



Cardiology & MIPS

How to Thrive Under MACRA's Quality Payment Program

When clinicians report under MIPS, establishing specialty-specific expertise on financial, clinical and technical objectives can help practices thrive, rather than just survive, in the value-based care landscape.

4 Tenets to MIPS Success

Financial, clinical, and technical optimization and the right staff expertise will be critical to thriving in value-based care. Practices can begin building a solid foundation for success by optimizing existing revenue streams to secure funds that may serve the practice elsewhere under MIPS.



Financial: Optimize revenue capture, particularly in the areas of coding and denial management.



Clinical: Streamline provider workflow, documentation and care coordination objectives.



Technical: Customize EHR resources based on your specific quality measures and specialty KPIs.



Staff: Ensure the right expertise is in place to understand MIPS deliverables and execute.

Cardiology Practice Resources

The average cardiology practice can easily qualify for incentives under MIPS, but many lack the internal expertise and resources needed to implement an executive strategy while maintaining patient care. Proactive leadership and expert partnerships are essential to executing under MIPS. Find the right partners to make sure you set your practice up to thrive. Advantum Health offers the expertise that can help get your cardiology practice there.

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Building a Strong Foundation for Value-Based Care Success

Cardiology Reporting Requirements—MIPS Performance Categories for 2022

A single composite score on a scale of 0-100 will determine Medicare incentive or penalty payments for physicians under MIPS. That score is currently derived from four weighted categories for the reporting period, which will impact a provider's Medicare payments. Non-participation by an eligible individual or group that is required to engage in the program may result in them receiving a -9% adjustment on their Medicare Part B payments. However, participation and scoring above set thresholds can have positive consequences, and to do so clinicians will need to meet the following criteria in the 2022 MIPS reporting period:

- MIPS Cost Performance Category (30 points)
- MIPS Improvement Activities Performance Category (15 points)
- MIPS Promoting Interoperability Performance Category (25 points)*
- MIPS Quality Performance Category (30 points)

***Note:** If the provider identified as hospital-based, you qualify for automatic reweighting of the Promoting Interoperability performance category to 0%. The 25% category weight will be redistributed to another performance category (or categories) unless you choose to submit Promoting Interoperability data. Other categories, such as facility-based, ambulatory surgery center (ASC)-based, small practice, and rural, may also have applicable Special Status Impacts and Circumstances. Please see your Advantum Health MIPS specialist for details.

Merit-based Incentive Payment System—Scoring Metrics for 2022

If an eligible individual's or group's score is above 75 points during the performance year 2022, they will receive a positive payment adjustment. Conversely, those that score below 75 points will receive a negative payment adjustment applied in 2024. Practices that score exactly 75 points will receive a "neutral adjustment." Finally, those that score at or above 89 points will earn an "exceptional bonus."

It quickly becomes apparent that MIPS reporting and scoring can have a very strong impact on the financial well-being of a cardiology provider. Make sure that your MIPS reporting yields positive results to your Medicare payments. Contact Advantum Health today and learn how we can guide your practice to even stronger financial results.

For more information:
866.814.5652 • info@advantumhealth.com

About Advantum Health

Advantum Health provides comprehensive Revenue Cycle Management (RCM) services through a robust, innovative technology suite. By integrating RCM with population health and care coordination services, Advantum Health can ensure hospitals and physicians increase their existing revenue stream, uncover new payment opportunities, and elevate RCM performance.

