

# Merit-Based Incentive Payment System Guidebook

## Evaluating and Tracking Your Progress

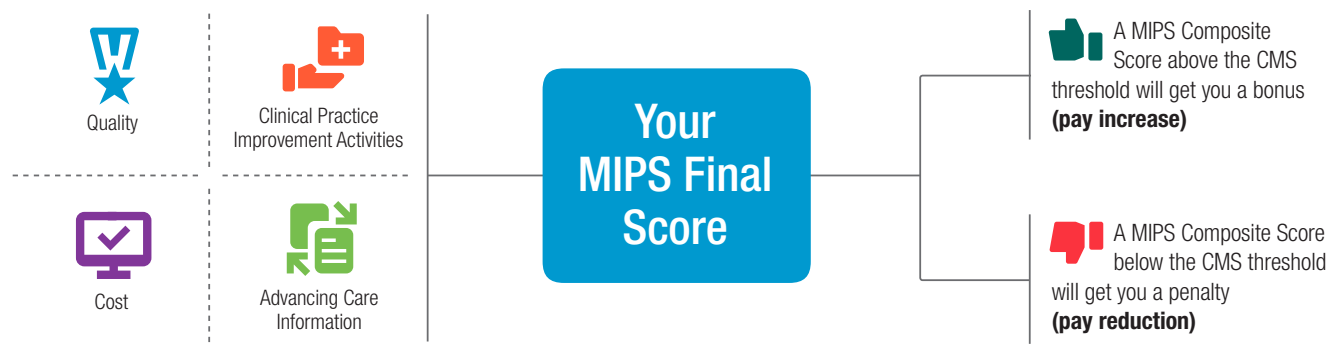
The Centers for Medicare & Medicaid Services (CMS) Merit-Based Incentive Payment System (MIPS) started January 1, 2017. This guidebook is intended to help you better understand MIPS requirements and to give you step by step instructions on how to meet program requirements and document your participation. For maximum reimbursement in 2017, doctors need to meet requirements in the following performance categories:

- **QUALITY**
- **CLINICAL PRACTICE IMPROVEMENT ACTIVITIES**
- **ADVANCING CARE INFORMATION**
- **COST (STARTING IN 2018, COST WILL BE PART OF THE MIPS CALCULATIONS. WITH COST, THERE IS NO DATA FOR THE DOCTOR TO SUBMIT.)**

Outlined below is an overview of MIPS requirements and AOA MORE functionality to support MIPS. We've also included claims based reporting requirements and guidance on how best to document your participation in the case of an audit.

### The New Lay of the Land

A single MIPS **Final Score** will factor in performance in **4 Weighted Performance 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](http://www.qpp.cms.gov) and enter in the physician NPI number.**

### MIPS Made Easy. Follow these 3 steps.

1. Review program requirements.
2. Follow the recommendations in the check list.
3. Know the minimum requirements for protecting your income and avoiding penalties.

## AOA MORE Users: **QUALITY** IN 2017

For **QUALITY**, Doctors of Optometry need to report:

- 6 Quality Measures.
  - Doctors must report at least one “Outcomes” measure. If you cannot report an outcomes measure, then one “High Priority” measure must be selected as one of your 6 Quality Measures. See below for a list of Quality Measures that are “Outcomes” or “High Priority.”
- When reporting via claims without an EHR, you submit on at least 50% of your Medicare Part B patients. When reporting with an EHR or qualified clinical data registry, such as AOA MORE, you submit on at least 50% of ALL of your patients.

AOA MORE supports the following Quality Measures (be sure your EHR is programmed to calculate and report these Quality Measures):

Measure	CMS ID Number	Type	Included in AOA MORE
Controlling High Blood Pressure	CMS165v5	<b>Outcome</b>	Yes
Diabetes: Hemoglobin A1c Poor Control	CMS122v5	<b>Outcome</b>	Yes
Documentation of Current Medication	CMS68v6	<b>High Priority Measures</b>	Yes
Closing the Referral Loop: Receipt of Specialist Report	CMS50v5	<b>High Priority Measures</b>	Yes
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	CMS142v5	<b>High Priority Measures</b>	Yes
Diabetes: Eye Exam	CMS131v5	Process Measures	Yes
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	CMS167v5	Process Measures	Yes
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	CMS143v5	Process Measures	Yes
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v5	Process Measures	Yes

For instructions on how to record these measures in your EHR, please contact your specific vendor for a support guide or video tutorial.

# AOA MORE Users: **CLINICAL PRACTICE IMPROVEMENT ACTIVITIES IN 2017**

**Clinical Practice Improvement Activities (CPIAs)** are new to Medicare. **CPIAs** 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 **CPIAs**.

## SELECT YOUR CPIA PATH:

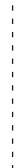
Your CPIA requirements depend on how big your practice is (by Tax ID#)

### CPIA Path 1

I am an OD in practice with  
**15 or fewer**  
CMS Clinicians



**“Small Practice”**  
Select 1 high weighted or 2 medium weighted CPIAs



### CPIA Path 2

I am an OD in practice with  
**Greater than 15**  
CMS Clinicians



**“Large Practice”** Select 2 high weighted CPIAs or 1 high and two medium weighted CPIAs, or 4 medium weighted CPIAs.

## AOA MORE Supports the following **CPIAs**:

Activity	CMS Reference Number	Weight	Additional Guidance For Meeting CPIA Reporting Requirements
Participation in a Qualified Clinical Data Registry (QCDR) (AOA MORE), that promotes use of patient engagement tools.	CMS Reference Number IA_BE_7	Medium weight	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.
Participation in a QCDR (AOA MORE), that promotes collaborative learning network opportunities that are interactive.	CMS Reference Number IA_BE_8	Medium weight	AOA MORE has access to links to online learning opportunities. Access these resources throughout the year and document your participation in any online learning programs.
Participation in a QCDR (AOA MORE) for quality improvement.	CMS Reference Number IA_PM_10	Medium weight	Check your progress on quality measures throughout the year and review AOA guidance on how to improve your quality scores. Document your efforts to improve as necessary.
Use of a QCDR (AOA MORE) to generate regular feedback reports that summarize local practice patterns and treatment outcomes, including for vulnerable populations.	CMS Reference Number IA_PM_7	High weight	Review the feedback on your performance of eye exams for patients with diabetes and document your efforts to improve your performance.

## **AOA MORE Users: **ADVANCING CARE INFORMATION** in 2017**

**Advancing Care Information (ACI)** is what you previously knew as Meaningful Use (MU). Utilization of an electronic health record is necessary to meet these program requirements.

For a full explanation of **ACI** please review: [https://www.aoa.org/Documents/MORE/MIPS\\_MORE\\_FINAL.pdf](https://www.aoa.org/Documents/MORE/MIPS_MORE_FINAL.pdf)

### **AOA MORE and ACI:**

Reporting to a registry increases your PERFORMANCE SCORE. Reporting to AOA MORE earns you a 5 percent bonus to your overall PERFORMANCE SCORE.

## QUALITY for non-EHR Users

To participate completely in the **QUALITY** performance category, you still must report 6 Quality Measures, including one “Outcomes” measure on 50% of your Medicare Part B patients.\*\*\* If you cannot report an “Outcomes” measure, then you must submit a “High Priority” Measure. (see Quality Section above).

**\*\*\*When reporting without an EHR, you submit on 50% of your Medicare Part B patients. When submitting with an EHR, you submit on 50% of ALL of your patients.**

AOA recommended Quality Measures for “claims-based” reporting is included below. More information is available at: <https://www.aoa.org/Documents/2017MIPSQUALITYMEASURESFOROPTOMETRISTS.pdf>

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

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

### 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.**

**Identifies claim line-item**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.										22. RESUBMISSION CODE				
A. 250.00		B. 414.00		C.		D.		E.		23. PRIOR				
I. Diabetes Mellitus		J. Coronary Artery Disease (CAD)		K.		L.				QDC codes must be submitted with a line-item charge of \$0.01 in 2014. Charge field cannot be blank.				
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	
1	07	05	17	07	05	17	11		99213	1.2			NPI	0123456789
2	07	05	17	07	05	17	11		3048F	1		0.01	NPI	
3	07	05	17	07	05	17	11		3074F	1		0.01	NPI	
4	07	05	17	07	05	17	11		3078F	1		0.01	NPI	
5	07	05	17	07	05	17	11		4011F	1		0.01	NPI	
6	07	05	17	07	05	17	11		1090F	1		0.01	NPI	
25. FEDERAL TAX I.D. NUMBER			SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims see back)		28. TOTAL CHARGE		29. AMOUNT PAID		
XX-XXXXXX			X		XXXXX			X		\$ 47.00				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					32. SERVICE FACILITY LOCATION INFORMATION					33. BILLING PROVIDER				
SIGNED					DATE					a. XXXXXXXXXXXX				

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

## Clinical Practice Improvement Activities for non-EHR users

There are many CPIAs that do not require the use of an EHR or qualified clinical data registry. Included below are possible options for doctors of optometry.

Activity	CMS Reference Number	Weight	Additional Guidance For Meeting CIA Reporting Requirements
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.	IA_PSPA_5	Medium Weight	To see if your state has a PDMP visit: <a href="http://www.pdmpassist.org/content/state-pdmp-websites">http://www.pdmpassist.org/content/state-pdmp-websites</a> Check with your state to see if ODs are eligible to participate in the program.
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.	IA_BE_16	Medium Weight	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/healthlitoolkit2-tool5.html">https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlitoolkit2-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.
Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare.	IA_AHE_1	High Weight	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/pfhandbook/mod5.html">https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod5.html</a> .

## Advancing Care Information for non-EHR users

For the 2017 transition year, 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** and other **CPIAs**.

To avoid a penalty, you must:

- Report at least one Quality Measure in the **QUALITY** category OR one activity in the **CPIA** category. As was done with PQRS in the past, you can report Quality Measures by adding F-codes to your “claims” procedures (e.g., 2027F to glaucoma patients).

### Additional MIPS Resources

AOA webinars on MIPS: <https://www.aoa.org/advocacy/webinars>

CMS QPP Website: <https://qpp.cms.gov/resources/education>

## Physician Check List for Meeting **QUALITY** Reporting Requirements via AOA MORE:

- Login to AOA MORE and check your progress on measures throughout the year. Updates are made weekly to your AOA MORE dashboard.
- After reviewing your progress in AOA MORE, if measures seem lower than expected, please contact your EHR vendor for support documents or tutorial videos on how to properly document the measures to ensure your Quality is being recorded in the appropriate fields to submit to AOA MORE.
- At the end of the reporting year, you will need to give AOA MORE permission to submit quality data to CMS on your behalf. A step-by-step process is designed to assist you.
- Not all EHR systems are set up to report the Quality Measures that AOA MORE collects, so you may not be able to report on all 9 Measures through your EHR. Check with your EHR vendor to see which Quality Measures it can track.
- To avoid a payment penalty under MIPS in 2017, you only need to report ONE Quality Measure during your 2017 Reporting Period.

## 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 PQ RS 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 with 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!

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## MIPS Physician Check List for Meeting **CPIA** Reporting Requirements:

- Follow the CPIA guidance on page 3 for AOA MORE users and page 6 for those not using an EHR.
- Remember, to avoid a payment penalty under MIPS in 2017, you only need to report ONE improvement activity.
- At the end of the year, you will need to access the CMS CPIA attestation portal and you will select the CPIAs that you completed throughout the year.

## MIPS Physician Check List for Meeting **ACI** Reporting Requirements:

- Work with your EHR vendor to get periodic feedback on your performance.
- Two ACI measures that have historically been difficult for doctors were Provide Access to View, Download, or Transmit (using a health portal) and sending Secure Messages. Be sure to set up a system with your staff to ensure that at least one patient accesses the patient portal and also set up an in-office process for sending and receiving Secure Messages.
- Audits for Security Risk Assessments were common under MU. The Department of Health and Human Services makes a risk assessment tool available for no charge at: <https://www.healthit.gov/providers-professionals/security-risk-assessment-tool>.
- At the end of the year you will be required to attest to meeting the **ACI** program requirements through a CMS portal (similar to attesting for MU in the past). Be sure to get your AOA MORE bonus points by attesting in the CMS portal that you are connected to AOA MORE. Only do this if you are registered with AOA MORE.

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

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