



Kicking off 2022!

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Disclaimer

This presentation is intended for informational purposes only and does not constitute financial, legal, medical or consulting advice. Please consult with your legal counsel or other qualified advisor to ensure compliance with applicable laws, regulations and standards.

Agenda

- Resetting Sammy for 2022
- The Return of the Sequestration Deduction
 - ◆ Changes to Cash Receipt Screen for the Sequestration
- MIPS
 - ◆ Wrapping up MIPS for 2021
 - ◆ Restarting MIPS for 2022
 - Measure Calculator Update
 - 2022 Changes to MIPS Measures
- Review of the New Feature: Transmission Failure Alert
- State-related Carrier Changes

2022: Resetting Sammy



Finalize 2021 Claims and Financials

Remember to release any 2021 Medicare claims that are still on a hold by using the SENDNOW feature.

It is recommended to use the following reports to check on claims that are still waiting on payments or have not been sent:

- Accounting Ledger Report
 - Run the Claims Never Sent report to ensure all claims were transmitted.
 - Run the Insurance Totals report to check on carriers with pending payments and outstanding money.
 - Hold Analysis Report to review the status of Medicare claims.
- Financial Reports
 - Financial C or EOM can be run for individual months or for the entire year. They can also be run by individual doctors or by doctor/location as well.
- Mass Write Off
 - Consider evaluating a clean up of your receivables with old outstanding balances you may never recoup. Please contact support for assistance

Disclaimer: Rules and regulations issued by Medicare, third party payors or state law may impose requirements with respect to collection efforts that should be undertaken before patient balances are written off or mandate that only past due (e.g., balances older than 120 days) be written off or sent to collections. Please review all applicable laws, regulations and third-party payor agreements and guidance prior to writing off patient balances.

Sammy Resets for 2022

Chart Eligibility reset for Medicare Patient Deductible - *Already done at the first of the year.*

- 2022 Medicare Part B Deductible is \$ 233.00
- 2022 Medicare Part A Deductible is \$1,556.00

Automatic System updates done for 2022 - *Already done at the first of the year.*

- NPI State Listing Update
- PECOS listing Update
- CCI Update

Sequestration Deduction schedule

Will start with claims posted with dates of service for April and forward.

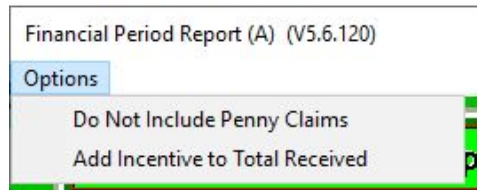
- Autopost and Cash Receipts will calculate the adjustment based on the claims' date of service.
 - January 1, 2022 through March 31, 2022 it will remain 0%
 - April 1, 2022 - June 30, 2022 it will be increased to 1%
 - July 1, 2022 through the rest of the year it will be increased to 2%

Cash Receipts Change for Sequestration

Posting in the Cash Receipts Screen

Redesign

- The Cash Receipts screen was re-designed to allow for the manual posting of incentive adjustments and penalty adjustments when received.
- Incentive and penalty money will be identified on the EOB/ERAs with adjustment codes.
- Remember incentive and penalty money for each year is determined on the MIPS reporting submitted to CMS two years ago. So in 2022, the adjustments would be determined by the MIPS reporting done in 2020.
- Posting the adjustments in the appropriate columns will ensure that the correct adjustments will be calculated for electronic claims being sent to secondary and tertiary carriers.
- When running either the Financial A or C report there is an option to include the total amount of incentive money received.



Description of Column Headings

...on cash receipts screen

The columns for posting have been organized by the following categories:

- **Reductions**
 - Code 237 Penalty adjustment
 - Code 253 Sequestration adjustment
 - 1st Qtr. 2022: no Sequestration adjustment
 - 2nd Qtr. 2022: 1% Sequestration adjustment
 - 3rd and 4th Qtrs. 2022: 2% Sequestration adjustment
- **Incent.**
 - Code 144 Government Incentive
- **Patient Responsibility**
 - Deduct
 - Co Ins
 - Other
- **Payment Info**
 - Amt Pd
 - Approved
 - INQ

Payment

Claim Type: 1

[Learn More?](#)

Pending Claim Chart

Claim Information						Reductions		Incent.	Patient Responsibility			Payment Info	
Date/Serv	Procedure	Charges	Tot Paid	WrOff	Balance	237	253	144	Deduct	Co Ins	Other	Amt Pd	Approved
04/06/18	99213 25	95.00	0.00	0.00	95.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04/06/18	11721 59	59.00	0.00	0.00	59.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

154.00

20.00

0.00

154.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

Amount Of Claim

154.00

Primary Carrier

HARVARD PILGRIM

Billed/Seen By

DPM

Amount Paid

20.00

Secondary Carrier

WAUSAU BENEFITS

Claim Number

[Auto Apply Balances](#)

Written Off

0.00

Third Carrier

No Insurance.

Paid On Claim Amount

0.00

[Post Secondary](#)

Transaction Bal

134.00

Patient

Payment From Patient Bill

20.00

Date

History & Who

04/06/18	New Claim Entered	
04/06/18	No Clinical Summar	
04/06/18	Payment2Day\$20.00	
04/06/18	CCor PBil\$ Ck# DL	
04/06/18	No Clinical Summar	

[Click Here To Start](#)
[Abort Quit](#)
[View Claim](#)


Claim



Patient

[Credit Co-Pay](#)

There is no copay on chart.

Medicare and MCR HMO Insurance Carriers

- Depending on the **date of service** on the claims you are posting the appropriate 1% or 2% button will be displayed to calculate the sequestration adjustment.
 - Sequestration adjustments may also be entered into the field without using the % button.
- If the EOB/ERA has both 237 and 253 adjustment codes then the sequestration button will not be displayed. You will need to enter all adjustments manually as they appear on the EOB/ERA.
- The naming convention of the insurance will also determine if the columns 237 and 253 will be greyed out or not. Example: If the Aetna insurance entry is not named Aetna MCR HMO then these adjustment columns will be greyed out.

Commercial Insurance Carriers:

- Since the adjustments are for Medicare/MCR HMO carriers when posting for a commercial carrier the adjustment columns 237 and 253 will be greyed out.

Other Helpful Cash Receipts buttons

Post Secondary button

- Allows the posting of payments received from the secondary carrier before posting the payments from the primary carrier.

Auto Apply Balances button

- A shortcut to post payments received that match the current balances due that are appearing on the screen.

Credit Patient Co-Pay button

- Sometimes too much copay is collected from the patient which can prevent the claim from being posted due to an unexpected amount on the claim. This button should be used to temporarily remove the copay money from the patient account making it a credit to allow the posting of the insurance payments.
- After the insurance payments are posted the credit can be used to pay the patient balance.

2022: Restarting MIPS



Wrapping up MIPS for 2021:

Providers Not reporting for 2021:

- In mid-November QPP announced that providers reporting as individuals would be eligible for the Automatic EUC (Extreme and UnControllable Circumstances) exemption. If you called Sammy we recommended you contact QPP to confirm your eligibility and then forward to Support the approval email from QPP. Please access the MIPS 2021 FAQ for more information.
- If you haven't yet, call QPP 866-288-8292 to confirm you can take the automatic exemption for 2021.
- Many practices decided not to report for the 2021 reporting year because of the automatic exemption so there is nothing more to do for 2021. Focus on recording MIPS data for 2022.
- If you paid for the Registry and you are not reporting please send an email support@icssoftware.net to request a credit.

Providers reporting for 2021:

- For providers who had high % scores and decided to upload to CMS for 2021 you should schedule a appointment with Dr. Brody and his staff to determine next steps in preparation to upload to CMS.
- Before submitting the latest Quality measure data to RCH it is suggested that you check off every measure in the Measure Calculator that has a numerator and denominator and submit data to RCH.
- **The deadline to upload the Quality Measure data to the RCH is February 28, 2022.**

Restarting MIPS for 2022

Podiatry Providers

- **SammyEHR:** MIPS recording automatically begins for each provider when billing the first 2022 claim that meets the MIPS criteria.
- **Sammy USA/SimpleSam:** MIPS recording is manual and requires reporting codes to be chosen when billing claims. When billing the first 2022 claim that meets the MIPS criteria a popup is displayed allowing you to copy the DPM related measures for the provider on the claim. This popup will be displayed for each provider when billing the first 2022 Medicare claim.

Other Specialty Providers: MIPS recording is manual and requires reporting codes to be chosen when billing claims.

- If MIPS measures were previously chosen by your practice's providers they are automatically copied for 2022. However, when billing for providers that do not have measures set up a pop-up message will be displayed at the time of billing that the provider requires measures to be added in order to record MIPS. You will need to contact Support for assistance.

A little MIPS talk

- We have updated the Measure Calculator to calculate an estimate composite score to provide a "clue" as to how you are doing. The Measure Calculator has been changed so you can choose between the previous reporting year performance and the current reporting year performance. The next few slides will review the screens of the Measure Calculator.
- It is recommended that you continue the same workflow to report the current measures. The minimum amount of points needed to avoid a penalty for 2022 has **increased from 60 to 75 points**. So It is more important than ever to record MIPS information for as many patients as you can. Start now and not in the middle or end of the year.

Measure Calculator Update:

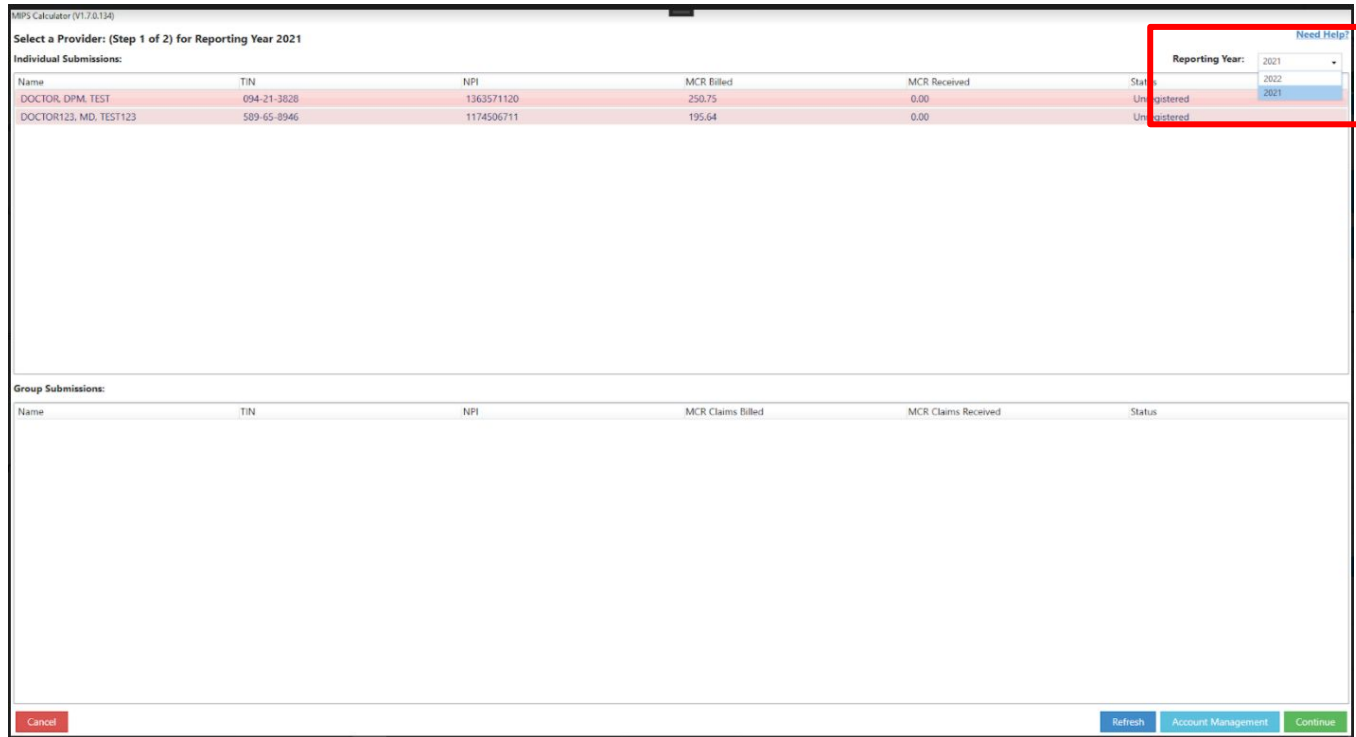
- The Measure Calculator has been updated to calculate an estimated composite score so you may check the progress of each provider's MIPS reporting throughout the year without having to register until it is time to upload the MIPS data.
- We have also improved the Measure Calculator to allow you to choose between the last year's MIPS performance and the current year's MIPS performance. The Measure Calculator will calculate the Quality Measure points and the estimated composite score for the reporting year you chose.
- After the processing of the update for the new version of the Measure Calculator, a utility may run when you first access the measure calculator that will scan claims to verify the MIPS numerator/denominator numbers. This may take a few minutes but when completed the measure calculator will open.
- Process the Z222 update to download the changes for MIPS 2022 changes.

Measure Calculator v.135: Setting the year to view MIPS data

With the latest version of the Measure Calculator you will be able to choose which MIPS reporting year data you want to view.

You will be able to view the previous year or the current year. This will allow you to compare data to determine if you are on a good track for reporting for the current MIPS reporting year.

Remember only Quality Measures are viewable in Sammy.



MIPS Calculator (v1.7.0.134)

Select a Provider: (Step 1 of 2) for Reporting Year 2021

Need Help?

Reporting Year: 2021

Individual Submissions:

Name	TIN	NPI	MCR Billed	MCR Received	Status
DOCTOR, DPM, TEST	094-21-3828	1363571120	250.75	0.00	Unregistered
DOCTOR123, MD, TEST123	589-65-8946	1174506711	195.64	0.00	Unregistered

Group Submissions:

Name	TIN	NPI	MCR Claims Billed	MCR Claims Received	Status
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Cancel Refresh Account Management Continue

Measure Calculator v.135: Estimated Composite Score **without** the PI Exception application being filed

Dashboard: (Step 2 of 2) for Reporting Year 2021

Quality

01/01/2021 15 - 12/31/2021 15

Submit ID	Measure	Performance	Points
✓ 047*	Advanced Directives	570/807	6.42 + ?
✓ 128	BMI	867/1157	6.33
✓ 127	Footwear Evaluation	291/344	5.96 + 1 ?
✓ 126	Neurological	267/344	5.24 + 1 ?
✓ 111	Pneumococcal	350/719	4.84
✓ 358*	Surgical Risk	82/285	3.83 + 2 ?
130*	Med Review	1235/2496	+1
317	High Blood Pressure	832/1259	?
110	Flu	204/820	?
226.2	Tobacco Cessation	59/59	?
MEX1*	Heel Pain Treatment Outcomes for Adults	38/44	+1 ?
MEX5*	Hammer Toe Outcome	5/18	?
MEX4*	Bunion Outcome - Adult and Adolescent	5/13	?
MEX2*	Heel Pain Treatment Outcomes for Pediatric Pa...	1/1	?
154*	Falls	0/1	?
155*	Falls Plan	0/1	?

Total: 39.62/60 Points

Promoting Interoperability

26.41/40%

MIPS PI Performance Category Hardship Exception Deadline: December 31, 2021
Extreme and Uncontrollable Circumstances Deadline: December 31, 2021
The application period for the Extreme and Uncontrollable Circumstances and Promoting Interoperability Performance Category Hardship exceptions for the 2021 Performance Year is currently open. Applications for the Extreme and Uncontrollable Circumstances Exception must be completed by December 31, 2021, and applications for the MIPS PI Performance Category Hardship Exception must be completed by December 31, 2021. Please access the QPP website www.qpp.cms.gov to submit the application.

Improvement Activities

Please go to the registry to choose improvement activities, after you submit your data you will be taken there.

Small Practice/Hardship Exception

Expected Composite Score Range for 2021:

41.41-61.41%

Total (26.41%) + Improvement Activities (15%) + Cost (0-20%)

Back

Registry Status: [Create Provider and/or Pay](#)

[Refresh Status](#) [Submit Data To Registry](#)

? = Hover over for more information about how this measure is scored
+ = Outcome / High Priority
End To End = EHR to Registry

- The arrows are indicating how the toggle for PI Hardship affects the value of points and % for Quality and the calculation of the estimated Composite Score. The score is lower if the PI exemption is not filed. If reporting to CMS, Improvement Activities must be chosen on the RCH for those points to be added. The cost % is determined by CMS.

Measure Calculator v.135: Estimated Composite Score **with** the PI Exception being filed

Options

Dashboard: (Step 2 of 2) for Reporting Year 2021

Quality

01/01/2021 15 - 12/31/2021 15

Submit ID	Measure	Performance	Points
✓ 047*	Advanced Directives	570/807	6.42 + 1 ?
✓ 128	BMI	867/1157	6.33
✓ 127	Footwear Evaluation	291/344	5.96 + 1 ?
✓ 126	Neurological	267/344	5.24 + 1 ?
✓ 111	Pneumococcal	350/719	4.84
✓ 358*	Surgical Risk	82/285	3.83 + 2 ?
130*	Med Review	1235/2496	+ 1 ?
317	High Blood Pressure	832/1259	
110	Flu	204/820	
226.2	Tobacco Cessation	59/59	
MEX1*	Heel Pain Treatment Outcomes for Adults	38/44	+ 1 ?
MEX5*	Hammer Toe Outcome	5/18	
MEX4*	Bunion Outcome - Adult and Adolescent	5/13	
MEX2*	Heel Pain Treatment Outcomes for Pediatric Pa...	1/1	
154*	Falls	0/1	
155*	Falls Plan	0/1	

Total: 39.62/60 Points

42.92/65%

Improvement Interoperability

MIPS PI Performance Category Hardship Exception Deadline: December 31, 2021
 Extreme and Uncontrollable Circumstances Deadline: December 31, 2021 The application period for the Extreme and Uncontrollable Circumstances and Promoting Interoperability Performance Category Hardship exceptions for the 2021 Performance Year is currently open. Applications for the Extreme and Uncontrollable Circumstances Exception must be completed by December 31, 2021, and applications for the MIPS PI Performance Category Hardship Exception must be completed by December 31, 2021. Please access the QPP website www.qpp.cms.gov to submit the application.

Small Practice/Hardship Exception **ON**

Improvement Activities

Please go to the registry to choose improvement activities, after you submit your data you will be taken there.

Expected Composite Score Range for 2021:

57.92-77.92%

Total (42.92%) + Improvement Activities (15%) + Cost (0-20%)

Back

Registry Status: [Create Provider and/or Pay](#)
[Refresh Status](#) [Submit Data To Registry](#)

? = Hover over for more information about how this measure is scored
 * = Outcome / High Priority
 End To End = EHR to Registry

- The arrows are indicating how the toggle for PI Hardship affects the value of points and % for Quality and the calculation of the estimated Composite Score. If the PI exemption was filed then the weight of PI is shifted to Quality making the score calculation higher. If you are reporting for 2021 then the Improvement Activities must be chosen on the RCH for those points to be added. The cost % is determined by CMS.

MIPS Quality Measure Changes for 2022

- **Pneumococcal Vaccination:** The reporting age for M111 was changed in 2022 to be 66+ years old. The recording of this measure in previous years for patients 65+ years old will still count but starting in 2022 patients must be 66+ years old to record if a vaccination was received. The MIPS OneScreen was changed to reflect this age change.
- It should be mentioned that there were also reporting code changes for this measure which you may see when doing the billing or looking at the claim history: Code 4040F changed to G9991; Code 4040F-8P changed to G9990.
- **Smoking Status:** The recording of the smoking status for M226 was changed in 2022 to be recorded once a year. The MIPS OneScreen was changed to turn the last Date Recorded date red if older than 1 year or if Never Recorded.
- It should be mentioned that there were also reporting code changes for this measure which you may see when doing the billing or looking at the claim history: Code 4004F changed to G0030; Code 4004F-1P changed to G0028; Code 4004F-8P changed to G0029.
- **Falls Screening:** M154 has been eliminated. Only M155 will be used to report on patients that had two falls or one fall with an injury in the last 12 months.
 - In the MIPS OneScreen your staff is still able to report if a patient experienced two falls or one fall resulting in an injury within the last 12 months. Checking yes will turn the M155 button in SamNotes orange to alert the provider that the patient is eligible to record an assessment, evaluation and planning to meet the measure.
 - Depending on what year you are reviewing the M154 button will appear or not.
- When in Samnotes the MIPS ribbon on the main screen and the patient record MIPS ribbon will display the performance of the measures using the criteria of the year you are currently viewing. So if setting the ribbon or reviewing notes in 2021 the MIPS measures will be based on the criteria of 2021 and if looking at MIPS measures in 2022 it will be based on the 2022 criteria.

New Feature!

Transmission

Failure and

Password Reset



Transmission Failure Notification and Password Reset

A new feature was released that will notify the practice when there is an issue with individual carrier submitters causing a Transmission Failure Alert to be displayed in Sammy.

1. While there is a Transmission Failure Alert the processing of claims and reports for that carrier will be temporarily interrupted.
2. In most cases the issue requires the practice staff to obtain a new password from the carrier. We have provided the contact information for each carrier within the Trans & Claims program.
3. Instructions and steps to follow are included in the Trans & Claim detail screen directing the practice staff to either make a phone call or click the link of the carrier to obtain a new password from the carrier, then enter it into Sammy and submit it in order to reset the account.
4. Once the new password is received and accepted, the claims and reports processing will resume automatically. Please allow 24 hours for the password to be processed. Once processed successfully the Transmission Failure alert will no longer be displayed in Sammy.
5. For more detailed information please access the Sammy FAQ using keywords Transmission Failure.

State-Related Carrier Changes

State Related Carrier Changes

The original effective date was January 1, 2022 but has been postponed until April, 2022.

1. City of NY Retirees with Empire/Anthem: The practice and patients may have received a communication from the carrier regarding this change. While the usual way claims have been sent will continue to work it will eventually be stopped.
2. In preparation for the change but not to use yet:
 - Set up a new insurance entry NYC Advantage Plus MCR HMO with Elec code 142 and new payer ID CONY1 for members with Policy IDs beginning with N6Y.

Highmark Enrollment Change for practices in Pennsylvania and surrounding states

1. If you are a practice that transmits to the Highmark payers below, you should have received an email from Highmark regarding a new enrollment with ECHO for EFT and ERA. Please email or contact Support for instructions on how to fill out the application.
2. The change will impact the following Highmark-related payers/payer IDS:
 - Highmark (54771)
 - Highmark Delaware (00570, 00070)
 - Highmark West Virginia (54828)
 - Highmark Senior Health Company (15460)
 - Highmark Senior Solutions Company (15459)

Acquisition Update

Questions?

Call Support 516-766-2129
or Email Support@icssoftware.net

