



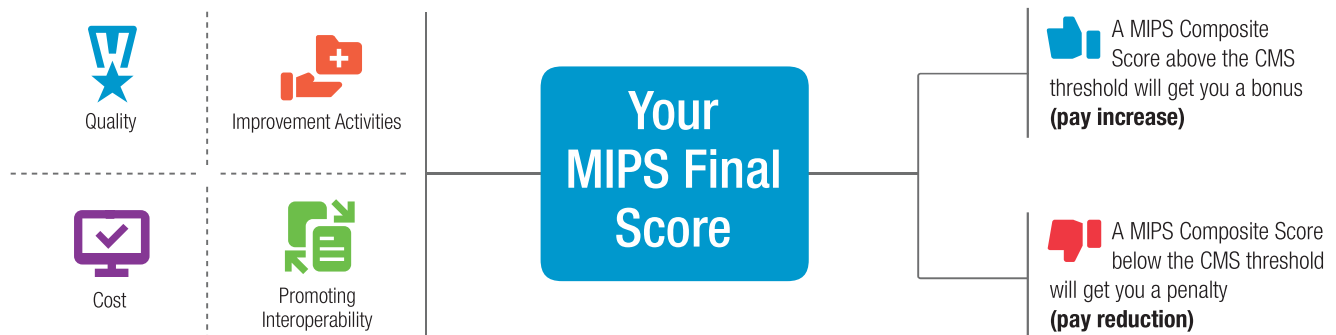
2021 MIPS Guidebook

A Road Map to Success for Doctors of Optometry

The Centers for Medicare & Medicaid Services (CMS) has changed the way it pays doctors. This system is called the Merit-Based Incentive Payment System (MIPS), and will directly influence Medicare reimbursement amounts moving forward. MIPS requires doctors to more robustly report their quality, electronic health record (EHR) use, and practice improvement activities to get paid at the highest levels. This information release from the AOA assists you in learning how to become a successful MIPS participant.

The Lay of the Land

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



MIPS Made Easy

Quality: Think PQRS! Reporting “quality” is paramount.

Cost: How much does it cost CMS for you to provide care.

Improvement Activities: Think about your role in overall public health.

Promoting Interoperability: Formerly known as Advancing Care Information. Think Meaningful Use!

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. The performance threshold is set at 60 points.

REPORTING REQUIREMENTS

Quality

- Requires you to include 70% of your patients for the entire calendar year (but do recommend reporting on 100%)

Promoting Interoperability (PI)

- Requires you to report for 90+ days

Improvement Activities (IA)

- Requires you to report for 90+ days

Cost

- Nothing for you to report. It is calculated by CMS

INDIVIDUAL V. GROUP REPORTING

Individual v. Group Reporting: Doctors in group practices can choose to participate in MIPS as a group. A “group” is defined as 2 or more CMS clinicians in the same tax ID number. If the group makes this decision, the low volume exclusion will be assessed at the group level. If you participate in MIPS as a group, the total of your group’s Medicare billings must be more than \$90,000 and your group must see more than 200 Medicare patients total and you must collectively provide more than 200 covered services to Medicare beneficiaries. CMS will accept opt-in group reporting and determine if your practice will receive a BONUS, PENALTY or NEUTRAL adjustment in your overall CMS payables for 2023.

KNOW THE EXCLUSIONS!

Doctors who qualify for an exclusion from MIPS, will not be required to meet program criteria if they meet any of the following Low Volume Threshold criteria:

Exclusion 1: New Medicare-enrolled physicians

If 2020 is your first year submitting claims to Medicare.

Exclusion 2: Low-Volume Threshold

If you have Medicare allowable charges less than or equal to \$90,000 or if you provide care for 200 or fewer Part B-enrolled Medicare beneficiaries or you provide less than or equal to 200 covered professional services.

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).

MIPS OPT-IN

If you meet one of the three Low Volume Threshold criteria, you can opt-in to the MIPS program and be eligible for an incentive, or at risk for a penalty. You must complete the CMS process for indicating you would like to opt-in to the program. This process will be completed during attestation in 2022.

QUALITY IN 2021: 40% of your 0-100 MIPS score

Doctors of Optometry need to report **6 QUALITY** measures. You must include one “Outcomes” measure; however, if you are unable to report an outcomes measure, then one “High Priority” measure must be selected as one of your 6 Quality measures. You must report on 70 percent of your patients across **all** payers, if you are reporting through your EHR.

Below are recommended quality measures for reporting. Some measures are only available for reporting for certain reporting methods (e.g. claims or electronic/EHR) Certain measures are “topped out” and therefore have a point cap.

Measure Title	CMS eCQM ID	Measure Type	High Priority	Medicare Part B Claims	EHR
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v9	Intermediate Outcome	X	X	X
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	CMS143v9	Process	—	—	X
Age-Related Macular Degeneration (AMD): Macular Examination	N/A	Process	—	X	—
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	CMS142v9	Process	X	—	X
Preventive Care and Screening: Influenza Immunization	CMS147v10	Process	—	X	X
Diabetes: Eye Exam	CMS131v9	Process	—	X	X
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v9	Process	—	X	X
Documentation of Current Medications in the Medical Record	CMS68v10	Process	X	X	X
Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	N/A	Outcome	X	X	—
Falls: Risk Assessment	N/A	Process	X	X	—
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v9	Process	—	X	X
Controlling High Blood Pressure	CMS165v9	Intermediate Outcome	X	X	X
Use of High-Risk Medications in Older Adults	CMS156v9	Process	X	—	X
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	CMS22v9	Process	—	X	X
Falls: Screening for Future Fall Risk	CMS139v9	Process	X	—	X

COST IN 2021: 20% of your 0-100 MIPS score

Cost, or Resource Use, is an attempt to measure how much you cost CMS to provide care to patients. There is nothing for doctors of optometry to submit when the Cost score is analyzed. This score is derived from calculations based on claims data. Certain conditions, i.e., diabetes, are emphasized when calculating Cost, or Resource Use, scores. If your Cost score is zero, CMS may reapply these cost score points to other categories (Quality & Promoting Interoperability).

IMPROVEMENT ACTIVITIES IN 2021: 15% of your 0-100 MIPS score

SELECT YOUR IA PATH:

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

IA's must be completed for a period of 90+ days.

IA Path 1



IA Path 2



Activity	CMS Reference Number	Weight	Additional Guidance For Meeting IA Reporting Requirements
Comprehensive Eye Exams	IA_AHE_7	Medium	To receive credit for this activity, MIPS eligible clinicians must promote the importance of a comprehensive eye exam, which may be accomplished by any one or more of the following: providing literature; facilitating a conversation about this topic using resources such as the Think About Your Eyes campaign; referring patients to resources providing no-cost eye exams, or; promoting access to vision rehabilitation services as appropriate for individuals with chronic vision impairment.
Engagement of patients through implementation of improvements in patient portal.	IA_BE_4	Medium	To receive credit for this activity, MIPS eligible clinicians must provide access to an enhanced patient/caregiver portal that allows users (patients or caregivers and their clinicians) to engage in bidirectional information exchange. The primary use of this portal should be clinical and not administrative. Examples of the use of such a portal include, but are not limited to: brief patient reevaluation by messaging; communication about test results and follow up; communication about medication adherence, side effects, and refills; blood pressure management for a patient with hypertension; blood sugar management for a patient with diabetes; or any relevant acute or chronic disease management.
Engagement of New Medicaid Patients and Follow-up	IA_AHE_1	High	Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare. A timely manner is defined as within 10 business days for this activity.
Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	IA_BE_6	High	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan
Care coordination agreements that promote improvements in patient tracking across settings	IA_CC_12	Medium	Establish effective care coordination and active referral management that could include one or more of the following: Establish care coordination agreements with frequently used consultants that set expectations for documented flow of information and MIPS eligible clinician or MIPS eligible clinician group expectations between settings. Provide patients with information that sets their expectations consistently with the care coordination agreements; Track patients referred to specialist through the entire process; and/or Systematically integrate information from referrals into the plan of care.

PROMOTING INTEROPERABILITY: 25% OF YOUR 0-100 MIPS SCORE

You must use EHR technology certified to the 2015 Edition certification (stage 3) criteria!

The scoring methodology for 2021 only has four objectives:

- e-Prescribing
- Health Information Exchange
- Provider to Patient Exchange (portal access)
- Public Health and Clinical Data Exchange (registry)

You will be required to report certain measures from each objective, with performance-based scoring at the individual measure-level. Each measure will be scored based on the performance for that measure, which is based on the submission of a numerator and denominator, except for the measures associated with the Public Health and Clinical Data Exchange (registry) objective, which requires “yes or no” submissions.

The score for each individual measure will be added together to calculate the PI performance score of up to 100 possible points for each MIPS eligible clinician.

Failure to report any required measure, or reporting a “no” response on a “yes or no” response measure, unless an exclusion applies would result in a score of zero for PI.

Objectives	Measures	Exclusion	Maximum Points
e-Prescribing	e-Prescribing <i>Optional:</i> Query of Prescription Drug Monitoring Program (PDMP) 10 point bonus -Requires one prescription for a schedule II medicine. Use clinical judgment and do not issue a prescription solely for the purpose of obtaining a bonus	If you write fewer than 100 permissible prescriptions during the performance period.	10 points 10 point bonus
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	If you transfer a patient to another setting or refer a patient fewer than 100 times during the performance period.	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	If you are unable to implement the measure for a MIPS performance period in 2021 you would be excluded from having to report this measure. Or if you receive fewer than 100 transitions of care or referrals or have fewer than 100 encounters with patients never before encountered during the performance period.	20 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information “Through EHR online portal” and make available through and Application Programming Interface (API).		40 points
Public Health and Clinical Data Exchange	Report to two different public health agencies or clinical data registries for any of the following: <ul style="list-style-type: none"> • Immunization Registry Reporting** • Electronic Case Reporting** • Public Health Registry Reporting** • Clinical Data Registry Reporting** • Syndromic Surveillance Reporting** You can register for AOA MORE as your “Clinical Data Registry.” If another registry is available to you (e.g. state syndromic surveillance) you may register for that registry as your second registry. If no additional registry is available to aside from AOA MORE, you may claim an exclusion for the second required registry. AOA Members can register for AOA MORE and receive MIPS credit, even if their EHR is not yet integrated. or sending data to AOA MORE.	For these measures you may claim an exclusion if you don’t administer vaccinations; or if there is no registry available to accept data at start of the reporting period, OR if there is no registry that has declared readiness to accept data six months prior to the reporting period.	10 points

ADDITIONAL INFORMATION

Security Risk Analysis (SRA)

- Security Risk Analysis requirement is retained for 2021, but will not be scored. Do not complete your SRA until you are using 2015 certified (stage 3) EHR

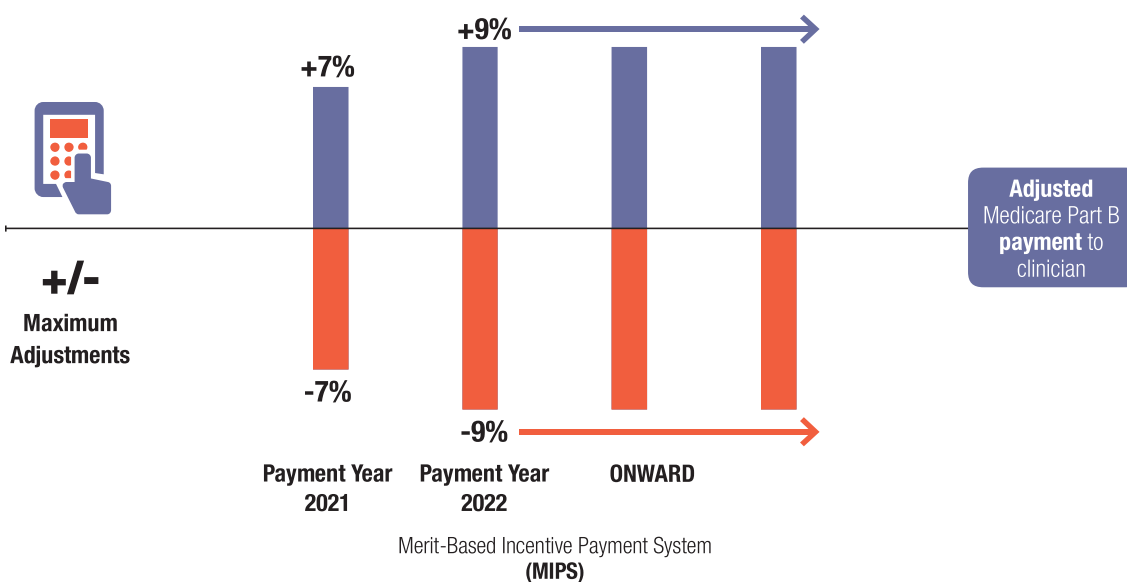
OVERALL FINAL MIPS SCORE

Your final MIPS score is calculated by your performance on each of the 4 Performance Categories. Your final score determines if you receive a **BONUS**, **PENALTY** or **NEUTRAL** adjustment in your overall **CMS** payables. The threshold to determine **BONUS** and **PENALTY** will be determined by **CMS** each year. If your score is above the **CMS**-derived threshold, you will get a bonus. If your score is below the threshold, you will get a penalty (pay reduction).



How much can MIPS adjust payments?

Based on a MIPS Composite Performance Score, clinicians will receive +/- or neutral adjustments **up to** the percentages below.



Additional Notes/Disclaimers: There are other potential quality measures and IAs that a doctor of optometry could report to meet the program objectives. This is simply an overview of one way a doctor of optometry may engage with the program.