Merit-Based Incentive Payment System (MIPS)—What ODs Need to Know Now

Jeff Michaels, OD
Disclosures

• Dr. Michaels has no financial disclosures for the content of this presentation
  • Dr. Michaels holds zero financial benefit to AOA MORE (optometry’s registry)
• Dr. Michaels chaired the AOA MORE committee 2011-2016
• Thank you Kara Webb, AOA DC Office
CMS Game Changer

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
MACRA Didn’t Come Out of Left Field!
CMS White Papers and Law Changes

• April 2007
  • Payments linked to quality and efficiency of care
• 2008: MIPPA
  • HHS required to develop plan to transition to Pay-for-Performance
• 2010: Affordable Care Act
  • Created the Value-Based Modifier (VBM)
    • Payment modifier based on quality and cost
2015 MACRA Legislation

- Permanently repealed SGR
- Cost neutral legislation
- Annual fee schedule increase of 0.5% only through 2019

- Bundles: PQRS, MU, VBM
- Quality Payment Program (QPP)
  - Merit-based Incentive Payment System (MIPS)
  - Advanced Alternative Payment Model
AOA Working for YOU!

• AOA Advocacy!
  • AOA Board & Staff, AOA Federal Relations, AOA Keyperson & Others

• Optometry’s full physician status was non-negotiable
  • Protected patient access to optometry
  • Ensured equitable pay & fair treatment for ODs
MACRA New Language

Old School

• PQRS
• MU
• VBM
• ____

New School

• Quality
• Advancing Care Information (ACI)
• Cost
• Clinical Practice Improvement Activities (CPIA)
Can You “Opt Out” of MIPS?

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
Can You “Opt Out” of MIPS?

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

- **First year of Medicare Part B participation**
- **Below low patient volume threshold**
- **Certain participants in ADVANCED Alternative Payment Models**
No MIPS: Low Volume Threshold

• Submit $\leq$30,000 in Medicare-B allowable charges, OR
• You see $\leq$100 Medicare patients in a year

No application, no forms, nothing to do!

• Based on billing Sept 1-Aug31
  • Prior year and performance year
You Need to Decide...

• Will I participate as an INDIVIDUAL or GROUP?
• Will I submit **QUALITY** data by CLAIMS or EHR/Registry?
  • Rule of 50’s

Exclude from MIPS in 2017:
Submit ≤$30,000 in Medicare-B allowable charges, **OR**
You see ≤100 Medicare patients in a year
Rule of 50’s

- **Quality** Component of MIPS
- 50% of **ALL** patients
  - EHR and Registry
- 50% of Medicare patients
  - Claims
Pick One: EHR, Claims or Registry

• Submit all your **QUALITY** Measures by...
• Submit all your **ADVANCING CARE INFO (ACI)** Measures by...
• Submit all your **IMPROVEMENT ACTIVITIES** by...
• Examples
  • You **CANNOT** submit **Quality** by Registry **and** Claims (pick only one)
  • You **CANNOT** submit **Quality** by EHR **and** Claims (pick only one)
  • You **CAN** submit **Quality** by Registry; **ACI** by EHR;
Can You *Opt In* to MIPS?

- 2017: No
- 2018: ??
  - Risk/Reward is built into the system!
I see ≤ $30,000 or ≤ 100 Medicare Patients

• Why should you still pay attention?
• Practice!!!!!!
  • You can submit in 2017
    • Get a score
    • Not a payment adjustment
    • Know how good you are!!
• Be ready
• 2018 rules?
January 1, 2017
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
Your MIPS 0-100 Grade (Score) is Weighted

2017
• Quality (PQRS): 60%
• Advancing Care Info (MU) 25%
• Clinical Practice Improvement: 15%
• Cost: 0%

2019
• Quality: 30%
• Advancing Care Info 25%
• Clinical Practice Improvement: 15%
• Cost: 30%
CMS Weighted and Calculated Annual “Threshold Performance Score” (TPS)

YOUR MIPS SCORE above TPS BONUS

YOUR 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
- Lowest 25% = maximum reduction

3X max

Performance Years

2017 2018 2019 2020
Above the Curve for 2017

• 3% is the curve in 2017
  • No pay reduction!
• Above 3%
  • Possible pay increase
• 70% or above in 2017
  • MIPS Bonus shares $500,000,000

**UNITED STATES**

<table>
<thead>
<tr>
<th>PERCENTAGE</th>
<th>LETTER GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100%</td>
<td>A</td>
</tr>
<tr>
<td>80-89%</td>
<td>B</td>
</tr>
<tr>
<td>70-79%</td>
<td>C</td>
</tr>
<tr>
<td>60-69%</td>
<td>D</td>
</tr>
<tr>
<td>0-59%</td>
<td>F (FAIL)</td>
</tr>
</tbody>
</table>
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
- Lowest 25% = maximum reduction

<table>
<thead>
<tr>
<th>Year</th>
<th>Additional Performance Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>*+4%</td>
</tr>
<tr>
<td>2018</td>
<td>*+5%</td>
</tr>
<tr>
<td>2019</td>
<td>*+7%</td>
</tr>
<tr>
<td>2020</td>
<td>*+9%</td>
</tr>
</tbody>
</table>

Performance Years:
- 2017
- 2018
- 2019
- 2020

Additional Performance Threshold: 70 points
Lowest 25% = maximum reduction: 3 points
Medicare’s **NEW** MIPS Prediction: 2017

- 93% of ODs will get a positive or neutral adjustment
- Ophthalmology
Minimum?

• Don’t set out to be The Minimum
  • Easy to be above 3% for 2017
    • Avoids negative pay adjustment
• Difficulty increases after 2017
2017 is a "TRANSITION YEAR"

• CMS wants you to get used to MIPS
• Lowering the bar for success—temporary!
  • Helping you avoid negative adjustment in 1st year
• Several options to “pick your pace” for MIPS year 1
MIPS Year 1 Options for 2017

1. Do nothing
   • Guaranteed 4% pay reduction for all Medicare payments (2019)
MIPS Year 1 Options for 2017

1. Do nothing
   • Guaranteed 4% pay reduction for all Medicare payments (2019)

2. Participate with some data
   • Submit
     • 1+ Quality Measures; OR
     • 1+ Improvement Activities
   • Can be as little as 1 patient
   • Guaranteed 0% pay change
MIPS Year 1 Options for 2017

1. Do nothing
   • Guaranteed 4% pay reduction for all Medicare payments (2019)

2. Participate with some data
   • Submit
     • 1+ Quality Measures; OR
     • 1+ Improvement Activities
   • Can be as little as 1 patient
   • Guaranteed 0% pay change

3. Participate 90+ days
   • Submit:
     • 2+ Quality Measure; OR
     • 2+ Improvement Activity; OR
     • More than the Base in Advancing Care
   • Even with poor performance
   • May qualify for positive pay adjustment
MIPS Year 1 Options for 2017

1. Do nothing
   • Guaranteed 4% pay reduction for all Medicare payments (2019)

2. Participate with some data
   • Submit
     • 1+ Quality Measures; OR
     • 1+ Improvement Activities
   • Can be as little as 1 patient
   • Guaranteed 0% pay change

3. Participate 90+ days
   • Submit:
     • 2+ Quality Measure; OR
     • 2+ Improvement Activity; OR
     • More than the Base in Advancing Care
   • Even with poor performance
   • May qualify for positive pay adjustment

4. Participate 90+ days**
   • Submit all data on all 3 MIPS categories
   • High quality performance scores
   • May qualify for modest positive pay adjustment
MIPS Payments for ODs

• Quality
• Advancing Care Information
• Cost
• Clinical Practice Improvement Activities
MIPS Cheat Sheet

• Quality
  • 5-1-Done!

• Advancing Care Information

• Cost
  • Nothing!

• Clinical Practice Improvement Activities
  • New, 1!
MIPS Payments for ODs

• Quality
  • Advancing Care Information
  • Cost
  • Clinical Practice Improvement Activities
MIPS Cheat Sheet

• Quality
  • 5-1-Done!

• Advancing Care Information

• Cost
  • Nothing!

• Clinical Practice Improvement Activities
  • New, 1!
“Quality” is Still Driven by PQRS Ideology

- PQRS
- 2007
  - Voluntary/bonus
- 2013
  - Penalty for not participating (2015 Fee Schedule)
PQRS Increasing Complexity

• 2013 Performance (20% of ODs got paid)
  • Report 1 valid measure on 1 Medicare patient

• 2014 Performance (4% of ODs got paid)
  • Report 3 measures on 50% of your Medicare patients

• 2015-2016 Performance (___ % of ODs got paid)
  • Report 9 measures on 50% of your Medicare patients

• 2017 MIPS Performance
  • Report 6 measures on 50% of all patients
Why Optometry?

• DID YOU KNOW?
  • 20 medical conditions account for >95% of Medicare's costs?
Medicare’s Top 20 High-Impact Conditions

- Acute myocardial infarction (AMI)
- Alzheimer's Disease and related disorders
- Atrial fibrillation
- Breast cancer
- **Cataract**
- Congestive heart failure (CHF)
- Chronic kidney disease
- Colorectal cancer
- Chronic obstructive pulmonary disease (COPD)

- **Diabetes**
- Endometrial cancer
- Glaucoma
- Hip/pelvic fracture
- Ischemic heart disease
- Lung cancer
- Major depression
- Osteoporosis
- Prostate cancer
- **Rheumatoid arthritis** and osteoarthritis
- Stroke/transient ischemic attack (TIA)
Claims-Based PQRS Reporting

• Adding additional codes to our claims
• Does not work well
• Need for change
  • Start using EHR/Registry to report!!!!
Correlating Your EHR Exam to QUALITY Measures

• electronic Clinical Quality Measures (eCQM)
  • Matches your EHR data field to appropriate Quality code
    • If you click the correct boxes then a correlating Quality (PQRS) Code applies
Surviving Quality Measures with Registries!

• Example
  • Diabetes Eye Exam (no Retinopathy)
    • Age 18-75
    • 99xxx or 92xxx
  • Diabetes Diagnosis
  • Retina findings documented
    • No Retinopathy
Quality Measure: POAG (Document ONH)
Quality Measure: Documentation of Current Meds
What If I’m Below 50%?

• Learn your eCQM report from your vendor!!
Take Your F Codes!

• Streamline PQRS by using EHR/AOA MORE
  • No F codes to remember!
  • Automatically correlated to your exam findings and diagnostic procedures (eCQMs)
Quality 5-1-Done! Cheat Sheet

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

* Top 5 submitted in 2014 by ODs
! High priority, get bonus point
Double bonus if 2nd Outcome measure
Quality 5-1-Done! Cheat Sheet

- DM eye exam (no retinopathy)*
- Diabetic Retinopathy
- Diabetic Ret letter to PCP!
- POAG*
- AMD exam*
- AMD AREDS counseling*
- Document meds!
- BMI measure
- BP Screening
- Close the referral loop!
- Tobacco Screening/Cessation*
- POAG 15% reduction!!
- BP control!!
- A1c control!!!
Know the QUALITY 5-1-Done!

• You must have:
  • **6 Quality Measures**
    • 1: "Outcomes" measure
      • 1 "High Priority" measure if no "Outcomes" measure is available
    • 5: Any measures
  • Minimum of 20 patients per Quality Measure
    • To achieve highest MIPS scores, 20+ patients
    • Can still acquire some points if < 20 patients
      • Know your patient population
      • If you don’t see 20 Glaucoma patients in a year, don’t pick the Glaucoma Quality measures!!!
DM eye exam (no retinopathy)*
Diabetic Retinopathy
Diabetic Ret letter to PCP!
POAG*
AMD exam*
AMD AREDS counseling*

Document meds!
BMI measure
BP Screening
Close the referral loop!
Tobacco Screening/Cessation*
POAG 15% reduction!!
BP control!!
A1c control!!
Quality 5-1-Done! Cheat Sheet

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

PICK 1
HIGH PRIORITY

PICK 1
OUTCOME
Quality 5-1-Done! Cheat Sheet

- DM eye exam (no retinopathy)*
- Diabetic Retinopathy
- Diabetic Ret letter to PCP!
- POAG*
- AMD exam*
- AMD AREDS counseling*

- Document meds!
- BMI measure
- BP Screening
- Close the referral loop!
- Tobacco Screening/Cessation*
- POAG 15% reduction!!
- BP control!!
- A1c control!!

* Top 5 submitted in 2014 by ODs
! High priority, get bonus point
Double bonus if 2nd Outcome measure

PICK 5 MORE
Quality 5-1-Done!

- Make sure your EHR can count the Quality Measures you select!
Go for MIPS Bonuses in Quality Measures!!!

- Additional **Outcome** and **High Priority** Measures worth bonus points in your **Quality** Score
- The first **Outcome** is mandatory
  - Or **High Priority** if you didn’t do **Outcome**
    - Beyond the 1st one, you get bonuses!
    - Additional “**Outcome**” measure = 2 Bonus points in **Quality** Score
    - “**High Priority**” measures = 1 Bonus point in **Quality** Score
MIPS “Quality” Pick 6

• You can pick more than 6
  • CMS takes highest scoring (per category)
    • Categories: Outcomes, High Priority, all others
Quality Scoring Rules for 2017

• 6 measures

• 0-10 points per measure (Goal: 60 total points for Quality)
  • You get 0 points if you do NOTHING
  • You get 3 points minimum (in 2017) for submitting ANY data per measure
  • You get 4-10 points
    • ≥ 50% of your eligible patients
    • Record proper findings
  • You get 1-2 bonus points for High Priority measures and extra Outcomes measures
Be Minimum in 2017?

• Submit 1 Quality Code on at least 1 patient
  • Any Quality Measure!
  • Any amount of times (1 or more)
    • Example: you documented medications on 1 patient!
  • GUARANTEED NOT TO HAVE NEGATIVE PAY ADJUSTMENT (in 2019)
Submitting **QUALITY** to CMS

- **Claims**
  - Like PQRS from the past—add codes to Medicare claims as you bill
- **EHR**
  - Run Quality Measures Report
  - Submit through CMS web portal
  - This option already exists
- **AOA MORE**
  - Step by step being designed
- **Remember, cannot submit EHR/Registry until 2018**
MIPS Payments for ODs

• Quality

• Advancing Care Information

• Cost

• Clinical Practice Improvement Activities
MIPS Cheat Sheet

• Quality
  • 5-1-Done!

• Advancing Care Information

• Cost
  • Nothing!

• Clinical Practice Improvement Activities
  • New, 1!
Advancing Care Information (ACI)

• Think Meaningful Use (MU)
• As of December 2015
  • 13,608 ODs were paid for MU
    • Average $24,080 per OD

• Grades provider from 0-100
• 4 performance categories
  • Quality (60% of grade)
  • Advancing Care Info (25% of grade)
  • Cost (0% of grade)
  • Clinical Practice Improvement Activities (15%)
Advancing Care Information

• Is your EHR Stage 2 compliant or Stage 3 compliant?
  • 2014 certified (Modified Stage 2)
  • 2015 certified (Stage 3)
Advancing Care Information

• Base Score
• Performance Score
• Bonus Score
Advancing Care Information Math

50 + 90 + 15 = 100

- Base Score = 50%
- Performance Score = 90%
- Bonus Score = 15%
- The goal is to achieve 100 points
  - More than 100 is possible!
ACI Score 2017 (for 2014 certified EHRs)

- Base Score = 50%
  - Participation points
  - Not graded by how well you do
- Performance Score = Up to 90%
  - Graded by how well you do
- Bonuses = up to 15%
  - Bonus towards Performance Score
  - Using a Registry like AOA MORE
  - Specific CPIA activities
- Scoring over 100 = 100 points
  - You can over-achieve to ensure your maximum score
ACI Base Score = 50%

- Protect PHI (Security Risk Assessment)
- eRx
- Provide Patient Access
- Health Information Exchange
ACI Performance Score = 90%

• Health Information Exchange 20%**
• Pt Electronic Access
  • Provide Patient Access 20%**
  • View, Download, Transmit 10%
• Patient Specific Education 10%
• Secure messaging 10%
• Medication Reconciliation 10%
• Immunization Registry 10%
Bonus Scores up to 15% in Performance Score

- Using
  - 5%
  - Must have a Base Score
- Specific Improvement Activities 10%
  - We cover Improvement Activities later
Submitting ACI Measures to CMS

• Expected to be like submitting for Meaningful Use
  • Run reports from your EHR
  • Submit data on CMS portal
MIPS Payments for ODs

- Quality
- Advancing Care Info
- Cost
- Clinical Practice Activities
MIPS Cheat Sheet

• Quality
  • 5-1-Done!

• Advancing Care Information

• Cost
  • Nothing!

• Clinical Practice Improvement Activities
  • New, 1!
“Cost” for MIPS

• Nothing to submit by doctor
• Math done by CMS
• Per Capita expenses for 20 episode-based measures
  • e.g. Diabetes
Cost & Value

• **Cost** was removed from MIPS calculation only for 2017
• **Cost** will be 10% of the total MIPS score in 2018
• **Cost** will be 30% of the total MIPS score in 2019
Get Your Quality and Resource Use Report (QRUR)

• To be replaced by MIPS Feedback Report
MIPS Payments for ODs

• Quality
• Advancing Care Information
• Cost

• Clinical Practice Improvement Activities
MIPS Cheat Sheet

• Quality
  • 5-1-Done!

• Advancing Care Information

• Cost
  • Nothing!

• Clinical Practice Improvement Activities
  • New, 1!
Clinical Practice Improvement Activities (CPIA)

- **New** to the Quality Payment Program
  - Activities in your practice that help the public
  - Think of your role in Public Health
  - Medical Home influenced
Clinical Practice Improvement Activities (CPIA)

• You need 40 points for maximum CPIA score
  • 10 point measures ("Medium Weight")
  • 20 point measures ("High Weight")
  • **Points doubled for MOST ODs**
    • May be able to achieve 40 points with "1" measure

• Select measures to reach 40 total points

• Heavily weighted to those using specific clinical registries
  • Qualified Clinical Data Registry (QCDR)
Pick Your CPIA Path

• Are you a “Small” practice or a “Large” practice?
• Your CPIA requirements depend on how big your practice is
  • By Tax ID#
  • “Small” Practice vs “Large” Practice
Pick Your CPIA Path (by TIN)

• ”Small Office”
  • 15 or fewer CMS clinicians
  • Rural Area
  • Health Professional Shortage Area

• ”Large Office”
  • More than 15 CMS clinicians
  • Pick any combo to make 40 points
    • Each is worth 10, 20 points

• All activities are double points!

PICK 1-4 TO ADD TO 40 POINTS
Small Office: **DOUBLE POINTS TO ADD TO 40 POINTS**

Large Office: **PICK 1-4 TO ADD TO 40 POINTS**

**High Weight (20 points each)**

- Use **AOA MORE** to report local practice patterns
- **24/7 access to clinicians**

**Medium Weight (10 points each)**

- Use **AOA MORE** to show outcome comparisons across specific population
- Use **AOA MORE** to promote standard practice uses
- Use **AOA MORE** to track patient safety (microbial keratitis)
- **Close referral loop**: provide reports to referred from physicians
- Timely communication of test results
- Engage patients and families in decision making

Details still being worked out by AOA with CMS
Submitting CPIA Measures to CMS

- **Attestation** in 2017
- Submit yes/no on CMS web portal
  - No additional data to submit
- You need to know:
  - What activities did you do?
  - Do you get to double your points per activity (small business)
  - Did you get to 40 points?
MIPS Cheat Sheet

• Quality
  • 5-1-Done!

• Advancing Care Information

• Cost
  • Nothing!

• Clinical Practice Improvement Activities
  • New,1!

MIPS Final Score
Pay Raise or Pay Cut?

• **MIPS Final Score (0-100)**
  
  Quality Score + Advancing Information Score + Clinical Practice Improvement Activities + Cost Score

• **Annual Threshold Performance Score (TPS)**
  
  • It’s the curve
  • Mean or Median in future

Overview of MACRA 2019-2022

Your score above TPS earns 4-27% BONUS

CMS Weighted and Calculated Annual “Threshold Performance Score” (TPS)

Your score below TPS earns 4-9% PENALTY
MIPS MATH

2017 MIPS Performance

- Quality (60%)
- Advancing Care Information (25%)
- Improvement Activities (15%)

+ AOA MORE

= easy

AMERICAN OPTOMETRIC ASSOCIATION
• Database
  • Systematic collection of data
  • Captures data that can be analyzed
    • Analyze to improve care and outcomes
• Qualified Clinical Data Registry**
• Cancer registry...
• Clinical Feedback
  • Glaucoma/Glaucoma Suspect (VF, OCT)
  • Laser Outcomes
  • PQRS satisfaction rate
  • Medication Rx’s
  • ICD codes
  • Constantly evolving
• Answering Optometry’s Questions:
  • Kids under 5?
  • Most common K ulcer?
  • Diabetics?
  • Myopia Progression

• Optometry advocating for Optometry!!

• 30,000+ ODs working together
Top Registry Users by Profession (2013) (Before AOA MORE)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Eligible Professionals</th>
<th>Eligible Professionals who Participated</th>
<th>Percent of Eligible Professionals who Participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registry Individual Measures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>5,041</td>
<td>5,942</td>
<td>7.8%</td>
</tr>
<tr>
<td>Physical/Occupational Therapy</td>
<td>1,006</td>
<td>5,499</td>
<td>11.2%</td>
</tr>
<tr>
<td>Family Practice</td>
<td>4,441</td>
<td>4,566</td>
<td>5.8%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>1,791</td>
<td>3,617</td>
<td>36.9%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>1,216</td>
<td>3,050</td>
<td>4.9%</td>
</tr>
<tr>
<td>Dentist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Eligible Professional</td>
<td>38,052</td>
<td>2,599</td>
<td>6.8%</td>
</tr>
<tr>
<td>Radiology</td>
<td>31,213</td>
<td>2,284</td>
<td>7.3%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>17,468</td>
<td>1,604</td>
<td>9.2%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>18,891</td>
<td>1,530</td>
<td>8.1%</td>
</tr>
</tbody>
</table>
EHR → PUSH → Registry → CMS/PQRS/etc
• Your cost to use AOA MORE?
  • You **DESERVE** to be at the value-based purchasing table
  • $0 to members
    • Registries cost upwards of $100 per month per doctor
• **QUESTION:**
  • Am I automatically enrolled if my vendor is integrated?
  • No. You must sign up to authorize your data integration
    • Register at aoa.org/MORE
• QUESTION:
  • What part of MIPS will AOA MORE help me with?
  • AOA MORE will help with:
    • Quality
      • Building in 9-12 measures
    • Advancing Care Information
      • Bonus Points but not submit data
    • Cost
      • Nothing to submit
    • Clinical Practice Improvement Activities
      • This is attestation (yes/no) for 2017 Performance
      • AOA MORE activities are reported yes/no by you
Dashboard Screenshots
Gender
Distribution of gender among patients seen in the past 12 months.
- Female: 49%
- Male: 51%

Age (years)
Distribution of age (in years) among patients seen in the past 12 months.
- 0-2: 3%
- 3-5: 10%
- 6-12: 11%
- 13-18: 11%
- 19-39: 15%
- 40-64: 20%
- 65+: 24%
Top 10 Medications Prescribed

Distribution of glaucoma and glaucoma suspect diagnoses among patients seen in the past 12 months.

<table>
<thead>
<tr>
<th>Your Patients</th>
<th>Registry Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restasis</td>
<td>Pred Forte</td>
</tr>
<tr>
<td>Pred Forte</td>
<td></td>
</tr>
<tr>
<td>Pataday</td>
<td>Restasis</td>
</tr>
<tr>
<td>Doxycycline</td>
<td>Doxycycline</td>
</tr>
<tr>
<td>Tobradex</td>
<td>Tobradex</td>
</tr>
<tr>
<td>Latanoprost</td>
<td>Latanoprost</td>
</tr>
<tr>
<td>Zithromax Z Pak</td>
<td></td>
</tr>
<tr>
<td>Zymaxid</td>
<td>Ciproflaxin</td>
</tr>
<tr>
<td>Lastacaft</td>
<td>Zithromax Z Pak</td>
</tr>
<tr>
<td>Latisse</td>
<td>PolyTrim</td>
</tr>
<tr>
<td></td>
<td>Latisse</td>
</tr>
</tbody>
</table>

1,231 Patients
4,546 Encounters

How to read these charts:
- YOUR PATIENTS:
- REGISTRY AVERAGE

Percentages are calculated according to patients encountered in the last 12 months. Registry counts reflect an average per provider.
### Clinical Process / Effectiveness

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Rate</th>
<th>Count</th>
<th>Exceptions</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS131</td>
<td>Diabetes: Eye Exam</td>
<td>86%</td>
<td>599 / 680</td>
<td>5</td>
<td>You</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Average</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>81%</td>
</tr>
</tbody>
</table>

### Patient Safety

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Rate</th>
<th>Count</th>
<th>Exceptions</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS68</td>
<td>Documentation of Current Medications in the Medical Record</td>
<td>55%</td>
<td>520 / 992</td>
<td>18</td>
<td>You</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Average</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>74%</td>
</tr>
</tbody>
</table>
For MORE information:

Visit [www.aoa.org/MORE](http://www.aoa.org/MORE)
MIPS: A ROAD MAP TO SUCCESS

The Merit-Based Incentive Payment System (MIPS) and AOA MORE: A Road Map to Success for Doctors of Optometry

Centers for Medicare & Medicaid Services (CMS) is changing the way it pays doctors. This new system, called the Merit-Based Incentive Payment System (MIPS), is scheduled to start January 1, 2017, and will directly influence Medicare reimbursement amounts moving forward. MIPS requires doctors to measure, report, and practice improvement activities to get paid at the highest levels. The information released from the American Optometric Association will help you in leveraging the power of AOA MORE and learning how to become a successful MIPS clinician.

The New Lay of the Land
A single MIPS Composite Performance Score will factor in performance in 4 Weighted Performance Categories:

- Clinical Quality Measures
- Per-Claim Payment Adjustments
- Value-Based Purchasing
- Advanced Care Mentions

MIPS Made Easy
Quality: You get paid for Reporting “quality” is paramount.
Resource Use: This tells you how much value you get for every $1 spent.
Clinical Practice Improvement: This tells you what you can do to improve your health care.
Advancing Care Information: This means you are doing things like EMRs.

MIPS Score = Medicare Composite Score + Per-Claim Adjustment + Value-Based Purchasing + Advance Care Mentions

OVERALL COMPOSITE PERFORMANCE SCORE (CPS)
Your overall CPS is calculated by your performance on each of the 4 Performance Categories. Overall CPS determines if you get a BONUS or PENALTY in your current CMS registry. The threshold to determine BONUS and PENALTY will be determined by CMS each year. If your CPS is above the CMS defined threshold, you will get a bonus. If your CPS is below the threshold, you will get a penalty (or penalty 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:

- 4% minimally
- 4% minimally
- 7% minimally
- 11% maximally

Let AOA MORE Be Your Guide to MIPS
AOA MORE can be used to report all of your QUALITY measures, ACO measures and your CPIAs. Reporting QUALITY measures with AOA MORE earns you bonus points.

In the future, CMS proposes that AOA MORE will be able to define/track our own CPIAs and quality measures for doctors of optometry to be used in the MIPS program.

Additional Notes/Disclaimer: There are other potential quality measures and CPIAs 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 report with the program if proposed requirements are treated.
“Don't let what you cannot do interfere with what you can do. ”
- John Wooden
For MORE information:

Visit www.aoa.org/MORE