

MIPS—Today’s To-Do List: Avoid the Payment Penalty

First, the bad news: If you don’t participate in the Merit-Based Incentive Payment System (MIPS) in 2017, your Medicare payments will be reduced by 4% in 2019. For many ophthalmologists, that would mean a payment penalty of about \$18,600.

So, what’s the good news? During this initial year of MIPS, CMS has made it easy to avoid the penalty. Indeed, by reporting a quality measure just one time on one patient, you can meet the minimum requirements in just a few minutes, and you can do so today.

Reduce your risk. Reporting the bare minimum will leave you with no margin of error. Given the amount of money that is at stake, it would be prudent to hedge your bets by doing some additional reporting. You can, for example, try to score points in more than one performance category.

Get up to speed. After reading this overview, visit *EyeNet’s* MIPS Manual (aao.org/eyenet/mips-manual-2017) and the MIPS hub page (aao.org/medicare) to learn more about the MIPS payment program.

You Can Participate in up to 3 Performance Categories

For 2017, your MIPS final score (0-100 points) is based on how you do in 3 performance categories.

The quality performance category replaces the Physician Quality Reporting System (PQRS). It contributes up to

60 points to your MIPS final score.

The **advancing care information (ACI) performance category** replaces the meaningful use program for electronic health records (EHRs). It contributes up to 25 points.

The **improvement activities performance category** is entirely new. It contributes up to 15 points.

In 2017, you only need a MIPS final score of 3 points to avoid the 2019 payment penalty. Because MIPS has a significant learning curve, for the first performance year CMS set a low threshold for avoiding the payment penalty. You can meet or exceed that 3-point threshold by participating in at least 1 of 3 performance categories, as described below.

Option 1: Use the IRIS Registry to Report Quality, With or Without an EHR System

The IRIS Registry offers 2 options for MIPS quality reporting. One requires an EHR system, but the other doesn’t.



VISIT THE ACADEMY RESOURCE CENTER (HALL G, BOOTH 3140). Got MIPS questions? Bring them to the Coding desk. If you bring your IRIS Registry login credentials, staff at the IRIS Registry kiosk can help you to report an improvement activity.

With either option, you can choose individual reporting or group reporting.

Using IRIS Registry/EHR integration. Once you have integrated your EHR system with the IRIS Registry, an automated process extracts your quality data from your EHRs and uploads the information to a clinical data registry, which submits your MIPS quality data to CMS on your behalf. You must have registered for this option by June 1.

IRIS Registry web portal. This approach involves manually entering your quality data into a web portal. When you log in to the IRIS Registry web portal, you will see a list of quality measures that you can report. You must have registered for the web portal option by Oct. 31.

For the step-by-step IRIS Registry user guide, visit aao.org/iris-registry/user-guide/getting-started.

Option 2: Report at Least 1 Quality Measure by Claims

This option is only available to you if you are participating in MIPS as an individual. Along with your claims submission, report *at least* 1 MIPS quality measure on *at least* 1 qualifying MIPS patient. You do this by submitting the appropriate quality data code (QDC), as was done when reporting PQRS measures via claims. QDCs can be a Category II CPT code or a temporary G code.

Reduce the risk. If your claim is denied, the MIPS reporting for that claim will also fail. With that in mind, you should report more than one quality measure on more than one patient for more than one day.

Pick a quality measure that applies to one of your patient encounters. The Academy identified 31 MIPS quality measures that are most likely to be appropriate for ophthalmologists. Of these, the 16 measures listed below can be reported via claims.

- 1: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
- 12: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- 14: Age-Related Macular Degeneration (AMD): Dilated Macular Examination
- 19: Diabetic Retinopathy: Communication With the Physician Managing On-Going Diabetes Care
- 110: Preventive Care and Screening: Influenza Immunization
- 111: Pneumococcal [Pneumonia] Vaccination Status for Older Adults
- 117: Diabetes: Eye Exam
- 128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan
- 130: Documentation of Current Medications in the Medical Record
- 140: AMD: Counseling on Antioxidant Supplement
- 141: POAG: Reduction of Intraocular Pressure (IOP) by 15% or Documentation of a Plan of Care
- 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- 236: Controlling High Blood Pressure
- 317: Preventive Care and Screening: Screening for High Blood Pressure and

MIPS Reporting Deadlines

June 1, 2017: Deadline to sign agreements for IRIS Registry/EHR automated reporting of 2017 MIPS quality data.

Aug. 1, 2017: Deadline for integrating your EHR system with the IRIS Registry for automated reporting of 2017 MIPS quality data.

Oct. 2, 2017: Last day to begin your performance period of 90 consecutive days if you want to maximize your bonus potential.

Oct. 31, 2017: Last day to register for reporting quality measures, ACI measures, or improvement activities via the IRIS Registry web portal. (If you already signed up for IRIS Registry/EHR automated quality reporting, you don't have to sign up separately to use the web portal.)

Nov. 11-14, 2017: At AAO 2017, attest to an improvement activity at the IRIS Registry booth. Important: Bring your IRIS Registry login information.

Dec. 31, 2017: Last day of MIPS' 2017 performance year.

Jan. 15, 2018: Last day to manually enter quality measures, ACI measures, and/or improvement activities into the IRIS Registry for 2017 MIPS reporting.

Jan. 15, 2018: Last day to submit your 2017 data release consent form to the IRIS Registry.

March 31, 2018: Last day to submit 2017 claims to CMS for MIPS reporting.

Follow-up Documented

- 397: Melanoma Reporting
- 419: Overuse of Neuroimaging for Patients With Primary Headache and a Normal Neurological Examination

Fill out CMS form 1500 for a patient encounter that takes place in 2017. Make sure you fill out these boxes:

- Box 21A: If there is an ICD-10 code associated with the quality measure, list it here.
- Box 24A: Date(s) of service.
- Box 24B: Place of service.
- Box 24D: CPT Category I, Level I code plus MIPS Category II code or HCPCS code, and any applicable modifier.
- Box 24E: Link to the ICD-10 code in box 21A.
- Box 24F: Include a charge of 1 cent.
- Box 24G: Include "1" in the unit field.

Which codes should you use? The Academy has created detailed web pages for MIPS quality measures, including lists of relevant QDCs, Category I CPT codes, and ICD-10 codes. To access the pages for the above measures, go to aao.org/practice-management/regulatory/mips/quality-reporting-measures and click "Claims."

Why put a charge of 1 cent in the

charges field? While CMS may accept a code without an associated charge, your system might suspend the code without a charge. Hence, charge 1 cent and adjust it off when the claim is paid.

Has the measure been received by CMS? Watch for the remittance advice when CMS makes payment, and see if it includes code N620. (Note: This code is for informational purposes only.)

Note: You can only report quality measures via claims if you report individually, not if you report as part of a group. If you report the quality performance category as an individual, you must also report the improvement activities and ACI performance categories as an individual.

Read the online guide. For additional information on reporting quality by claims, go to aao.org/practice-management/regulatory/mips/claims-reporting-guide.

Option 3: Report Improvement Activities via the IRIS Registry

In order to report an improvement activity, you—or, if you are participating in MIPS as part of a group, at least one clinician in your group—must have already performed that activity for at least 90 consecutive days.

Find a suitable improvement activity. MIPS features more than 90 improvement activities, but many of them aren't applicable to ophthalmology practices.

The IRIS Registry web portal supports reporting of the 22 improvement activities that are most suitable for ophthalmologists. To see what those measures entail, including documentation suggestions, visit aao.org/practice-management/regulatory/mips/improvement-activities.

Have you been performing MIPS improvement activities without realizing it? There are several improvement activities that practices may have been performing and documenting as a matter of course. These include the following:

- IA_AHE_1: Engagement of new Medicaid patients and follow-up.
- IA_EPA_1: Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record.
- IA_CC_2: Implementation of improvements that contribute to more timely communication of test results.
- IA_CC_8: Implementation of documentation improvements for practice/process improvements.

Report an improvement activity at AAO 2017. Go to the Academy Resource Center (Hall G, Booth 3140) and visit the IRIS Registry kiosk, where Academy staff can walk you through the process of reporting an improvement activity via the IRIS Registry web portal. You must bring your IRIS Registry login information with you. Note: If you have forgotten your login credentials, you should contact the IRIS Registry vendor, FigMD, at aao.support@bot.figmd.com. Please include your practice name. Contact them before you leave for New Orleans because their customer service staff aren't available weekends, including the first 2 days of AAO 2017 (Saturday, Nov. 11 and Sunday, Nov. 12).

More information online. To learn how to report improvement activities via the IRIS Registry web portal, visit aao.org/iris-registry/user-guide/report-improvement-activities.

MORE AT THE MEETING

Access. Some of these events are free if you are registered for AAO 2017; others require an Academy Plus course pass, which you can buy when you register. The half-day Coding Camp is considered a separate meeting and requires separate registration.

SATURDAY, NOV. 11

Academy Café MIPS (Sym52). Chair: David B. Glasser, MD. Panelists: John T. McAllister, MD, Cherie McNett, Jessica Peterson, MD, MPH, and Sue Vicchilli, COT, OCS. Bring your smartphone, cell phone, or laptop and text or email your questions to the panel. **When:** 10:30-11:45 a.m. **Where:** Room 271. **Access:** Free.

Coding Camp (17Code2). Moderator: Sue Vicchilli, COT, OCS. Includes a section on MIPS. **When:** 1:30-4:30 p.m. **Where:** Room 293. **Access:** Registration required.

SUNDAY, NOV. 12

Medicare Forum (Spe16). **When:** 12:15-1:45 p.m. **Where:** New Orleans Theater C. **Access:** Free.

MIPS in 2018 (224). Senior instructor: Sue Vicchilli, COT, OCS. **When:** 2:00-3:00 p.m. **Where:** Room 286. **Access:** Academy Plus course pass required.

How the IRIS Registry Helps You Participate in the Merit-Based Incentive Payment System (MIPS) (260). Senior instructor: Rebecca Hancock. **When:** 3:15-4:15 p.m. **Where:** Room 290. **Access:** Academy Plus course pass required.

Change Management: Improving EHR Efficiency and Advancing Care Information (ACI) Success (259). Senior instructor: Joy Woodke, COE, OCS. **When:** 3:15-4:15 p.m. **Where:** Room 291. **Access:** Academy Plus course pass required.

ACI/FAQS: Let's Clear It Up! (273). Senior instructors: Susan M. Loen, OCS, and Brittney Wachter, CPC, OCS. **When:** 4:30-5:30 p.m. **Where:** Room 288. **Access:** Academy Plus course pass required.

MONDAY, NOV. 13

Advancing Care Information Panel: Ask Us! (440). Senior instructor: Jessica Peterson, MD, MPH. **When:** 10:15-11:15 a.m. **Where:** Room 288. **Access:** Academy Plus course pass required.

The Medicare Access and CHIP Reauthorization Act (MACRA): What the New Changes Mean to Your Patients and Your Practice (Sym30). Chairs: Adrienne Williams Scott, MD, and Keith A. Warren, MD. Presenters: Keith D. Carter, MD, FACS; Reginald J. Sanders, MD; William L. Rich III, MD, FACS; and George A. Williams, MD. **When:** 10:15-11:45 a.m. **Where:** New Orleans Theater C. **Access:** Free.

IRIS Registry Dashboard and Analytics Demonstration: How to Track Performance and Evaluate Patient Outcomes for Practice Improvement (Part IV of ABO and MIPS) (Tech17). Instructor: Jon Waterman. **When:** 11:30 a.m.-noon. **Where:** Technology Pavilion (Booth 5347). **Access:** Free.

Advancing Care Information 101 (481). Senior instructor: Brittney Wachter, CPC, OCS. **When:** 4:30-5:30 p.m. **Where:** Room 292. **Access:** Academy Plus course pass required.

Other Options

You also can avoid the MIPS penalty by meeting the minimum requirements for ACI performance, which is less burdensome than its predecessor, the EHR meaningful use program.

You can report ACI measures manually via the IRIS Registry web portal.

You also can report ACI measures and improvement activities via the CMS attestation portal and, possibly, via your EHR vendor.