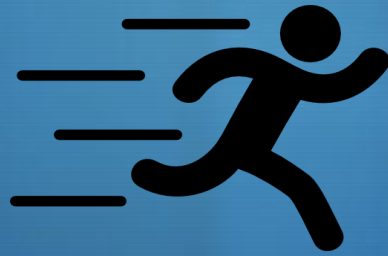


2023 MIPS for Small Practices



In 5 Minutes



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 >

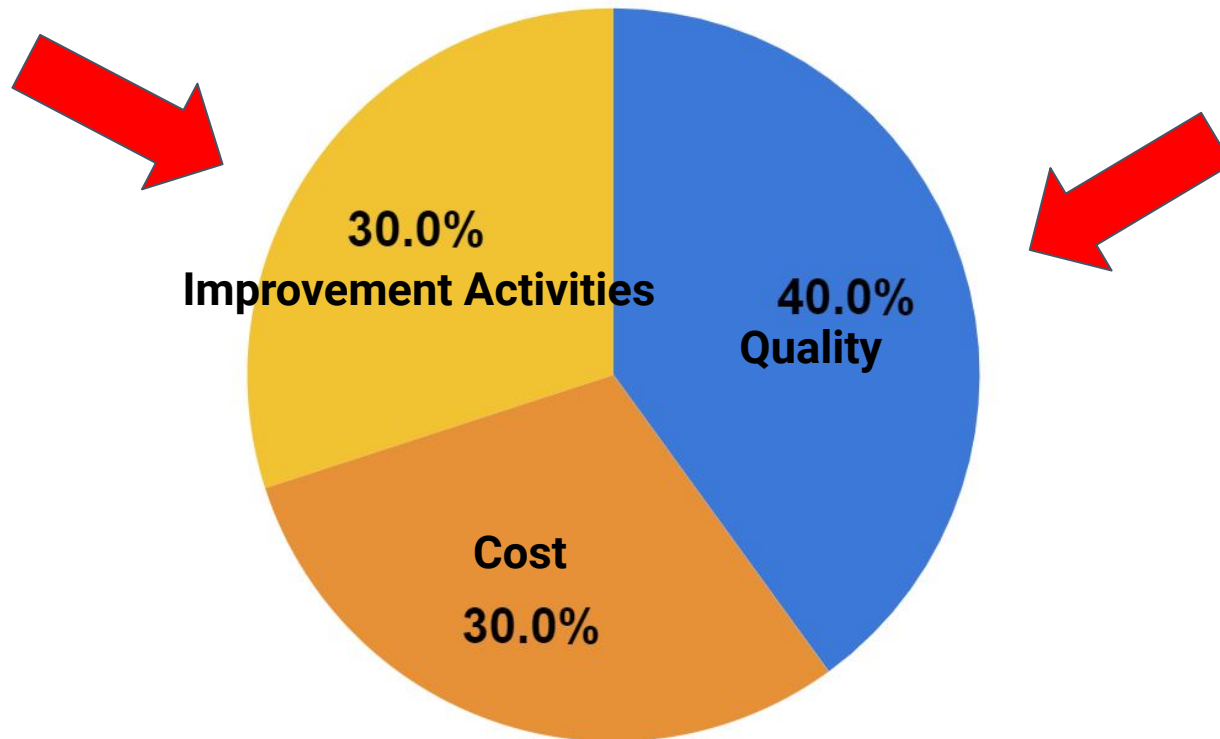
Want to check eligibility for all clinicians in a practice at once?

[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>

What Do You Report? for MIPS



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

What Do You Report? Quality

- 6 Quality measures
- At least 70% ALL eligible patients
- January 1 -December 31, 2023

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 Description

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,

Describes measure compliance.

How Do I Report? Quality

Click Create Patient Record



MD interactive [Home](#) [+](#) Create Patient Record [Q](#) Search/Edit Patient [Data Grid](#) [Excel Templates](#) [File Storage](#) [Account Configuration](#) [Tell a Friend](#) Logged as Elizabeth.Guerra Group \$0.00 [Log out](#)

#2022 **Dashboard** [i](#) [m](#) [u](#) [?](#)

Reporting Year:

Search by Provider, NPI or TIN

2022

QM score updated on 23 Apr, 2019 at 11:28

#	Clinician	NPI	TIN	Actions	Categories	Estimated Score / Impact
1.	Andre, Paulo C <small>There are no participation details available for this NPI</small>	1144334038 <small>⚠️ TIN-NPI combo not found.</small>	123123123 <small>⚠️ Click to verify! Large practice</small>	Edit MIPS Plans Eligible Cases Consent Signed Pay Invoice	Quality MIPS Points: 0 / 0 Add/Edit Promoting Interoperability MIPS Points: 0 / 0 Add/Edit Improvement Activities MIPS Points: 0 / 0 Add/Edit Cost (2021) MIPS Points: - Details	QPP Performance Feedback Total MIPS Score: 0 Revenue Impact: \$ -161.00 (-9.00%) Medicare Payments: \$ 1,796.85

How Do I Report? Quality

Upload excel template or EHR file to File Storage:



MD interactive

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

Logged as Elizabeth.Gue Group \$0.00 Log out

File Storage

Storage Limit: 200 MB Usage: 2.3 MB (= 1%) Files / Folders Limit: 1000 Usage: 12 (= 1%)

Choose File(s) : No file chosen

Reporting Year: 2022

File Source: EHR name / Billing software name / paper che

Notes:

Characters left: 0/500

Upload File

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

MD interactive Home Create Patient Record Search/Edit Patient Data Grid Excel Templates File Storage Account Configuration Tell a Friend Logged as Elizabeth.Guerra Group \$0.00 Log out

#2022 **Dashboard** 📱 📧 👤 ⚙️

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How Much Is It Going to Cost?

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

All Inclusive Fee

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



Your One Stop.
for All Things MIPS.

Questions?

Phone: 1-800-634-4731

Chat: www.mdinteractive.com

Email: support@mdinteractive.com

