MIPS: Big Changes in the 2019 Rules

Jeff Michaels, OD
Disclosures

• Drs. Michaels has no financial disclosures for the content of this presentation

• Thank you Kara Webb, AOA DC Office

• Thank you Danette Miller, AOA St. Louis Office
Disclosures

• The MIPS rules discussed today **ONLY** apply to your seeing patients in 2019
  • These are new rules for 2019
  • AOA will offer guidance for your submitting MIPS 2018 data soon
The Plan for Today

• MIPS
  • Brief overview
  • 2017 stats
  • Help resources moving forward

• MIPS Categories
  • What to do in each category
  • 2019 Rules changes
Pay-for-Performance

- Quality Payment Program (QPP)

QPP

Merit-Based Incentive Payment System (MIPS) (Default)

Advanced Alternative Payment Models
MIPS

• Year 1: 2017 Performance
• Year 2: 2018 Performance
• Year 3: 2019 Performance
If **YOUR 0-100 MIPS SCORE** above TPS

**BONUS**

“Threshold Performance Score”

If **YOUR 0-100 MIPS SCORE** below

**PENALTY**
How much can MIPS adjust payments?

Exceptional performers receive additional positive adjustment factor – up to $500M available each year from 2019 to 2024.

- Additional Performance Threshold
  - EPs above performance threshold = positive payment adjustment (+4%)
  - Lowest 25% = maximum reduction (-4%)

Performance Years:
- 2017
- 2018
- 2019
- 2020

Additional Performance Threshold: 70 points
Performance Threshold: 3 points
Quality Payment Program

• Budget neutral legislation
  • Design:
    • Bonus those of more “quality”
    • Penalize those of less “quality”

• If everyone is doing well...
2017 MIPS (Year 1)

- Doing well in Year 1 was purposely made easy
  - CMS wanted clinicians to:
    - Participate in MIPS
    - Stay in CMS
    - Ease the transition to this new paradigm
MIPS 2017 (Year 1)

- Only 5% of clinicians received negative pay adjustment
  - MIPS Final Score 0 (did nothing)
  - 4% penalty
- 22% of all clinicians received positive pay adjustment
  - MIPS Final Score 3-69.99
  - Up to 0.20% bonus
- 71% of all clinicians received exceptional performance bonus
  - MIPS Final Score 70-100
  - Up to 1.88% bonus
### MIPS Score Stats 2017 (Year 1)

<table>
<thead>
<tr>
<th>Mean</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>74</td>
<td>89</td>
</tr>
<tr>
<td>65</td>
<td>83</td>
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<tr>
<td>74</td>
<td>90</td>
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<tr>
<td>43</td>
<td>37</td>
</tr>
<tr>
<td>63</td>
<td>75</td>
</tr>
</tbody>
</table>

- MIPS Final Score for all
- Individual/Group (no APM)
- Large Practice
- Small Practice
- Rural Practice

**Why is the Mean & Median Important?**
MIPS 2017 (Year 1)

• Small practice
  • 19% received penalty
  • 30% bonus
  • 44% exceptional performance

• AOA Resources for your small practice!
Optometry’s new Qualified Clinical Data Registry (QCDR)
Included as an AOA member benefit!

- FREQUENTLY ASKED QUESTIONS
- GETTING STARTED AND WHAT HAPPENS NEXT
- EMR PARTICIPANTS
- AOA MORE AND MIPS RESOURCES
- IMPROVEMENT ACTIVITIES
- MEDICARE PROGRAM COMPLIANCE
- ATTESTATION

IMPORTANT UPDATE
STATUS UPDATE - 11/23/2018

NEW: Practice Director users are now able to view quality data in AOA MORE! To enable data transmission into AOA MORE, you must upgrade to at least version 6.0.7. Click here for instructions.

NEW: IMPROVEMENT ACTIVITIES Tutorial. If you missed the October webinar, click here to learn how AOA MORE can help you earn maximum points in the category and avoid a negative payment adjustment in 2020.

Please make sure your email is up to date in your MyAOA account. Email is the primary method of communication for all registry notifications.

Vendor Status for 2018 MIPS reporting. Click here.

Crystal Practice Management users who have enabled the AOA MORE application and received the service updates from Crystal PM are now able to access 2018 data.

Check your 2018 MIPS eligibility status here by entering your NPI number.

Would you like additional MIPS support and resources? Join the AOA MORE Support team by emailing Qualityimprovement@aoe.org and asking ‘MIPS Supporter’ in the subject line.
Medicare Program Compliance

The AOA is working to keep our members informed of the ever-changing programs and participation requirements related to Medicare. The Medicare Program Compliance Web Portal is your entry way to AOA information and guidance on how to navigate the Medicare program.

Included are resources and information to guide you through the many programs and requirements related to the Medicare program. Not seeing what you are looking for? Click here to access FAQs.

Looking for more information on the Centers for Medicare and Medicaid Services (CMS) Global Surgery Data Collection Effort? Need AOA’s FAQs here. Access CMS resources here. A full list of impacted services is available here.
AVOIDING 2019 PENALTIES BASED ON 2017 PERFORMANCE

You can be excluded from QPP and avoid future penalties if at least one of the following applies to you (see AOA’s Know your Exclusions and CMS MIPS Participant Exclusion Lookup Tool for more details):

- 2017 is your first year submitting claims to Medicare;
- Your Medicare billing charges are less than or equal to $10,000;
- You provide care for 100 or fewer Medicare beneficiaries; or
- You are a Qualified APM Participant (QPP) and Partial Qualifying APM Participant (Partial QPP).

If none of above conditions apply, you may avoid a 4% penalty (reduction) in your 2019 Medicare Payments by performing at least one of the following options in 2017:

- Report one measure in the Quality Performance;
- Report one activity in the Clinical Practice Improvement Activities Performance; or
- Report the required measures of the Advancing Care Information.

EARNING 2019 INCENTIVES BASED ON 2017 PERFORMANCE

Up to a 4% incentive (increase) in 2019 Medicare payments can be earned based on the level of 2017 participation and MIPS score. For more information on scoring, penalties, and incentives see AOA’s.

- Pick Your Pace for participation option
- How to Calculate Your MIPS Score
- Future QPP penalties and incentives

ADDITIONAL AOA RESOURCES:
- AOA’s Guide to MIPS and AOA MORE
- AOA’s QPP Frequently Asked Questions
- AOA’s MIPS/QPP: CO Deep Reporting FAQs
- AOA’s Webinar: MIPS What Do You Need to Know Now
- AOA MIPS Website
- Please contact JOINP@AOA.org for any QPP-related questions
WOULD YOU LIKE TO RECEIVE ADDITIONAL SUPPORT ON MIPS REQUIREMENTS AND REPORTING?

+ E-Mail GlobalOptometry@aoa.org and put "MIPS Support" in the subject line. Be sure to indicate your name. The next "MIPS Support" newsletter will be emailed in September.

2018 AOA MORE SUPPORTED QUALITY MEASURE SPECIFICATIONS

<table>
<thead>
<tr>
<th>CMS</th>
<th>Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>130</td>
<td>Documentation of Current Medication</td>
</tr>
<tr>
<td>117</td>
<td>Diabetic Eye Exam</td>
</tr>
<tr>
<td>374</td>
<td>Closing the Retiree Loop: Receipt of Speedwell Report</td>
</tr>
<tr>
<td>019</td>
<td>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</td>
</tr>
<tr>
<td>012</td>
<td>Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation</td>
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<tr>
<td>018</td>
<td>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</td>
</tr>
<tr>
<td>226</td>
<td>Preventive Care and Screening: Tobacco Use, Screening and Cessation Intervention</td>
</tr>
<tr>
<td>130</td>
<td>Controlling High Blood Pressure</td>
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2018 MIPS Resources

- CHECK YOUR 2018 PARTICIPATION STATUS
- 2018 MIPS GUIDEBOOK: A ROAD MAP TO SUCCESS FOR DOCTORS OF OPTOMETRY
- 2018 MIPS GUIDEBOOK FOR NON-EHR USERS: EVALUATING AND TRACKING YOUR PROGRESS
- 2018 CLAIMS BASED REPORTING QUALITY MEASURES CHART
- REVIEW YOUR 2017 MIPS PERFORMANCE AND FINAL SCORE
- CMS RESOURCES
2019 Rules Changes

• General Rules
  • Exclusion change
  • Some ODs can opt-in
  • Threshold Score (the curve)

• Quality
  • Some common eye care quality measures worth less points

• EHR
  • Name change
  • Severe rules changes

• Improvement Activities
  • Specific eye care IA
MIPS Participation Status

To check if you need to submit data to MIPS, enter your 10-digit National Provider Identifier (NPI) number.

If you’re exempt from MIPS with the first review, you won’t need to do anything else for MIPS this year. If you are included in MIPS, you may be exempt with the second review of eligibility determinations at the end of 2017. Learn more about MIPS eligibility.

Enter an NPI Number   Check Now
2018 Participation Status

JEFFREY C MICHAELS, OD
NPI: #1174517726

Associated Practices (1)

JEFFREY C MICHAELS at FAMILY VISION CARE OF RICHMOND
4111 INNSCLARE DR, GLEN ALLEN, VA 23060-7344

MIPS Eligibility: INDIVIDUAL  GROUP
Are you “exempt” from MIPS in 2019?

There are 3 groups of clinicians who will NOT be subject to MIPS:

1. FIRST year of Medicare Part B participation
2. Below low patient volume threshold
3. Certain participants in ADVANCED Alternative Payment Models
LVT: Low Volume Threshold (2019)

• Not required to MIPS if:
  • Submit ≤$90,000 in Medicare-B allowable charges, **OR**
  • You see ≤200 Medicare patients in a year, **OR**
  • You perform ≤ 200 covered professional services
    • (92004, 92133, 92020, etc)
    • 92015 is NOT a covered service

No application, no forms, nothing to do!
You get the traditional Physician Fee Schedule for any services
New Option to Go for the Bonus Money!

• Opt-in if you meet at least one criteria
  • Submit ≤$90,000 in Medicare-B allowable charges, OR
  • You see ≤200 Medicare patients in a year, OR
  • You perform ≤ 200 covered professional services
    • (92004, 92133, 92020, etc)
    • 92015 is NOT a covered service

• Why opt-in?
Merit-Based Incentive Payment System (MIPS)

Your Performance
- 2017 Performance
- 2018 Performance
- 2019 Performance
- 2020 Performance

Your Payment
- 2019 adjusted Physician Fee Schedule
- 2020 adjusted PFS
- 2021 adjusted PFS
- 2022 adjusted PFS
MIPS Categories

Old School

• PQRS
• MU
• VBM
• ____

New School: MIPS

• Quality
• Promoting Interoperability (PI)
• Cost
• Improvement Activities (IA)
MIPS Categories

**Old School**

- PQRS
- MU
- VBM
- ____

**New School: MIPS**

- Quality
- Promoting Interoperability (PI)
- Cost
- Improvement Activities (IA)
Your MIPS 0-100 Grade (Score) is Weighted

2019 Performance Year

- **Quality**: 45%
- **Promoting Interoperability**: 25%
- **Improvement Activities**: 15%
- **Cost**: 15%
If **YOUR 0-100 MIPS SCORE** above TPS

**BONUS**

“Threshold Performance Score”

If **YOUR 0-100 MIPS SCORE** below

**PENALTY**
How much can MIPS adjust payments?

Performance Years:
- 2017: -4%
- 2018: -5%
- 2019: -7%
- 2020: -9%

Additional Performance Threshold: 75 points
Lowest 25% = maximum reduction

30 points
MIPS Payments for ODs

• Quality
• Promoting Interoperability
• Cost
• Improvement Activities
MIPS Payments for ODs

• **Quality (Jan 1 – Dec 31)**
• Promoting Interoperability
• Cost
• Improvement Activities
Quality

• You need 6 **Quality** Measures
  • 1 of the 6 needs to be an “outcome” or “high priority” measure
    • Same as 2017 and 2018
  • Each **Quality** measure is worth 0-10 points depending on your performance
Maximize Your **Quality** Score

• Carefully select your 6 *Quality* measures

• Example: POAG: Document the optic nerve
  • Number of patients with diagnosis (20+)
  • How frequent you perform the measure (60%+)
  • How you submit the information to CMS (Claims, EHR/AOA MORE)
    • Plan ahead!
    • Every measure is scored differently based on how you submit to CMS
  • **Claims-based submission of Quality measures can only be done by small practices (1-15 clinicians)**
Historical Quality Measures Examples

- DM eye exam (no retinopathy)
- Diabetic Retinopathy
- Diabetic Ret letter to PCP
- A1c control
- POAG
- POAG 15% reduction
- AMD exam
- AMD AREDS counseling
- Document meds
- BMI measure
- BP Screening
- BP Control
- Close the referral loop
- Tobacco Screening/Cessation
Quality Measures—Removed in 2019

- Diabetic Retinopathy
- AMD AREDS counseling
Quality Measures—Reported by EHR/AOA MORE

- 117 DM eye exam (no retinopathy) 99/92
- 19 Diabetic Ret letter to PCP 99/92
- 1A1c control 99
- 12 POAG 99/92
- 130 Document meds 99/92
- 128 BMI measure 99
- 317 BP Screening 99/92
- 236 BP control 99
- 374 Close the referral loop 99/92
- 226 Tobacco Screening/Cessation 99/92
Quality Measures—Reported by EHR/AOA MORE

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- 226 Tobacco Screening/Cessation 99/92

"Topped Out"

Maximum points are 7 out of 10 per measure in 2019
These measures are eliminated by 2021

"New": maximum of 3 points
Quality Measures—Reported by EHR/AOA MORE

- DM eye exam (no retinopathy) 99/92
- Diabetic Ret letter to PCP 99/92
- A1c control 99
- POAG 99/92
- Document meds 99/92
- BMI measure 99
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- BP control 99
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- Tobacco Screening/Cessation 99/92

High Priority Measures
Outcomes Measures
Quality Measures—Reported by Claims

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- 19 Diabetic Ret letter to PCP 99/92
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- 12 POAG 99/92
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- 14 AMD exam 99/92
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High Priority Measures
Outcomes Measures

AMERICAN OPTOMETRIC ASSOCIATION
Can I submit Quality data by more than 1 method?

• In 2019, you can submit by more than 1 method
• CMS will grade each Quality Measures separately and keep only the highest score
  • Example, if you submit POAG by Claims and POAG by EHR, they will score each separately and keep the higher score.
MIPS Payments for ODs

- Quality
- **Promoting Interoperability (Any 90+ days)**
- Cost
- Improvement Activities
Promoting Interoperability Rules

• You must use 2015 Edition EHR
  • aka Stage 3

• You must do (but not scored)
  • Security Risk Assessment
Promoting Interoperability Scoring

• Removed
  • Base Score
  • Performance Score
  • Bonus Score
Promoting Interoperability Categories

• eRx
• Patient access to portal
• Health Information Exchange
• Registry
Promoting Interoperability Weighted Score

• eRx: 10%
  • 2 bonus opportunities (5% + 5%)
• Patient access to portal: 40%
• Health Information Exchange
  • Sending: 20%
  • Receiving and incorporating: 20%
• Registry: 10%
• **Total possible PI Score**: 110% (capped at 100%)
Promoting Interoperability

• eRx: 10%
  • Must eRx
  • Exclusion: <100 eRx in the Reporting Period (90+ days)

• 2 Bonus opportunities (5% each)
  • Query state Prescription Drug Monitoring Program (PDMP)
    • For at least 1 Schedule II, use CHERT to query PDMP for drug history
  • Consult Opioid Treatment Agreement (OTA)
    • If Rx Sch II >30 days, identify if there is a OTA in place
Promoting Interoperability

• Portal Access
  • Same as before—just worth much more of your score
Promoting Interoperability

- Health Information Exchange
  - Support Electronic Referral Loops by **Sending** Health Information
  - Support Electronic Referral Loops by **Receiving and Incorporating** Health Information
Health Information Exchange

Sending

• Every referral to an outside provider
  • Transition of Care

Receiving and Incorporating

• Every new patient
• Every patient referred to your care
Promoting Interoperability

• Registry
  • “Required” to be registered with two registries
    • Can exclude from a 2nd if only one is available
    • Registered with AOA MORE?
    • This is yes/no attestation
MIPS Payments for ODs

• Quality
• Promoting Interoperability
• Cost

• Improvement Activities (any 90+ days)
Improvement Activities (IA)

• Maximum Score
  • 40 points
    • Each IA is worth 10 or 20 points
    • Points doubled if Small Practice
Promoting Eye Exams (IA AHE 7)

- Promote the importance of comprehensive eye exam
  - Facilitate conversation
  - Literature: VISION USA or Think About Your Eyes
- Care for underserved population at no cost
Patient Engagement with QCDR

20/20/20 TO PREVENT DIGITAL EYE STRAIN

- TAKE A 20 SECOND BREAK
- EVERY 20 MINUTES
- LOOK AT SOMETHING 20 FEET AWAY

Visit www.aoa.org for more tips on how to protect your eye health and to find a doctor of optometry near you for your annual comprehensive eye exam.

AMERICAN OPTOMETRIC ASSOCIATION
Promote Learning with (IA BE 8)
Participation in AOA MORE for Quality Improvement (IA PM 10)

• Check your progress on AOA MORE on Quality Measures throughout the year and review AOA guidance on how to improve your Quality scores
24/7 Access (IA EPA 1)

- Are you available after hours to your patients?
  - On call
- Is your EHR accessible in real time?
- 24/7 EHR access for:
  - Same-day or next-day emergency visits
  - Home visits
  - Senior center visits (if you log in your EHR)
- High Weight
  - 20 points (or double if small practice)
• QUESTION:
  • Natural disasters from 2018 effected my MIPS performance?
    • “Extreme and Uncontrollable Circumstance” for Hurricane Florence, Hurricane Michael, California Wildfires and Super Typhoon Yutu
    • No application
      • Identified by your address in PECOS (Provider Enrollment System)
    • Parts of North Carolina, Florida, California and NW Pacific Islands
    • If you submit data on QPP website, it will be scored!!!
      • If you do not submit 2 or more categories, you will automatically get a score of 15 (for 2018 MIPS)
      • 15 was the minimum number to ensure you get no penalty
Hurricanes, Wildfires and Typhoons in 2018

• North Carolina
  • Anson, Beaufort, Bladen Brunswick, Carteret, Chatham, Columbus, Craven, Cumberland, Duplin, Durham, Greene, Guilford, Harnett, Hoke, Hyde, Johnston, Jones, Lee, Lenoir, Moore, New Hanover, Onslow, Orange, Pamlico, Pender, Pitt, Richmond, Robeson, Sampson, Scotland, Union, Wayne, Wilson

• Florida
  • Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Leon, Liberty, Taylor, Wakulla, Washington

• California
  • Butte, Los Angeles, Ventura

• Northern Mariana Islands
  • Northern Islands, Rota, Saipan, Tinian
Questions?

• Resources available at AOA.org/MORE