



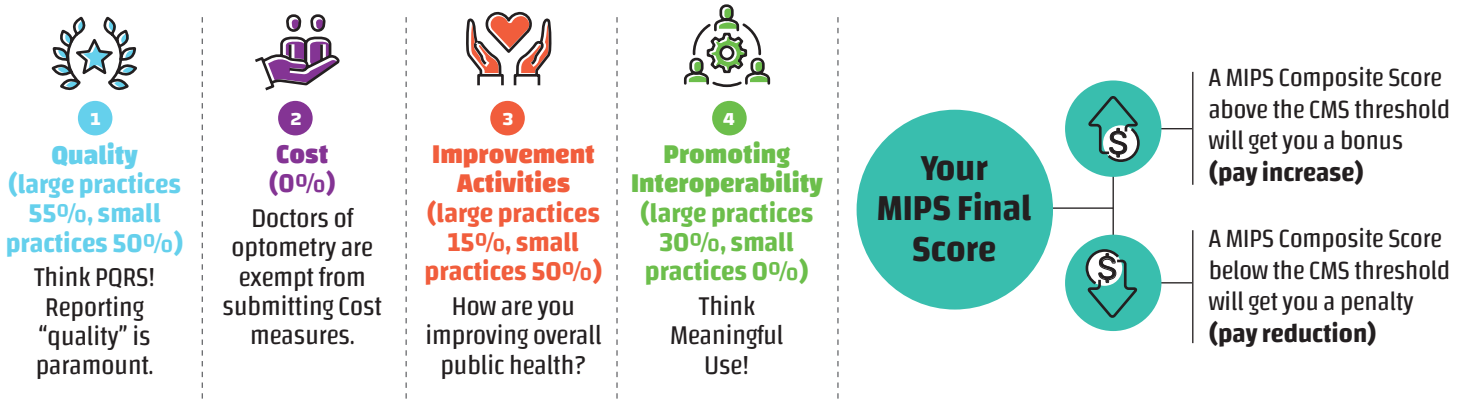
## 2023 MIPS Guidebook

### 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), which requires doctors to more robustly report their quality, electronic health record (EHR) use, and practice improvement activities to get paid at the most adequate levels. This AOA guide assists doctors of optometry in learning how to become a successful MIPS participant. In addition, now available on EyeLearn is a webinar by Dr. Rebecca Wartman, chair of the AOA’s Committee on Coding and Reimbursement, that explains the changes to MIPS for 2023 and how they will impact doctors of optometry.

### MIPS Made Easy!

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



The AOA thanks the Quality Improvement and Data Committee and the Coding and Reimbursement Committee for their guidance and input in developing this resource.

## 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 75 points.
4. Know the payment adjustment range for 2025 (based on PY 2023): -9 percent to +9 percent, plus any scaling to achieve budget neutrality.

## Reporting Requirements

### 1 Quality

For Traditional Medicare and Railroad Medicare, in PY 2023 physicians must correctly report at least 70% of eligible encounters for the quality measures they report for the full 12-month period. This will increase to 75% for PYs 2024 and 2025. For EHR Reporting in PY 2023, this applies to all insurance types.

### 2 Cost

Nothing for you to report. It is calculated by CMS. (cost is not calculated for optometrists)

### 3 Improvement Activities (IA)

You must report for 90+ continuous days.

### 4 Promoting Interoperability (PI)

You must report for 90+ continuous days.

- The payment adjustment for 2025 (based on 2023 performance) will range from -9 percent to +9 percent, plus any scaling to achieve budget neutrality.

## MIPS Value Pathways (MVPs)

- None of the 12 MVPs for PY 2023 are appropriate for optometry but this could change in future years.
- They are intended to align and connect measures and activities across all of the MIPS performance categories for different specialties or conditions.
- They will be gradually introduced for PY 2023 and voluntary from PY 2023 through PY 2027, when traditional MIPS reporting will sunset.

## Individual v. Group Reporting

- Doctors in group practices can choose to participate in MIPS as a group. Doctors in individual practices can opt in and report as individuals.
- A "group" is defined as 2 or more Medicare providers 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 or an individual, 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 2024.

## Know the Exclusions!

(See MIPS Opt-in section below) 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 2023 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 and/or if you provide care for 200 and/or fewer Part B-enrolled Medicare beneficiaries and/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).

## Considerations for Small Practices!

Small practices are eligible for certain program flexibilities. You can qualify for these flexibilities if you are one of 15 or fewer clinicians billing under the practice's.

- If you are identified as a small practice, you'll earn 2x the points for each Improvement Activity (you can earn up to 40 points). This is also true for practices in Health Professional Shortage Areas or rural zip codes.
- If you submit at least one quality measure during PY 2023, you will receive 6 bonus points in the quality performance category to be applied in the 2025 payment year.
- For large practices (>15 clinicians), the 3-point floor is removed for measures meeting data completeness and case minimum. These measures will be scored on a 1-10-point scale instead of a 3-10-point scale.
- Because optometrists are exempt from submitting data for the Cost category and small practices are exempt from submitting data for the Promoting Interoperability category, the weights for Cost (30%) and Promoting Interoperability (25%) will be given to other categories. Therefore, a small practice's performance will be based 50% on Quality and 50% on Improvement Activities.
- Earn 3 points (not 0 points) for Quality Measures: 1) Not Meeting Data Completeness; 2) Not Meeting Case Minimum Requirements; 3) Not reliably scored against a benchmark.

## 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 2023.

## MIPS Performance Year

- The MIPS performance year begins on January 1 and ends on December 31 each year.
- If you are MIPS eligible, all data you collect from January 1, 2023 through December 31, 2023 must be reported by March 31, 2024. You will receive your payment adjustment between January 1, 2025 and December 31, 2025.
- The last day to begin a 90+ day reporting period is Oct 3, 2023.

## Quality in 2023: % of your 0-100 MIPS Score (large practices = 55%; small practices = 50%)

- Doctors of Optometry must report at least 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% of your patients across all payers, if you are reporting through your EHR.
- EHR must be certified to the 2015 Edition Cures Update by the last day of the performance period.
- For large practices (>15 clinicians), the 3-point floor is removed for measures meeting data completeness and case minimum. These measures will be scored on a 1-10-point scale instead of a 3-10-point scale.
- EHR reporting is for all patients; However, if you are engaging only in claims-based reporting, only Part B claims will count toward MIPS.

### Recommended Quality Measures

- CMS has added ‘Optometry’ to the title of the ‘Ophthalmology’ specialty set to create a combined new specialty set: ‘Ophthalmology/Optometry.’
- Below is a summary of recommended quality measures for reporting.
- Some measures are only available for reporting for certain reporting methods (claims, CQM or eCQM).
- Below the summary of recommended quality measures is a chart detailing how topped out measures are scored.

## Claims Measures

The following are measures available for claims reporting that are most pertinent to doctors of optometry.

Measure	Description	CMS eCQM ID	Measure Type	High Priority	Medicare Part B Claims	EHR
001	Ha1C	CMS122v11	Intermediate Outcome	Yes	Yes	Yes
128	Preventive Care and Screening: BMI Screening and Follow-up Plan	CMS69v11	Process	No	Yes	Yes
141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure by 15% OR Documentation of a Plan of Care	N/A	Outcome	Yes	Yes	No
155	Falls: Plan of Care	N/A	Process	Yes	Yes	Yes
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v11	Process	No	Yes	Yes
236	Controlling High Blood Pressure	CMS165v11	Intermediate Outcome	Yes	Yes	Yes
317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	CMS22v11	Process	No	Yes	Yes

## eCQM Measures

The following are eCQM measures that are most pertinent to doctors of optometry.

Measure	Description	CMS eCQM ID	Measure Type	High Priority	Medicare Part B Claims	EHR
001	Ha1C	CMS122v11	Intermediate Outcome	Yes	Yes	Yes
12	POAG: Optic Nerve Evaluation	CMS143v11	Process	No	No	Yes
19	Diabetic Retinopathy: Communication with Physician	CMS142v11	Process	Yes	No	Yes
117	Diabetes Eye Exam	CMS131v11	Process	No	No	Yes
128	BMI Screening and Follow-up Plan	CMS69v11	Process	No	Yes	Yes
130	Documentation of Current Medications	CMS68v12	Process	Yes	No	No
191*	Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery	CMS133v11	Outcome	Yes	No	Yes
226	Tobacco Use: Screening and Cessation Intervention	CMS138v11	Process	No	Yes	Yes
236	Controlling HBP	CMS165v11	Intermediate Outcome	Yes	Yes	Yes
317	Screening for HBP and Follow-up Documented	CMS22v11	Process	No	Yes	Yes
318	Falls: Screening for Future Risk	CMS139v11	Process	Yes	No	Yes
374	Closing the Referral Loop	CMS50v11	Process	No	Yes	Yes

\*Can't be used with -55 modifier, therefore can't be used for post-op care."

## CQM Measures

The following are CQM measures that are most pertinent to doctors of optometry.

Measure Tile	Description	CMS eCQM ID	Measure Type	High Priority	Medicare Part B Claims	EHR
001	Ha1C	CMS122v11	Intermediate Outcome	Yes	Yes	Yes
14	AMD: DME	CMS131v11	Process	No	No	Yes
19	Diabetic Retinopathy: Communication with Physician Managing Ongoing Diabetes Care	CMS142v11	Process	Yes	No	Yes
117	Diabetes Eye Exam	CMS131v11	Process	No	No	Yes
128	Preventive Care and Screening: BMI Screening and Follow-up Plan	CMS69v11	Process	No	Yes	Yes
141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure by 15% OR Documentation of a Plan of Care	N/A	Outcome	Yes	Yes	No
155	Falls: Plan of Care	N/A	Process	Yes	Yes	Yes
191	Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery	CMS133v11	Outcome	Yes	No	Yes
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v11	Process	No	Yes	Yes
236	Controlling High Blood Pressure	CMS165v11	Intermediate Outcome	Yes	Yes	Yes
238	Use of High Risk Medications in Older Adults	CMS138v11	Outcome	Yes	No	Yes

(CQM Measures continued on next page)

## CQM Measures

The following are CQM measures that are most pertinent to doctors of optometry.

Measure Tile	Description	CMS eCQM ID	Measure Type	High Priority	Medicare Part B Claims	EHR
303	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	N/A	Outcome	Yes	No	No
304	Cataracts: Patient Satisfaction within 90 Days of Cataract Surgery	N/A	Patient Engagement	Yes	No	No
317	Screening for HBP and Follow-up Documented	MS22v11	Process	No	Yes	Yes
374	Closing the Referral Loop	CMSS0v11	Process	No	Yes	Yes
384	Adult Primary Rhegmatogenous RD Surgery: No Return in 90 Days	N/A	Outcome	Yes	No	No
385	Adult Primary Rhegmatogenous RD Surgery: VA Improvement -90 Days	N/A	Outcome	Yes	No	No
389	Cataract Surgery: Difference Between	N/A	Outcome	Yes	No	No
402	Tobacco Use: Adolescents	N/A	Process	No	No	No
403	Unhealthy Alcohol Use	N/A	Process	No	No	No
487	Screening for SDOH	N/A	Process	Yes	No	No
493	Adult Immunization Status	N/A	Process	No	No	No

NOTE: Optometry cannot report measures 191, 303, 304, 384, 385, 389



## Scoring of Topped Out Measures

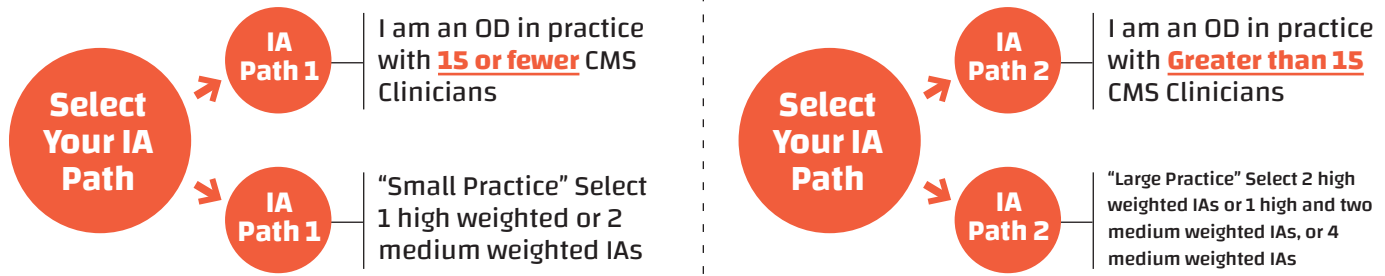
Measure	7 Points	10 Points
14 MIPS CQM	X	
19 MIPS CQM	X	
117 MIPS CQM	X	
128 Claims		X
128 MIPS CQM		X
130 MIPS CQM, eCQM	X	
155 MIPS CQM, Claims	X	
226 Claims		X
238 MIPS CQM, eCQM		X
317 Claims	X	
374 MIPS CQM	X	
384 MIPS CQM	X	
402 MIPS CQM	X	

---

## **COST IN 2023: 0% of your 0-100 MIPS score**

- Cost is not calculated for optometrists. However, this could change in the future.
- The Cost category 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 2023: % of your 0-100 MIPS Score (large practices = 15%; small practices = 15%)



Your **IA** requirements depend on how large your practice is (by Tax ID#). IA's must be completed for a period of 90+ days. The below chart lists only the most relevant improvement activities for optometrists. It is NOT an exhaustive list.

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.

For a more exhaustive list of IA measures, please see slides 54-58 of Dr. Wartman's presentation on MIPS 2023 (found at AOA EyeLearn).

## Promoting Interoperability: % of your 0-100 MIPS Score (large practices = 30%; small practices = 0%)

You must be using an EHR with Cures Update functionality by the first day of your 90-day performance period in 2023, and it must be certified to the 2015 Edition Cures Update by the last day of the performance period.

### 2023 Scoring Methodology: 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.

### **IMPORTANT!**

**You must complete the activities required by the HIPAA Security Risk Assessment AND the SAFER Guide, submit their complete numerator and denominator or Yes/No data for all required measures, and attest to the actions to limit or restrict compatibility or interoperability of CEHRT statement. Failure to report at least a “1” in all required measures with a numerator or reporting a “No” for a Yes/No response measure (except for the SAFER Guides measure) will result in a total score of 0 points for the Promoting Interoperability performance category.**

*(Promoting Interoperability continued on next page)*

## Promoting Interoperability

Objective	Measure	Maximum Points	Exclusions
<b>Electronic Prescribing</b>	e-Prescribing	10 Points	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
	Query of PDMP*	10 Points*	1) Any MIPS eligible clinician who is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period; (2) Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. (3) (Only for CY 2023) Any MIPS eligible clinician for whom querying a PDMP would impose an excessive workflow or cost burden prior to the start of the performance period they select in CY 2023. Required (MIPS eligible clinician's choice of one of the three reporting options)
<b>Health Information Exchange</b>	Support Electronic Referral Loops by Sending Health Information	15 Points*	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.
	Support Electronic Referral Loops by Reconciling Health Information	15 Points*	Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.
	- OR -		
	Health Information Exchange Bi-Directional Exchange	30 Points*	N/A
	- OR -		
	Enabling Exchange under TEFCA*	30 Points*	N/A
<b>Provider to Patient Exchange</b>	Provide Patients Electronic Access to Their Health Information	25 Points*	N/A
<b>Public Health and Clinical Data Exchange (Optional)</b>	Report the following two measures*: • Immunization Registry Reporting • Electronic Case Responding	25 Points*	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.
	Report one of the following two measures*: • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting	5 Points (bonus)*	