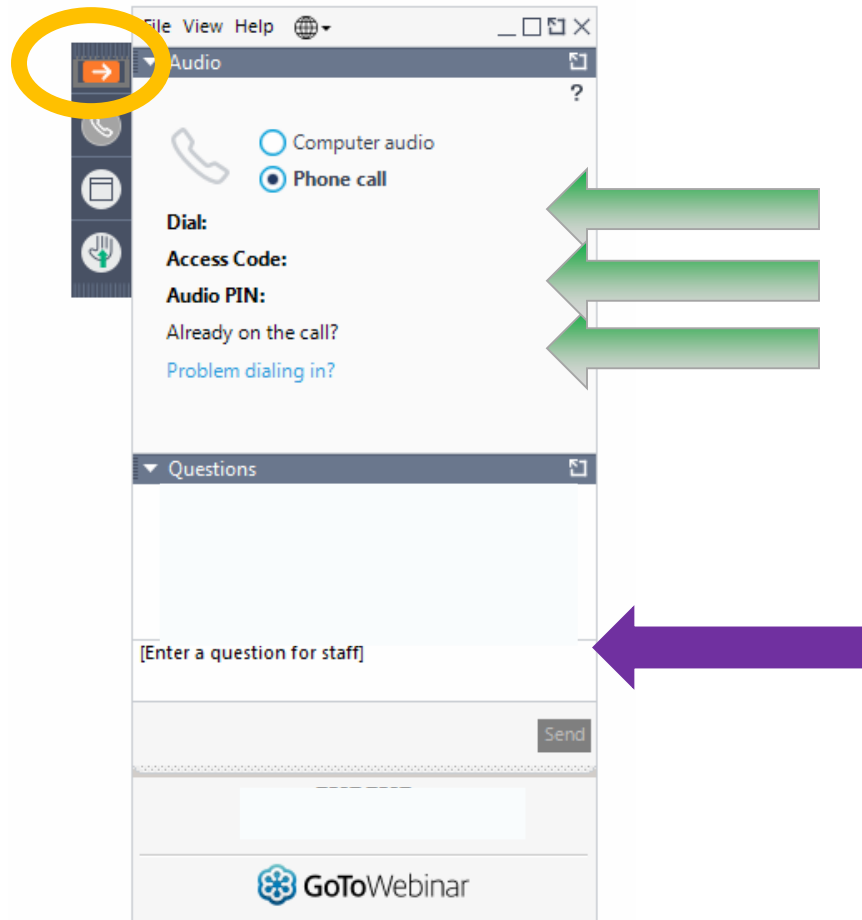


Welcome! We'll Start Shortly.



Audio Options:

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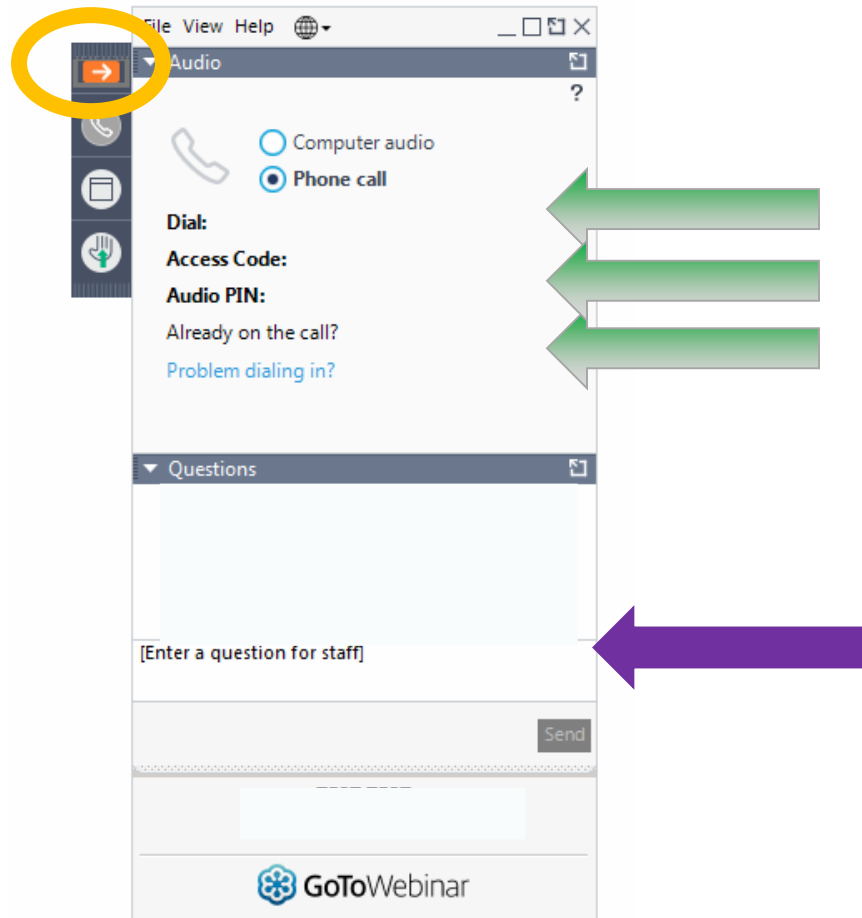
Asking Questions:

- Questions can be asked using the **Questions Panel** on the Meeting Controls
- We will attempt to answer all questions at the end of the session



You've Received Your MIPS Performance Score, Now What?

Welcome! We'll Start Shortly.



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- Notice:

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Today's Presenters



Tyler Surratt

- Quality Programs Specialist
- Graduate of UNC Chapel Hill with a degree in public policy concentrating in domestic health policy
- 6+ years of clinical healthcare experience
- 3+ years of experience with healthcare policy research and analysis
- Provides ongoing federal policy assistance to 25+ practices



Maggie Whisnant

- Quality Programs Specialist
- Graduate of East Carolina University Health Service and Information Management Program
- Experience with the attestation of over 200+ providers for Meaningful Use, PQRS, and HEDIS
- Experience with implementation and training for 300+ Patient Portal account activations
- Provides ongoing federal policy assistance to 25+ practices

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Today's Agenda

- An Inside Look: MIPS Feedback Report Overview
- Comprehending Your 2017 MIPS Feedback Report
- Next Steps Based on Your Report
- Tips For Improving Your Score for 2019
- MIPS Considerations for the Future
- Succeeding in MIPS
- Q&A



An Inside Look: MIPS Feedback Report Overview

MIPS Feedback Report Overview

- Physicians who participated in the Merit-based Incentive Payment System (MIPS) in 2017 now have the opportunity to review MIPS performance feedback as well as their final MIPS scores calculated by Centers for Medicare and Medicaid Services (CMS).
- These reports provide an analysis of your provider's or practice's performance on MIPS data submitted in 2017 and indicate the payment adjustment based on this performance.
- *Special Note:* Practices who are on the participation list for a MIPS ACO will need to contact the ACO representative to receive 2017 Feedback Report information

MIPS Feedback Report Overview

- Payment adjustments will be applied to payments made to practices in 2019 and will only be applied to covered professional services under the Physician Fee Schedule (PFS).
- Payment adjustments are applied to the paid amount and not the allowed amount.
- Payment adjustments do not apply to J Codes (drugs)
- Medicare Advantage payments are not impacted by MIPS payment adjustments
- Medicare Part D payments are not impacted by MIPS payment adjustments

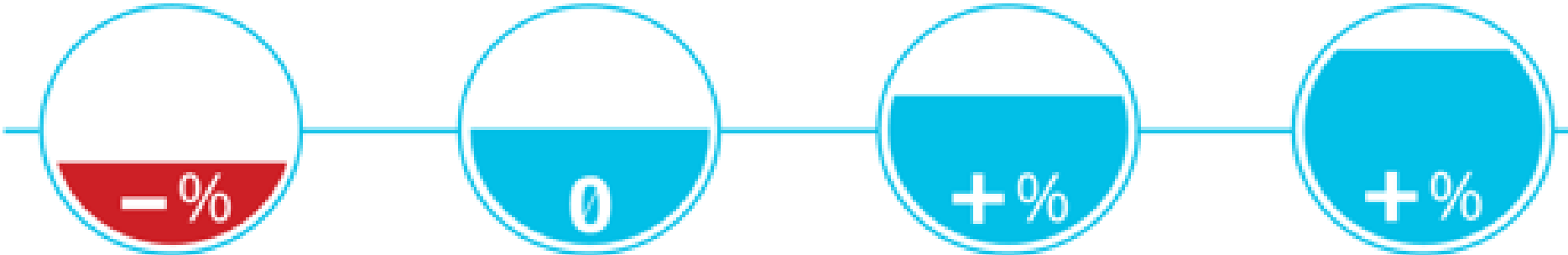
Understanding Your 2017 MIPS Feedback Report



Understanding Your 2017 MIPS Feedback Report

- MIPS Scores in 2017 ranged from 0-100 points. In order to stay neutral, clinicians needed to earn a minimum of 3 points.
- Payment adjustments for your 2017 MIPS reporting ranged from -4% to 2.02%.
 - Payment adjustments included the MIPS payment adjustment for clinicians who scored 3-100 that was based on budget neutrality
 - These payment adjustments also included the exceptional performance adjustment for clinicians who scored 70-100.
- Clinicians who scored a perfect 100 for their 2017 MIPS composite score will earn the maximum 2.02%

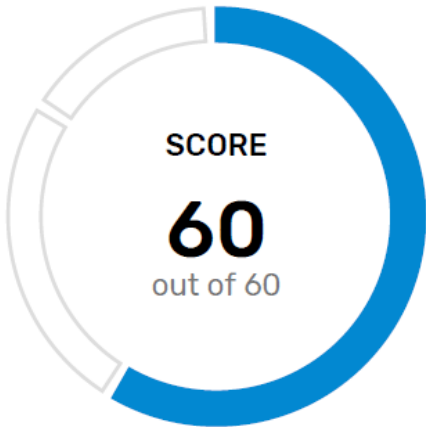
2017 MIPS Performance Threshold



Year	Negative Payment Adjustment	Neutral Adjustment	Positive Adjustment	Positive Adjustment + Additional Bonus
2017	0 points	3 points	4-69 points	70+ points
Payment Adjustment	- 4%	0%	.01-.29%	.36-2.02%

Quality

- 1. Provides you with the Performance Period your practice submitted
- 2. Method in which your practice submitted your data
- 3. How many measures were reported
- 4. How many of those measures were high priority bonuses

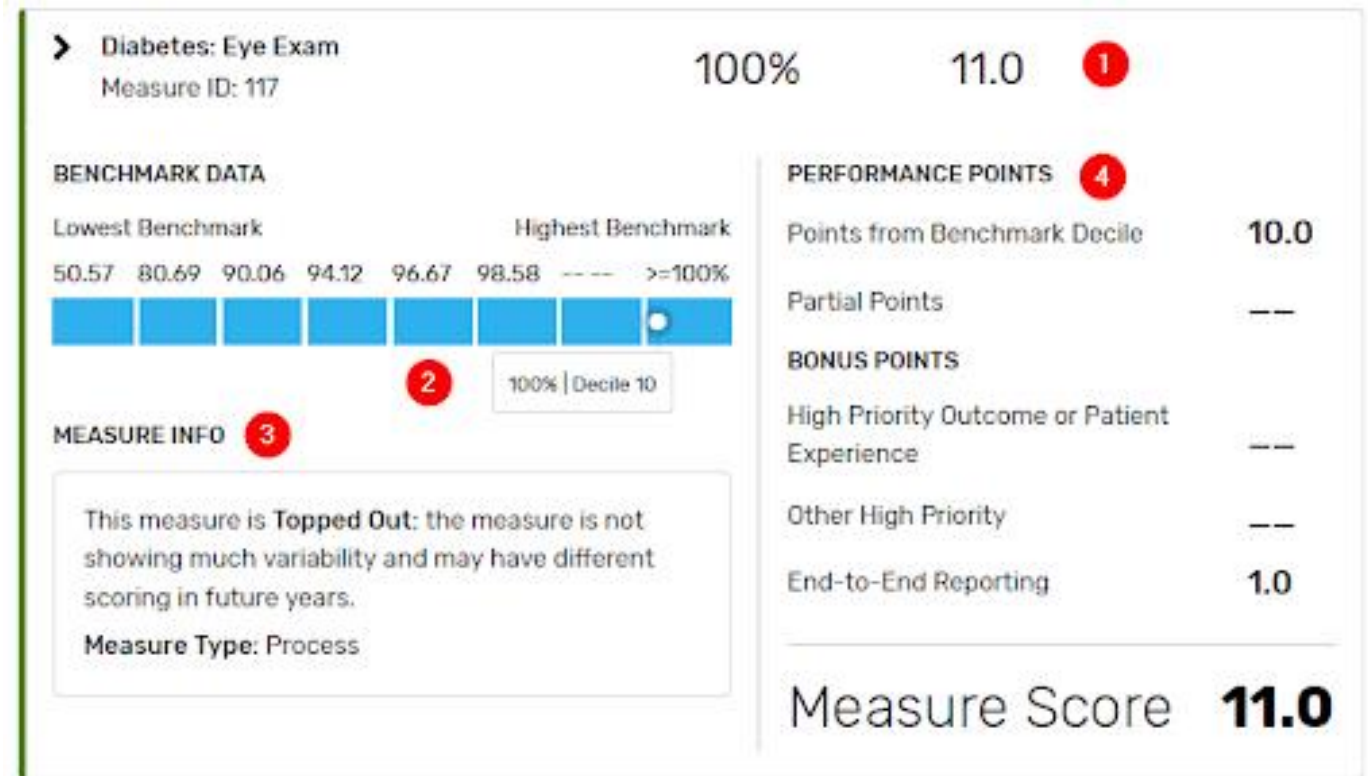


At A Glance:

1	Performance Period Date	1/1/2017 - 8/25/2017
2	Highest Score Submission Method	EHR
3	Reported Measures	9
4	High-Priority Measures	6

Quality

1. Measure Name, Performance Score, and Total Points
2. National Benchmark including your practice's placement on the benchmark
3. Any relevant details about the measure (topped out, inverse, process/outcome, etc.)
4. A complete breakdown of the measure score

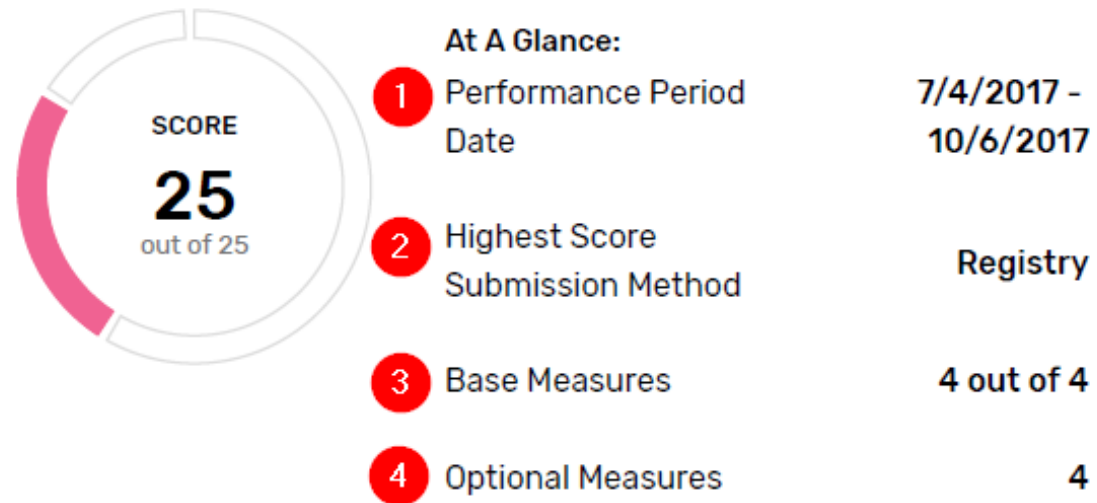


Advancing Care Information

1. Performance Period
2. Submission Mechanism
3. Base Score Measures Successfully Met
4. Total Optional Measures Submitted

Advancing Care Information Details

The following is a detailed review of the Advancing Care Information category information



Advancing Care Information

1. Measure Name and Description
2. Numerator and Denominator Submitted
3. Performance Points Earned

Medication Reconciliation 1

The MIPS eligible clinician performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS eligible clinician.

ACI_TRANS_MR_1 PERFORMANCE SCORE: 10 / 10 3

Numerator

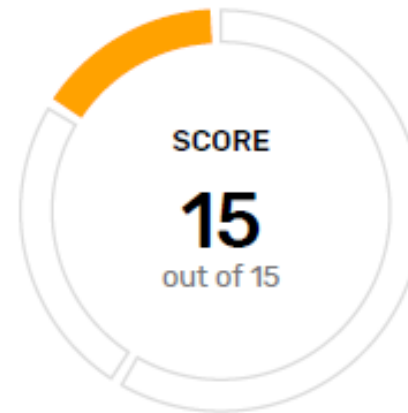
2 592

Denominator

647

Improvement Activities

1. Performance Period
2. Submission Mechanism
3. Total High Priority Activities Submitted
4. Total Medium Priority Activities Submitted



At A Glance:		
1	Performance Period Date	7/4/2017 - 10/6/2017
2	Highest Score Submission Method	Registry
3	High Priority Activities	1
4	Medium Priority Activities	N/A

Improvement Activities

1. Submitted Activity and Activity Description

2. Total Points Earned for Activity

Special Note: Points may vary due to special statuses that apply to your practice

EXPANDED PRACTICE ACCESS

Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record 1

Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following: Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care); Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management

IA_EPA_1

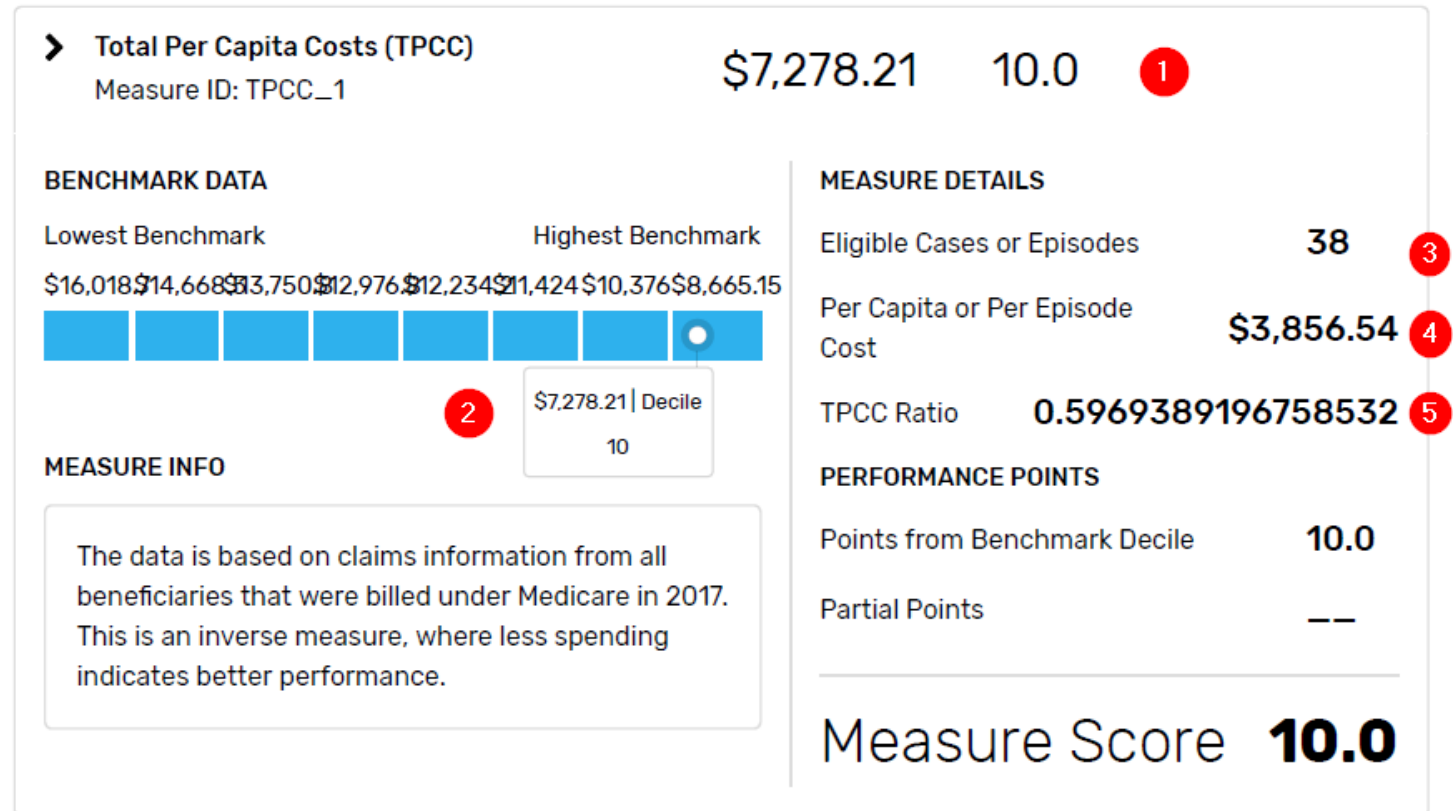
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Cost

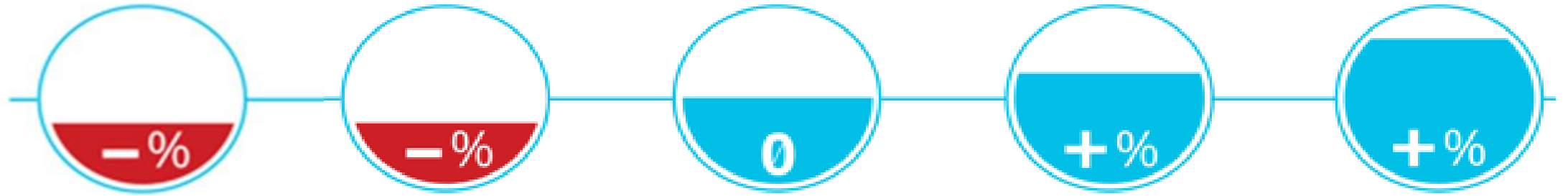
1. Measure Name, Practice Performance and Total Points Earned (Adjusted Cost)
2. National Benchmark including your practice's performance on the benchmark
3. Total Number of Eligible Patients Attributed to your Provider or Practice for the Measure
4. Unadjusted Spending Per Attributed Patient



Next Steps Based on Your Report

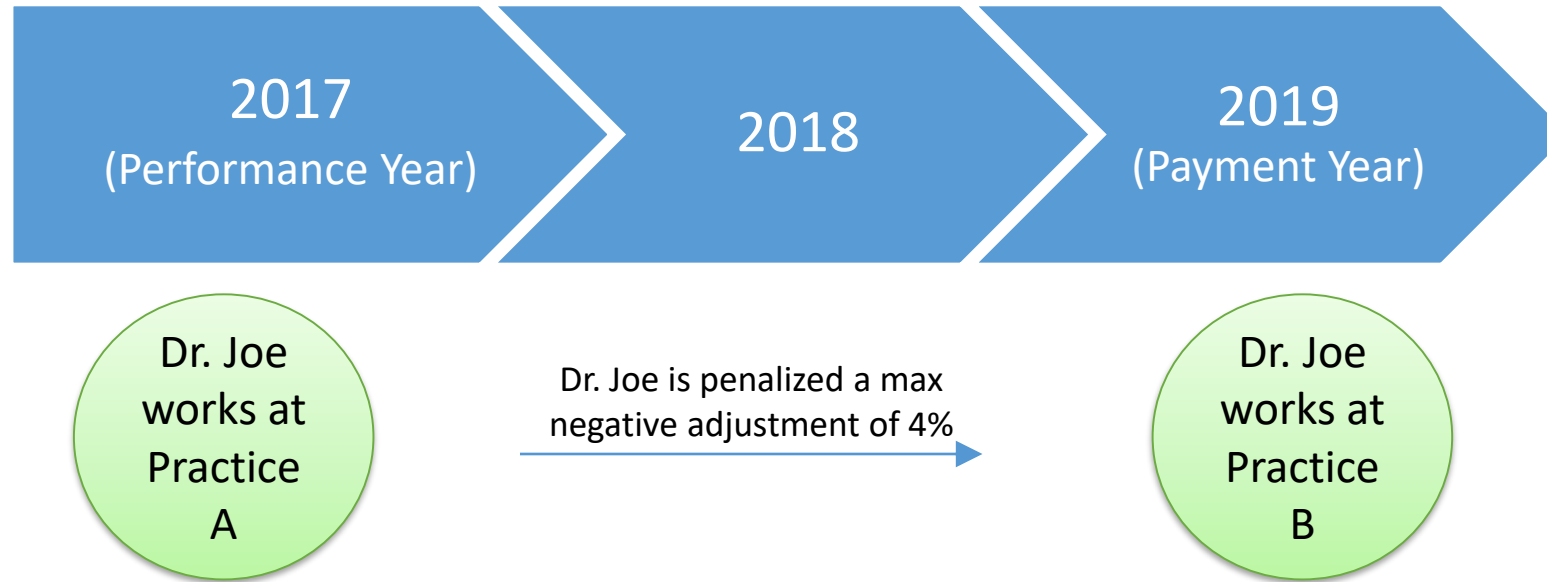


Projections For Future Years



Year	Full Negative Payment Adjustment	Negative Payment Adjustment	Neutral Adjustment	Positive Adjustment	Positive Adjustment + Additional Bonus
2018	0 points (-5%)	0.01 -14.99 points	15 points	15.01-69.99 points	70+ points
2019	0 points (-7%)	0.01 -29.99 points	30 points	30.01-79.99 points	80+ points
2020	0 points (-9%)	TBD	TBD	TBD	TBD
2021+	0 points (-9%)	Less than Mean or Median	Mean or Median Performance Score	More than Mean or Median	TBD

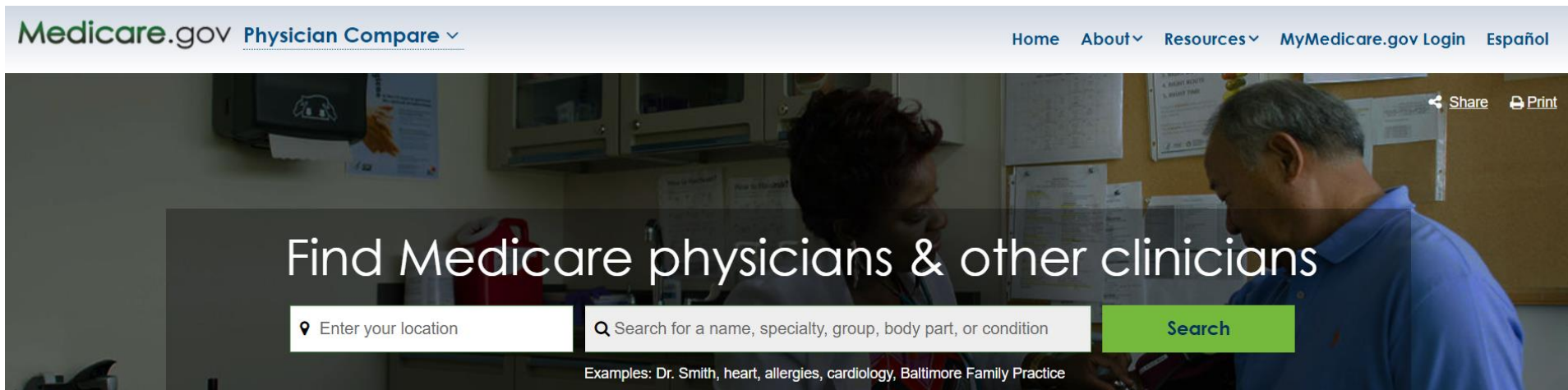
Considerations: Hiring a New Provider



- MIPS payment adjustments follow a provider to the payment year regardless of whether or not they are at the same practice
- Practices should consider this when hiring and contracting new providers

Publicly Available MIPS Information

- CMS intends to publish certain performance measures on its Physician Compare website
- MACRA mandates that CMS publish providers annual MIPS score and performance category scores within 12 months of the end of the performance year
- The 2018 Final Rule mandates a 5 star rating scale be applied to every MIPS performance measure for the purposes of comparing providers to their peers



Tips For Improving Your Score for 2019



Tips For Improving Your Score for 2019 and Future Years

- Focus on measures with low benchmarks in order to easily reach higher deciles
- Track specialty specific measures
- Determine your eligibility
- Work with your vendor on mastering workflows for both the Quality and Promoting Interoperability (PI) Categories

MIPS Considerations for the Future

Further Changes for 2019

- Multiple reporting methods will be allowed for the same MIPS performance category and the same clinician or clinician group for a given performance year (2018 QPP Final Rule)
- More quality measures subject to 7-point cap for being topped-out measure
- Introduction of facility-based MIPS scoring for quality and cost which, for example, hospital-based clinicians can have the option to choose
- Introduction of new episode-based measures in the Cost category

Succeeding in MIPS with TSI Healthcare



Succeeding in MIPS

- **Training**

- What type of training resources does your EHR vendor offer along with their MIPS support?

- **Support**

- What type of support services does your vendor offer?

- **Enhancements**

- How easy does your EHR and Practice Management make it to succeed in MIPS?

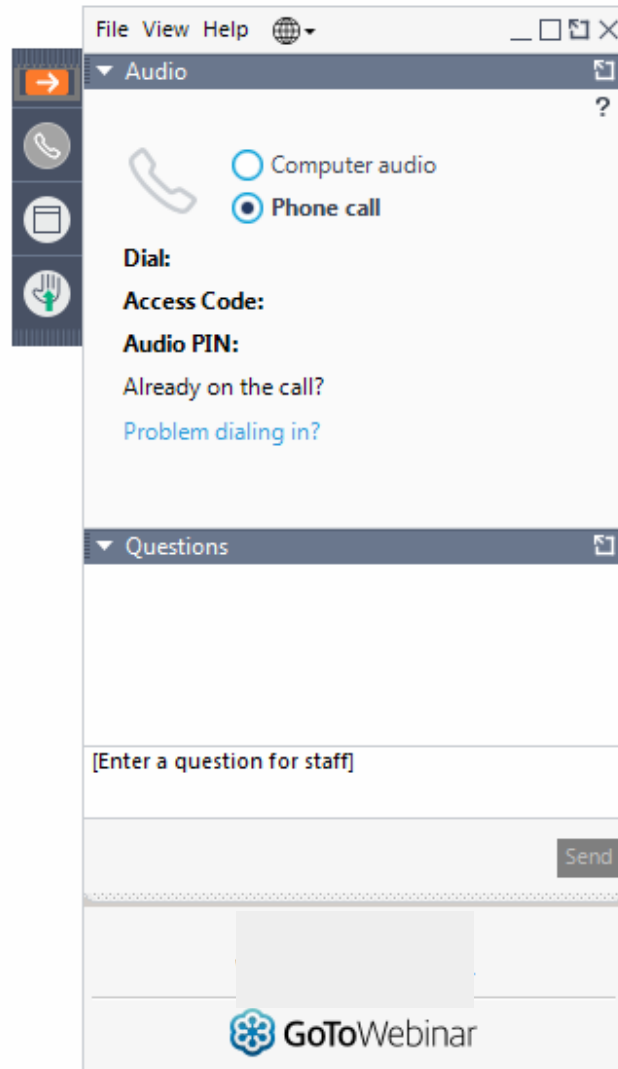
- **The Human Element**

- How often does your vendor discuss your performance on all 4 categories of MIPS?

Recap

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Asking Questions:

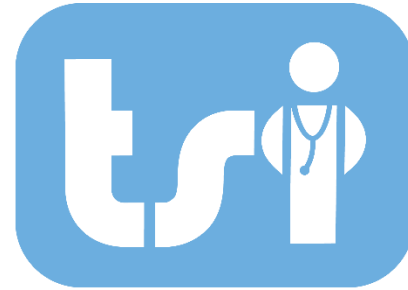
- Questions can be asked using the **Questions** section on the webinar Control Panel
- We will attempt to answer all questions

Contact Us:

- info@tsihealthcare.com
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Next Webinar:

- Advanced Payment Models (APM)
- August 30, 2018 at 12 p.m. ET



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