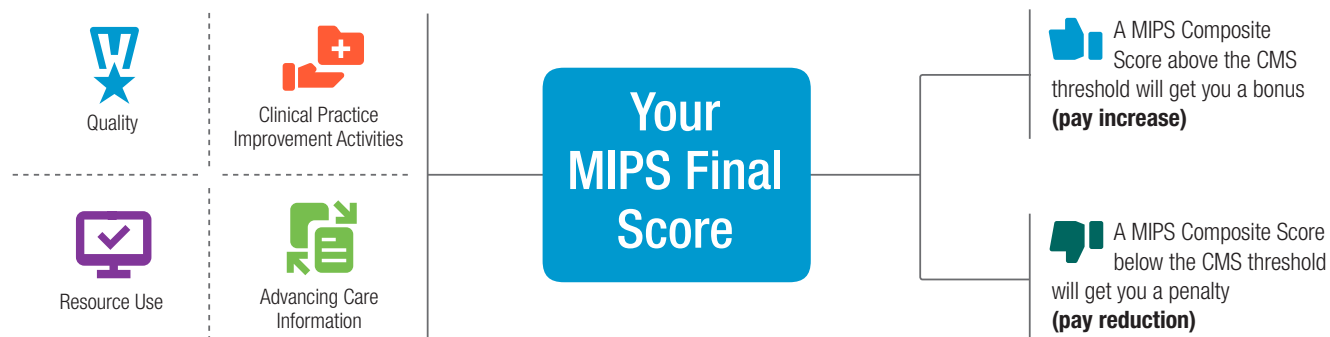


The Merit-Based Incentive Payment System (MIPS) and AOA MORE: A Road Map to Success for Doctors of Optometry

The Centers for Medicare & Medicaid Services (CMS) is changing the way it pays doctors. This new system, called the Merit-Based Incentive Payment System (MIPS) will 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 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.

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.

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 Final Score and is based on your use of four key components: Quality Reporting, Resource Use/Cost, Clinical Improvement Activities and use of an electronic health record (EHR).

PICK YOUR PACE

For 2017, physicians have several options with regard to reporting in the first year of MIPS.

Option 1: Full Participation

- Report for a full 90-day period or more.
- Opportunity to earn up to a 4% payment increase on all Medicare Part B claims in 2019.
- “Exceptional performers” in MIPS are eligible for additional bonuses.

Option 2: Partial Participation

- Report for a full 90-day period or more and report more than one quality measure, or more than one improvement activity, or more than the required measures in the advancing care information performance category.
- Successful “partial participation” provides a small payment increase on all Medicare Part B claims in 2019.

Option 3: Test Participation

- Report one measure in the quality performance category; or one activity in the improvement activities performance category; or report the required measures of the advancing care information performance category.
- If successful, “test participation” avoids a payment decrease on all Medicare Part B claims in 2019.

Option 4: No Participation

If you choose not to report even one quality measure or one clinical practice improvement activity you will automatically obtain a negative 4 percent payment penalty on all Medicare Part B claims in 2019.

KNOW THE EXCLUSIONS!

Doctors who qualify for an exclusion from MIPS, will not be required to meet program criteria.

Exclusion 1: New Medicare-enrolled physicians

If 2017 is your first year submitting claims to Medicare.

Exclusion 2: Low-Volume Threshold

If you have Medicare billing charges less than or equal to \$30,000 or if you provide care for 100 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 payment model (Think ACO).

Individual v. Group Reporting: Doctors in group practices can choose to participate in MIPS as a group. 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 30,000 and your group must see more than 100 Medicare patients total.

If you qualify 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 your scores will not be made public.

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 IN 2017

Doctors of Optometry need to report **6 QUALITY** measures. You must include **one outcomes** measure. You must report on 50 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:

1. Documentation of Current Medication^{S#}
2. Diabetes: Eye Exam
3. Closing the Referral Loop: Receipt of Specialist Report^{S#}
4. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care^{S#}
5. Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
6. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
7. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
8. Controlling High Blood Pressure (outcomes measure)^{S#}❖
9. Diabetes: Hemoglobin A1c Poor Control (outcomes measure)^{S#}❖

indicates a high priority measure

❖ indicates and outcomes measure

Note: Reporting one outcomes measure is mandatory. Reporting two outcomes measure's earns you 2 bonus points!

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

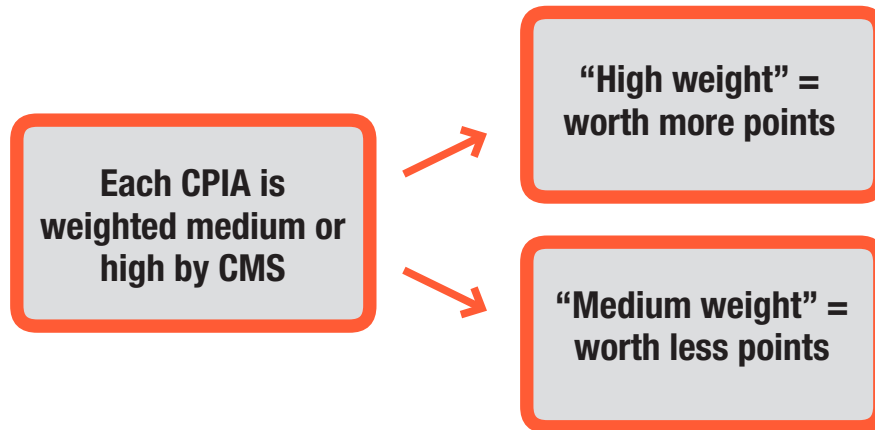
RESOURCE USE/COST IN 2017

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.

Please note: For 2017, cost will not be factored into your final score! Cost will be part of your score in 2018.

CLINICAL PRACTICE IMPROVEMENT ACTIVITIES IN 2017

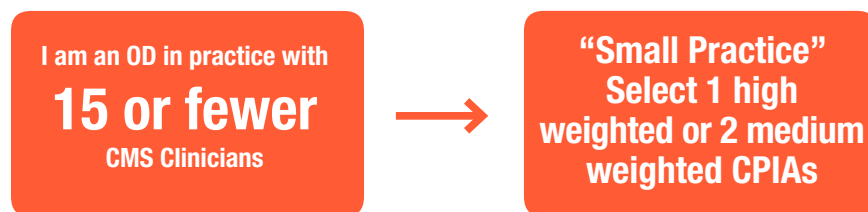
Clinical Practice Improvement Activities (CPIAs) are new to Medicare. CPIAs are designed for doctors of optometry to demonstrate their role in overall public health initiatives. Registry reporting (including [AOA MORE](#)) is emphasized in the scoring of CPIAs.



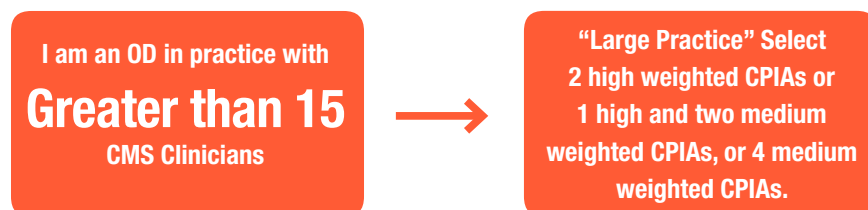
SELECT YOUR CPIA PATH:

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

CPIA Path 1



CPIA Path 2



CPIAs:

- Use [AOA MORE](#) for ongoing practice assessment and improvements in patient safety. (Medium)
- Use [AOA MORE](#) for quality improvement. (Medium)
- Use [AOA MORE](#) to access patient engagement tools. (Medium)
- Use [AOA MORE](#) for collaborative learning opportunities. (Medium)

ADVANCING CARE INFORMATION IN 2017

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 pathway that assumes your EHR vendor has 2014 certification)

ACI SCORING FORMULA



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 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.

ACI BASE SCORE Objectives listed by category:

- **Perform a Security Risk Analysis**
- **For at least one patient, e-prescribe medication**
- **For at least one patient, 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 or care**

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 9 measures available and 90 points available on the **PERFORMANCE SCORE**.

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

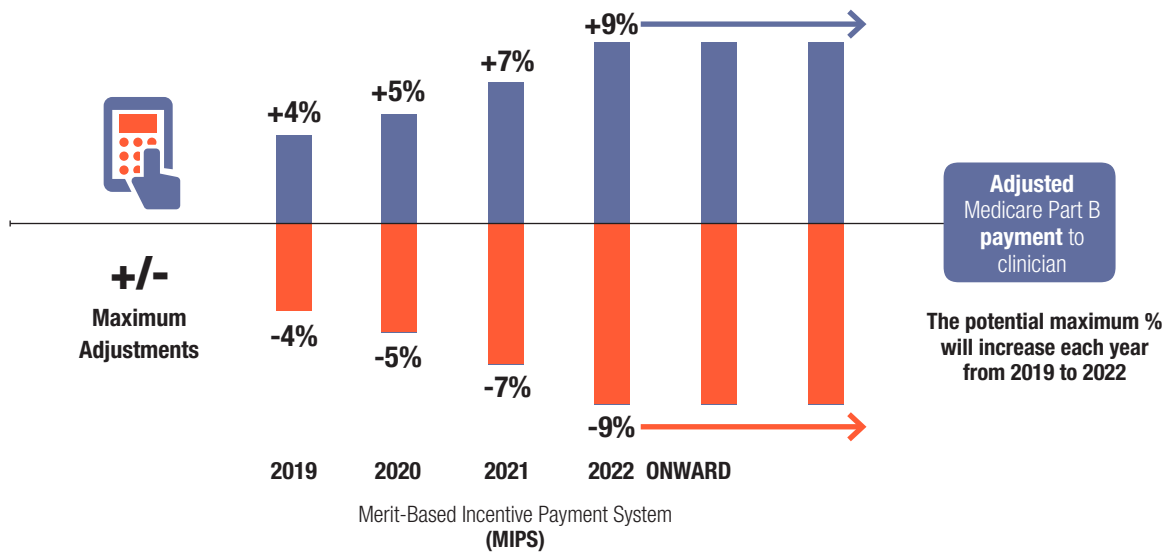
OVERALL FINAL SCORE

Your final score is calculated by your performance on each of the 4 Performance Categories. Your final score 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 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

AOA MORE can be used to report all of your **QUALITY** measures, **CPIAs** and help you earn an ACI bonus.

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.

REGISTER NOW!



Register at 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!