MD interactive

2023 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

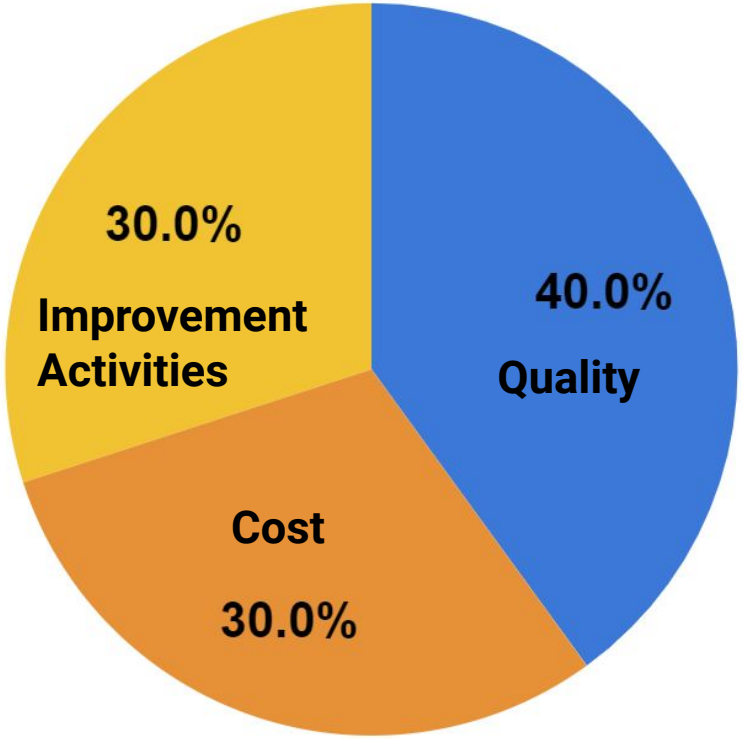
2023 MIPS Changes

- Exceptional performance threshold and extra $ gone - now penalties fund bonuses

MDinteractive Changes

- If no EHR, use Create Patient Record *or* upload your 2023 MDinteractive Excel Template via the Upload Files module.
- MIPS Plans are entered when the dashboard is set up for the reporting year.
- Submit payment after adding MIPS plans.
- QRDA III files (if using EHR to capture quality data), can be uploaded to the secure File Storage module in your account.

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 2015 CEHRT

What Do You Report? Quality

- 6 Quality measures
- At least 70% ALL denominator eligible encounters, all insurances
- January 1 -December 31, 2023 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,

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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

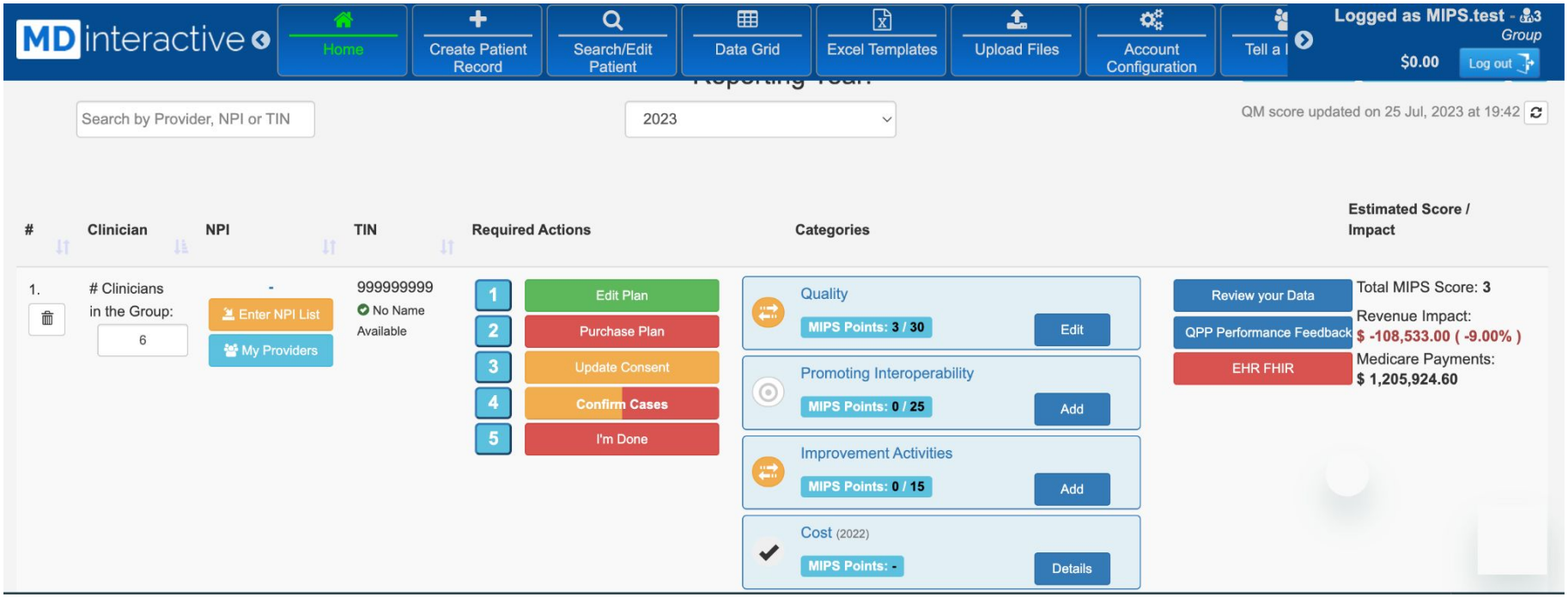
MDinteractive Excel Templates via Upload Files Module

or

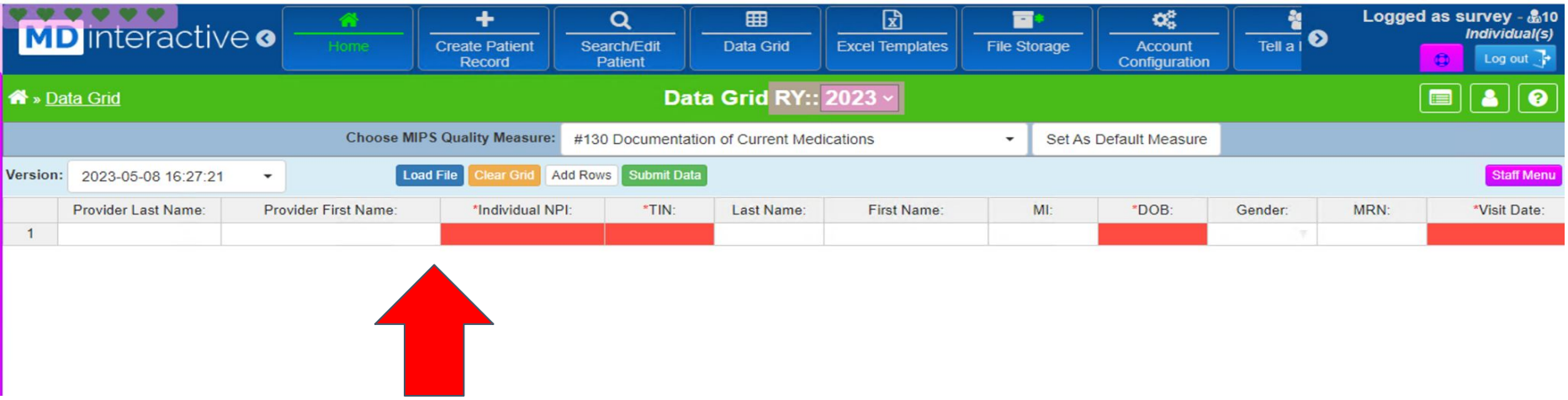
Upload QRDA III files via Upload Files Module

How Do I Report? Quality

Use Create Patient Record



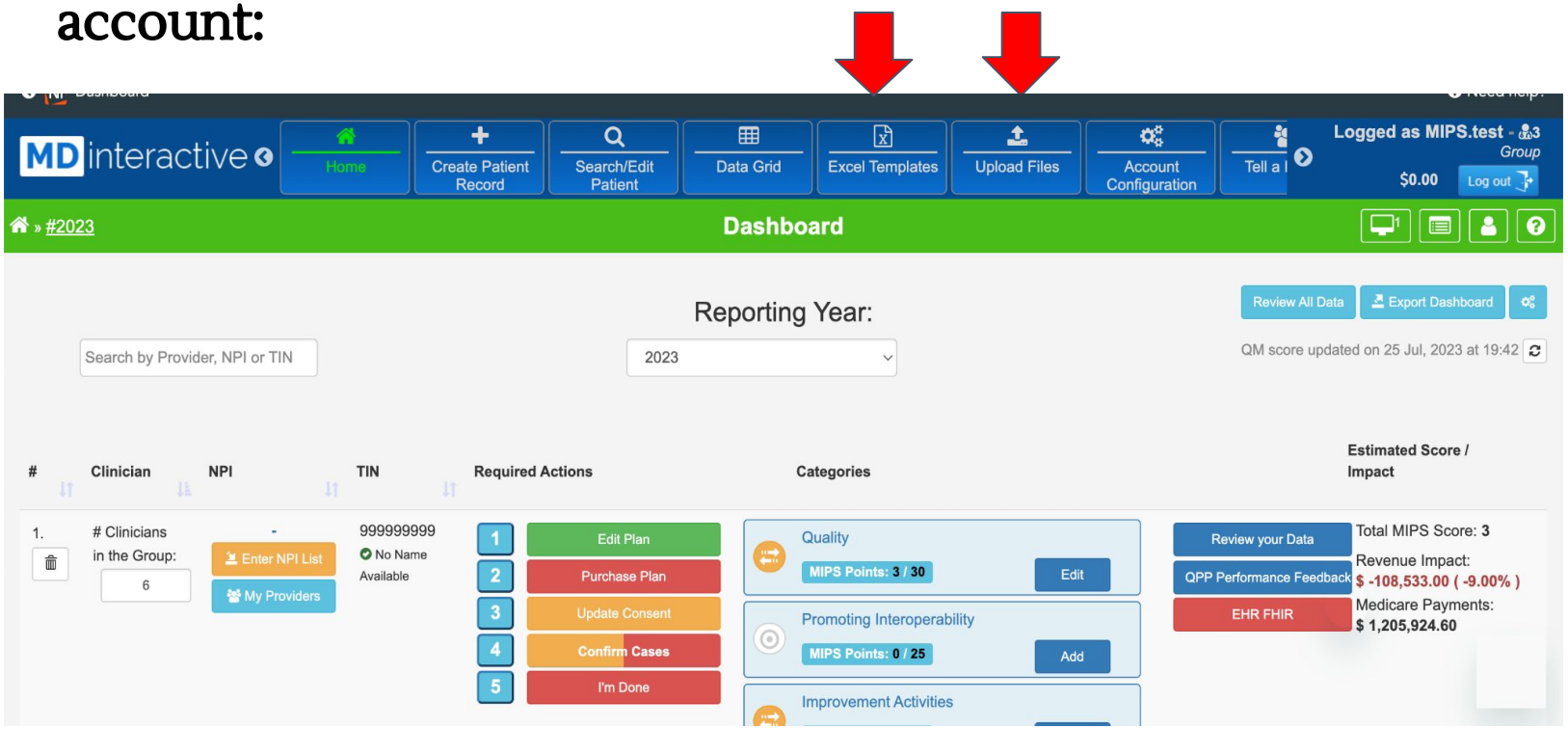
Data Grid



Or ... typed directly into the data grid.

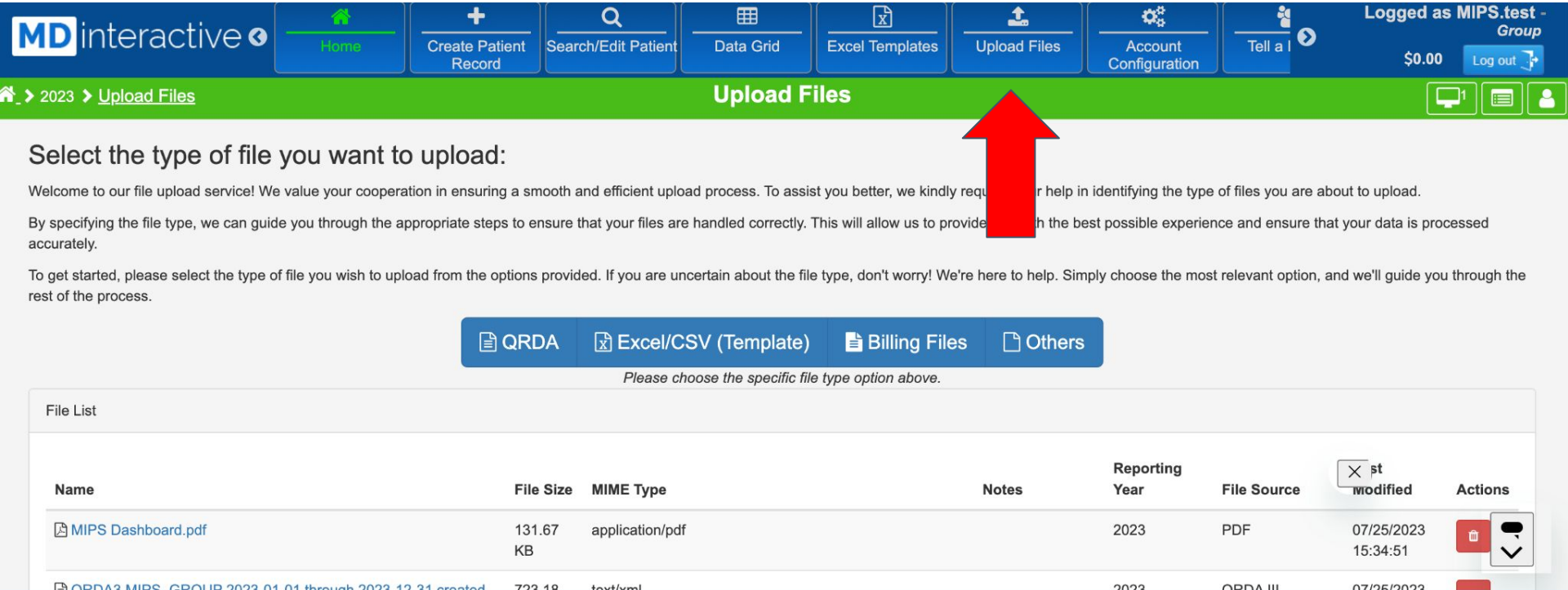
How Do I Report? Quality

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.



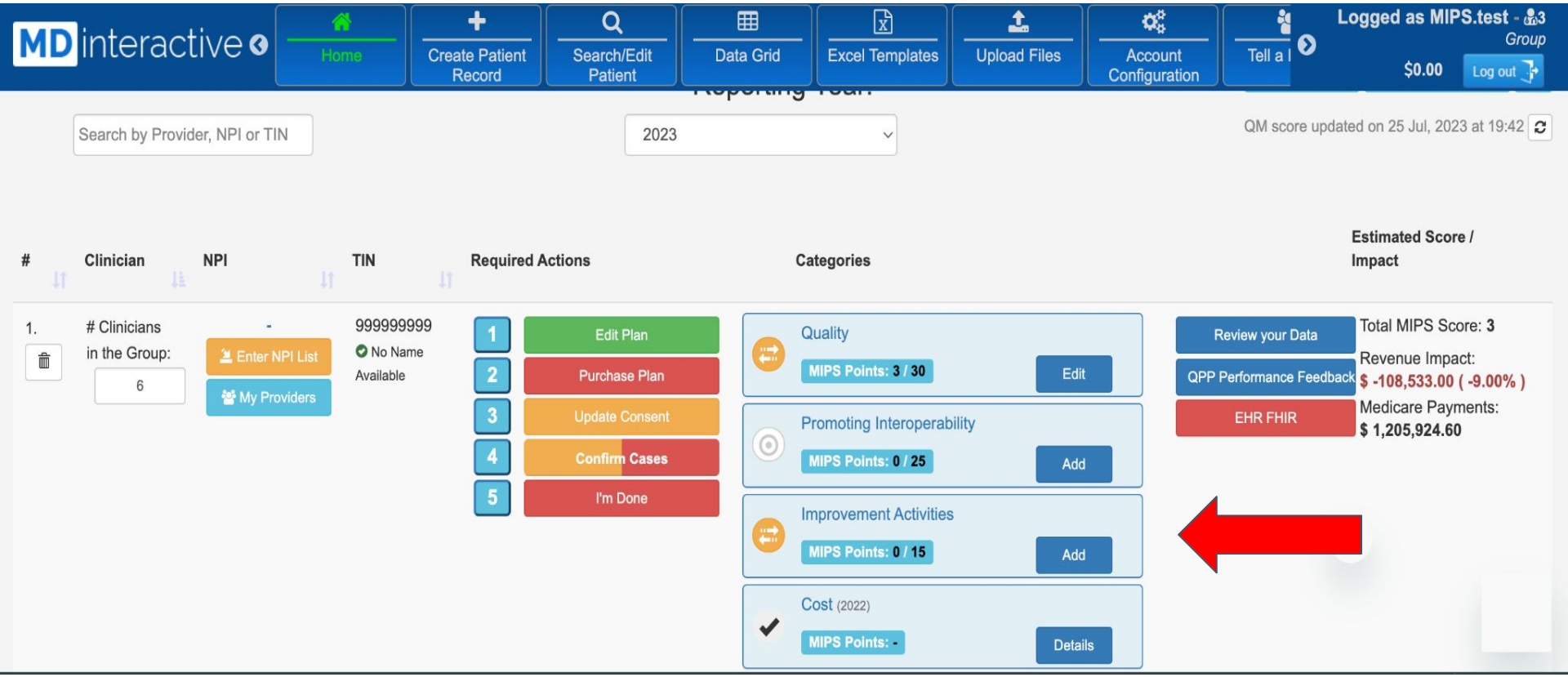
What Do I Report?
Improvement Activities

- One high-weighted; OR
- Two medium-weighted Improvement Activities
- For at least 90 days

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

MD interactive

Your One Stop.
for All Things MIPS.

Questions?

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Email: support@mdinteractive.com