



Succeed with MIPS in 2021:

Getting Started and Quarter 1 Milestones

Wednesday, March 17th at 12 pm ET
Presented by Brigid Whitney-Gallagher
Manager, Client Services, Mingle Health

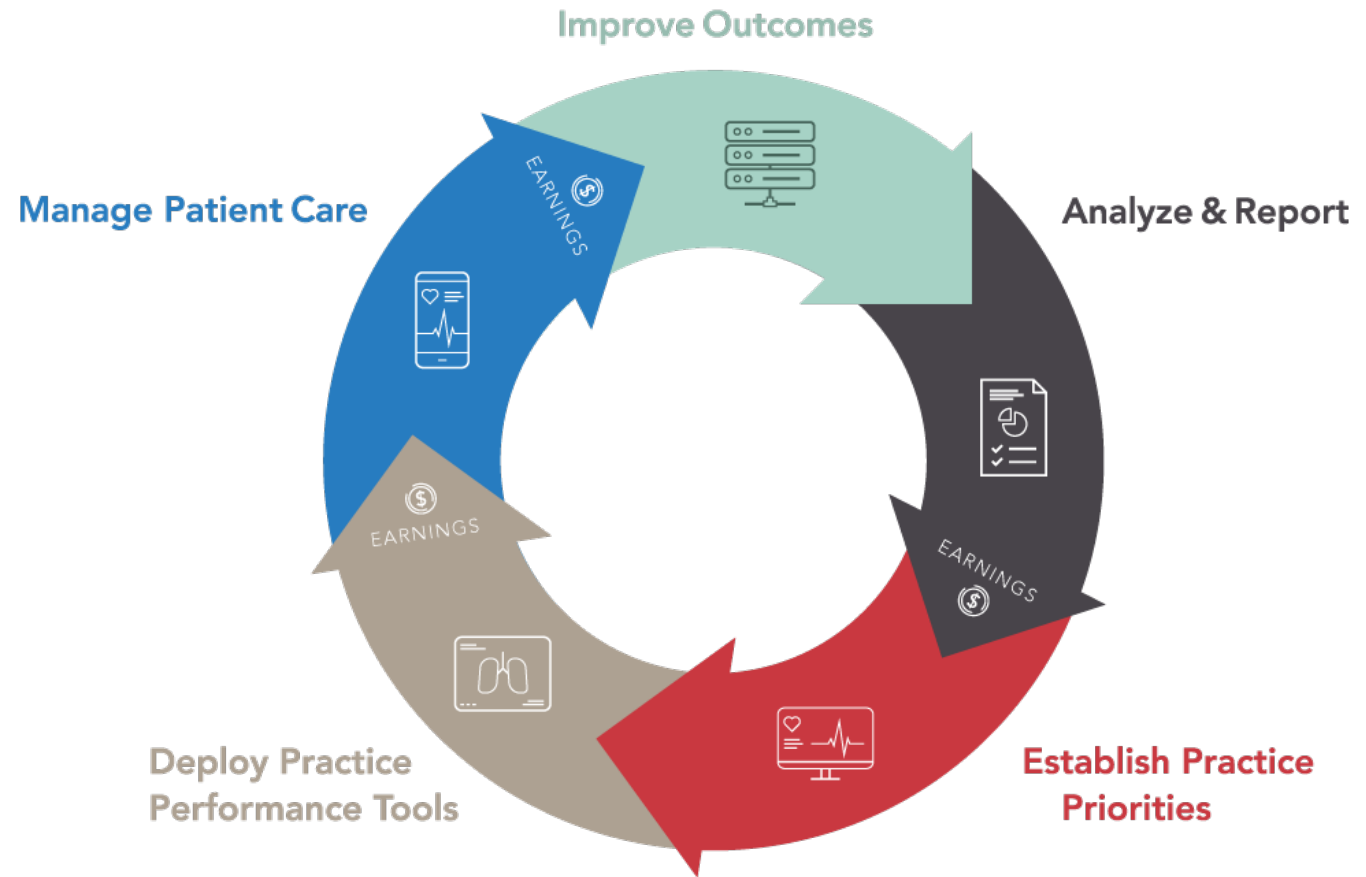
Mingle Health is your trusted partner

Improve What Matters

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

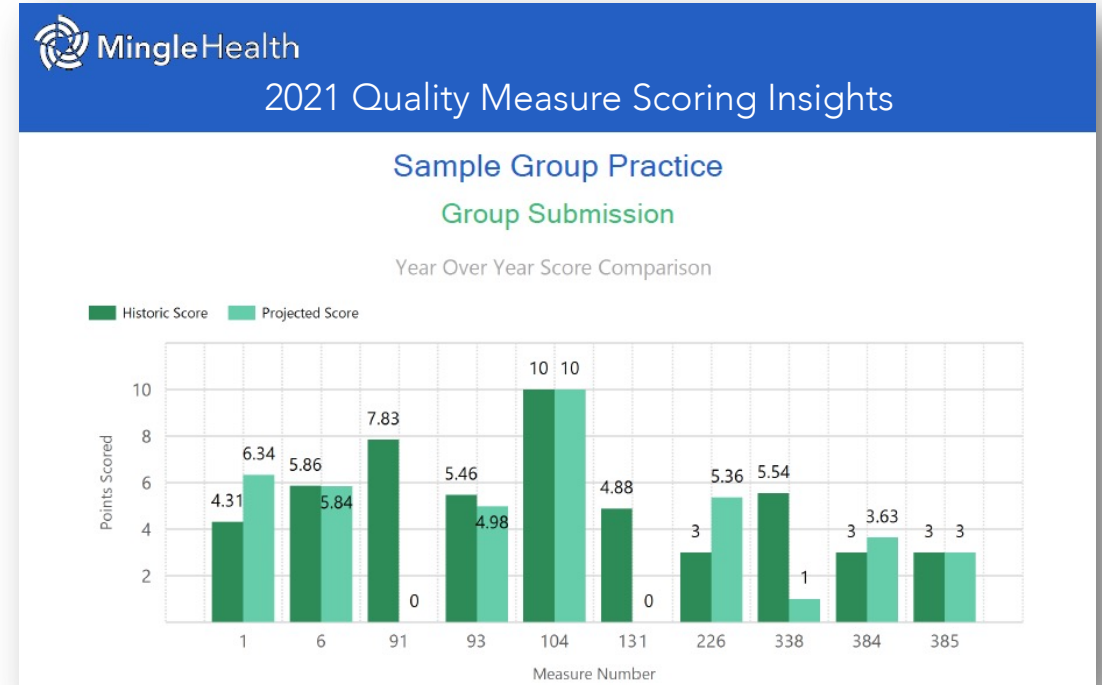
Technology driven services and solutions you can trust to save you time and improve your bottom line.

Trusted by more than 75,000 providers since 2012.



Agenda

- What's at stake?
- Tips for Success
 - What are your goals?
 - Who's eligible?
 - How was last year's performance?
 - What's changed?
- Q&A



Quality Payment Program(QPP)

First Pathway

Second Pathway

(APM)
Alternative
Payment
Models

(MIPS)
Merit-Based
Incentive
Payment
System

Quality

40%

25%

15%

20%

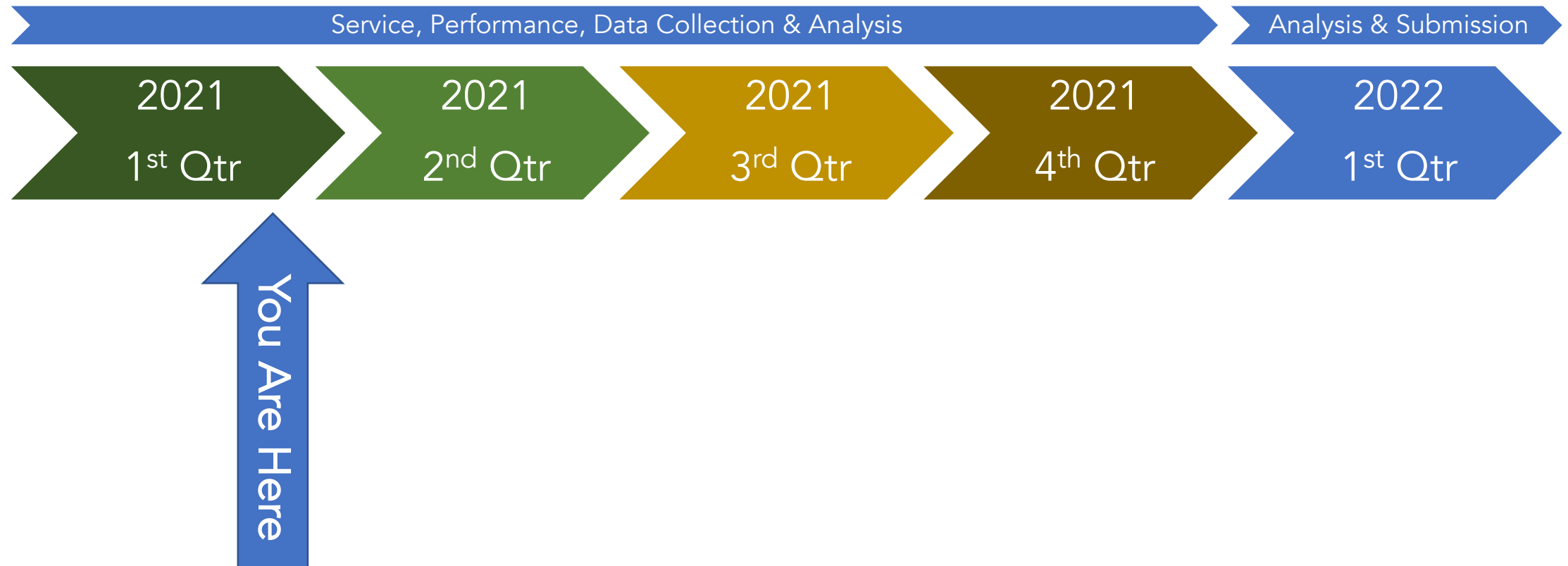
Cost

Promoting
Interoperability

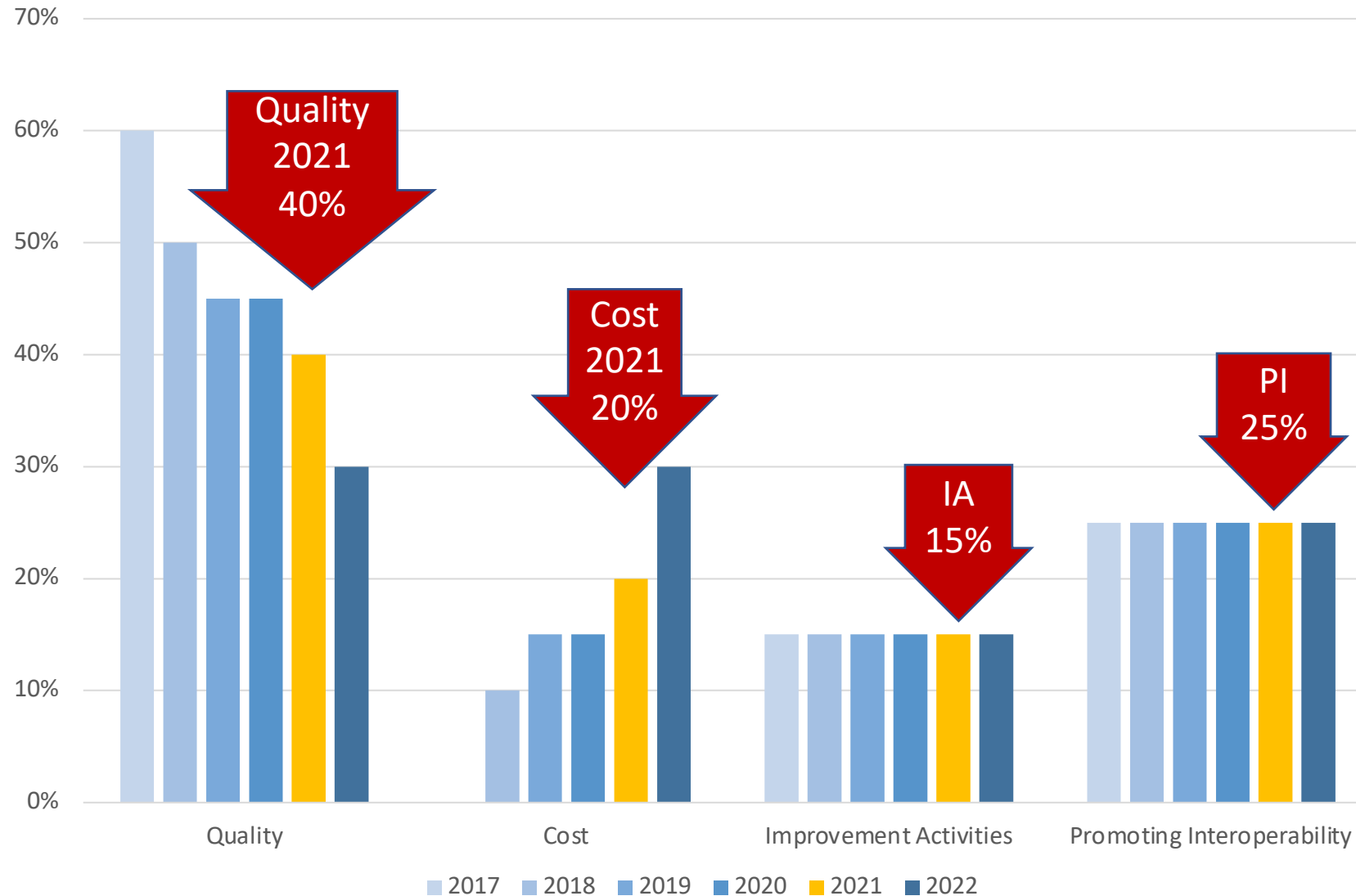
Improvement
Activities

2021 MIPS Scoring

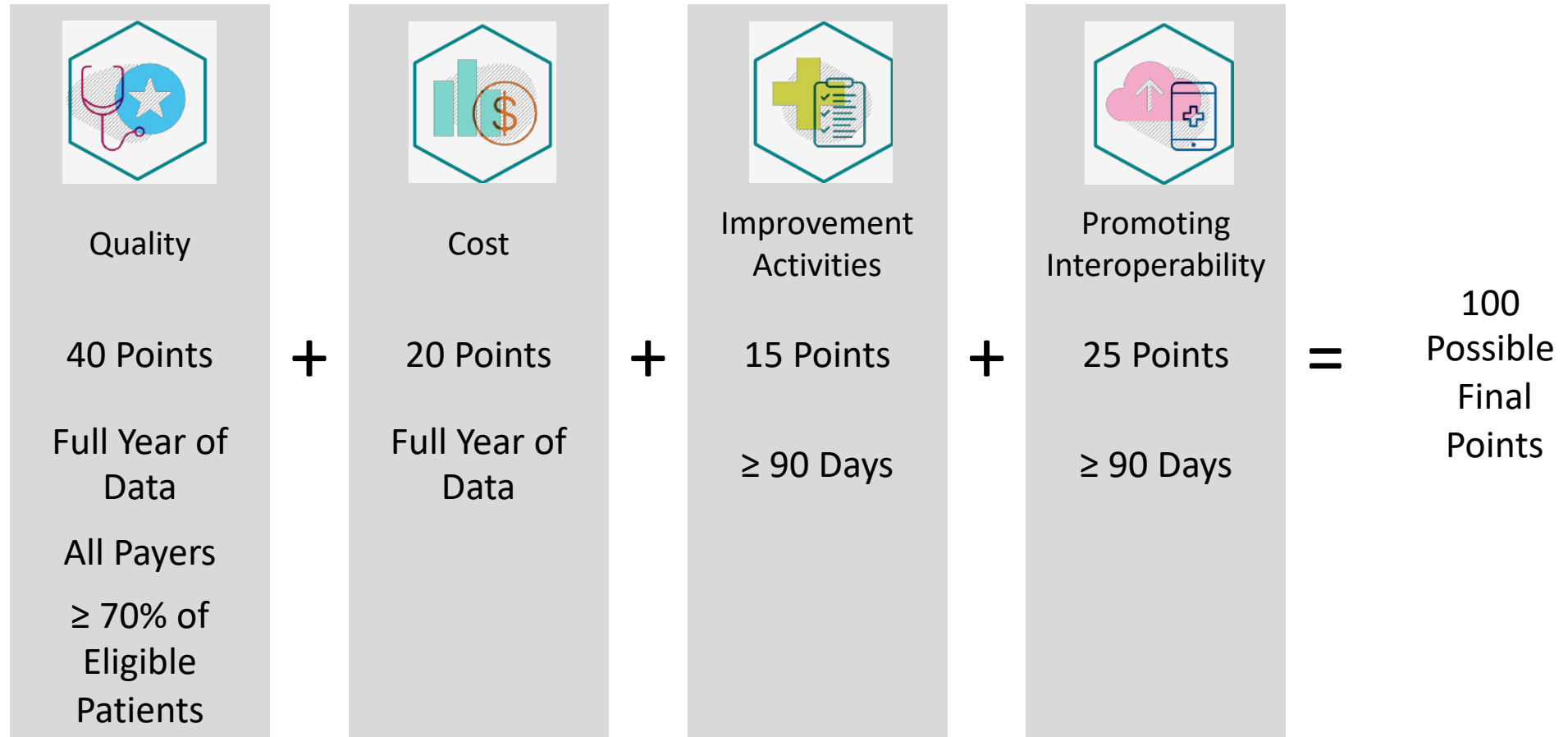
MIPS 2021 Performance Year



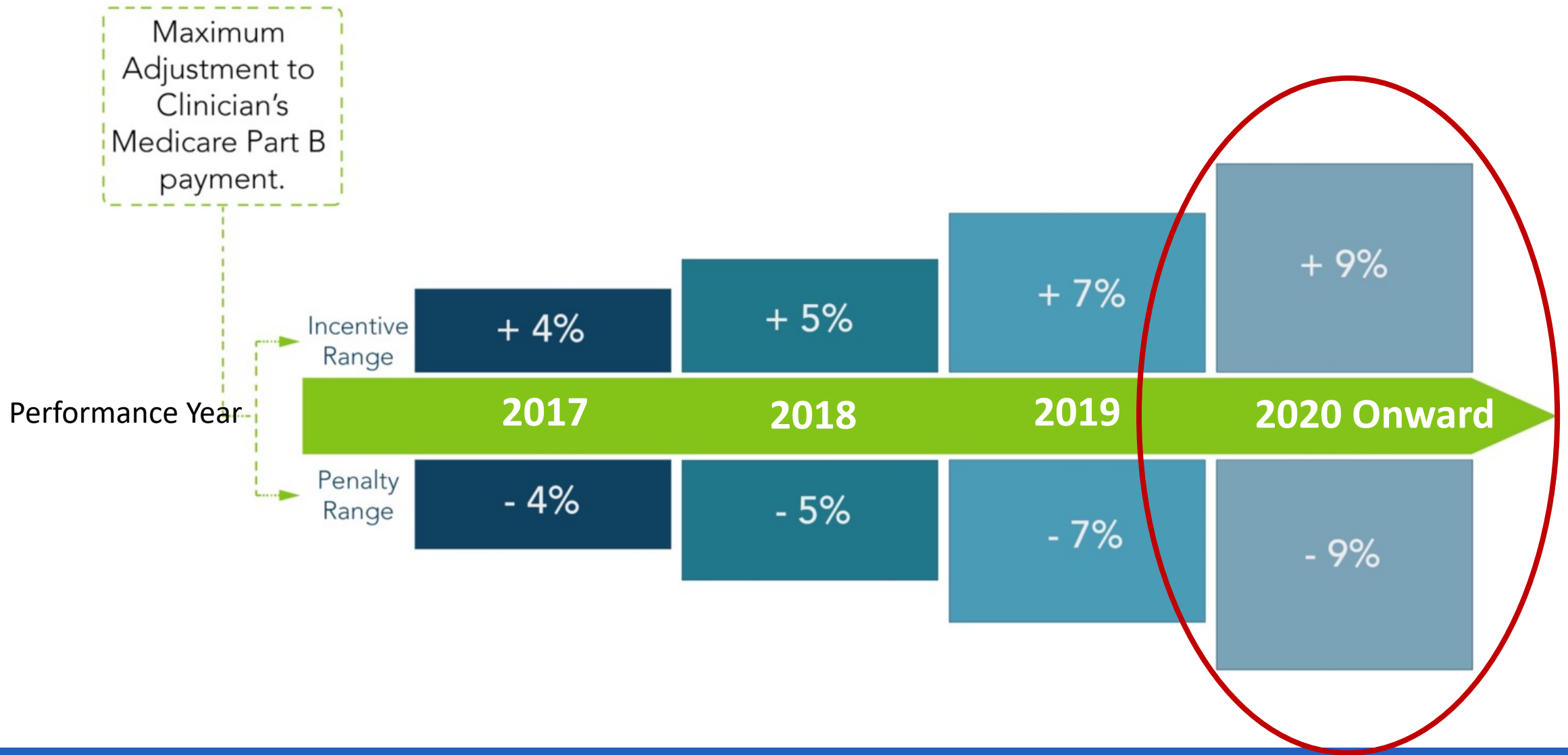
Performance Category Weights



4 Performance Categories



What is at Stake (Theoretical)



Increasing Thresholds and Payment Adjustments

Payment Year	2019	2020	2021	2022	2023	2024^
Performance Year	2017	2018	2019	2020	2021	2022^
Avoid a penalty	3 points	15 points	30 points	45 points	60 points	74 points^
Exceptional performance	70 points	70 points	75 points	85 points	85 points	N/A
Positive adjustment*	1.88%*	1.7%*	1.79%*	~2%*	~5%*	~3%^
Maximum Penalty	-4%	-5%	-7%	-9%	-9%	-9%

* Positive adjustment is lower than design due to transition year dynamics, low volume threshold (fewer clinicians participating), scaling factor and budget neutrality, and exceptional performance bonus.

^ 2022 performance year will be finalized in the 2022 CMS PFS Final Rule.

Tips for Success

1. Set your Organization's Goals
2. Understand Your Clinician's Eligibility
3. Last Year's Performance
4. Quality Measures and Understand your YTD Quality Performance
5. Plan for IA and PI (90-day Performance Period)

1. Set your Organization's Goals



Avoid a penalty



Maximize positive adjustment



Prepare for APM participation

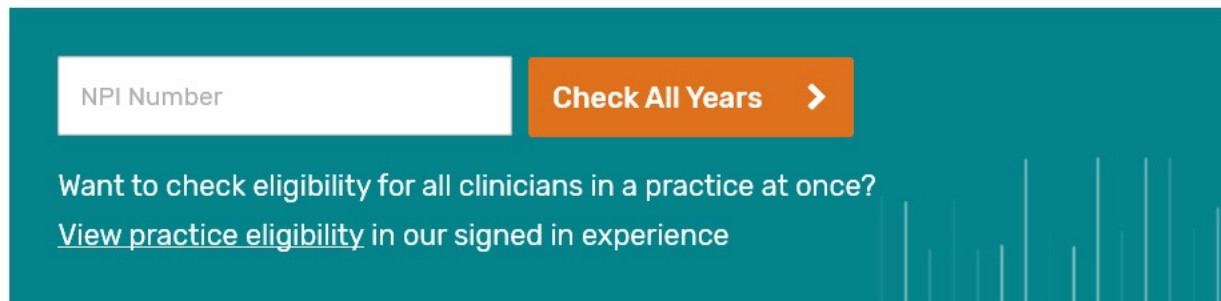
2. Understand Your Clinician's Eligibility

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 form. 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 that says "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

2. Understand Your Clinician's Eligibility

- 2021 Eligible Clinicians
 - MIPS Eligible
 - Qualifying Participant (QP) Status:
Final Eligibility ~ December 2021
- Special Statuses
 - Low-volume
 - Small practice
 - Non-patient facing
 - Hospital-based
 - Ambulatory Surgical Center-based

MIPS Determination Period



Low Volume Threshold

MIPS Eligible	Low Volume Status	May OptIn
> \$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

3. Review your Prior Year Feedback Report

Overview of 2019 Final Score



Performance Category Scores

Quality	66.6 of 75
Promoting Interoperability	N/A
Improvement Activities	15 of 15
Cost	8.89 of 10
Additional Awarded Bonus Points	7.26

MIPS Adjustment(s)

Payment Adjustment	0.3%
Exceptional Performance Adjustment	1.27%

Total **+1.58%**

Payment Adjustment Date

January 1, 2020

Insight into Cost Attribution

Emergency Department Utilizations

Emergency Department Utilization numbers are for Emergency Department visits and include visits that resulted in an admission.

Patients Associated with Your Practice	52
Associated Patients with Emergency Department Visits	12
Total Number of Emergency Department Visits	17

Understand your YTD Quality Performance

MIPS Quality Data		Analytics								
Group		Individual								
Measures Summary		Visit Dates: 01/04 - 06/28				Select Measures		Export Data	Download Report	Measure Score Comparison
Meas	Measure Name	Top 6	Outcome	High Priority	Points Capped	Patient Visits	Reporting Rate	Performance Rate	Performance Points	Bonus Points
									46.75	6.00
236	Controlling High Blood Pressure	✓				241	100.00%	95.02%	8.22	0.00
112	Breast Cancer Screening	✓	✓	✓		75	100.00%	34.67%	7.53	2.00
1	HbA1c Poor Control	✓			✓	341	100.00%	100.00%	7.00	0.00
318	Falls: Risk Screening	✓		✓	✓	205	100.00%	93.17%	7.00	1.00
110	Influenza Immunization	✓		✓	✓	32	100.00%	100.00%	7.00	1.00
438	Statin Therapy Cardiovascular Disease				✓	222	100.00%	100.00%	7.00	0.00
226	Tobacco Use - Adult					451	100.00%	97.44%	6.98	0.00
113	Colorectal Cancer Screening			✓	✓	1950	99.90%	99.85%	6.53	1.00
134	Depression Screening and Follow-up			✓	✓	205	100.00%	93.17%	5.65	1.00
370	Depression Remission				✓	352	100.00%	57.95%	3.94	0.00

Measure Score Changes

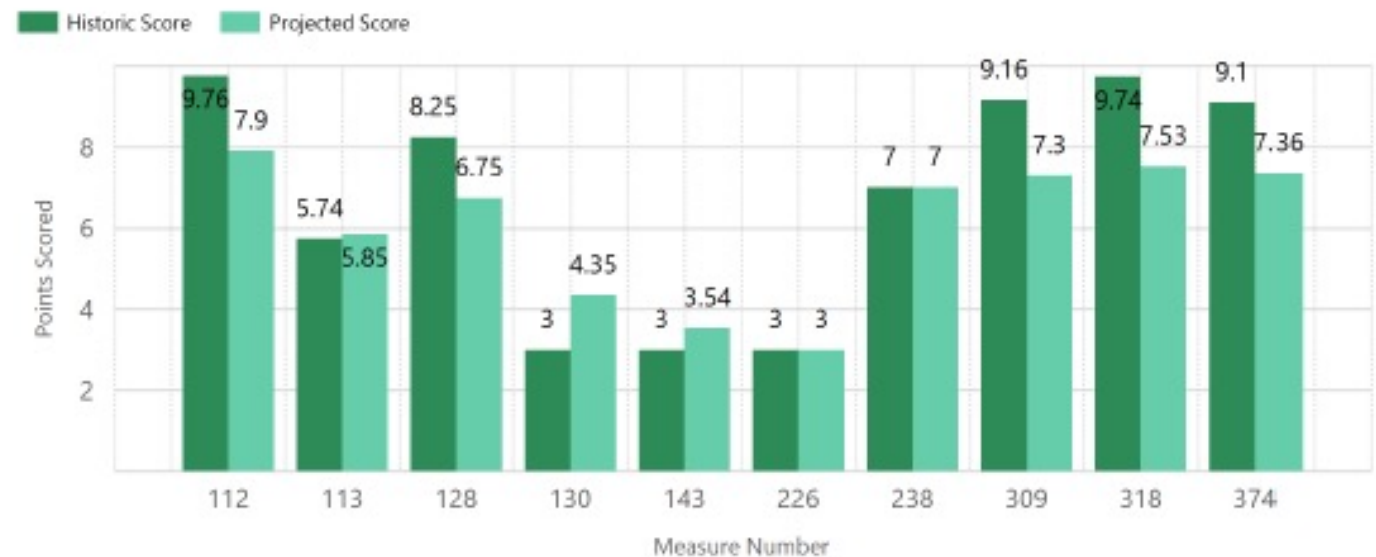
Will the same performance lead to your score increasing? Decreasing? Staying the same?

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

Sample Individual Submission

Year Over Year Score Comparison



Improvement Activities

- Attest to activities earning a total of 40 points to maximize score in the category.
- Activities are weighted, so practices will attest to 1-4 activities to earn full points.
- Most activities must be attested to for 90-days, but some are longer.
- Special statuses (ex. Small Practice) can double the points an activity can earn.
- Review the Data Validation Criteria for selected activities to be prepared for audit.
- In most cases, practices can attest to the same improvement activity as the previous year. Please review activities carefully, as they may change from year to year.
- For Group reporting, at least 50% of clinicians must participate in the activities.

Review PI Measures & Address Gaps

Objective	Promoting Interoperability Measure	Scoring	Additional Information
Protect Patient Health Information	Security Risk Analysis (PI_PPHI_1)	Required, unscored measure	Yes or No response.
e-Prescribing	e-Prescribing (PI_EP_1)	up to 10 points (N/D x 10 = points)	Must report at least 1 patient in numerator; Can qualify for exclusion if < 100 prescriptions.
	Bonus (<i>not required</i>): Query of Prescription Drug Monitoring Program (PDMP) (PI_EP_2)	10 bonus points	Yes or No response.
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information (PI_PEA_1)	up to 40 points (N/D x 40 = points)	Must report at least 1 patient in numerator, no exclusions for this measure.
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information (PI_HIE_1)	up to 20 points (N/D x 20 = points)	Must report at least 1 patient in numerator. Can qualify for exclusion if < 100 referrals/transfer of care patients sent out from the practice.
	Support Electronic Referral Loops by Reconciling Health Information (PI_HIE_4)	up to 20 points (N/D x 20 = points)	Must report at least 1 patient in numerator. Only 1 exclusion for 2020: Can qualify for exclusion if < 100 incoming referral/new patients.
HIE (alternative)	Bi-directional Exchange	40 points	Yes or No response.
Public Health and Clinical Data Exchange	Immunization Registry Reporting (PI_PHCDRR_1)	10 points (report on 2 measures)	To be awarded full points, must be in: <ul style="list-style-type: none"> Active engagement with two registries, or Active engagement with one & excluded from one registry, or Excluded from two registries.
	Syndromic Surveillance Reporting (PI_PHCDRR_2)		
	Electronic Case Reporting (PI_PHCDRR_3)		
	Public Health Registry Reporting (PI_PHCDRR_4)		
	Clinical Data Registry Reporting (PI_PHCDRR_5)		

Tips for success:

- 2015 Edition CEHRT **MUST** be in place for the entire chosen 90-day (or longer) performance period.
- October 3, 2021 is the last day your 90-day period performance can begin.
- If you qualify for exclusion criteria for any of the objectives/measures below, points will be re-weighted to another measure.
- A Group is considered Hospital Based if >75% of encounters occur in POS 19, 21, 22 or 23.

[Download our 2021 PI Guide](#)

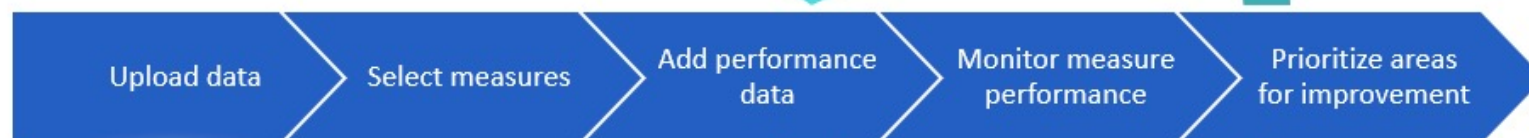
Project Plan



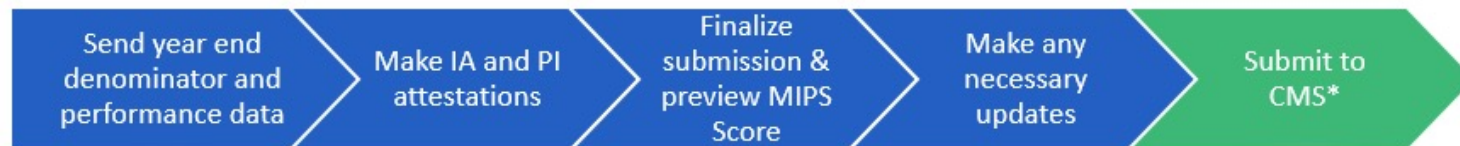
Kick off and planning



Quality management & monitoring



Prepare & finalize submission to CMS



MIPS as a Pathway to Value-Based Care Success

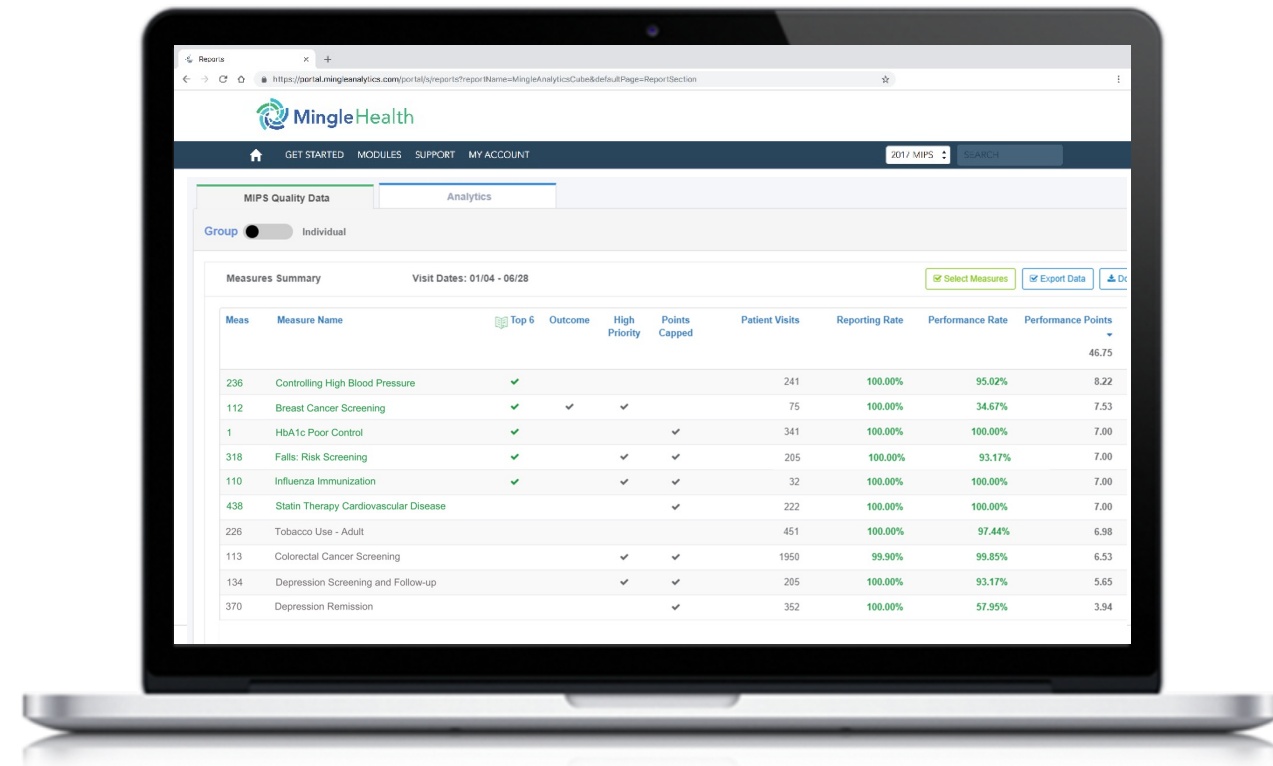
- Be Patient Centered
 - Be Available, Accessible, and Prompt
 - Be Accurate, Effective and Efficient
 - Keep your promises
- Use EHR effectively to improve care and efficiency
 - Understand your patients' history and care plan
 - Keep your lists up to date
 - Seek Brevity and Clarity in your documentation
- 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 care network
 - Pre-plan your most common referrals

A Partnership for your Success



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!



Ask your questions now
using the chat box



Talk with a Mingle expert
about your practice



Sign up for MIPS Solutions®
by Mingle Heath

Q&A

Jeff 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?

A Partnership for Your Success



Recognized as a top performer for quality management by KLAS, Mingle combines software, services, and expertise to guide practices and organizations every step of the way to MIPS and QPP success.

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

Get started today:
minglehealth.com

Q&A

Larry asks:

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

A Partnership for Your Success



Recognized as a top performer for quality management by KLAS, Mingle combines software, services, and expertise to guide practices and organizations every step of the way to MIPS and QPP success.

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

Get started today:
minglehealth.com

Q&A

Sally asks:

When should I get started with MIPS reporting for 2021?

A Partnership for Your Success



Recognized as a top performer for quality management by KLAS, Mingle combines software, services, and expertise to guide practices and organizations every step of the way to MIPS and QPP success.

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

Get started today:
minglehealth.com

Q&A

George asks:

How do you select the right measures for your practice?

A Partnership for Your Success



Recognized as a top performer for quality management by KLAS, Mingle combines software, services, and expertise to guide practices and organizations every step of the way to MIPS and QPP success.

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

Get started today:
minglehealth.com