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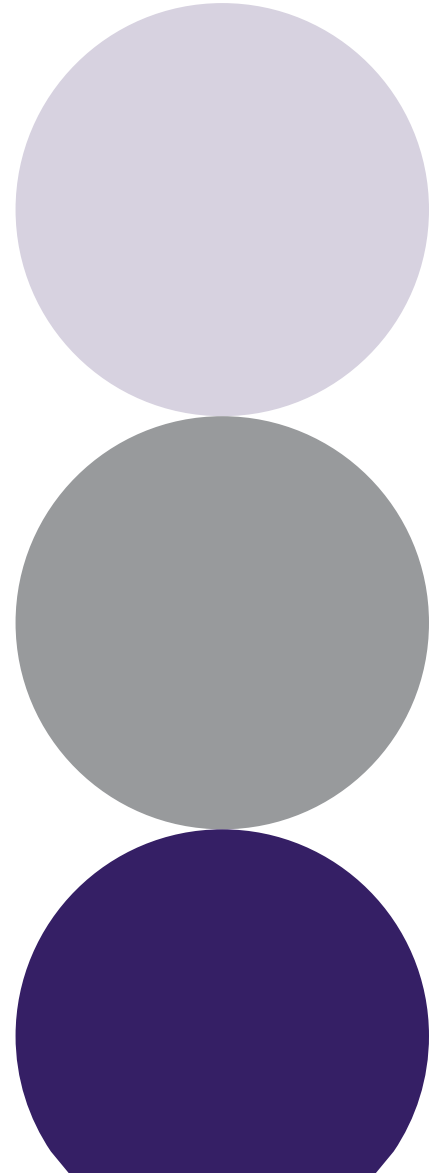
Protecting Sight. Empowering Lives.®

The Merit-based Incentive Payment System in 2019

Course 251

Room S106ABC

October 28, 2018, 3:15 – 4:15 pm





Speakers

- Rebecca Hancock, MHA, Director, IRIS® Registry
- Jessica Peterson, MD, MPH, Manager, Quality & Health IT Policy
- Sue Vicchrilli, COT, OCS, OCSR, Director, Coding & Reimbursement





Financial Disclosures

- We have no financial interests or relationships to disclose.



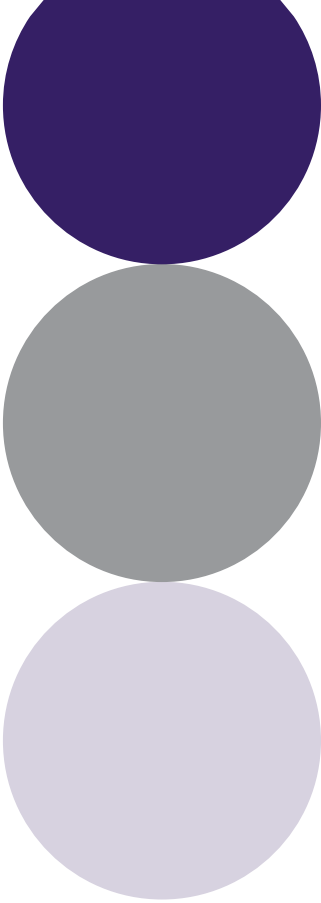


Important MIPS Deadlines

- 2018 MIPS
 - November 7: last day for new participants to sign up to use IRIS Registry web portal
 - December 31: Last day to request hardship exception for Promoting Interoperability
 - December 31: Last day to download PQRS & MIPS Reports
 - January 15, 2019: Last day to complete MIPS reporting and sign DRCF in IRIS Registry
- 2019 MIPS
 - June 1: deadline to sign up for IRIS Registry-EHR Integration
 - August 1: IRIS Registry EHR integration must be completed
 - October 31: last day for new participants to sign up to use IRIS Registry web portal
 - January 15, 2020: Last day to complete 2019 MIPS reporting and sign DRCF in IRIS Registry



2017 MIPS Review



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2017 MIPS: Audience - How Did You Do?

- Did you participate in 2017 MIPS?
- Did you use IRIS Registry?
- Did you earn a bonus?
- Will you get a penalty in 2019?

- Don't know? Check your 2017 MIPS Feedback: <https://qpp.cms.gov/login>
 - Deadline for targeted reviews was October 15
 - Need an EIDM Account to access feedback



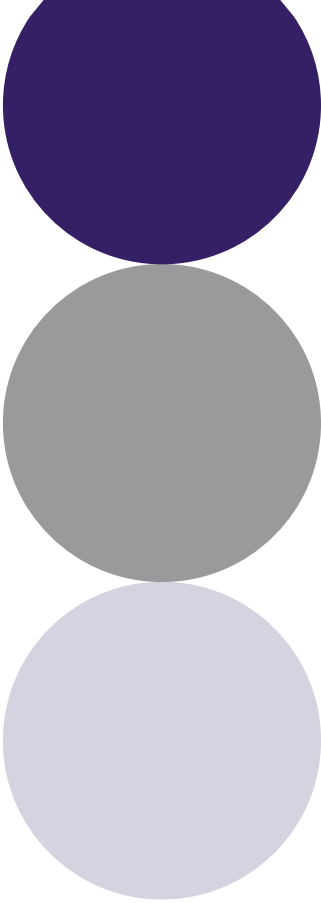


2017 IRIS Registry Performance

- **\$186 million** saved in penalties avoided for ophthalmologists participating in IRIS Registry from 2017 MIPS
- **99% of** IRIS Registry submissions earned some kind of bonus
- **91%** EHR-integrated IRIS Registry participants earned the MIPS' exceptional bonus
- **19,286** NPI / TIN combinations reported with IRIS Registry



2018 MIPS Overview



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MIPS Has Four Categories

50%



**Quality
Measures**

25%



**Promoting
Interoperability/
EHR Component**

15%



**Improvement
Activities**

10%



Cost



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MIPS 2018

- Three key questions:
 1. Will you be retired by 2020?
 2. Are you or your group exempt from 2018 MIPS?
 3. Define your goal: Avoid a penalty or try for a bonus?

- 5% penalty in 2020: Estimated \$20,086 for average ophthalmologist





2018 MIPS Exemptions

- **Three Exemptions**

1. New Medicare Provider: Enrolled in Medicare for the first time during Performance Year
 2. Low-Volume Threshold:
 - Clinician bills Medicare Part B no more than \$90,000 OR
 - Clinician sees 200 or fewer Medicare Part B patients
 3. APM Participation: Clinician is a qualified participant in an Advanced APM
- **If none of these exemptions apply, the MD/DO/OD is Eligible to Participate in MIPS!**
 - **Exemptions reduce the potential bonus pool**





2018 MIPS Low-Volume Exemption

- Criteria
 - Less than or equal to \$90,000 in Medicare Part B allowed charges, and/or
 - 200 or fewer Medicare Part B patients
- These criteria must be met during one of the following time periods :
 - Sept 1, 2016 – Aug 31, 2017, and/or
 - Sept 1, 2017 – Aug 31, 2018
- If group reporting, the threshold is evaluated at the group level, meaning, if there is 1 MIPS eligible clinician (EC) in the group, all clinicians are eligible.
- Check CMS eligibility tool: <https://qpp.cms.gov/participation-lookup>





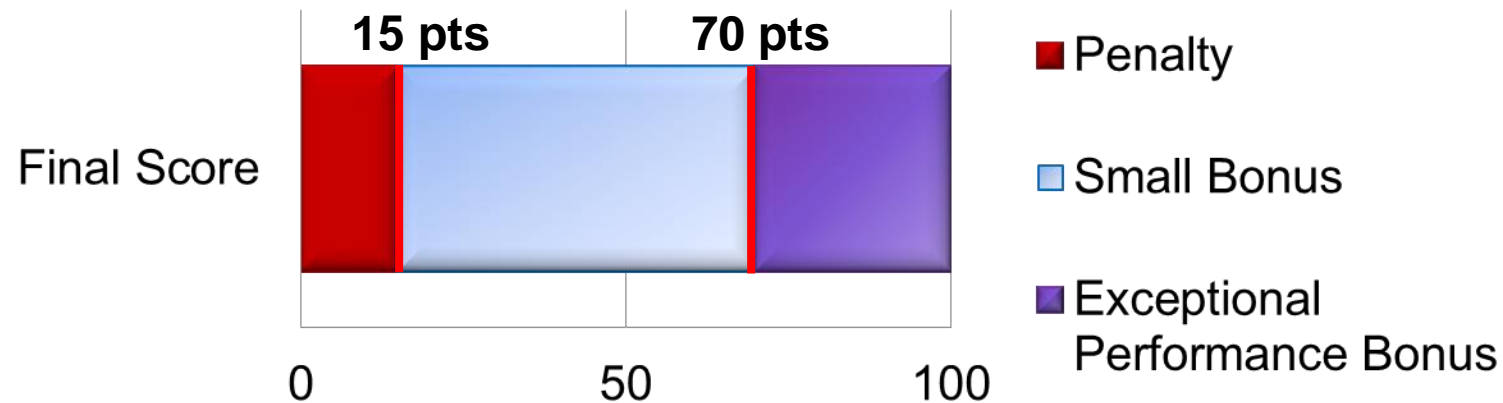
Audience: What are your goals for 2018 MIPS?

- Avoid a penalty?
- Earn a bonus?



2018 MIPS Final Score

- The MIPS Final Score is the sum of the weighted Category Scores
 - Final Score of 15 points required to avoid a penalty
 - Between 15 points and 70 points, clinicians can earn a small bonus
 - MIPS is budget-neutral, so the sum of these bonuses cannot exceed the sum of penalties
 - At or above 70 points, clinicians earn an exceptional performance bonus





Small-Practice Accommodations

- Who counts: Practices with 15 or fewer eligible clinicians
- Double credit for each improvement activity
- Small practices have a 3-point floor on quality measures
- New in 2018: 5-point bonus added to MIPS final score
- Small practice hardship under promoting interoperability
 - Application available from late August 2018 – December 31, 2018





Avoid a Penalty: 15 MIPS Points Required

- **Option 1:** Report Improvement Activities Category (Up to 15 MIPS Points)
- Practice size:
 - Small Practice: Report 1 high or 2 medium IAs
 - Large Practice: Report 2 high, 4 medium or 1 high + 2 medium IAs
- Performance Period: 90 days
- Only 1 physician in group has to perform activity

Complete this at the IRIS Registry booth in the Resource Center!





Avoid a Penalty: 15 MIPS Points Required

- **Option 2:** Report Quality Category (Up to 50 MIPS Points)
- Report on at least 6 quality measures, including 1 outcome measure
- Practice size:
 - Small Practices: Report each measure on at least 1 patient at 1 point in time.
 - Large Practices: Report each measure on at least 60 percent of denominator-eligible patients.
- Performance Period: Full 2018 calendar year





ICD-10 Coding Update

- 2018 Impacted quality measures relevant to some ophthalmologists:
 - Measure 137 – Melanoma: Continuity of Care – Recall System
 - Measure 138 – Melanoma: Coordination of Care
 - Measure 224 – Melanoma: Overutilization of Imaging Studies in Melanoma
- These measures will be scored on first 9 months of the year.





Avoid a Penalty: 15 MIPS Points Required

- **Option 3:** Report Promoting Interoperability Category (Up to 25 MIPS Points)
- Report a numerator of at least 1 on all 4 base measures; AND
- Attest to 1 of the following measures
 - Be EHR integrated with the IRIS Registry; or
 - Complete 1 of the PI Bonus Eligible IAs using the specified CEHRT functionality.
- Performance Period: 90 consecutive days



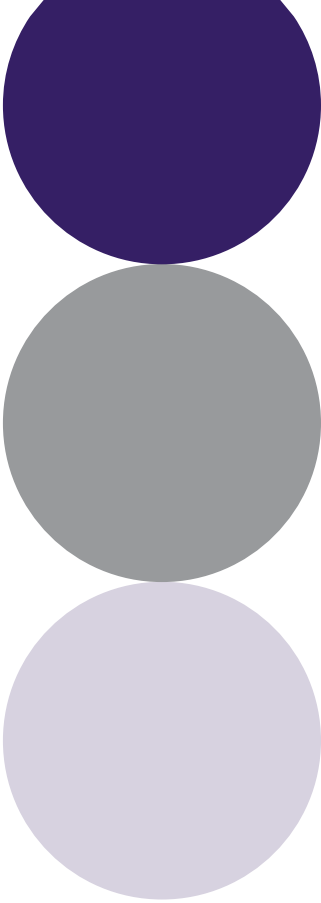


Get a Bonus: 16+ MIPS Points Required

- Combine 2 or more of these options



Cost Category



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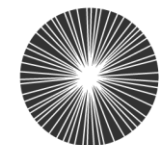
Cost: Its Role in MIPS

- You don't have to do any additional reporting for cost.
- CMS evaluates your performance in this category based on
- Medicare Part A and B administrative claims data.
- In 2018, the cost category score is based on 2 measures:
- Total per capita cost
- Medicare spending per beneficiary



Total Per Capita Cost Measure

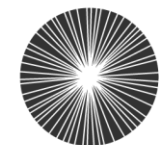
- Takes into account all the Medicare Part A and Part B costs incurred during 2018 for patients attributed to you.
- Attribution: So how does a patient get attributed to you?
- CMS uses a 2-step process to determine which clinician should be attributed a patient



Total Per Capita Cost Measure

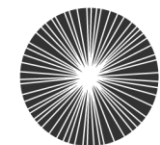
Step 1: CMS tries to attribute patients to *primary care clinicians*, based on the 2-digit specialty code:

- Primary care physicians
 - General practice
 - Family practice
 - Internal medicine
 - Geriatric medicine



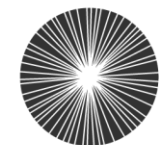
Total Per Capita Cost Measure

- Primary care physicians
- Nurse practitioners
- Physician assistants
- Clinical nurse specialists
- What if a patient isn't seen by a primary care clinician in 2018?



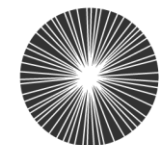
Total Per Capita Cost Measure

Step 2: The patient is attributed to the *non–primary care clinician* who provided the patient with the most primary care services.

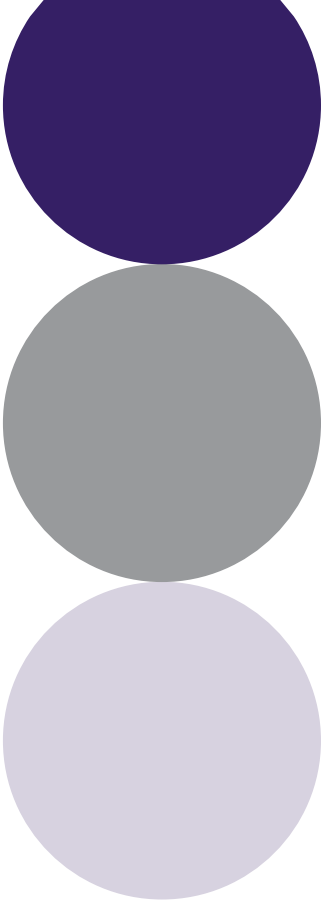


Total Per Capita Cost Measure

- For this measure, primary care services include
 - E&M codes (99201–99215), but not the
 - Eye visit codes (92002–92014).



2019 MIPS Proposals: Not Yet Final



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MIPS Eligibility – Proposed Rule

- **2019 Exemptions**

1. Low-Volume Threshold Increased:

- Clinician bills *\$90,000 or less Part B covered service allowed charges; AND/OR*
- Clinician provides *covered professional services to 200 or fewer Part B patients; AND/OR*
- **NEW** Clinician provides *200 or fewer covered professional services to Part B patients.*
- But can opt-in if exceeds one or two of the criteria.

2. New Medicare Provider and APM Participation remain the same.

New classes of providers added (PT, OT, SW, Clin Psych)



Merit-based Incentive Payment System

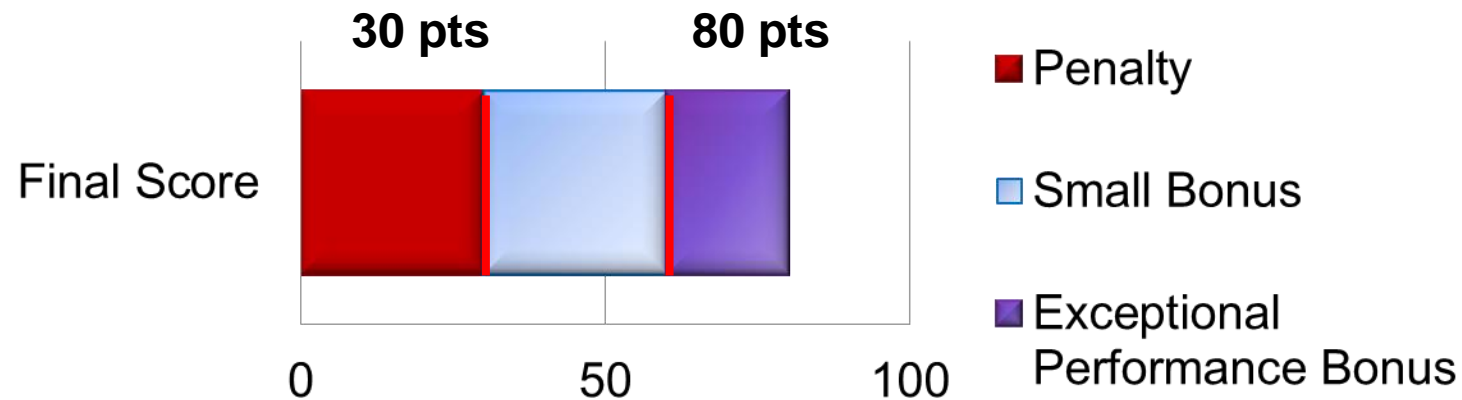
Proposed Performance Category Weights

Legacy Program	New Category	Score Weight 2017	Score Weight 2018	Score Weight 2019 (Proposed)
PQRS	Quality	60%	50%	45%
MU	Promoting Interoperability (PI) Formerly ACI	25%	25%	25%
(None)	Improvement Activities (IA)	15%	15%	15%
VBM	Cost	0%	10%	15%



2019 MIPS Proposed Scoring

- The MIPS Final Score is the sum of the weighted Category Scores
 - Score of 30 points required to avoid a penalty
 - Between 30 points and 80 points, clinicians can earn a small bonus
 - MIPS is budget-neutral, so the sum of these bonuses cannot exceed the sum of penalties
 - At or above 80 points, clinicians earn an exceptional performance bonus





Performance Periods in 2019

- No changes
 - Quality: 12 months
 - Cost: 12 months
 - PI and IA: 90 days



Proposed Changes in 2019: Small Practice Accommodations



- Maintains 2018 Improvement Activity accommodations
 - Small practice clinicians/groups receive double credit for each Improvement Activity.
- Proposed Reduction of Small Practice Bonus
 - **Discontinue** application of 5-point bonus to MIPS Final Score
 - Replaces with 3 point bonus to Quality Category
 - Amounts to 2.25 points on the MIPS Final Score



Proposed Changes in 2019: Promoting Interoperability(PI) Hardships



- 2018 ACI/PI hardships maintained in 2019 PI
 - Lack of availability of CEHRT, lack of internet, extreme and uncontrolled circumstances.
 - 2018 ACI/PI Small Practice hardship maintained



Proposed Changes in 2019: PI EHR Requirements



- Must use 2015 certified EHR technology.
- New proposed scoring method reduces clinician flexibility
 - Eliminates the base, performance, and bonus scores
 - **All-Or-Nothing:**
 - Proposing to reduce available PI measures to 6; and
 - All 6 measures must be completed with a numerator of at least 1;
 - All 6 measures scored on performance





Proposed Changes in 2019: Quality

- Only small practices maintain the 3-point floor on quality measures
 - Larger practices can only receive 1 point on quality measures that do not meet data completeness
- Data completeness stays at 60%
- Suppressing measures impacted by clinical guideline changes during performance period
- Proposed 1 year removal timeline for “extremely topped out” measures





Proposed Changes in 2019: Cost

- Increased to 15% of MIPS Final Score
- Measure Improvement Score delayed until 2022 performance year.
- Cost Measures:
 - Medicare spending per beneficiary;
 - Total per capita cost per attributed beneficiary; and
 - Episode-based cost measures
 - Including a new Cataract episode-based cost measure



2019 Avoid a Penalty 30 MIPS Points Proposed

- **Complete 2 or more of the options described for 2018.**

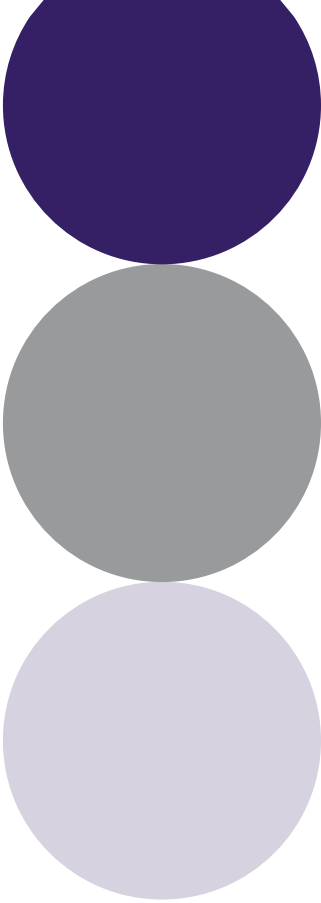


IRIS Registry



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Currently Integrated with 55 EHR Systems



ActiveEHR

Amazing Charts

CareCloud

ChartLogic

ChartMaker Medical Suite

ClinixMD

Compulink

Crystal PM

Cyfluent

DoctorSoft

DRS Enterprise

eClinicalWorks

eMDs

EnableDoc

Epic

ExamWRITER

EyeDoc EMR

EyeMD EMR

First Insight

GE Centricity EMR

Greenway Intergy

Greenway/Primesuite

HCIT

ifa systems EMR

iMedicWare

IMS

Integrity EMR for Eyes

Intellechart Pro (MDIntellesys)

IO Practiceware

iPatientCare

KeyMedical Software

MacPractice MD

ManagementPlus

Mastermind EHR

MaximEyes

MDOffice

Medent

MedEvolve

Medflow

Medinformatix EHR

Modernizing Medicine

My Vision Express

NeoMed

NexTech

NextGen

OfficeMate

Origin

PatientNOW

Prime Clinical System

PrognoCIS

SRS

StreamLane

TriMed EHR

VersaSuite

Vitera EHR



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2019 MIPS: IRIS Registry Reporting

- Quality Reporting
 - EHR integration and web portal quality reporting
 - AAO submitted 30 subspecialty measures to CMS approval for 2019 MIPS – some updated from 2018, and 6 new measures
- IA Reporting
 - 24 IAs supported for attestation via IRIS Registry
 - 4 registry activities available to practices electronically integrated with IRIS Registry
 - MOC Part IV improvement activity
- PI Reporting
 - Public health / clinical data registry reporting measure (IRIS Registry – EHR integration)

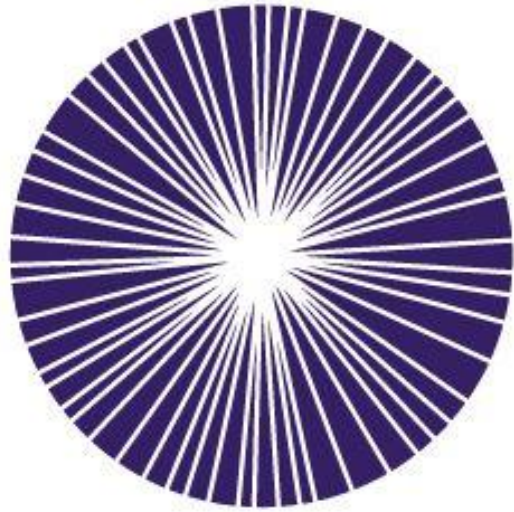




Academy Member Resources

- Visit www.aao.org/medicare to find resources for 2018 MIPS:
 - Small Practice Roadmap
 - Large Practice Roadmap
 - Solo/Small Practice Survival and Quick Start Guide
 - *EyeNet's* MIPS Guide
 - IRIS Registry user guide
 - Glossary
 - Helpful CMS Websites
 - MIPS Help: mips@aao.org
 - IRIS Registry Help: irisregistry@aao.org





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