

## MIPS Glossary, Part 2: How CMS Talks About Promoting Interoperability, Quality, and More

**T**he Merit-Based Incentive Payment System (MIPS) introduced a slew of new jargon. In August, part 1 of *EyeNet's* glossary covered some general terminology, as well as the cost and improvement activities performance categories. Part 2 covers the remaining 2 performance categories—promoting interoperability and quality—as well as bonuses and penalties.

### Promoting Interoperability Performance Category

This *performance category* was formerly known as *advancing care information*.

**2014- and 2015-edition CEHRT.** A 2014- or 2015-edition *certified electronic health record technology (CEHRT)* is an EHR system that has been certified as capable of performing measures from the 2018 *promoting interoperability transition measure set*; a 2015-edition CEHRT is also capable of performing measures from the 2018 *promoting interoperability measure set*.

**2015-edition CEHRT bonus.** If you report only 2018 promoting interoperability measures and performed them for at least 90 days using only 2015-edition CEHRT, you can earn a 10% bonus for your *promoting interoperability performance category score*.

**2018 promoting interoperability measure set.** This set of measures evolved out of the stage 3 measures of

the *meaningful use* program.

**2018 promoting interoperability transition measure set.** These measures evolved from the modified stage 2 measures of the *meaningful use* program.

**Advancing care information (ACI) performance category.** Until April 2018, the *promoting interoperability performance category* was known as advancing care information (ACI). Because this name change took place so recently, the ACI term appears in many MIPS resources.

**Base score.** The base score represents a mandatory core level of participation in the *promoting interoperability performance category*. It is an all-or-nothing score: If you successfully perform (or, in some cases, claim an exclusion for) your base score measures, you will max out your base score, and this contributes 50% to your *promoting interoperability performance category score*; fall short, and you will score 0%. Furthermore, you can earn a *performance score* and bonus points only if you first attain a base score (i.e., if your base score is 0%, your promoting interoperability score as a whole is 0%).

**Base score measures.** There are 4 base score measures in the 2018 *promoting interoperability transition measure set*, and 5 in the 2018 *promoting interoperability measure set*. For each measure set, 2 of the base score measures are strictly mandatory and

the others must be performed unless you qualify for an *exclusion*.

**Certified electronic health record technology (CEHRT).** CEHRT is an EHR system, or module of an EHR system, that has been certified by the Office of the National Coordinator for Health Information Technology (ONC) as capable of meeting the requirements of the MIPS *promoting interoperability performance category*.

**CEHRT for improvement activities bonus.** This bonus is based on what you report in the *improvement activities performance category*. Of the 24 improvement activities that can be manually reported via the *IRIS Registry*, 6 of them are eligible for this bonus. If you perform any 1 of those 6 using CEHRT functionalities and attest to doing so in your MIPS reporting, you will earn the full 10% bonus.

**Decile-based scoring.** For most *performance score measures*, you can earn up to 10% toward your *performance score* depending on which decile your *performance rate* lands in (earn 1% if your performance rate is 1%-10%, earn 2% if it is 11%-20%, etc.).

**Exception.** If you receive an exception, you don't have to participate in the *promoting interoperability performance category*. This category's contribution to your MIPS *final score* will be *reweighted* to zero, with that weight being reassigned to the *quality performance category*. Some exceptions are automatic; others you must apply for. You automatically qualify for an exception if CMS considers you to be a hospital- or ASC-based clinician, a

*non-patient-facing clinician*, a nurse practitioner, a physician assistant, a clinical nurse specialist, or a certified registered nurse anesthetist. You must apply for the significant hardship, small practice, and CEHRT decertification exceptions. Note: If you report any promoting interoperability measures, you will waive your right to any exception that you might have received.

**Exclusion.** You may qualify for an exclusion for some *base score measures*. This allows you to attain a *base score* without performing that measure. For example, if you write fewer than 100 prescriptions during your promoting interoperability performance period, you can be excluded from the e-prescribing *base score* measure.

**Meaningful use.** Before MIPS, the Medicare and Medicaid EHR Incentive Program—also known as the meaningful use program—used a carrot-and-stick approach to encourage the adoption of *certified EHR technology*. This program was absorbed into MIPS and is now known as the *promoting interoperability* performance category.

**Performance score.** If you attain the *base score*, you also can attain a performance score, which can contribute up to 90% to your *promoting interoperability performance category score*.

**Performance score measures.** Performance score measures can contribute to your *performance score* (0%-90%). Most are optional, but some are also *base score measures* and are therefore mandatory (unless an *exclusion* applies).

**Promoting interoperability performance category.** This is 1 of 4 performance categories in MIPS; it was previously named *advancing care information* (ACI). It replaced the *meaningful use* program for EHRs.

**Promoting interoperability performance category score.** This score, which is capped at 100%, is the sum of your *base score* (50%), *performance score* (0%-90%), *registry/agency bonus score* (0% or 5%), *CEHRT for improvement activities bonus score* (0% or 10%), and *2015-edition CEHRT bonus score* (0% or 10%). Your promoting interoperability score contributes up to 25 points to your *MIPS final score* (e.g., a

score of 80% contributes 20 points).

#### **Registry/agency bonus score.**

Earn a 5% bonus by reporting at least 1 bonus measure that involves active engagement, through EHR integration, with a clinical data registry or public health agency. Note: This can't be the same entity that you referenced when attesting for your *performance score*.

### **Quality Performance Category**

This performance category evolved from the Physician Quality Reporting System.

**Achievement points.** For each *quality measure*, you can receive achievement points based on how your performance compares against a *benchmark* for that measure. If CMS can't make that comparison—either because a measure lacks a *benchmark* or you failed to meet the *case minimum requirement* and satisfy the *data completeness criteria*—you may still earn minimal achievement point(s) for reporting it.

#### **All-cause hospital readmission**

**(ACR) measure.** The ACR measure only applies to *large practices* that have a large volume of patients (at least 200) who experience an unplanned readmission to hospital within 30 days of initial discharge. It is unlikely to apply to many ophthalmic practices.

**Benchmark.** Many MIPS *quality measures* and *QCDR quality measures* have performance benchmarks, divided into deciles; the *achievement points* you receive for a measure will depend on which decile your performance falls into, and where it lands within that decile. For example, if your performance rate is in the 3rd decile, you can score 3.0-3.9 achievement points. There are different benchmarks for different *reporting mechanisms*. The benchmarks for the 2018 *performance year* are typically based on performance data from 2016. If there wasn't enough 2016 data to set a benchmark for a measure, CMS will try to set a benchmark based on 2018 performance data; if CMS is unable to do that, you can only score 3 achievement points for that measure (or 1 point, if you don't meet the *data completeness criteria* and are in a large practice).

Benchmarks are included in the

Academy's detailed description of each measure ([aao.org/medicare/quality-reporting-measures](http://aao.org/medicare/quality-reporting-measures)).

**Bonus points.** When you report a measure, you can earn a CEHRT *end-to-end bonus point* and/or *high priority bonus point(s)*.

**Case minimum requirement.** You won't be able to score more than 3 *achievement points* for a measure unless you meet the case minimum requirement (report on at least 20 patients) and satisfy the *data completeness criteria*. The ACR measure is an exception: Its case minimum requirement is 200 patients.

**CEHRT bonus point.** See *end-to-end reporting bonus point*.

**Claims-based reporting.** If you report as an individual, you can report MIPS *quality measures* via Medicare claims. The process should be familiar if you used to report PQRS measures by claims: Enter appropriate quality data codes (QDCs) into your CMS form 1500. Make sure you use the right QDCs, as some have changed. There are drawbacks to claims-based reporting: Many measures are *topped out* at a low decile, it must be done in real time, and it is less efficient than manual reporting via the *IRIS Registry*.

**Consumer Assessment of Health Providers and Systems (CAHPS) for MIPS survey.** A data submission mechanism that can be used as a second reporting mechanism for *quality*; however, it is not applicable for most ophthalmologists.

**Data completeness criteria.** For a *quality measure*, report on at least 60% of patients for whom that measure applies (detailed specifications for each measure, including lists of relevant codes, are available at [aao.org/medicare/quality-reporting-measures](http://aao.org/medicare/quality-reporting-measures)). Include both Medicare and non-Medicare patients (unless reporting via Medicare claims, in which case only include the former). If you don't meet the 60% threshold, but do report on at least 1 patient, you will score 1 achievement point if you are part of a large practice, 3 if part of a small practice.

**Eligible measure applicability (EMA).** If you report fewer than 6 measures, CMS may use the EMA process to see

if there were other available measures for you to report. This process is only applied to those who report by claims or a *qualified registry*.

**End-to-end reporting bonus point.**

Awarded for reporting a *MIPS quality measure* or *QCDR quality measure* using electronic end-to-end reporting. This can include measures reported via IRIS Registry/EHR integration or your EHR vendor. You can score a maximum of 6 bonus points for end-to-end reporting (or 7 if the *ACR measure* applies to you).

**High-priority bonus points.** Awarded for reporting more than 1 *high-priority measure*. Note: To earn this bonus for a measure, your reporting must meet the *case minimum requirement* and the *data completeness criteria*. You can score a maximum of 6 high-priority bonus points (or 7 if the *ACR measure* applies to you).

**High-priority measure.** An outcome, appropriate use, patient safety, efficiency, patient experience, or care coordination quality measure. Note: CMS has been inconsistent in how it describes *outcome measures*. Although it lists them as a type of high-priority measure, it also sometimes refers to them as if they are distinct from high-priority measures (e.g., “include 1 outcome or high-priority measure”).

**Improvement percent score.** Rewards those who score more quality *achievement points* in 2018 than in 2017.

**Inverse measure.** For most measures, a higher *performance rate* means you will score more *achievement points* (i.e., you would score more with a 90% performance rate than with an 80% rate). However, with an inverse measure—e.g., Measure 1: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)—a lower performance rate means a higher score. Specifically, you want the percentage of patients with poor control of HbA1c to be as low as possible.

**Measure achievement points.** The score assigned to you based on how your *performance rate* for a measure compares against that measure’s *benchmark*.

**MIPS quality measures.** Standard quality measures that are published in the MIPS regulations. (Compare with the *QCDR quality measures*.)

**Outcome measure.** A *high-prior-*

*ity measure* that measures a clinical outcome.

**QCDR quality measures.** Specialty-specific measures developed by qualified clinical data registries, such as the *IRIS Registry*.

**Quality measures.** CMS sometimes uses the term *quality measures* to refer to those measures that were published in the MIPS regulations, as opposed to the *QCDR quality measures*. However, you also see this term used when referring to both types of measure.

**Quality performance category.** This performance category involves reporting quality measures and typically contributes up to 50 points to your *MIPS final score*. It evolved out of the Physician Quality Reporting System (PQRS).

**Quality performance category achievement percent score.** This score, which is used when calculating your *improvement percent score*, factors in *achievement points* but not *bonus points*.

**Quality performance category percent score.** This score (0%-100%) determines how many points (0-50 points) the *quality performance category* contributes to your *MIPS final score*; for example, a 50% score would contribute 25 points to your MIPS final score.

**Topped out.** Some measures have a *benchmark* that reaches, or almost reaches, perfect performance well before the 10th decile. CMS frowns on such measures, because a large percentage of clinicians reporting those measures will have minimal room for improvement. It designates such measures as *topped out*. For most topped out measures, you need a perfect performance to score 10 points; fall short and there is a ceiling on how many *measure achievement points* you can earn for it. Let’s say you report measure 12: Primary Open Angle Glaucoma: Optic Nerve Evaluation. If your performance is less than perfect, there is a ceiling of 3.9 *measure achievement points* when reporting by claims and 5.9 points when reporting manually via the *IRIS Registry*.

**Total available measure achievement points.** This is typically either 60 points or, in the unlikely event that the *ACR measure* applies, 70 points. It is used as the *denominator* when calculat-

ing your *quality performance category achievement percent score*.

**Total measure achievement points.**

The sum of your *measure achievement points* for up to 6 reported measures plus, if applicable, the *ACR measure*.

## Payment Adjustments

Your *MIPS final score* (0-100 points) for 2018 will impact your payments for Medicare Part B services in 2020:

- Score less than the 15-point *performance threshold*, and you will get a penalty (negative *payment adjustment factor*).
- Score above that threshold, and you will get a small bonus (positive *payment adjustment factor*).
- Score above the 70-point *additional performance threshold* and you also will get a second bonus for exceptional performance (an *additional payment adjustment factor*).

**Additional payment adjustment factor.** This is the bonus for exceptional performance (meeting or exceeding the *additional performance threshold*). It is on a sliding scale (the higher your score, the bigger the adjustment), is funded by a \$500 million bonus pool, and is in addition to your positive *payment adjustment factor*.

**Additional performance threshold.** This 70-point threshold sets the bar for exceptional performance.

**Exceptional performance bonus.** An alternate term for the *additional payment adjustment factor*.

**Payment adjustment.** Your payment adjustment includes a *payment adjustment factor* and, if applicable, an *additional payment adjustment factor*.

**Payment adjustment factor.** Depending on whether your *MIPS final score*, falls below, meets, or exceeds the 15-point *performance threshold*, your payment adjustment factor will be negative (penalty), neutral (no penalty, no bonus), or positive (small bonus, on a sliding scale). These adjustments will be budget neutral, with the penalties funding the bonuses.

**Performance threshold.** Your 2020 *payment adjustment factor* will be positive, neutral, or negative, depending on whether your 2018 *MIPS final score* exceeds, meets, or falls below a 15-point performance threshold.