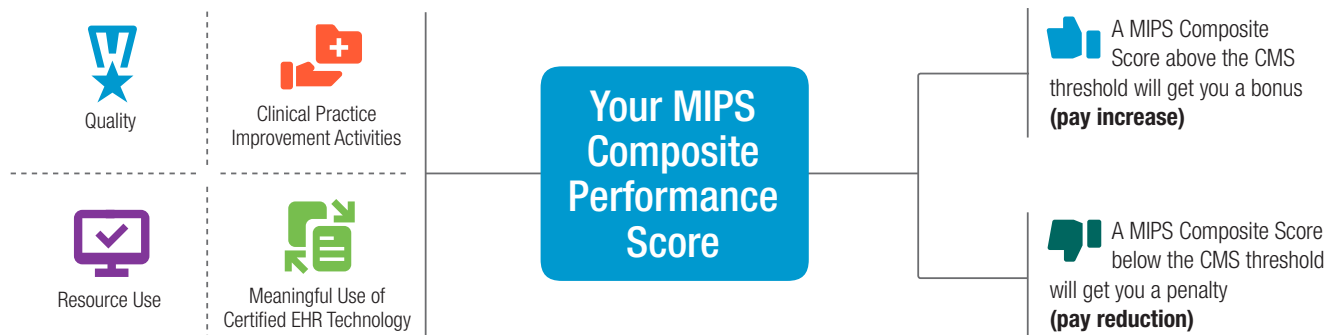


# The Merit-Based Incentive Payment System (MIPS) and AOA MORE: A Road Map to Success for Doctors of Optometry

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 Jan. 1, 2017, 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 clinician.

## The New Lay of the Land

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



### MIPS Made Easy

**Quality:** Think PQRS! Reporting “quality” is paramount.

**Resource Use:** Think Cost! How much does it cost CMS for you to provide care.

**Clinical Practice Improvement:** This is new! Think about your role in overall public health EHR: Think Meaningful Use!

**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 MIPS Composite Performance Score and is based on your use of four key components in health care: Quality Reporting, Resource Use/Cost, Clinical Improvement Activities and use of EHRs.

# BONUS:

There are several places within MIPS where doctors of optometry can earn **BONUS** points for their reporting. Seek out **BONUS** points to maximize your MIPS score. Look for the “**S**” to see which measures and activities can lead to bonus points.

## QUALITY:

Doctors of Optometry need to report **6 QUALITY** measures. You must include **one cross-cutting** measure and **one outcomes** measure.

### PICK 4

#### OTHER QUALITY MEASURES:

Pick 4 **or more** of these measures

- POAG: optic nerve evaluation
- AMD: dilated macular exam
- AREDS: Council for vitamins
- DM: Dilated Eye Exam
- DR: Comm with PCP**S**

#### Most Common\* Quality Measures by ODs:

- Tobacco Screening
- DM: Dilated Eye Exam
- POAG
- AMD Dilated Exam
- AREDS Counseling

\*2014 CMS Data

### PICK 1

#### CROSS-CUTTING MEASURES:

Pick 1 **or more** of these measures

- Document Meds**S**: dose, frequency, route
- BMI measure: height and weight
- Close the referral loop**S**: referral reports
- Tobacco Screening/Cessation:

**Extra Credit:** You can report more than 6 measures and CMS will give you credit for your top scoring measures (but you must include 1 cross-cutting and 1 Outcome Measure)

### PICK 1

#### OUTCOME MEASURES**S**

Pick 1 **or more** of these measures

- Glaucoma 15% reduction in IOP**S**
  - Reduce IOP by 15% or have a plan to
- BP control: measure and advise plan if high

**S:** Reporting 1 Outcome Measure is mandatory. Reporting a 2nd earns you 2 BONUS points

## RESOURCE USE/COST

Resource use is an attempt to measure how much you cost CMS to provide your care to patients. There is nothing for doctors of optometry to submit when the Resource Use 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 Resource Use scores.

## CLINICAL PRACTICE IMPROVEMENT ACTIVITIES

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



#### CPIA Path 2



### CPIAs:

- Use [AOA MORE](#) to show practice patterns (20 points)
  - Use your data to learn how you treat and manage patients
- Use [AOA MORE](#) to compare specific outcomes (10 points)
  - Compare your data versus aggregate of all data in [AOA MORE](#) for glaucoma and more
- Use [AOA MORE](#) to show standards of practice care (10 points)
  - Compare your data versus aggregate of all data in [AOA MORE](#)
- Use [AOA MORE](#) to promote adherence to treatment plans (10 points)
- Allow 24/7 access to clinicians (20 points)
- Collect Patient experience and satisfaction data (10 points)
- Provide Medication Reconciliation with Transition of Care (10 points)
- Close referral loop: reports to referred physicians (10 points)

## Advancing Care Information

Advancing Care Information (ACI) is what you used to know as Meaningful Use (MU).

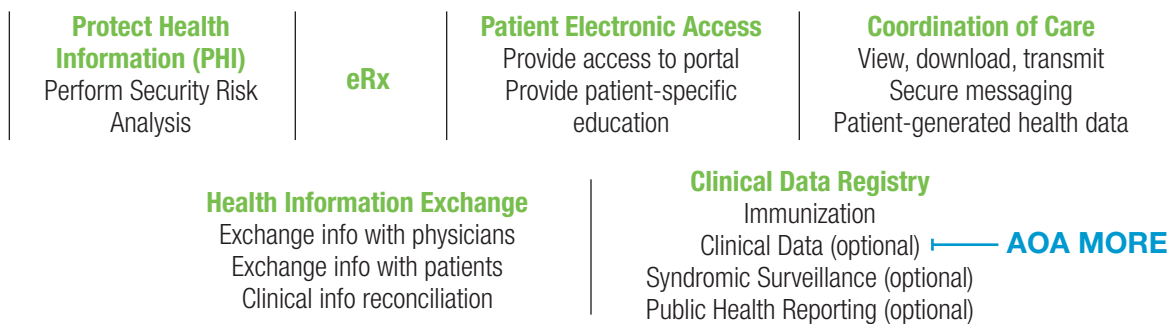
**ACI SCORE:** The ACI score is based on a Base Score, Performance Score and a Bonus Score.

(This information will cover the “primary” pathway and assumes your EHR vendor is up to present day certification)

### ACI SCORING FORMULA



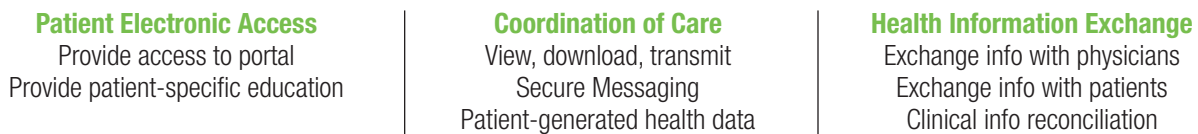
### ACI BASE SCORE Objectives listed by category:



For your **BASE SCORE**, you must participate in all of the listed objectives. You will report your numerator and denominator values (or yes/no answer) on all 6 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.

**REGISTRY IN BASE SCORE:** The Registry options are in your **BASE SCORE**. Exclude from Immunization Registry (because it is not a part of optometric care) and add Clinical Data Registry (**AOA MORE**) as an optional additional registry.

### ACI PERFORMANCE SCORE Objectives listed by category:



The second part of your ACI score is your **PERFORMANCE SCORE**. For your **ACI PERFORMANCE SCORE**, each of the measures will be evaluated based on how often you perform the measure. There are a total of 8 measures available and 80 points available on the **PERFORMANCE SCORE**. An example of CMS scoring on **PERFORMANCE**: if you grant online portal access to 76% of your patients, you will get 7.6 points toward your **PERFORMANCE SCORE**. If 23% of your patients view, download or transmit from your online portal, you will get 2.3 points toward your **PERFORMANCE SCORE**.

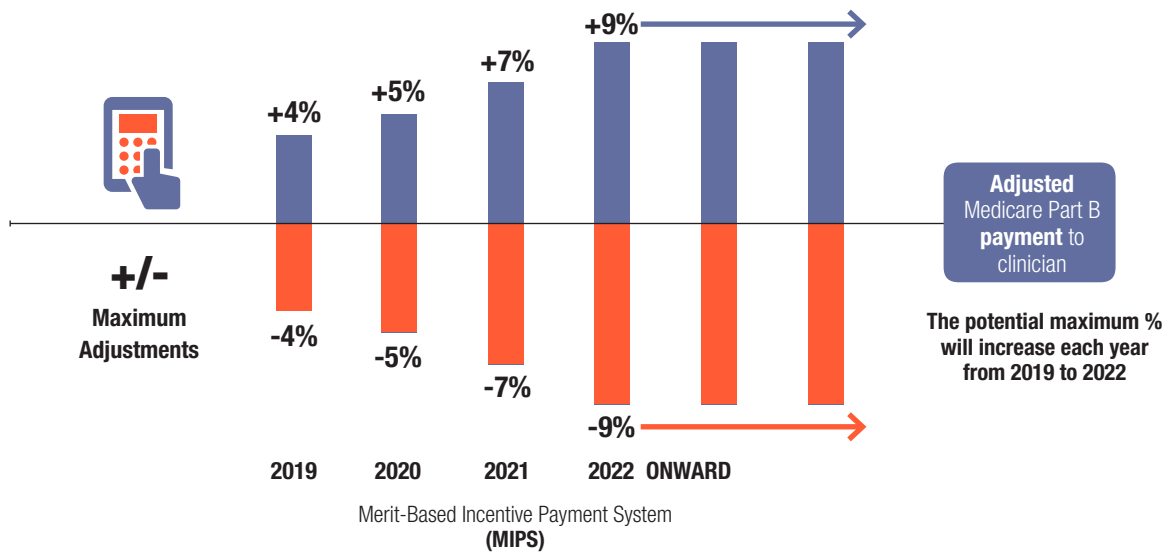
## OVERALL COMPOSITE PERFORMANCE SCORE (CPS)

Your overall **CPS** is calculated by your performance on each of the 4 Performance Categories. Overall **CPS** determines if you get a **BONUS** or a **PENALTY** in your overall **CMS** payables. The threshold to determine **BONUS** and **PENALTY** will be determined by **CMS** each year. If your **CPS** is above the **CMS**-derived threshold, you will get a bonus. If your **CPS** 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

**AOA MORE** can be used to report all of your **QUALITY** measures, **ACI** 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/create our own **CPIAs and quality measures** for doctors of optometry to be used in the MIPS program!

*Additional Notes/Disclaimers: 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 engage with the program if the proposed requirements are finalized.*

## REGISTER NOW!



Register at [aoa.org/MORE](https://aoa.org/MORE) using your **AOA** website credentials and discover additional **REGISTRY** information.

- Frequently Asked Questions
- Register (Sign Up)
- CMS Updates
- Participating EHR Vendors
- Video Tutorials
- PQRS Updates

*AOA MORE is a Qualified Clinical Data Registry (QCDR). QCDR use is expanding with MIPS and **BONUS POINTS** are available to QCDR users.*

**AOA  
Members get  
AOA MORE as  
an included  
member  
benefit!**