



2017 MIPS Calculator Transcript from Live Webinar

Wednesday, May 24, 2017

Kathy Wild:

Good afternoon and welcome to today's Quality Insights Quality Payment Program webinar, the 2017 MIPS Calculator. My name is Kathy Wild, and I am the Quality Payment Program Network Task Lead for the Quality Insights Quality Innovation Network. We will get started with today's program in just a minute, but first I want to review a few housekeeping items. All participants entered today's webinar in a listen-only mode. Should you have a question during today's presentation, please type it in the chat box or the Q&A box to the right of your screen. We will compile a list of questions and then create a question and answer document and distribute it to everyone who attended today's session. We will also post the Q&A document on the Quality Insights website with the recording.

Today's webinar is being recorded. The recording along with a copy of the slide deck will be posted on the Quality Insights website at www.qualityinsights-qin.org. Both can be found by clicking on the Event tab and then select the Archived Events option. There are two tools that I will be reviewing today, the 2017 MIPS Calculator and the 2017 MIPS Worksheet. Both of these tools, along with the slide deck, were sent to everyone who registered for this webinar earlier today. The tools are also located on the Quality Insights website under the Resources tab in the MACRA/MIPS category. Now we're ready to begin.

This 2017 MIPS Calculator tool was actually developed by the Great Plains QIN, which is the Quality Innovation Network for Kansas, Nebraska, North Dakota, and South Dakota. They granted permission for Quality Insights and others to use it. They compiled all the reference materials and data tables and calculations from the Final Rule in the calculator. However, the tool may need minor revisions when additional information becomes available. Quality Insights is in touch with Great Plains QIN, and we will keep the most current version of the tool on the Quality Insights QIN website.

The tool was actually developed to facilitate strategic planning and conceptualize the financial impact of not participating in MIPS. It is really not meant to be a definitive calculation tool, meaning that the MIPS score that the tool shows you may not exactly match what CMS comes out to be the MIPS for next year. But it can be used to monitor your performance rates and assist you

in measure selection. I do want to note that it is not applicable to practices that are in a MSSP Track 1 ACO or other APM, and the reason for this is the category weights differ.

If you recall for MIPS programs, quality category is 60% of the score, advancing care information is 25% of the score, and improvement activities are 15% of the score. That is the way that the calculator was created. However, if you're in an ACO, then the quality category is 50%, the advancing care information is 30%, and improvement activities are 20. You can still use this tool and the MIPS score for each measure will be correct. However, when you look at the actual score for the category, that will differ because of the weighting difference. The tool is also not applicable for practices that are going to report MIPS using the CMS web interface.

What I want to do first before we actually do the live demonstration is just kind of go over some screenshots and some brief instructions. Then you'll have this as a handy reference when you go to play around with the tool. There's nine tabs in it. The first one is the cover tab. Then they have a MIPS page. Then they have tabs for the three categories, quality, advancing care information, and improvement activities. They also added a tab for the cost category because that will be impacted with MIPS next year. Then there's an exit report. Then they also included, which is very valuable, two resources, the Quality Benchmarks and the Quality Payment Program measures. Everything is at your fingertips.

The first tab, well, actually the second tab is the user guide. What this really does is it explains what the different fields represent, how they kind of color-coded them. When you see an orange field throughout the worksheet, you'll know that that is where you can go ahead and input data. Purple ones represent where you'll be actually checking a box or a radio button to show your selection. Anything that's light gray, you don't have to worry about, because those fields will be auto-populated based on the data you entered.

When you see any blue fields, of which there'll be several of those especially in the quality category, it means there's a dropdown box available. When you click on the lower right hand corner of that, you'll have an arrow, and then the applicable choices will be there. Then you'll also find some fields have a tiny, little red flag up in the upper right hand corner. If you click on that, some additional information is provided. They give a reference or something like that to it. Then on this user guide page, there's also a link there where it says, "Click Here to Get Started," and what all that does is really takes you to the next tab which is called the MIPS tab.

Here's a screenshot of the MIPS tab, and it's a little overwhelming. You'll see there's some orange ones where you can input data, and then there's a lot of the gray ones. This tab really has a lot to do with the reimbursement, so there are some fields that are optional. I'm going to break it down into the little sections on this, and like I said, you can use this PowerPoint as a reference.

The first tab says, "Number of MIPS eligible clinicians," so there you could enter a one if you want to report and look at your data at an individual level, or you could put how many eligible clinicians are in your practice if you're going to report group data. Now at first glance, you might think entering a number in there might actually impact your score for the weight for your improvement activities, and this is not the field that does that. Like I said, this is more of a field that's going to determine your Medicare reimbursement values. The next field, "Total Annual Medicare Part B Allowable Charges," this is where you can go ahead and enter your 2016 Medicare charges, whether for an individual or a group, and then that will help you determine your financial impact of reporting MIPS.

All right, so more fields on the next page. The "Total Case Volume," this is where, if you are going to report as a group and you have more than 15 clinicians in your group, you'd want to go ahead and state how many cases you billed in 2016. The reason for this is because, if you have more than 200 cases and you're reporting as a group with more than 15, then Medicare will automatically calculate a readmission measure, and that will be part of your MIPS score. The next field, "Charges represent 100 or less beneficiaries per clinician," this is one where if you did select yes, then that means you're not an eligible MIPS clinician. This one should always be checked no.

All right, "Practice is a rural practice or is a small practice or is located in a geographic health professional shortage area." This is the field where it is determined what your weight will be and the score of the weight for the improvement activity category. Let me break that down a little bit. What you want to do is select yes if any of the following apply. You would select yes if your practice has 15 or fewer clinicians, and the reason for that is CMS defines a small practice as being 15 or fewer.

Number two is you would select yes if you are located in a rural area, and what that means is you have a rural ZIP code, your office address. If you are doing a group reporting and your practice actually has a few different office locations, every ZIP code for every one of those practices would have to have a rural ZIP code. If two of them do have a rural ZIP code but one doesn't, then you would not qualify for this rural ZIP code different weighting. One of the things Quality Insights did is we have created a list of all the rural ZIP codes for the five states in our areas, and that is located on another one of our tools that's on our website. It's called the Improvement Activities Assessment Tool. When you pull that up, you'll see there's a couple tabs at the bottom. One of the tabs is called the rural ZIP code tab, so it's divided by states and you can easily locate that.

The next reason to select yes for this is if your practice is located in a Health Professional Shortage Area, and the same things apply. If you have multiple locations, all of them would have to be in an HPSA area to select yes. On that same Improvement Activity Assessment Tool that we have posted, you'll find a tab there that lists all of those areas for our five states also.

The other reason to select yes for this field would be if you are a non-patient-facing clinician, which is basically like a radiologist or a pathologist, and you are going to report at an individual level, that you can go ahead and click on yes. Even though it doesn't state that in the title of this field, you'll see that this field does have the little red arrow, and in there, it does include the fact that a non-patient-facing clinician does have the right to click yes for that.

Okay, the next field, "End-to-end electronically reported quality measures using CEHRT." This field you actually have to enter data, and the only people that will be entering any data in here is if you are going to report your quality measures using your certified EHR vendor. If you are going to report quality using claims or using a registry or qualified clinical data registry, you don't have to worry about entering anything. You can keep it null.

However, if you are going to report your measures using your vendor, then what happens is you can earn one additional bonus point for the quality category for each quality measure you submit. If you submit all six measures using your vendor, you would enter a six here. If for some reason you want to do the pick your pace option this year and you really only want to report three quality measures, but you are using your vendor, you put a three in there. This will help. Like I said, that will impact your quality score.

Okay, another really important field on the MIPS tab is this one, because it determines the behind-the-scenes standard calculations of how the scores are going to appear. The first radio button is for the "Final Score Standard Calculation," and that would be the majority of people would just go ahead and use that default.

The second one called, "Final Score with Reweighted Advancing Care Information Performance Category," the people to select yes for this one would be a nurse practitioner, a physician assistant, a clinical nurse specialist, a certified registered nurse anesthetist, or a non-patient-facing clinician who's going to report MIPS as an individual and they will not submit any ACI, advancing care information, data.

What happens when they select yes for this radio button, then that ACI category automatically gets reweighted to zero, but those 25 points will get added to the quality category. Their quality category score will then be 85%. Once again, I do want to just stress, even if you select that but you submit MIPS data, I mean, any advancing care information data, remember CMS will score it. You need to make sure, if they don't want to be included and want to be reweighted, that they don't submit any of that information.

Then the last radio button for this field is, "Final Score with Fully Credited Improvement Activity Performance Category," and the people that would select yes for this would be those that have a certified patient-centered medical home, or if you are in an MSSP Track 1 ACO, or any other kind of APM. The reason for that is this year you all receive full credit for the improvement activity category.

You will not have to do any kind of attestation. CMS would be aware of this, and you get the full 15 MIPS weight for that category. Like I said, basically most of the people are probably going to pick the top radio tab for this, but if you do ... If one of the other fields applies, then make sure you check that so your score is adjusted.

Then these last three sections on this MIPS tab, they all have to do with Medicare reimbursement. If you filled out those first couple orange fields that talked about your charges in 2016 and how many clinicians, then these fields will become populated at the end after you actually submit ... after you enter all of your data for the different MIPS categories. That was the MIPS tab.

Next we move on to tab number four, the quality category. Basically you'll see there's two sections that are blue, so you know they have dropdown lists, and then one section that has orange fields where you'll be entering data. I'm going to break this up. The first section is "Measure ID." What you'll do, like I said, because it's blue, you know there's a dropdown list, and you just click in the bottom left, bottom, I'm sorry, right hand corner. They have put in a numerical list of all the measure IDs.

Now I think most of us when we talk about quality measures, we recognize them by their name and not their number. The numerical system that CMS created for MIPS does differ than it did for meaningful use, and it's a different PQRS number. What is nice about this calculator is remember I said the last two tabs were references, so if you need to look up a number, you could easily go to one of those tabs and look up the ID number. You don't have to get out of the tab and go to the internet and pull up the QPP website for those references.

You have two ways to put the measure ID in. You can actually sit there and enter the number yourself, or you can use the dropdown list and select it that way. When you put a number in for a measure, the next three fields get automatically populated. It will bring up the "Measure Name," and then the next column, "High Priority," it automatically identifies if it is a high priority measure. Then the next column is "Outcome Type," and that would tell you, yes, if it is an outcome or a patient experience measure.

Those are the two types that you get two bonus points if it is in yes in the outcome type measure after you report your first outcome measure, and for the high priority column, every additional high priority measure that is reported, you get one additional bonus point for the following category. That's one way to kind of look down there, and you can easily assess and see what bonus points you're getting.

The next section on the quality tab has to do with "Submission Method," and that is another column that is in blue. There are only three choices in the dropdown box, claims, EHR, or registry/QCDR. The main thing to remember when you do select your quality measures is that they all have to be reported using the same submission method. The tools built in that if you go and select,

accidentally select, different submission methods for one measure versus the others, the field turns red and it identifies it for you. The other thing is, if you think you want to report a measure using the EHR but it actually can't be reported using an EHR in 2017, a message will pop up also to alert you of that. Excuse me.

Okay, the next section is the "Performance Rate," where you will actually need your data. Before you have the tool pulled up and ready to enter your data, what you'll want to do is get your quality measure performance rate from your MIPS dashboard from your EHR, or if you're going to be working with a registry and they provide you with interim reports, have that data available so that you can go ahead and put them in this field here. Then once you put the performance rate in, the next two fields are automatically populated.

"Estimated Points," that actually tells you the estimated points towards your MIPS score for that measure. Remember for each quality measure, the maximum number of points is 10, so you'll see a number between three and 10. Remember three is the minimum number of points you get just for reporting a measure, even if there isn't a benchmark. You'll see it, and it does go to two decimal points in the calculations there. "Needed Rate for Maximum Points," that is something that shows you based on benchmarks, how much ... you know, what score you would need to be able to get all of the points for that measure.

Okay, just a few quick notes about the quality score. The first is the calculation of the quality score does not account for measure sets that have less than six applicable measures or those without an applicable high priority measure. Really, that is just a small audience. There's only three measures that have less than six measures, and they are electrophysiology cardiology, interventional radiology, and radiation oncology. Unless you're picking one of those measures, then that doesn't really matter.

The second point, that one point, as I said earlier, one bonus point is awarded for each additional high priority quality measure you report. The tool is set up that you had to report six for the tool to calculate those six in. However, the tool isn't unable ... If you wanted to pick your pace and only report three measures this year, they will not add in those additional bonus points because CMS actually has to do a claims validation process to determine if there was enough measures for you to submit. I know that sounds confusing, but it's just a little heads-up. That's why we say, when you look at the final MIPS score, it isn't necessarily going to match exactly as what is determined by CMS, because of some of these behind-the-scenes validation.

Then another thing to note is just CMS will be truncating some of the values to keep the scores within the assigned decile. Some of the rounding near the upper bound of each decile may change from what we see in the benchmarks in that. Okay, so that was it for quality category.

Now we go on to the advancing care information tab, and this is a screenshot of everything that needs to be completed there. Basically, it is broken up so that you'll see the three sections. You've got your base measures, your performance measures, your bonus points, and you're identifying which EHR you're doing. I'll break those up really quickly for you.

The first field, of course, "Certified EHR Technology edition," and this is important so that you can pull up the appropriate measure set that you're going to be reporting this year. The choices are 2014 or 2015, and we are recommending that everyone select 2014 because otherwise you have to have 2015 EHR for your whole reporting period if you picked the other measure set. I just wanted to show you again that the total number of available points for this category is 155, but the tool caps the total at 100. Your advancing care information, even if you add up the numbers and you're like, "Oh, wow, I really got 133, but it doesn't show it," it's because only 100 points are needed to receive the full credit for that ACI category. Anything from 100 to 155 will only display as 100, but remember that's full credit for the ACI category.

Okay, the first section are the base measures, although in the tool here they're called required measures, which makes sense because remember you have to meet all four of these base measures in order to get any score for the advancing care information category. The first question pertains to the privacy and security risk assessment which automatically you have to have yes. If you don't have yes, then you don't meet the base measures. If you don't meet the base measures, then you don't get any ACI points.

The next three fields you'll see are orange, and what you'll need, once again from your MIPS dashboard report from your EHR, is the numerator and denominator for the three measures, e-prescribe, patient access, and HIE. Do note that the e-prescribe measure does have an exclusion that if you order less than 100 permissible prescriptions during the reporting period, and the tool wants you to enter a zero in the denominator. That way, if you entered a zero just in the numerator, it wouldn't apply that you get that exclusion.

I do want to note, I have a star here, that CMS has stated that they will add an exclusion to the HIE category, to that measure, when there's less than 100 transitions of care, but so far, they have not sent out the proposed rule or finalized the rule so the tool does not reflect this. My guess is this will probably not happen until the fall. When they release the proposed rule, it'll probably be in the legislation at that time.

The next section on the ACI tab has to do with the performance measures. For the transitional measures, there are seven measures, but you'll remember two of them are also in the base measure. That means you have to enter the numerator and denominator for just four measures. The second measure is the reporting to a state immunization registry. That just requires a yes or no radio button click. Otherwise, for the other ones, you'll have to put in the numerator and denominator for the measures. Just know that the calculator automatically

will award up to 20 points for the patient access and HIE measures, and then all of the other four measures with the numerator and denominator are only worth 10 points.

Then the last section on the ACI tab is the bonus points section, and that is basically asking two questions. One is we know that you can earn 10 bonus points if you complete an improvement activity using your EHR. This field is actually automatically populated by what you do on the improvement activity tab which we'll be doing next. The second question, you do have to answer yes or no in the radio button, and that is whether you do report to a public health agency or a clinical data registry. Of course, it can't be the immunization one. That one you would have to click yes or no. If you click yes, then five points will automatically be added to your advancing care information score.

Okay, moving on then. The next tab, the improvement activities tab, what they have done here is they don't have ID numbers, but they've got the full description of the activity. They've got a category, I mean, a column that has the weight, whether it's a high or medium weight. Then the last column, the "Engaged" column, has a yes, and then you see some of the activities have another box that says, "Used CEHRT." What you want to do is check yes next to the box for the one, two, three, or four activities that you completed for 90 days. That is the minimum number of days to complete an activity, except for the prescription drug monitoring program. That does require a minimum of six months. The maximum number of points needed to get full credit for this category is 40 points.

I think you'll remember on the first tab called the MIPS tab, there was that question that said, "Practice is a rural practice or a small or located in a health professional shortage area." Once again, that has to be checked so you can determine how many activities you have to do and how many each activity, what the weight is worth. I'm not going to go through this again, but once again, you will get 40 points for a high weight and 20 points for a medium weight if you did select yes to this answer. If you selected no to this answer on the MIPS tab, then you will know that a high weight activity is only 20 points and a medium weight is 10. That's why you might have to do four activities.

Okay, the other thing to show about this improvement activity, once again this was on the MIPS tab, but I want to show you that if you did select that bottom radio button, "Final Score with Fully Credited Improvement Activity Category," that you would not have to report anything on this tab at all, because I did tell you about the fact that the current version of the tool does not add the 10 ACI bonus points for completing an activity that requires CEHRT when you select the radio button, "Final Score with Fully Accredited IA Performance Category." But this is going to be corrected in a further version. We just realized that when some further testing was done.

What that is saying, if you are a PCMH or an ACO, you really don't have to do any improvement activity, but if you do want to do some, you are more than

welcome to do that. If you do one that involves CEHRT, then you can certainly record that, report it to CMS, and you would get those 10 extra points for your ACI category. Of course, you don't need the extra points for the improvement activity, because you've already got credit for that. That will be corrected, and I will let you know when we get the new version for that.

The next tab is the cost category, and even though this is not being weighted for 2017, CMS is still going to be looking at those measures, calculating them, and providing feedback reports to everybody. But there's absolutely nothing for you as the user to do. It's all based on claims.

The next tab is called the exit report. What that is going to do is actually display the final points earned for each different category, and then it will also show the range of adjustments that may occur financially from maximum positive payment adjustment to the negative adjustment. It's all based upon hypothetical performance thresholds. Once again, we just want to state the adjustment rates are only approximate values.

Then tabs nine and 10, I've already told you before, they have the Quality Benchmark file that was from the QPP website that we all use, and the list of 271 quality measures from the QPP website are both loaded on this tool so you don't have to go back and forth to the website. Then basically once again, you can locate the actual calculator on our Quality Insights website under Resources, MACRA/MIPS category. We'll be posting the recording and slides under our Events tab.

The other thing that I'll be going over after I do a quick demonstration of the tool is a worksheet we created. That was we've had a request for some practices. They actually want to use a one-page hard copy worksheet to record the measures, put the performance down there, and then that way they have a sheet to go ahead and share with their clinicians during meetings. What you can do is actually utilize the MIPS Calculator and then record everything on there and then share it with your physicians that way if you'd like to do that. That new worksheet is posted on our Resources page, and also I believe it was sent this morning along with the slide deck.

Okay, so now during this part, I'm going to actually pull up the MIPS Calculator and do a quick little demo. At this time, you may all want to go ahead and make sure that your computer screen is on the full screen because some of the font is pretty small. Okay, so here is the MIPS tool that we just kind of went over. You'll see here at the bottom are all the different tabs we went over, so that is just the cover sheet. Here is the guide. Once again, that just describes what the different colors and options are for each of them.

Here is that busy MIPS page. On this one, I am going to take the perspective that we're really not looking at the financial impact right now. I think it's important right now for everyone to just kind of see where your baseline rates are for all of your performance measures so you can see what your rate is, see who needs

improvement, what you can do to improve it. It might help you in some of your measure selection. I'm going to leave some of these orange fields that deal with the reimbursement blank, but I'll make sure that we do select the other appropriate fields on this page before we move on.

For the sake of today's demonstration, for the question, "Practice is a rural practice, small or located," I am going to go ahead and say no, that we are not one of those. Then as far as which kind of standard calculation, I am going to say we're just using the standard. In other words, I'm not going to reweight ACI and I am not an ACO at this point.

We're going to start with the quality category. I do have to scroll over here so you can see it all. Okay, as I said, there's a little dropdown box here with an arrow. I am going to just enter a couple measures that are kind of familiar. Everyone that did meaningful use, you might have reported these. They seem to be ones that every vendor has available to report. I know the first one I'm going to pick is 130, then I click enter. That identifies that it's "Documentation of Current Meds in the Medical Record." It does tell me it is a high priority measure.

I'm going to go ahead and before I get my data, I'm just going to go ahead and put in six measures that I think I want to look at. My next measure will be 128. I am just going to type them in rather than scroll down. That is the "Preventive Care and Screening: BMI Screening and Follow-Up" measure. You'll see that it is not a high priority or outcome measure. Next we will do 226. Whoops, I'm sorry, there we go, 226, which is the "Tobacco Use: Screening and Cessation." We will do 238. Yeah, if you click over on the arrow, then it kind of makes you, and I'll show you, scroll down. Like I said, you can do it either way. I'll pick it this way, but to me, it takes a little bit more time. Let's see, 238 is right there.

Okay, "Use of High-Risk Meds in the Elderly," you'll see that is a high priority measure. My next one I'm going to pick "Colorectal Cancer Screening" which is 113. I'm going to do "Pneumonia Vaccination" which is 111. There we go. There are six measures that I am going to look at today. Two are high priority, none are outcome, but that's okay. Out of six measures, remember you have to report one outcome, but if you don't have one, you can do high priority so you'll meet that.

Now I'm going to go to the submission method. First, I am going to show you that we're going to use a registry. I'm going to click out in the dropdown box and remember they all have to be reported the same way. Registry. Now just pretend my finger slipped and I said claims. It should go up red but it didn't, but I'll go ahead and switch it. I filled out that column. Now I've got performance rate, and these are some of the scores that I've actually gotten from some physicians. Kudos to them because some of these are really good. Okay, so for the score, we've got 82.2 for that one. 128, we've got 91.7%. 73.4, 8.2, 54.9, and 66.2. Okay, so those are the measure rates I got for these measures based on data from the EHR.

Okay, so what we can do, "Documentation of Current Meds in the Medical Record." Remember I said the least number of points you can get for a measure is three. This one, even though the doctor did well at 88.2%, he's only getting 4.63 points for that. The reason is it's a topped-out measure, and this shows you that you actually need 100% to get all 10 points. Okay, so for the BMI measure, the physician got 91.7%. He did really well. He got 9.45 out of 10 points. This shows you the decile. In order for him to get all 10 points, he needs to improve up to 97.34%. The next measure, "Tobacco Use," he has 73.4, and guess what? You'd think that would be pretty good, but everyone does well. Therefore, he's only getting three points for that measure. That's because, once again, you need 100% to get all 10 points for that.

"Use of High-Risk Meds in the Elderly," now this is an inverse measure. We don't want the elderly to be on a whole bunch of meds, especially the ones that are affiliated with this measure. He has a fairly low rate, 8.2%, and he's going to get 5.54 MIPS points. What you need to get the full credit, all 10 points, is to actually have a zero. "Colorectal Cancer Screening," the physician, about 54.9% of his patients had that done. He'll get 6.9 MIPS points. If he has 88.15% using a registry, he can get 100%. I mean, he can get all 10 points. "Pneumococcal Vaccination Status for Older Adults," he had 66.2. He'll earn eight points, and he would need 90%.

Now what I want to show you, just because we did the quality measures, I'm going to go back to the MIPS tab. What that did is that calculated, when you add those up, if you were to take a calculator and add these up, it will do that in this column. It told you 37.52 out of 60 is how many points he got for his quality points. He does get one bonus point here, because remember he reported one additional high priority measure. His total points for the quality category are 38.52.

What I want to quick show you is the impact if he had reported all those measures using a registry. I mean, I'm sorry, using the EHR. Here is where it's showing red because it's saying, "Kathy, you have to report all of them in the same way." Now it's recognizing, okay, she's switching over. All I did was the same measure rate, same everything. Now let's take a look at the score. If you add them all up, you actually do better. You go back to the MIPS page, and I don't know if you can see it here, but it's 39.61, so get the one bonus point but remember, this is where you have to remember, he's going to use an EHR and all six measures are reported that way. He gets six points. He's up to 46.61 out of the 60. Just by reporting the same thing, doing the same things, you get 46.61 points versus 38.52. I'm not suggesting you use a registry, but there's some benefits to it.

Another thing I just wanted to show you with the quality is you may want to go ahead and use this as a monitoring tool and enter some more measures to say, "I wonder what ... You know, let's look at these two," and then at the end of the year, remember you don't have to determine what you're going to report until first quarter of 2018. Why not go ahead and look at some more? Let's look at

"Controlling High Blood Pressure." Let's look at "Hemoglobin A1c Poor Control." Let's look at "Influenza Immunization." Oops, that's 1-1. Okay. I'm going to quick throw in some rates here and look it, two of those are high priority and outcome measures. Just to be consistent, I'm going to say we're doing them EHR also. I'm just going to throw in some rates. Let's just say that they're getting 50% on all of them, 50. Okay, maybe I don't want to say 50. We'll say 50.

Okay, what you'll notice is that, okay, now I've got nine measures on here. You only need to report six. Automatically the tool grayed out three of them. What the tool did is they grayed out the three lowest. They're like, okay, guess what? You really don't want to do "Tobacco Use: Screening." It's because you've got a better rate at this "Influenza Immunization." It automatically does that for you. It is good to go ahead and enter more measures in there, keep track, and then as you monitor every quarter, every month, however you're going to look at your performance rates, it will keep track and easily identify which measures you should report. That's what's really great about the quality category.

Okay, advancing care information. I am going to go ahead and say that we're using 2014 certified technology. Remember this first question is basically saying, did you do the privacy and security? You're going to have to say yes if you want any ACI points. I am going to throw in some numerators and denominators here from some physicians who did really well. Give me one second, 513, 1158. One thing you'll notice is that for several of the measures, you're going to have the same denominator. That's because you're looking at the unique patients during a certain time period, just so that you see. It isn't applicable to the HIE measure and the ... Let's see, what's the other one? Med rec, because those involve transitions of care, but all the other measures should always have the same denominator.

Let's see. Secure messaging, 534 and 1158. Then we have one more measure. Okay, I am going to say that this practice is primary care. Let's say, yes, they do immunization registry reporting, and for medication reconciliation, 134 and 141, because the denominator there is you only have to do it for transitions into your care. However, we've always said the best practice is really do med rec for every patient that comes in during every visit, so really everyone should have 100%.

On this tab, all I had to do was take my MIPS dashboard report, put in numerators, denominators. The rates automatically calculated. I'm going to go back to our MIPS tab. Advancing care information, I've got 24.75 points. The maximum points I can get for the MIPS category is 25, so I'm very close. Now notice for the ... I'm sorry. I didn't scroll down and do the bonus points. As of right now, we don't have any bonus points. We are very close to getting full credit.

At that point is where I would want to go ahead and say, "You know what, let's pick one of those improvement activities that requires you to use CEHRT, because that'll get me 10 points and I'll be over." The other option is reporting to a public health or clinical data registry. However, if you do a clinical data

registry, a lot of times there's fees involved with that, and if cancer registry reporting isn't applicable to your practice, there aren't that many options without paying for that. Then that's only worth five points.

I'm going to go ahead, and once again, this is automatically impacted by what's on the improvement activities. It's almost like you have to do the improvement activity category before you see your full advancing care information. Let's move over there real quick. Once again, I'm going to scroll through and just show you they've got all 92 activities loaded. You'll see several that have the two boxes, yes and used CEHRT. Okay?

For this demonstration, I'm going to go ahead and at least pick one of them that has to use CEHRT. I'm going to go ahead and say we're doing this one. I have to do four ... Oh, that's high weighted. I have to do four activities to get full credit, so I'm just going to pick these just for the demo. Now if we go back to the advancing care information, you'll see where this tab automatically changed from no to yes. That's because I said, yes, we did do one of these with CEHRT. You will get a flag if you pick this and you forget to hit the CEHRT button. You'll get a flag telling you that.

Now let's go back to the MIPS page. Now I'm at full credit. You'll see I got my 50 base points. I got 49 out of nine for my performance score, and then I now have a 10 in here, bonus points because I did that improvement activity. I got full credit for advancing care, full credit for improvement activity. When you look at all of this, look at this person's final MIPS score is 94.7 out of 100 which is phenomenal. Anybody over 70, remember, is eligible for that exceptional bonus pool.

Okay, cost category, absolutely nothing to do. Exit report, all it did was really pull the totals for the three categories on here. Then this part would be populated if I had filled in reimbursement data, dollars from charges and things like that, like I said. If you want to look at it from that aspect, but if you kind of want to measure what your MIPS score is, you don't need to fill those fields out. Then these last two fields here are once again the Quality Benchmarks and the QPP measures. Everything is from the QPP website.

All right. Then the last thing I want to show you today is for those of you that want to share a hard copy of this and sit down with your clinicians. If you don't want to show them on the tool, it's a document. We have instructions on the first two pages, kind of giving you just high-level overview of what the rules are for each of the categories. Then beginning on page three is the actual worksheet where you can print off just that worksheet. There's one page for improvement activities, one page for quality, and one page for advancing care information.

Here's the worksheet for the improvement activities where you can write down up to four of them, gives you the activity ID, weight, and all that so when attestation came around, you could just have this handy and be able to check those off. Page four is the advancing care information sheet. Once again, you're

just recording that numerator and denominator. You may want to fill this out if you don't want to use your dashboard report. Just get it from there and then use this to enter the data into your calculator. There are the base measures, the transitional measures, and then the bonus points.

Then the last page, the quality category, we have spaces here for 10. As I said, there's six that should be reported if you want to try to gain as many points as you can, and then we have room to write down four alternates. That way, you could write the measure ID name, the name down, numerator, denominator, rate, and then the quality points based on the calculator.

Okay. Well, that is all I have for today. We did get some questions, and I will be in touch with Great Plains QIN to help me answer them. Since they are the great creators of this tool, I cannot take any credit for that, but I do think it's wonderful and I appreciate them sharing it with us so we could share it with you all. Everyone, have a great day, and we thank you for joining us. We'll talk to you next time. Bye bye.