



Roadmaps

The Academy releases *Small and Large Practice Roadmaps* each year to help guide you through the decision-making for successful MIPS reporting. Small practices have some scoring advantages over their large practice counterparts, thus the reason for separate roadmaps. Keep your copy of *EyeNet MIPS 2021: Primer and Reference* nearby as you go through your roadmap.

In 2021 the threshold to avoid the penalty on 2023 reimbursements from Medicare is a MIPS final score of 60 points.

How you earn those points depends upon which performance categories make up your MIPS score. The decisions you face depend upon how high you can score in the quality performance category and whether you qualify for the cost and promoting interoperability categories. For example, a practice that doesn't perform cataract surgery is not likely to be subject to the cost category. Likewise, a small practice without an EHR might be approved when applying for the PI hardship and will not be subject to the promoting interoperability category. Refer to this table as you look through your practice's roadmap.

Reweighting Scenario for 2021 Performance Year	Quality	Promoting Interoperability	Improvement Activities	Cost
No Reweighting Needed				
Scores for All Four Performance Categories	40%	25%	15%	20%
Reweight One Performance Category				
No Cost	55%	30%	15%	0%
No Promoting Interoperability	65%	0%	15%	20%
No Quality	0%	65%	15%	20%
No Improvement Activities	55%	25%	0%	20%
Reweight Two Performance Categories				
No Cost & No Promoting Interoperability	85%	0%	15%	0%
No Cost & No Quality	0%	85%	15%	0%
No Cost & No Improvement Activities	70%	30%	0%	0%
No Promoting Interoperability & No Quality	0%	0%	50%	50%
No Promoting Interoperability & No Improvement Activities	80%	0%	0%	20%
No Quality & No Improvement Activities	0%	80%	0%	20%

85 FR 84916 Table 51 2021 Final Rule



2021 Solo and Small-Practice Roadmap for the Merit-Based Incentive Payment System

Step 1. Are You or Your Group Required to Report MIPS?

The clinician qualifies for an automatic exemption from MIPS if they meet one or more of the following criteria:

1. Less than or equal to \$90,000 in Medicare Part B service allowed charges, and/or
2. Provides covered professional services to 200 or fewer Medicare Part B patients, and/or
3. Provides 200 or fewer covered professional services to Part B patients.
 - a. When you treat more than 200 patients you are, by definition, performing at least 200 services.
4. Clinician is a Qualified Participant in an Advanced Alternative Payment Model.

The low volume criteria must be met in either of the following time periods to qualify for a MIPS exemption:

1. Oct 1, 2019 – Sept 30, 2020 + 30-day claims run out, and/or
2. Oct 1, 2020 – Sept 30, 2021.

Verify your status online using the *QPP Participation Status Tool*¹ (look under 2021 tab). According to CMS, the results of the first determination period were available Dec. 2020, and the results of the second determination period should be available Nov. 2021.

- Note: If the clinician is reporting as a part of a group, the threshold is evaluated at the group level, meaning, if there is one MIPS eligible clinician, all clinicians in the group are eligible.

If the clinician is listed as a qualified participant of an APM, they do not need to report for MIPS – although if they do, they'll be covered in the event the APM does not report.

Step 2. Are You in a Small Practice?

A small practice is defined as having 15 or fewer eligible clinicians. You can verify your status as a small practice through the online *QPP Participation Status Tool*.

¹ qpp.cms.gov/participation-lookup

Step 3. Define Your Goal: Do You Want to Avoid the Penalty or Try for a Bonus?

Goal	Effect on Reimbursement	MIPS Final Score Required
Avoid a Penalty	Avoids the 9% penalty on your 2023 Medicare Part B services reimbursements.	60 points
Very Small Bonus	Qualifies you for a very small bonus on your 2023 Medicare Part B services reimbursements. (ex. The small bonus turned out to be <0.1% for the 2019 performance year.)	Above 60 points
Exceptional Performance Bonus	Qualifies you for the <u>very</u> small bonus, plus an additional bonus from a pool of money set aside for exceptional MIPS performers. (For the 2019 performance year, the bonus for a perfect final score of 100 points was 1.79%).	At least 85 points

Step 4. How to Achieve Your Goal for 2021 Performance Year

The MIPS final score is the weighted sum of category scores. Ex. 40% = 40 MIPS final score points.

MIPS Category	2021 Score Weight
Quality	40%
Promoting interoperability	25%
Improvement activities	15%
Cost	20%

To Avoid a Penalty

❖ For those eligible for the cost performance category.

You may be eligible for the cost performance category if you perform 10 or more cataract surgeries in the performance year OR your practice reports at the group-level and one or more colleagues are scored on cost (because, for example, they are cataract surgeons, or you are in a multispecialty practice and a non-ophthalmology cost measure applies).

Improvement activities category:

- *If individual reporting*, complete 1 high-weighted or 2 medium-weighted improvement activities for 90+ consecutive days.
- *If group reporting*, at least 50% of eligible clinicians in your group must complete the same 1 high-weighted or 2 medium-weighted activities in any continuous 90-day period. The clinicians do not need to share the same 90-day period.

Quality category:

Report on at least 6 quality measures, 1 of which must be an outcome or, if no outcome measure is available, another type of high priority measure.

❖ For Small Practices *without* EHR:

- Fully report (on *at least* 70% of denominator-eligible² patients AND with *at least* 20 patients in the denominator) for all 6 quality measures;
- You must average 5.93 quality measure points across all 6 measures (assuming you are approved for the PI hardship).

❖ For Small Practices with EHR:

- Fully report (on *at least* 70% of denominator-eligible patients AND with at least 20 patients in the denominator) for each quality measure.
- The score you need will depend on how well you do in the EHR-based promoting interoperability category.

Promoting interoperability category:

- If you do not have a 2015-edition certified electronic health record technology (CEHRT) nor a 2015-edition Cures Update CEHRT, see if you are eligible for the PI hardship reweighting by Dec. 31, 2021 at 8 pm ET. Application information³ is available on the Academy website. Small practice hardships are available.
- If you have a 2015-edition CEHRT or 2015-edition Cures Update CEHRT, complete the PI required measures⁴ and try to maximize your performance where possible.

❖ For those not eligible for the cost category (the category is reweighted).

For group reporting, if you are in an eye care only practice that performs fewer than 10 cost eligible cataract surgeries, your cost category score should be reweighted to the quality and PI categories. The same applies for individual reporting if you perform fewer than 10 cost eligible cataract surgeries.⁵ Do *all* the following:

² The IRIS Registry reports on 100% of denominator-eligible patients for IRIS Registry-EHR integrated practices.

³ www.aao.org/medicare/promoting-interoperability/exceptions

⁴ www.aao.org/medicare/promoting-interoperability

⁵ *EyeNet MIPS 2021: A Primer and Reference* p.65

Improvement activities category:

- *If individual reporting*, complete 1 high-weighted or 2 medium-weighted improvement activities for 90+ consecutive days within the 2021 performance year.
- *If group reporting*, at least 50% of eligible clinicians in your group must complete the same 1 high-weighted or 2 medium-weighted activities in any continuous 90-day period within the 2021 performance year. The clinicians do not need to share the same 90-day period.

Quality category:

Report on at least 6 quality measures, 1 of which must be an outcome measure or, if no outcome measure is available, another type of high priority measure.

❖ For Small Practices without EHR:

- Fully report (on *at least* 70% of denominator-eligible* patients AND with *at least* 20 patients in the denominator) for all 6 quality measures;
- You must average at least 4.3 out of 10 points on all measures assuming you are approved for the PI hardship.

❖ For Small Practices with EHR:

- Fully report (on *at least* 70% of denominator-eligible⁶ patients AND with at least 20 patients in the denominator) each quality measure.

Promoting interoperability category:

- If you do not have a 2015-edition certified electronic health record technology (CEHRT) nor a 2015-edition Cures Update CEHRT, see if you are eligible for a hardship exception (deadline Dec. 31, 2021 at 8 pm ET). Application information⁷ is available on the Academy website. Small practice hardships are available.
- If you have a *2015-edition CEHRT* or *2015-edition Cures Update CEHRT*, complete the PI required measures⁸ and try to maximize your performance where possible.

Earn A Very Small Bonus

Requires a MIPS final score of more than 60 points. Do *all* the following:

Improvement activities category:

- If individual reporting complete 1 high-weighted or 2 medium-weighted improvement activities for 90+ consecutive days within the 2021 performance year.
- If group reporting, *at least* 50% of eligible clinicians in your group must complete the same 1 high-weighted or 2 medium-weighted activities in any continuous 90-day period within the 2021 performance year. The clinicians do not need to share the same 90-day period.

⁶ The IRIS Registry reports on 100% of denominator-eligible patients for IRIS Registry-EHR integrated practices.

⁷ www.aao.org/medicare/promoting-interoperability/exceptions

⁸ www.aao.org/medicare/promoting-interoperability

Quality category:

Report on at least 6 quality measures, 1 of which must be an outcome measure or, if no outcome measure is available, another type of high priority measure.

Report each quality measure:

- For the full calendar year⁹; and
- On *at least* 70% of denominator-eligible patients; and
- With *at least* 20 patients in the denominator.

Promoting interoperability category:

- If you do not have a 2015-edition certified electronic health record technology (CEHRT) nor a 2015-edition Cures Update CEHRT, see if you are eligible for a hardship exception (deadline Dec. 31, 2021 at 8 pm ET). Application information¹⁰ is available on the Academy website. Small practice hardships are available.
- If you have a 2015-edition CEHRT or 2015-edition Cures Update CEHRT, complete the PI required measures¹¹ and try to maximize your performance where possible.

Get the Exceptional Performance Bonus

Requires a MIPS final score at or above 85 points. Do all of the small bonus steps and try to maximize your score on quality measures and PI measures where possible.

Step 5: Choose your measures and/or activities.

- Note: Each MIPS category can be reported on the same or on different performance periods as the other MIPS categories. However, within each MIPS category, typically all measures or activities must be reported for the same period.

Improvement activities category:

Performance period: 90+ consecutive days

- To fulfill the entire improvement activities category score: complete 1 high-weighted or 2 medium-weighted improvement activities.
- Each high-weighted improvement activity will count for 100% of the category score;
- Each medium-weighted improvement activity will count for 50% of the category score;
- Group Reporting: *At least 50%* of the group's clinicians need to perform the same improvement activity(ies) for the whole group to get credit. The clinicians performing the IA(s) do not all need to perform it on the same 90+ consecutive day period for the group to get credit.
 - Note: Do not report on more activities than required to fulfill the category. CMS can audit each activity you report.

⁹ The IRIS Registry allows you to report from the beginning of the year.

¹⁰ www.aao.org/medicare/promoting-interoperability/exceptions

¹¹ www.aao.org/medicare/promoting-interoperability

The following are improvement activities that many clinicians/practices already do routinely. Read the activity specifications available on the Academy's website.¹²

- High-Weighted
 - IA_PM_7: Use of QCDR Feedback Reports
 - Available to those with IRIS-EHR integration
 - IA_EPA_1: Provide 24/7 Access
 - See urgent patients same or next day.
 - No EHR required.
 - IA_AHE_1: Engagement of New Medicaid Patients and Follow-Up,
 - Time from request to first appointment offered is less than 10 business days. Documentation of this activity by type of appointment and documentation of actions to improve is required.
 - No EHR required.
 - IA_AHE_6: Provide Education Opportunities for New Clinicians
 - Act as a preceptor for clinicians-in-training in community practices in small, underserved, or rural areas.
 - Not intended for preceptor of rotations in metropolitan areas.
 - No EHR required.
 - IA_ERP_3: COVID-19 Clinical Trials
 - Treat patients diagnosed with COVID-19 and report their data to a QCDR, such as the IRIS Registry.
 - EHR required.
- Medium-Weighted
 - IA_CC_1: Implementation of Use of Specialist Reports to Close Referral Loop
 - Provide specialist report back to the referring clinician to close the referral loop
 - No EHR required.
 - IA_CC_2: Implementation of Timely Communication of Test Results
 - Specific to abnormal test results
 - No EHR required.
 - IA_AHE_7: Comprehensive Eye Exams
 - Caring for underserved patients at no cost (e.g., through the Academy's EyeCare America).
 - Promoting access to vision rehabilitation services as appropriate for individuals with chronic vision impairment.
 - No EHR required.

¹² www.aao.org/medicare/improvement-activities

Quality category:

Performance period: Full calendar year

- Reminder: Unless you receive a hardship exception for the quality performance category, it is not possible to ensure a MIPS final score of 60 points without fully reporting on most, if not all, of the quality measures.

General Quality Category Information:

- This category must be performed for the full calendar year on 70% of denominator-eligible patients AND at least 20 patients in the denominator for each measure. CMS emphasizes that 100% of eligible patients is desired for MIPS
- Report on at least 6 quality measures, 1 of which must be an outcome measure or, if no outcome measure is available, another type of high priority measure.
- Review the measure achievement point benchmark table on page 131 to make sure your choices maximize your point potential.
- Bonus Points for High Priority Measures (Up to 6 bonus points for the category in total):
 - Each additional outcome, intermediate outcome, or patient experience measure beyond the one required earns two bonus points.
 - Other high priority measures can contribute one bonus point each.
- Note: To receive high priority bonus points, you must report the submitted measures:
 - On a minimum of 70 percent of denominator-eligible patients; and
 - With a denominator ≥ 20 patients; and
 - A performance rate > 0 (or <100 if an inverse measure)
- Bonus Points: Small Practice Bonus (6 bonus points for the category)
 - All small practices that report on at least one quality measure will receive 6 bonus points within the quality category.
- Bonus Points: End-to-End Electronic Reporting (up to 6 bonus points for the category)
 - One bonus point per measure
 - Available through IRIS Registry-EHR integration for the eQMs.

Promoting interoperability category:

Requires the use of 2015-edition Certified EHR Technology (CEHRT) or a 2015-edition Cures Update CEHRT.

Performance period: 90+ consecutive days

- Note: If you do not have 2015-CEHRT or a 2015-edition Cures Update CEHRT, see if you are eligible for a hardship exception (deadline Dec. 31, 2021 at 8 pm ET). Small practice hardships are available. More information is available on the Academy website.¹³
- Note: You can only report patient encounters captured by 2015- edition CEHRT or a 2015-edition Cures Update CEHRT for this category. If you group report, you will not be downgraded if not all your clinicians use 2015-CEHRT or 2015-edition Cures Update CEHRT.

How CMS Scores the Category

- Five or six of the 2021 PI measures are required¹⁴.
- To receive any credit for the category, you must meet the reporting requirements--or, where available, claim an exclusion--for all the required measures.
- Most of these measures will be scored based on your performance rate.
- One measure is an optional bonus measure focused on opioid treatment.
- Security risk analysis is no longer a scored measure but is still required to get any PI score.

How to Report Measures:

- You must submit all required measures to get *any* PI credit.
- For each performance rate-based measure, you must have at least *one* patient in the numerator.
- Exclusion for Support Electronic Referral Loops by Sending Health Information measure:
 - Clinicians who make <100 referrals/transitions of care in the performance period.
- Exclusion for Support Electronic Referral Loops by Receiving and Reconciling Health Information measure:
 - Clinicians who receive <100 referrals/transitions of care/patients the clinician has never seen before in the performance period.

¹³ www.aao.org/medicare/promoting-interoperability/exceptions

¹⁴ The number depends on whether you report the new HIE Bi-Directional Exchange measure or the two Support Electronic Referral Loops measures

Objective	Measures	Reporting requirement	Maximum points
e-Prescribing	e-Prescribing** (Bonus) Query of Prescription Drug Monitoring Program	Numerator/denominator Yes/No	10 points (Bonus) 10 points
Provider to Patient Exchange	Provide patient electronic access to their health information	Numerator/denominator	40 points
Health-information Exchange	Support electronic referral loops by sending health information**	Numerator/denominator	20 points
	Support electronic referral loops by receiving and reconciling health information**	Numerator/denominator	20 points
	OR Bi-Directional Exchange: Engage in bidirectional exchange with an HIE to support transitions of care.	Attest 'yes' to 3 questions	40 points
Public Health and Clinical Data Exchange (Report 2 measures or report the same measure to 2 different public health agencies or clinical data registries)	Clinical data registry reporting (included IRIS Registry-EHR integration)** Immunization registry reporting** Electronic case reporting** Public health registry reporting** Syndromic surveillance reporting**	Yes/No	10 points

**Exclusions are available for the measures. Check the exclusions on the measure specifications to see if you qualify.¹⁵

Points earned on all measures (e-Prescribing, Provider to Patient Exchange, and Health-information Exchange) depend on your performance rate. Each measure will be scored by multiplying the performance rate (calculated from the numerator and denominator you submit) by the available points for the measure.

STEP 6: Submission

The January after the end of the performance year is when the submission function is activated in the IRIS Registry. You must press the submit button for your information to go to CMS. Watch for announcements from the Academy.

¹⁵ www.aao.org/medicare/promoting-interopability/measures and *EyeNet's MIPS 2021: A Primer and Reference* pp 43-44

Academy Resources:

*Eye on Advocacy*¹⁶: This news page is updated every Thursday evening and new stories are sent to Members by the *Washington Report Express* email. It is the first place you will see any MIPS changes discussed and explained.

Academy MIPS Webpages:	www.aao.org/medicare/mips
<i>EyeNet's</i> MIPS 2021: A Primer and Reference:	www.aao.org/eyenet/mips-manual-2021
Email IRIS Registry questions to:	irisregistry@aao.org
Email MIPS questions to:	mips@aao.org
AAOE e-Talk for AAOE Members:	aao.org/practice-management/listserv

¹⁶ www.aao.org/advocacy/eye-on-advocacy



2021 Large Practice Roadmap for the Merit-Based Incentive Payment System

Step 1. Are You or Your Group Required to Report MIPS?

A clinician qualifies for an automatic exemption from MIPS if they meet one or more of the following:

1. Less than or equal to \$90,000 in Medicare Part B service allowed charges, and/or
2. Provides covered professional services to 200 or fewer Medicare Part B patients, and/or
3. Provides 200 or fewer covered professional services to Part B patients.
 - a. When you treat more than 200 patients you are, by definition, performing at least 200 services.
4. Clinician is a Qualified Participant in an Advanced Alternative Payment Model.

The low volume criteria must be met in *either* of the following time periods to qualify for a MIPS exemption:

1. Oct 1, 2019 – Sept 30, 2020 + 30-day claims run out, and/or
2. Oct 1, 2020 – Sept 30, 2021.

Verify your status online using the *QPP Participation Status Tool* (look under 2021 tab).¹⁷ According to CMS, the results of the first determination period were available Dec. 2020, and the results of the second determination period should be available Nov. 2021.

- Note: If the clinician is reporting as a part of a group, the threshold is evaluated at the group level, meaning, if there is one MIPS eligible clinician, all clinicians in the group are eligible.

If the clinician is listed as a qualified participant of an APM, they do not need to report for MIPS – although if they do, they'll be covered in the event the APM does not report.

Step 2. Are You in a Large Practice?

Large practice is defined as 16 or more eligible clinicians.

If you are in a small practice, please refer to the *Small Practice Roadmap*.

¹⁷ qpp.cms.gov/participation-lookup?npi=

Step 3. Define Your Goal: Do You Want to Avoid the Penalty or Try for a Bonus?

Goal	Effect on Reimbursement	MIPS Final Score Required
Avoid a Penalty	Avoids the 9% penalty on your 2023 Medicare Part B services reimbursements.	60 points
Very Small Bonus	Qualifies you for a very small bonus on your 2023 Medicare Part B services reimbursements. (ex. The small bonus turned out to be <0.1% for the 2019 performance year.)	Above 60 points
Exceptional Performance Bonus	Qualifies you for the <u>very</u> small bonus, plus an additional bonus from a pool of money set aside for exceptional MIPS performers. (For the 2019 performance year, the bonus for a perfect final score of 100 Points was 1.79%).	At least 85 points

Step 4. How to Achieve Your Goal for 2021 Performance Year

The MIPS final score is the weighted sum of category scores. Ex. 40% = 40 MIPS Final Score points.

MIPS Category	2021 Score Weight
Quality	40%
Promoting interoperability	25%
Improvement activities	15%
Cost	20%

To Avoid a Penalty

Requires MIPS final score of 60 points. Do *all* the following:

Improvement activities category:

- Complete 2 high-weighted OR 4 medium-weighted OR 1 high-weighted and 2 medium-weighted improvement activities for 90+ consecutive days.
- *If group reporting*, at least 50% of eligible clinicians in your group must Complete 2 high-weighted OR 4 medium-weighted OR 1 high-weighted and 2 medium-weighted improvement activities in any continuous 90-day period. The clinicians do not need to share the same 90-day period.

Quality category:

Report on at least 6 quality measures, 1 of which must be an outcome or, if no outcome measure is available, another type of high priority measure.

Report each quality measure:

- For the full calendar year¹⁸; and
- On *at least* 70% of denominator-eligible patients (CMS emphasizes that 100% of eligible patients is desired for MIPS); and
- With *at least* 20 patients in the denominator.

Promoting interoperability category:

- If you have 2015-edition certified electronic health record technology (CEHRT) or a 2015-edition Cures Update CEHRT¹⁹, complete the PI required measures and try to maximize your performance where possible.
- If you do not have a 2015-edition certified EHR nor a 2015-edition Cures Update CEHRT, see if you are eligible for a hardship exception (deadline Dec. 31, 2021 at 8 pm ET). Application information is available on the website²⁰.

Earn a Very Small Bonus

Requires a MIPS final score of above 60 points. Do *all* the following and try to maximize quality or PI scores:

Improvement activities category:

- Complete 2 high-weighted OR 4 medium-weighted OR 1 high-weighted and 2 medium-weighted improvement activities for 90+ consecutive days.
- *If group reporting*, at least 50% of eligible clinicians in your group must Complete 2 high-weighted OR 4 medium-weighted OR 1 high-weighted and 2 medium-weighted

¹⁸ The IRIS Registry allows you to report from the beginning of the year.

¹⁹ *EyeNet's MIPS 2021: A Primer and Reference* p. 43

²⁰ <https://www.aao.org/medicare/promoting-interoperability/exceptions>

improvement activities in any continuous 90-day period. The clinicians do not need to share the same 90-day period.

Quality category:

Report on at least 6 quality measures, 1 of which must be an outcome or, if no outcome measure is available, another type of high priority measure.

- For the full calendar year; and
- On *at least* 70% of denominator-eligible patients; and
- With *at least* 20 patients in the denominator.

Promoting interoperability category:

- If you have 2015-edition certified electronic health record technology (CEHRT) or a 2015-edition Cures Update CEHRT, complete the PI required measures and try to maximize your performance where possible.
- If you do not have a 2015-edition CEHRT or a 2015-edition Cures Update CEHRT, see if you are eligible for a hardship exception (deadline Dec. 31, 2021 at 8 pm ET). Application information is available on the Academy's website²¹.

Get the Exceptional Performance Bonus

Requires a MIPS final score of at least 85 points. Do all the small bonus steps and maximize your score on quality measures and PI measures where possible.

Step 5: Choose your measure and/or activities.

- **Note:** Each MIPS category can be reported on the same or on different performance periods as the other MIPS categories. However, within each MIPS category, all measures or activities must typically be reported for the same period.

Improvement activities category:

Performance period: 90+ consecutive days.

- To fulfill the entire improvement activities category score: complete 2 high-weighted OR 4 medium-weighted OR 1 high-weighted and 2 medium-weighted improvement activities.
 - Each high-weighted improvement activity will count for 50% of the category score;
 - Each medium-weighted improvement activity will count for 25% of the category score;
 - Group Reporting: *At least* 50% of the group's clinicians need to perform the same IA(s) for the whole group to get credit. The clinicians performing the IA(s) do not all need to perform it on the same 90+ consecutive day period for the group to get credit.
- **Note:** Do not report on more activities than required to fulfill the category. CMS can audit each activity you report.

²¹ <https://www.aao.org/medicare/promoting-interoperability/exceptions>

The following are improvement activities that many clinicians/practices already do routinely. Read the activity specifications available on the Academy's website.²²

- High-Weighted
 - IA_PM_7: Use of QCDR Feedback Reports
 - Available to those with IRIS-EHR integration
 - IA_EPA_1: Provide 24/7 Access
 - See urgent patients same or next day.
 - No EHR required.
 - IA_AHE_1: Engagement of New Medicaid Patients and Follow-Up,
 - Time from request to first appointment offered is less than 10 business days. Documentation of this activity by type of appointment and documentation of actions to improve is required.
 - No EHR required.
 - IA_AHE_6: Provide Education Opportunities for New Clinicians
 - Act as a preceptor for clinicians-in-training in community practices in small, underserved, or rural areas. Not intended for preceptor of rotations in metropolitan areas.
 - No EHR required.
 - IA_ERP_3: COVID-19 Clinical Trials
 - Treat patients diagnosed with COVID-19 and report their data to a QCDR, such as the IRIS Registry.
 - EHR required.
- Medium-Weighted
 - IA_CC_1: Implementation of Use of Specialist Reports to Close Referral Loop
 - Provide specialist report back to the referring clinician to close the referral loop.
 - No EHR required.
 - IA_CC_2: Implementation of Timely Communication of Test Results
 - Specific to abnormal test results
 - No EHR required.
 - IA_AHE_7: Comprehensive Eye Exams
 - Caring for underserved patients at no cost (e.g., through the Academy's EyeCare America).
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 - IA_AHE_7: Comprehensive Eye Exams
 - Caring for underserved patients at no cost (e.g., through the Academy's EyeCare America).

²² www.aao.org/medicare/improvement-activities

- Promoting access to vision rehabilitation services as appropriate for individuals with chronic vision impairment.
- No EHR required.

Quality category:

Performance period: Full calendar year.

- Reminder: You cannot avoid a penalty simply by reporting the minimum in the quality category in 2021.

General Quality Category Information:

- This category must be performed for the full calendar year on 70% of denominator-eligible patients AND at least 20 patients in the denominator for each measure.²³
- Report on at least 6 quality measures, 1 of which must be an outcome or, if no outcome measure is available, another type of high priority measure.
- Review the measure achievement point benchmark table on page 131 to make sure your choices maximize your point potential.
- Bonus Points for High Priority Measures (Up to 6 bonus points for the category in total):
 - Each additional outcome, intermediate outcome, or patient experience measure beyond the one required earns two bonus points.
 - Other high priority measures can contribute one bonus point each.
- To receive high priority bonus points, you must report the submitted measures:
 - On a minimum of 70 percent of denominator-eligible patients; and
 - With a denominator ≥ 20 patients; and
 - A performance rate > 0 (or <100 if an inverse measure).
- Bonus Points: End-to-End Electronic Reporting (up to 6 bonus points for the category)
 - One bonus point per measure
 - Available through IRIS Registry-EHR integration for the eQMs.

Promoting Interoperability:

Requires the use of 2015 Certified EHR Technology (CEHRT) or a 2015-edition Cures Update CEHRT.

Performance period: 90+ consecutive days

- If you do not have 2015-edition CEHRT nor a 2015-edition Cures Update CEHRT due to a hardship, see if you are eligible for a hardship exception (deadline Dec. 31, 2021 at 8 pm ET). More information on hardships and exceptions is available on the Academy website.

²³ Note: CMS emphasizes that 100% of eligible patients is desired for MIPS

- You can only report patient encounters captured by a 2015-edition CEHRT or 2015-edition Cures Update CEHRT, for this category. If you group report, you will not be downgraded if not all your clinicians use the 2015-CEHRT or a 2015-edition Cures Update CEHRT.

How CMS Scores the Category

- Five or six of the 2021 PI measures are required²⁴.
- To receive any credit for the category, you must meet the reporting requirements--or, where available, claim an exclusion--for all the required measures.
- Most of these measures will be scored based on your performance rate.
- One measure is an optional bonus measure focused on opioid treatment.
- Security risk analysis is no longer a scored measure but is still required to get any PI score.

How to Report Measures:

- You must submit all required measures to get *any* PI credit.
- For each performance rate-based measure, you must have at least one patient in the numerator.
- Exclusion for Support Electronic Referral Loops by Sending Health Information measure:
 - Clinicians who make <100 referrals/transitions of care in the performance period.
- Exclusion for Support Electronic Referral Loops by Receiving and Reconciling Health Information measure:
 - Clinicians who receive <100 referrals/transitions of care/patients the clinician has never seen before in the performance period.

Please view the table on the next page for more information.

²⁴ The number depends on whether you report the new HIE Bi-Directional Exchange measure or the two Support Electronic Referral Loops measures

Objective	Measures	Reporting requirement	Maximum points
e-Prescribing	e-Prescribing** (Bonus) Query of Prescription Drug Monitoring Program	Numerator/denominator Yes/No	10 points (Bonus) 10 points
Provider to Patient Exchange	Provide patient electronic access to their health information	Numerator/denominator	40 points
Health-information exchange	Support electronic referral loops by sending health information**	Numerator/denominator	20 points
	Support electronic referral loops by receiving and reconciling health information**	Numerator/denominator	20 points
	OR Bi-Directional Exchange: Engage in bidirectional exchange with an HIE to support transitions of care.	Attest 'yes' to 3 questions	40 points
Public Health and Clinical Data Exchange (Report 2 measures or report the same measure to 2 different public health agencies or clinical data registries)	Clinical data registry reporting (included IRIS Registry-EHR integration)** Immunization registry reporting** Electronic case reporting** Public health registry reporting** Syndromic surveillance reporting**	Yes/No	10 points

**Exclusions are available for the measures. Check the exclusions on the measure specifications to see if you qualify.²⁵

Points earned on all measures (e-Prescribing, Prover to Patient Exchange, Health-information Exchange) depend on your performance rate. Each measure will be scored by multiplying the performance rate (calculated from the numerator and denominator you submit) by the available points for the measure. (Note: Do not confuse category points with MIPS points – Refer to *EyeNet's* MIPS 2021: A Primer and Reference for clarification.)

STEP 6: Submission

The January after the end of the performance year is when the submission function is activated in the IRIS Registry. You must press the submit button for your information to go to CMS. Watch for announcements from the Academy.

²⁵ www.aao.org/medicare/promoting-interopability/measures and *EyeNet's* MIPS 2021: A Primer and Reference pp 43-44

Academy Resources:

*Eye on Advocacy*²⁶: Updated every Thursday evening and sent by the *Washington Report Express* email. It is the first place you will see any MIPS changes discussed and explained.

Academy MIPS Webpages:	www.aao.org/medicare/mips
<i>EyeNet's MIPS 2021: A Primer and Reference:</i>	www.aao.org/eyenet/mips-manual-2021
Email IRIS Registry questions to:	irisregistry@aao.org
Email MIPS questions to:	mips@aao.org
AAOE e-Talk for AAOE Members:	aao.org/practice-management/listserv

²⁶ www.aao.org/advocacy/eye-on-advocacy

