

2018 MIPS Large Practice Roadmap

Under the Quality Payment Program launched in 2017, the Centers for Medicare and Medicaid Services (CMS) evaluates all eligible clinicians based on one of two tracks.

- The Academy expects most ophthalmologists will be in the fee-for-service track: the Merit-Based Incentive Payment System (MIPS).
- Advanced Alternative Payment Models (AAPMs) include Track 2+ accountable care organizations (ACOs).
- If you do not successfully report MIPS for 2018, you face a 5 percent penalty on all 2020 Medicare Part B services reimbursements.

STEP 1: See whether CMS requires you to report MIPS.

MIPS eligibility lookup tool (be sure to view the 2018 tab): <https://qpp.cms.gov/participation-lookup>

AAPM Qualified Participant (QP) eligibility lookup tool: <https://data.cms.gov/qplookup>

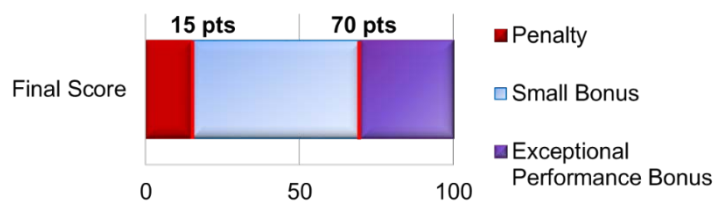
- If the clinician is listed as a qualified participant for 2018, they do *not* need to report for MIPS.

STEP 2. Are You in a Small Practice?

Small practice is defined as 15 or fewer eligible clinicians. You can verify your status as a small practice through the online CMS MIPS Eligibility Look Up Tool (see above).

In a small practice? Refer to the Small Practice Roadmap: aao.org/medicare/resources/small-practice

STEP 3: Define your goal: avoid the penalty or try for a bonus?



Goal	Effect on Reimbursement	MIPS Score Required
Avoid a Penalty	Avoids the 5 percent penalty on your 2020 Medicare Part B services reimbursements.	15 points
Small Bonus	Qualifies you for a small (likely <1-2 percent) bonus on your 2020 Medicare Part B services reimbursements.	Between 15 and 70 points
Exceptional Performance Bonus	Qualifies you for the small bonus, plus an additional bonus (minimum 0.5 percent) from a pool of money set aside for exceptional MIPS performers.	70+ points

STEP 4. How to Achieve Your Goal for 2018 Performance Year

The MIPS final score is the weighted sum of category scores. Ex. 15 percent = 15 MIPS Final Score points.

Legacy Program	MIPS Category	2018 Score Weight
PQRS	Quality	50 percent
Meaningful use	Promoting interoperability (PI), formerly ACI	25 percent
N/A	Improvement activities (IA)	15 percent
Value-based modifier	Cost	10 percent

Avoid a penalty: Requires 15-point minimum MIPS final score.

- **Improvement activity path:** Complete *two* high-weighted or *four* medium-weighted or 1 high-weighted and 2 medium-weighted activities for 90+ consecutive days; OR
- **Quality measures path:** Report on six quality measures, one of which must be an outcome measure. Report each quality measure:
 - For the full calendar year; and
 - On at least 60 percent of denominator-eligible patients¹.

Small bonus: Requires a MIPS final score of 16 to 70 points. **Do two or more of the following:**

- **Quality category:** Report on six quality measures, one of which must be an outcome measure. Report each quality measure:
 - For the full calendar year; and
 - On at least 60 percent of denominator-eligible patients¹.
- **Improvement activity category:** Complete the IA category for 90+ consecutive days.
- **Promoting interoperability category:**
 - *If you have certified electronic health record technology (CEHRT),* complete the [base measures](#) and as many [performance/bonus](#) measures as you can.
 - *If you do not have CEHRT,* apply for the PI hardship reweighting by December 31, 2018. Application will be available in late August of 2018.

Exceptional performance bonus: Requires a MIPS final score of 70+ points. **Do all of the following:**

- **Quality category:** Report on six quality measures, one of which must be an outcome measure. Report each quality measure:
 - For the full calendar year; and
 - On at least 60 percent of denominator-eligible patients¹.
- **Improvement activity category:** Complete the IA category for 90+ consecutive days.
- **Promoting interoperability category:**
 - *If you have certified electronic health record technology (CEHRT),* complete the [base measures](#) and as many [performance/bonus](#) measures as you can.
 - *If you do not have CEHRT,* apply for the PI hardship reweighting by December 31, 2018. Application will be available in late August of 2018.

Note: If you have an EHR, the easiest way to achieve your goals is through EHR integration with the Academy's IRIS® Registry (Intelligent Research in Sight). If you do not have an EHR, please register for the IRIS Registry Web Portal, through which you can manually report Quality and attest to Improvement Activities. For more information on reporting options, see page 7.

¹ For example, for the diabetic retinopathy measures, "denominator-eligible patients" means all patients between the ages of 18 and 75 years with diabetes.

STEP 5: Choose your measure and/or activities.

- Report all measures or activities *within* a category on the same period – e.g., all improvement activities from April 1 to June 30, 2018.
- Each MIPS *category* can be reported on the same or on different performance periods as other MIPS categories.

Suggested Improvement Activities (IAs)

Performance period: 90+ consecutive days.

- To fulfill the entire IA category score: complete 2 high-weighted or 4 medium-weighted or 1 high-weighted and 2 medium-weighted IAs.
 - Each high-weighted IA will count for 50 percent of the IA category score;
 - Each medium-weighted IA will count for 25 percent of the IA category score
 - *Group Reporting:* only one clinician needs to perform for the whole group to get credit.
- Do not report on more activities than required to fulfill IA. CMS can audit each activity you report.

Improvement activities that many clinicians/practices already do every day:

High-weighted:

- [IA PM 7: Use of QCDR Feedback Reports](#)
 - 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 by type of appointment and documentation of actions to improve performance is required.
 - **No 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.**

Quality Category

Performance period: Full calendar year.

- This category must be performed for the *full calendar year on 60 percent of denominator-eligible patients for each measure*.
 - For example, for the diabetic retinopathy measures, the denominator-eligible patients are all patients between the ages of 18 and 75 years with diabetes.

General Quality Category Information

- Report on at least *6 quality measures*
 - One measure *must* be an outcome measure.
- Quality measures can be found [here](#).
 - You can filter the measure by subspecialty, reporting method and type (outcome vs high priority vs process).
 - Save your favorite measures to your AAO.org To-Do list for future reference.
- Bonus Points: Outcome and High Priority (Up to 6 bonus points for the category in total)
 - Each additional *outcome* measure after the requirement earns two bonus points.
 - Each additional *high-weighted* measure earns one bonus point.
 - To receive bonus points, you must report the submitted measures:
 - On a minimum of 60 percent of denominator-eligible patients; *and*
 - With a denominator > 20 patients; *and*
 - A performance > zero.
- Bonus Points: End-to-End Electronic Reporting (Up to 6 bonus points for the category)
 - One point per measure
 - Available through IRIS Registry-EHR Integration.

Promoting Interoperability: Requires the use of Certified EHR Technology (CEHRT)

Note: CMS has changed the name of the advancing care information category to promoting interoperability, PI for short.

Performance period: 90+ consecutive days.

- If you do not have CEHRT, apply for the PI hardship reweighting by Dec. 31, 2018. CMS will post the application in late August 2018.
- You can only report patient encounters captured by CEHRT for this category. If you group report, you will not be downgraded if not all of your clinicians use CEHRT.

How CMS Scores the Category

PI (points) = Base score (50) + Performance score (90) + Bonus score (25) = 165 *potential* points

- 100-point cap on category score

How to Report Measures:

- You must submit all four 2014 CEHRT or five 2015 CEHRT base measures to get *any* PI credit.
- For each measure, you must have at least *one* patient in the numerator.
- Health-information exchange exclusion: Clinicians with <100 referrals/transitions of care in the performance period can claim an exclusion for this base measure.

Base Measures		
2014 CEHRT	2015 CEHRT	Reporting requirement
Security risk analysis	Security risk analysis	Yes/No
E-prescribing	E-prescribing	Numerator/denominator
Provide patient access	Provide patient access	Numerator/denominator
Health-information exchange	Send a summary of care	Numerator/denominator
	Request/accept summary of care	Numerator/denominator

- PI Performance measures (90 points available, but CMS caps the PI category at 100 points).

Performance Measures		
2014 CEHRT	% (Points)	Reporting requirement
Provide patient access	Up to 20	Numerator/denominator
Health-information exchange	Up to 20	Numerator/denominator
View, download or transmit	Up to 10	Numerator/denominator
Patient-specific education	Up to 10	Numerator/denominator
Secure messaging	Up to 10	Numerator/denominator
Medication reconciliation	Up to 10	Numerator/denominator
Public health/clinical data registry (includes IRIS Registry-EHR integration)	0 or 10	Yes/No

- Bonus measures offer up to 25 points, but CMS caps your category score at 100 points.

Bonus Measures		
2014 CEHRT	% (Points)	Reporting requirement
Active participation in a second registry	0 or 5	Yes/No
Completion of certain improvement activities via CEHRT	0 or 10	Yes/No
Use of 2015 CEHRT for PI reporting	0 or 10	Yes/No

- **Sample PI Score Calculation**

Base Score:

<i>Measure</i>	<i>Result</i>		<i>Score (Points)</i>
Security Risk Analysis	Yes		
E-Prescribing	30/500		
Provide Patient Access	300/500		
Send Summary of Care	450/500		
Request/Accept Summary of Care	277/500		
Fulfilled base score			50

Performance Score:

<i>Measure</i>	<i>Num/Denom</i>	<i>Perf Rate</i>	<i>Score (Points)</i>
Clinical Information Reconciliation	250/500	50%	5
Secure Messaging	15/500	3%	1
Provide Patient Access	300/500	60%	6
Send a Summary of Care	450/500	90%	9
Request a Summary of Care	277/500	55%	6
IRIS-EHR Integration	Yes	100%	10
Perf Total			37

Bonus Score:

<i>Measure</i>	<i>Num/Denom</i>	<i>Perf Rate</i>	<i>Score (Points)</i>
Submitted measures using 2015 CEHRT	Yes		10
Reporting to the completion of at least 1 other specified IA using CEHRT	Yes		10
Bonus Total			20

PI Category Score Calculation

PI Raw Score (Base + Performance + Bonus)	107
PI Score with Cap Applied	100
PI Contribution to MIPS Final Score (PI Capped Score * 0.25)	25 points

STEP 6: Choose your reporting option.

Quality

If you do not have an EHR:

- *IRIS Registry Manual Reporting*
 - Individual or group reporting.
 - Manually enter and report measures on patients from all payers (not just Medicare Part B).
 - Instructions for IRIS Registry reporting:
<https://www.aao.org/iris-registry/user-guide/getting-started>
 - Deadlines:
 - Register to report through the IRIS web portal by October 31, 2018.
 - Enter Data and Sign Data Release Consent Form by Jan. 15, 2019.
- *Claims Reporting*
 - Individual reporting only.
 - Report only Medicare Part B beneficiaries.
 - Instructions for claims-based reporting:
<https://www.aao.org/medicare/claims-reporting-guide>
 - Deadline: Submit all 2018 claims with appended quality data codes by March 1, 2019.

Best EHR option: IRIS Registry EHR integrated reporting.

- Earn one bonus point per quality measure submitted through EHR integration, up to six points in the category.
- The IRIS Registry will pull data for quality reporting directly from your EHR system.
- View your performance at least quarterly on your IRIS Registry dashboard.
- Deadlines:
 - Register for first-time IRIS Registry-EHR integration by June 1, 2018.
 - Complete the integration process by Aug. 1, 2018.
 - Sign data-release consent form by Jan. 15, 2019.

Promoting Interoperability and Improvement Activities

- IRIS Registry attestation
 - Choose either individual or group reporting.
 - Manually attest to improvement activities.
 - Manually enter promoting interoperability numbers.
 - Deadlines:
 - Register as a first-time user by Oct. 31, 2018.
 - Enter data and sign data-release consent form by Jan. 15, 2019.
- CMS web portal attestation
 - Individual or group reporting
 - Manually attest to improvement activities.
 - Manually enter promoting interoperability numbers
 - Deadline: March 31, 2019.
- *PI Hardship: If you do not have CEHRT*, apply for hardship reweighting.
 - CMS will post the application in late August 2018.
 - **Deadline: Dec. 31, 2018.**

Academy Resources:

- **Washington Report Express:** Published every Thursday evening. It's the first place you will see any changes discussed and explained.
- **MIPS Manual:** The *EyeNet* 2018 MIPS Manual.
 - aao.org/eyenet/mips-manual-2018
- **MIPS Webpages**
 - **Quality:**
aao.org/medicare/quality-reporting
 - **PI:**
aao.org/medicare/advancing-care-information
 - **Improvement activities:**
aao.org/medicare/improvement-activities
- **MIPS Main Page:** Contains links to all of the above information (except *Washington Report Express*). Will contain links to any new resources we add.
 - aao.org/medicare
- Email questions to mips@aao.org