th decile, (66.02 - 88.81), and result in a score of approximately 4.35 points. This is an **INCREASE** of 1.35 points over last year for this measure. Measure 130 is considered topped out and has a seven-point cap again in 2020. Any score greater than 99.69 will result in a score of 7 points. To reach the 5th decile, (88.82 - 97.34), you would need to improve your performance by 14.85 percentage points (approximately 58 patients).

- In 2019 you earned 9.76 points for measure 112, (Preventive Care and Screening: Breast Cancer) ...
- with a reporting rate of 100.00% and a performance rate of 80.23%.
- A similar performance in 2020 would fall in the 7th decile, (69.36 - 81.47), and result in a score of approximately 7.90 points.
- This is a **DECREASE** of 1.86 points from last year for this measure.
- To receive the same score as last year you would need to improve your performance rate by 15.85 percentage points to a performance rate of 96.08%.
- To reach the 8th decile, (81.48 - 88.26), you would need to improve your performance by 1.25 percentage points (approximately 2 patients)...
- Improving your performance by just 10%, to 88.25%, would **increase your score** by 0.66 points for a total measure score of 8.56 points.



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Success with Cost

- Cost is 15% of Total Score
- Check Historical Data: QRUR reports, MIPS Feedback Reports
- Primary Care: Total Per Capita Cost (TPCC)
- Inpatient Admissions: Medicare Spending per Beneficiary – Clinician (MSPB-C)
- Specialties: Episode Costs (18 Episode Measures operative)

The Key to Cost is Efficiency

- Efficiency has factors of:
 - Volume (number of patients)
 - Effectiveness
 - Time
 - Unnecessary delays
 - Start to end (toe-in to toe-out time)
- Manage Transitions
- Eliminate waste
 - Wasted time
 - Duplicative testing
 - Errors in treatment
 - Excessive follow-up
- Empower the Patient
 - Data Access - Portal
 - Care Management
 - Care Planning
 - Patient-determined goals

Success with Promoting Interoperability

- Must be on 2015 Certified EHR
- Must Attest “YES” to:
 - Security Risk Analysis, updates, and correcting deficiencies
 - Prevention of Information Blocking
 - ONC Direct Review, if indicated
- And report required measures represented in the chart, below:

Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing*	10 points
	Query of PDMP	5 points (<i>bonus</i>)
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information*	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information*	20 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange	Report to two different public health agencies or clinical data registries for any of the following: Immunization Registry Reporting* Electronic Case Reporting* Public Health Registry Reporting* Clinical Data Registry Reporting* Syndromic Surveillance Reporting*	10 points

* Exclusion available.

Success with Improvement Activities

- What are you already doing that can be enhanced to fit an existing activity?
- 2 High Weight Activities, 4 Medium Weight Activities, or 1 High and 2 Medium
 - Small practices require half that much
- To get credit $\geq 50\%$ of Eligible Clinicians do same activity for ≥ 90 days
- Watch for Specification Changes
 - Documentation Requirements
 - Measure Consolidation

Value-Based Success Factors

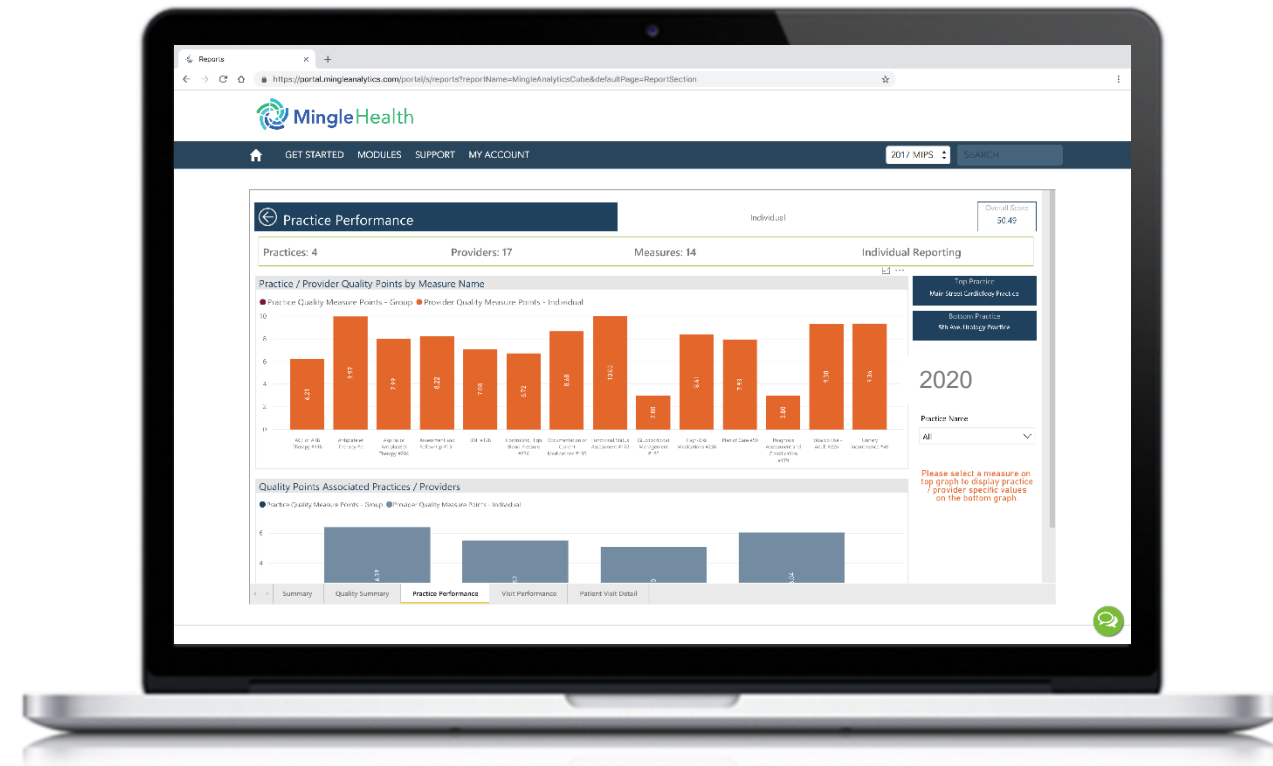
- Be Patient Centered
 - Be Available, Accessible, and Prompt
 - Be Accurate, Effective and Efficient
 - Keep your promises
- Use EHR effectively to improve care and efficiency
 - Understand your patients' history and care plan
 - Keep your lists up to date
 - Seek Brevity and Clarity in your documentation
- Track (Measure) Your Patients' Needs
 - Manage Transitions
 - Manage all Care, not just chronic disease
 - Comprehensive Care Planning
- Break free of face to face visits
- Be selective about your consultants
 - Pre-plan your most common referrals

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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 MIPS scores
- ✓ Successfully submit data to Medicare



Navigating the Challenges of MIPS in 2020: We're here to help!

"I've been enjoying working with MTBC clients to help them unlock their data to be successful with MIPS, and look forward to working with you."

Kevin Wheaton
Quality Program Consultant
Mingle Health



Ask your questions now
by raising your hand to
be unmuted
(or use the chat box)



Talk with your dedicated Mingle
expert about your practice:

Kevin Wheaton
kevin.wheaton@minglehealth.com
866.359.4458 x5508



For assistance registering and signing up
for MIPS Solutions:

Contact Jon Krogue
jonathan.krogue@minglehealth.com
801.432.2969

Questions?



Dan Mingle, MD, MS
Executive Chairman, Mingle Health
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Get started today:

Contact Jon Krogue
jonathan.krogue@minglehealth.com
801.432.2969

Q&A

Jonathan asks:

I know the max penalty is 9%, if I meet some but not all the requirements (for example not all the quality measures), am I correct to assume that the penalty would be significantly smaller?

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Let us help you optimize your scores and maximize your incentive potential.

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Q&A

Anne asks:

Can you tell me more about how to use patient experience for MIPS?

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Q&A

Larry asks:

Can you explain the recent options that allow practices to "re-weight" the QPP categories?

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TABLE 55: Performance Category Redistribution Policies Finalized for the 2022 MIPS Payment Year

Reweighting Scenario	Quality	Cost	Improvement Activities	Promoting Interoperability
No Reweighting Needed				
- Scores for all four performance categories	45%	15%	15%	25%
Reweight One Performance Category				
-No Cost	55%	0%	15%	30%
-No Promoting Interoperability	70%	15%	15%	0%
-No Quality	0%	15%	15%	70%
-No Improvement Activities	60%	15%	0%	25%
Reweight Two Performance Categories				
-No Cost and no Promoting Interoperability	85%	0%	15%	0%
-No Cost and no Quality	0%	0%	15%	85%
-No Cost and no Improvement Activities	70%	0%	0%	30%
-No Promoting Interoperability and no Quality	0%	50%	50%	0%
-No Promoting Interoperability and no Improvement Activities	85%	15%	0%	0%
-No Quality and no Improvement Activities	0%	15%	0%	85%

Q&A

Sally asks:

When should I get started with MIPS reporting for 2020?

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Q&A

George asks:

How do you select the right measures for your practice?

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