

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% (include all, provide answers for at least 75%).
- Promoting Interoperability (if reporting) = minimum of 180 days of data.
- Some Quality measures are retired (or not available for traditional MIPS) and new measures added. Check 2024 measure availability when creating MIPS plans.

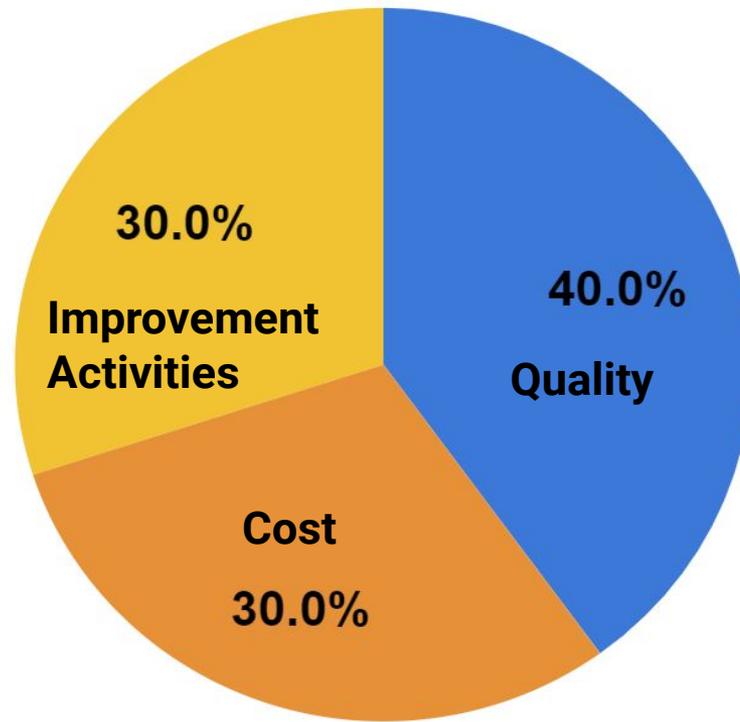
TIPS:

- 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 eligible instances. 75% data completeness requirement refers to the minimum percentage you must 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 or benchmarked.

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 visits, all insurances - provide answers for at least 75%
- January 1 -December 31, 2024 visit 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 and follow exactly.

Measure identifier and type



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

2024 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 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.

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.

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter

AND

Patient encounter during the performance period (CPT or HCPCS): 59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 90839, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92548, 92550, 92557, 92567, 92568, 92570, 92588, 92622, 92626, 96116, 96156, 96158, 97129, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 98960, 98961, 98962, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99236, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99424, 99491, 99495, 99496, G0101, G0108, G0270, G0402, G0438, G0439



Frequency! Each denominator eligible visit or just 1x per reporting period.



Step 1:
Who is included?
Identify claims that match exactly.

What Do I Report for Quality?

Read the CMS Measure Documentation and follow exactly.

Step 2: Provide answers based on numerator options.



Numerator Options:

Performance Met:

Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications (**G8427**)

OR

Denominator Exception:

Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation) (**G8430**)

OR

Performance Not Met:

Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given (**G8428**)

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 I

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 / 30Promoting Interoperability MIPS Points: 0 / 25Improvement Activities MIPS Points: 0 / 15Cost (2022) MIPS Points: -	<ul style="list-style-type: none">Total MIPS Score: 3Revenue 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 ... type 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 - Group \$0.00 Log out

#2023 Dashboard

Reporting Year: 2023

Search by Provider, NPI or TIN

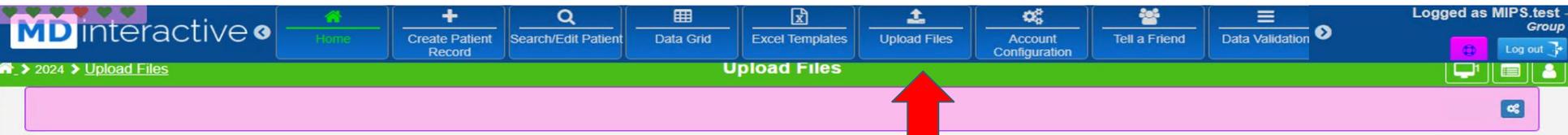
Review All Data Export Dashboard

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 can upload QRDA III files directly into your account *(templates can also be uploaded here)*.



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.



MDinteractive Template QRDA

Please choose the specific file type option above.

File List

Name	File Size	MIME Type	Notes	Reporting Year	File Source	Last Modified	Actions
Screen Shot 2023-11-08 at 12.07.41 PM.png	97.60 KB	image/png		2023	Paper Charts	11/10/2023 10:37:54	
2023 Billing Template Example.xlsx	12.46 KB	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet		2023	Billing File	08/07/2023 17:01:18	
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 on 2023-06-01.xml	723.18 KB	text/xml		2023	QRDA III	07/25/2023 15:24:28	
2022 Billing Template Example_Highlight.xlsx	12.39 KB	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet		2022	Billing	05/25/2022 12:10:24	

What Do I Report?

Improvement Activities

- One high-weighted; **OR**
- Two medium-weighted Improvement Activities
- Completed 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 PlanPurchase PlanUpdate ConsentConfirm CasesI'm Done	<ul style="list-style-type: none">Quality MIPS Points: 3 / 30Promoting Interoperability MIPS Points: 0 / 25Improvement Activities MIPS Points: 0 / 15Cost (2022) MIPS Points: -	<ul style="list-style-type: none">Total MIPS Score: 3Revenue Impact: \$ -108,533.00 (-9.00%)Medicare Payments: \$ 1,205,924.60



How Do I Report?

Improvement Activities

Read instructions carefully before attesting!

Activity ID

IA_EPA_2

Activity Weighting

Medium

Subcategory Name

Expanded Practice Access

Activity Description

Create and implement a standardized process for providing telehealth services to expand access to care.

Objective

Improve health outcomes by expanding patient access to telehealth services that are delivered through standardized processes.

Suggested Documentation

Evidence of the creation and implementation of standardized processes for providing telehealth services. Telehealth services may include care provided over the phone, online, etc., and are not limited to the Medicare-reimbursed telehealth service criteria. Include both of the following elements:

1) **Standardized processes** – Creation of standardized processes for the provision of telehealth services. Examples of documentation include a) description of standardized telehealth processes in an eligible clinician or practice procedures manual; b) workflow diagrams depicting standardized telehealth

What Does it 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

