The Centers for Medicare & Medicaid Services (CMS) Merit-Based Incentive Payment System (MIPS) started January 1, 2017. This guidebook is intended to help you better understand 2018 MIPS requirements and to give you step by step instructions on how to meet program requirements, document your participation and avoid a negative payment adjustment in 2020.

**The New Lay of the Land**

A single MIPS **Final Score** will factor in performance in **4 Weighted Performance Categories:**

- **Quality**
- **Improve Improvement Activities**
- **Cost**
- **Promoting Interoperability**

**Your MIPS Final Score**

- A MIPS Composite Score above the CMS threshold will get you a bonus (pay increase)
- A MIPS Composite Score below the CMS threshold will get you a penalty (pay reduction)

**MIPS for non-EHR users**

For 2018, it is possible to participate in MIPS and avoid a payment penalty even if you do not use an EHR in your practice. You can still participate in **Quality Measures, Improvement Activities** and **Cost** categories.

**Know the Exemptions:** Many doctors of optometry are exempt from participating in MIPS. To determine if you are exempt, visit www.qpp.cms.gov and enter in the physician NPI number.
MIPS Made Easy. Follow these 3 steps.
1. Review program requirements. Know the exclusions!
2. Follow the recommendations in the check list.
3. Know the minimum requirements for protecting your income and avoiding penalties.

REPORTING REQUIREMENTS FOR NON-EHR USERS
To achieve maximum MIPS points

Quality
• Requires you to submit claims with quality codes on 60% of your Medicare Part B patients for the entire calendar year

IA
• Requires you to report for a 90-day period

Cost
• Nothing for you to report. It is calculated by CMS.

KNOW THE EXCLUSIONS!
Doctors who qualify for an exclusion from MIPS will not be required to participate if they meet any of the following:

Exclusion 1: New Medicare-enrolled physicians
If 2018 is your first year submitting claims to Medicare.

Exclusion 2: Low-Volume Threshold
If you have Medicare Part B billable charges less than or equal to $90,000 or if you provide care for 200 or fewer Part B enrolled Medicare beneficiaries.

Exclusion 3: Qualifying APM Participants (QP) and Partial Qualifying APM Participant (Partial QP)
If you participate in a qualifying advanced alternative payment model (Think ACO).

MINIMUM REQUIREMENTS
To avoid a negative payment adjustment in 2020, you must earn a minimum of 15 MIPS points. You can do that by:
1. Reporting all required Improvement Activities, OR
2. Submitting 6 Quality Measures that meet data completeness criteria
QUALITY for non-EHR Users

To participate, you must submit claims that include the Quality/PQRS codes for 6 Quality Measures, including one “Outcomes” measure, on 60% of your Medicare Part B patients. If you cannot report an “Outcomes” measure, then you must submit a “High Priority” Measure.

AOA recommended Quality Measures for “claims-based” reporting is included below. More information is available at: https://www.aoa.org/Documents/2018MIPSQUALITYMEASURESFOROPTOMETRISTS(0).pdf

Report 6 of the Quality Measures listed below, and include 1 “Outcomes” measure or a “High Priority” measure if you cannot perform an “Outcomes” Measure.

<table>
<thead>
<tr>
<th>Measure</th>
<th>CMS ID Number</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation</td>
<td>12 (NQF 0086)</td>
<td>Process</td>
</tr>
<tr>
<td>Age-Related Macular Degeneration (AMD): Dilated Macular Examination</td>
<td>14 (NQF 0087)</td>
<td>Process</td>
</tr>
<tr>
<td>Diabetes: Dilated Eye Exam</td>
<td>117 (NQF 55)</td>
<td>Process</td>
</tr>
<tr>
<td>Age-Related Macular Degeneration(AMD): Counseling on Antioxidant Supplement</td>
<td>140 (NQF 0566)</td>
<td>Process</td>
</tr>
<tr>
<td>Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>226 (NQF 0028)</td>
<td>Process</td>
</tr>
<tr>
<td>Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% or Documentation of a Plan of Care</td>
<td>141 (NQF 0563)</td>
<td>Process</td>
</tr>
<tr>
<td>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</td>
<td>19 (NQF 0089)</td>
<td>High Priority</td>
</tr>
<tr>
<td>Documentation of Current Medication</td>
<td>130 (NQF 0419)</td>
<td>High Priority</td>
</tr>
</tbody>
</table>

Designation “TO” indicates: “Topped Out.” CMS has instituted a new policy whereby measures that are considered “Topped out” for two consecutive years will only earn up to 7 points in future years. You can earn up to 10 points for each of these measures in 2018, but please note, continuing to report these measures in future years may impact your scoring.

Claim Example for Reporting Quality

21. Review applicable PQRS measures related to ANY (Dx) listed in item 21. Up to 12 Dx may be entered electronically.

Diabetes Mellitus

Coronary Artery Disease (CAD)

24. Procedures, Services, or Supplies - CPT/HCPCS Modifier(s) as needed.

The beneficiary is not liable for this nominal $0.01 amount.

For group billing, the rendering NPI number of the individual eligible professional who performed the service will be used from each line-item in the PQRS calculations.

33a. The NPI of the billing provider is entered here. If a solo practitioner, then enter the individual NPI. If a Group is billing, enter the NPI of the group here. This is a required field.
Improvement Activities for non-EHR users

IAs are designed for doctors of optometry to demonstrate their role in overall public health initiatives. Registry reporting (including AOA MORE) is emphasized in the scoring of IAs.

NEW in 2018: AOA members who do NOT use an EHR can enroll in AOA MORE to participate in IAs! Visit www.aoa.org/MORE and select the ENROLL button. On the EHR selection page, select OTHER and scroll down the list to select “Do Not Have EHR”. Complete the enrollment and start earning MIPS points!

SELECT YOUR IA PATH:

Your IA requirements depend on how large your practice is (by Tax ID#)

IAs must be completed for a period of 90-days.

IA Path 1
I am an OD in practice with 15 or fewer CMS Clinicians

IA Path 2
I am an OD in practice with Greater than 15 CMS Clinicians

AOA MORE Supports the following IAs (additional IA’s will be added this year):

<table>
<thead>
<tr>
<th>Activity</th>
<th>CMS Reference Number</th>
<th>Weight</th>
<th>Additional Guidance For Meeting IA Reporting Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in a Qualified Clinical Data Registry (QCDR) (AOA MORE), that promotes use of patient engagement tools.</td>
<td>IA_BE_7</td>
<td>Medium</td>
<td>Login to AOA MORE to obtain and review patient engagement tools. An email will be sent from AOA when new tools are made available. Retain this email for documentation along with the date you accessed materials.</td>
</tr>
<tr>
<td>Participation in a QCDR (AOA MORE), that promotes collaborative learning network opportunities that are interactive.</td>
<td>IA_BE_8</td>
<td>Medium</td>
<td>AOA MORE links to online learning opportunities. Access these resources throughout the year and document your participation in any online learning programs.</td>
</tr>
</tbody>
</table>
There are many **Improvement Activities** that do not require the use of an EHR or Qualified Clinical Data Registry (AOA MORE). Included below are possible options for doctors of optometry.

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<td>Annual registration in the prescription drug monitoring program of the state where you practice. Activities that simply involve registration are not sufficient. You must participate for a minimum of 6 months. (Log in to use)</td>
<td>IA_PSPA_5</td>
<td>Medium Weight</td>
<td>To see if your state has a PDMP visit: <a href="http://www.pdpmpassist.org/content/state-pdmp-websites">http://www.pdpmpassist.org/content/state-pdmp-websites</a> Check with your state to see if ODs are eligible to participate in the program.</td>
</tr>
<tr>
<td>Incorporate evidence-based techniques to promote self-management into usual care, using techniques such as goal setting with structured follow-up, Teach Back, action planning or motivational interviewing.</td>
<td>IA_BE_16</td>
<td>Medium Weight</td>
<td>For optometry, the “teach back” method could be used when going over how to use medication or to go over proper contact lens hygiene. AHRQ has resources to instruct doctors on how to use the “teach back” method. These videos can be reviewed at: <a href="https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool5.html">https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool5.html</a> For this activity, it may be useful to document that the doctor has reviewed the AHRQ information and also noted how the doctor plans to implement the teach back method. For additional documentation, the doctor could document in each patient record when this approach was used.</td>
</tr>
<tr>
<td>Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare.</td>
<td>IA_AHE_1</td>
<td>High Weight</td>
<td>To improve your workflow related to Medicaid patients, examine your current processes and develop a new workflow. Guidance for reviewing and developing new workflows is available from the Agency for Healthcare Quality and Research at: <a href="https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/phandbook/mod5.html">https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/phandbook/mod5.html</a>.</td>
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Physician Check List for Meeting QUALITY Reporting via Claims:

☐ Use paper-based CMS 1500 claims or electronic based using ASC X 12N Health Care Claim Transaction (Version 5010).

☐ Report QUALITY codes on the same claim as CPT I (adding PQRS codes to claims)
  - No registration is required to participate.

☐ Quality Data Code (QDC) charged at $0.00 or nominal, such as $0.01.

☐ Must file with CPT I and other requirements.

☐ Look for Quality Measure code line item denial codes on EOB.

☐ Examples of denials you should expect submitting Quality Measures on claims:
  - This non-payable code is for required reporting only
  - This procedure is not payable unless non-payable reporting codes and appropriate modifiers are submitted.
  - This procedure code is for quality reporting/informational purposes only

☐ Track all claims submitted with Quality Measure codes for your own internal audits.

☐ Ensure Provider NPI is attached to each line item including Quality Measure codes.

☐ If you need to submit corrected claims, include Quality Measure codes:
  - You cannot re-file claims for the sole purpose of adding Quality Measure codes

☐ For Quality Measure codes, use 8P modifier judiciously – do not use this modifier just to avoid performing the measure requirements!

Do you have an EIDM account with CMS? This will allow you to review your claims points during the attestation period in early 2019. Start the process now! Refer to the EIDM User Guide found at: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Enterprise-Identity-Data-Management-EIDM-User-Guide.pdf

MIPS Physician Check List for Meeting IA Reporting Requirements:

☐ Follow the IA guidance on pages 4-5.

☐ If you enrolled in AOA MORE, you will be able to attest for IA’s directly from the AOA MORE Attestation portal; or, you can access the CMS Quality Payment Program (QPP) attestation portal using your Enterprise Identify Management System (EIDM) account credentials described above.
The AOA thanks the Quality Improvement and Registries Committee and the Coding Committee for their guidance and input in developing this resource.

Additional MIPS Resources
AOA webinars on MIPS: https://www.aoa.org/advocacy/webinars
CMS QPP Website: https://qpp.cms.gov/resources/education

Questions?
Contact QualityImprovement@aoa.org or visit www.aoa.org/MORE