MD interactive

# 2024 MIPS for Small Practices

## Step-by-Step

# Here's What You Will Learn:

- ✓ Why do you need report MIPS?
- ✓ Are you MIPS eligible?
- ✓ What do you report?
- ✓ How do you report?
- ✓ How much is it going to cost?
- ✓ What should you do now?

# Why Report MIPS?

9% penalty on Medicare payments for not reporting

# Are You MIPS Eligible?
## Check MDinteractive Account

https://qpp.cms.gov/participation-lookup

# 2024 MIPS Changes

- Data Completeness = 75% (report all, provide answers for at least 75%).
- Promoting Interoperability (if reporting) = minimum of 180 days of data.
- Quality Measures retired and new measure added. Check 2024 measure availability when creating MIPS plans.

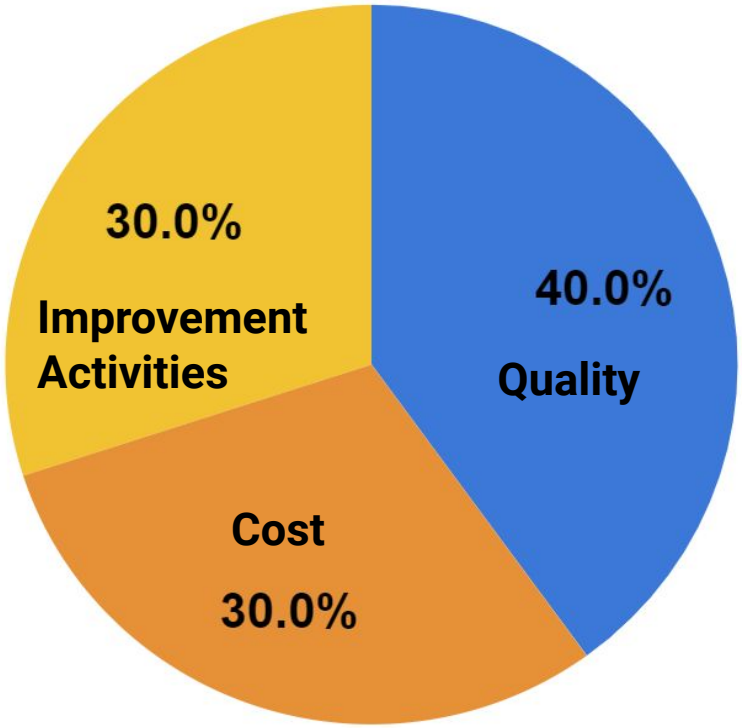
***TIPS***:

- PI is automatically re-weighted for small practices. You can choose to report if you have a CURES certified EMR.
- Data Completeness: CMS requires 100% of the denominator data (denominator eligible instances)! 75% data completeness requirement refers to the numerator (the percentage you provide answers for).

# Small Practice Specifics

- 6 point small practice bonus added to your raw MIPS Quality score.
- Promoting Interoperability is **automatically** re-weighted. *Small practices can choose to report PI but category requires certified EHR.*
- Small practices achieve 3 points for a measure that is not complete.

# What Do You Report? for MIPS




Maximum Score Potential = 100
Points to Avoid Penalty = 75 (!)

*PI is automatically re-weighted for small practices but can be reported if CURES updated EHR*

# What Do You Report? Quality

- 6 Quality measures
- ALL denominator eligible encounters, all insurances - provide answers for at least 75%
- January 1 -December 31, 2024 encounter dates

# What Do I Report?
# Quality

## MIPS by Specialty

| | | | |
|---|---|---|---|
| Allergy/Immunology | Anesthesiology/Nurse Anesthetist/CRNA | Audiology | Cardiology |
| Chiropractor | Colon/Rectal Surgery | Dentistry | Dermatology |
| Electrophysiology Cardiac Specialist | Emergency Medicine | Endocrinology | Family Medicine |
| Gastroenterology | General Surgery | Geriatrics | Hand Surgery |
| Hospice/Palliative Care | Hospitalists | Infectious Disease | Internal Medicine |

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# What Do I Report for Quality?
## Read the CMS Measure Documentation

Denominator defines patient eligibility.

**Quality ID #117 (NQF 0055): Diabetes: Eye Exam**
**– National Quality Strategy Domain: Effective Clinical Care**
**– Meaningful Measure Area: Management of Chronic Conditions**

**2021 COLLECTION TYPE:**
**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**
Process

**DESCRIPTION:**
Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period

**INSTRUCTIONS:**
This measure is to be submitted a minimum of **once per performance period** for patients with diabetes mellitus seen during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on services provided and the measure-specific denominator coding.

***NOTE:*** *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

**Measure Submission Type:**
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**
Patients 18 - 75 years of age with diabetes with a visit during the measurement period

***DENOMINATOR NOTE:*** **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

**Denominator Criteria (Eligible Cases):**
Patients 18 to 75 years of age on date of encounter
**AND**
**Diagnosis for diabetes (ICD-10-CM):** E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212,

Version 5.0

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Numerator describes measure compliance.

# How Do I Report? Quality

Use Create Patient Record

*or*

Enter directly into the data grid

*or*

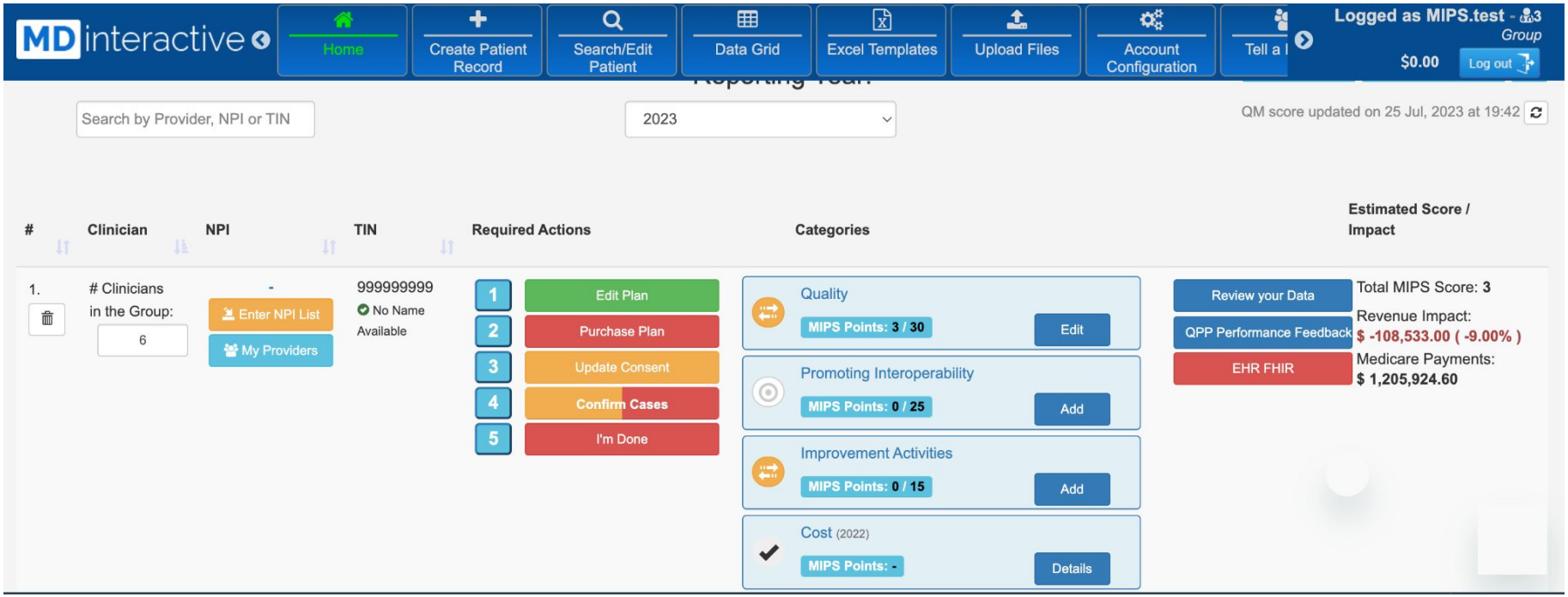
MDinteractive Excel Templates via Upload Files Module

*or*

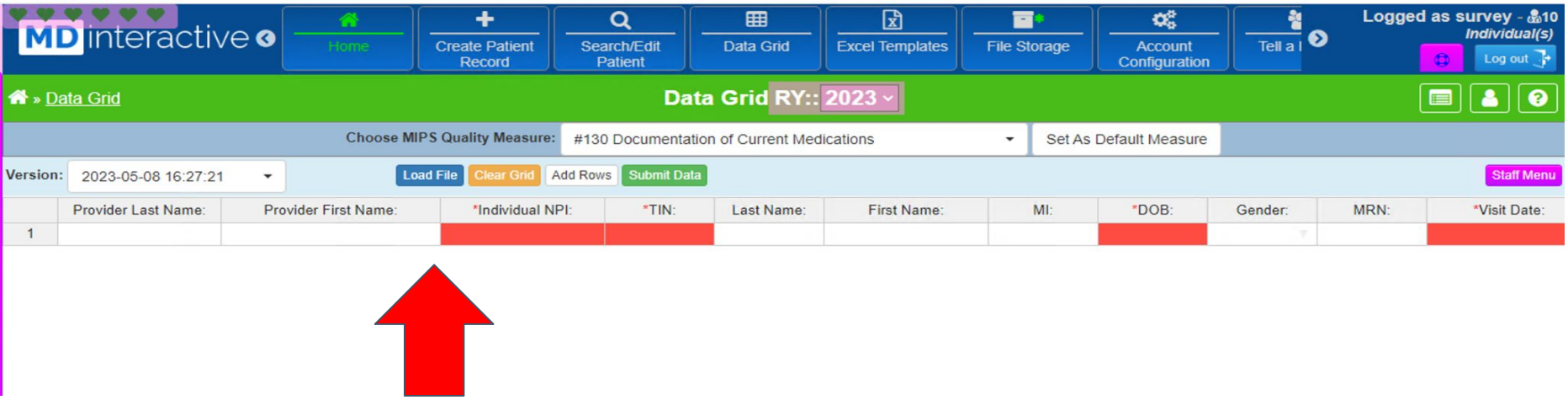
Upload QRDA III files via Upload Files Module

# How Do I Report? Quality

## Use Create Patient Record



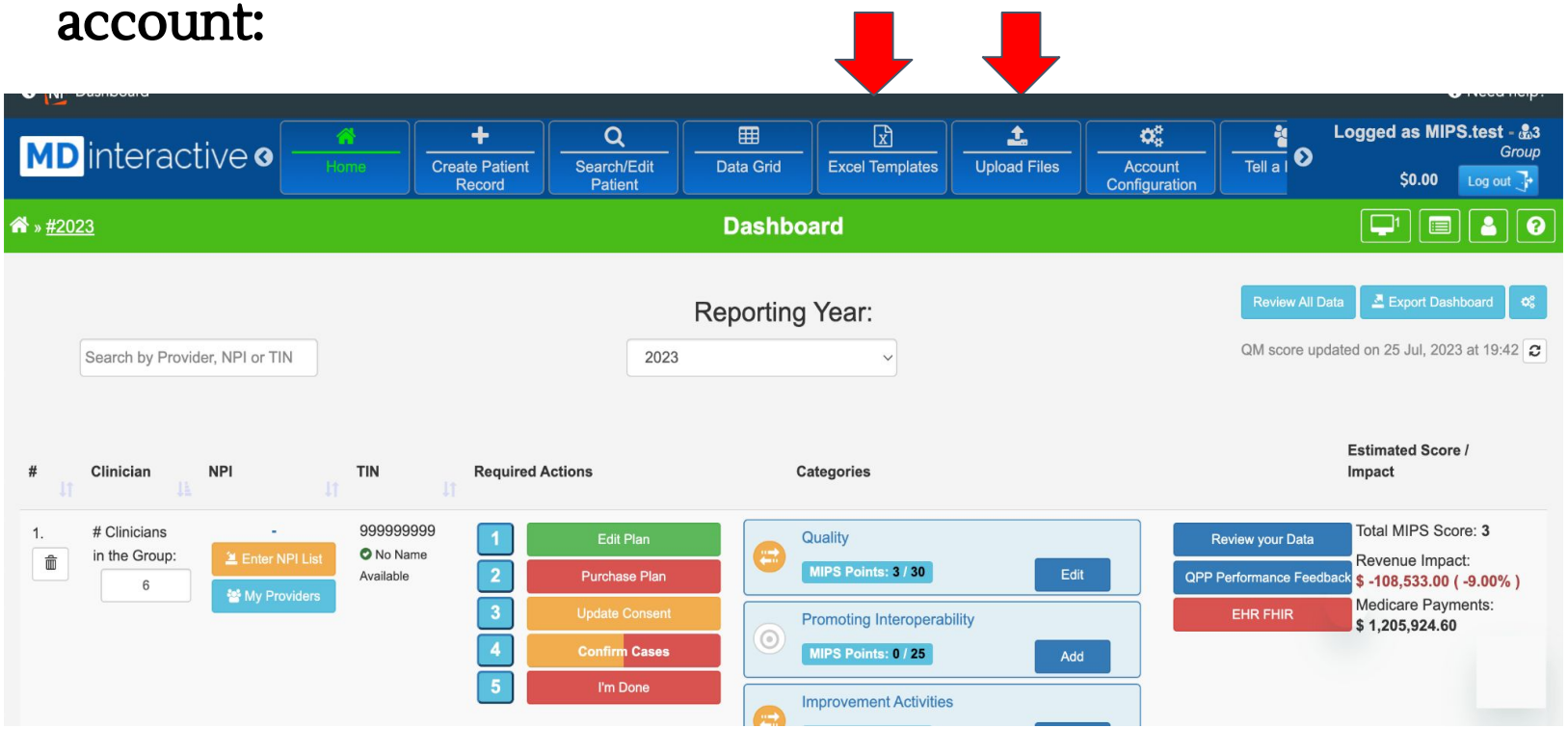
# Data Grid




*Or* ... typed directly into the data grid.

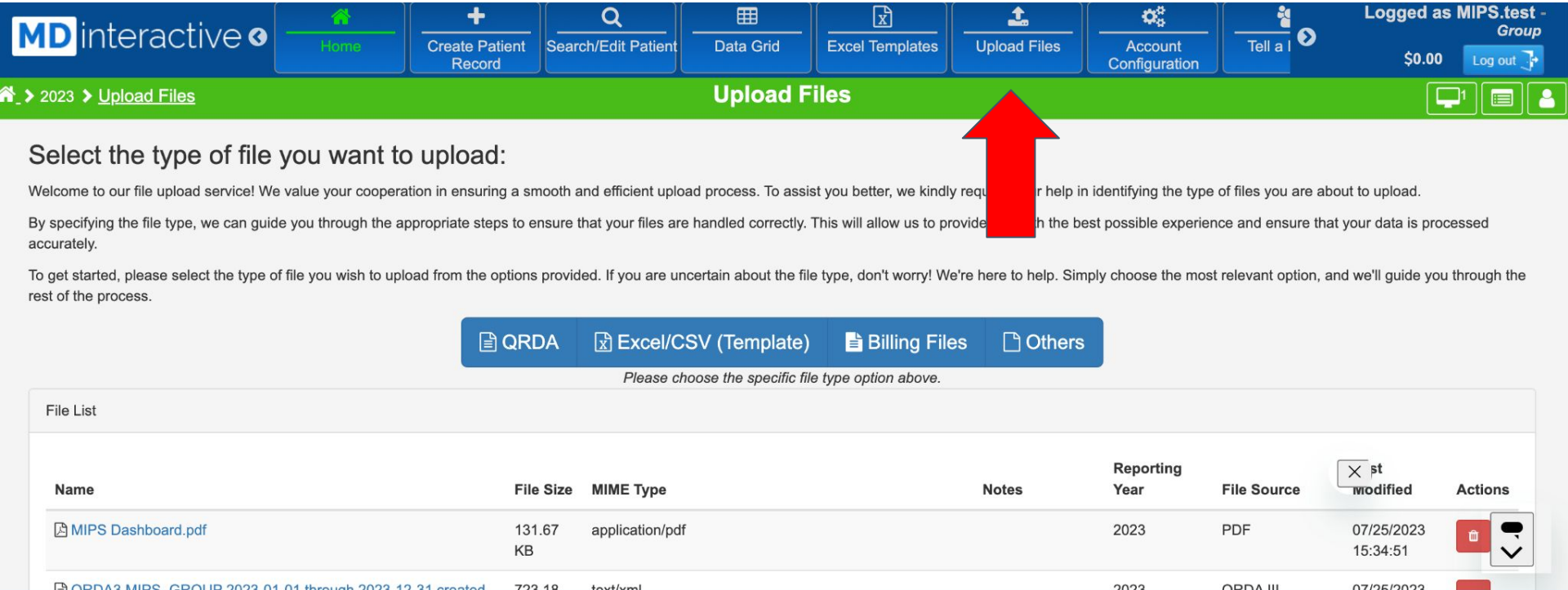
# How Do I Report? Quality

Or…download excel template(s) to your computer. Completed templates can then be uploaded to your account:



# Upload QRDA III Files

Or…if you have a certified EHR, you might be able to upload QRDA III files directly into your account.



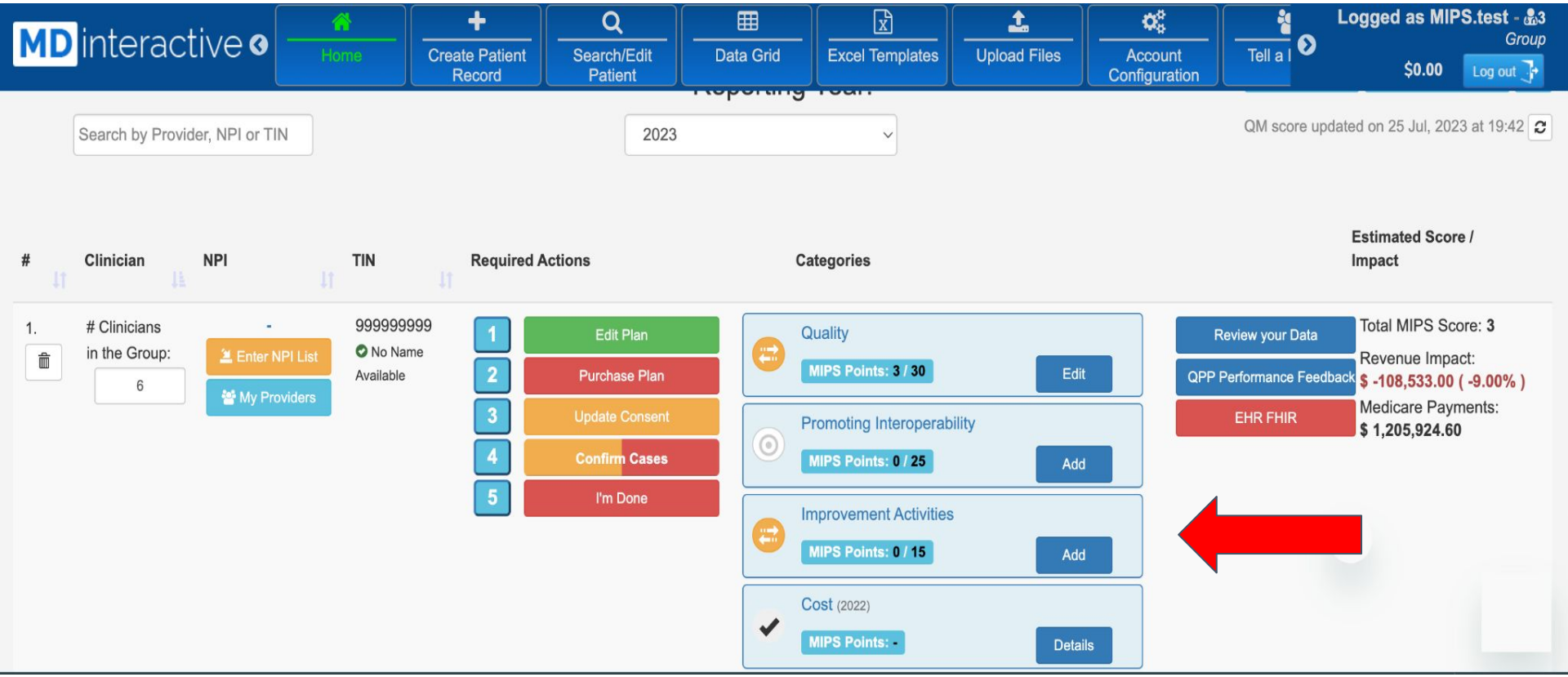
# What Do I Report?
## Improvement Activities

- One high-weighted; OR
- Two medium-weighted Improvement Activities
- For at least 90 days
- If reporting as group - at least 50% must have completed the activity

Choose activities, implement, retain documentation

# How Do I Report?

## Improvement Activities



# How Much Is It Going to Cost?

**Group/TIN level reporting (2 or more in the TIN):**

$299 per clinician for Quality **and** Improvement Activities

$349 for all categories (Quality, IA and PI)

**Individual reporting/NPI level:**

$439 per clinician for Quality **and** Improvement Activities

$499 for all categories

# What Should I Do Now?

1. Create an account: www.mdinteractive.com
2. Check Your MIPS Eligibility
3. Pick Your Quality Measures and Start Tracking
4. Pick Your Improvement Activities and Implement
5. Purchase Plan
6. Start entering data

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# Your One Stop.
# for All Things MIPS.

# Questions?

Phone: 1-800-634-4731

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Email: support@mdinteractive.com