



AMERICAN OPTOMETRIC ASSOCIATION

Merit-Based Incentive Payment System (MIPS) Frequently Asked Questions

PARTICIPATION

How do I know if I need to report data in 2017 for MIPS?

Use the NPI look up at: <https://qpp.cms.gov/participation-lookup>

What is the Low Volume Threshold (LVT) and what does it mean?

Optometrists that are higher than the Low Volume Threshold (LVT) are required to participate in MIPS. Optometrists that are below the LVT are exempt from MIPS for the year. The LVT is set each year by CMS. In 2017, the LVT is \$30,000 and 100 patients. That means if you bill \$30,000 or more in Medicare Allowable charges AND you see 100 or more different Medicare patients in a year, then you are required to participate in MIPS in 2017. In 2018 the LVT is \$90,000 AND 200 patients.

How do I know if I am above or below the Low Volume Threshold for 2017?

Use the NPI look up at: <https://qpp.cms.gov/participation-lookup>

EXEMPTIONS

If I am exempt from MIPS in 2017 do I need to submit any quality information to CMS?

No, if you are exempt you are not required to submit any data in 2017.

However, you can submit Quality data (formerly PQRS) and Advancing Care Information (formerly Meaningful Use) to CMS to get a MIPS score in 2017. Understanding your MIPS score will help you to know how prepared you are for the future when the LVT and exemptions may change.

REPORTING OPTIONS

What happens if I've been reporting Quality data (formerly PQRS) through claims this year but, I also report through AOA MORE or my EHR?

In 2017, CMS will review your data through all of the submission methods you use. CMS will grade each submission method separately and give you credit for whichever has the highest score.

PENALTIES

If I just want to avoid a payment penalty in 2019 (based on 2017 performance) and I have been reporting quality measures through claims, do I need to do anything else?

No, if you have been reporting via claims there is no additional attestation process if you are only interested in avoiding a penalty in 2019. Please note, your EOB will include a denial code to indicate that your quality data

code was received. CMS has explained, “The RA/EOB denial code N620 tells you that the QDC codes are valid for the 2017 MIPS performance period. ... If you bill on a \$0.00 QDC line item, you’ll get the N620 code. If you bill on a \$0.01 QDC line item, you’ll get the CO 246 N620 code. ... Remember to keep track of all cases you’ve submitted to prove QDCs reported against the remittance advice notice were sent by the MAC.”¹

What are other ways to avoid a penalty for my performance in 2017?

You have several options to avoid a MIPS payment penalty for 2017 performance (these rules change for 2018 performance). In 2017, you can submit ANY Quality data (formerly called PQRS) by claims, EHR or AOA MORE (if your vendor is integrated and passing data with AOA MORE). Payment penalties for 2017 performance will be in your 2019 CMS Physician Fee Schedule.

You can also submit Quality data by EHR. For detailed information about EHR submissions, please contact your EHR vendor.

You can also submit Quality data by AOA MORE if your vendor is integrated with AOA MORE and passing live data. Members that have live data available from AOA MORE were contacted by email in October/November 2017 about their vendor’s success in integrating and passing live data. Some vendors have not completed the integration process and will not be ready to pass live data until later in 2018.

AOA MORE and MIPS

Can I use AOA MORE for Advancing Care Information (ACI)?

Yes. If you have registered with AOA MORE then you are “actively engaged” with AOA MORE. There are several stages of active engagement that range from registering with AOA MORE to passing active live data. Each EHR vendor is in various stages of active engagement.

Active engagement with AOA MORE will give you credit in 2017 for the Public Health Reporting category, specifically “Specialized Registry” category. In 2017 that adds 5% Bonus to your Advancing Care Information score. After 2017 that Bonus score will be higher.

AOA MORE will not be able to submit ACI data to CMS for you. You have to submit ACI data to CMS through the CMS web portal (similar to how submitting for Meaningful Use was in the past).

Can I use AOA MORE for Improvement Activities?

Yes! Doctors using an EHR that is integrated with AOA MORE can login to the AOA MORE dashboard (aoa.org/MORE) and click on “Improvement Activities” in the table menu. There are two Improvement Activities, each one is worth 10 points (or 20 points if you are in a small practice (“small practice is defined by 15 or less clinicians in your Tax ID)). These Improvement Activities have written materials and videos that are part of the activities. We recommend you keep a record of when you accessed the materials or watched the webinars in case you get a future MIPS audit. Maximum credit for Improvement Activities is 40 points.

You will be able to attest to CMS your Improvement Activities by using the CMS web portal. Attestation will be yes/no checkboxes.

¹ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/2017-MIPS-Quality-Performance-Category-Claims-Data-Submission-Fact-Sheet.pdf>