

ezderm[®]

2026 Healthmonix & Ezderm Webinar



Introduction

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Timeline & Key Milestones

NOW

Purchase Your Healthmonix License

Licenses are available now.

NOW

Request Your Ezderm → Healthmonix Quality Data Bridge

Submit request early to be scheduled. Implementations begin at the **end of Q3 2026**.

SEP 1, 2026

CMS EHR Certification IDs (CEHRT IDs) available

Will begin with a 2026C

NOV 30, 2026

Register Your MVP with CMS

Complete your MVP registration through the QPP portal. [Register Here](#)

FEB 15, 2027

Healthmonix Submission Deadline

All bridge requests must be completed to allow sufficient time for quality data review before submission.

MAR 31, 2027

CMS Official Submission Deadline

Final deadline for reporting your MIPS data to CMS.



How Ezderm Community Did in 2025

81.96

Average Quality Score

9%

Practices achieved a
perfect score of 100

75%

Practices scored above 75
(no penalty)



2025 Quality Measure Performance: Strengths & Opportunities

Measures Practices Did Best In

-  **1. Documentation of Current Medications**
-  **2. Advance Care Plan**
-  **3. Closing the Referral Loop**
- 4.** Psoriasis: Clinical Response to Systemic Medications
- 5.** TB Screening Prior to Biologic Therapy
- 6.** Screening for Social Drivers of Health

Opportunities for Improvement

-  Psoriasis: Improvement in Patient-Reported Itch
-  Dermatitis: Improvement in Patient-Reported Itch
-  Screening for High BP & Follow-Up

2026 MIPS Submission Options

Traditional MIPS

6

Quality Measures

required to be reported

- **20 eligible cases** per Quality measure
- **75% reporting rate** required
- **PI reweighting** automatically available for eligible small practices (≤ 15 clinicians) and other CMS special statuses

MIPS Value Pathway (MVP)

4

Quality Measures

within a specialty-specific MVP

- **20 eligible cases** per Quality measure
- **75% reporting rate** required
- **PI Required.** Eligible Small Practices May Qualify for PI Reweighting



Ezderm Quality Measures that Support 2026 MVP Pathway

Dermatology Care MVP 2026 Measures	
Measure 47: Advance Care Plan	
Measure 176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy	
NEW Measure 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	
Measure 410: Psoriasis: Clinical Response to Systemic Medications	
Measure 485: Psoriasis – Improvement in Patient-Reported Itch Severity	
Measure 486: Dermatitis – Improvement in Patient-Reported Itch Severity	
NEW Measure 509: Melanoma: Tracking and Evaluation of Recurrence	

Additional Note: MVP 2026 supports 15 total Quality measures; this shows Ezderm-supported measures.



Ezderm supports the following **13 Quality measures** for 2026:

- [Measure 47](#): Advance Care Plan (High Priority)
- [Measure 410](#): Psoriasis - Clinical Response to Oral Systemic or Biologic Medications (Outcome measure)
- [Measure 374](#): Closing the referral Loop: Receipt of Specialist Report (High Priority)
- [Measure 130](#): Documentation of Current Medications in the Medical Record (High Priority)
- [Measure 176](#): Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy
- [Measure 485](#): Psoriasis – Improvement in Patient-Reported Itch Severity (High Priority)
- [Measure 486](#): Dermatitis – Improvement in Patient-Reported Itch Severity (High Priority)
- [Measure 317](#): Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented.
- [Measure 355](#): Unplanned Reoperation within the 30-Day Postoperative Period (High Priority & Outcome)
- [Measure 357](#): Surgical Site Infection (SSI) (High Priority & Outcome)
- [Measure 358](#): Patient-Centered Surgical Risk Assessment and Communication (High Priority)
- [Measure 226](#): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- [Measure 509](#): Melanoma: Tracking and Evaluation of Recurrence (High Priority)

➖ CMS *removed* measure 487 in the 2026 reporting year



Prepare Now for a Smooth 2026 Submission



Submitting Mips Data Bridge Request via Eve

01. Submit Your Request

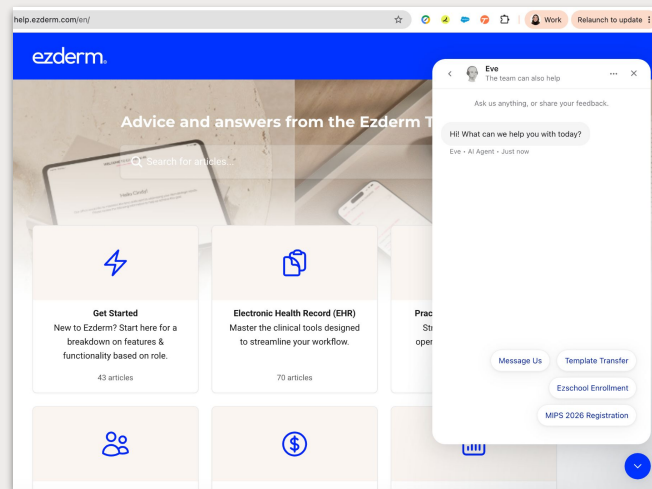
Visit Ezderm's help center (help.ezderm.com/en/) to submit your Mips Bridge Submission via our new AI powered support widget. Simply click Mips 2026 Registration to begin.

02. Track Your Progress

Track your request via the Eve widget. Data bridging updates begin at the end of Q3 on a first-come, first-served basis.

03. Ask Eve for Help

Eve is trained on our help center content, including CMS measure descriptions. She can support with how-to questions or connect you to our team.





Purchasing HMX License

Traditional MIPS License

Standard reporting option for eligible clinicians to participate in the Merit-based Incentive Payment System.

MVP License

MIPS Value Pathways reporting option designed to reduce burden and provide more meaningful alignment.

Mixture (MVP & MIPS)

A hybrid approach utilizing both frameworks.

Requires connecting with Healthmonix.



Evaluation Required: Takes evaluation to know which one you will do best in. That is where Healthmonix can help!



Healthmonix Contacts

Maura Flaherty

Customer Retention Specialist

Focus Area

Clients who already have a HMX Account

Phillip Spence

Subject Matter Expert

Focus Area

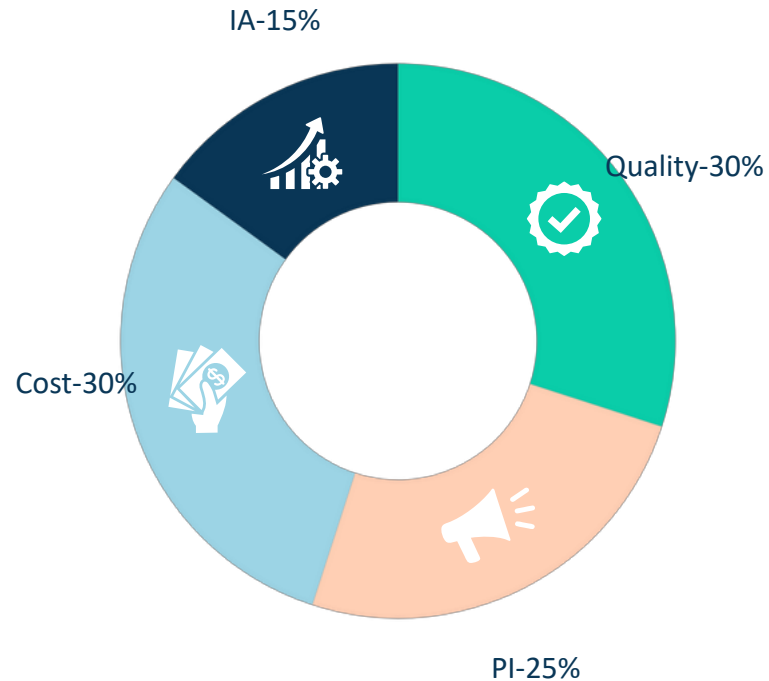
First year reporting with Healthmonix



Email Contact: ezdermsales@healthmonix.com

Background on MIPS

2026 reporting



What is MIPS?

MIPS: The Merit-based Incentive Payment System



Quality: Assesses the value of care to ensure patients get the right care at the right time



Improvement Activities (IA): Gauges participation in activities that improve clinical practice



Promoting Interoperability (PI): Measures how well a clinician uses their EHR technology



Cost: Measures the cost of care

MIPS Numbers to Know in 2026

1

75 points minimum score to avoid a penalty

2

75% data completeness on every measure

3

20 cases minimum per quality measure

4

180 days continuous PI reporting period

5

+9% maximum incentive for top performers

6

-9% maximum penalty for non-participation

2026 Category Weights & Reweighting

Your category weights depend on practice size — CMS automatically reweights any category that does not apply to you.

Small practices (15 or fewer clinicians)

- PI reweighted: Quality 40% - Cost 30% - IA 30%
- Cost and PI both reweighted: Quality 50% - IA 50%
- PI reweighting is automatic — no application required

Large practices (16 or more clinicians)

- Standard: Quality 30% - Cost 30% - PI 25% - IA 15%
- PI exempt: Quality 55% - Cost 30% - IA 15%
- PI exempt and Cost reweighted: Quality 85% - IA 15%

Quality Scoring: Small vs. Large Practice

Data completeness and case minimums are scored very differently depending on your practice size.

Small practices

- Below 75% data completeness still earns 3 points for the measure
- 6 bonus points added automatically once you submit at least one quality measure
- Measures under the 20-case minimum, or without a benchmark, earn up to 3 points

Large practices

- Below 75% data completeness earns 0 points for the measure
- No bonus points are available
- Measures under the 20-case minimum, or without a benchmark, earn 0 points

Promoting Interoperability: The Facts

PI has its own performance period, a technology requirement, and two mandatory attestations.

180 days

Continuous reporting period within the calendar year

CEHRT

Your EHR must meet Certified EHR Technology criteria

2 attestations

Security Risk Analysis + SAFER Guides review — both must be "Yes"

Submit performance data for every required measure unless you claim an applicable exclusion — otherwise the entire PI category scores 0.

Improvement Activities: The Facts

Improvement Activities require a 90-consecutive-day performance period for everyone — only the point threshold changes.

Small, rural, shortage-area, non-patient-facing & MVP participants

- 20 points required
- Any combination of medium and high weighted activities
- Typically 1 activity

Large practices

- 40 points required
- Any combination of medium (10-point) and high (20-point) weighted activities
- Typically 2 activities

Cost: The Facts

No submission requirement and scored over the 12-month reporting period.

Cost Measures

- No changes in Cost measure inventory for 2026
- Individuals or groups must have enough attributed cases to meet or exceed the case minimum for each measure
- Will be scored on all measures where the case minimums are met and no exclusions apply

Total Per Capita Cost (TPCC) Exclusions

- Nurse practitioners, physician assistants, and certified clinical nurse specialists will be excluded from TPCC if they're part of a clinician group where all other clinicians are excluded based on specialty criteria

Tip: Report as a Group and as Individuals

Take a 20-provider group that scores 89 as a group. You can report as a group, as individuals, or both at the same time — and "both" is almost always the safer choice.

Individuals only

- Every provider gets their own score — some above 89, some below
- Harder to reach the 20-case minimum on some measures
- No credit for patients seen by multiple providers

Group only

- Everyone receives the group score of 89
- Strong performers get pulled down by weaker ones
- Uneven participation stays hidden

Both (recommended)

- Providers above 89 keep their own, higher score
- Providers below 89 fall back to the group score
- You capture case minimums and specialty performers

Tip: Report Traditional MIPS and an MVP

You can report Traditional MIPS and an MVP in the same performance year. CMS scores each submission separately and keeps the highest final score for every TIN/NPI combination — so reporting both can only help you.

How it works

- Register your MVP, then report it alongside Traditional MIPS
- CMS calculates a final score for each reporting method you submit
- The highest score for each TIN/NPI combination is the one applied to your payment adjustment

Why it is worth doing

- An MVP requires only 4 quality measures instead of 6
- The Dermatology Care MVP aligns with measures Ezderm already captures
- Run both approaches in Prism to see which scores higher before you commit

Looking ahead

- The 2027 proposed rule would sunset Traditional MIPS, making MVPs the only option by 2029
- Reporting an MVP now builds the workflow while Traditional MIPS is still your safety net
- Verify against the final rule — this is still a proposal

Navigating Prism

Prism

Assign licenses to your Organization

NPIs pending registration: 3 2026

- You need to have bought at least 3 licenses to assign a license to every NPI registered to your Organization
- The total number of licenses you assign needs to match the number of NPIs you've registered.
- You can return to this page and assign licenses at any time.

Step 1: Select the bundles or add-ons you wish to apply

Select License Bundle or Add-on: Quality Only - 225 owned

Step 2: Tell us how those licenses should be distributed

Remaining to assign: 0

License type	Total	Assigned	Available	Number you want to assign
Single	90	0	90	1
Double	84	0	84	1
Multi	51	0	51	1

[Back](#) [Buy more licenses](#) [Assign Licenses](#)

Name	NPI	Status	Number of Performance Groups
			0
			0
			0

How licensing works

Select how many options you want to track.

Tier	Tracking options
Single	Can track through 1 Performance Group
Multi	Can track through 2+ Performance Groups

Select how your practice wants to track.

Tracking capabilities	Quality	Quality and IA	Quality, IA, and PI	Quality, IA, PI, and Cost
2025 comparison	Basic	Standard	Plus	Enterprise

Load once.
Report everywhere.
Optimize
continuously.

Overview

Introducing Prism

- 1** **The value-based care landscape is changing**
Reporting is shifting toward structured models, outcome-based measures, and greater financial risk — your current setup needs a stronger foundation.
- 2** **A single source of truth**
Quality, cost, and attribution data live in one place, tracked longitudinally across years instead of encounter by encounter.
- 3** **Compare multiple strategies side by side**
Model reporting approaches — including MVPs — before you commit, to find the path that maximizes your scores and revenue.
- 4** **Report in multiple ways, across multiple programs**
Load your data once and report it everywhere: Traditional MIPS, MVPs and subgroups, and emerging models as they arrive.

ONBOARDING

Introducing Organizations

- ▶ **Organizations** are a foundation of Prism. Organizations give you control over how your data is structured, tracked, and optimized across programs.
- ▶ **Organizations** are replacing the MIPSpro Classic concept of practices.
- ▶ **Organizations** are the highest level where your data needs to be separated from other data.

The screenshot displays the 'Organization View' in the Prism Healthmonix application. The top navigation bar includes the Prism logo, user roles (Superadmin, Analytics, Admin), and navigation links (Home, Reports, mlewis@healthmonix.com). Below the navigation bar, the 'Organization View' title is shown next to a '+ Create an Organization' button. Two tabs are visible: 'Organization(s) view' (selected) and 'Performance group view'. The main content area features a table with the following data:

Organization name	Organization Setup	Manage Data	Performance Groups
Prism Demo Account Show NPIs Manage NPIs	✓ Assign licenses ✓ Complete BAA	Upload Patients Visits	View Performance Groups
Demo MIPS Reporting Show NPIs Manage NPIs	✓ Assign licenses ✓ Complete BAA	Upload Patients Visits	View Performance Groups
Demo MIPS Small Account Show NPIs Manage NPIs	✓ Assign licenses ✓ Complete BAA	Upload Patients Visits	View Performance Groups

Creating Organizations

- ▶ Select **Yes** or **No** to move your past data to your Organization.
- ▶ If you select **Yes**, choose the correct account from 2025 to move your past data.

Create an Organization

Move your past data to your new Organization? ☒ Yes ☐ No

Data 1759

Why move your past data to your new Organization?

Moving your past data into your Organization provides several benefits. It allows you to carry over:

- Your registered providers
- Data like patient records and quality visit codes

Continue

Pro tip: **Yes** is usually the best choice if you're a returning client. Benefits include:

- Your registered providers will automatically be set up in your new account.
- Patient record data will carry over, including historical data that will help with measures.

Creating Organizations

- ▶ Enter a name for your Organization.
- ▶ Enter the TIN for your Organization.
- ▶ Enter additional administrators for your Organization.

- ▶ Select **Create Organization**.

Organization Properties

What is an Organization?

An Organization is the starting point for tracking your value-based care programs within the Prism platform. Each Organization serves as the structural foundation for assigning participants, selecting VBC programs, and modeling, tracking, and submitting expected performance.

Data within an Organization can be shared between all users within the Organization.

Organization name

Data 1912 M309

What is the TIN for this Organization?

[Why is this needed?](#)

E.g., 123456789

Add administrators

Enter email addresses (press Enter or Return after each)

Add administrators

Organization administrators

A A

csmith@healthmonix.com



Cancel

Create Organization

Registering NPIs

- ▶ Enter your NPIs into the Verify NPIs box.
- ▶ Select **Verify NPIs**.

Register NPIs to your Organization

Step 1: Verify NPIs Year

1. Enter individual NPI numbers in the Verify NPIs box.

- For multiple NPIs, enter:
 - One per line
 - Multiple per line, with each NPI seperated by a comma and a space

2. Select **Verify NPIs**

Verify NPIs

1023456789
4056789123
9870654321
7894561203
3216549087

Verify NPIs

Introducing Performance Groups

- ▶ **Performance Groups** are how you will group your data for tracking and reporting
- ▶ **Performance Group** examples
 - Traditional MIPS
 - A single TIN practice or Hospital
 - An individual provider
 - MVPs
 - A single TIN practice or Hospital
 - A Subgroup of a single TIN
 - An individual provider

Performance Group View + Create a Performance Group

Organization(s) view Performance group view

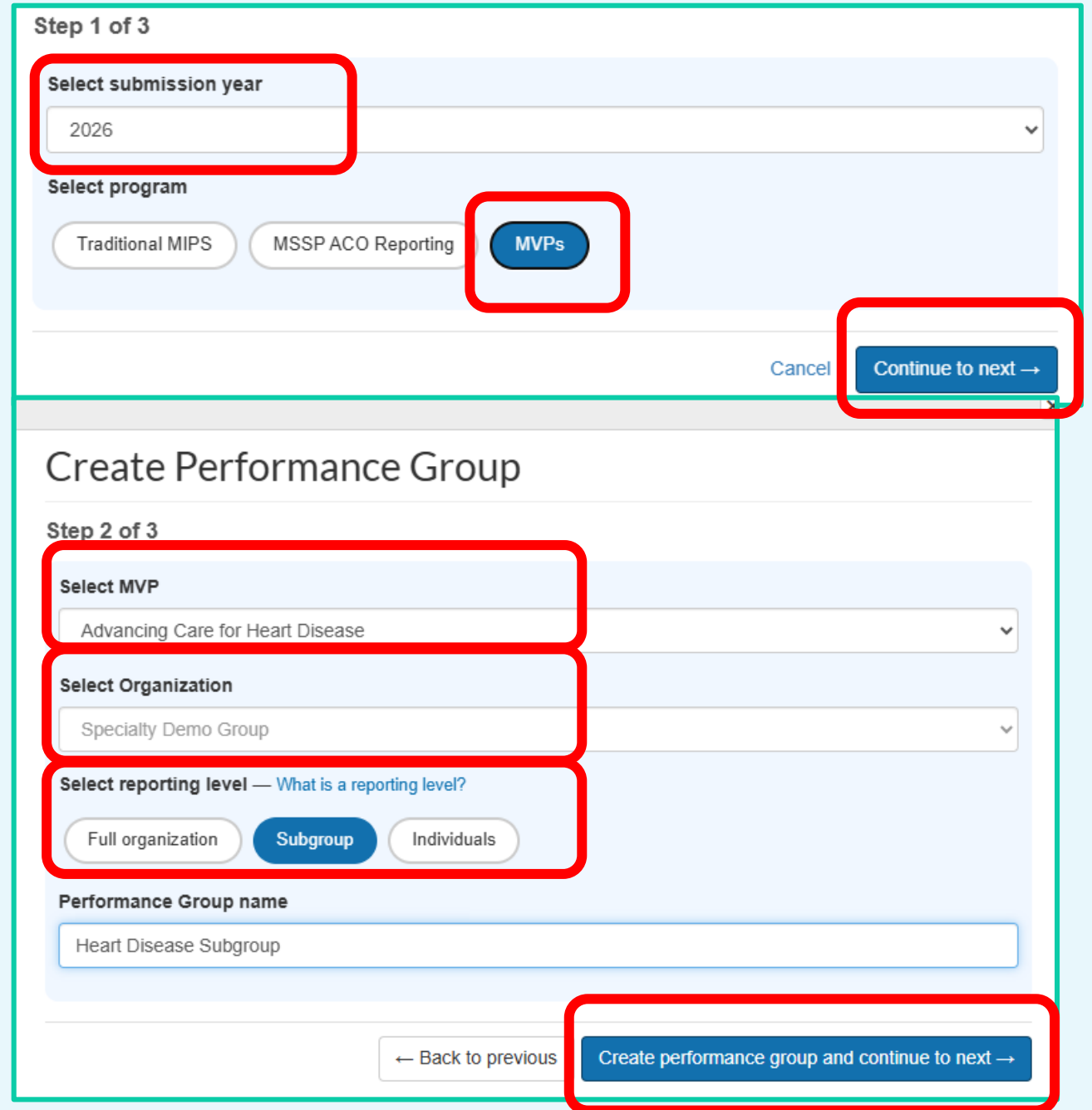
Filters +

	Performance Group	Organization name	Pathway type	Pathway	Quick links	Score estimate	Quality	PI	IA
	Traditional MIPS Group Reporting	Demo MIPS Reporting	Traditional MIPS	Traditional MIPS	Dashboard	67	27/30	25	15
	Advancing Cancer Care Manage Subgroup ID Manage NPIs	Demo MIPS Reporting	MVP	Advancing Cancer Care	Dashboard	65	25/30	25	15
	Gastro Subgroup Manage Subgroup ID Manage NPIs	Demo MIPS Reporting	MVP	Gastroenterology Care	Dashboard	62	22/30	25	15
	Smith, Jane	Demo MIPS Reporting	ASM	Lower Back	Dashboard	35/40			
	Carson, Jason	Demo MIPS Reporting	ASM	Lower Back	Dashboard	32/40			
	Peters, Lisa	Demo MIPS Reporting	ASM	Heart Failure	Dashboard	38/40			
	Perez, Jose	Demo MIPS Reporting	ASM	Heart Failure	Dashboard	40/40			
	Prism Demo Account MSSP Manage APM ID	Prism Demo Account	APP	APP SSP	Dashboard	44/50			
	Prism Demo ACO CQM/eCQM Manage APM ID	Prism Demo Account	APP	APP Plus	Dashboard	41/50			

ONBOARDING

Creating Performance Groups

- ▶ Select **Submission year**.
- ▶ Select **Program**.
- ▶ Select **Continue to next**.
- ▶ If using an MVP, select **MVP**.
- ▶ Select **Organization**.
- ▶ Select reporting level:
 - ▶ Full Organization
 - ▶ Subgroup
 - ▶ Individuals
- ▶ Enter Performance Group name.
- ▶ Select **Create Performance Group and continue to next**.



Step 1 of 3

Select submission year
2026

Select program
Traditional MIPS MSSP ACO Reporting **MVPs**

Cancel **Continue to next →**

Create Performance Group

Step 2 of 3

Select MVP
Advancing Care for Heart Disease

Select Organization
Specialty Demo Group

Select reporting level — What is a reporting level?
Full organization **Subgroup** Individuals

Performance Group name
Heart Disease Subgroup

← Back to previous **Create performance group and continue to next →**

Creating Performance Groups

- ▶ Select checkboxes in the select column for NPIs you want to register.
- ▶ Select **Submit**.

Step 3 of 3

Heart Disease Subgroup: NPI Registration

Add NPIs

- Enter individual NPI numbers in the Verify NPIs box.
 - For multiple NPIs, enter:
 - One per line
 - Multiple per line, with each NPI separated by a comma and a space
 - Toggle NPIs via checkboxes

Select NPIs

Enter NPIs to select...

Select NPIs

Available Solo licenses	0
Available Duo licenses	0
Available Flex licenses	6
Total NPIs	6

☒	Name	NPI	Performance Groups
☒	Jason Stanford	4056789123	0 ⓘ
☒	Lisa Crum	1023456789	0 ⓘ
☒	Elizabeth Romero	4056789123	0 ⓘ
☒	David Stern	9870654321	0 ⓘ
☒	Robert Smith	7894561203	0 ⓘ
☒	Joyce Chang	3216549087	0 ⓘ

Selected NPIs

Cancel **Submit**

Selecting Your Quality Measures

1. Filter and search Quality measures by title, number, code, or CMS measure set
2. Select at least 6 measures — 4 if reporting an MVP
3. At least 1 must be an outcome or high-priority measure
4. Review benchmarks before finalizing your selections

The screenshot displays the 'Measure Selection' interface. On the left, a 'Filters' sidebar lists various criteria with circular indicators: Measure Title, Measure Number, Codes, CMS Measure Set, High Priority Measures, Outcome Measures, Provisional Measures, Measures With Benchmarks, Topped Out Benchmarks, and Measures Capped At 7 Pts. Below the filters are 'Reset' and 'Filter' buttons. The main area shows 'Showing 194 of 215' measures. At the top right, there are links for 'Select All Measures', 'Deselect All Measures', 'Measures Benchmarks', and 'View Selected Measures', along with an 'Items per page' dropdown set to 50. A 'Selection Requirements' section on the left indicates 100% completion for 'Measures Selected: 8 of 6' and 'Outcome or HP measure: 3 of 1'. The list of measures includes:

- #1 Diabetes: Hemoglobin A1c Poor Control (High Priority: True, Outcome: True, Reporting Frequency: Once per patient per year, Benchmarks Exist: Yes, Topped Out: No)
- #5 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriiysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (High Priority: False, Outcome: False, Reporting Frequency: 1: Once per patient/year; 2: Every Visit, Benchmarks Exist: Yes, Topped Out: Yes)
- #6 "Provisional" Coronary Artery Disease (CAD): Antiplatelet Therapy (High Priority: False, Outcome: False, Reporting Frequency: Once per patient per year, Benchmarks Exist: Yes, Topped Out: No)
- #7 Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)

Closing Gaps in Care

1. Run Gaps in Care reports to see exactly which patients and measures are incomplete
2. Filter to Incomplete visits when a measure's reporting rate is low
3. Address gaps in Ezderm and updated performance will reflect upon data refresh

Filters Showing 1 - 25 of 457 Visits Per Page 25

Source Patient Identifier	Matched Patient Identifier	DOS	Updated	#1	#112	#113	#134	#236
		12/31/2025	1/5/2026	✓	⊘	●	●	⊘
		12/31/2025	1/5/2026	⊘	⊘	✓	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	●	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	●	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	✓	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	✓	●	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	●	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	✓	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	✓	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	●	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘
		12/31/2025	1/6/2026	⊘	⊘	⊘	●	⊘

Reset Filter

1 2 3 4 5 6 7 8 9 10 11 12 13

Completion Threshold & Submission

1. Confirm you've entered 100% of your reporting data
2. The system calculates your completion threshold — completed instances ÷ total instances
3. Every measure needs at least a 75% reporting rate to submit
4. Once complete, submit to CMS ahead of the deadline

Completion Threshold

To receive full decile and bonus points for a measure, you must report a minimum of 70% of all eligible patient instances (not just Medicare instances) for that measure. Complete this page to determine the completion threshold for each selected measure.

Instructions:
If you are entering all of the visit data associated with this TIN into MIPSRO, select "Yes" to the question below. The system will automatically calculate the completion threshold for each measure by dividing the "Completed" instances from the performance page by the "Total" instances from the performance page. The difference between these two numbers is the inclusion of incomplete instances that exist for that measure.

If you are entering less than 100% of the visit data associated with this TIN, you will need to manually enter the total instances for that measure as determined by your billing records and/or EHR reports.

Should you add or remove an instance for any measure after completing the page, the numerator will update for that measure. If the page is showing text fields and any measure has **more** than 100% reporting rate OR has an empty text field, the page will remain "Incomplete." Page must be complete before submission to CMS is allowed.

☒ Yes ☐ No Have you entered 100% of your 2021 reporting data into MIPSRO?

Measure #	Reporting Frequency	Complete Instances (Numerator)	Total Instances (Denominator)	Reporting Rate
#47	Once per patient per year	681	682	99%
#110	Once per patient per year	810	810	100%
#111	Once per patient per year	682	682	100%

PI — select measures

2025 PI Measures

Select and review the PI measures you will be reporting

Measure ID	Required Measures	Points
PI_PPHI_1	Security Risk Analysis	0
PI_PPHI_2	High Priority Practices Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides	0
PI_EP_1	e-Prescribing	10
PI_EP_2	Query of Prescription Drug Monitoring Program (PDMP)	10
PI_PEA_1	Provide Patients Electronic Access to Their Health Information	25
PI_PHCDRR_1	Immunization Registry Reporting	12.5
PI_PHCDRR_3	Electronic Case Reporting	12.5

HIE Measures

For HIE measures, HIE_1 and HIE_4 are required but can be replaced by HIE_5 or HIE_6 as an alternative measure. Since they are mutually exclusive, only one set of them can be selected to report.

Note that HIE_1 and HIE_4 have exclusion possibilities and have numerator and denominator answers. This means a percentage of the total possible points of these two measures can be received. However, HIE_5 and HIE_6 are both all or nothing measures. In other words, if this group meets all the criteria for HIE_5, then all the points for the measure will be applied. If just one of the criteria is not met, then 0 points will be applied for this measure. To learn more about each measure, click the measure title for details.

If you wish to provide answers to all three measures and then compare the difference between PI score, you can select one set of measures, enter data and check the Track PI Measures page. Then return to this page and select another option, enter data, and compare results. Switching HIE measures will not remove or change data from any measure. Whatever option is selected here and appears on the track measures page once you choose to submit to CMS is the set of measures that will be submitted to CMS.

Measure ID	Measure Name	Points	HIE Selection
PI_HIE_1	Support Electronic Referral Loops by Sending Health Information	15	Selected
PI_HIE_4	Support Electronic Referral Loops by Receiving and Reconciling Health Information	15	
PI_HIE_5	Health Information Exchange (HIE) Bi-Directional Exchange	30	Select
PI_HIE_6	Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)	30	Select

Optional Bonus Measures

Select one of the following measures to report it as a bonus measure to receive five bonus points. Reporting more than one of those measures will still result in a total of five bonus points. It is not required to report any of these measures.

Measure ID	Optional Bonus Measures	Points	Select
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PI — track measures

Track 2025 PI Measures

Enter data for each measure and review the results.

Measure ID	Measure	Performance	Points Earned/Total	Status	Data entry
PI_PPHI_1	Security Risk Analysis	100%	Completed	Required	Update
PI_PPHI_2	High Priority Practices Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides	100%	Completed	Required	Update
PI_EP_1	e-Prescribing	92%	9 / 10	Required	Update
PI_EP_2	Query of Prescription Drug Monitoring Program (PDMP)	100%	10 / 10	Required	Update
PI_HIE_1	Support Electronic Referral Loops by Sending Health Information	5%	1 / 15	Required	Update
PI_HIE_4	Support Electronic Referral Loops by Receiving and Reconciling Health Information	61%	9 / 15	Required	Update
PI_PEA_1	Provide Patients Electronic Access to Their Health Information	82%	21 / 25	Required	Update
PI_PHCDRR_1	Immunization Registry Reporting	100%	12.5 / 12.5	Required	Update
PI_PHCDRR_3	Electronic Case Reporting	100%	12.5 / 12.5	Required	Update

e-Prescribing (PI_EP_1)

Complete:

- ☐ This group writes fewer than 100 permissible prescriptions during the performance period in 2022 MIPS.
☒ None of the above
- Numerator: Of the prescriptions defined by the denominator, enter the number of prescriptions generated and transmitted electronically using CEHRT.
Denominator: Enter the number of prescriptions written for drugs requiring a prescription to be dispensed (excluding controlled substances) during the performance period; or enter the number of prescriptions written for drugs requiring a prescription to be dispensed during the performance period.

Numerator

Denominator

Group Total:

10

15

Measure Details

Measure Title: e-Prescribing

Measure ID: PI_EP_1

Objective: e-Prescribing

Description
At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.

Definitions

IA — select measures

Select Activities

Filters Showing 50 of 104

Activity Name
Subcategory
Activity Weight

Reset Filter

Activities

IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record
Subcategory: Expanded Practice Access
Activity Weight: 20
Time Requirement: 90

IA_EPA_2: Use of telehealth services that expand practice access
Subcategory: Expanded Practice Access
Activity Weight: 10
Time Requirement: 90

IA_EPA_3: Collection and use of patient experience and satisfaction data on access
Subcategory: Expanded Practice Access
Activity Weight: 10

Selected Activities

Activities Added: 2
Points Selected: 40
Points Needed: 40

Continue

IA_BE_6: Collection and follow-up on patient experience and satisfaction data on beneficiary engagement
Points :20

IA_BE_14: Engage Patients and Families to Guide Improvement in the System of Care
Points :20

Improvement Activity Component - Attest

✓ Congratulations! Activity was attested on 4/28/2021

ACTIVITY: IA_BE_6: Collection and follow-up on patient experience and satisfaction data on beneficiary engagement
ACTIVITY ID: IA_BE_6
SUBCATEGORY: Beneficiary Engagement
WEIGHT: 20 points
REQUIRED PARTICIPATION PERIOD: 90 days

I attest that I have completed the above Improvement Activity as prescribed by the MIPS 2021 program.

lp Enter your initials.

Signature: Lauren Patrick First and last name

Date: 4/28/2021

Fresh look at Healthmonix Cost

- Understand where you're losing or gaining performance in cost, and why



Pro tips:

- Cost is now a primary driver of your performance.
- At 30% of your overall MIPS score, it can make or break your performance.
- New models like ASM, rely heavily on the cost of care.

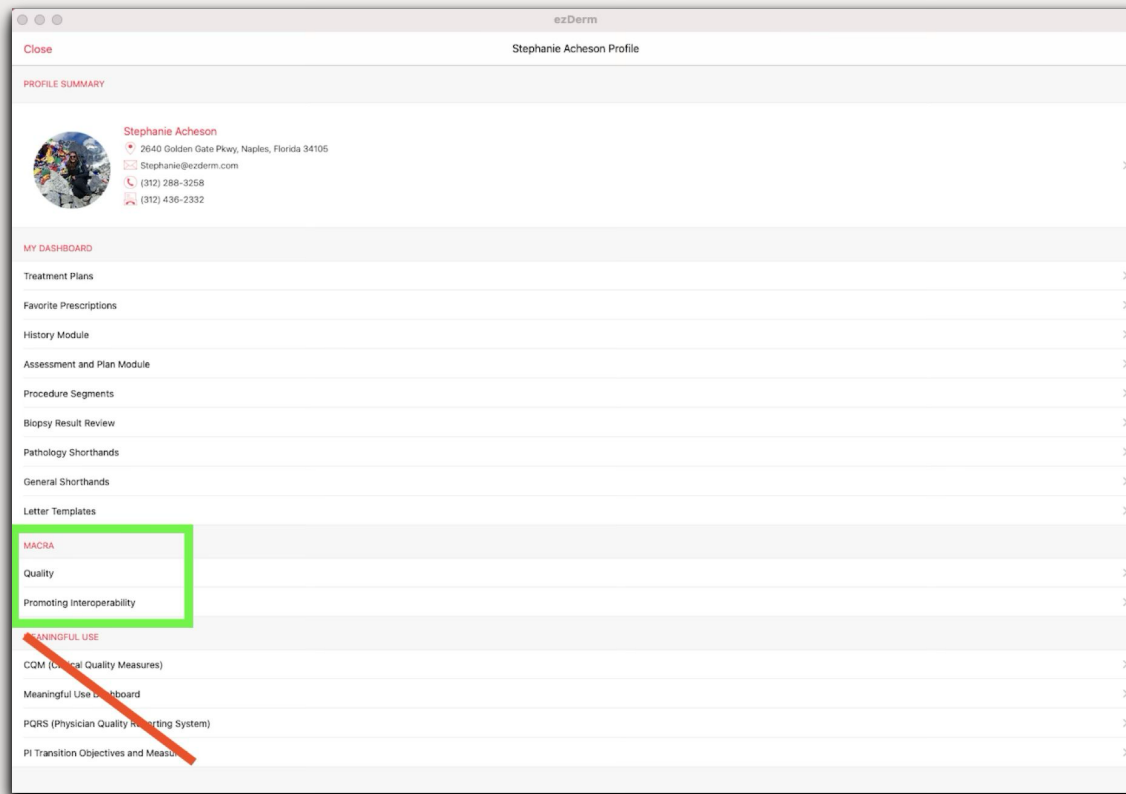


How to Pull Quality Report In Ezderm



Interactive Quality Report

Now found under each Admin
& Provider EHR Login. This
allows Admins to help monitor
progress throughout the year.





 EZDERM Doctor, MD, PHD		Quality Reports			
31, 2025		>		Generate Report	Delete
Report For: Jan 1, 2024 - Dec 31, 2024		Last Modified on Jan 24, 2024		Provider: EZDERM Doctor, MD, PHD	
Report For: Jan 1, 2022 - Dec 31, 2022		Last Modified on Jan 30, 2023		Provider: EZDERM Doctor, MD, PHD	

Don't forget to refresh report to see updates!

Swipe left to
Refresh the Report



Performance Rate =

All visits that met the criteria /
(patients that have completed visits -
patients that were excluded)

Goal = 100%

Note: 2nd year we are seeing
INVERSE Performance Rates for
select measures

Reporting Rate =

(MET + NOT MET + Exclusions) /
visits that passed the Denominator

Goal = Greater than 75%

Cancel		Report For: Jan 1, 2025 - Dec 31, 2025	Personal Note Done
47 - Advance Care Plan			i
Performance Met		1	
Denominator		1	
Performance Not Met		0	
Performance Exclusion		0	
Performance Rate		100.00 %	
Reporting Rate		100.00 %	
Eligible Patients		>	
130 - Documentation of Current Medications in the Medical Record			i
Performance Met		0	
Denominator		2	
Performance Not Met		0	
Performance Exclusion		0	
Performance Rate		0.00 %	
Reporting Rate		0.00 %	
Eligible Patient Visits		>	
176 - Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy			i
Performance Met		0	
Denominator		0	
Performance Not Met		0	
Performance Exclusion		0	
Performance Rate		0.00 %	



Cancel	Report For: Jan 1, 2025 - Dec 31, 2025	Personal Note Done
47 - Advance Care Plan		i
Performance Met		1
Denominator		1
Performance Not Met		0
Performance Exclusion		0
Performance Rate		100.00 %
Reporting Rate		100.00 %
Eligible Patients		>
130 - Documentation of Current Medications in the Medical Record		i
Performance Met		0
Denominator		2
Performance Not Met		0
Performance Exclusion		0
Performance Rate		0.00 %
Reporting Rate		0.00 %
Eligible Patient Visits		>
176 - Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy		i
Performance Met		0
Denominator		0
Performance Not Met		0
Performance Exclusion		0
Performance Rate		0.00 %

Quality Report

Tap “Eligible Patients”
to review patient
responses contributing
to the score and any
Incomplete measures



Eligible Patients For 317

Patient Category:

All Met Not Met Excluded Denominator Incomplete

Matthew Danto
Date Of Service: Jan 9, 2025
Medical Record Number: MADA0001
Date Of Birth: Jan 29, 1987

Micheal Andres
Date Of Service: Jan 16, 2025
Medical Record Number: MIAN0000
Date Of Birth: Mar 11, 1980
Insurance Companies: Commercial Insurance - Auth and Referral Required

Olivia Cassar
Date Of Service: Jan 20, 2025
Medical Record Number: OLCA0001
Date Of Birth: Jan 1, 1990

Test Adriana
Date Of Service: Jan 2, 2025
Medical Record Number: TEAD0001
Date Of Birth: Jan 1, 1980
Insurance Companies: Empire BCBS New York

Test Lynn
Date Of Service: Jan 3, 2025
Medical Record Number: LYGO0001
Date Of Birth: May 6, 1990
Insurance Companies: Blue Cross Blue Shield of Illinois - BCBS, Aetna

Wanda James
Date Of Service: Jan 13, 2025
Medical Record Number: WAJA0000
Date Of Birth: Mar 15, 1990
Insurance Companies: Blue Cross Blue Shield of Illinois - BCBS, Blue Shield - Florida

Incomplete Patients

Under eligible patients, review Incomplete visits if reporting rate is low

Click into each Incomplete patient to answer the MACRA question for the corresponding Encounter



After clicking the “M” from the Progress Note, answer the question to complete the measure

Met

Excluded

Not Met

130 - Documentation of Current Medications in the Medical Record

SELECT ONE:

- ☒ G8427: Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications
- ☐ G8430: Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation)
- ☐ G8428: Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given

TIP: NOTE: The MIPS eligible clinician must document in the medical record they obtained, updated, or reviewed a medication list on the date of the encounter. MIPS professional or MIPS eligible clinicians submitting this measure may document medication information received from the patient, authorized representative(s), caregiver(s) or other available healthcare resources.

This list must include ALL known prescriptions, over-the-counter (OTC) products, herbals, vitamins, minerals, dietary (nutritional) supplements, cannabis/cannabidiol products AND must contain the medications' name, dosage, frequency and route of administration.

By submitting the action described in this measure, the provider attests to having documented a list of current medications utilizing all immediate resources available at the time of the encounter. G8427 should be submitted if the MIPS eligible clinician documented that the patient is not currently taking any medications.

Definitions:

Current Medications - Medications the patient is presently taking including all prescriptions, over-the-counters, herbals, vitamins, minerals, dietary (nutritional) supplements, and cannabis/cannabidiol products with each medication's name, dosage, frequency and administered route

Route - Documentation of the way the medication enters the body (some examples include but are not limited to: oral, sublingual, subcutaneous injections, and/or topical).

Not Eligible (Denominator Exception) - patient is not eligible if there is documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status).

< Previous Question



Tip: Schedule a Monthly Quality Report Review

Incorporate into your end-of-month routine



Avoid Year-End Surprises

Don't wait until Q4 to discover low performance, and track and improve throughout the year.



Support Your Team Proactively

Provide timely retraining for users who consistently miss MIPS measures.



Protect Incentives and Avoid Penalties

Consistent tracking helps ensure you meet thresholds to secure bonuses and avoid CMS penalties



Review of Measures 485 & 486

These measures are diagnosis driven



Documentation Requirement

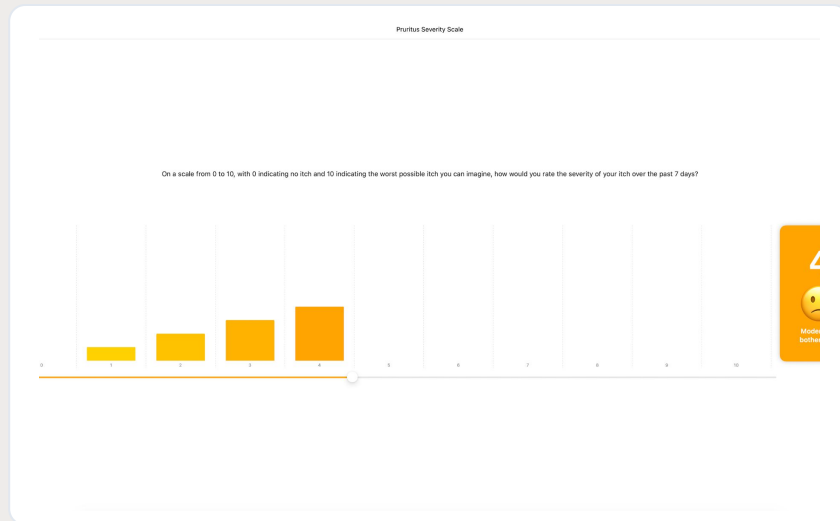
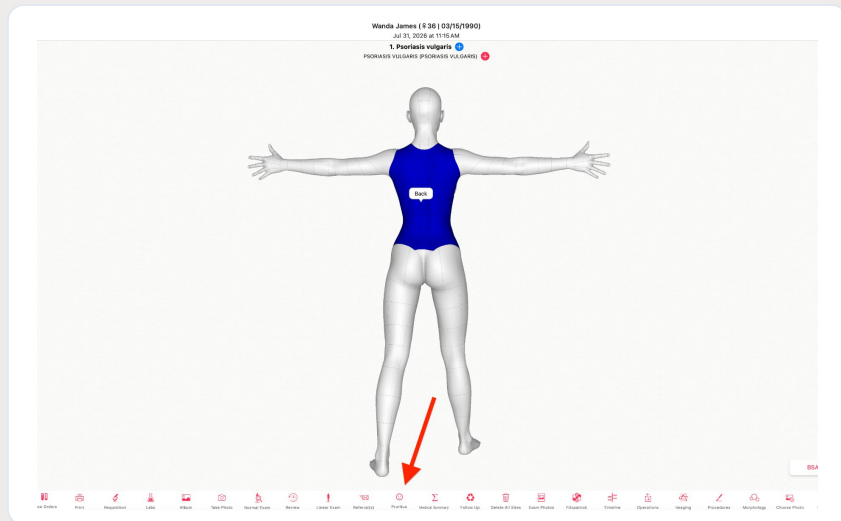
When documenting a qualifying **psoriasis or dermatitis** ICD-10 code, your staff should document the patient's **Pruritus Severity Score** using the body map during the initial visit.



No System Alerts

There is **no system alert** on the initial qualifying visit. Practices must proactively educate providers and staff to capture the itch severity score whenever these diagnoses are documented.

Where Providers Can Find the Itch Severity Scale



The **Pruritus Scale** is documented during the patient encounter in the structured assessment (where the provider records the itch score). For reporting, EZDERM pulls the documented **0–10 score** from the encounter. The provider must enter the score for the measure to calculate.



Best Practices for Measures 485 and 486

- 01 **Document the initial itch severity score** during the first qualifying visit.
- 02 **Record the itch severity score** at every follow-up for psoriasis or dermatitis patients.
- 03 **Schedule follow-up visits** within the same calendar year whenever clinically appropriate.
- 04 **Use an eligible E/M CPT code** to ensure the measure qualifies.
- 05 **Sign off every encounter**, as unsigned visits are not included in the Quality Report.



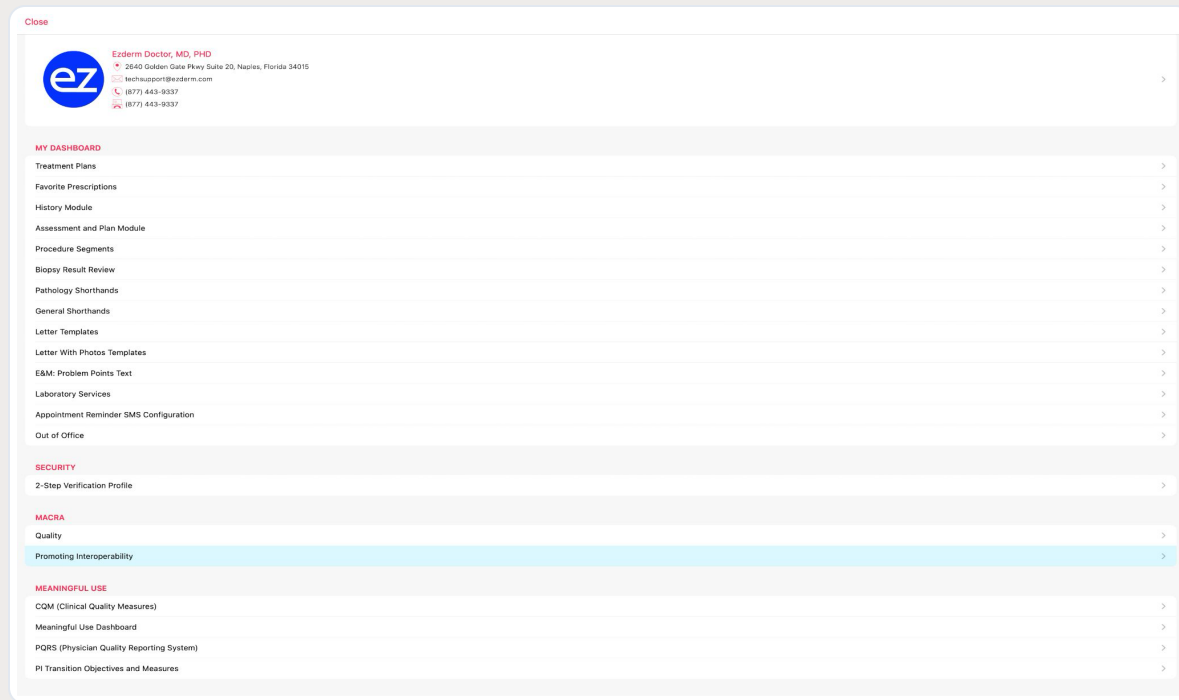
How to Pull PI Report In Ezderm



Promoting Interoperability

Now found under each Admin & Provider EHR Login.

This allows Admins to help monitor progress throughout the year.



ez

THANK YOU!