

UPDATED
FOR 2018
RULES

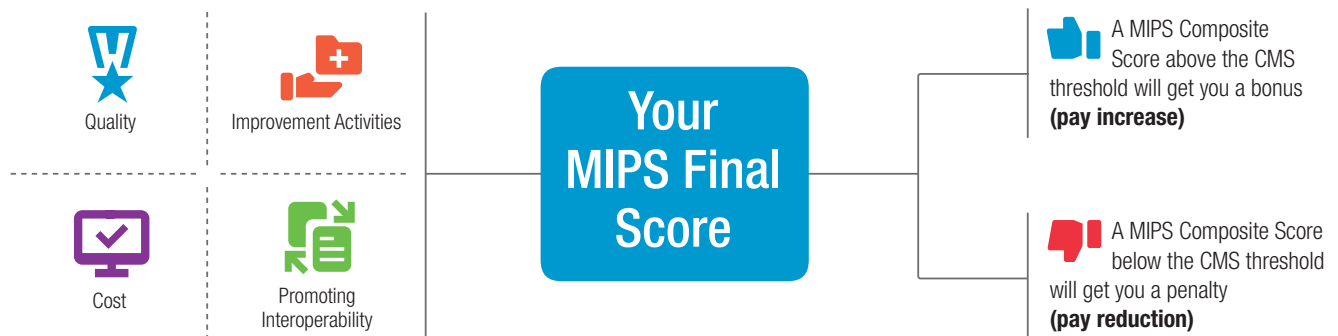
2018 MIPS Guidebook

A Road Map to Success for Doctors of Optometry

The Centers for Medicare & Medicaid Services (CMS) is changing the way it pays doctors. This new 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 leveraging the power of **AOA MORE** and learning how to become a successful MIPS participant.

The New 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!

0-100:

CMS will grade you on a scale of 0-100 to determine your payment for providing services. This is known as your Final MIPS Score and is based on your use of four key components: Quality Reporting, Cost, Improvement Activities and Promoting Interoperability (use of an electronic health record - EHR)

The AOA thanks the **Quality Improvement and Registries Committee** and the **Coding 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.

REPORTING REQUIREMENTS

Quality

- Requires you to include 60% of your patients for the entire calendar year

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. CMS will accept voluntary group reporting and determine if your practice will receive a BONUS, PENALTY or NEUTRAL adjustment in your overall CMS payables for 2020.

As an individual who qualifies for an exclusion, you may choose to voluntarily submit data to receive feedback on your performance, but you will NOT be eligible for incentives and you can “opt out” of public reporting through Physician Compare.

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:

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 billing 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).

QUALITY IN 2018: 50% 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 60 percent of your patients across **all** payers.

With AOA MORE, you can exceed the Quality reporting minimum requirements and earn bonus points! AOA MORE is structured to report:

Measure	CMS ID / Quality ID Number	Type
Controlling High Blood Pressure	CMS165v5 / 236	Outcome Measure
Diabetes: Hemoglobin A1c Poor Control	CMS122v5 / 1	Outcome Measure
Documentation of Current Medication	CMS68v6 / 130	High Priority Measure
Closing the Referral Loop: Receipt of Specialist Report	CMS50v5 / 374	High Priority Measure
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	CMS142v5 / 19	High Priority Measure
Diabetes: Eye Exam	CMS131v5 / 117	Process Measure
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	CMS167v5 / 18	Process Measure
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	CMS143v5 / 12	Process Measure
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v5 /226	Process Measure

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

Note: If you cannot report an outcomes measure, you must report one high priority measure.

COST IN 2018: 10% 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 per capita expenditures based on claims data. Certain conditions, i.e., diabetes, are emphasized when calculating Cost, or Resource Use, scores.

IMPROVEMENT ACTIVITIES IN 2018: 15% of your 0-100 MIPS score

AOA members who use an EHR system that is not yet integrated with **AOA MORE** can still participate in IA's through the registry! Visit www.aoa.org/MORE and select the ENROLL button. On the EHR selection page, select OTHER and scroll down to find your vendor. 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#)
IA's must be completed for a period of 90-days.

IA 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

IA Path 2

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



"Large Practice" Select 2 high weighted IAs or 1 high and two medium weighted IAs, or 4 medium weighted IAs.

AOA MORE Supports the following IAs:

Activity	CMS Reference Number	Weight	Additional Guidance For Meeting IA 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.

IMPORTANT: You can satisfy all MIPS requirements to avoid a negative payment adjustment in 2020 by fully completing the IA category!

PROMOTING INTEROPERABILITY - 2018 PI TRANSITION Objectives and Measures: 25% of your 0-100 MIPS score (Stage 2)

Promoting Interoperability (PI) is what you used to know as Advancing Care Information (ACI).

You can report 2018 PI Transition Objectives and Measures if you have: 2015 Edition CEHRT; or, 2014 Edition CEHRT; or, used a combination of both 2014 and 2015 Edition CEHRT during 2018.

PI SCORE: The PI score is based on a **Base Score**, **Performance Score** and **Bonus Score**.

2018 PI TRANSITION OBJECTIVES AND MEASURES SCORING FORMULA



For your **BASE SCORE**, you must participate in all of the listed objectives. (*Unless you meet an exclusion.) You will report your numerator and denominator values (or yes/no answer) on all 4 categories. Your performance is not weighed in these **BASE SCORE** values, meaning there is no minimum percent on any of these for you to achieve. Performing each measure gets you full **BASE SCORE** credit of 50 points.

PI TRANSITION BASE SCORE Objectives listed by category:

- **Perform a Security Risk Analysis**
- **E-prescribe for at least one patient.** *Exclusion available if you write fewer than 100 prescriptions
- **Provide access to view, download, or transmit health information for at least one patient**
- **Create and electronically transmit a summary of care for a referral or a transition of care for at least one patient.** *Exclusion available if you transfer a patient to another setting or refer a patient fewer than 100 times

The second part of your PI score is your **PERFORMANCE SCORE**. For your **PI TRANSITION PERFORMANCE SCORE**, each of the measures will be evaluated based on how often you perform the measure. There are 90 points available on the **PERFORMANCE SCORE**.

Your score will be based on how frequently you do the following:

- **Provide patient access to view, download or transmit health information**
- **Use information from EHR to identify patient education materials and provide electronic access to those resources to patients**
- **How many patients view, download, or transmit health information**
- **How often you send and receive messages to patients via secure messaging**
- **How often you send a summary of care and request/accept a summary of care**
- **How often you perform medication reconciliation after a referral or transfer of care**
- **Y/N Submit data to a Public Health, Specialized Data Registry or QCDR (AOA MORE)**

REGISTRY IN PERFORMANCE SCORE: Reporting to a registry such as **AOA MORE** gives you 10 points in the **PERFORMANCE SCORE**.

Bonus Score: If you report to an additional registry beyond the registry reported to achieve your **PERFORMANCE SCORE**, you can earn a 5 percent bonus.

PROMOTING INTEROPERABILITY Objectives and Measures: 25% of your 0-100 MIPS score (Stage 3)

You can report PI Objectives and Measures if you have: 2015 Edition CEHRT; or, used a combination of 2014 and 2015 Edition CEHRT during 2018.

PI SCORE: The PI score is based on a **Base Score**, **Performance Score** and **Bonus Score**.

PI OBJECTIVES and MEASURES SCORING FORMULA



For your **BASE SCORE**, you must participate in all of the listed objectives. (*Unless you meet an exclusion.) You will report your numerator and denominator values (or yes/no answer) on all 5 categories. Your performance is not weighed in these **BASE SCORE** values, meaning there is no minimum percent on any of these for you to achieve. Performing each measure gets you full **BASE SCORE** credit of 50 points.

PI BASE SCORE Objectives listed by category:

- **Perform a Security Risk Analysis**
- **E-prescribe for at least one patient.** *Exclusion available if you write fewer than 100 prescriptions
- **Provide access to view, download, or transmit health information for at least one patient**
- **Create and electronically transmit a summary of care for a referral or a transition of care for at least one patient.** *Exclusion available if you transfer a patient to another setting or refer a patient fewer than 100 times
- **Request/Accept a Summary of Care**

The second part of your PI score is your **PERFORMANCE SCORE**. For your **PI OBJECTIVES AND MEASURES PERFORMANCE SCORE**, each of the measures will be evaluated based on how often you perform the measure. There are 90 points available on the **PERFORMANCE SCORE**.

Your score will be based on how frequently you do the following:

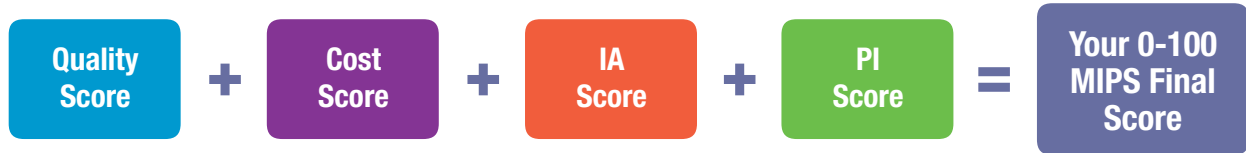
- **Use information from EHR to identify patient education materials and provide electronic access to those resources to patients**
- **How many patients view, download, or transmit health information**
- **How often do patients generate data outside of the doctor's office with web platforms or tools that share the collected data with your practice**
- **How often you send and receive messages to patients via secure messaging**
- **How often you send a summary of care and request/accept a summary of care**
- **How often you perform clinical information reconciliation after a referral or transfer of care, including medication list, medication allergy list, and current problem list**
- **Y/N Submit data to a Public Health, Specialized Data Registry or QCDR (AOA MORE)**

REGISTRY IN PERFORMANCE SCORE: Reporting to a registry such as [AOA MORE](#) gives you 10 points in the **PERFORMANCE SCORE**.

Bonus Score: Reporting exclusively from this measure set using 2015 Edition CEHRT can earn you a 10 percent bonus. If you report to an additional registry beyond the registry reported to achieve your **PERFORMANCE SCORE**, you can earn a 5 percent bonus.

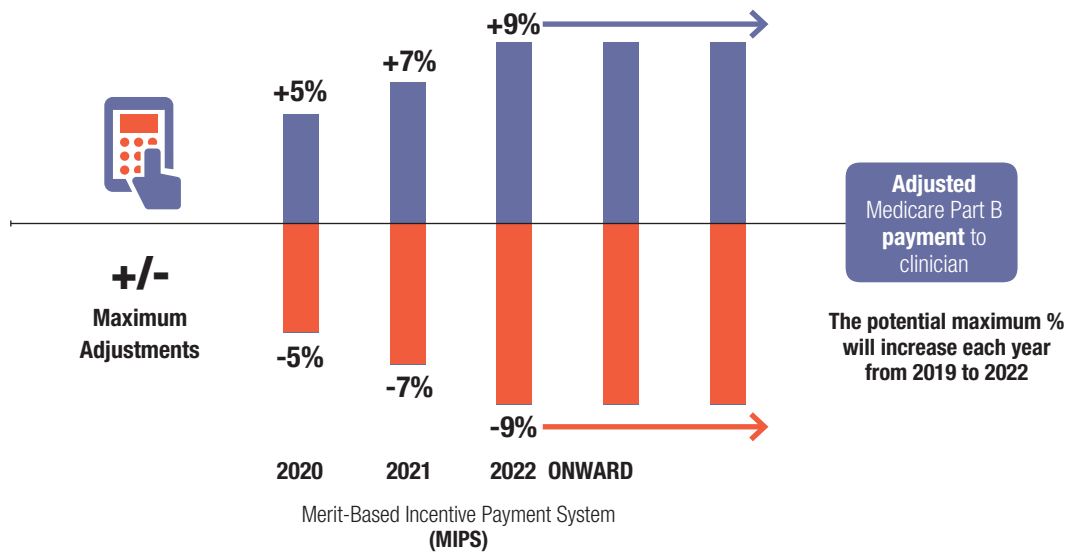
OVERALL FINAL MIPS SCORE

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.



Let AOA MORE Be Your Guide to MIPS

Follow the **Physician Check List** on the following page to assure you are meeting all of the requirements for successful MIPS reporting.

AOA MORE can be used to report all of your **QUALITY** measures, **IAs** and help you earn **PI** points.

Reporting **QUALITY** measures with **AOA MORE** earns you bonus points.

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.

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 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 and information on attestation will be provided on the AOA MORE website.
- 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 measures through your EHR. Check with your EHR vendor to see which **QUALITY** measures it can track.

Physician Check List for Meeting **QUALITY** Reporting Requirements via **EHR**:

- If your EHR vendor is not fully integrated with AOA MORE and you will attest through the Quality Payment Plan (QPP) portal, make sure that you apply for an EIDM account early in the year! Refer to the [Enterprise Identity Management \(EIDM\) User Guide](#) for instructions.
- Check with your EHR vendor to determine how to export a QRDA III file of your quality measures performance. During the reporting period (first 90 days of 2019), visit <https://www.qpp.cms.gov> and login to the QPP portal with your EIDM account credentials mentioned above. Follow the instructions to upload the QRDA III file. Additional information will be available on the AOA MORE website to assist you with this method of reporting.

Physician Check List for Meeting **IA** Reporting Requirements:

- Follow the **IA** guidance on page 4 and complete the activities for a 90-day period.
- Remember, by fully completing the **IA** category requirements in 2018, you will protect yourself from receiving a negative payment adjustment in 2020.
- At the end of the reporting year, you will be able to attest directly from the AOA MORE Attestation Portal on the completion of **IA**s. Step-by-step instructions will be provided to show you how to authorize AOA MORE to submit these activities to CMS on your behalf. There is no additional documentation required to attest to **IA**s.

Physician Check List for Meeting **PROMOTING INTEROPERABILITY** Reporting Requirements:

- Confirm with your EHR vendor if they support 2014 Edition or 2015 Edition CEHRT. Review the requirements for **both PI** measure sets on pages 5-6 to determine which set you will report.
- Work with your EHR vendor to get periodic feedback on your performance.
- Audits for Security Risk Assessments were common under Meaningful Use. The Department of Health and Human Services makes a risk assessment tool available to no charge at: <https://www.healthit.gov/providers-professionals/security-risk-assessment-tool>.
- At the end of the reporting year, you will have the option to attest to meeting the **PI** program requirements through the AOA MORE Attestation Portal (if your EHR vendor supports this interface) or through the QPP Attestation Portal. Detailed instructions will be provided.