The Definitive HCIS Guidebook to MIPS

Navigating the Merit-based Incentive Payment System and its evolving set of rules is not easy, but our dedicated team of professionals has the expertise to help you succeed.

Since the beginning, we have helped thousands of clinicians across the country avoid penalties and maximize incentives.

Healthcare Innovation Solutions

A New Jersey Innovation Institute Subsidiary

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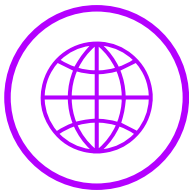
Email: **qpp@hcisservices.com**



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211 Warren Street
Newark, NJ 07103

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Introduction

Merit-based Incentive Payment System (MIPS) reporting can earn your office thousands of dollars in incentive payments or result in thousands of dollars in penalties. Navigating rules surrounding MIPS is not easy, especially since they change annually. However, working with a Quality Program Specialist can help prevent a negative payment adjustment.

While your practice focuses on sustaining operations and managing the challenges brought by COVID-19, our team of Quality Program Specialists (QPS) is here to help guide you through this time.

HCIS has been a CMS-qualified registry since the start of the MIPS 2017 program. The registry has provided MIPS submission and consulting services to more than 10,000 clinicians. Our team is ready to assist you with our reporting status from start to finish. We pride ourselves on being able to.

"Once we take away the stress and walk administrators through the process, they come to see MIPS for what it is - A fantastic opportunity to earn money by improving their practices."

Jennifer D'Angelo
Chief Operating Officer & Executive Vice President of Healthcare

What is MIPS?

The Centers for Medicare and Medicaid Services (CMS) created MIPS in 2017 by blending and modernizing elements of earlier initiatives, including the Medicare EHR Incentive Program for Eligible Clinicians, the Physician Quality Reporting System (PQRS), and the Value-Based Payment Modifier (VBM).

MIPS uses its payment incentives to push practices to adopt value-based care. MIPS is one of two tracks under CMS' Quality Payment Program (QPP), which aims to simplify quality reporting and change the way clinicians receive medicare payments.

The other is the alternative payment model (APM), an approach to compensation that gives added incentive payments to provide high-quality and cost-efficient care.

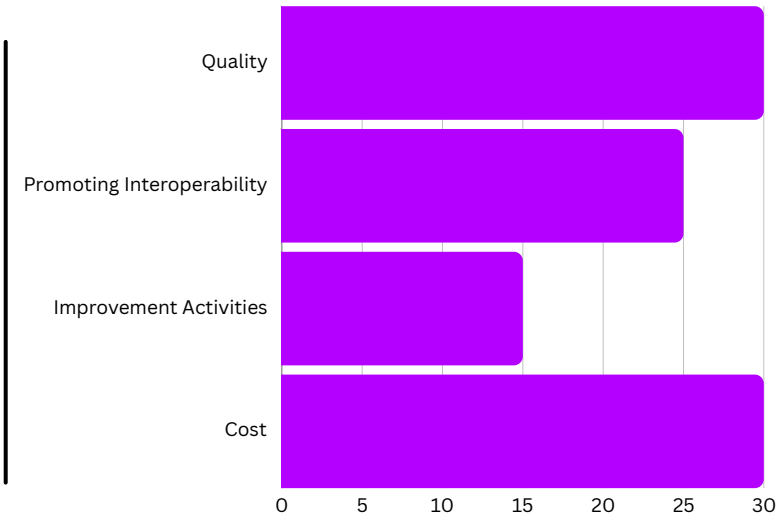
MIPS-eligible clinicians participating in an APM are also subject to MIPS guidelines.

How does MIPS work?

MIPS Measures performance over each calendar year in four weighted categories. Here are the categories, and the percentage of a practice's total MIPS score that they account for.

30% Quality:
Measures patient outcomes, care coordination, and other quality metrics

25% Promoting Interoperability:
Gauges how well patient data is shared, and the use of certified electronic health record technology (CEHRT).



15% Improvement Activities: Measures how well participating clinicians strive to improve patient safety, shared decision making, and access.

30% Cost: Is a measure of resource usage, compared against Medicare claims.

The overall score is calculated by summing the points from each category. This determines if a practice receives a positive, negative, or neutral payment adjustment from CMS. The stakes are substantial -- The adjustment ranges between 9% and -9% for the reporting year. To avoid a penalty, clinicians and practices must earn at least 75 points in their Final MIPS Score.

Penalties & Rewards

Final Score 2022	Payment Adjustment
0-18.75	Negative Adjustment of -9%
18.76-74.99	Negative Adjustment between -9% to 0%
75	Neutral Payment Adjustment
75.01-88.99	Positive Adjustment
89+	Positive Adjustment + Exceptional Performance Bonus

MIPS participation is mandatory for many clinicians who meet three low-volume thresholds. These minimums are:

- Having more than 200 Medicare Part B patients
- Having more than $90,000 in associated medical billing per year
- Covering more than 200 professional services during the performance period

Participants also need to be one of the following types of clinicians:

- Physicians (MD/DO, DDS, DDM, DPM, Optometrists, and Chiropractors)
- Osteopathic Practitioners
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Physical or Occupational Therapists
- Speech Language Pathologists
- Qualified Audiologists
- Nurse Midwives
- Clinical Psychologists
- Dieticians/Nutritional Professionals
- Clinical Social Workers
- Certified Nurse-Midwives

For the performance year, CMS grants exemptions from MIPS for clinicians who otherwise meet the eligibility requirements above. These are:

- Newly enrolled in Medicare (exempt until the following performance year)
- Clinicians meeting a low-volume threshold
  - $90,000 or less in billed Medicare Part B allowed charges for covered professional services,
  - Provide care for 200 or fewer Medicare Part B enrolled patients
  - Deliver less than 200 covered services to Part B beneficiaries in one year
- Clinicians significantly participating in “alternative payment models” (APMs)

Note: MIPS non-eligible clinicians may be able to “opt-in” to report (and be subject to a MIPS payment adjustment) or could “voluntarily” report (but will not be subject to the MIPS payment adjustment).

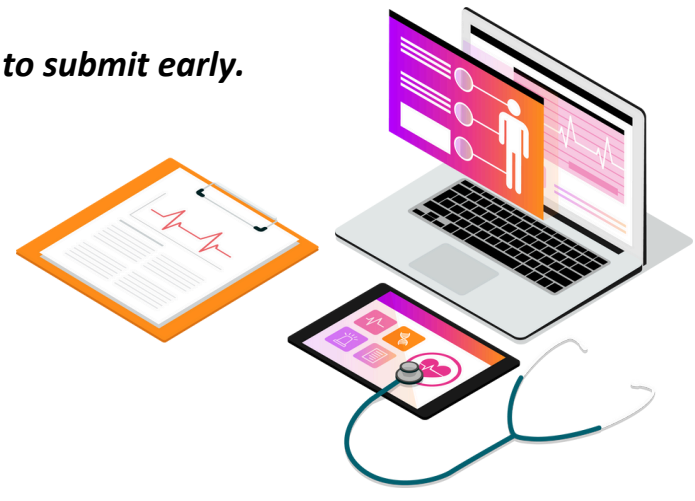
Please visit the **CMS MIPS Participation Status Website** to check if you are required to report for the performance year.

If a clinician does not exceed all three of the low-volume threshold criteria, they may still choose to voluntarily participate in MIPS to receive feedback on their performance and qualify for payments. Additionally, if a clinician exceeds at least one of the three criteria, they may elect to opt-in and be eligible for a positive adjustment.

Final Score 2022	Beneficiaries	Professional Services	Eligible for Opt-In?
≤ 90K	≤ 200	≤ 200	No - Excluded
≤ 90K	≤ 200	> 200	Yes (May also voluntarily report to not participate.)
> 90K	≤ 200	≤ 200	Yes (May also voluntarily report to not participate.)
> 90K	≤ 200	> 200	Yes (May also voluntarily report to not participate.)
≤ 90K	> 200	> 200	Yes (May also voluntarily report to not participate.)
≤ 90K	> 200	> 200	No - Required to Participate

CMS will accept performance-year data until March 31st at 8 p.m. EST.

Clinicians are encouraged to submit early.



- **Performance**

Though you cannot begin submissions until the calendar year ends, your practice should record quality data and how technology is used to support the practice throughout.

- **Submit Data**

To earn a positive MIPS payment adjustment, submit data to the HCIS Registry

- **Feedback**

Practices with sufficient performance will receive their positive MIPS payment adjustment in the year 2026

Ways to Report

As an Individual

An individual is defined as a single clinician, identified by a single National Provider Identifier (NPI) number tied to a single Tax Identification Number (TIN). If you report as an individual, your payment adjustment is based upon your MIPS Final Score for the performance year.

As Part of a Group

A group is defined as a single Taxpayer Identification Number (TIN) with two or more eligible clinicians (including at least one MIPS-eligible clinician), as identified by their National Provider Identifiers (NPI).

Eligibility is based upon the TIN, each individual clinician included in the TIN regardless of MIPS eligibility will have to report under the group. The TIN will receive a payment adjustment based on the overall group's MIPS Final Score for the year.

Use Your EHR, a MIPS Registry, or DIY

Individuals and groups can report their MIPS data directly to CMS using their TIN and/or TIN identification. They can also use their EHR system to send MIPS reporting. However, most practices choose to use a CMS Qualified Registry and many choose to use the guidance of a Quality Program Specialist.

Clients who use our consulting services score 22% higher than those who do not. Our team can help you identify reporting opportunities throughout the 200 available measures, helping maximize your score. In contrast, typical EHRs only report on 47 qualified measures.

Choosing to utilize our consulting services will help you in the following ways:

- Helping you extract the right data and reports from your EHR/EMR and billing systems
- Advising you on which measures to select (not just the ones that your EHR can submit)
- Educating you on MIPS reporting categories
- Conducting a gap analysis to help you understand where your score can improve throughout the year
- Providing strategies on how to efficiently optimize incentive payments and avoid penalties
- Helping you prepare for an audit
- Reviewing your data before CMS submission
- Guiding you through the Privacy & Security Risk Assessment
- Up-to-date program changes related to the COVID-19 pandemic
- Transitioning to telemedicine or telehealth
- Evolving your telemedicine platforms, workflows, and patient communication.
- Identifying newly billable services related to COVID-19
- Adopting changes in billing and coding

Have questions?

Call the HCIS MIPS team at: **(973) 642-4055**

or email us at **qpp@hcisservices.com**

Or SCAN HERE to email the HCIS MIPS team.

1. Pick quality measures that have performance benchmarks
Not all measures have benchmarks. By picking measures that do, clinicians can maximize points.

2. Save your final reports and other documents in a MIPS folder
Having copies of all final reports for Quality and Promoting Interoperability, plus the Security Risk Analysis Assessment documents will protect your practice in the event of a CMS audit.

3. Get your Certified Electronic Health Record Technology (CEHRT) ID before submitting Promoting Interoperability (PI) data
CMS will not score the PI category unless the CEHRT ID is included. Go to the Certified Health IT Product List **website** to find the ID (click the yellow button on the far right side). For help, contact your EHR provider. HCIS' MIPS clients can also contact us at **(973) 642-4055** or **qpp@hcisservices.com** for assistance.

4. Follow the reliable scoring criteria for quality measures
Clinicians must meet the criteria such as collecting data for at least 70% of the measure's eligible denominator, also known as achieving data completeness.

5. Review final clinical quality measure reports
You must report data for your practice/s patients and encounters in the calendar year. This includes all payers, not only Medicare patients.

6. Choose quality measures wisely
Always try to select measures specific to your practice and those documented often.

7. Make sure you meet all minimum requirements for Promoting Interoperability, or are taking exclusions

This includes using a reporting period of at least 90 days, completing the Security Risk Analysis (SRA), Safety Assurance Factors for EHR Resilience Guides (SAFER Guides), and meeting performance standards or exclusions on e-prescribing, supporting electronic referral loops (transferring patient records electronically to other healthcare providers) by sending and receiving health information or using the optional health information exchange bi-directional exchange measure and reporting on Immunization Registry and Electronic Case Reporting (unless an exclusion can be claimed).

8. Recommended Public Health and Clinical Data Registries

Consider applying to the **National Health Care Surveys Registry** through the Centers for Disease Control and Prevention. Also, check with your medical and specialty societies to see if your practice is eligible for clinical data registries.

9. Make sure you earn the maximum amount of points for the Improvement Activity performance category

Small practices need to report on at least one high-weight, or two medium-weight categories to earn full credit. However, for full credit large practices need to report on:

- Two high-weighted activities
- One high-weighted category and two medium-weight categories
- Four medium-weighted categories

10. Dont forget about your Patient Portal

Patient encounter data must be sent to the portal within four business days.

MVPs are the newest MIPS reporting option (an alternative to traditional MIPS and APM Performance Pathway (APP)) that you can use to meet your MIPS reporting requirements.

Each MVP includes a subset of measures and activities that are related to a given specialty or medical condition. Visit the **Explore MVPs** webpage to learn about the MVPs available for reporting.

Each MVP includes a limited number of connected measures and activities relevant to a specialty or medical condition. To report an MVP you must register for the MVP by December 2nd using your HARP account **QPP Sign In** then proceed to the following:

- Select four quality measures from those available within your selected MVP
- You choose which administrative claims-based population health measure on which you want to be evaluated. You will be scored on your selected measures if you meet the case minimum. This measure is part of your quality performance category score but is considered part of the “foundational layer”, meaning it is consistent across all MVPs.

MIPS Help for Your Practice

Our team has twelve years off experience as a Qualified CMS Registry helping clinicians navigate MIPS and CMS; preceding programs. We have served more than 10,000 clinicians and helped them avoid millions in Medicare penalties every year.

We offer submission assistance for ALL reporting categories and consulting services to guide your staff and answer questions. Learn more about our MIPS services and pricing, and sign up for consulting and submission assistance on our website. The earlier you sign up, the more time you will have to concentrate on other aspects of your business.

SCAN HERE:

Learn more about MIPS Submission Pricing for Provider Practices and Groups.

Start Today

Get In Touch with Experts

> ***"[The MIPS Team] is reliable and diligent and they take away a substantial amount of pressure with the reporting process. HCIS is always there when needed, and make it as simple as possible to maneuver the constant changes in reporting"***
>
> - Nancy Rush
> *Office Administrator*
> *Eastern Orthopedic Associates, MD PA*

	Submission Only	Consulting Only	Submission & Consulting
	$499 / Clinician	**$699 / Clinician**	**$1198 / Clinician**
Access to the registry for submissions to CMS on all MIPS Categories	✓		✓
Online Resources	✓	✓	✓
Self-help tools, online resources FAQs for successful reporting	✓	✓	✓
Helpdesk support - phone & email	✓	✓	✓
Measure selection guidance tools	✓	✓	✓
Priority Helpdesk		✓	✓
Kickoff Call		✓	✓
Includes Promoting Interoperability	✓	✓	✓
Strategies on how to efficiently optimize incentive payments & avoid penalties		✓	✓
Preparing for an audit		✓	✓
Data review before submission		✓	✓
Vendor Support (EMR/EHR and Billing Company)		✓	✓
	SIGN UP	**SIGN UP**	**SIGN UP**

Register for our Submission + Consulting service and receive a discount on our submission services.