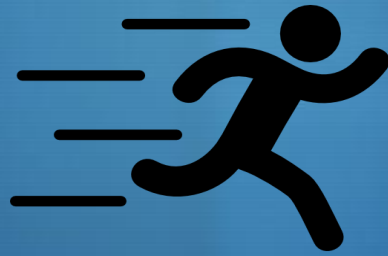


2024 MIPS for Small Practices



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

QPP Participation Status

Enter your 10-digit [National Provider Identifier \(NPI\)](#)  number to view your QPP participation status by performance year (PY).

Check All Years 

Want to check eligibility for all clinicians in a practice at once?

[View practice eligibility](#) in our signed in experience

Please note that the QPP Participation Status Tool is only a technical resource and is not dispositive of any eligible clinician's, group's, or organization's status under QPP. For more information, please refer to the Quality Payment Program regulations at 42 C.F.R. part 414 subpart O.

<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.

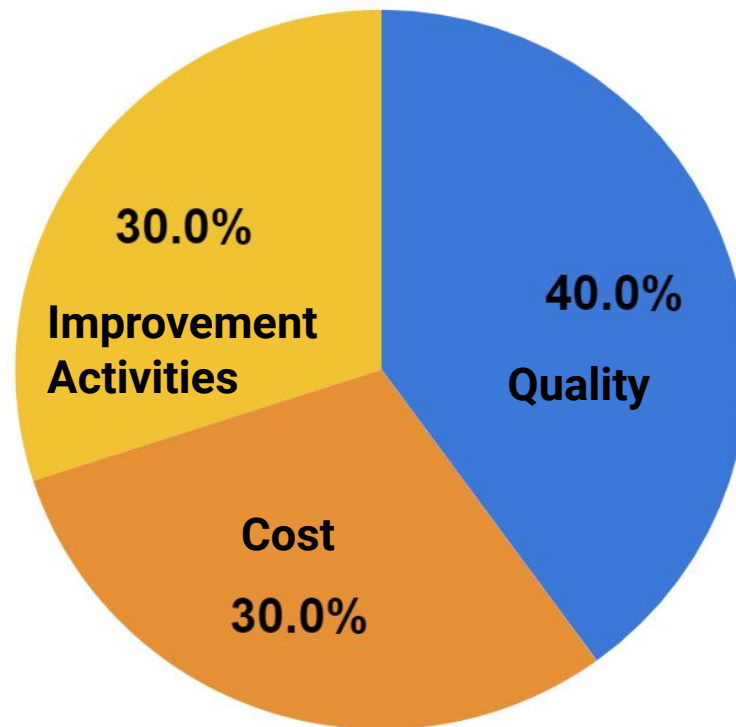
TIPS:

- 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



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,

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



MD interactive

Home | Create Patient Record | Search/Edit Patient | Data Grid | Excel Templates | Upload Files | Account Configuration | Tell a |

Logged as MIPS.test - 3 Group
\$0.00 | Log out

Reporting Year: 2023

Search by Provider, NPI or TIN

QM score updated on 25 Jul, 2023 at 19:42

#	Clinician	NPI	TIN	Required Actions	Categories	Estimated Score / Impact
1.	# Clinicians in the Group: 6	Enter NPI List My Providers	999999999 No Name Available	<ol style="list-style-type: none">Edit PlanPurchase PlanUpdate ConsentConfirm CasesI'm Done	<ul style="list-style-type: none">Quality MIPS Points: 3 / 30 EditPromoting Interoperability MIPS Points: 0 / 25 AddImprovement Activities MIPS Points: 0 / 15 AddCost (2022) MIPS Points: - Details	Review your Data QPP Performance Feedback EHR FHIR Total MIPS Score: 3 Revenue Impact: \$ -108,533.00 (-9.00%) Medicare Payments: \$ 1,205,924.60

Data Grid

MD interactive

Home Create Patient Record Search/Edit Patient Data Grid Excel Templates File Storage Account Configuration Tell a Friend

Logged as survey - 10 Individual(s) Log out

Data Grid RY:: 2023

Choose MIPS Quality Measure: #130 Documentation of Current Medications Set As Default Measure

Version: 2023-05-08 16:27:21 Load File Clear Grid Add Rows Submit Data Staff Menu

	Provider Last Name:	Provider First Name:	*Individual NPI:	*TIN:	Last Name:	First Name:	MI:	*DOB:	Gender:	MRN:	*Visit Date:
1											

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:



MDinteractive

Home Create Patient Record Search/Edit Patient Data Grid Excel Templates Upload Files Account Configuration Tell a Friend

Logged as MIPS.test - 3 Group \$0.00 Log out

#2023 Dashboard

Reporting Year: 2023

Search by Provider, NPI or TIN

Review All Data Export Dashboard

QM score updated on 25 Jul, 2023 at 19:42

#	Clinician	NPI	TIN	Required Actions	Categories	Estimated Score / Impact
1.	# Clinicians in the Group: 6	Enter NPI List My Providers	999999999 No Name Available	1. Edit Plan 2. Purchase Plan 3. Update Consent 4. Confirm Cases 5. I'm Done	Quality MIPS Points: 3 / 30 Promoting Interoperability MIPS Points: 0 / 25 Improvement Activities	Review your Data QPP Performance Feedback EHR FHIR Total MIPS Score: 3 Revenue Impact: \$-108,533.00 (-9.00%) Medicare Payments: \$1,205,924.60

Upload QRDA III Files

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

MD interactive [Home](#) [Create Patient Record](#) [Search/Edit Patient](#) [Data Grid](#) [Excel Templates](#) [Upload Files](#) [Account Configuration](#) [Tell a Friend](#) Logged as MIPS.test - Group \$0.00 [Log out](#)

[Home](#) > [2023](#) > [Upload Files](#) **Upload Files** [Help](#) [Feedback](#) [Profile](#)

Select the type of file you want to upload:

Welcome to our file upload service! We value your cooperation in ensuring a smooth and efficient upload process. To assist you better, we kindly request your help in identifying the type of files you are about to upload.

By specifying the file type, we can guide you through the appropriate steps to ensure that your files are handled correctly. This will allow us to provide you with the best possible experience and ensure that your data is processed accurately.

To get started, please select the type of file you wish to upload from the options provided. If you are uncertain about the file type, don't worry! We're here to help. Simply choose the most relevant option, and we'll guide you through the rest of the process.

[QRDA](#) [Excel/CSV \(Template\)](#) [Billing Files](#) [Others](#)

Please choose the specific file type option above.

File List

Name	File Size	MIME Type	Notes	Reporting Year	File Source	Last modified	Actions
MIPS Dashboard.pdf	131.67 KB	application/pdf		2023	PDF	07/25/2023 15:34:51	
QRDA3 MIPS_GROUP 2023_01_01 through 2023_12_31 created	733.18	text/xml		2023	QRDA III	07/25/2023	

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

Search by Provider, NPI or TIN

2023

QM score updated on 25 Jul, 2023 at 19:42

#	Clinician	NPI	TIN	Required Actions	Categories	Estimated Score / Impact
1.	# Clinicians in the Group: 6	Enter NPI List My Providers	999999999 No Name Available	<ol style="list-style-type: none"> Edit Plan Purchase Plan Update Consent Confirm Cases I'm Done 	<div>Quality MIPS Points: 3 / 30 Edit</div> <div>Promoting Interoperability MIPS Points: 0 / 25 Add</div> <div>Improvement Activities MIPS Points: 0 / 15 Add</div> <div>Cost (2022) MIPS Points: - Details</div>	<div>Review your Data Total MIPS Score: 3</div> <div>QPP Performance Feedback Revenue Impact: \$ -108,533.00 (-9.00%)</div> <div>EHR FHIR Medicare Payments: \$ 1,205,924.60</div>



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



Your One Stop.
for All Things MIPS.

Questions?

Phone: 1-800-634-4731

Chat: www.mdinteractive.com

Email: support@mdinteractive.com

