MIPS Reporting 2022

7/12/2022

Healthmonix

PRESENTED BY:

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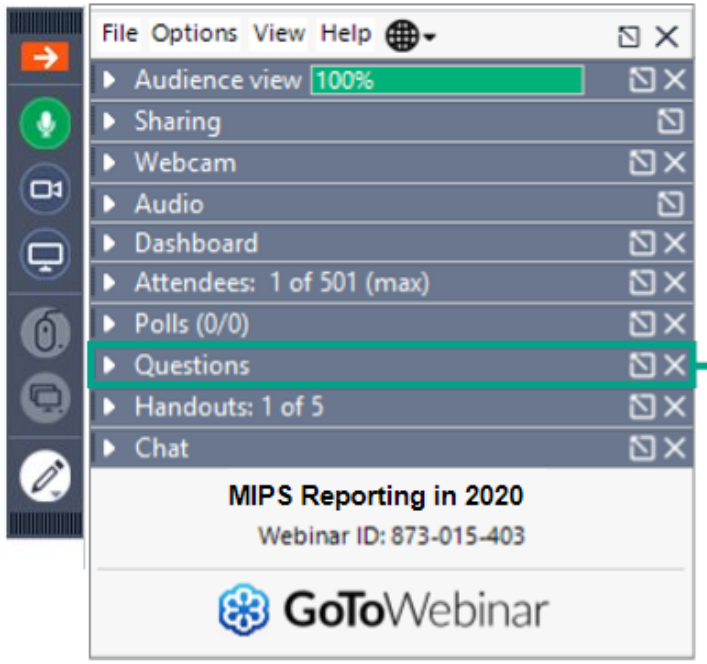
WEBINAR QUESTIONS

"GoToWebinar" Widget



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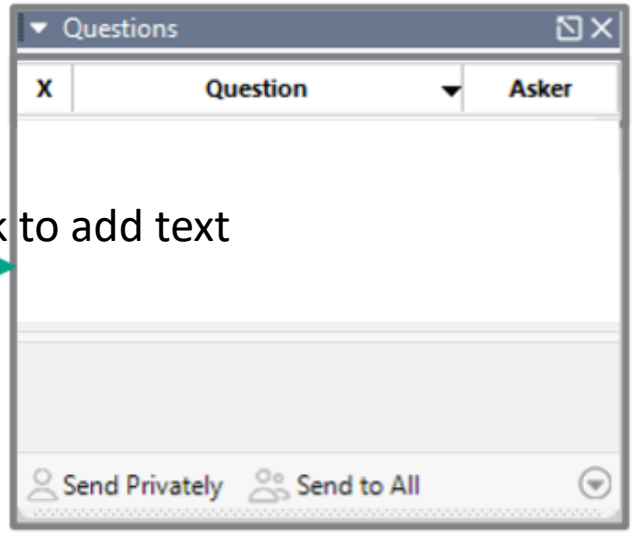

Questions can be submitted throughout via the **questions section** of the "GoToWebinar" widget.

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AGENDA

1. Introductions

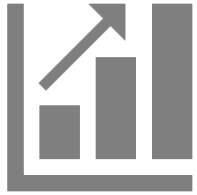
2. What is MIPS & 2022 Reporting Requirements

3. How to Get Started & System Navigation

4. Timelines/ Submission Deadline

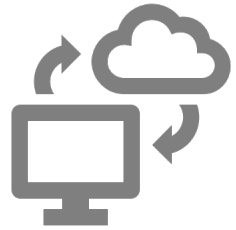
WHAT WE DO

HEALTHMONIX IS PASSIONATE ABOUT:



Achieving in
Quality reporting

Improving today's
healthcare



Creating rewarding
& easy technology

Partnership & Integration

- Partnership with EZDERM since 2017
- EZDERM's MIPS reporting registry
- Interface to import EZDERM Quality data directly into MIPSpro
- Provide MIPS support to EZDERM practices

What Is MIPS?

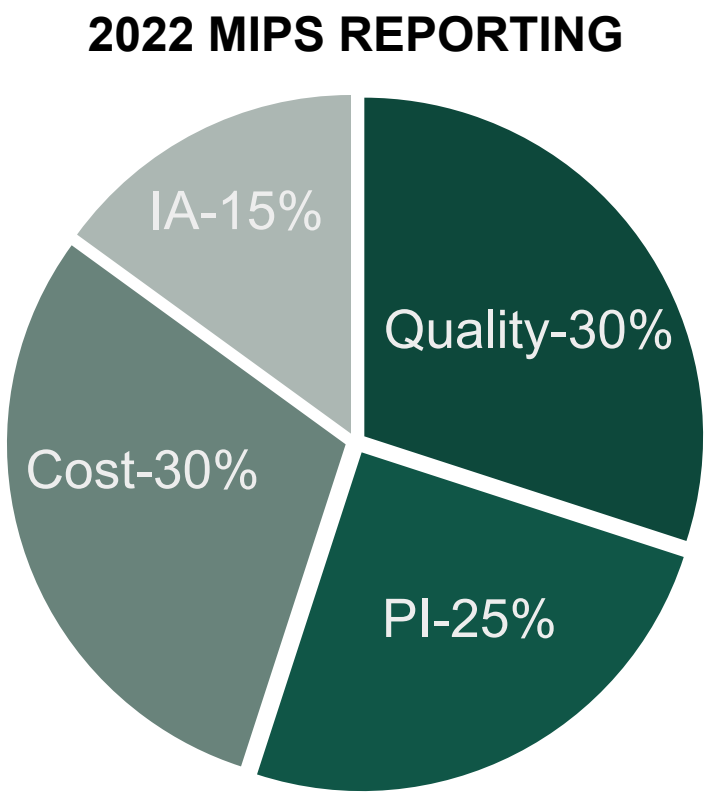
MIPS: The Merit-based Incentive Payment System

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



WHO IS ELIGIBLE?

Eligibility Exemptions

Newly Enrolled in Medicare

Low Volume Threshold
≤ $90,000 in Medicare Part B Charges
-or- ≤ 200 Medicare Part B patients ***-or-***
≤ 200 covered professional services.

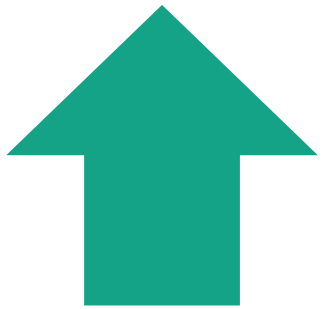
Advanced APM Participation

ELIGIBILITY CLINICIAN TYPES

- Physicians
- Osteopathic practitioners
- Chiropractors
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals
- **Clinical social workers***
- **Certified nurse midwives***

*New for 2022

MIPS 2022 NUMBERS TO KNOW



Minimum threshold to avoid a penalty
75 Points

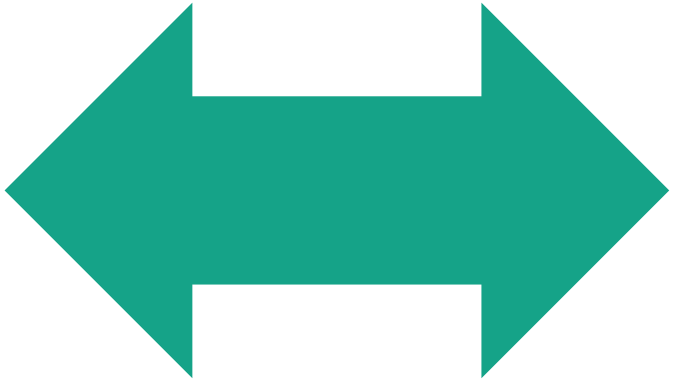
The Final Rule raised the minimum performance threshold to 75 points in PY 2022, up from 60 points in PY 2021 to avoid a penalty.

MIPS 2022 NUMBERS TO KNOW

Exceptional Performance
89 Points

The Final Rule raised the Exceptional Performance Rate to 89 points in PY 2022.

MIPS 2022 NUMBERS TO KNOW
'Denominator' and 'Reporting Rate'



MIPS Quality Measure
Completion Rate
70%

70% of Eligible Instances need to reported.

MIPS 2022 NUMBERS TO KNOW

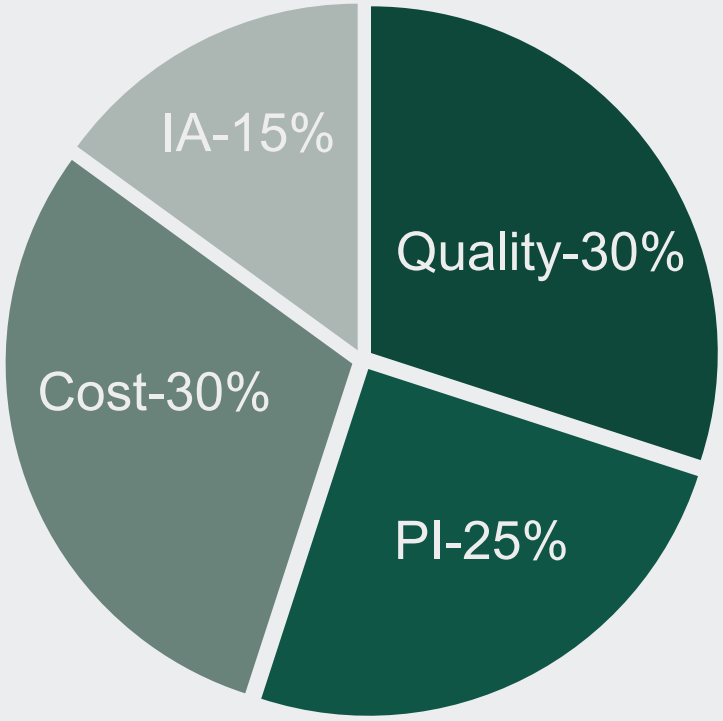
Expected Max Incentive
+14%
Max Penalty
-9%

Based on CMS calculations, there is an expected increase of more than 14% for the top exceptional performers. For those that do not participate at all, there will be a negative 9% adjustment on their Medicare revenue in 2024.

TRADITIONAL MIPS 2022

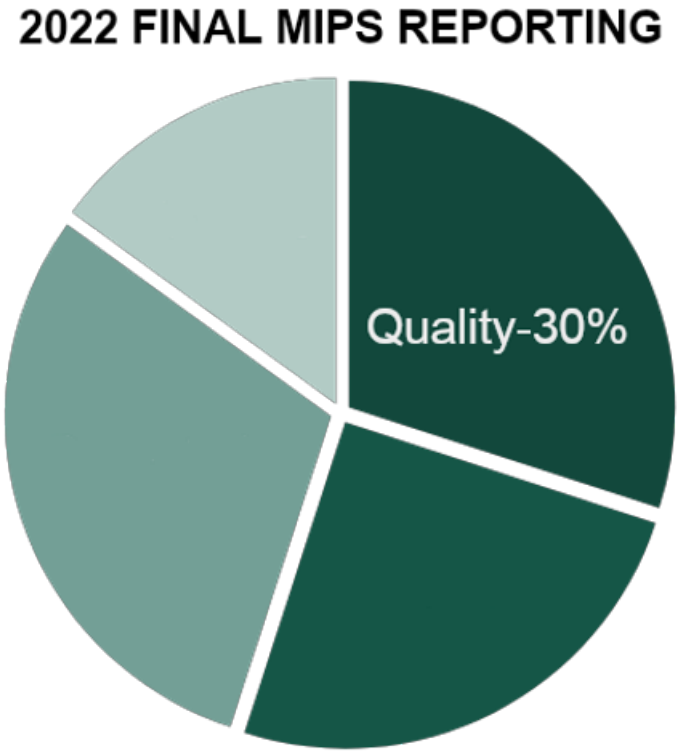
2021 MIPS REPORTING

2022 FINAL MIPS REPORTING



QUALITY CATEGORY

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



UNDERSTANDING THE 2022 CHANGES: QUALITY

Bonus points and bonus scoring

Removal of bonus points:

- Removed the 1 bonus point from high priority measures
- Removed the 2 bonus points from outcome measures
- Removed the end-to-end reporting bonus points

CMS's rationale?

- The bonus points were temporary, and the removal of the bonus points simplifies scoring.
- Majority of measures are high-priority or outcome

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PROMOTING INTEROPERABILITY CATEGORY

Use of 2015 Edition certificate **or** 2015 Edition Cures Update **or** a combination of the two that meets the Certified Electronic Health Record Technology (CEHRT)

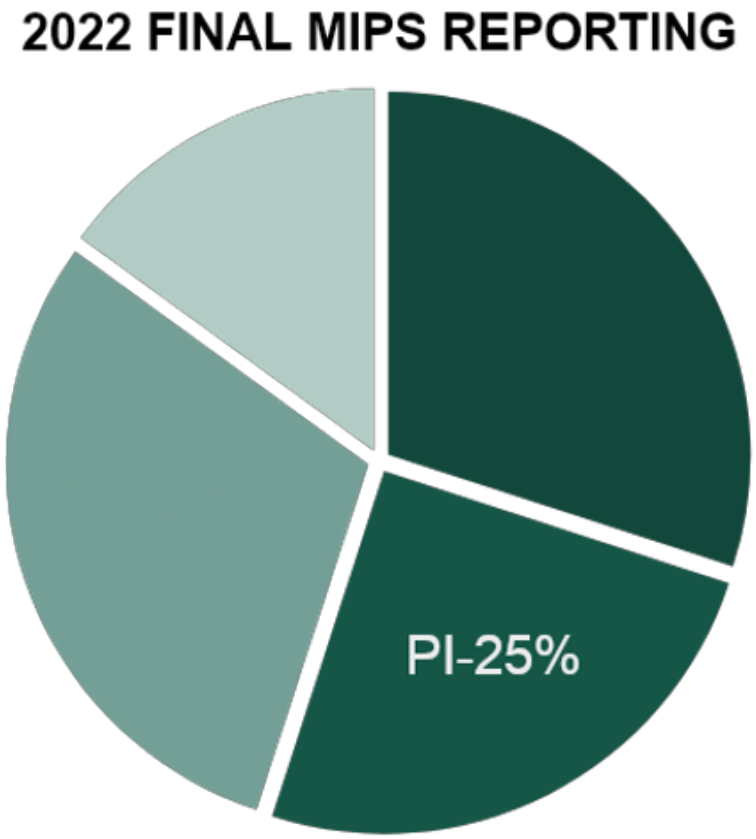
90 Consecutive Day Reporting Period

2 Required Attestations

- Security Risk Analysis
- Review of the nine Safety Assurance Factors for EHR Resilience (SAFER) Guides measure

4 Measure Categories

- E-Prescribing
- Health Information Exchange
- Provider to Patient Exchange
- Public Health & Clinical Data



PROMOTING INTEROPERABILITY

KNOW WHAT CATEGORIES YOU NEED TO REPORT

DO YOU NEED TO REPORT PROMOTING INTEROPERABILITY?

- New for 2022 – Small practices of 15 or fewer eligible clinicians will be automatically exempt
- Clinicians such as nurse practitioners, therapists and non-patient facing providers are automatically exempt
- There are also some providers that can apply for an exemption
  - Extreme and uncontrollable circumstances

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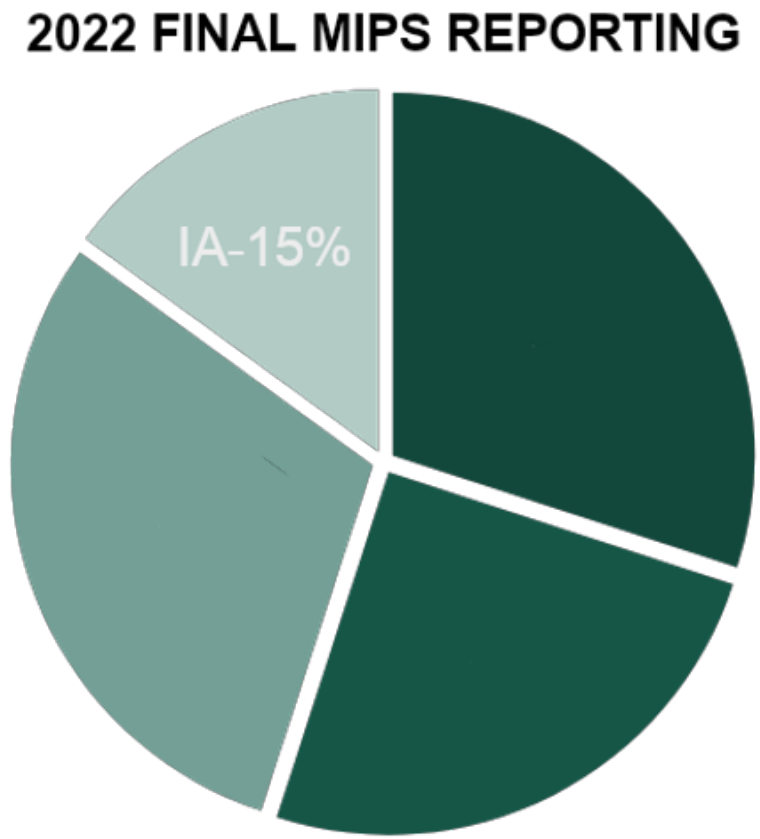
IMPROVEMENT ACTIVITIES CATEGORY

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

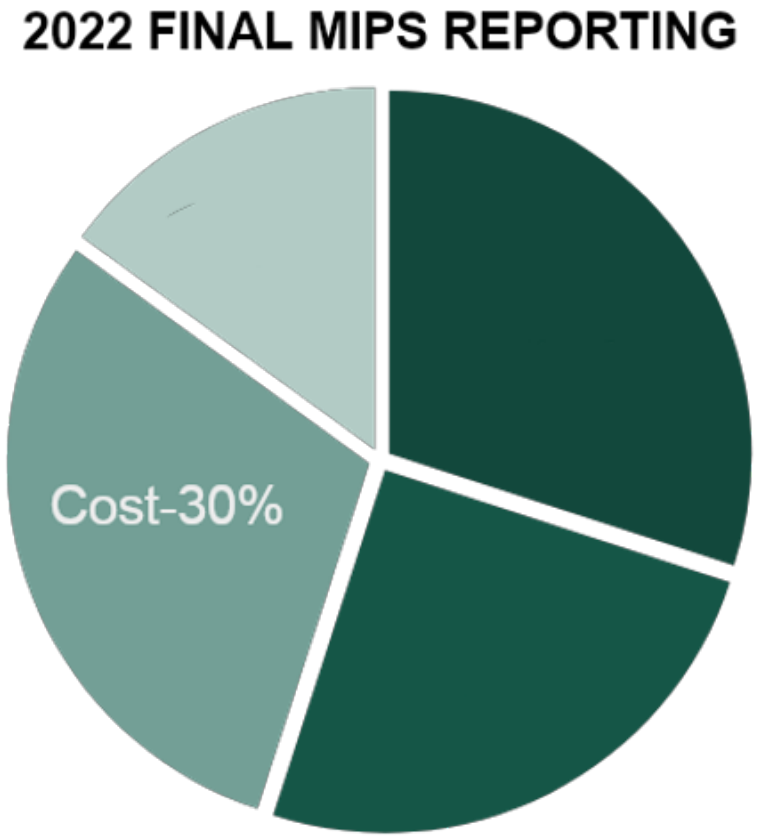


COST CATEGORY

- Automatically calculated from **administrative claims** data
- 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 measure for those who may qualify.
  - New: “Melanoma Resection” measure.



MIPS TIPS & 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 their own score
- Some will be below 89 and some will be above 89
- Hard to meet 20 patient minimum for some measures
- Cannot take advantage of patients seeing multiple providers

GROUP SCORING

- Everyone gets the group score of 89
- Get pulled down by lower scores
- Issues with providers not carrying their own 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 Quality performance
- Complete your 90 days for PI and IA so you can spend more time on Quality
- Understand measure requirements so workflow/documentation is correct

FOCUS ON PERFORMANCE IMPROVEMENT BY ATTACKING GAPS IN CARE

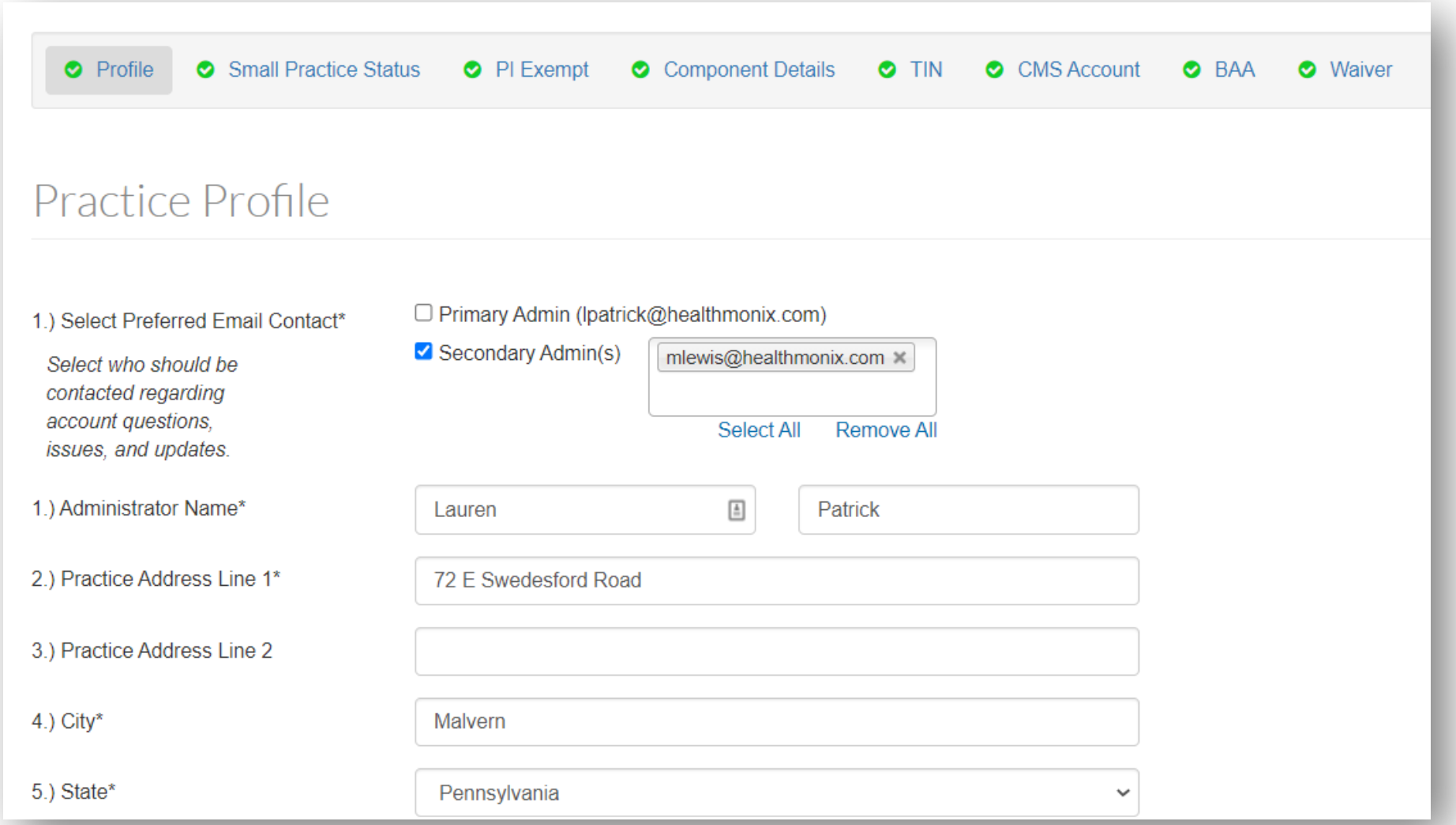
- Providers – determine if someone is not carrying their weight
- Patients – determine if there is a patient type that is causing your scores to suffer
- Measures – determine what measures may have been overlooked

TRACK MORE THAN 6 QUALITY MEASURES

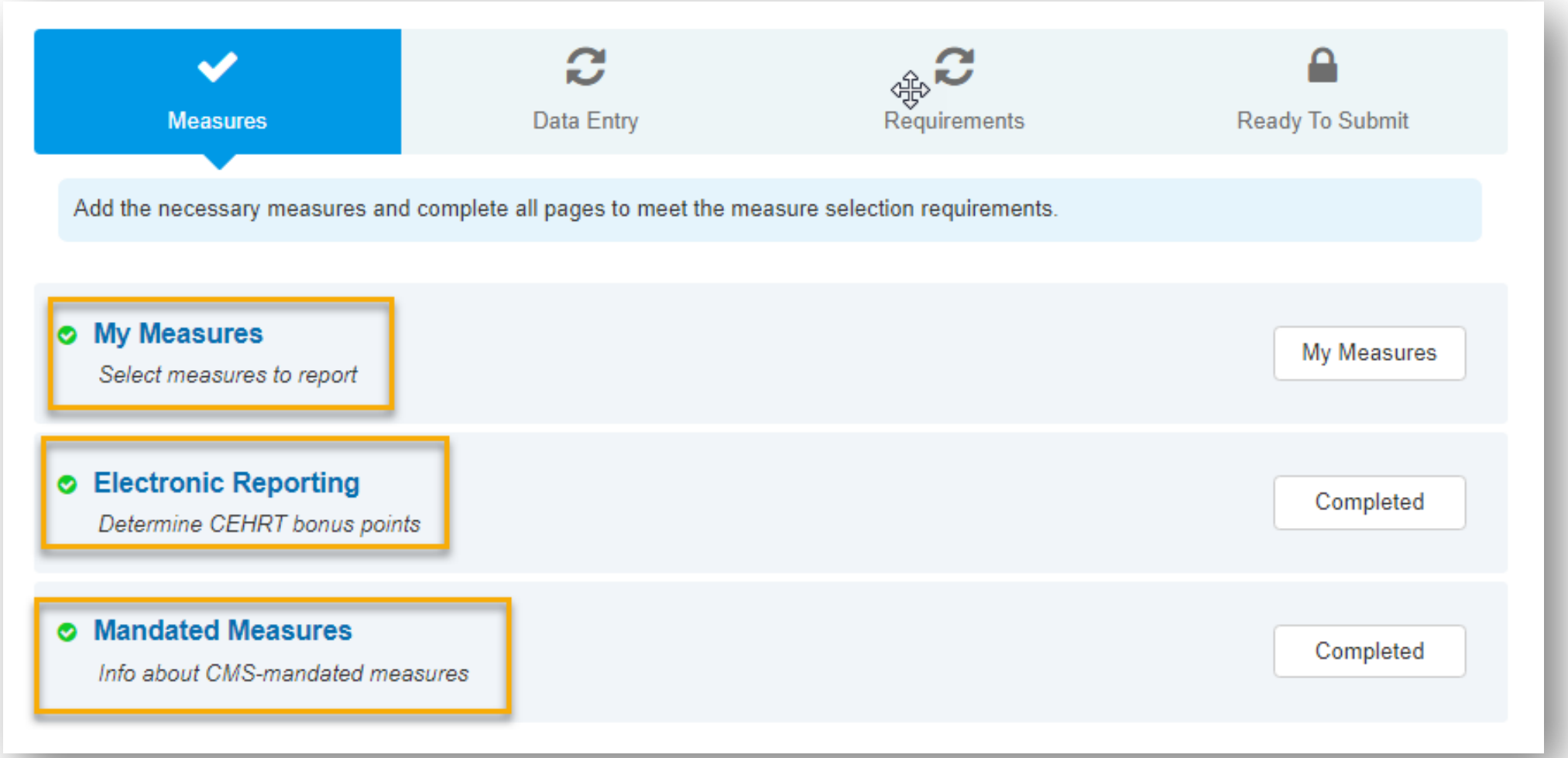
- Choose 8+ measures and watch their performance.
- Start eliminating measures through the year to optimize your time

Tracking Performance in EZDERM

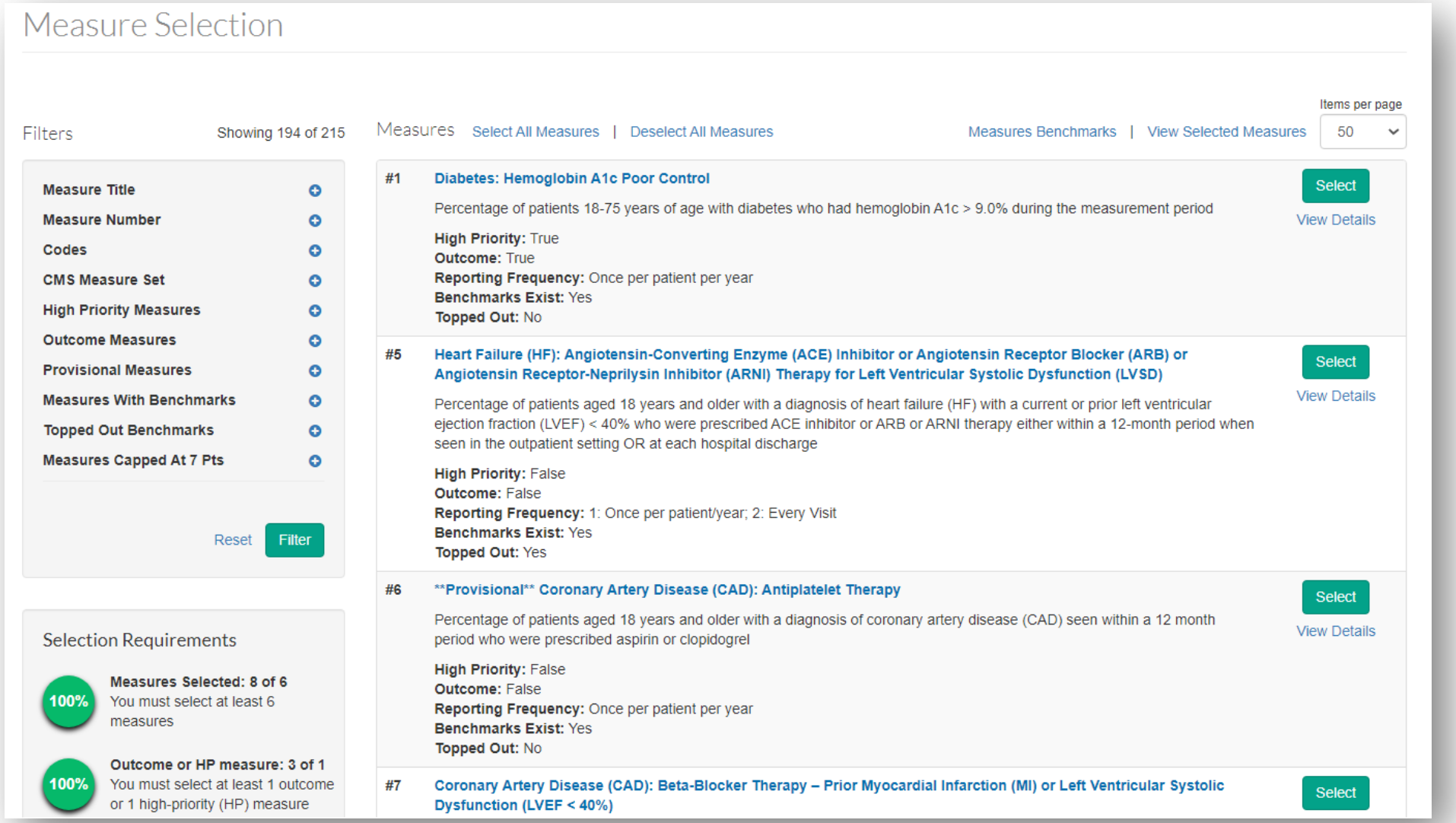
PROFILE PAGES



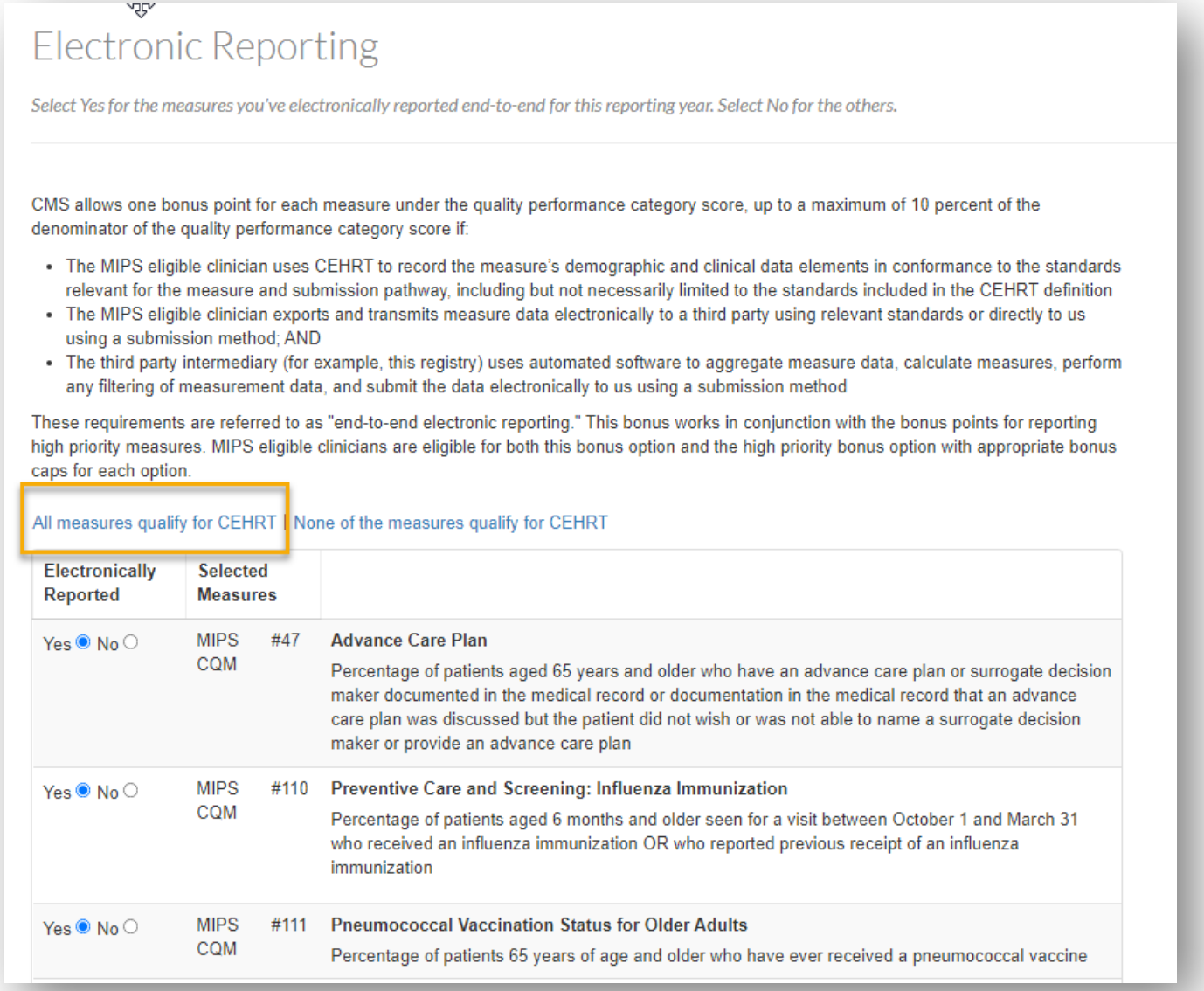
MEASURES PAGE



MEASURE 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:

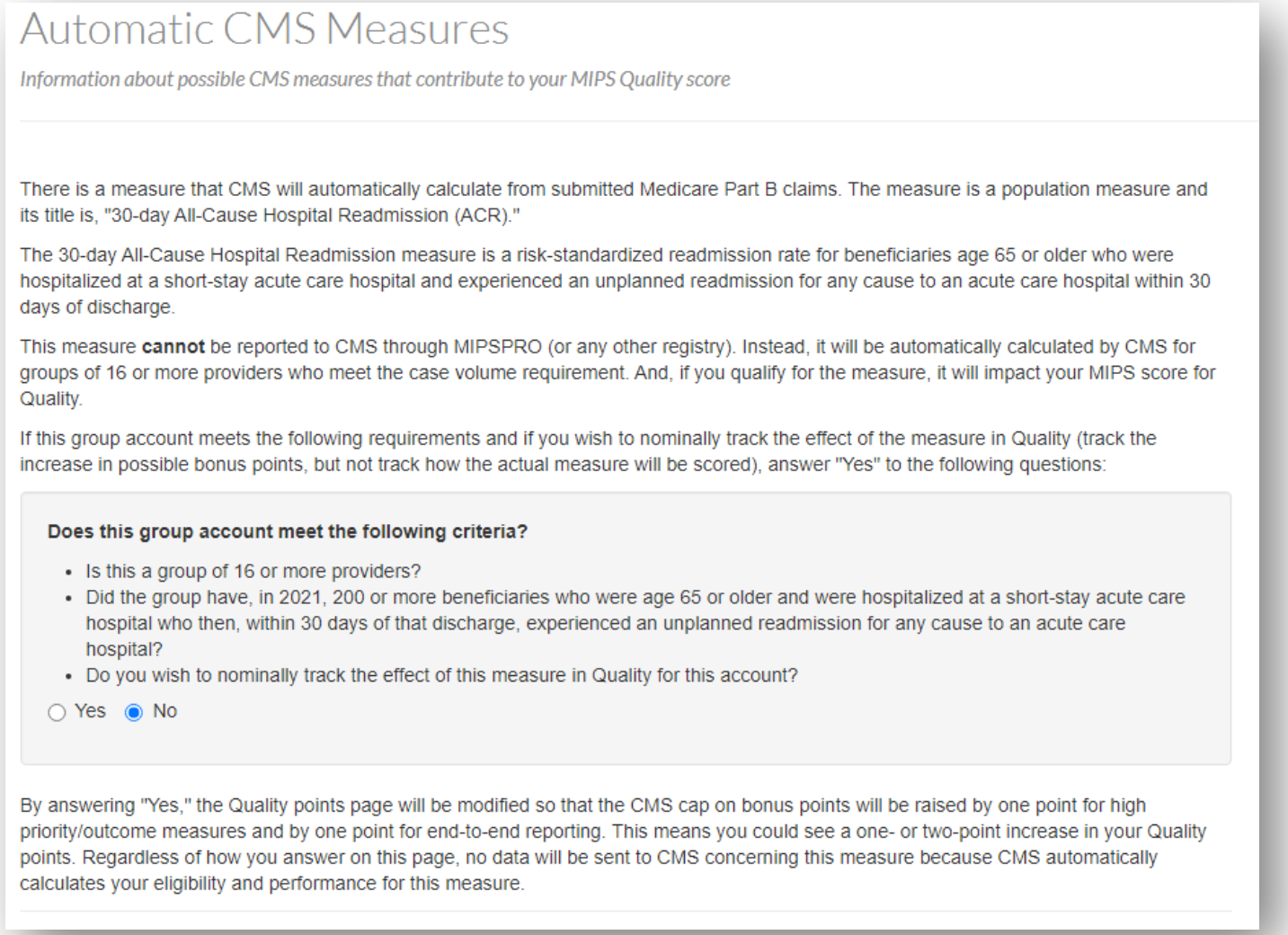
- The MIPS eligible clinician uses CEHRT to record the measure's demographic and clinical data elements in conformance to the standards relevant for the measure and submission pathway, including but not necessarily limited to the standards included in the CEHRT definition
- The MIPS eligible clinician 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

AUTOMATIC CMS MEASURE PAGE



Automatic CMS Measures

Information about possible CMS measures that contribute to your MIPS Quality score

There is a measure that CMS will automatically calculate from submitted Medicare Part B claims. The measure is a population measure and its title is, "30-day All-Cause Hospital Readmission (ACR)."

The 30-day All-Cause Hospital Readmission measure is a risk-standardized readmission rate for beneficiaries age 65 or older who were hospitalized at a short-stay acute care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge.

This measure **cannot** be reported to CMS through MIPSPRO (or any other registry). Instead, it will be automatically calculated by CMS for groups of 16 or more providers who meet the case volume requirement. And, if you qualify for the measure, it will impact your MIPS score for Quality.

If this group account meets the following requirements and if you wish to nominally track the effect of the measure in Quality (track the increase in possible bonus points, but not track how the actual measure will be scored), answer "Yes" to the following questions:

Does this group account meet the following criteria?

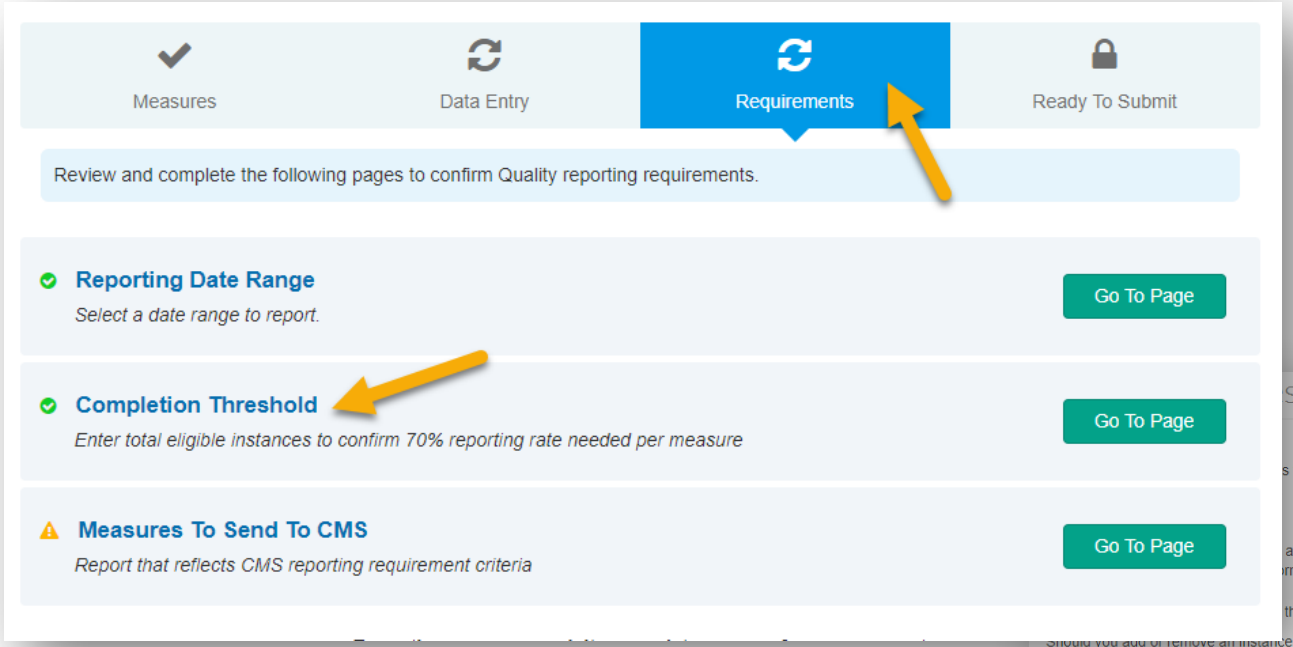
- Is this a group of 16 or more providers?
- Did the group have, in 2021, 200 or more beneficiaries who were age 65 or older and were hospitalized at a short-stay acute care hospital who then, within 30 days of that discharge, experienced an unplanned readmission for any cause to an acute care hospital?
- Do you wish to nominally track the effect of this measure in Quality for this account?

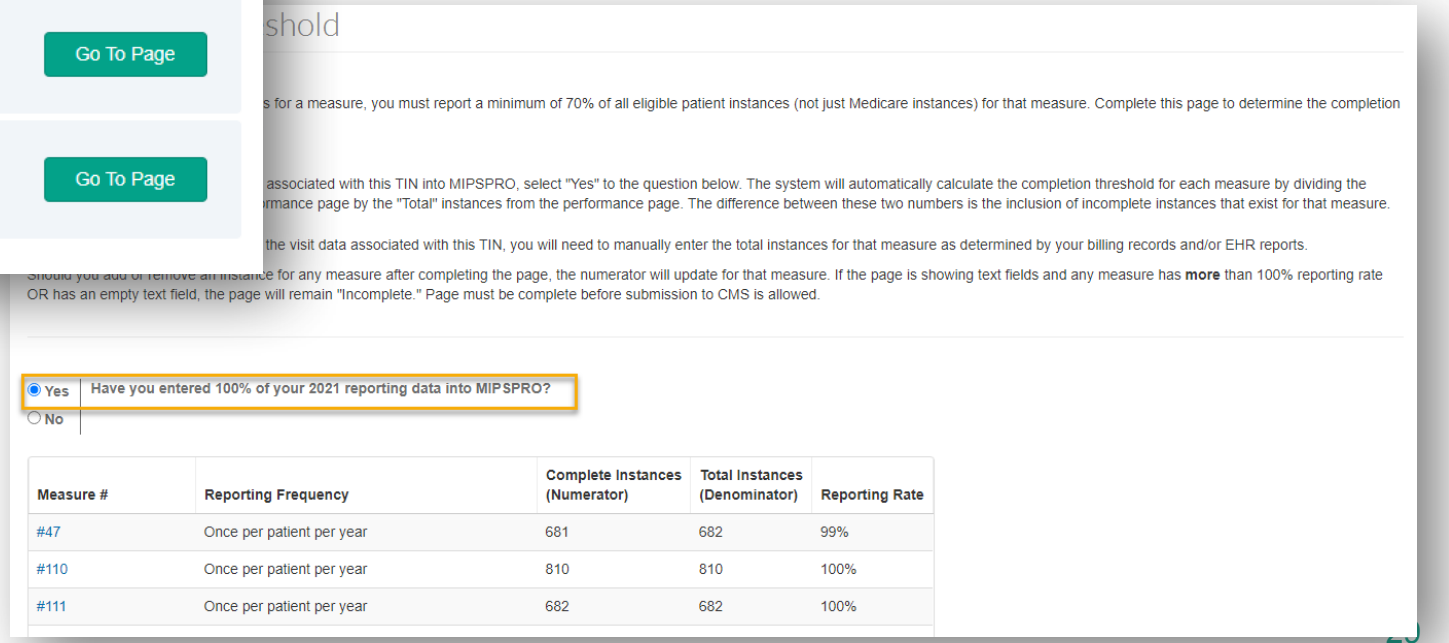
○ Yes ◉ No

By answering "Yes," the Quality points page will be modified so that the CMS cap on bonus points will be raised by one point for high priority/outcome measures and by one point for end-to-end reporting. This means you could see a one- or two-point increase in your Quality points. Regardless of how you answer on this page, no data will be sent to CMS concerning this measure because CMS automatically calculates your eligibility and performance for this measure.

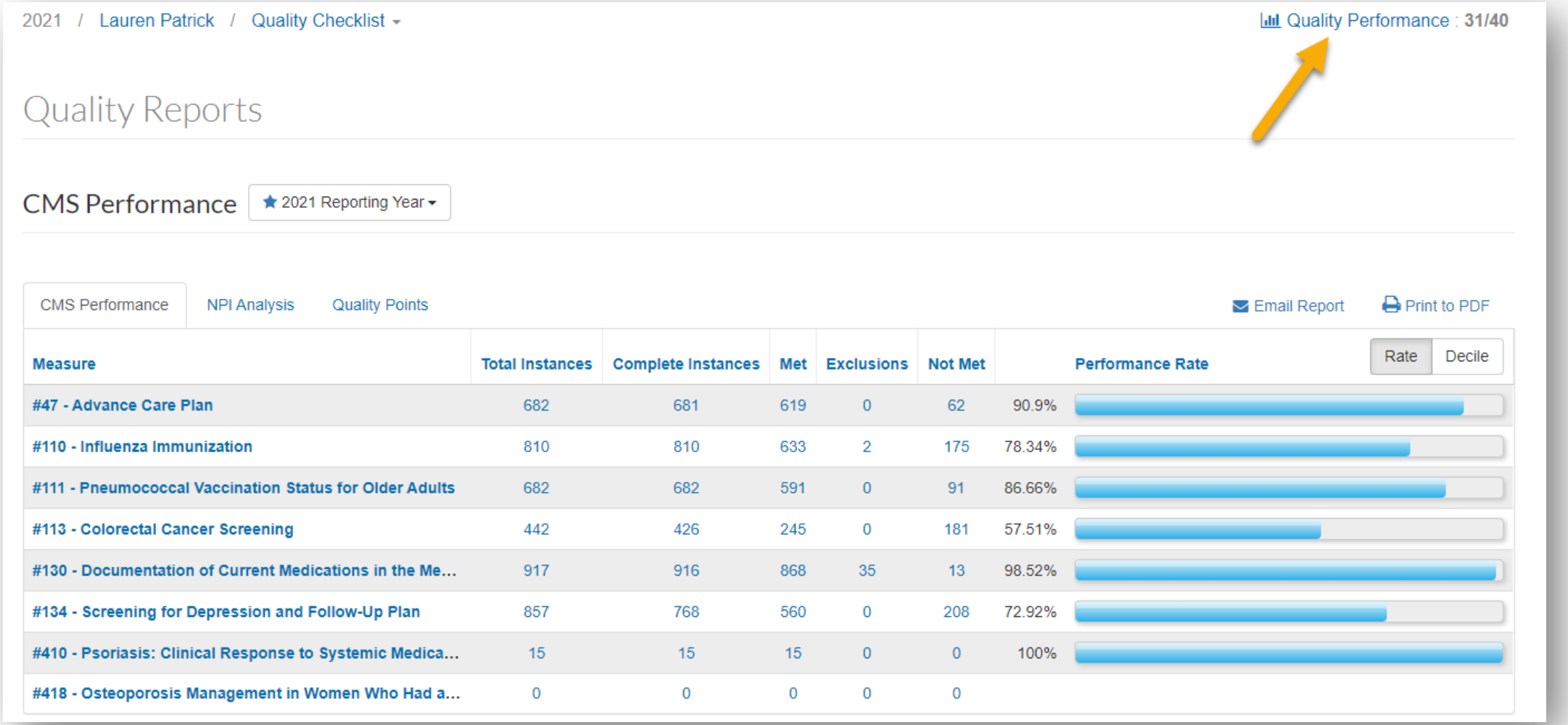
COMPLETION THRESHOLD

Complete 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	

Actual | Predicted

"Actual" Quality Points: 47.78 / 60

Top 6 Actual Points: **47.78**

Improvement bonus: Incomplete

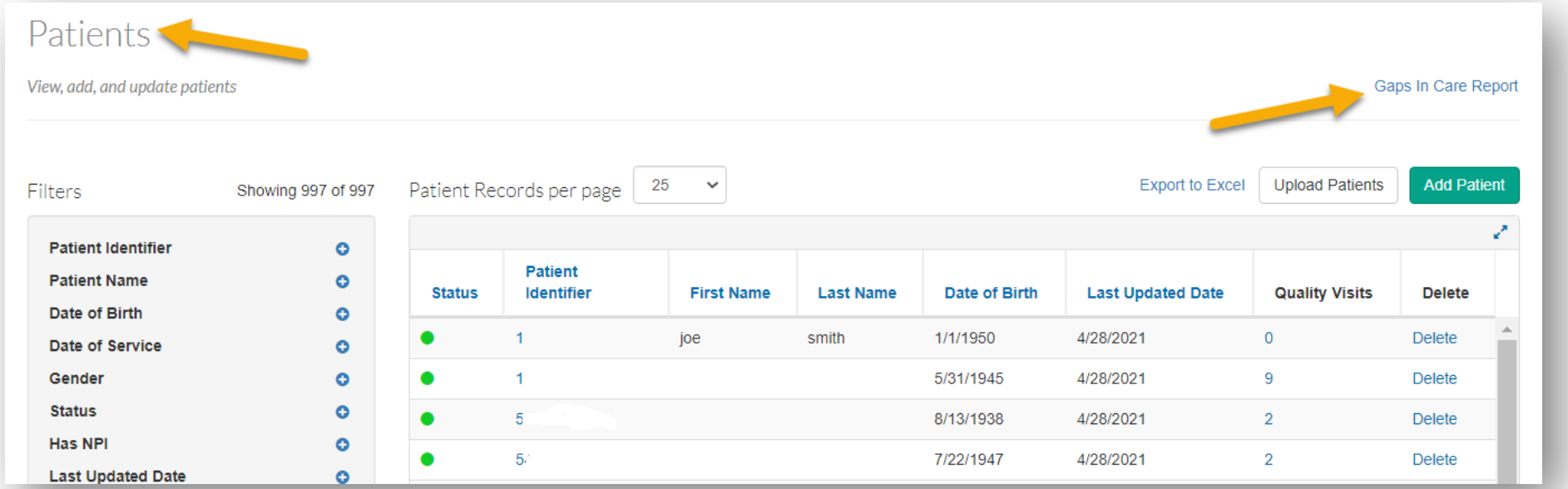
ACR measure tracking is enabled. Learn more

"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

2022 PI Measures

Select and review the PI measures you will be reporting

Measure ID	Required Measures	Points
PI_PPHI_1	Security Risk Analysis	0
PI_PPHI_2	High Priority Practices Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides	0
PI_EP_1	e-Prescribing	10
PI_EP_2	Query of Prescription Drug Monitoring Program (PDMP)	10
PI_PEA_1	Provide Patients Electronic Access to Their Health Information	40
PI_PHCDRR_1	Immunization Registry Reporting	5
PI_PHCDRR_3	Electronic Case Reporting	5

Required Measures

100% **Measures selected: 7 of 7**
Required measures are automatically selected.

HIE Measures

100% **Measures selected: 2 of 2**
You have selected to report HIE_1 and HIE_4

HIE Measures

For HIE measures, HIE_1 and HIE_4 are required but can be replaced by HIE_5 as an alternative measure. Since they are mutually exclusive, only one set of them can be selected to report.

Note that HIE_1 and HIE_4 have exclusion possibilities and have numerator and denominator answers. This means a percentage of the total possible points of these two measures can be received. However, HIE_5 is an all or nothing measure. In other words, if this group meets all the criteria for HIE_5, then all the points for the measure will be applied. If just one of the criteria is not met, then 0 points will be applied for this measure. To learn more about each measure, click the measure title for details.

If you wish to provide answers to all three measures and then compare the difference between PI score, you can select one set of measures, enter data and check the Track PI Measures page. Then return to this page and select the other option, enter data, and compare results. Switching back and forth will not remove or change data from any measure. Whatever option is selected here and appears on the track measures page once you choose to submit to CMS is the set of measures that will be submitted to CMS.

Measure ID	Measure Name	Points	HIE Selection
PI_HIE_1	Support Electronic Referral Loops by Sending Health Information	20	Selected
PI_HIE_4	Support Electronic Referral Loops by Receiving and Reconciling Health Information	20	
PI_HIE_5	Health Information Exchange (HIE) Bi-Directional Exchange	40	Select

Optional Bonus Measures

Select one of the following measures to report it as a bonus measure to receive five bonus points. Reporting more than one of these measures will still result in a total of five bonus points. It is not required to report any of these measures.

Measure ID	Optional Bonus Measures	Points	Select
PI_PHCDRR_2	Syndromic Surveillance Reporting	5	Add
PI_PHCDRR_4	Public Health Registry Reporting	5	Add
PI_PHCDRR_5	Clinical Data Registry Reporting	5	Add

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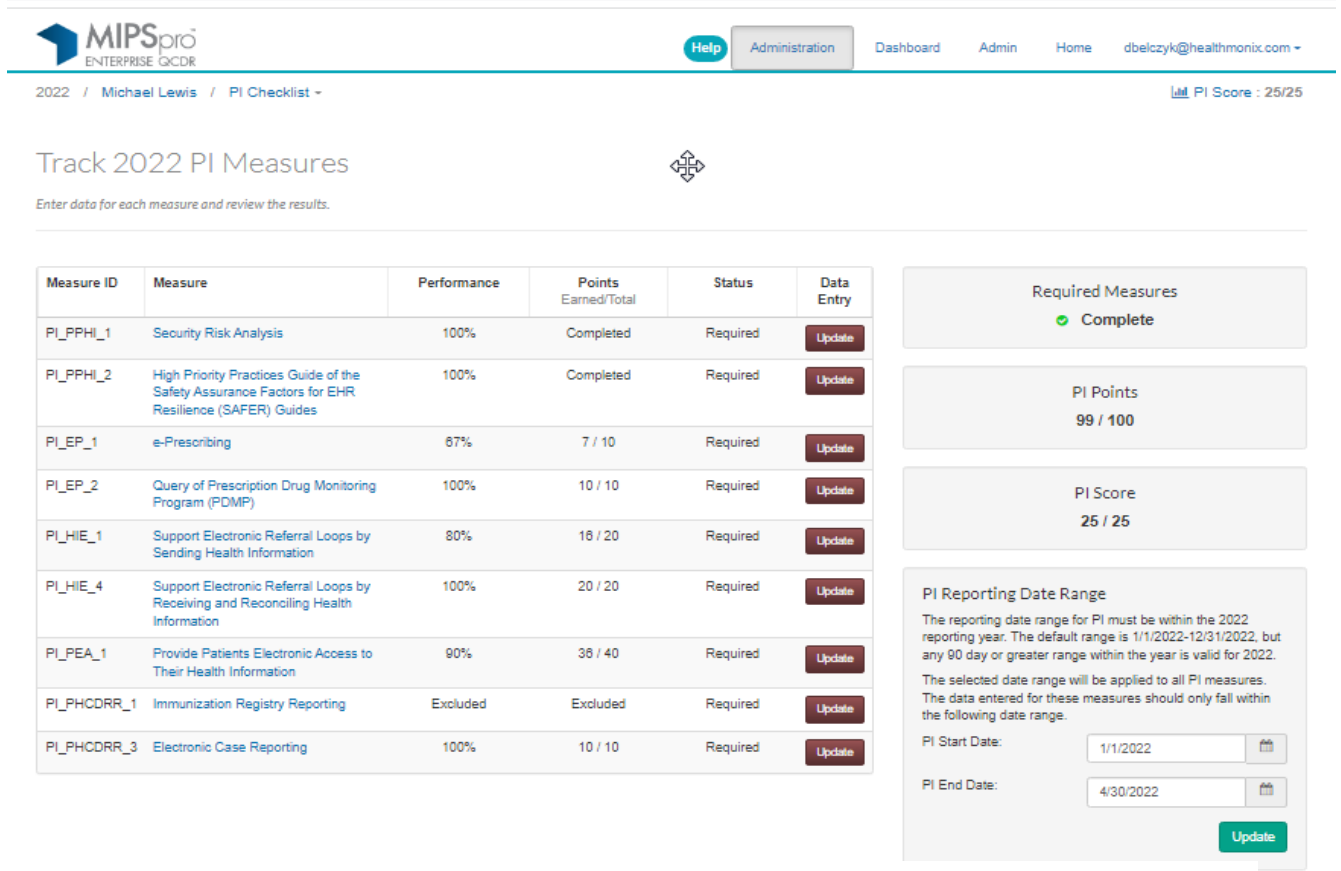
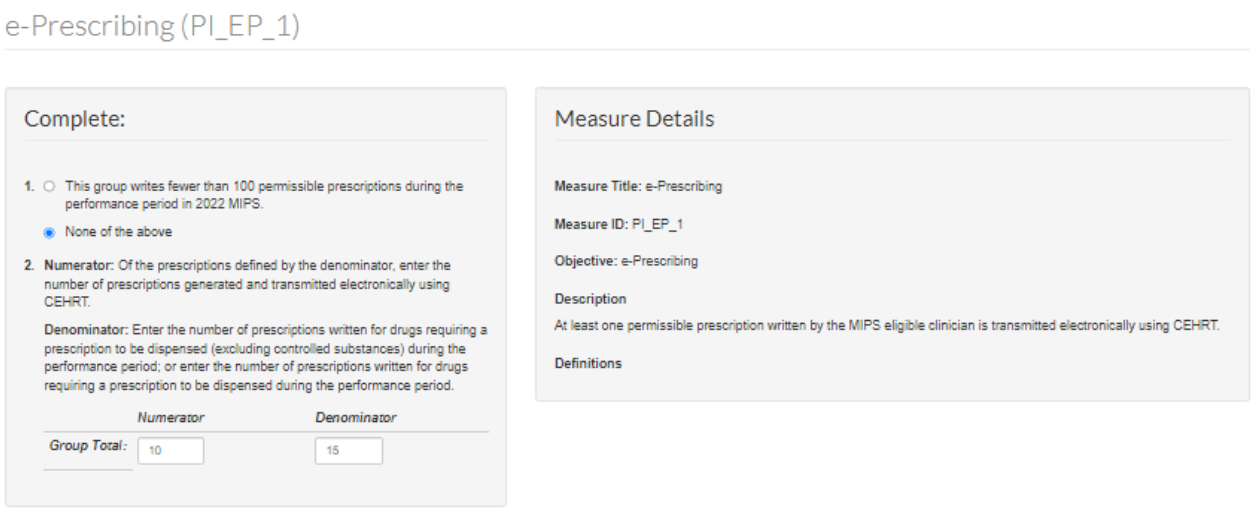
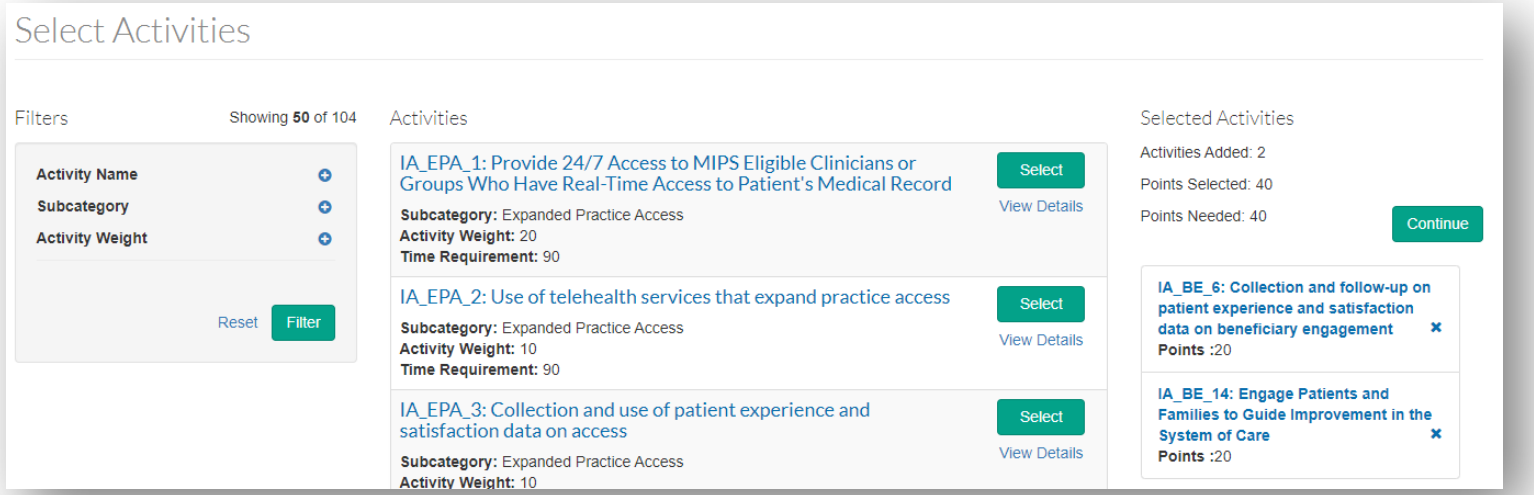
Track Measures

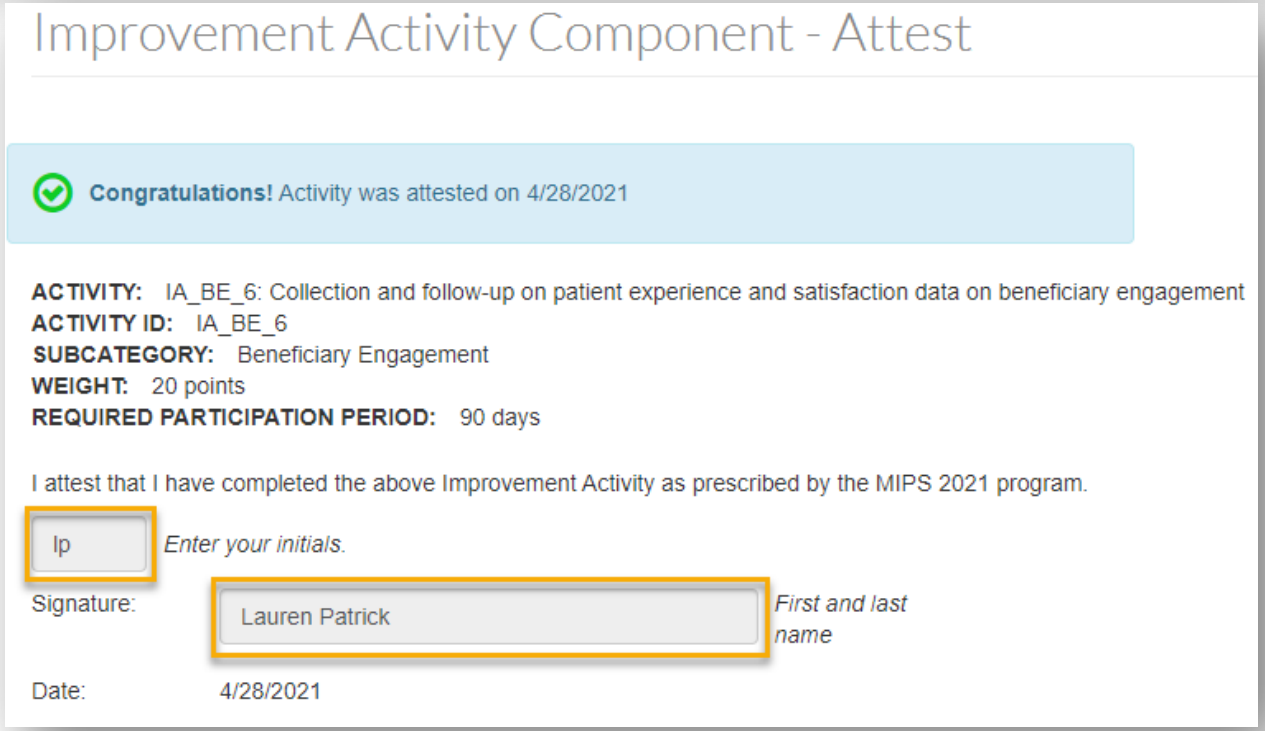




IMPROVEMENT ACTIVITIES

Select Measures





MUST KNOWS!

INTERFACE BRIDGE INITIATION: Q4 2022

COMPLETION OF DATA IMPORT: ~1 week after notification given to EZDERM

EZDERM CHART UPDATES: ~Every 20 minutes

SUBMISSION DEADLINE: February 15th, 2023

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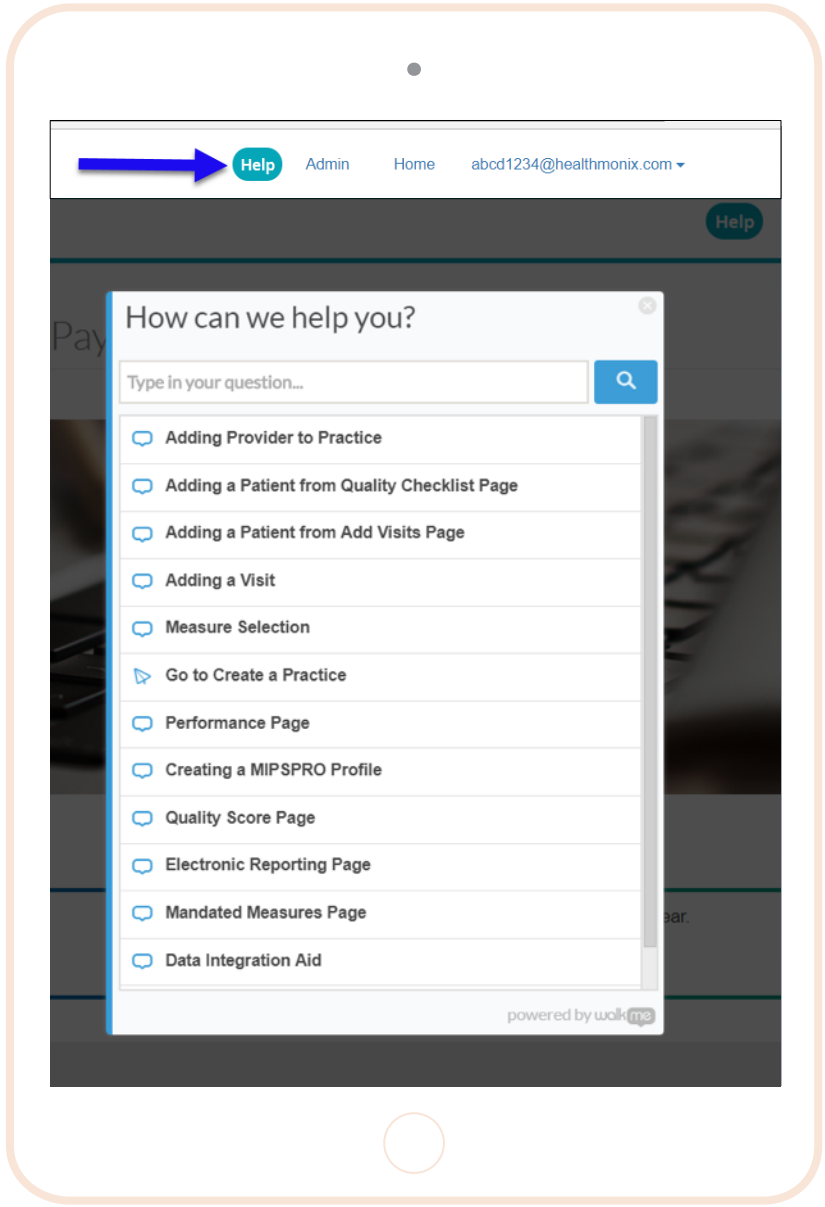

INTRODUCTION TO CUSTOMER SUPPORT

SELF-SERVICE MATERIALS:

- Webinars
- Guided system tutorials
- Monthly Newsletter
- Healthmonix HelpDesk

Healthmonix

WHAT WE OFFER

HEALTHMONIX ADVISOR
The Healthmonix Blog—industry news and Quality reporting advice.

MIPS LEARNING CENTER
Updated every year and covers everything you need to know to report MIPS in 2021, from **eligibility** to predicting the **revenue impact.**

SUPPORTING OUR CLIENTS

Timely assistance in the form of Live Support options and Self-Service Materials.

CONNECT WITH US:

610.590.2229 (opt. #2)

Support@healthmonix.zendesk.com

Live online chat

FURTHER RESOURCES

- The Healthmonix Advisor
  - MIPS Final Rule: New Programs, Higher Standards, and COVID-19
- The MIPS PROficiency: Customer Support Newsletter
- Customer Support Webinar Curriculum
- Healthmonix Help Desk
- What is MIPS? Fact Sheet
- QPP Website
- EZDERM Account Guides

THANK YOU

Questions?