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2026 Healthmonix & Ezderm Webinar

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Introduction

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Ezderm

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Healthmonix

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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.

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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)

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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

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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

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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.

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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*

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Prepare Now for a Smooth 2026 Submission

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Submitting Mips Data Bridge Request via Eve

01. Submit Your Request

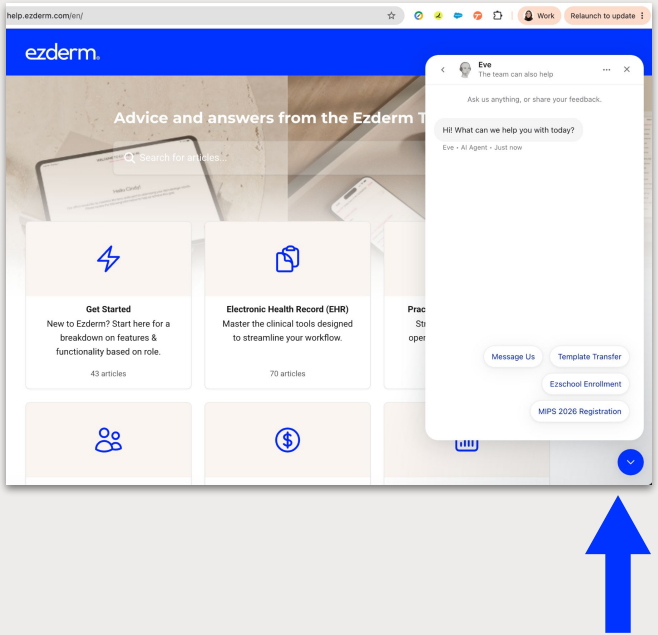
Visit Ezderm's help center (help.ezderm.com/en/) to submit your Mips Bridge Submission via our new AI powered support widget. Simply click Mips 2026 Registration to begin.

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.



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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!

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Healthmonix Contacts

Maura Flaherty

Customer Retention Specialist

Focus Area

Clients who already have a HMX Account

Phillip Spence

Subject Matter Expert

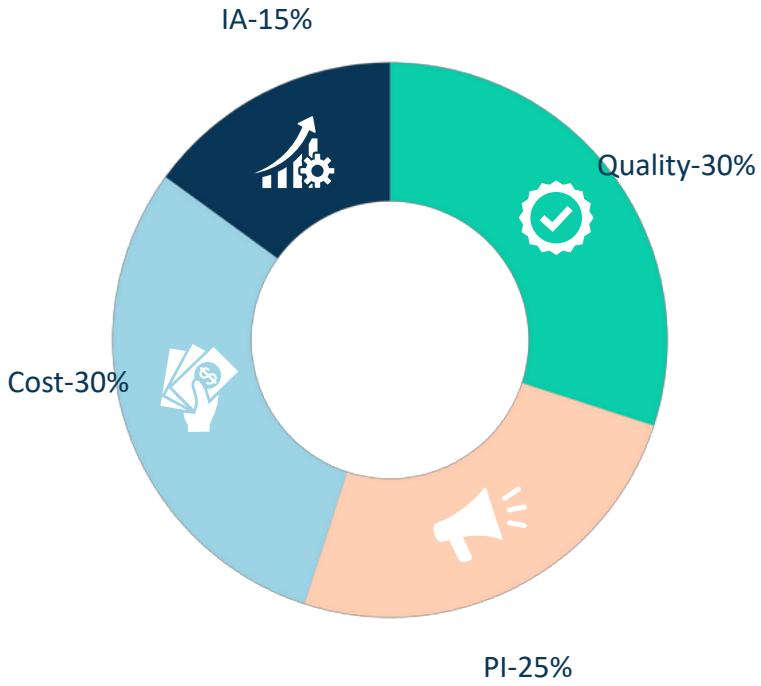
Focus Area

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

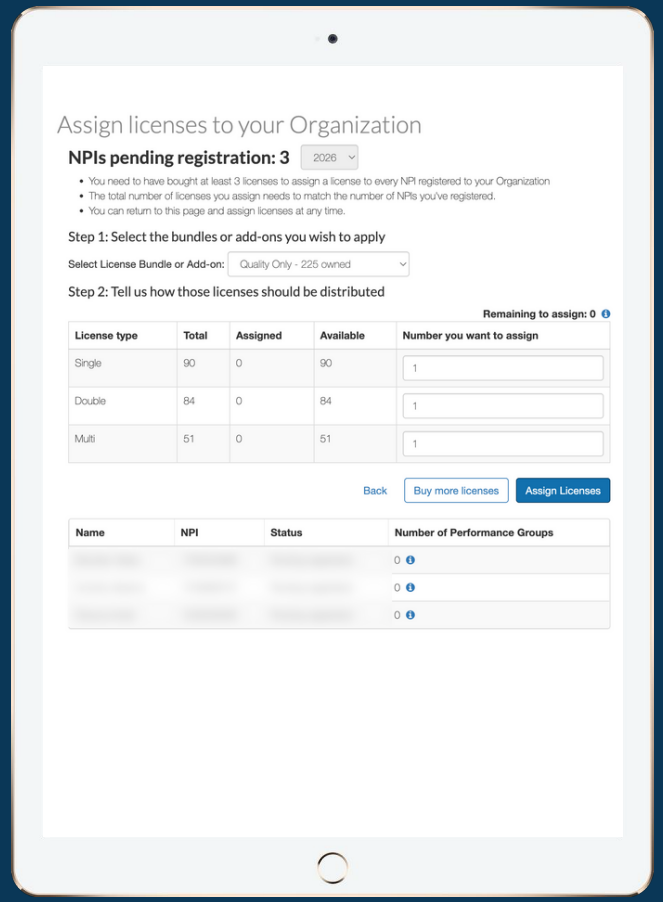
- An MVP requires only 4 quality measures instead of 6
- The Dermatology Care MVP aligns with measures Ezderm already captures
- Run both approaches in Prism to see which scores higher before you commit

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



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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.

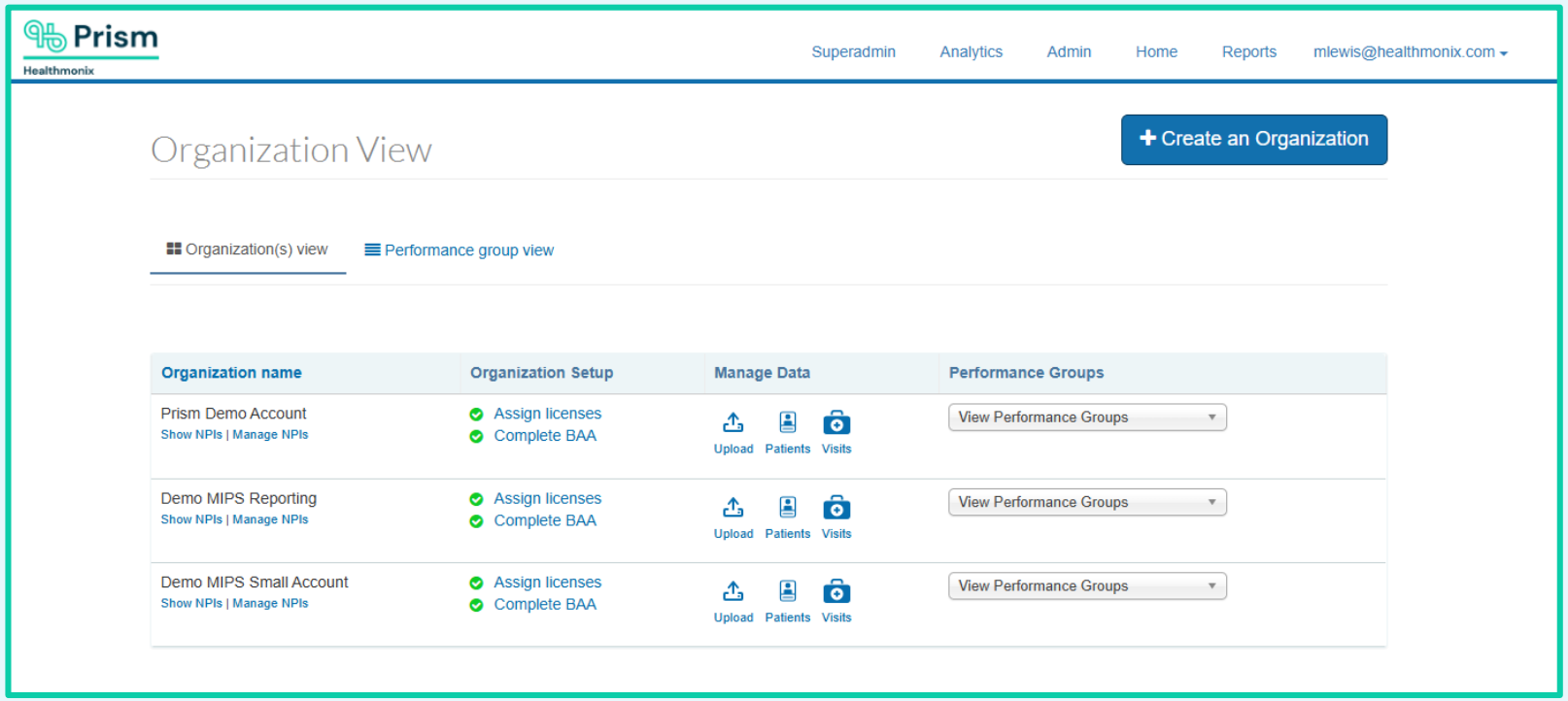
3. **Compare multiple strategies side by side**
   Model reporting approaches — including MVPs — before you commit, to find the path that maximizes your scores and revenue.

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

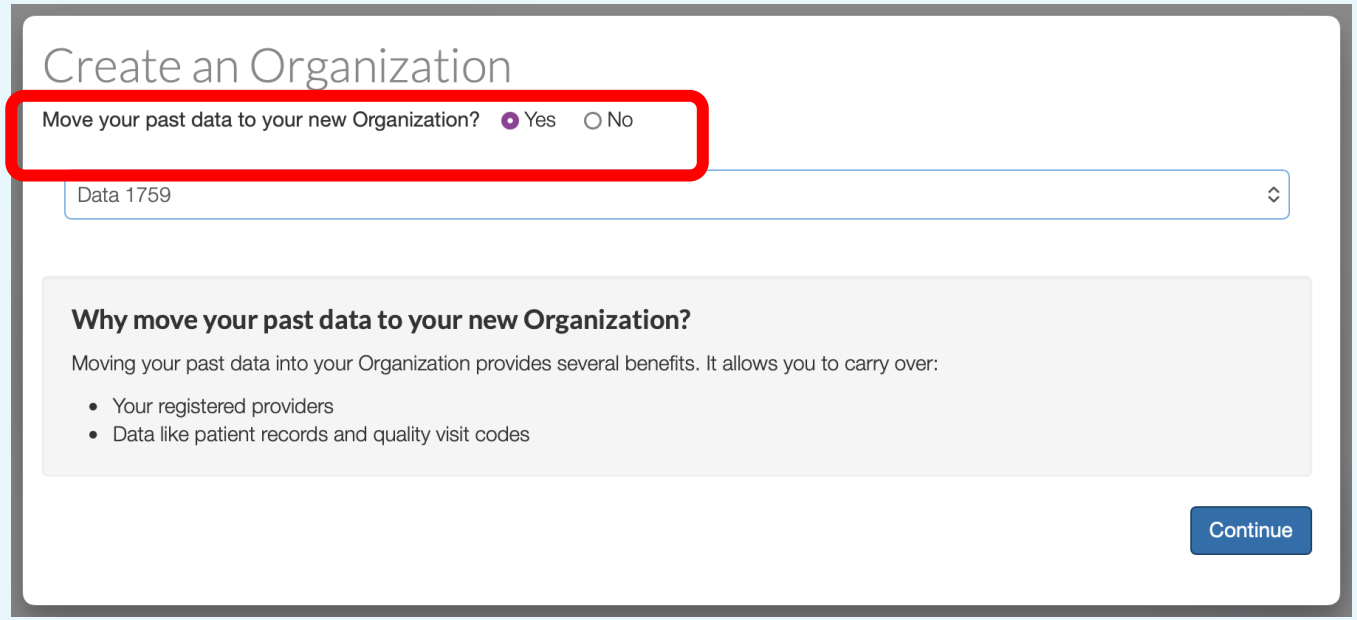
- **Organizations** are a foundation of Prism. Organizations give you control over how your data is structured, tracked, and optimized across programs.
- **Organizations** are replacing the MIPSpro Classic concept of practices.
- **Organizations** are the highest level where your data needs to be separated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



ONBOARDING

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.



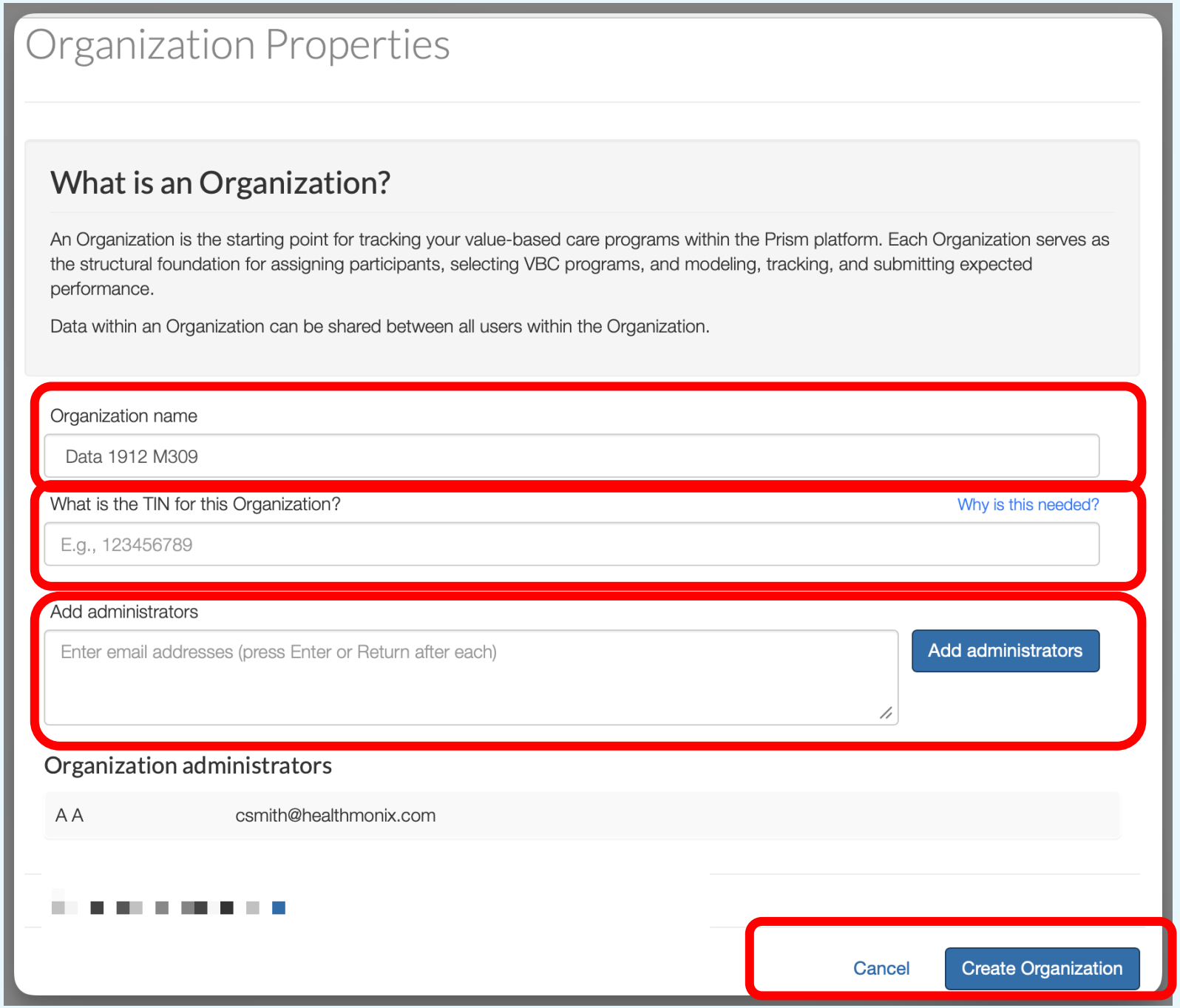
Pro tip: **Yes** is usually the best choice if you're a returning client. Benefits include:

- 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.

ONBOARDING

Creating Organizations

- Enter a name for your Organization.
- Enter the TIN for your Organization.
- Enter additional administrators for your Organization.
- Select **Create Organization**.



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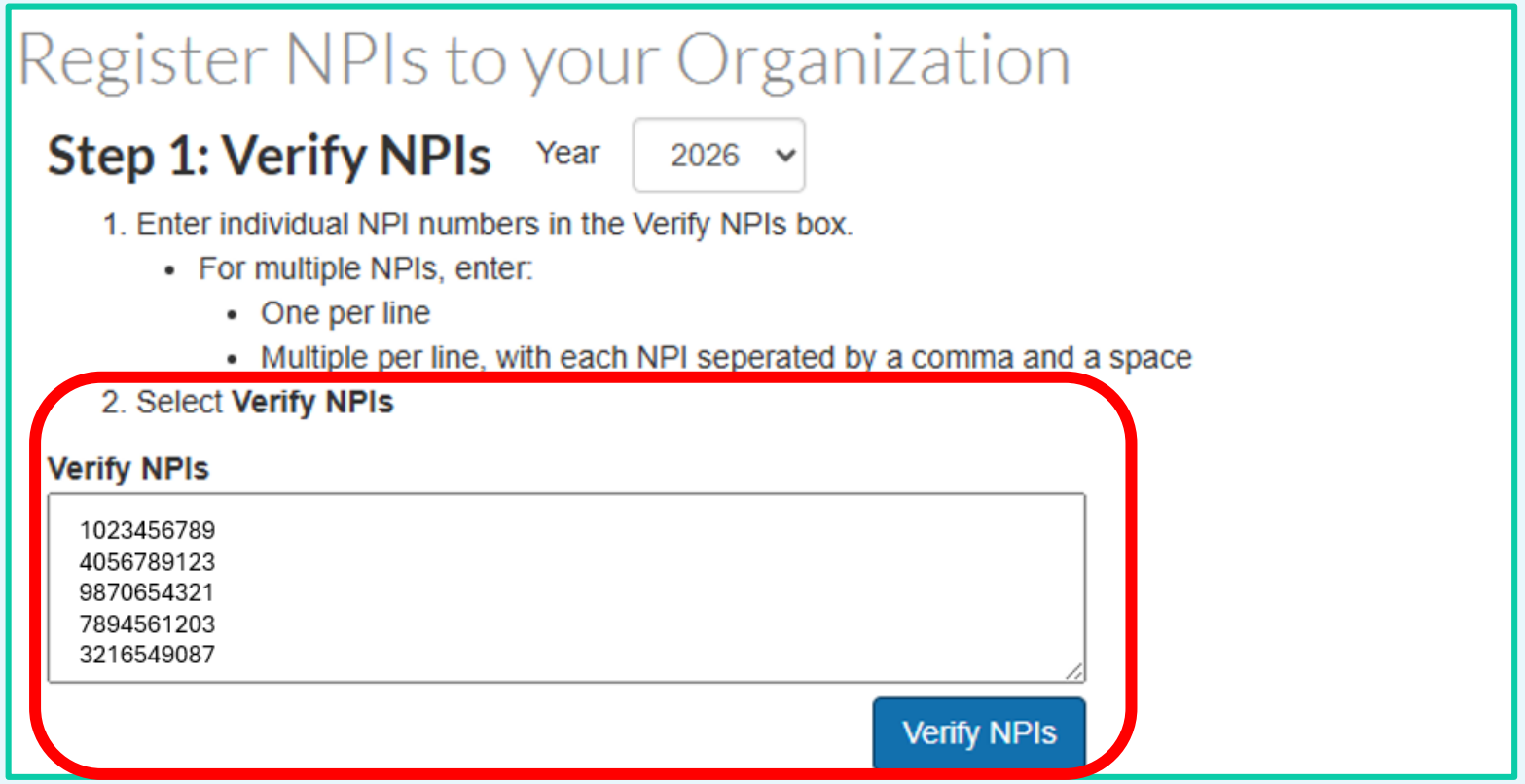
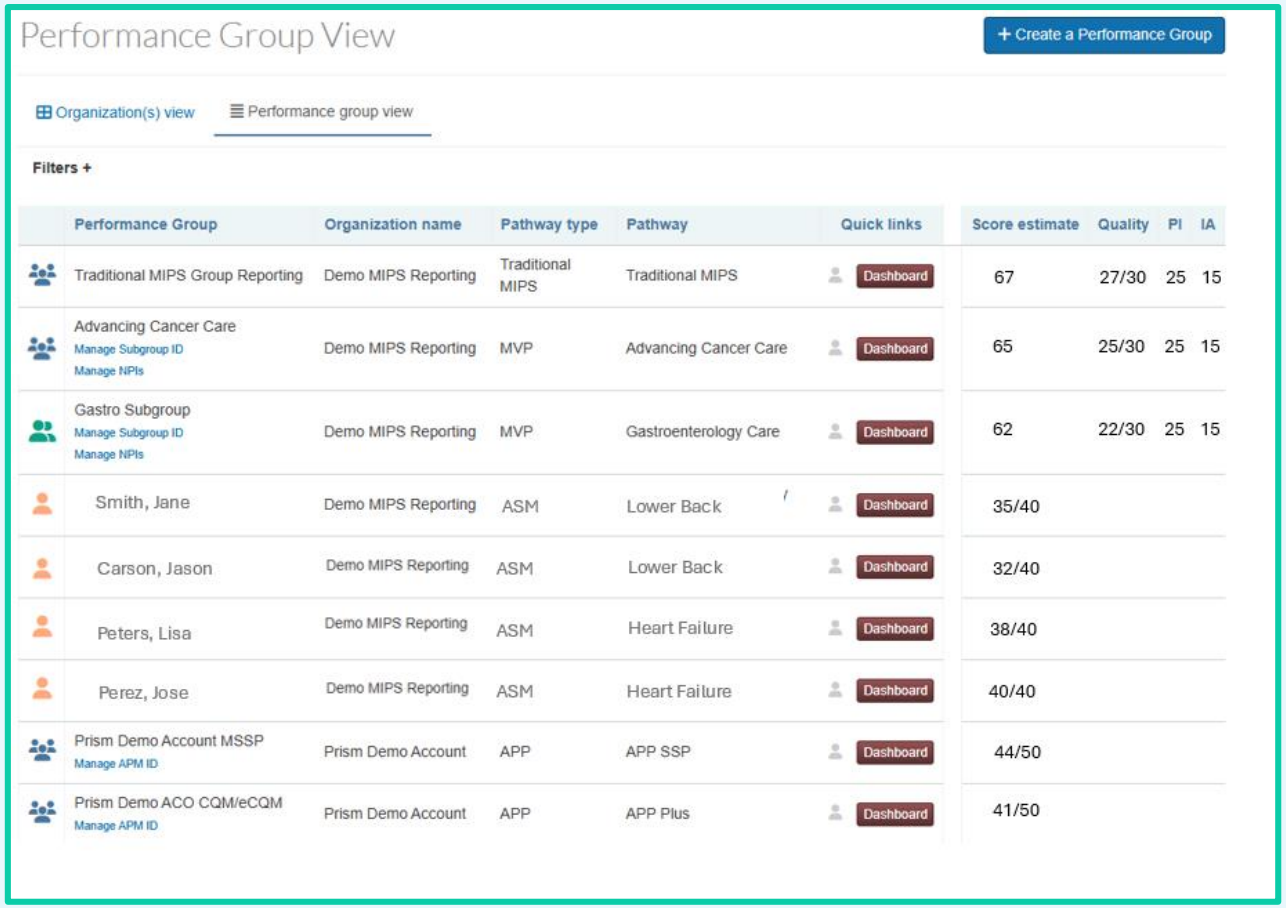
Registering NPIs

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



Introducing Performance Groups

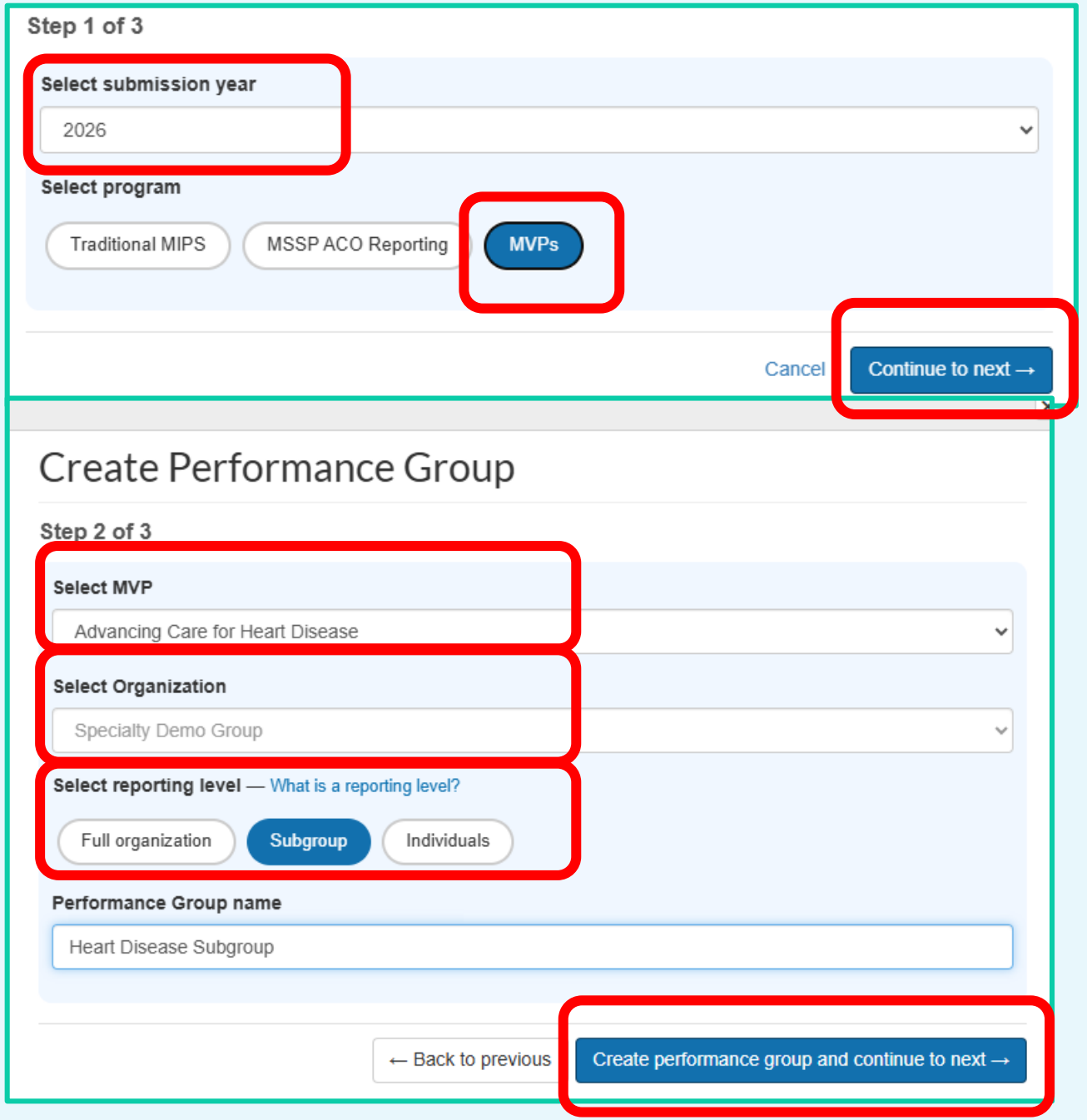
- **Performance Groups** are how you will group your data for tracking and reporting
- **Performance Group** examples
  - Traditional MIPS
    - A single TIN practice or Hospital
    - An individual provider
  - MVPs
    - A single TIN practice or Hospital
    - A Subgroup of a single TIN
    - An individual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



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**.



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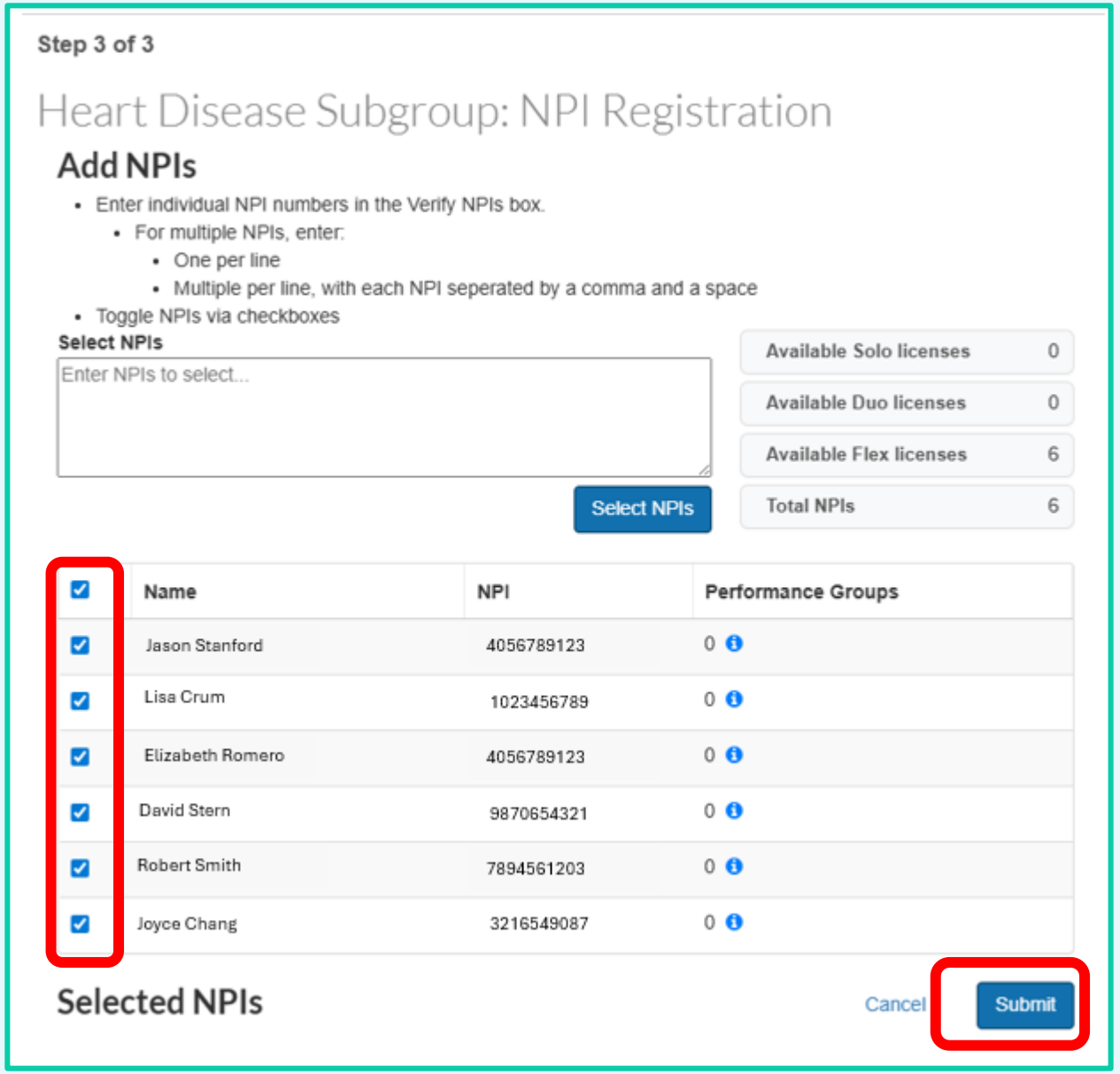
ONBOARDING

Creating Performance Groups

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



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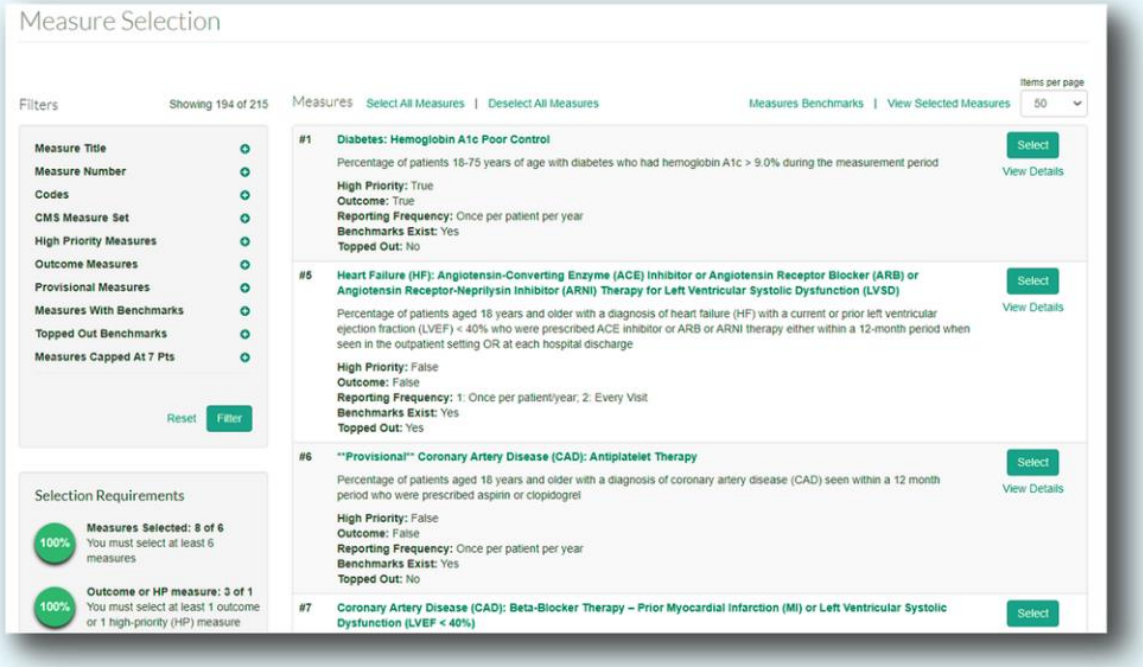
Selecting Your Quality Measures

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



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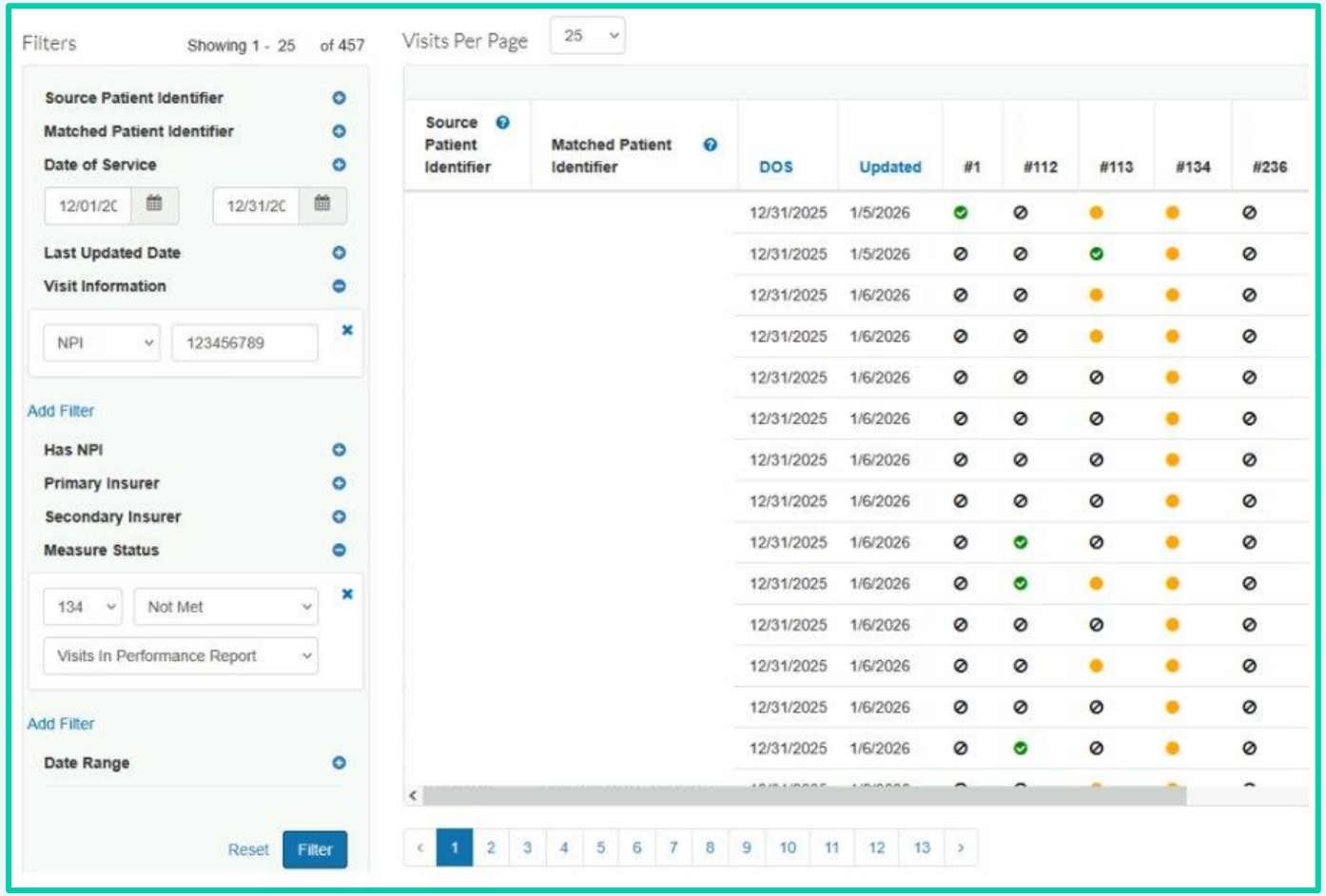
Closing Gaps in Care

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



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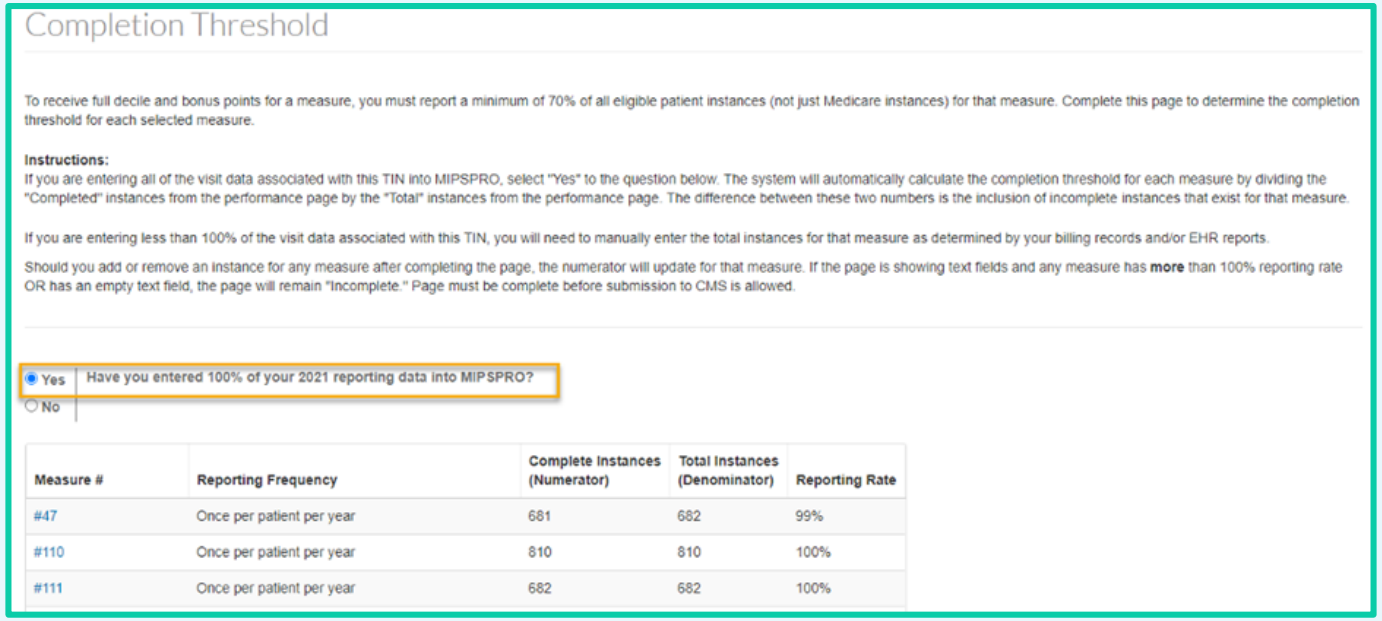
ONBOARDING

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 MIPSPRO, 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 MIPSPRO?

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%

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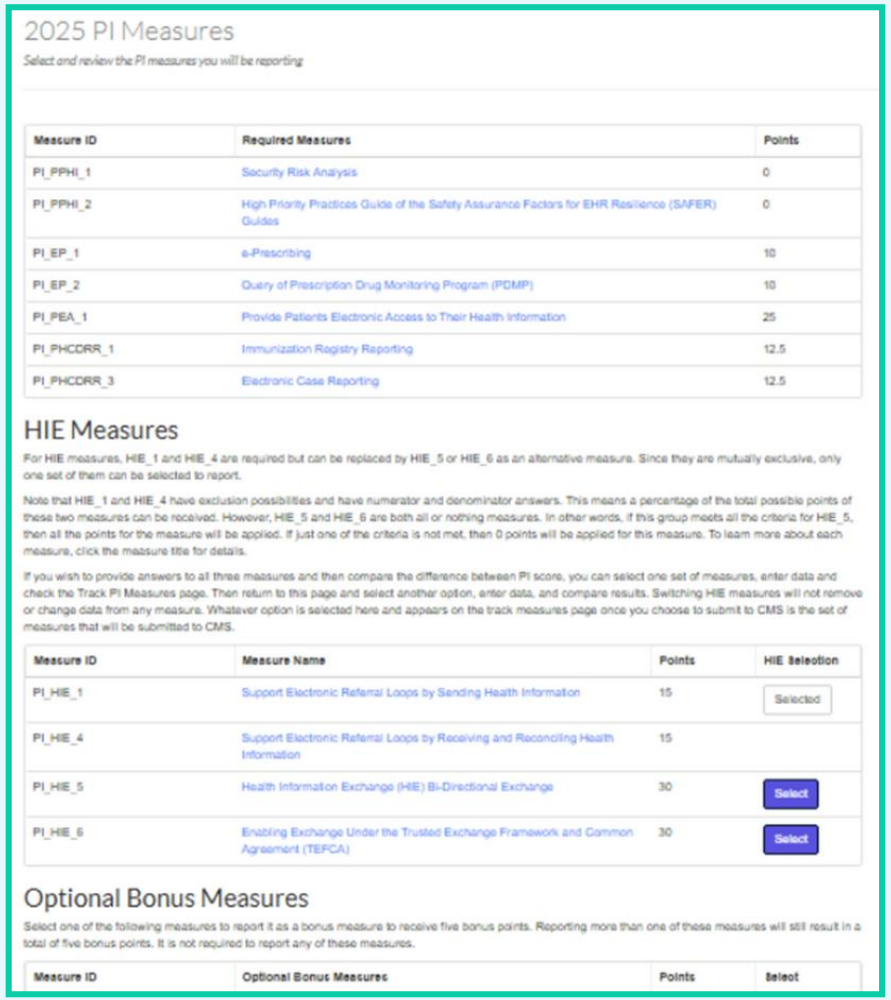
PI — select measures



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.

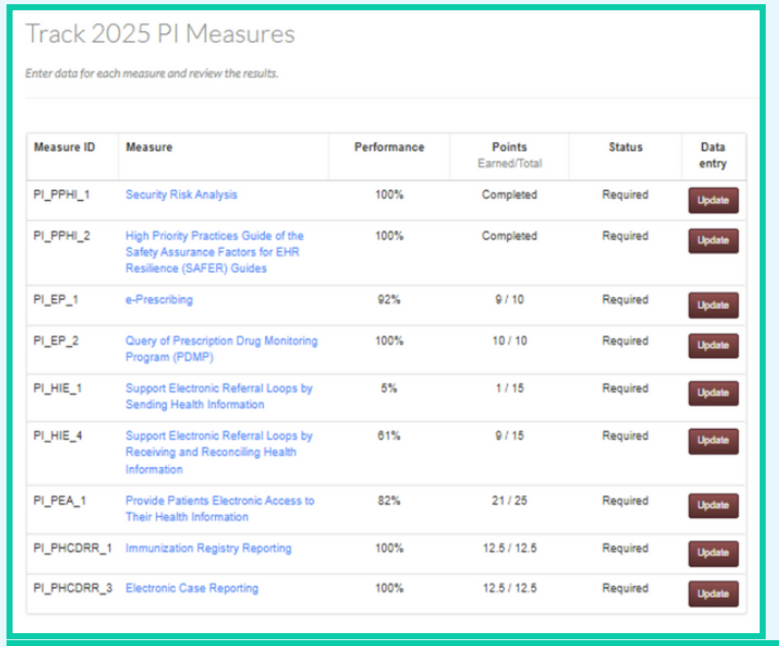
Measure ID	Measure Name	Points	HIE Selection
PI_HIE_1	Support Electronic Referral Loops by Sending Health Information	15	Selected
PI_HIE_4	Support Electronic Referral Loops by Receiving and Reconciling Health Information	15	
PI_HIE_5	Health Information Exchange (HIE) Bi-Directional Exchange	30	Select
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 these 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

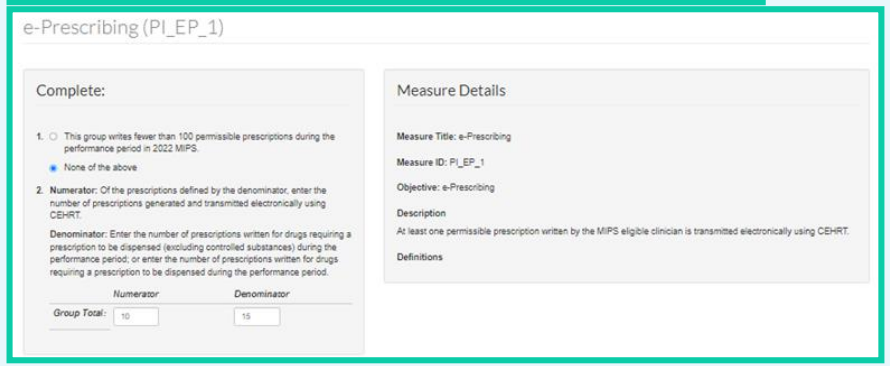
PI — track measures



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:

1. This group writes fewer than 100 permissible prescriptions during the performance period in 2022 MIPS.
   None of the above
2. **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

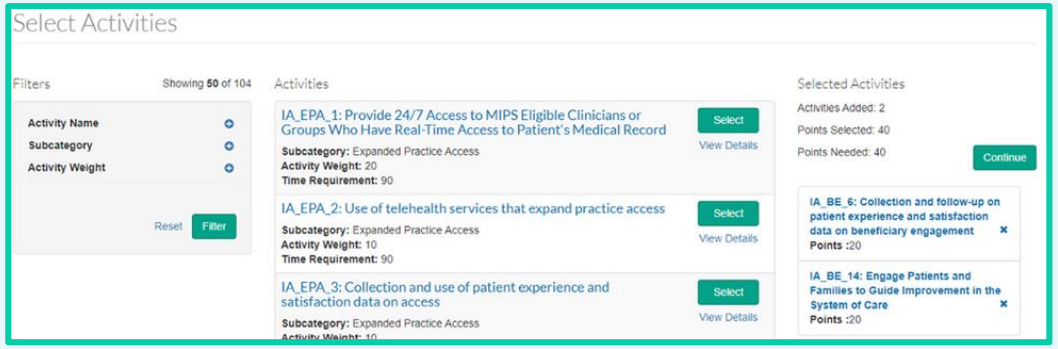
Objective: e-Prescribing

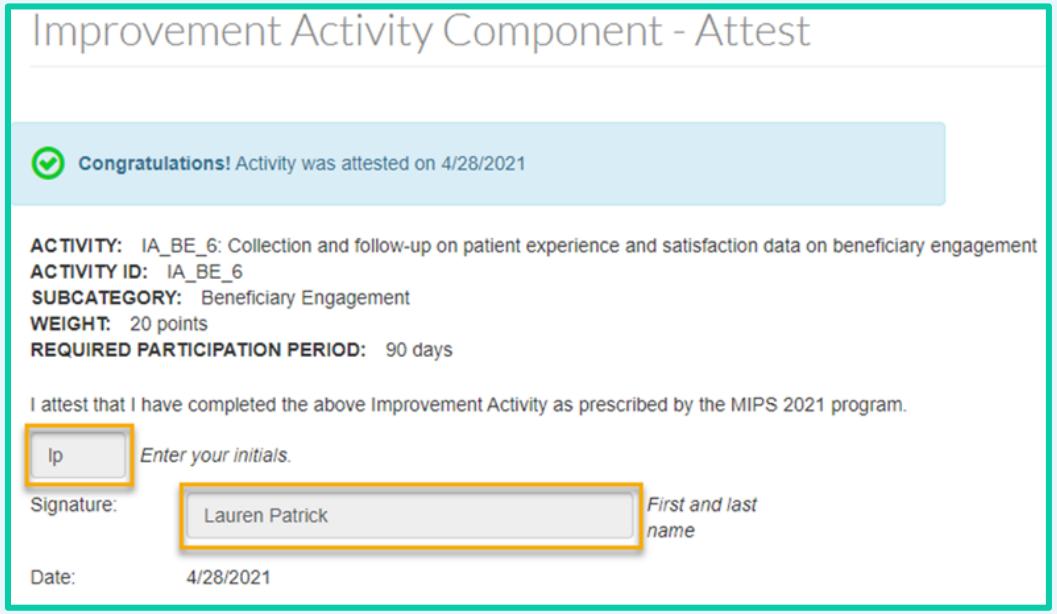
Description

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

Definitions

IA — select measures





Healthmonix™

NEW AND UPDATED FEATURES

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.

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How to Pull Quality Report In Ezderm

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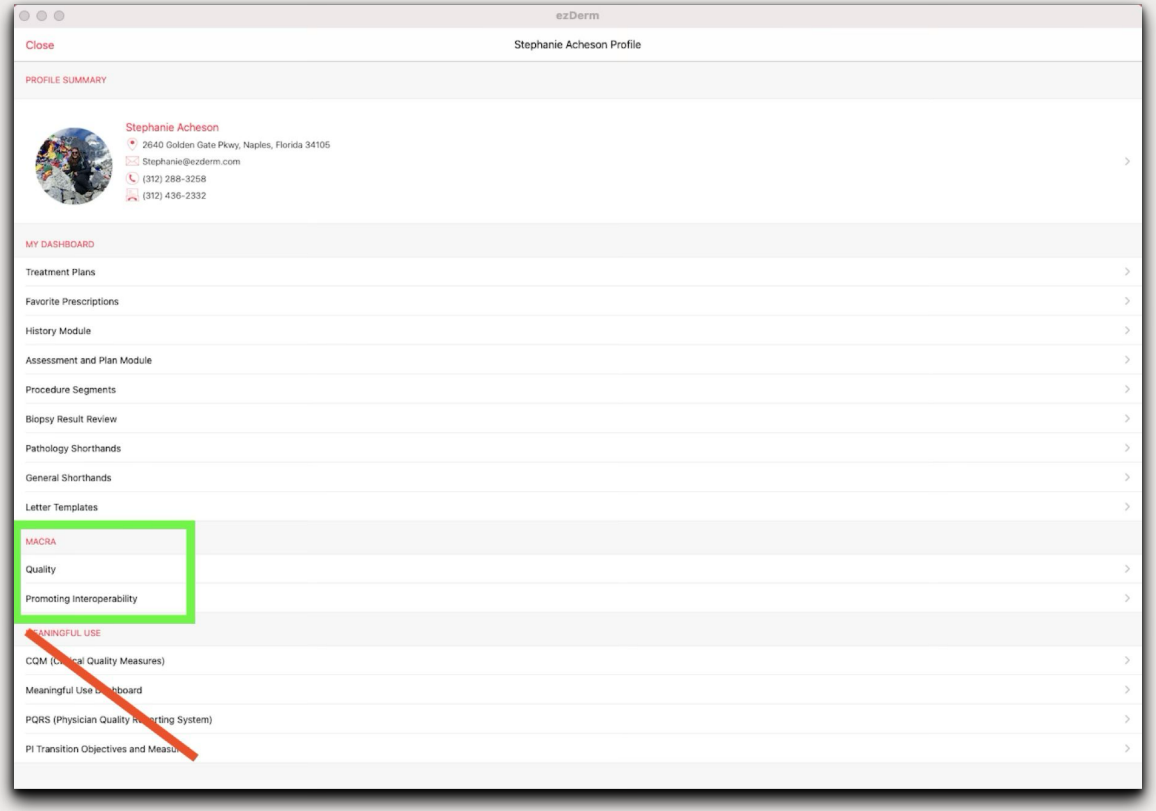
Interactive Quality Report

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



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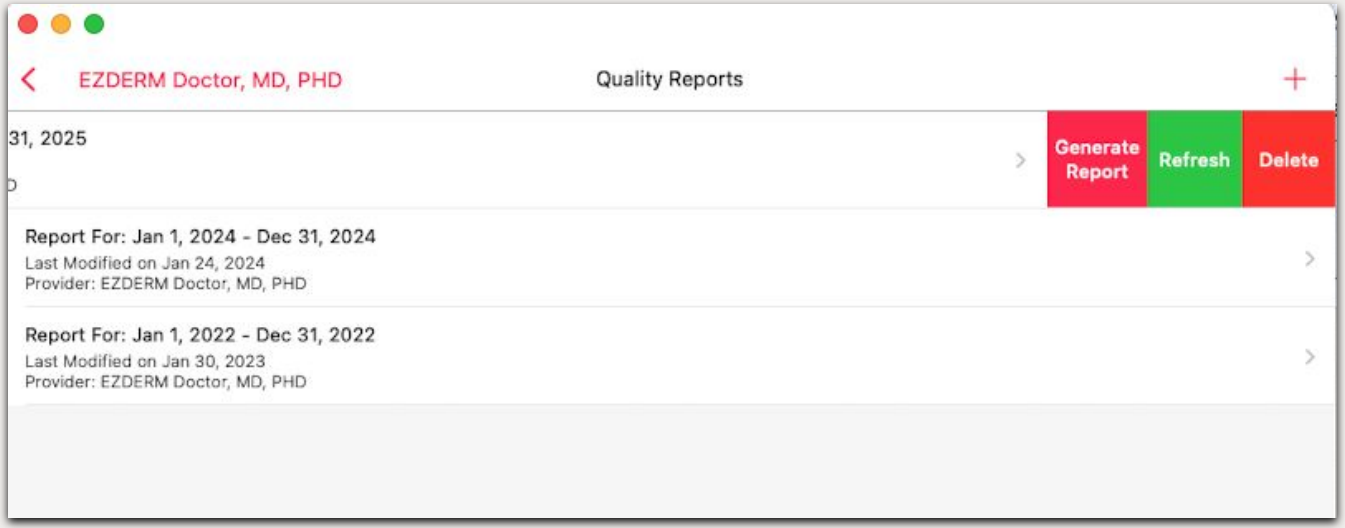

Don’t forget to refresh report to see updates!

Swipe left to Refresh the Report

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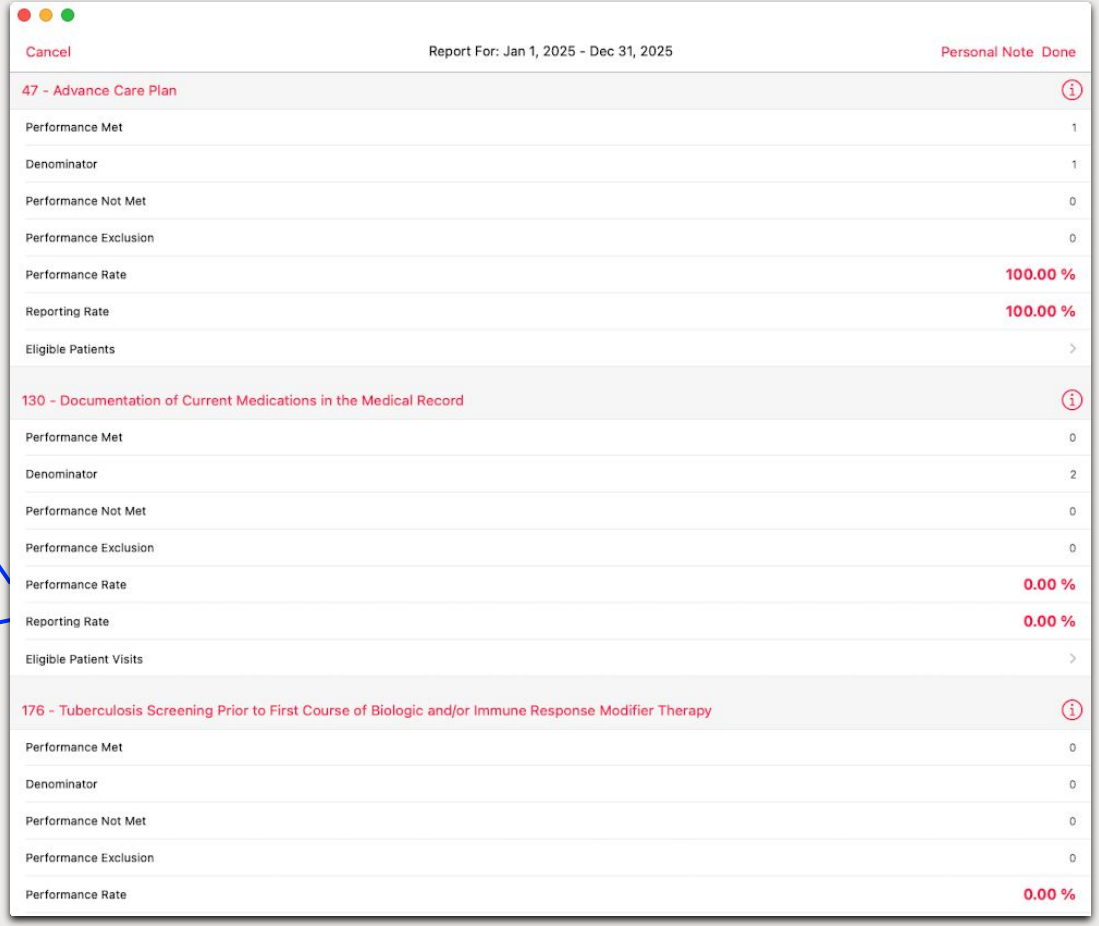
Performance Rate =
All visits that met the criteria / (patients that have completed visits - patients that were excluded)

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%



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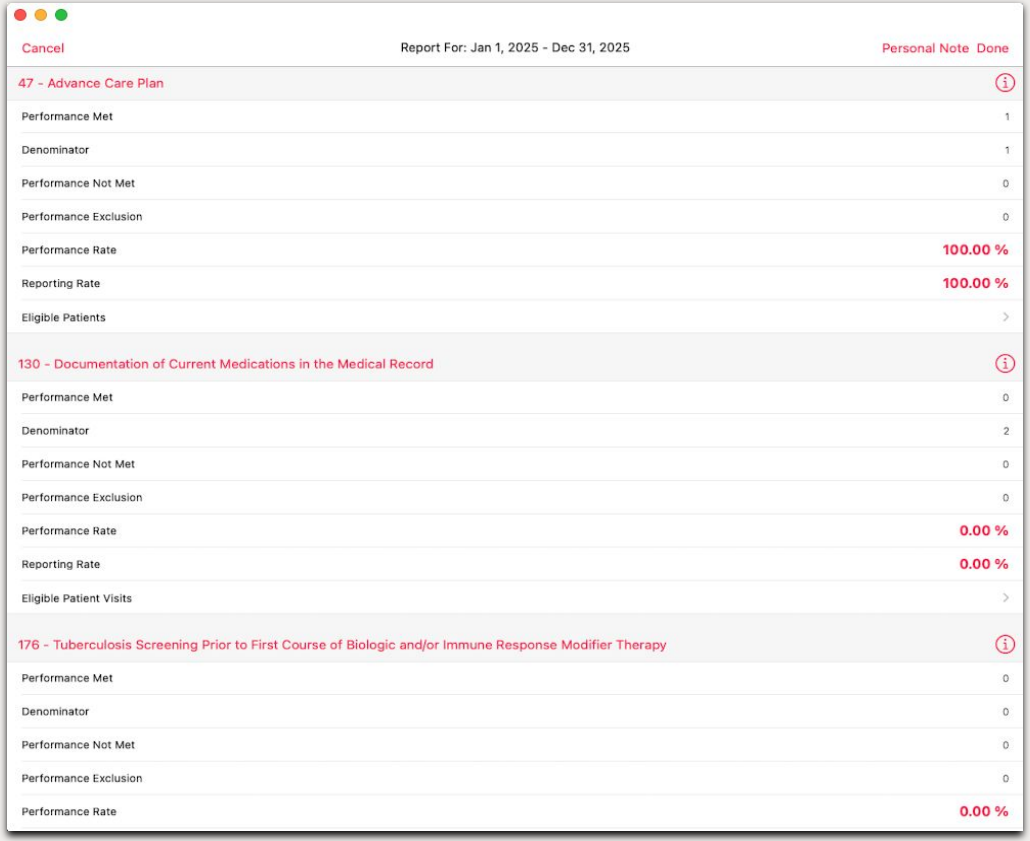

Quality Report

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

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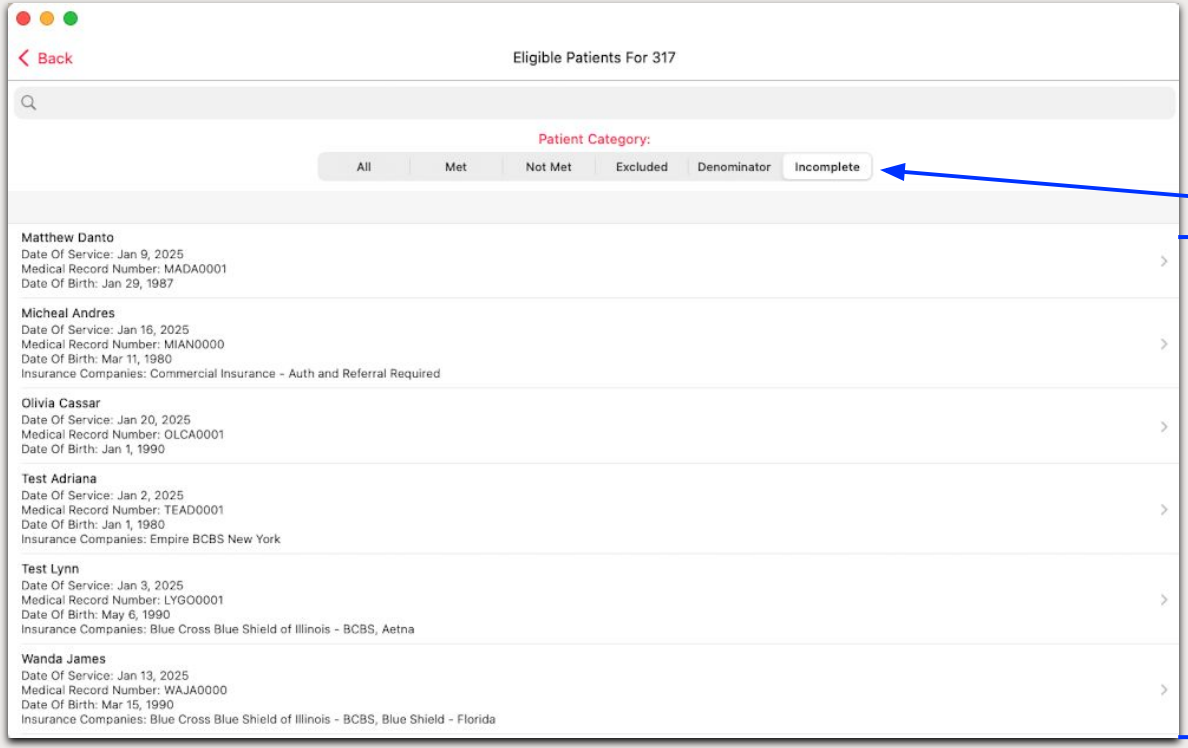

Incomplete Patients
Under eligible patients, review Incomplete visits if reporting rate is low

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

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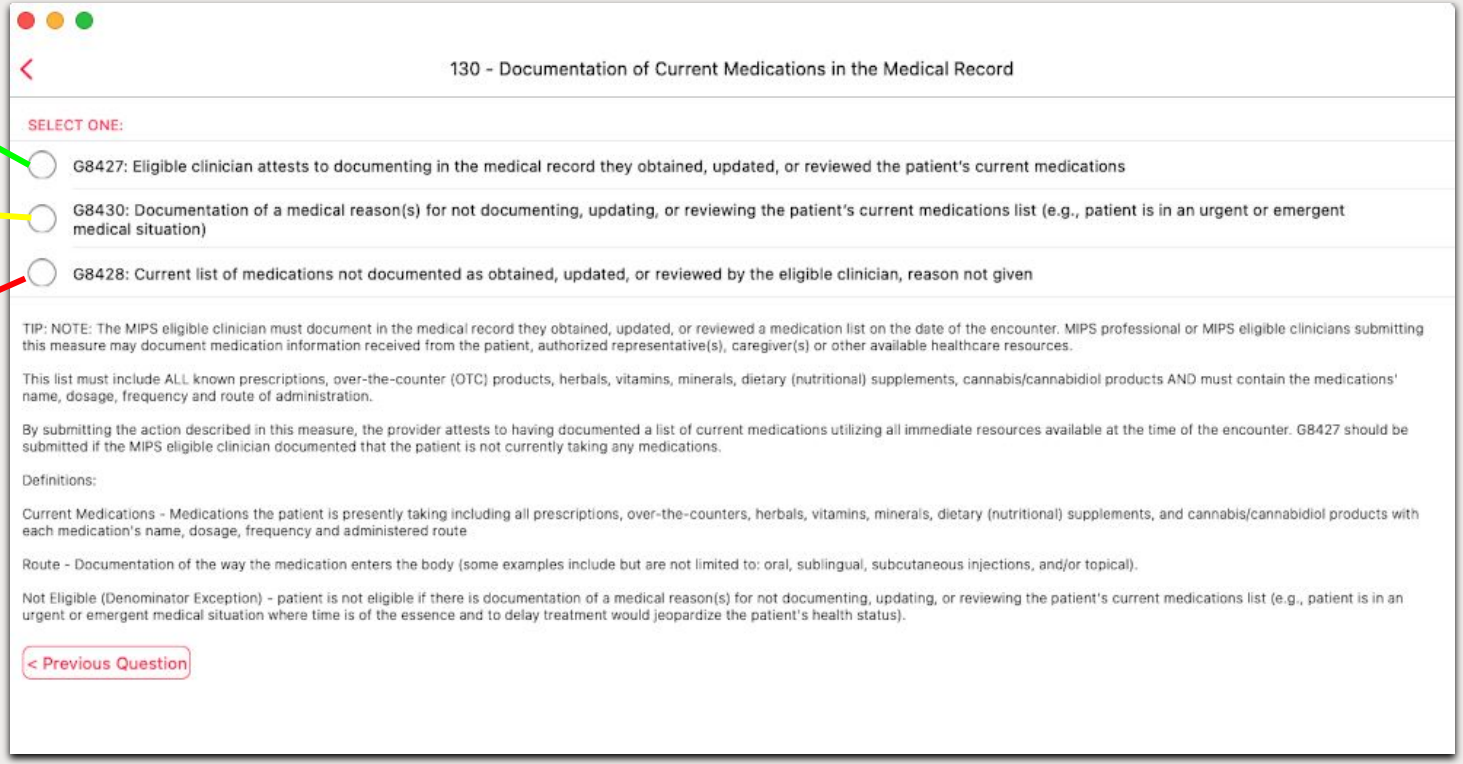
After clicking the "M" from the Progress Note, answer the question to complete the measure

Met

Excluded

Not Met



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💡 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

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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.

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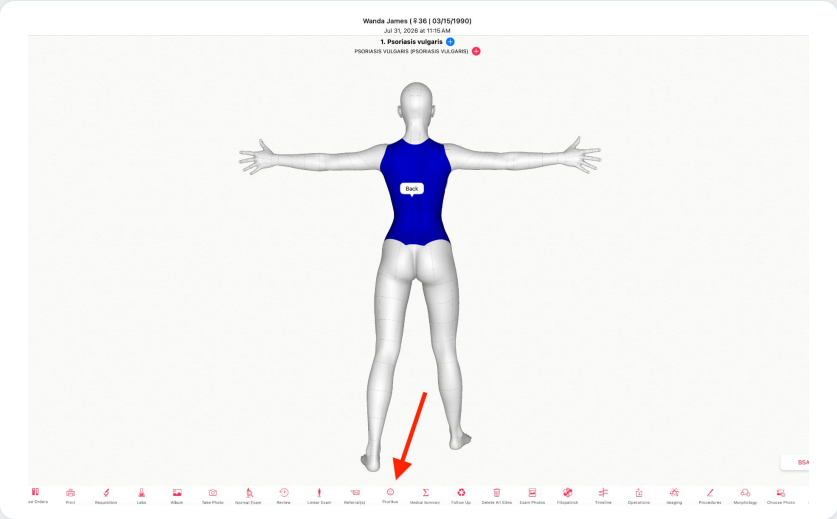
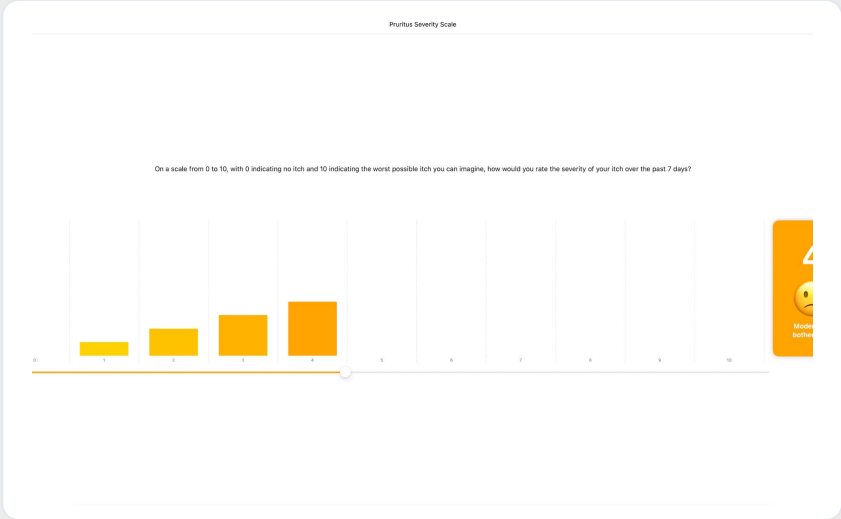
Where Providers Can Find the Itch Severity Scale





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.

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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.

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How to Pull PI Report In Ezderm

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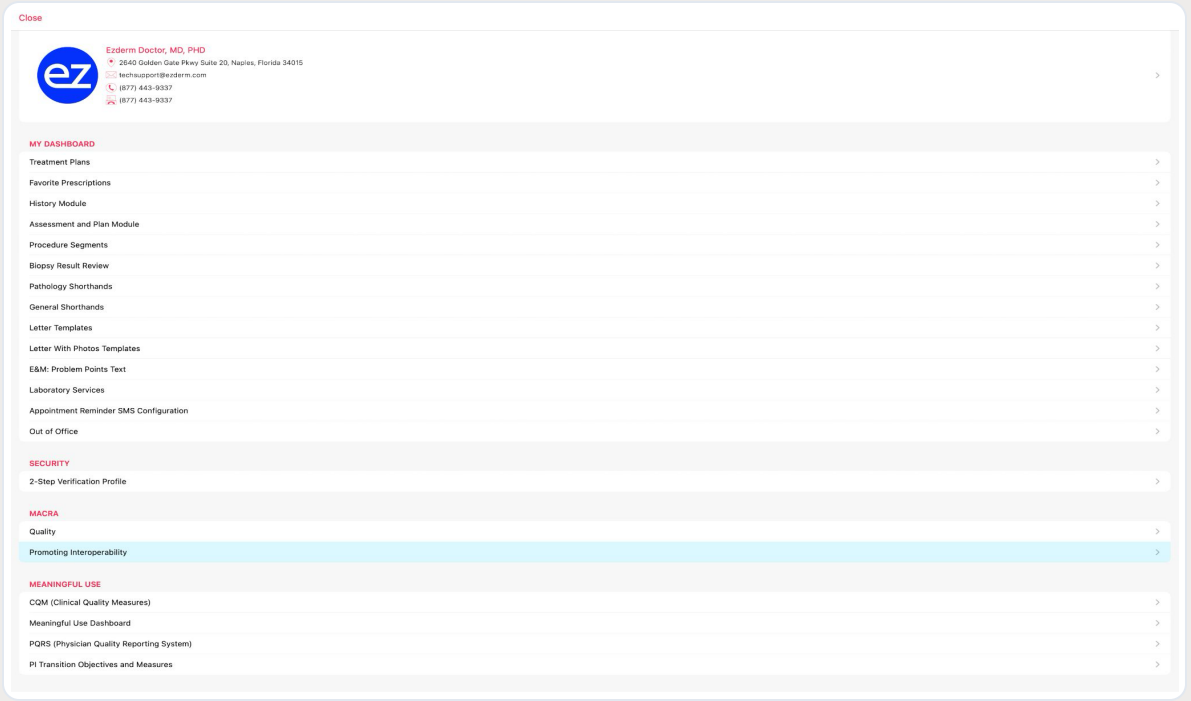
Promoting Interoperability

Now found under each Admin & Provider EHR Login.

This allows Admins to help monitor progress throughout the year.



THANK YOU!