



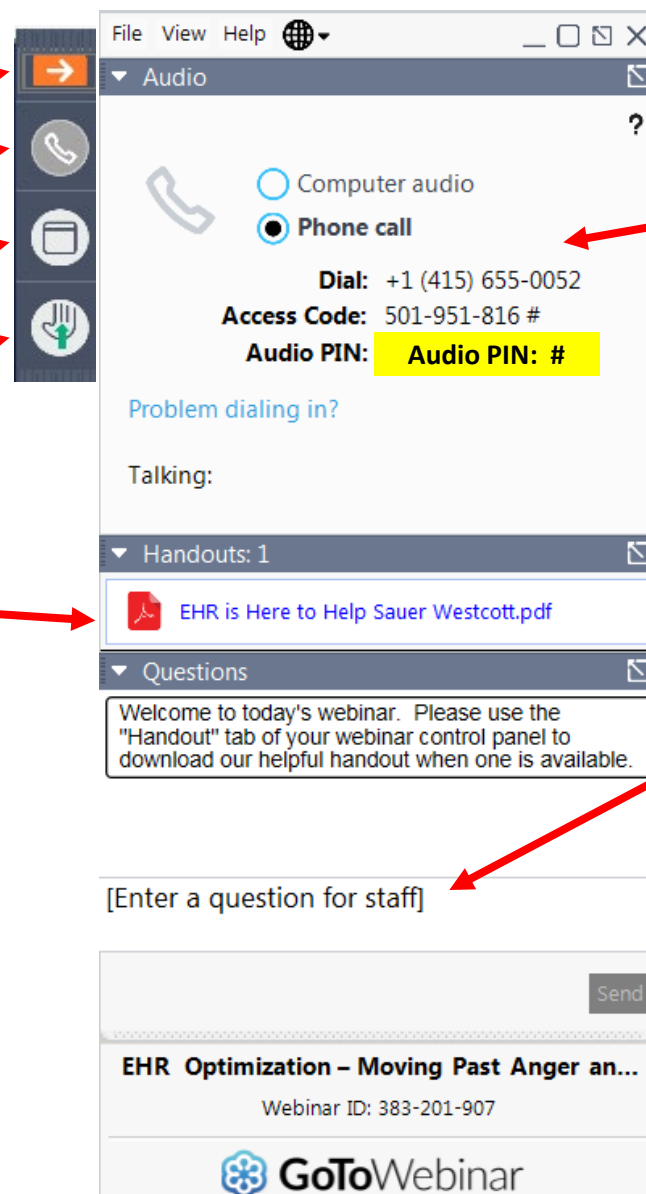
Succeeding at MIPS in 2020

August 12, 2020



Attendee Control Panel

- **Grab Tab** – Click arrow to open/close Control Panel.
- Muted
- View in Fullscreen mode
- **Raise Hand** – When vocal questions/comments are allowed, please select the hand icon to get the presenter's attention. A red arrow means your hand is raised.
- **Handouts** – when available, you are now able to download handout materials from this pane.



- **Audio pane** – Select audio format. Select Telephone or Mic & Speakers devices. When using telephone, be sure to use your pin number (located here).

- **Questions pane** – If turned on by an organizer, attendees can submit questions and review answers. Broadcast messages to attendees will also show here.
 - Type your question and click **Send** to submit it to the organizer

Presenters

- Terry Rosenthal, CEO, The Orthopaedic Clinic
- Lana Woods, Director, Health Care Quality Reporting
- Ken Persaud, MD, CEO
- Paul Free, VP, Sales and Business Development

Sharecare Provider-Focused Products and Services

- Ornish Lifestyle Medicine – Intensive Cardiac Rehab
- Sharecare Diabetes Solution
- Value Based Quality Payment Programs
 - CMS
 - Merit-Based Incentive Payment System (MIPS)
 - Alternate Payment Models (e.g., Accountable Care Organizations)
 - Health Plans and Employers
 - Medicare Advantage Programs
 - Other outcome-based programs
- Pre-Submission Billing Reviews (using artificial intelligence)
- Payer Medical Records Audit Programs
- Medical Records Information Request Fulfillment

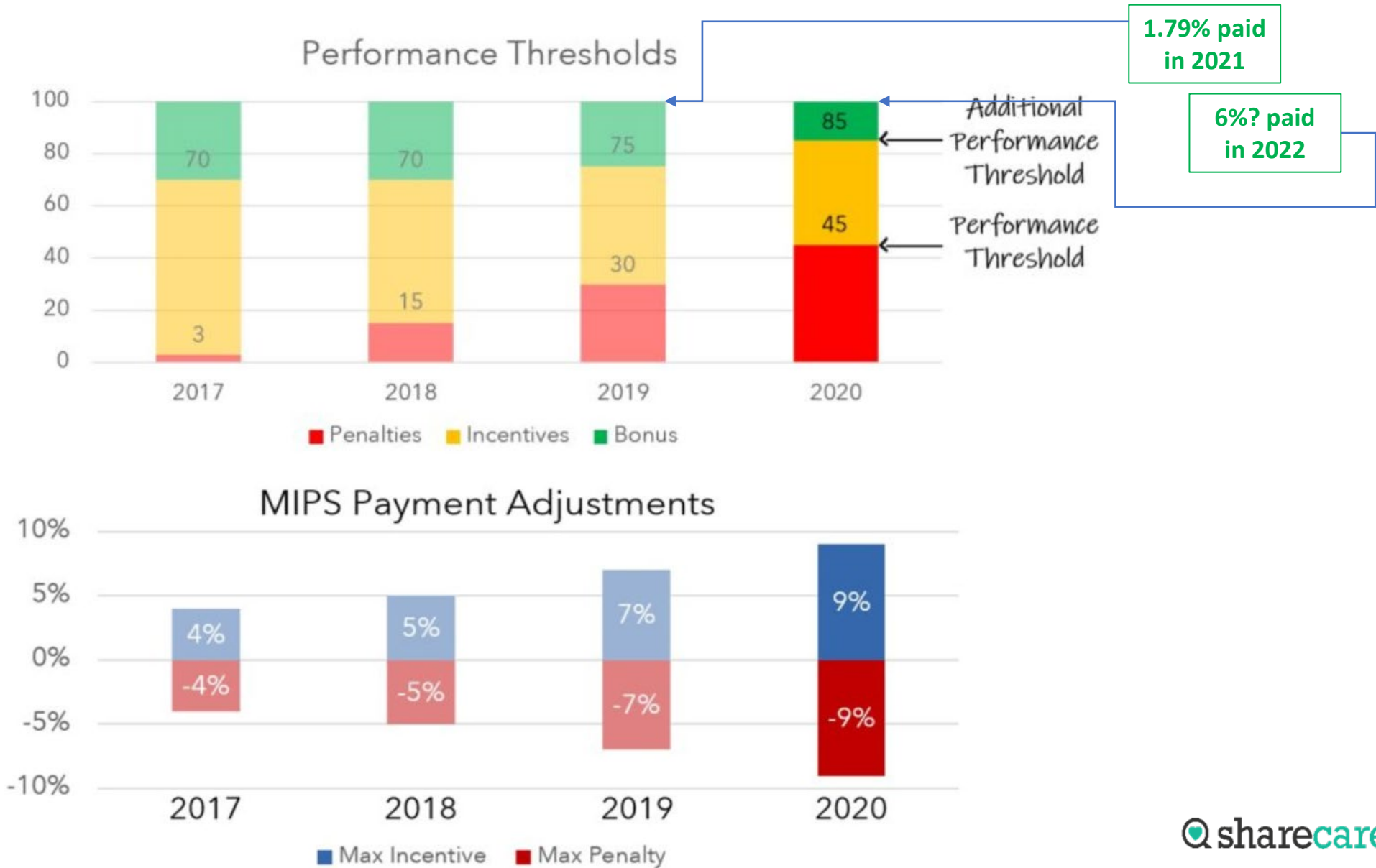
Poll Question #1 - What is your plan for MIPS in 2020?

- A. Avoid paying a penalty to CMS
- B. Use less resources on this activity than last year
- C. Maximize incentive revenue from CMS
 - The \$500,000,000.00 Bonus pool for “Exceptional Performers” remains in place for 2020
- D. Take actions this year to improve revenues next year
- E. All the above

Agenda

- 2020 MIPS
 - Why bother given other big issues this year
 - Changes from 2019
- Building a high-scoring, workflow-friendly plan
- Client Experience
- Another Revenue Opportunity (Risk Adjusting Fee for Service Data)

MACRA Merit-Based Incentive Program System (MIPS)



CMS Rule changes bring lower results

	2019 Results			2019 Results, 2020 Model		
	CATEGORY SCORE	WEIGHT ING	MIPS COMPOSITE SCORE	CATEGORY SCORE	WEIGHT ING	MIPS COMPOSITE SCORE
QUALITY REPORTING	92.29%	45%	41.53	80.09%	45%	36.04
PROMOTING INTEROPERABILITY	74.00%	25%	18.50	74.00%	25%	18.50
CLINICAL PRACTICE IMPROVEMENT ACTIVITIES	100.00%	15%	15.00	100.00%	15%	15.00
COST	78.13%	15%	11.72	78.13%	15%	11.72
Complex Patient Bonus			1.43			1.43
TOTAL			<u>88.18</u>			<u>82.69</u>
Estimated Bonus Percentage			0.99%			Too low
Estimated 2022 CMS Revenue			<u>\$ 8,000,000</u>			<u>\$ 8,000,000</u>
Estimated Practice Bonus			<u>\$ 79,200.00</u>			<u>\$ -</u>

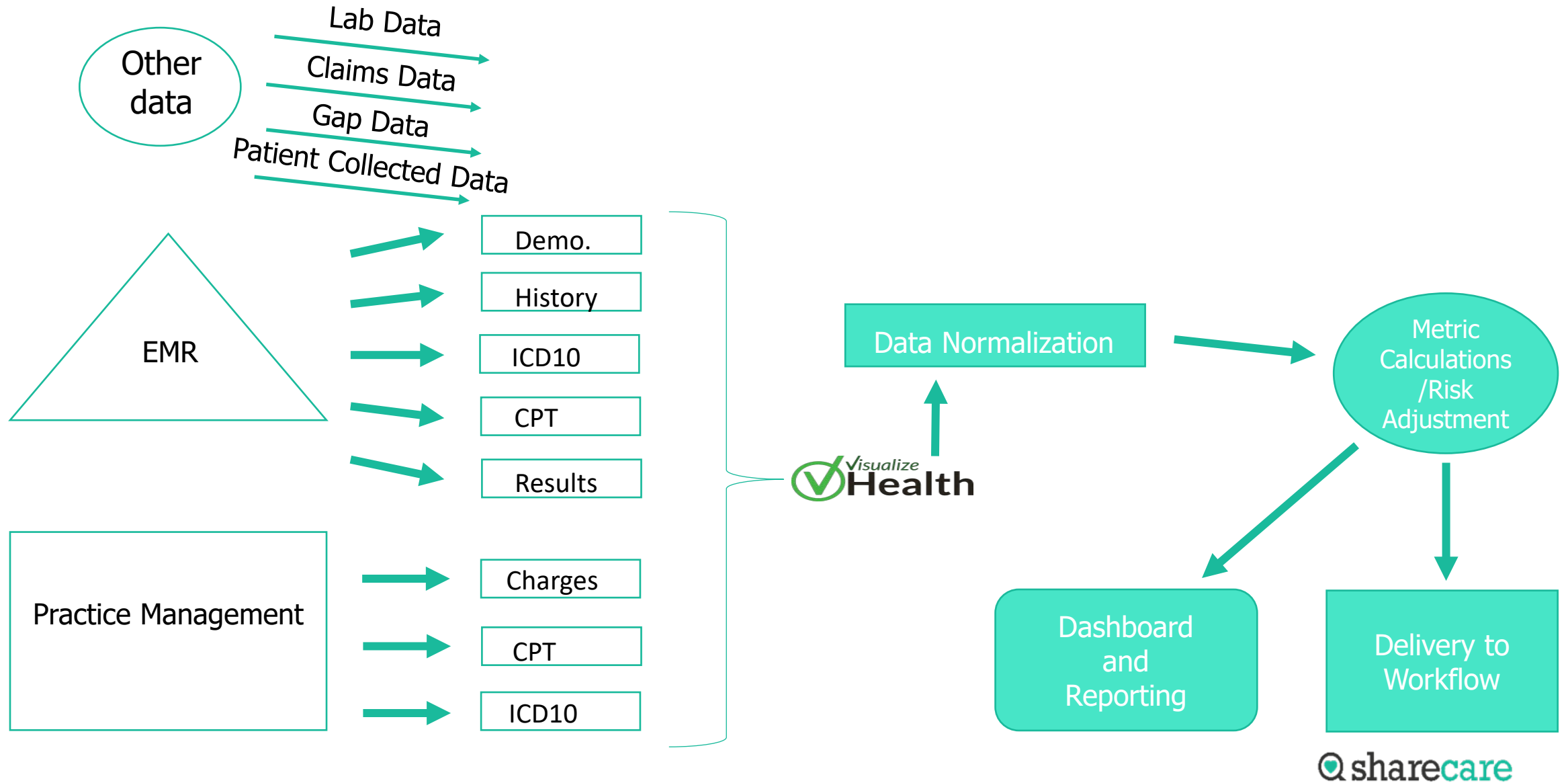
Poll Question #2 – How did you report for MIPS in 2019?

- A. We used a CMS approved Registry like Visualize Health
- B. We used our EMR vendor
- C. We used the COVID exemption
- D. We did not report as we don't mind a 7% penalty
- E. I'm not sure

2020 Changes

- **Quality**
 - 49 measures eliminated from 2019, including 9 cardiology measures
 - 63 of 216 measures capped at 7 points, including 16 cardiology measures
 - COVID exemption opportunity is not certain
- **Promoting Interoperability**
 - EMR weakness exemptions from 2019 may carry over
- **Improvement Activities**
 - Measures eliminated
 - Measures added
- **Cost**
 - New measures added

Workflow Architecture



Setting the 2020 Plan

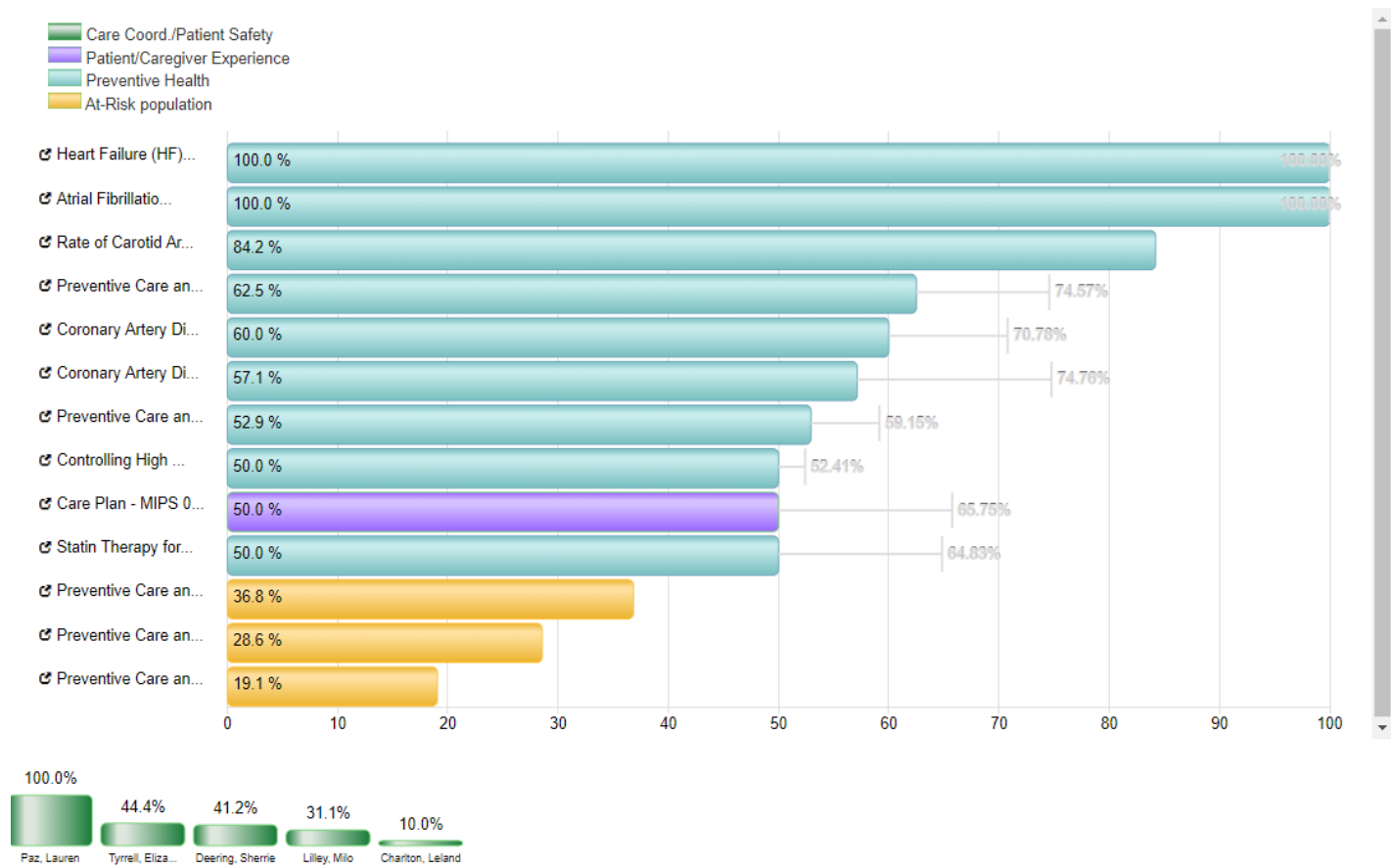
- A. Find the measures that fit with the practice and its workflow
- B. Analyze the benchmarks for results impact
- C. Identify gaps in quality performance/documentation by patient
- D. Link the patients with gaps to the schedule
- E. Deliver the gaps to the provider for inclusion as part of the scheduled encounter
- F. Update performance results daily

Setting the 2020 Plan

	2019 Results, 2020 Model			2020 Plan		
	CATEGORY SCORE	WEIGHT ING	MIPS COMPOSITE SCORE	CATEGORY SCORE	WEIGHT ING	MIPS COMPOSITE SCORE
QUALITY REPORTING	80.09%	45%	36.04	90.00%	45%	40.50
PROMOTING INTEROPERABILITY	74.00%	25%	18.50	80.00%	25%	20.00
CLINICAL PRACTICE IMPROVEMENT ACTIVITIES	100.00%	15%	15.00	100.00%	15%	15.00
COST	78.13%	15%	11.72	80.00%	15%	12.00
Complex Patient Bonus			1.43			1.43
TOTAL			82.69			88.93
Estimated Bonus Percentage			Too low			2.63%
Estimated 2022 CMS Revenue			\$ 8,000,000			\$ 8,000,000
Estimated Practice Bonus			\$ -			\$ 210,000.00

Visualize Health Cardiology Dashboards

PRACTICE LEVEL DASHBOARD



Quality Score Estimate

34.43 /45

*Final scoring is performed by CMS and is subject to change. This score is an estimate based on currently available data.

Populations	Patients	Needing Attention
All Patients	89	58
Patient Caregiver	20	10
Preventive	89	34
Other At-Risk	44	34

Last updated 8 hours ago

Provider Type

Primary Provider

Appointment Provider

Time Periods

Today's Schedule

Programs

All Patients

Demo MIPS

Anesthesiology Specialty Set - MIPS

Allergy & Immunology Specialty Set - MIPS

Cardiology Specialty Set - MIPS

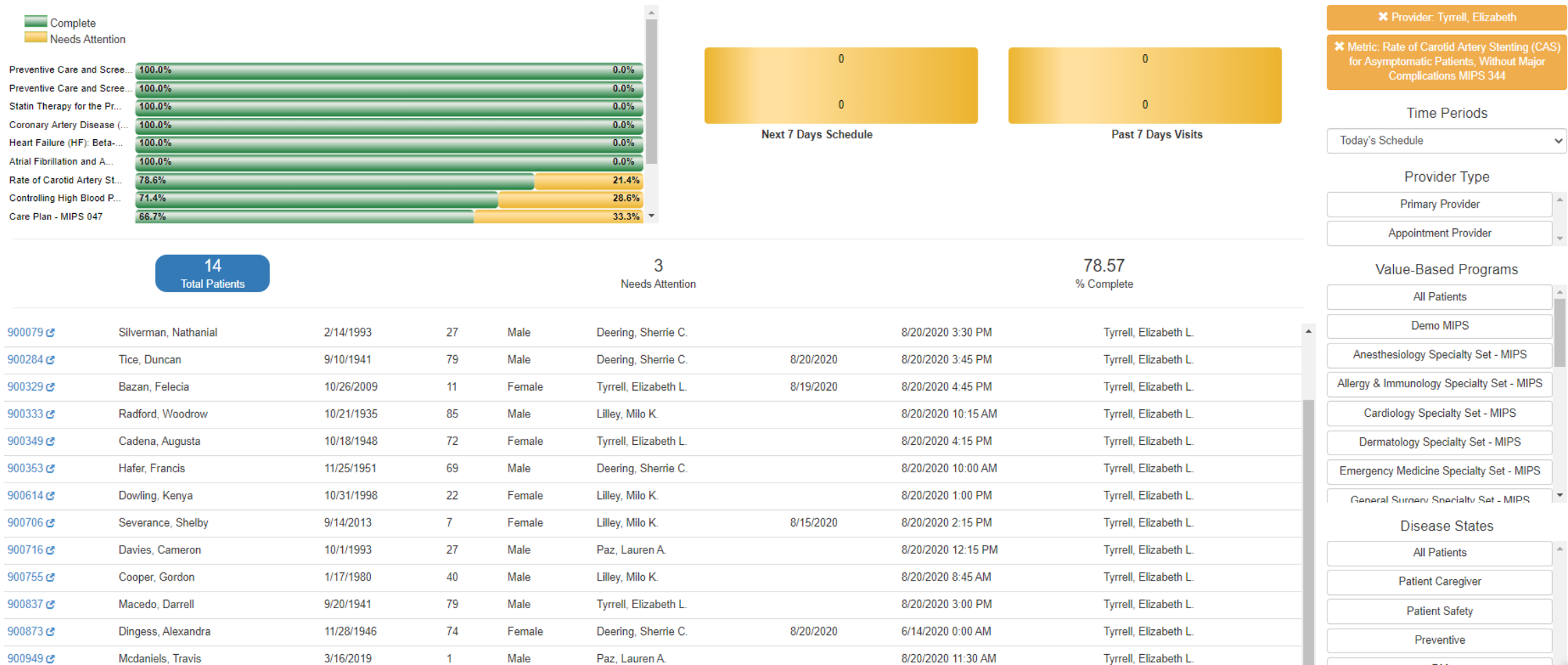
Dermatology Specialty Set - MIPS

Emergency Medicine Specialty Set - MIPS

General Surgery Specialty Set - MIPS

Visualize Health Cardiology Dashboards

SINGLE PROVIDER, SINGLE MEASURE WITH PATIENT POPULATION



Visualize Health Cardiology Dashboards

SINGLE PATIENT VIEW

Patient Chart - Cadena, Augusta (Tyrrell, Elizabeth L.)

MRN	DOB	Age	Sex	Height	Weight	Last Visit	Next Appt
900349	10/18/1948	72	Female	53	212	2019-08-01	2020-08-20

Email	Phone
fakeemail@visualizehealth.co	1 (555) 843-5434

Patient Screening

Fall Screening Date	Medical Reconciliation Date	Colonoscopy Date	Mammogram Date
2019-08-04			

Insurance

Primary Payer	Secondary Payer
Payer 1	Payer 2

HCC Scores		
6 Months	Missing	Total
0.0000	0.0000	0.0000

HCC Diagnosis Missing				
Code	Dx Description	Diagnosed	Category	Weight

Suggested HCC Diagnoses

No diagnosis suggestions found for this patient.

[View HCC Risk Detail](#)

Attention List

- Documentation of patient discharged to home later than post-operative day 2 following CAS
- No diabetes screening has been performed

Many Programs Increase Payments for Proper Risk Adjusting

Offsetting Historical Attrition – Payer Databases Delete Risk Adjusting Histories Periodically

Patient 900837

Last 6 Months Diagnosis				
Code	Dx Description	Diagnosis Date	Category	Weight
No diagnosis found.				
Missing Diagnosis				
Code	Dx Description	Diagnosis Date	Category	Weight
I110	Hypertensive heart disease with heart failure	10/12/2019	8 - Congestive Heart Failure	0.368

Ancillary Diagnostics – Identifying RA Codes Using Structured Data in a Patient's Records

Patient 900755

Last 6 Months Diagnosis				
Code	Dx Description	Diagnosis Date	Category	Weight
No diagnosis found.				
Missing Diagnosis				
Code	Dx Description	Diagnosis Date	Category	Weight
No diagnosis found.				
Suggested Diagnosis				
Patient does not have diabetes with most recent documented BMI > 40. Consider diagnosing morbid obesity E66.01.				

Interactive Codes – Replacing Two or More Diagnosis Codes for a More Accurate RA Weighting

Patient 900124

Last 6 Months Diagnosis				
Code	Dx Description	Diagnosis Date	Category	Weight
No diagnosis found.				
Missing Diagnosis				
Code	Dx Description	Diagnosis Date	Category	Weight
I1311	Chronic kidney disease, stage 4 (severe)	6/30/2019	50 - Chronic Kidney Disease, Severe (Stage 4)	0.224
Suggested Diagnosis				
Patient is hypertensive with diagnosis of chronic kidney disease. Consider code I12.9.				

Poll Question #3 – Which of These Steps Are in Your 2020 Plan?

- A. Identify which measures will score the best for you in 2020
- B. Identify performance gaps, monitor progress daily
- C. Link gaps to patient visits, provide guidance to providers
- D. All the above
- E. Some, and I would like help with this

To Reach Today's Presenters

- Paul Free, VP, Sales and Business Development
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- Lana Woods, Director, Health Care Quality Reporting
lane.woods@sharecare.com
- Ken Persaud, MD, CEO
kenneth.persaud@sharecare.com
- Terry Rosenthal, CEO, The Orthopaedic Clinic
trosenthal@theorthoclinic.com
- To learn more about Sharecare services to providers, including MIPS reporting and revenue available through proper risk adjusting, email visualizehealth@sharecare.com
- To receive a pdf showing how to obtain the final detailed feedback report for 2019, including an example report, email Sharecare at visualizehealth@sharecare.com

Increasing Revenue, Closing Patient Care Gaps, Reducing Provider Burden

- Designed and developed from clinical experience
- Implemented to increase:
 - Provider revenue
 - Risk adjusted premiums
 - Quality program incentives (MIPS ACOs)
 - Chronic condition and other specialized care programs
 - Quality of patient care
 - Elimination of gaps in care and gaps in documentation
 - Experience during a patient-provider encounter

Patient Chart - Dingess, Alexandra (Deering, Sherrie C.)

MRN	DOB	Age	Sex	Height	Weight	Last Visit	Next Appt
000873	11/28/1946	74	Female	70	174	2019-06-14	2019-08-20

Patient Screening	
Fail Screening Date	2019-06-14
Medical Reconciliation Date	
Colonoscopy Date	
Mammogram Date	

Insurance	
Primary Payer	Secondary Payer
Payer 1	Payer 2

HCC Scores				
	6 Months	Missing	Total	
	0.0000	0.4980	0.4980	

HCC Diagnosis Missing				
Code	Dx	Diagnosed	Category	Weight
M009	Pyogenic arthritis, unspecified	5/12/2019	41 - Bone/Joint Infection	0.368

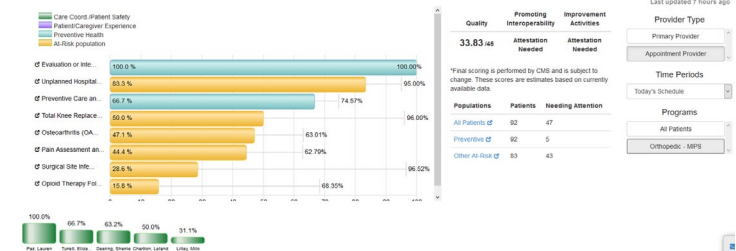
Suggested HCC Diagnoses

No diagnosis suggestions found for this patient.

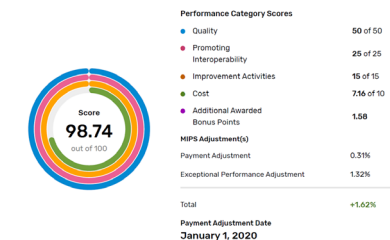
[View HCC Risk Detail](#)

Attention List

- No documentation of signed opioid treatment agreement at least once during opioid therapy.



- Provider ease of accomplishment
 - Chart preparation
 - Patient encounter integration
- The useful life of existing EMR systems
- Payer knowledge of overall health condition
 - Specific patient
 - Population health
- Coronavirus care and documentation tracking



Contact: ProviderSolutions@Sharecare.com

