Healthmonix

EZDERM®

A Simply Smarter Electronic Health Record

MIPS reporting 2024

July 11, 2024

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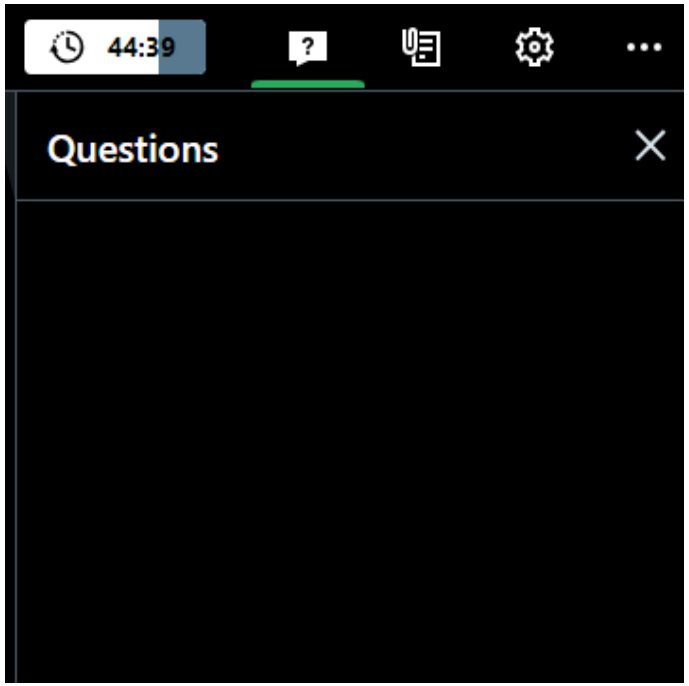
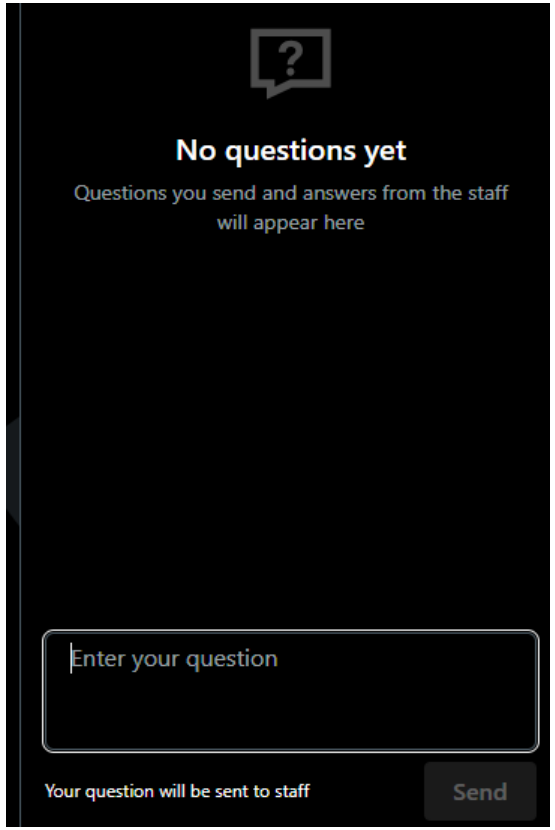
Handouts and questions

GoToWebinar widget



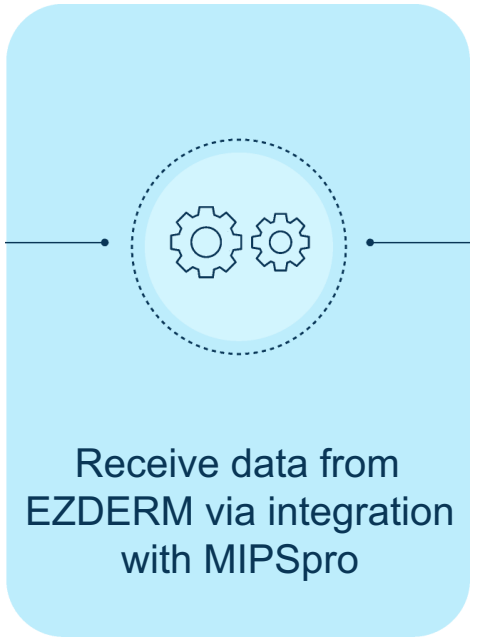


Questions can be submitted throughout via the **questions section** of the GoToWebinar widget.

Agenda

- Understanding MIPS
- 2024 MIPS requirements
- How to get started
- Navigate the system
- Timeline and submission deadlines

Partnership



What is MIPS?

What is MIPS?

MIPS: The Merit-based Incentive Payment System

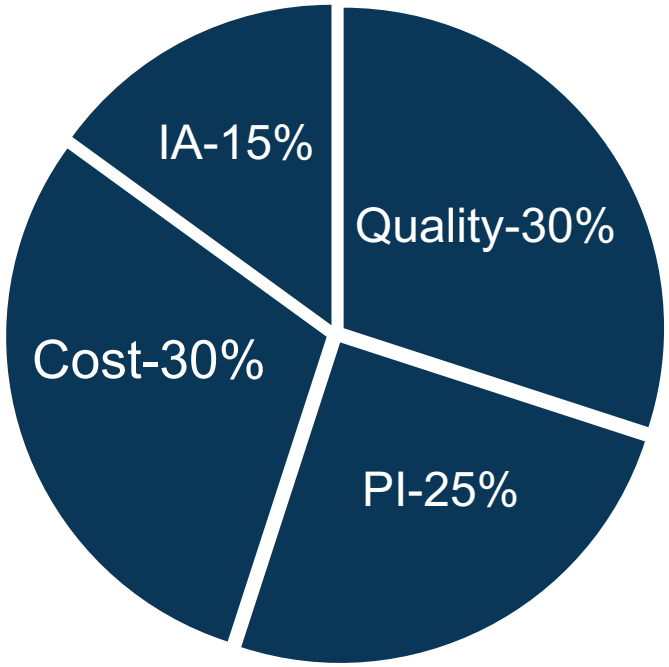
Quality: Assesses the value of care to ensure patients get the right care at the right time

Improvement Activities (IA): Gauges participation in activities that improve clinical practice

Promoting Interoperability (PI): Measures how well a clinician utilizes their EHR technology

Cost: Measures the cost of care

2024 MIPS reporting



MIPS 2024 numbers to know

Expected max incentive
plus-9%

Max penalty
minus-9%

Based on CMS calculations, there is up to a 9% incentive for the top performers. For those that don't participate at all, there will be a negative 9% adjustment on their Medicare revenue in 2025.

What changed and what stayed the same for 2024?

Changed

- Providers need to report at least 75% of eligible encounters for all quality measures.
- Promoting Interoperability:
  - Increase from 90 to 180 days
  - Need to attest “Yes” to SAFER Guides

Stayed the same

- Providers must reach 75 points to avoid the MIPS penalty.
- CMS will continue to reweight PI for small practices.
- Providers need to report at least 1 outcome or high-priority measure.
- There is a 20-case minimum per measure.

Eligibility

- $90,000-plus in Medicare Part B charges
- 200-plus Medicare Part B patients
- 200-plus covered professional services

Quality category facts — small practices

Small practice = 15 providers or less

Bonus points

- Six bonus points are automatically added to the Quality.

Failure to meet data completeness

- Under 75% data completeness per measure will result in 3 points for the measure.

Measures that don't meet case minimum

- Measures that don’t meet the case minimum (20 cases) will earn a maximum of 3 points.

Measures without a benchmark

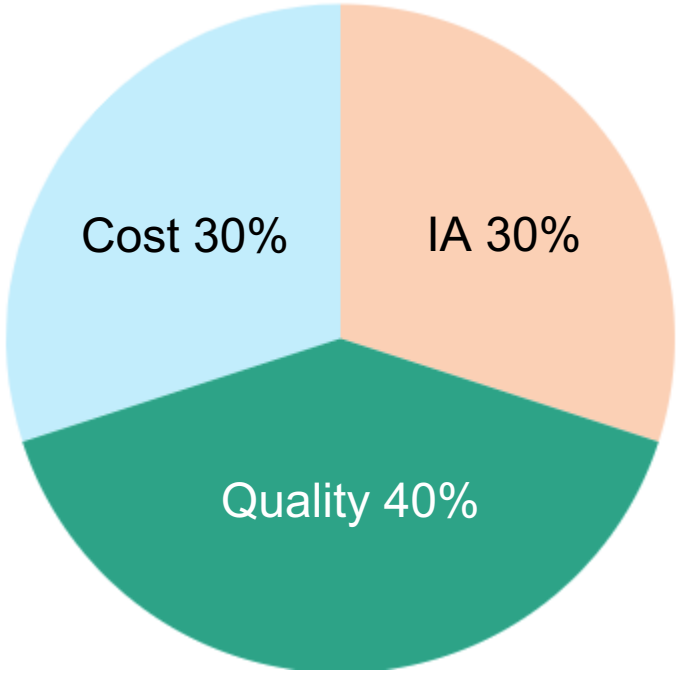
- Measures without a benchmark will earn a maximum of 3 points.

PI Exemption

- Promoting Interoperability automatically reweighted.

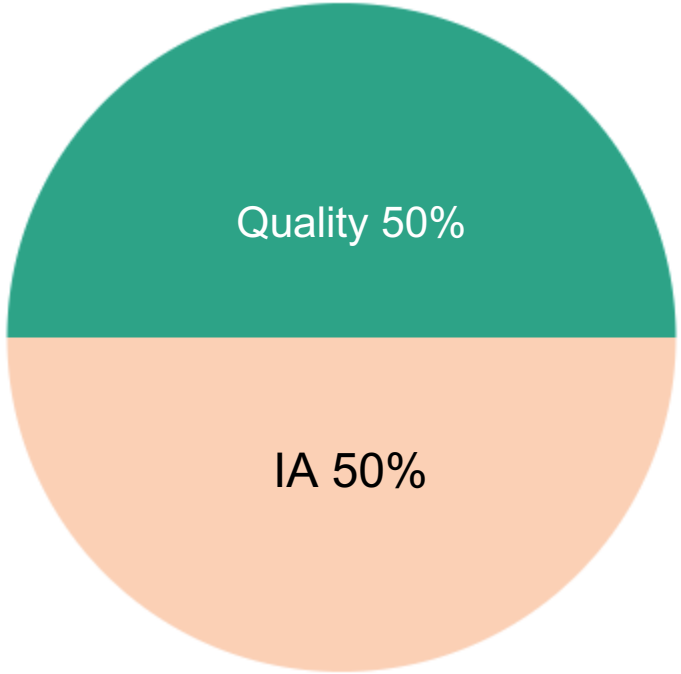
Performance category weights and reweighting – small practice (15 or fewer providers)

Standard weighting for small practices
(Promoting Interoperability automatically reweighted)



PI - 0% of MIPS score

Both the Cost and the Promoting
Interoperability performance categories reweighted



Cost - 0% / PI-0%

Quality category facts — large practices

Large practice = 16 or more providers

Failure to meet data completeness

- Under 75% data completeness for each measure will result in 0 points for the measure.

Bonus points

- None

Measures that don't meet case minimum

- Measures that don’t meet the case minimum (20 cases) will earn 0 points.

Measures without a benchmark

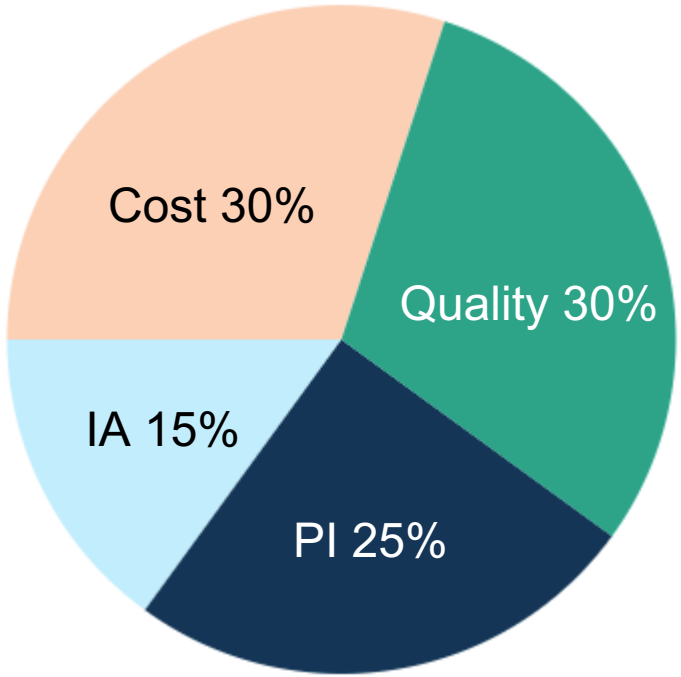
- Measures without a benchmark will earn 0 points.

Measures with a benchmark

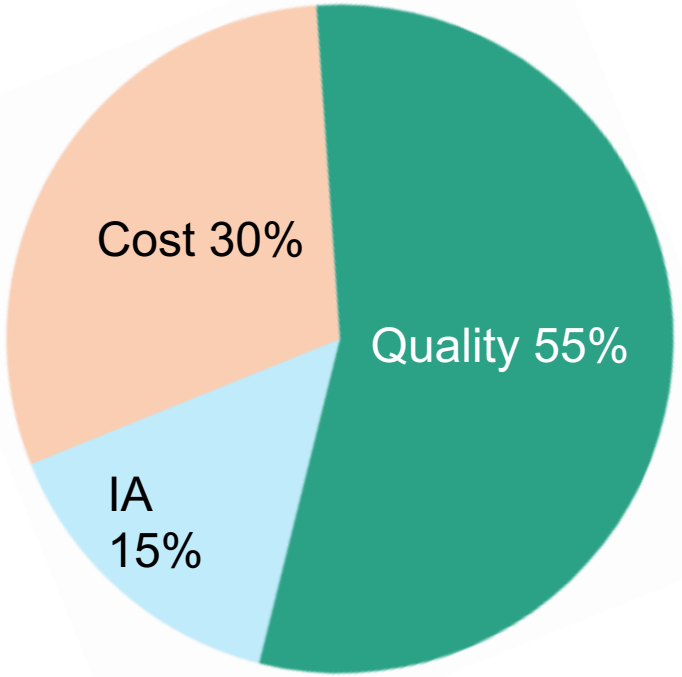
- Measures with a benchmark will earn 1-10 points. Highly topped-out measures will earn 1-7 points.

Performance category weights and reweighting – large practice

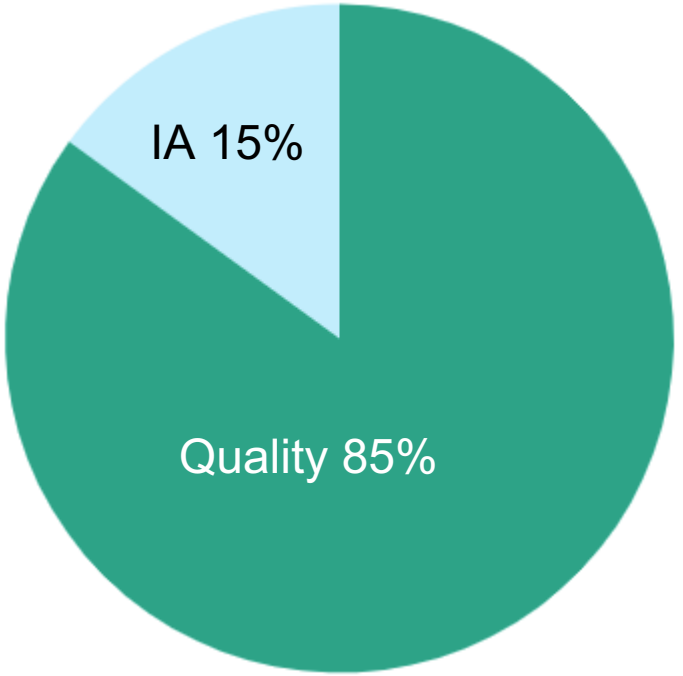
Standard weighting



PI exempt



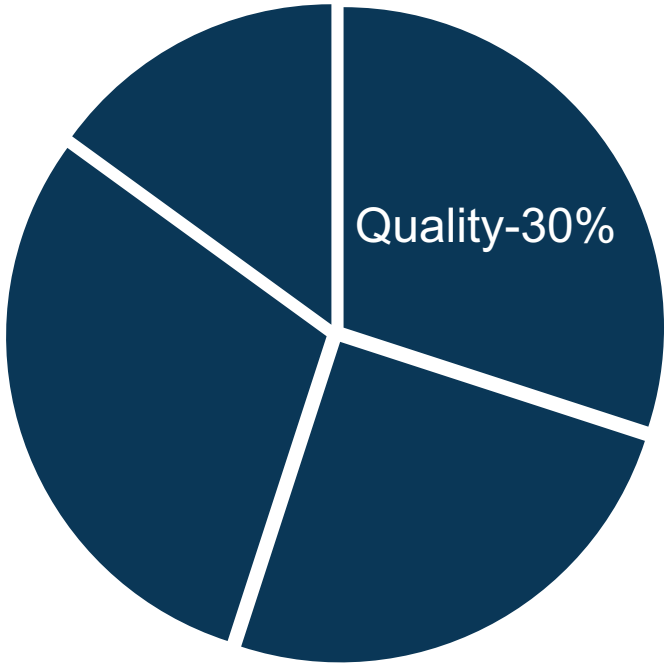
PI exempt and Cost reweighted



Quality category

- 6 measures to be scored
- 1 must be an outcome measures
- High-priority measure if outcome is unavailable

2024
MIPS reporting

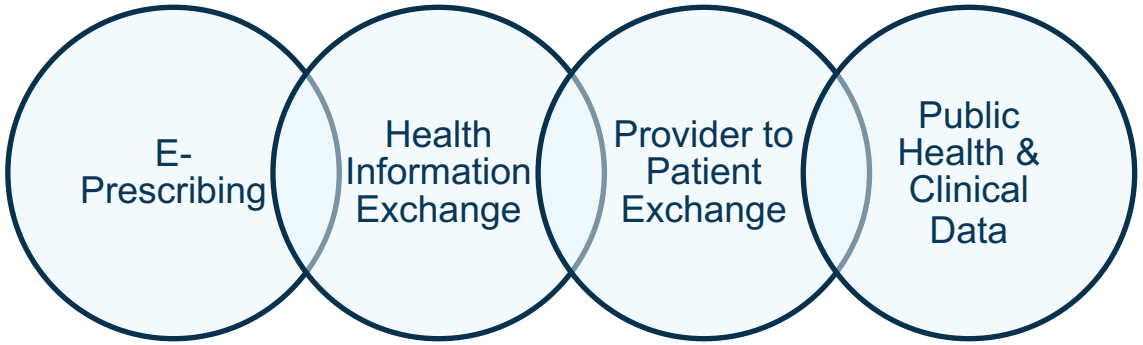


PI category

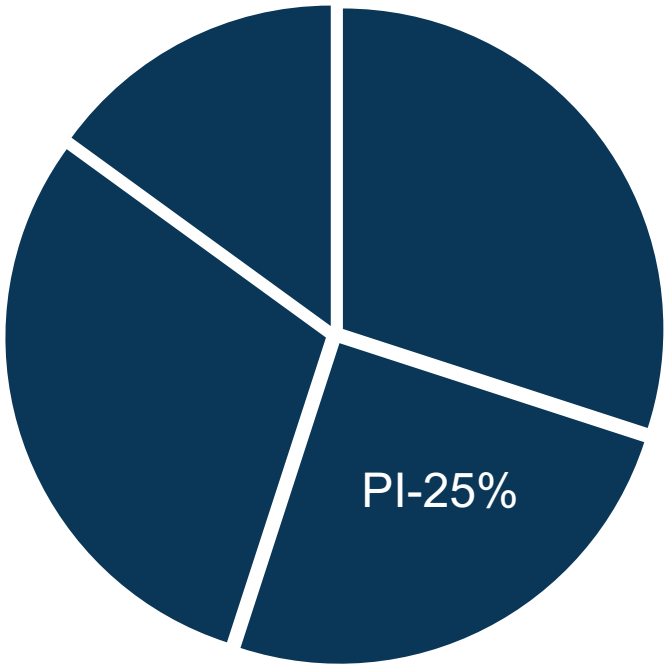
180 consecutive day reporting period
2 required attestations

- Security Risk Analysis
- Review of the 9 Safety Assurance Factors for EHR Resilience (SAFER) Guides measure - Must attest “Yes”

4 measure categories



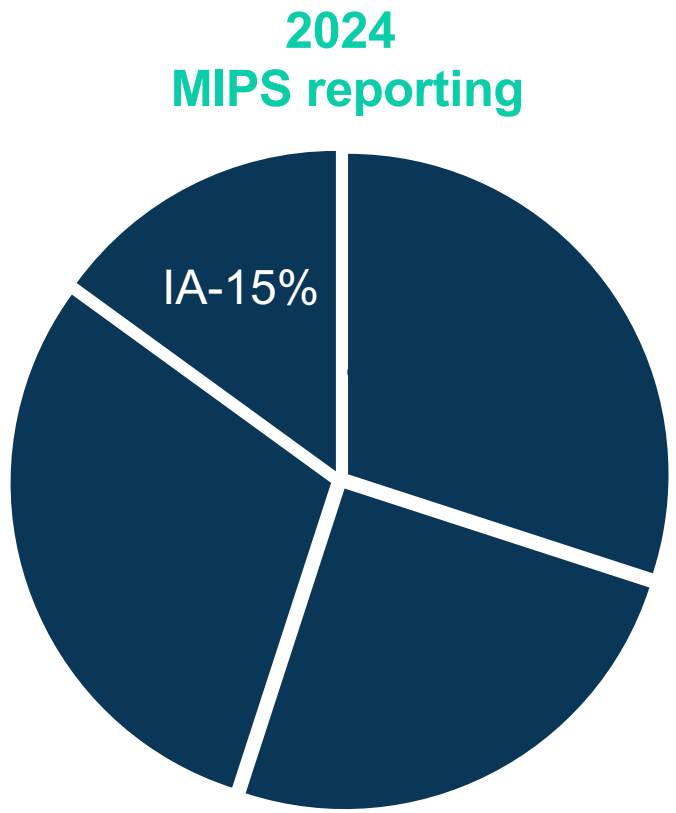
2024 MIPS reporting



IA category

The IA category assesses your participation in clinical activities that support the improvement of clinical practice, care deliver, and outcomes.

- 90-day minimum reporting period for 50% of providers
- More than 100 improvement activities available
- 40 points total required through selection of high-weighted (20 point) and medium-weighted (10 point) activities
- 20 points required for rural, HPSAs, non-patient facing clinicians, small practices
- Improvement activities can be tracked and submitted in MIPSpro



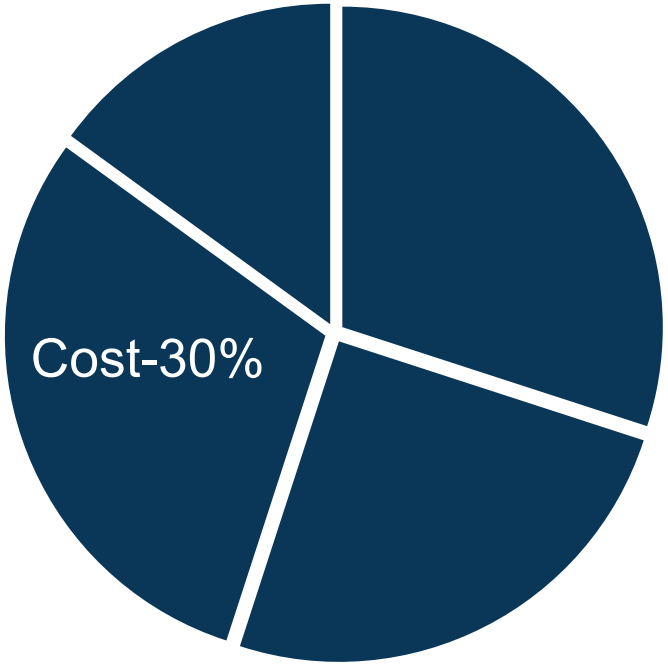
Cost category

The Cost category is automatically calculated from administrative claims data. The performance period is the calendar year.

Measures

- Total Per Capita Cost (TPCC) – total annual cost for patient care
- Medicare Spending Per Beneficiary (MSPB) – Total cost for each hospital episode
- 23 episode-based cost measures for those who qualify
  - Newer: Melanoma Resection measure

2024 MIPS reporting



MIPS tips and tricks

Report as a group and individual at the same time.

Example

20-provider group, MIPS group score of 89

Individual scoring

- Each provider gets own score
- Some will be below 89 and some will be above 89
- Hard to meet 20-patient minimum for some measures
- Can’t take advantage of patients seeing multiple providers

Group scoring

- Everyone gets group score of 89
- Get pulled down by lower scores
- Issues with providers not carrying their weight

Both

- Providers that score better than 89 will get their individual score
- Providers that score less than 89 will get the group score
- Take advantage of 20-patient minimums, specialty providers within your group, and top performers

MIPS tips and tricks

Start tracking each MIPS category

- Track your performance in the Quality category.
- Complete your 180 days for PI and 90 days for IA so you can spend more time on Quality.
- Understand measure requirements so your workflows and documentation are correct.

Focus on performance improvement by attacking gaps in care

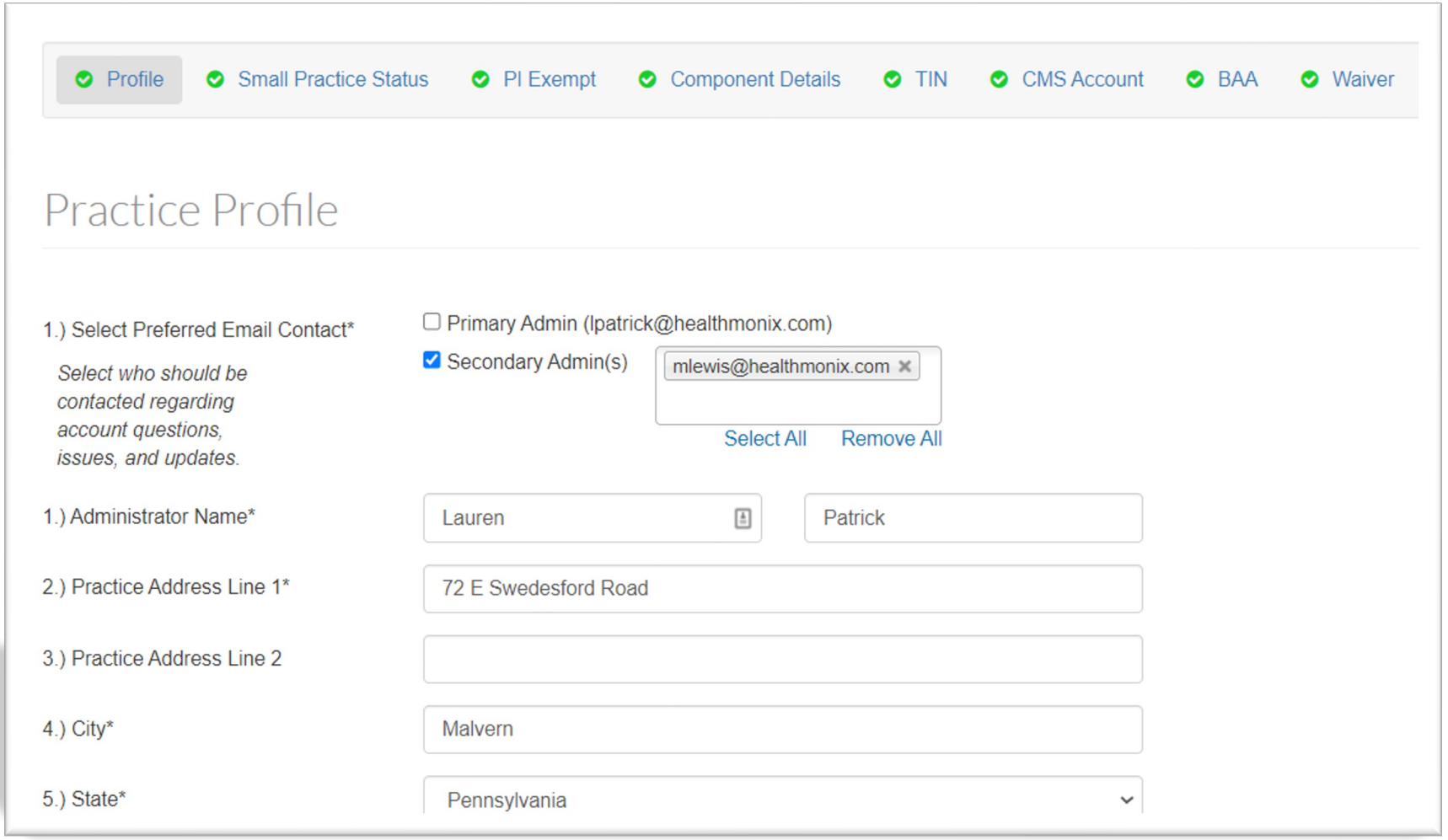
- Providers – determine if someone isn't carrying their weight.
- Patients – determine if there's a patient type that is causing your scores to suffer.
- Measures – determine what measures may have been overlooked.

Track more than 6 quality measures

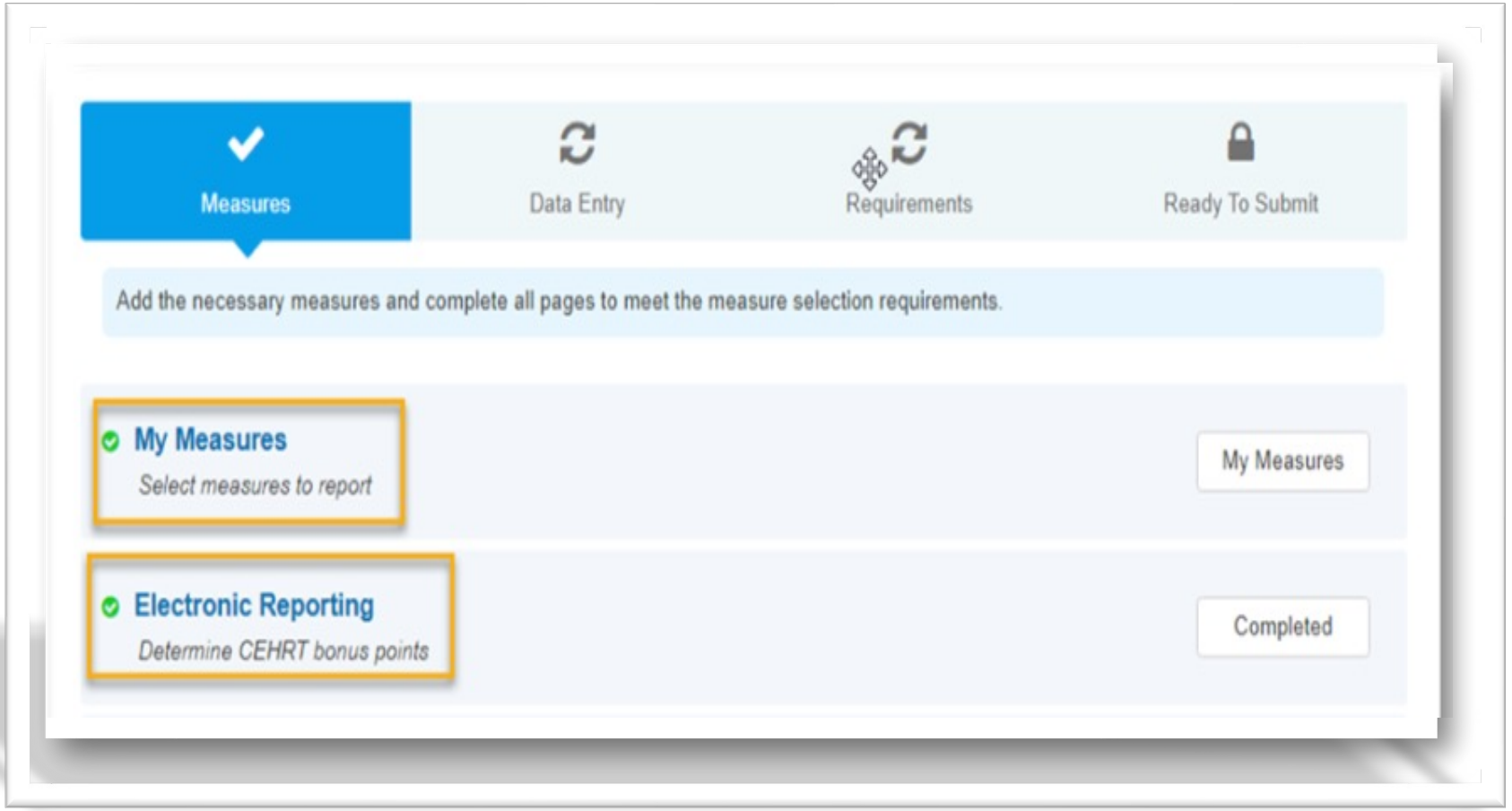
- Choose all 8 measures and watch their performance.
- Start eliminating measures throughout the year to optimize your time.

Tracking performance in EZDERM

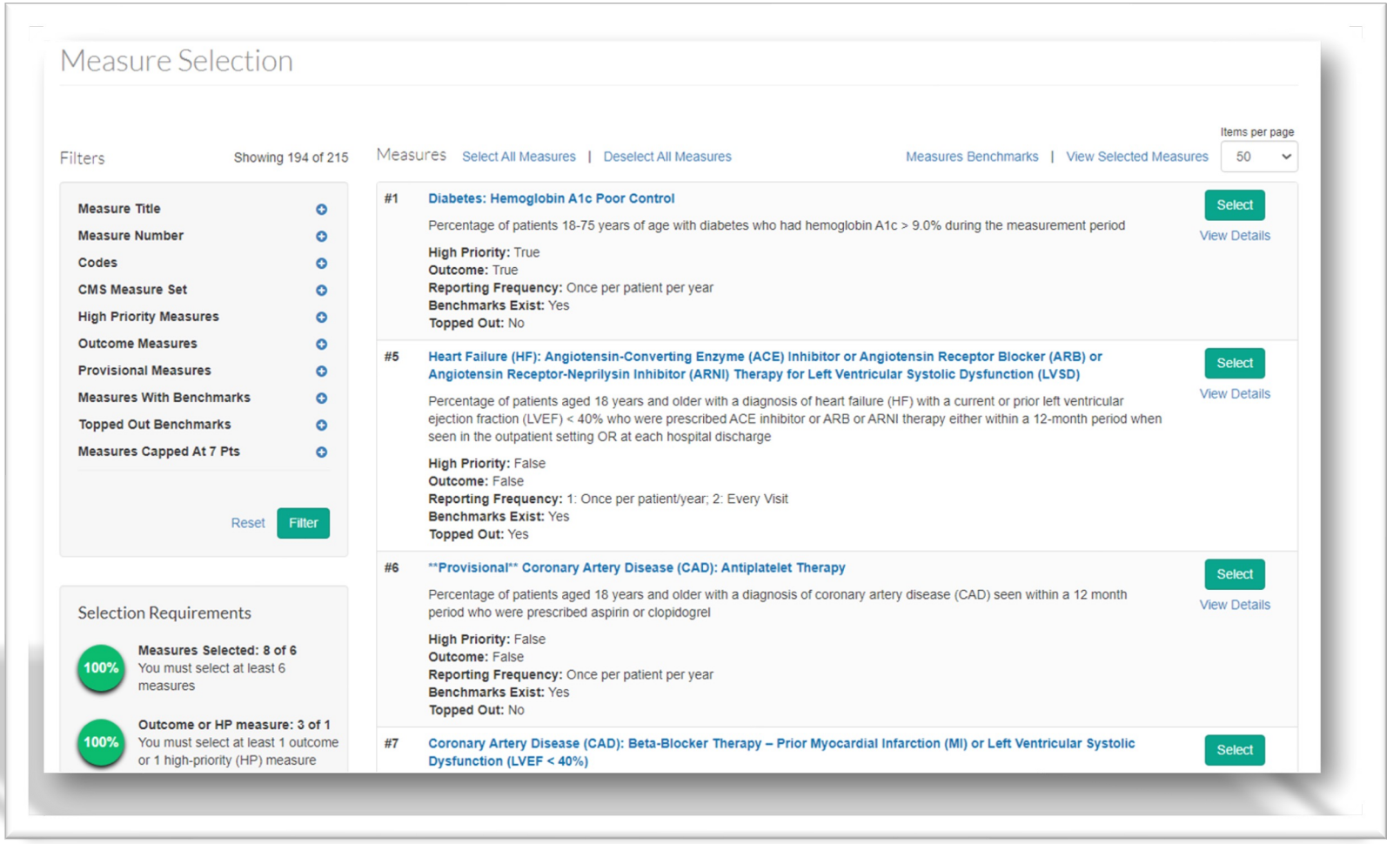
Profile pages



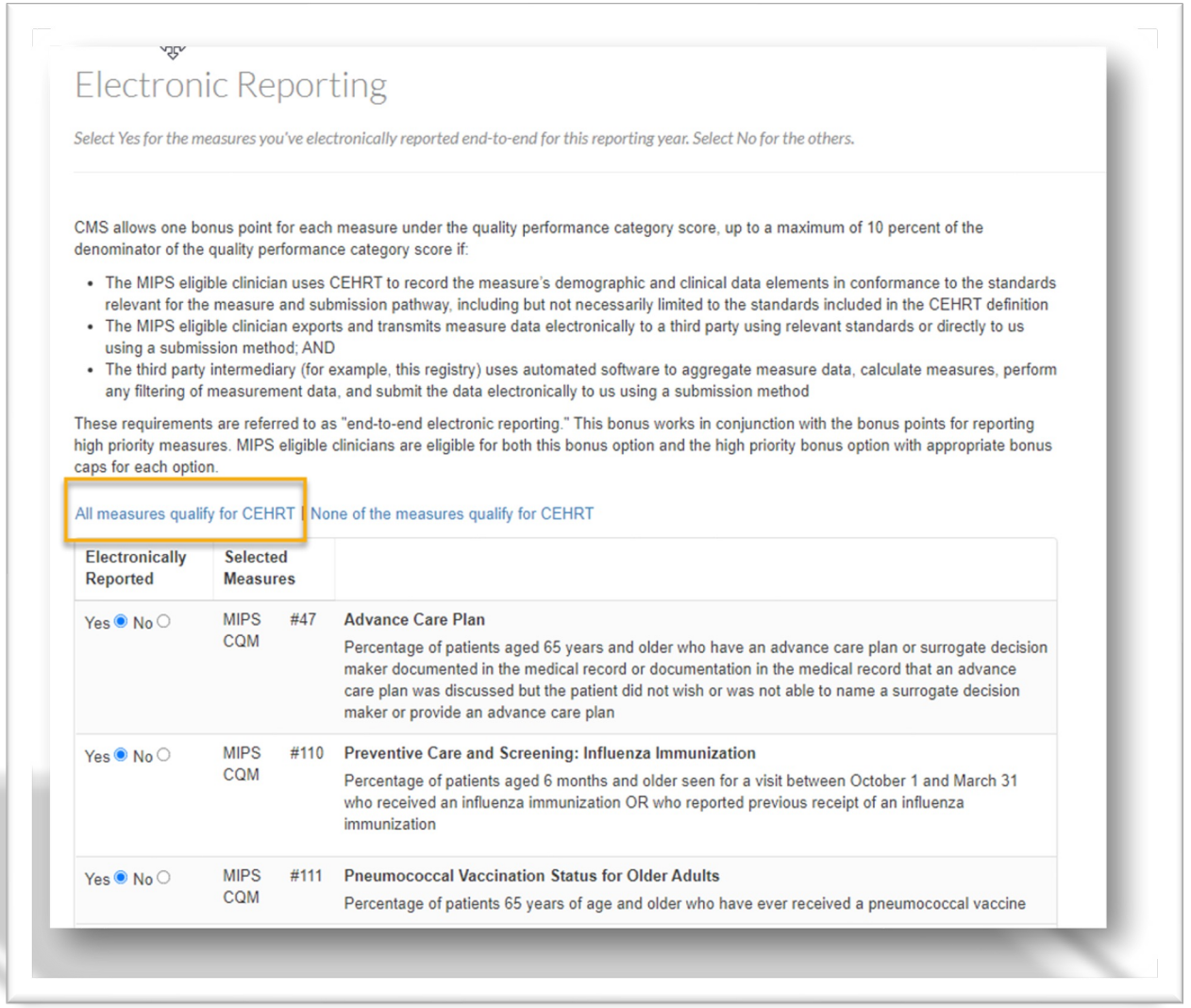
Measures page



Measures selection



Electronic reporting page



Electronic Reporting

Select Yes for the measures you've electronically reported end-to-end for this reporting year. Select No for the others.

CMS allows one bonus point for each measure under the quality performance category score, up to a maximum of 10 percent of the denominator of the quality performance category score if:

- The MIPS eligible clinician uses CEHRT to record the measure's demographic and clinical data elements in conformance to the standards relevant for the measure and submission pathway, including but not necessarily limited to the standards included in the CEHRT definition
- The MIPS eligible clinician exports and transmits measure data electronically to a third party using relevant standards or directly to us using a submission method; AND
- The third party intermediary (for example, this registry) uses automated software to aggregate measure data, calculate measures, perform any filtering of measurement data, and submit the data electronically to us using a submission method

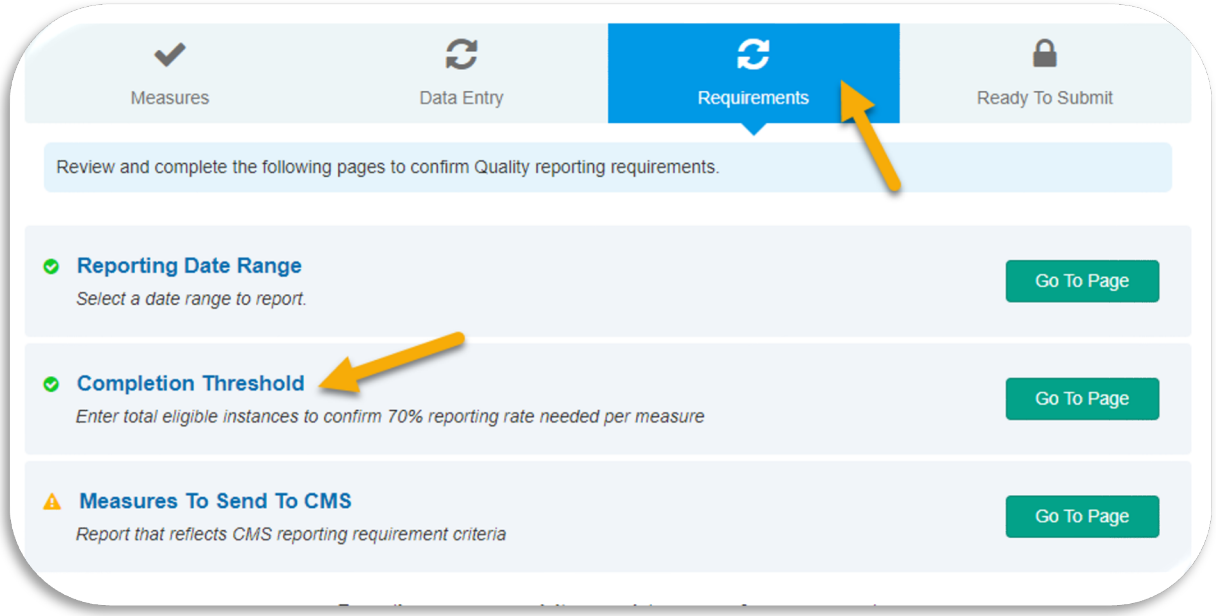
These requirements are referred to as "end-to-end electronic reporting." This bonus works in conjunction with the bonus points for reporting high priority measures. MIPS eligible clinicians are eligible for both this bonus option and the high priority bonus option with appropriate bonus caps for each option.

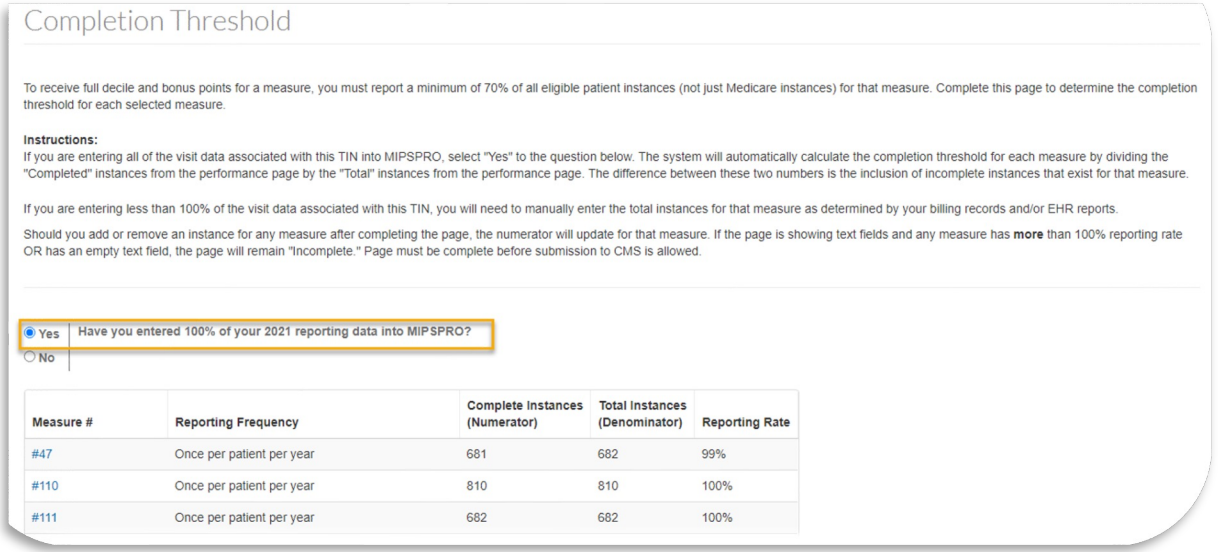
All measures qualify for CEHRT | None of the measures qualify for CEHRT

Electronically Reported	Selected Measures		
Yes ◉ No ○	MIPS CQM	#47	**Advance Care Plan** Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan
Yes ◉ No ○	MIPS CQM	#110	**Preventive Care and Screening: Influenza Immunization** Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
Yes ◉ No ○	MIPS CQM	#111	**Pneumococcal Vaccination Status for Older Adults** Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine

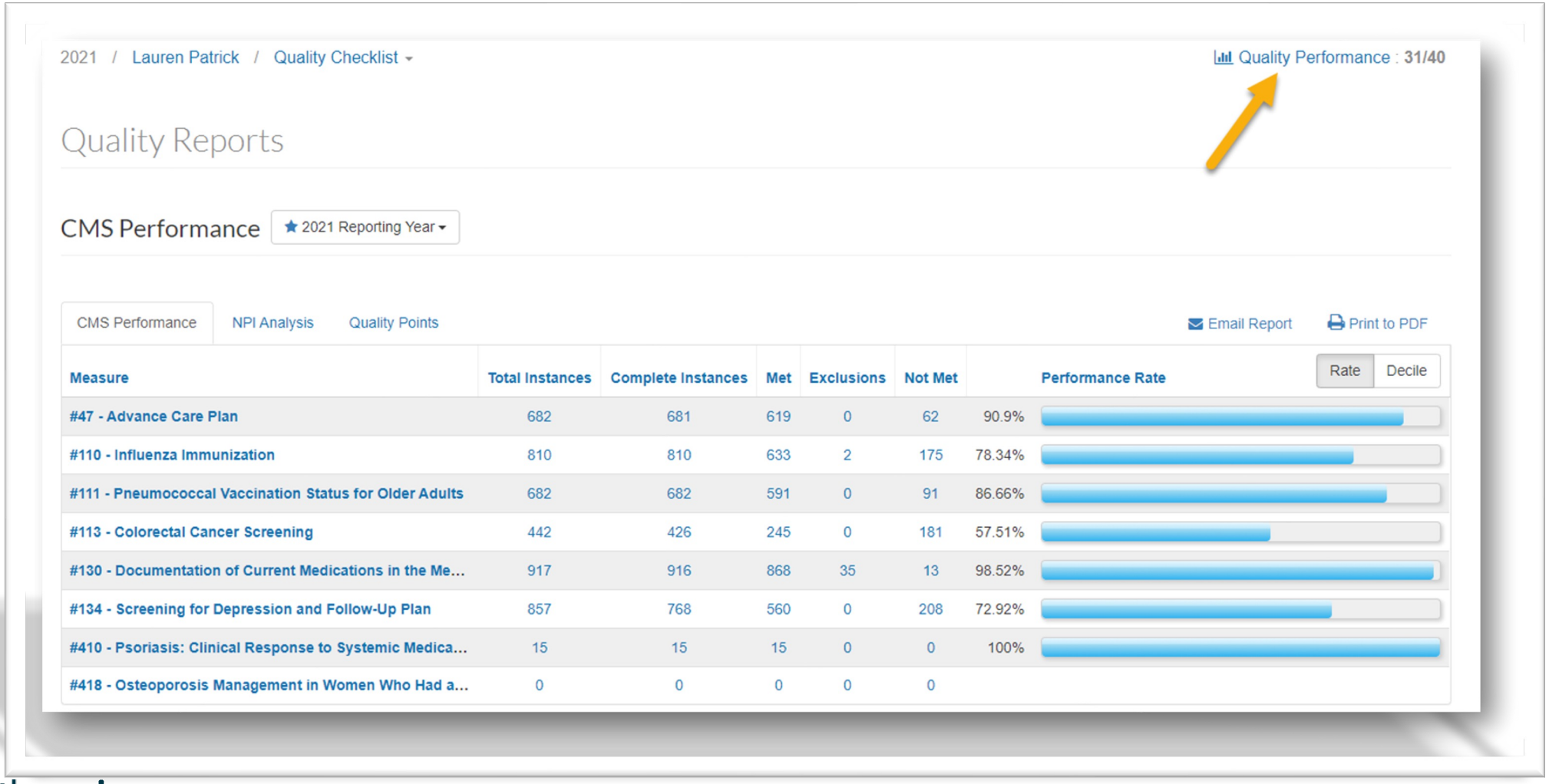
Completion threshold page

Complete this page after data has been imported from the interface.



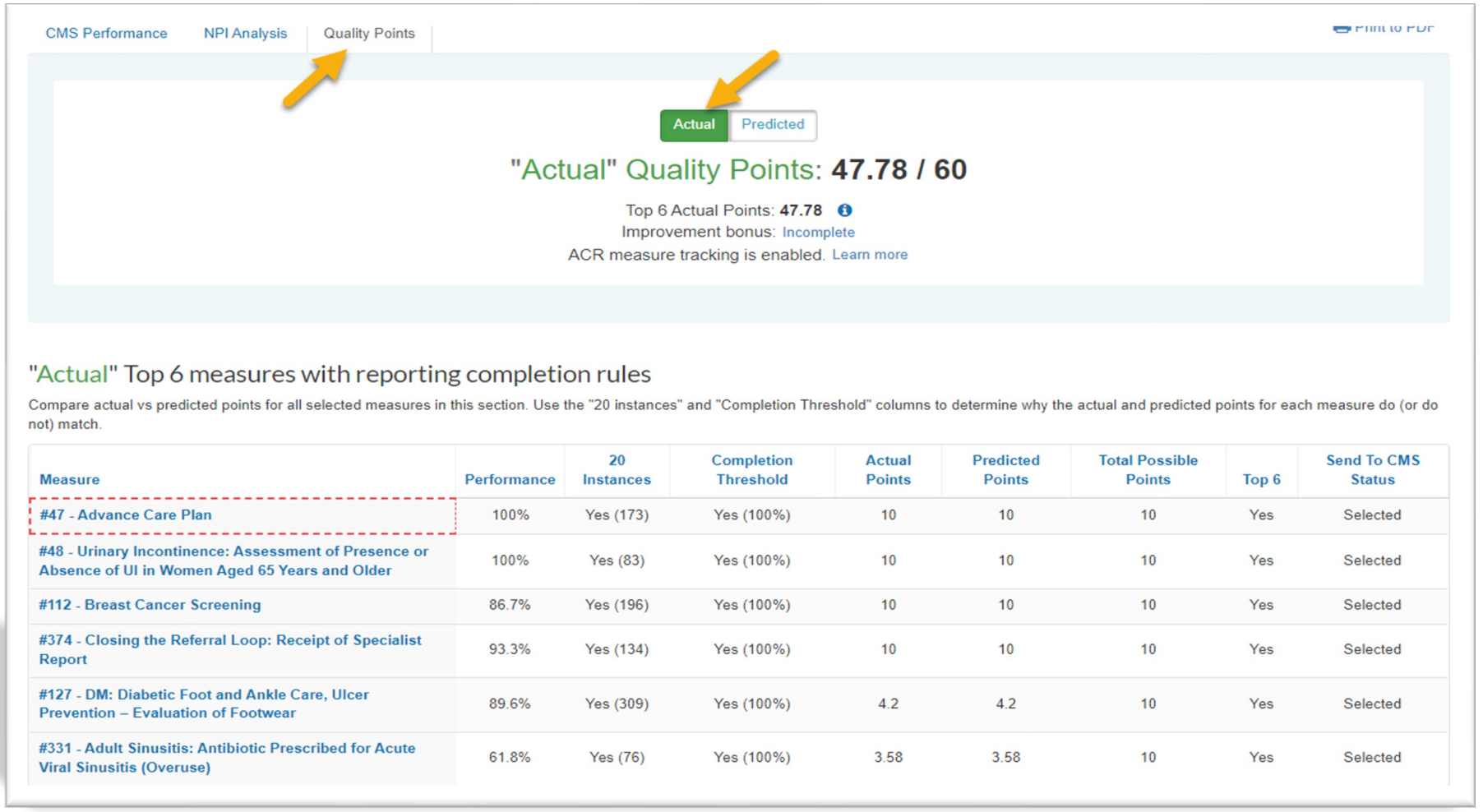


Quality performance



Measure	Total Instances	Complete Instances	Met	Exclusions	Not Met		Performance Rate
#47 - Advance Care Plan	682	681	619	0	62	90.9%	
#110 - Influenza Immunization	810	810	633	2	175	78.34%	
#111 - Pneumococcal Vaccination Status for Older Adults	682	682	591	0	91	86.66%	
#113 - Colorectal Cancer Screening	442	426	245	0	181	57.51%	
#130 - Documentation of Current Medications in the Me...	917	916	868	35	13	98.52%	
#134 - Screening for Depression and Follow-Up Plan	857	768	560	0	208	72.92%	
#410 - Psoriasis: Clinical Response to Systemic Medica...	15	15	15	0	0	100%	
#418 - Osteoporosis Management in Women Who Had a...	0	0	0	0	0		

Quality performance

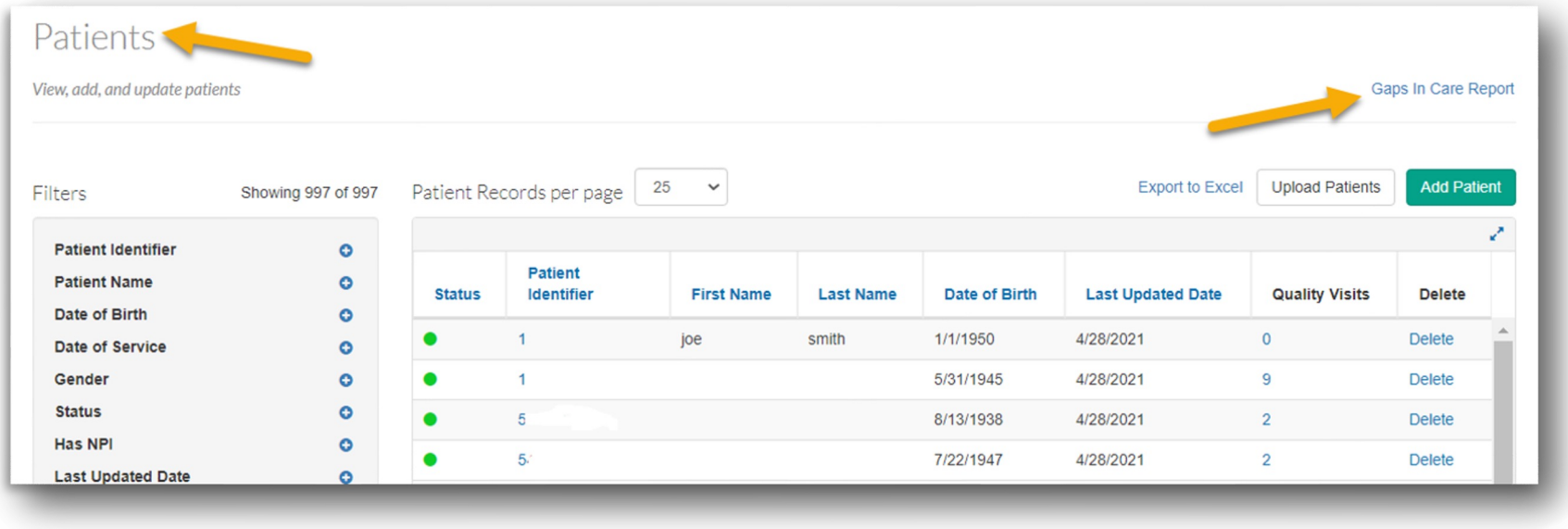


"Actual" Top 6 measures with reporting completion rules

Compare actual vs predicted points for all selected measures in this section. Use the "20 instances" and "Completion Threshold" columns to determine why the actual and predicted points for each measure do (or do not) match.

Measure	Performance	20 Instances	Completion Threshold	Actual Points	Predicted Points	Total Possible Points	Top 6	Send To CMS Status
#47 - Advance Care Plan	100%	Yes (173)	Yes (100%)	10	10	10	Yes	Selected
#48 - Urinary Incontinence: Assessment of Presence or Absence of UI in Women Aged 65 Years and Older	100%	Yes (83)	Yes (100%)	10	10	10	Yes	Selected
#112 - Breast Cancer Screening	86.7%	Yes (196)	Yes (100%)	10	10	10	Yes	Selected
#374 - Closing the Referral Loop: Receipt of Specialist Report	93.3%	Yes (134)	Yes (100%)	10	10	10	Yes	Selected
#127 - DM: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear	89.6%	Yes (309)	Yes (100%)	4.2	4.2	10	Yes	Selected
#331 - Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)	61.8%	Yes (76)	Yes (100%)	3.58	3.58	10	Yes	Selected

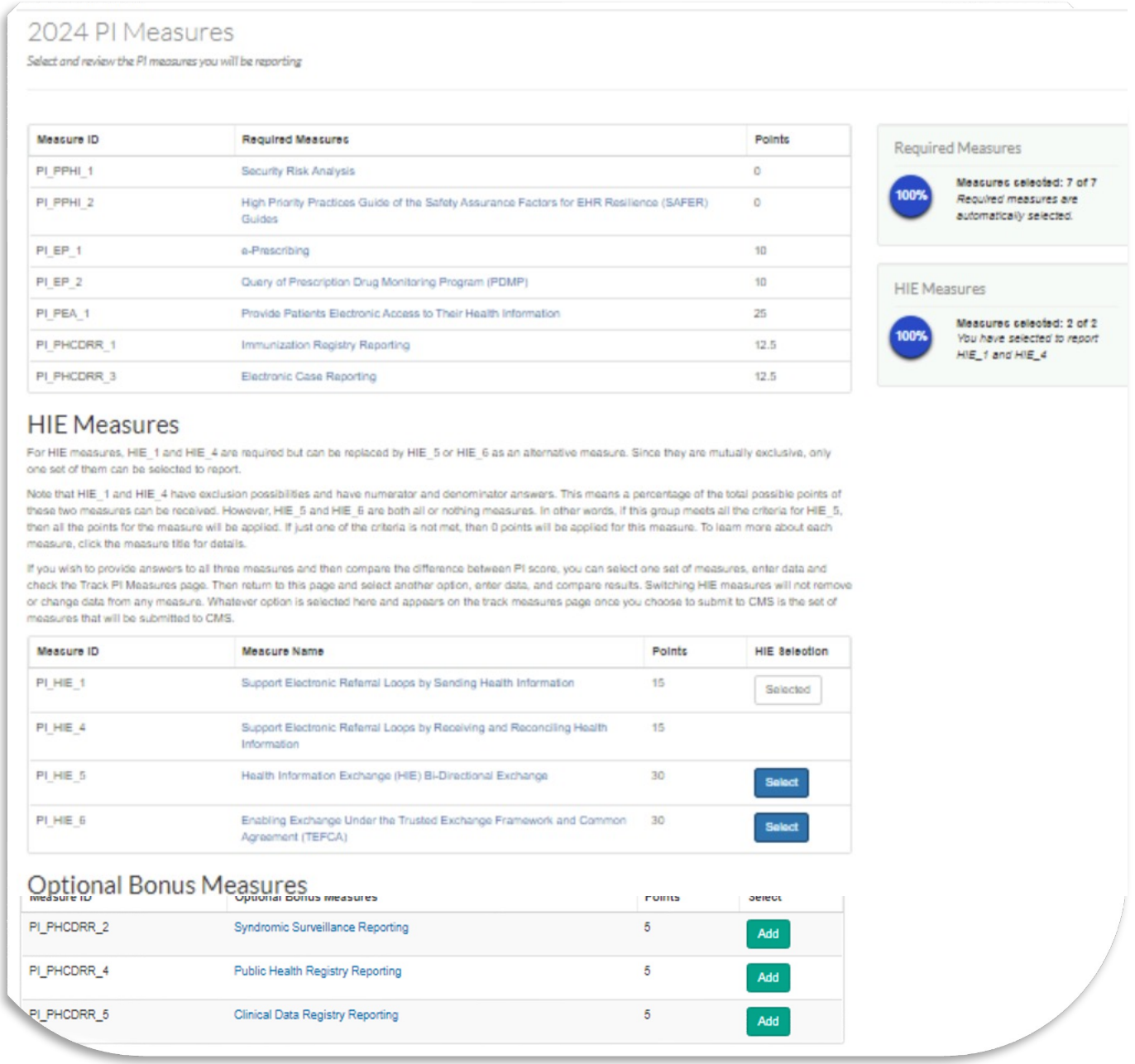
Gaps in care report



Patient Identifier	Last Name	First Name	Date of Birth	Gender	DOS	DOS Time	DOS Modifier	NPI	Measure
XXX	Jane	Smith	05/31/1945	Female	04/13/2021			1235111436	Documentation of Current Medications in the Medical Record
YYY	Cindy	Jones	05/31/1945	Female	02/17/2021			1235111436	Documentation of Current Medications in the Medical Record
ZZZ	Jane	Doe	07/22/1947	Male	01/02/2021			1235111436	Advance Care Plan

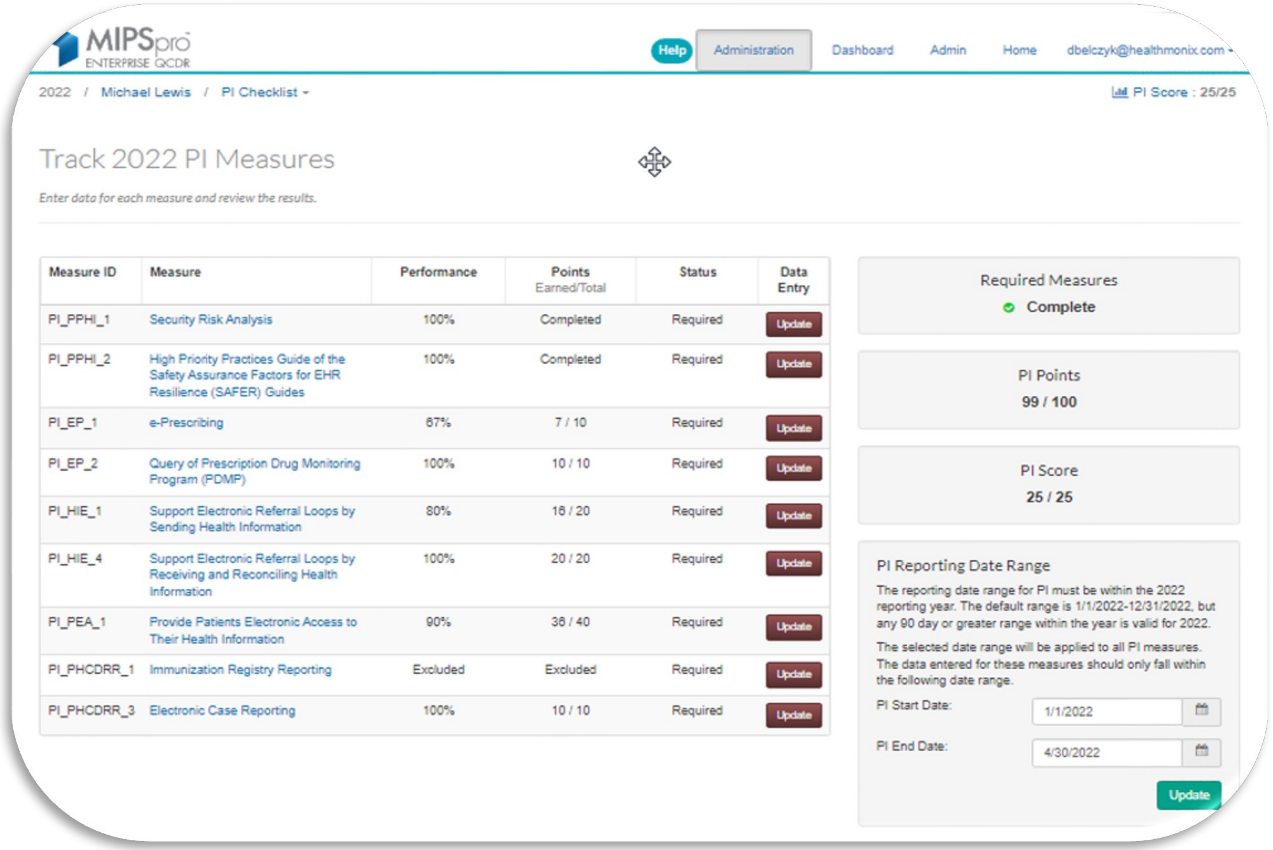
Promoting Interoperability

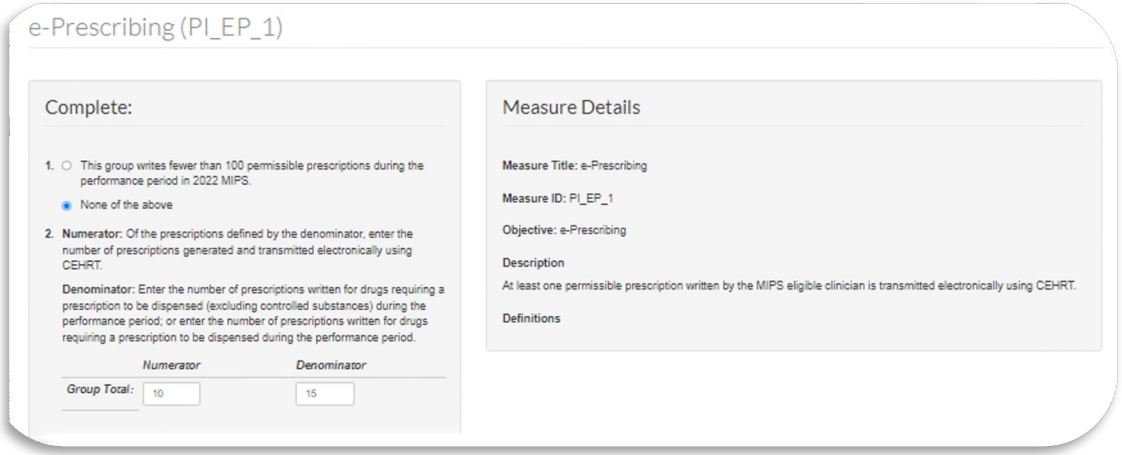
Select measures



Promoting Interoperability

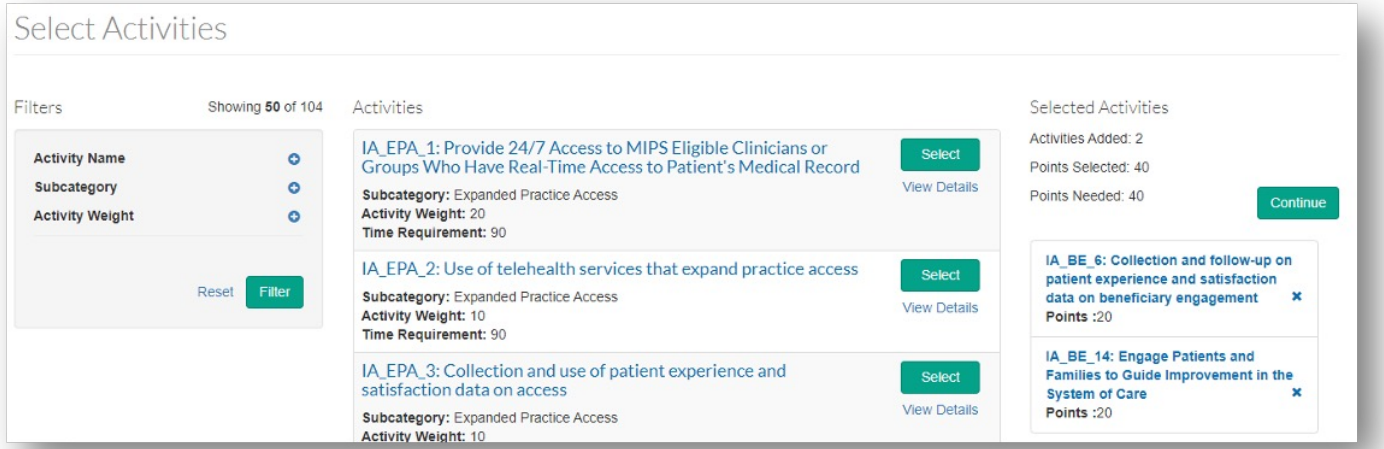
Track measures

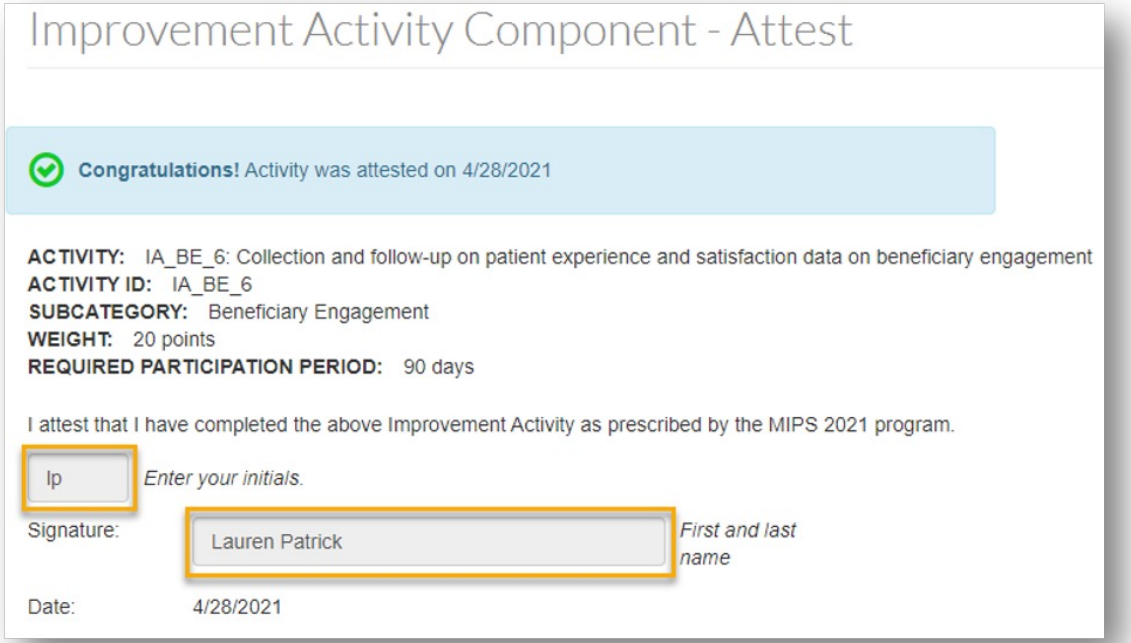




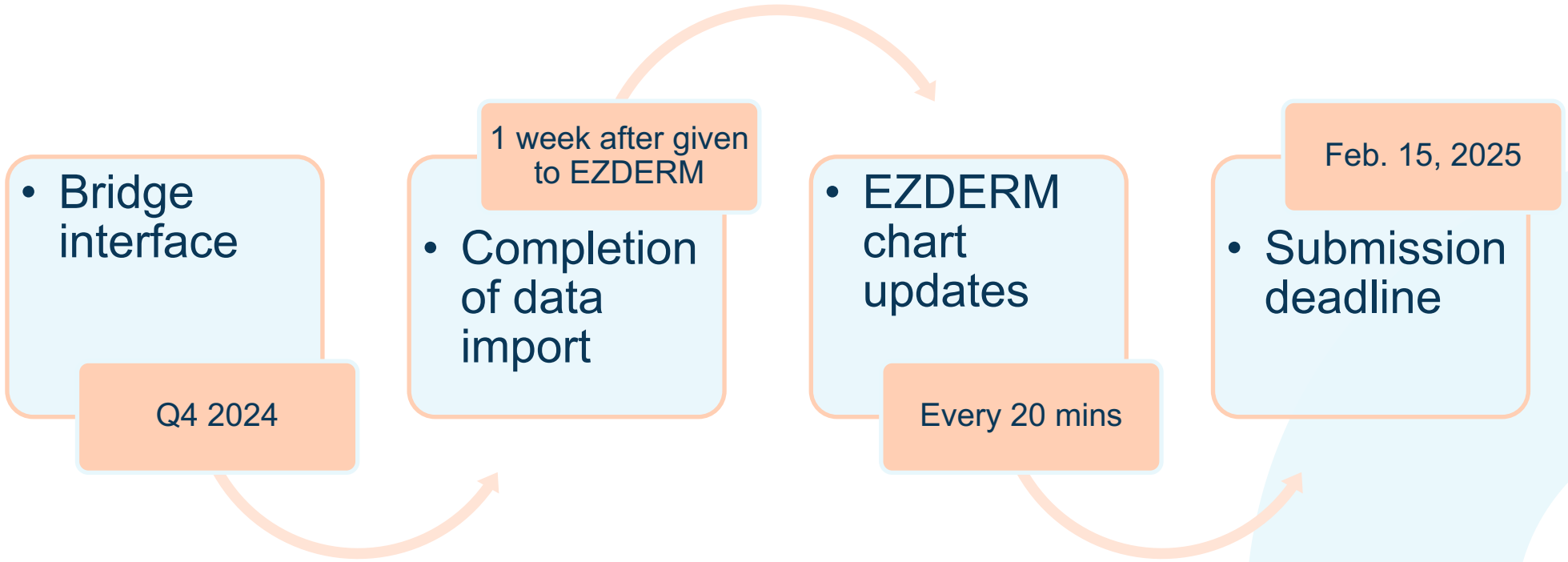
Improvement Activities

Select measures





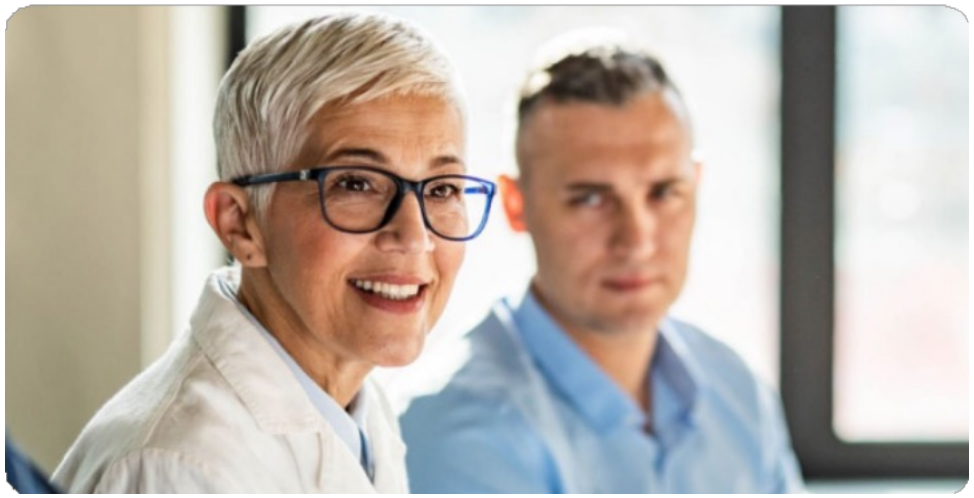
Must knows!


• Bridge interface
Q4 2024
1 week after given to EZDERM
• Completion of data import
• EZDERM chart updates
Every 20 mins
Feb. 15, 2025
• Submission deadline

Customer Support

Support options

Our experts are ready to provide timely help via live support and self-service materials.



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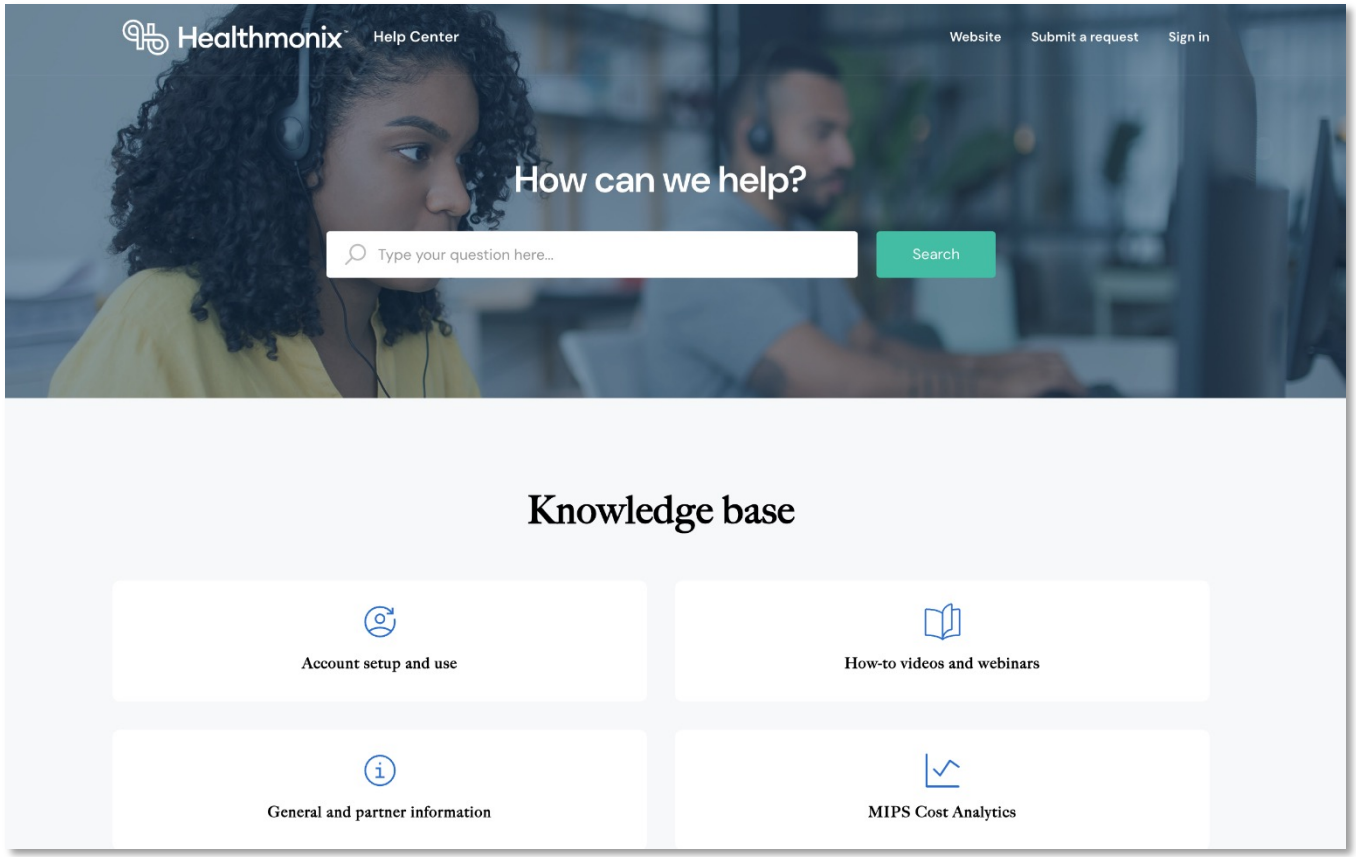
Live online chat

What we offer



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Thank you

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