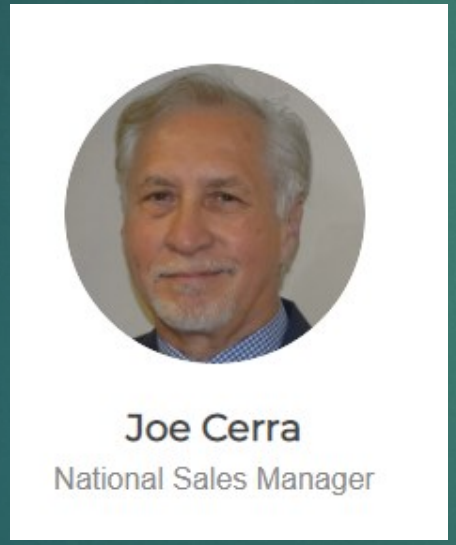
MIPS 2022 Webinar

You have been muted on entry to the webinar

Please Submit Questions on Chat option

Christine Fisher, Moderator



STI User Group Agenda

- **09:00 Everything changed**
  - **Joe Cerra**
- **09:05** MIPS 2022)
  - **Karen Bastien , STI**
- **09:30 Questions & answers**

Everything has changed with the cloud

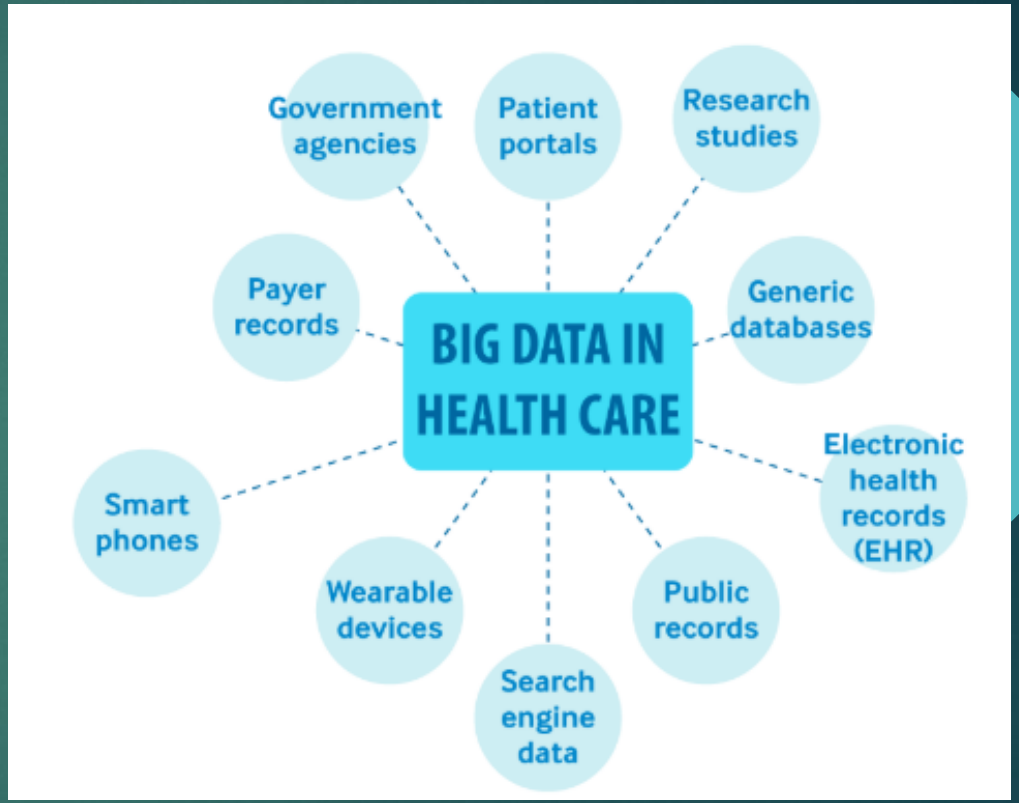
The world is “flat”

Thomas Friedman states The Personal Computer & the Internet changes everything

They allow people to work from anywhere

COVID accelerated this process

The Medical Practice is changing



STI specializes in Technology & Knowledge
New Products and Services



1. ChartMaker Go ASP Software Version
   - Billing, Scheduling & EMR in the cloud
2. Revenue Cycle Optimization Webinar
3. Smart Phone Application with charge capture
4. MIPS Assistance Program
5. Telemedicine Software
6. Dragon Medical One (DMO)
7. Patient Reminders & Recall
8. VOIP cloud, phone, data
9. Patient Portal (21 Century Act)
10. ePrescribing
11. eFaxing
12. Patient Pay Online
13. Managed Services Equipment, Security & Ransomware

Quality Payment Program
Traditional MIPS
Performance Year 2022



What is the MIPS System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program describes how CMS will reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

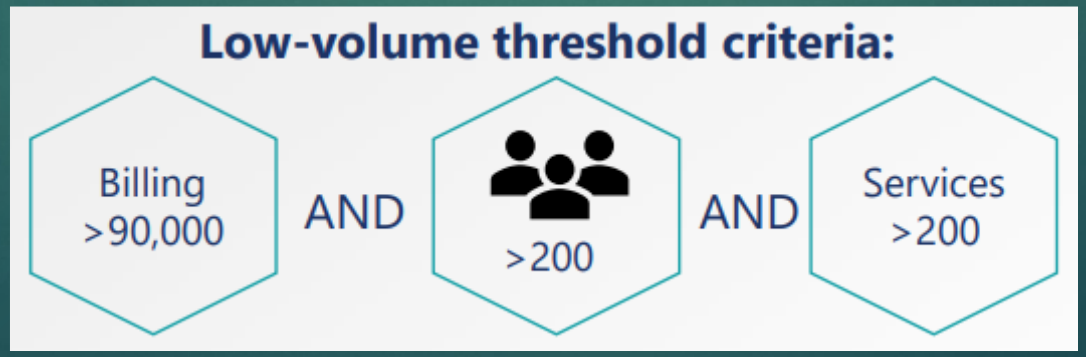
If you are eligible for MIPS in 2022:

- You generally have to submit data for the Quality, Improvement Activities, and Promoting Interoperability performance categories. (CMS will collect data for the Cost performance category for you.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will be compared to a set threshold to determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment for the 2022 performance year will be applied to payments for covered professional services beginning on January 1, 2024.

What are the MIPS Eligibility Criteria?

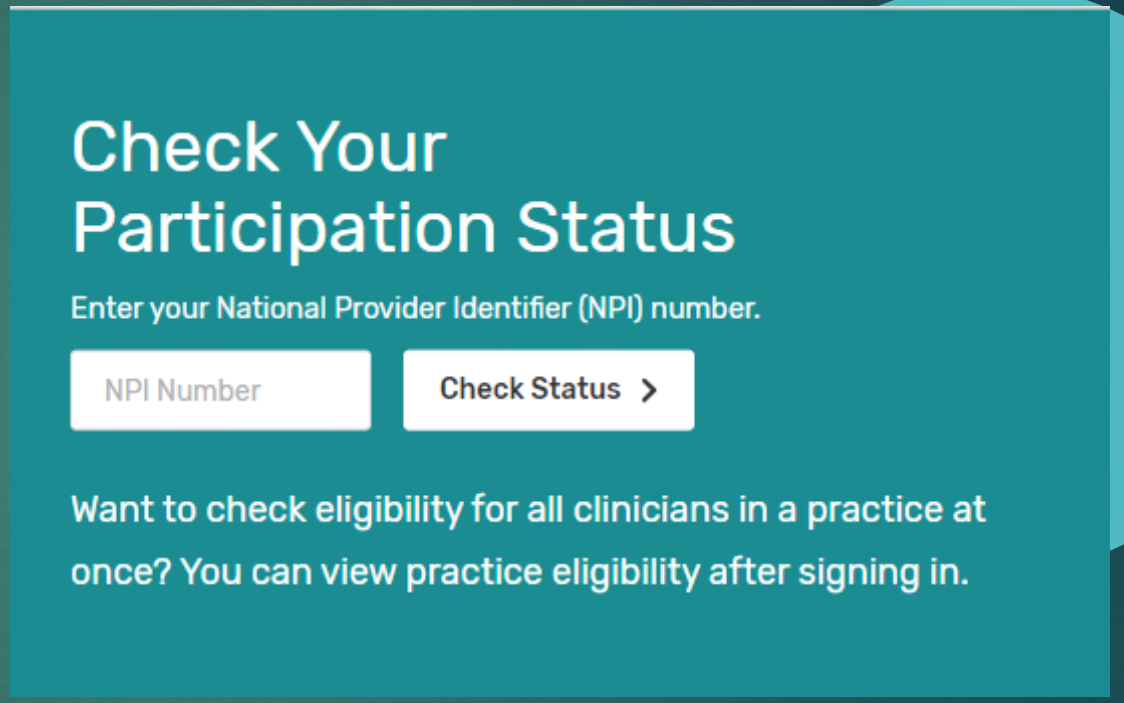
Your individual MIPS eligibility is determined by:

- Your clinician type (MD, DO, DDS, DMD, DPM, OD), osteopathic practitioners, chiropractors, physician assistants, nurse practitioners, certified nurse anesthetists, physical therapists, occupational therapists, clinical psychologists, qualified speech-language pathologists, qualified audiologists, registered dietitians or nutrition professionals, clinical social workers, and certified nurse-midwives)
- **AND** The date you enrolled in Medicare – Must be enrolled before January 1, 2022
- **AND** The degree to which you participate in an Advanced APM – You can not be a QP participating in an APM
- **AND** The volume of care you provide to Medicare patients – You exceed all 3 elements of the Low Volume Threshold

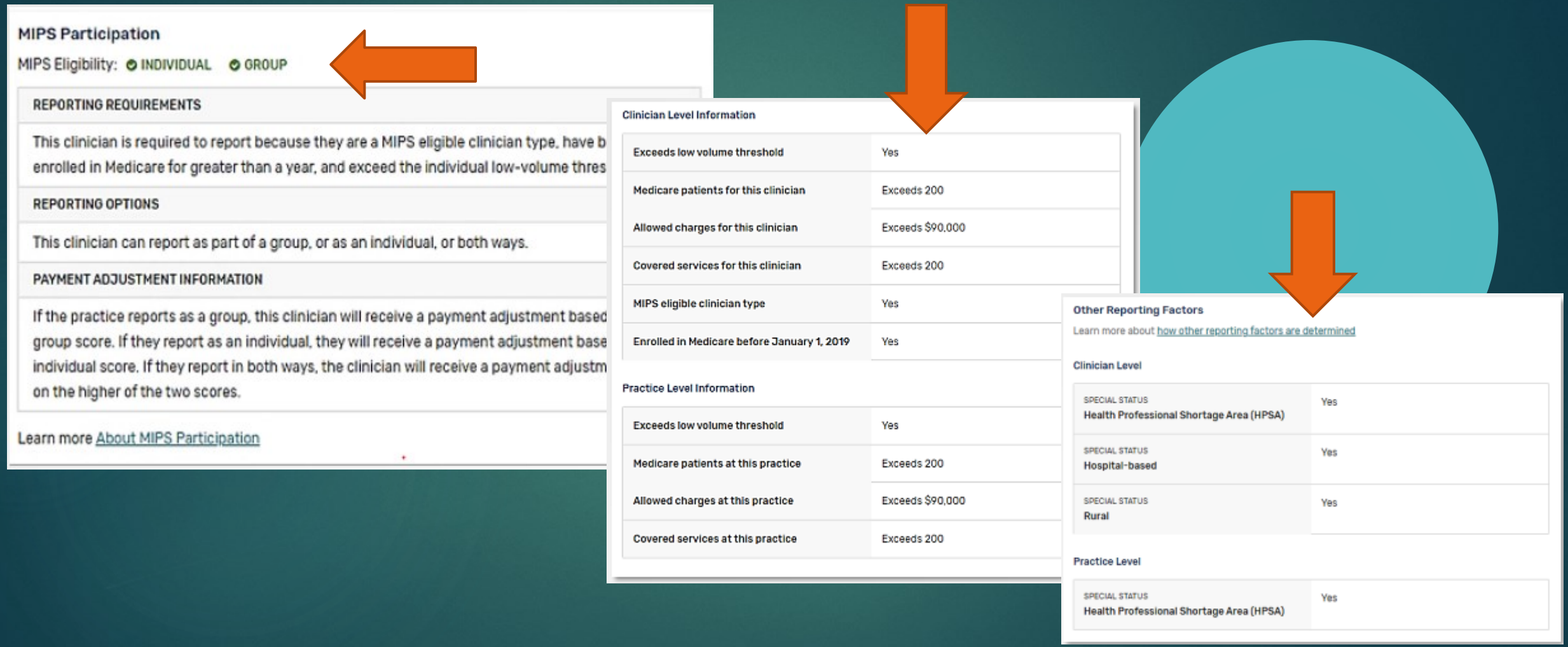


Confirm your Eligibility

Go to: https://qpp.cms.gov
QPP Participation Status Tool



MIPS Eligibility Information



MIPS Participation

MIPS Eligibility: INDIVIDUAL GROUP

REPORTING REQUIREMENTS

This clinician is required to report because they are a MIPS eligible clinician type, have b
enrolled in Medicare for greater than a year, and exceed the individual low-volume thres

REPORTING OPTIONS

This clinician can report as part of a group, or as an individual, or both ways.

PAYMENT ADJUSTMENT INFORMATION

If the practice reports as a group, this clinician will receive a payment adjustment based
group score. If they report as an individual, they will receive a payment adjustment base
individual score. If they report in both ways, the clinician will receive a payment adjustm
on the higher of the two scores.

Learn more About MIPS Participation

Clinician Level Information

Exceeds low volume threshold	Yes
Medicare patients for this clinician	Exceeds 200
Allowed charges for this clinician	Exceeds $90,000
Covered services for this clinician	Exceeds 200
MIPS eligible clinician type	Yes
Enrolled in Medicare before January 1, 2019	Yes

Practice Level Information

Exceeds low volume threshold	Yes
Medicare patients at this practice	Exceeds 200
Allowed charges at this practice	Exceeds $90,000
Covered services at this practice	Exceeds 200

Other Reporting Factors

Learn more about how other reporting factors are determined

Clinician Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes
SPECIAL STATUS Hospital-based	Yes
SPECIAL STATUS Rural	Yes

Practice Level

SPECIAL STATUS Health Professional Shortage Area (HPSA)	Yes

MIPS Eligibility & Participation

You may be eligible to participate in MIPS at different levels: as an individual, as a group, as an APM entity, or as a virtual group



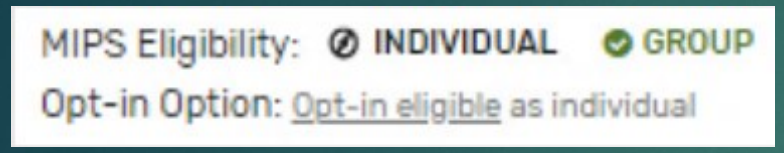
You, as an individual clinician, are **REQUIRED** to report either individually or as part of a group

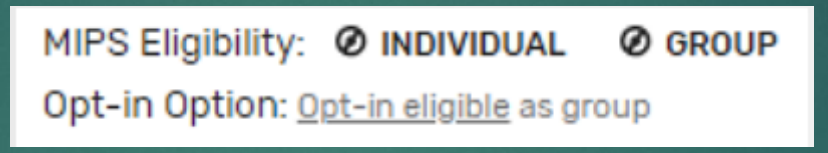


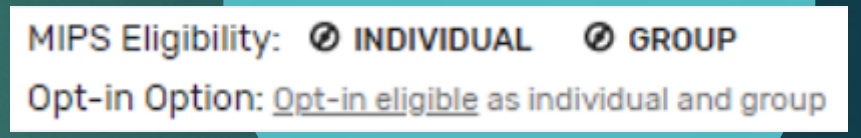
You, as an individual clinician, are not required to report. Your practice exceeds the low volume threshold and has the OPTION to participate as a group. There is no requirement to participate as a group.

Opt-In Policy:

You may be opt-in eligible as an individual, or a group or both.







- You exceeded 1 or 2 out of the 3 Low Volume Threshold elements
- You can not opt-in to the program if you fall below all 3 LVT elements
- Follow the same category requirements
- Receive MIPS payment adjustment (positive, negative, or neutral)
- Receive Performance Feedback Report

Category Weights & Performance Periods

QUALITY		COST		IA		PI		
	+		+		+		=	**100 Possible Points Final Score**
30% 12 Months		**30%** 12 Months		**15%** 90 Days		**25%** 90 Days		Minimum Performance Period for each Category

Performance Threshold & Payment Adjustment

- Performance Threshold – 75 Points
- Exceptional Performance Threshold – 89 points*
- Payment Adjustment at +/- 9% for payment year 2024

*NOTE: 2022 PY will be the final year of the additional positive adjustment

2022 PERFORMANCE CATEGORIES
Key Points
Requirements/Scoring



QUALITY

- Worth 30% of your MIPS Final Score
- Total Category points = 60
- Report on at least 6 Quality Measures. One of the 6 MUST be an Outcome or High Priority Measure (if an outcome is not available)
- OR you report all 10 CMS Web Interface measures (Groups ONLY)
- If you choose to submit a specialty measure set, you must submit data on at least 6 measures within the set. If the set contains fewer than 6 measures, you need to submit each measure in the set.
- Performance period is for the full calendar year



QUALITY

- You can submit measures from different collection types (except CMS Web Interface measures) to fulfill the requirement.
  - eCQMS, Medicare Part B Claims (Small Practice Only), MIPS CQMs, QCDR measures, and CMS Web Interface
- Existing Measures – Will be scored on a scale from 3-10 or 3-7 for Topped-out measure if data completeness (70%), case volume (20) and the measure has a benchmark (Historical or Performance period). Failure to meet case volume or the measure is without a benchmark will earn only 3 points. Failure to meet data completeness for the small practice will yield 3 points and 0 points for a large practice.
- New Measures – When a performance period benchmark can be created, and data completeness (70%) and case volume (20) is met:
  - 1st Year: Measure will be scored on a scale from 7-10 points
  - 2nd Year: Measure will be scored on a scale from 5-10 points



PI (Promoting Interoperability)

- Worth 25% of your MIPS Final Score
- Total of 100 points for the category
- Report data on a minimum of 90 consecutive days

- Perform and attest "YES" to the following:
  - Prevention of Information Blocking
  - Security Risk Analysis
  - ONC Direct Review
  - EHR technology has 2015 Edition functionality
  - Self-Assessment on the new SAFER Guides
- Provide you EHR's CMS identification code
- Report the 5 to 6 required measures or claim their exclusion(s)



PI (Promoting Interoperability)

Objectives/Measures & Points (**Exclusion available)

OBJECTIVE	MEASURE	POINTS
e-Prescribing	e-Prescribing**	10 points
	Query of Prescription Drug Monitoring Program (PDMP)	10 Bonus Points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information**	20 points
	Support Electronic Referral Loops by Receiving and Reconciling Health Information**	20 points
OR HIE (alternative)	HIE Bi-Directional Exchange	40 points
Provider to Patient Exchange	Provide Patient Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange	Immunization Registry Reporting** (Required)	10 points
	Electronic Case Reporting** (Required)	
	Public Health Registry Reporting** (Optional)	Submit 1 for 5 bonus points
	Clinical Data Registry Reporting** (Optional)	
	Syndromic Surveillance Reporting** (Optional)	



IA (Improvement Activities)

- Worth 15% of your MIPS Final Score
- Select activities that will yield a total of 40 points to receive full credit
- Activities are weighted as “High” or “Medium”
- Activity scores varies depending on size of practice, PCMH or APM status
- 90-day performance period unless otherwise stated in the activity description
- Group Reporting: 50% of the clinicians must perform the same activity to receive credit
- Attest “YES” to the activity that has been carried out



COST

- Worth 30% of your MIPS Final Score
- There are 25 cost measures
- CMS uses Medicare Part A, B & D claims data to calculate cost performance
- Data will be collected for the full calendar year
- You must meet or exceed case volume (20-35) to be score on a measure
- To receive a Cost score, you must be scored on at least one measure
- If you cannot be scored on at least one cost measure, the 30% will be reallocated to another category.



MIPS Assistance Program
Tools for Success

STI MIPS Assistance Program

A dedicated STI MIPS Coach will be assigned to your practice to help the clinicians work towards meeting the goals for MIPS. Your dedicated MIPS Coach will guide you through the process for meeting the requirements of the 4 MIPS categories and to establish a workflow in your office to achieve good scores, with success, will result in a positive payment adjustment from CMS.

Our MIPS Coaches

- Are fluent in the QPP guidelines so that they can cut through the confusing aspects of the MIPS program
- They alleviate your stress by "bottom lining" the MIPS requirements and what you need to do to achieve a good score
- They will help you choose measures that are specific to your specialty and practice
- Provide education and guidance on how to carry out the measures helping you achieve outstanding performance scores
- Monitor your performance from behind the scenes to insure you remain compliant with the MIPS program
- Provide assistance with the attestation process at the end of the reporting year

STI MIPS Assistance Program:

MIPS Coaching 2021 – 1st Year Participant

- $250 per month 1st Clinician, $125 for each additional clinician
- 2 Onsite Sessions
- 3 Remote/Web Sessions
- 3 Touchbase Calls between scheduled sessions
- Review Cost Score from CMS
- Includes STI MIPSPRO Quality Reporting Registry
- MIPS Attestation assistance (web)
- Audit Assistance, if needed (web)

Our RCM clients can receive this service for free, if qualified

Questions & Answers

Joe Cerra 610-650-9700 extension 1188 jcerra@sticomputer.com
KBastien@sticomputer.com



Upcoming Webinars

Revenue Cycle Optimization	**2/9/22 at 12:30 EDT**
Medical & Surgical Centers	**2/16/22 at 12:30 EDT**
Next User Group Webinar	**2/23/22 at 09:00 EDT**