

# 2023 MIPS for Large\* Practices

(\*more than 15 in the TIN)



*Express Step-by-Step Guide*



# Here's What You Will Learn:



- ✓ Why do you need to 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



# Check MIPS Eligibility

## 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 >

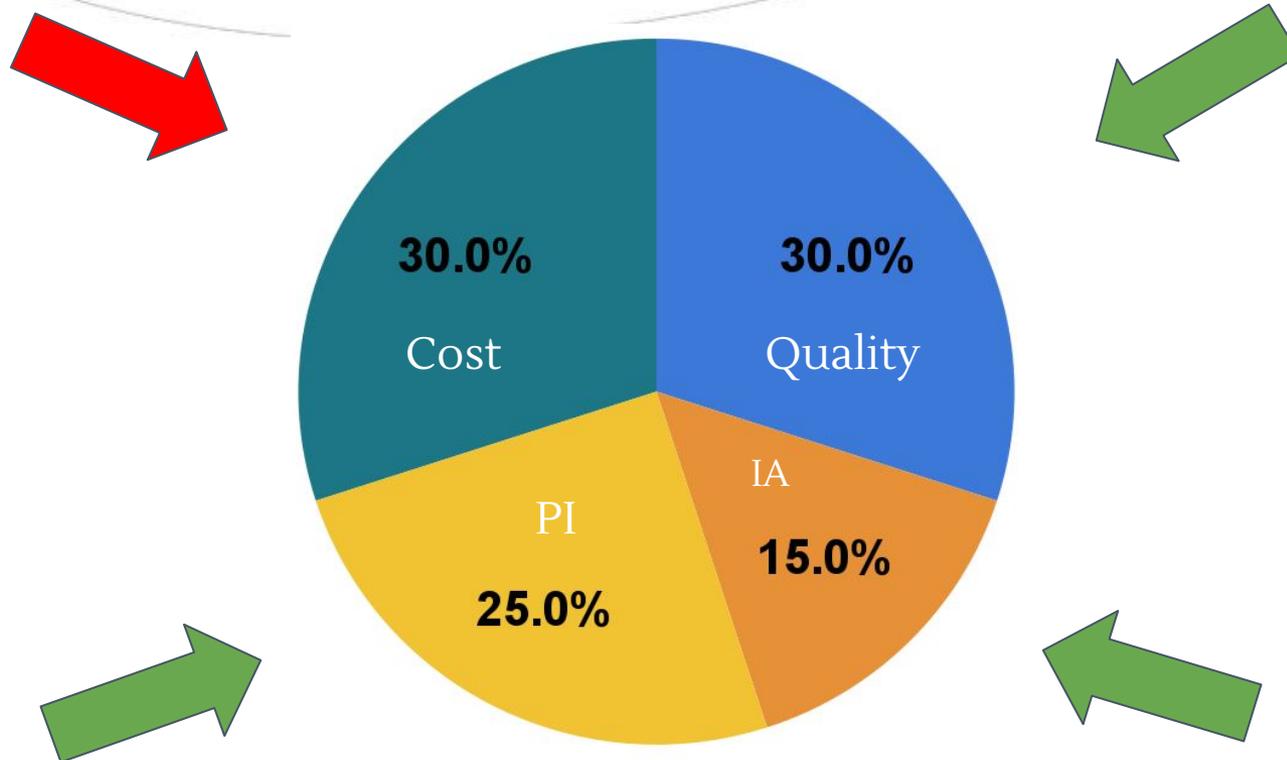
Want to check eligibility for all clinicians in a practice at once?

[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 denominator eligible encounters
- 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



# What Do I Report for Quality?

## Read the CMS Measure Description

Quality ID #130: Documentation of Current Medications in the Medical Record

**2023 COLLECTION TYPE:**  
MIPS CLINICAL QUALITY MEASURES (CQMS)

**MEASURE TYPE:**  
Process – High Priority

**DESCRIPTION:**  
Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.

**INSTRUCTIONS:**  
This measure is to be submitted at **each denominator eligible visit** during the 12-month performance period. Merit-based Incentive Payment System (MIPS) eligible clinicians meet the intent of this measure by making their best effort to document a current, complete and accurate medication list during each encounter. There is no diagnosis associated with this measure. This measure may be submitted by MIPS eligible clinicians who perform the quality actions described in the measure based on the 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:**  
All visits occurring during the 12-month measurement period for patients aged 18 years and older

**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.

Defines patient eligibility.

Describes measure compliance.

# How Can I Report? Quality

Upload MDinteractive excel templates or QRDA files

*Or*

EHR data extraction through FHIR (Fast Healthcare Interoperability Resources)

*Or*

Use Create Patient Record or Data Grid options to manually enter patient data

# How Do I Report? Quality

Upload MDinteractive excel templates or QRDA files:



The screenshot shows the MDinteractive dashboard interface. At the top, there is a navigation bar with buttons for Home, Create Patient Record, Search/Edit Patient, Data Grid, Excel Templates, Upload Files, Account Configuration, and Tell a Friend. The user is logged in as MIPS.test. Below the navigation bar is a green dashboard header with the word "Dashboard" and several utility icons. The main content area features a "Reporting Year:" dropdown set to "2023" and a search bar for providers. A table lists reporting requirements with columns for Clinician, NPI, TIN, Required Actions, and Categories. The table shows 5 required actions: Edit Plan, Purchase Plan, Update Consent, Confirm Cases, and I'm Done. The Categories section includes Quality (MIPS Points: 3 / 30), Promoting Interoperability (MIPS Points: 0 / 25), and Improvement Activities. On the right side, there are summary statistics: Total MIPS Score: 3, Revenue Impact: \$ -108,533.00 (-9.00%), and Medicare Payments: \$ 1,205,924.60.

#	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"><li>Edit Plan</li><li>Purchase Plan</li><li>Update Consent</li><li>Confirm Cases</li><li>I'm Done</li></ol>	<ul style="list-style-type: none"><li>Quality MIPS Points: 3 / 30</li><li>Promoting Interoperability MIPS Points: 0 / 25</li><li>Improvement Activities</li></ul>	<ul style="list-style-type: none"><li>Total MIPS Score: 3</li><li>Revenue Impact: \$ -108,533.00 (-9.00%)</li><li>Medicare Payments: \$ 1,205,924.60</li></ul>

# How Do I Report? Quality: FHIR

- EHR data extraction through FHIR (Fast Healthcare Interoperability Resources):
  - MDinteractive periodically queries quality data through FHIR API
  - Display results on MDinteractive dashboard

# How Do I Report? Quality

Use Create Patient Record or Data Grid to manually enter patient data



The screenshot shows the MD interactive dashboard. The top navigation bar includes the MD interactive logo and buttons for Home, Create Patient Record, Search/Edit Patient, Data Grid, Excel Templates, Upload Files, Account Configuration, and Tell a Friend. The user is logged in as MIPS.test - Group with a balance of \$0.00. The main content area is titled 'Dashboard' and features a 'Reporting Year' dropdown set to 2023. A search bar is available for providers. The main table displays clinician information and required actions. The 'Quality' category shows 3/30 MIPS Points, and 'Promoting Interoperability' shows 0/25 MIPS Points. Summary statistics on the right indicate a Total MIPS Score of 3, a Revenue Impact of -\$108,533.00 (-9.00%), and Medicare Payments of \$1,205,924.60.

#	Clinician	NPI	TIN	Required Actions	Categories	Estimated Score / Impact
1.	# Clinicians in the Group: 6	Enter NPI List My Providers	999999999 No Name Available	<ul style="list-style-type: none"><li>1 Edit Plan</li><li>2 Purchase Plan</li><li>3 Update Consent</li><li>4 Confirm Cases</li><li>5 I'm Done</li></ul>	<ul style="list-style-type: none"><li>Quality: MIPS Points: 3 / 30</li><li>Promoting Interoperability: MIPS Points: 0 / 25</li><li>Improvement Activities</li></ul>	<ul style="list-style-type: none"><li>Total MIPS Score: 3</li><li>Revenue Impact: \$ -108,533.00 (-9.00%)</li><li>Medicare Payments: \$ 1,205,924.60</li></ul>

# What Do I Report?

## Improvement Activities

- two high-weighted
- or four medium-weighted Improvement Activities
- completed for at least 90 days in 2023 by at least 50% of providers in the TIN

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



# What Do I Report?

## Promoting Interoperability

12 measures across 4 objectives:

1. E-prescribing
2. Provider to Patient Exchange (*required\**)
3. Health Information Exchange
4. Public Health and Clinical Data Exchange

Run a PI report from your certified EHR to ensure your EHR is correctly tracking all PI objectives. *\*With the exception of Provider to Patient Exchange, measures can be claimed as an exclusion if applicable.*

# How Do I Report?

## Promoting Interoperability

Reporting Year

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



# How Much Is It Going to Cost?

## Reporting at the TIN/group level:

- Reporting 1 MIPS category: \$199 per clinician
- Reporting 2 MIPS categories: \$299 per clinician
- Reporting 3 MIPS categories: \$349 per clinician

## Reporting at the NPI/Individual level:

- Reporting 1 MIPS category: \$389 per clinician
- Reporting 2 MIPS categories: \$439 per clinician
- Reporting 3 MIPS categories: \$499 per clinician

# What Should I Do Now?



1. Create an account: [www.mdinteractive.com](http://www.mdinteractive.com)
2. Check your **MIPS Eligibility**
3. Pick your **Quality Measures** and your reporting approach
4. Pick your **Improvement Activities** and implement
5. Run an EHR **Promoting Interoperability** report and add the data to your MDinteractive account



Your One Stop.  
for All Things MIPS.

# Questions?

Phone: 1-800-634-4731

Chat: [www.mdinteractive.com](http://www.mdinteractive.com)

Email: [support@mdinteractive.com](mailto:support@mdinteractive.com)

