



## 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. As you go through your roadmap, keep handy EyeNet MIPS 2022: A Prier and Reference (posted online ahead of print).

In 2022, the threshold to avoid the penalty on 2024 reimbursements from Medicare is a MIPS final score of 75 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. Refer to this table as you look through your practice's roadmap.

86 FR 65521 Table 63 2022 Final Rule

Reweighting Scenario	Practice Size	Weighting in MIPS Final Score			
		Quality	PI	Improvement Activities	Cost
<b>No Reweighting Needed</b>					
Default weightings apply	Small or large	30%	25%	15%	30%
<b>Reweighting One Performance Category to a Zero Weight</b>					
No cost	Small or large	55%	30%	15%	0%
No promoting interoperability (PI)	Small	40%	0%	30%	30%
	Large	55%	0%	15%	30%
No quality	Small or large	0%	55%	15%	30%
No improvement activities	Small or large	45%	25%	0%	30%
<b>Reweighting Two Performance Categories to a Zero Weight</b>					
No cost, no PI	Small	50%	0%	50%	0%
	Large	85%	0%	15%	0%
No cost, no quality	Small or large	0%	85%	15%	0%
No cost, no improvement activities	Small or large	70%	30%	0%	0%
No PI, no quality	Small or large	0%	0%	50%	50%
No PI, no improvement activities	Small or large	70%	0%	0%	30%
No quality, no improvement activities	Small or large	0%	70%	0%	30%
<b>Reweighting Three Performance Categories to a Zero Weight</b>					
If CMS can only score you on one performance category, you would be assigned a MIPS final score of 75 points, which is enough to avoid the payment penalty.					



## 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. New to Medicare for 2022 and hasn't previously submitted claims under Medicare
2. Less than or equal to \$90,000 in covered Medicare Part B service allowed charges
3. Provides covered professional services to 200 or fewer Medicare Part B patients
4. 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.
5. Clinician is a qualifying 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, 2020 – Sept 30, 2021 + 30-day claims run out, and/or
2. Oct 1, 2021 - Sept 30, 2022.

Verify your status online using the *QPP Participation Status Tool*<sup>1</sup> (look under 2022 tab). According to CMS, the results of the first determination period were available Dec. 2021, and the results of the second determination period should be available Nov. 2022.

- 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 qualifying 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*.

---

<sup>1</sup> [qpp.cms.gov/participation-lookup](https://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
Avoids the maximum 9% Penalty	Avoids the full 9% penalty on your 2024 Medicare Part B services reimbursements (Between 18.76 and 74.99 points, a sliding scale starts at approximately 6.75 – 0.01% penalty)	18.76 points
Avoids a Penalty	Avoids the 9% penalty on your 2024 Medicare Part B services reimbursements.	75 points
Very Small Bonus	Qualifies you for a very small bonus on your 2024 Medicare Part B services reimbursements.  (ex. The small bonus turned out to be <0.1% for the 2020 performance year.)	Above 75 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 2020 performance year, the bonus for a perfect final score of 100 points was 1.69%).	At least 89 points

### Step 4. How to Achieve Your Goal for 2022 Performance Year

The MIPS final score is the weighted sum of category scores. Ex. If weighted at 40%, contributes up to 40 MIPS final scorepoints.

MIPS Performance Category	2022 Score Default Weight
Quality	30%
Promoting interoperability	25%
Improvement activities	15%
Cost	30%

## 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-eligible<sup>2</sup> patients AND with *at least* 20 patients in the denominator) for all 6 quality measures;
- You must average about 8.0 quality measure points across all 6 measures (with the automatic PI hardship for small practices and assuming at least a 30% score on the cost category).

#### ❖ 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:

All small practices will receive an automatic PI hardship reweighting.

- If you have a 2015-edition CEHRT or 2015-edition Cures Update CEHRT, and you do not take advantage of the automatic hardship exception, complete the PI required measures<sup>4</sup> 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.<sup>5</sup> Do *all* the following:

---

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

<sup>4</sup> [www.aao.org/medicare/promoting-interoperability](http://www.aao.org/medicare/promoting-interoperability)

<sup>5</sup> *EyeNet MIPS 2022: A Primer and Reference*

#### Improvement activities category:

- *If individual reporting*, complete 1 high-weighted or 2 medium-weighted improvement activities for 90+ consecutive days within the 2022 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 2022 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 about 4.0 out of 10 points on all measures (with the automatic reweighting for cost and promoting interoperability, and assuming full 100% score on improvement activities)

##### ❖ For Small Practices with EHR (and not taking the automatic PI hardship exception):

- Fully report (on *at least* 70% of denominator-eligible<sup>6</sup> patients AND with at least 20 patients in the denominator) each quality measure.
- The score you need will depend on how well you do in the EHR-based promoting interoperability category.

#### Promoting interoperability category:

All small practices will receive an automatic PI hardship reweighting.

- If you have a *2015-edition CEHRT* or *2015-edition Cures Update CEHRT*, and you do not take advantage of the automatic hardship exception, you can complete the PI required measures<sup>8</sup> and try to maximize your performance where possible.

#### Earn A Very Small Bonus

Requires a MIPS final score of more than 75 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 2022 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 2022 performance year. The clinicians do not need to share the same 90-day period.

---

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

<sup>7</sup> [www.aao.org/medicare/promoting-interoperability/exceptions](http://www.aao.org/medicare/promoting-interoperability/exceptions)

<sup>8</sup> [www.aao.org/medicare/promoting-interoperability](http://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 year<sup>9</sup>; 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, there is an automatic exception for promoting interoperability for small practices.
- If you have a 2015-edition CEHRT or 2015-edition Cures Update CEHRT, unless you take advantage of the automatic PI hardship exception, complete the PI required measures<sup>11</sup> and try to maximize your performance where possible.

### Get the Exceptional Performance Bonus

Requires a MIPS final score at or above 89 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.

---

<sup>9</sup> The IRIS Registry allows you to report from the beginning of the year.

<sup>10</sup> [www.aao.org/medicare/promoting-interoperability/exceptions](http://www.aao.org/medicare/promoting-interoperability/exceptions)

<sup>11</sup> [www.aao.org/medicare/promoting-interoperability](http://www.aao.org/medicare/promoting-interoperability)

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

- 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: Enhance engagement of Medicaid Patients and Other Underserved Populations,
    - Report analysis of trends in inequities in time to treat data
    - Document plans of activities to address inadequacies in time to treat performance and outcomes of these activities
    - 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.

---

<sup>12</sup> [www.aao.org/medicare/improvement-activities](http://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 75 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.
- Note: You must report the submitted measures:
  - On a minimum of 70 percent of denominator-eligible patients; and
  - With a denominator  $\geq 20$  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

## 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 or even if you do have CEHRT, there is an automatic exception for promoting interoperability for small practices.
- 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 2022 PI measures are required<sup>14</sup>.
- 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.
- Some measures are optional bonus measures .
- The Security Risk Analysis measure and the SAFER Guides measure are not scored measures but are 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.

---

<sup>13</sup> [www.aao.org/medicare/promoting-interoperability/exceptions](http://www.aao.org/medicare/promoting-interoperability/exceptions)

<sup>14</sup> 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 10 points (bonus)
Provider to Patient Exchange	Provide patients 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 HIE Bi-Directional Exchange: Engage in bidirectional exchange with an HIE to support transitions of care.	Yes/No	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)	Report the following two measures: Immunization registry reporting** Electronic case reporting** Optional measures: Clinical data registry reporting (included IRISRegistry-EHR integration)** Public health registry reporting** Syndromic surveillance reporting**	Yes/No	10 points 5 points (maximum even if more than 1 registry, bonus)
Protect Patient Health Information	Security Risk Assessment Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)	Yes/No Yes/No	Required, but not scored

\*\*Exclusions are available for the measures. Check the exclusions on the measure specifications to see if you qualify.<sup>15</sup>

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.

<sup>15</sup> [www.aao.org/medicare/promoting-interopability/measures](http://www.aao.org/medicare/promoting-interopability/measures) and *EyeNet's MIPS 2021: A Primer and Reference*

## Academy Resources:

*Eye on Advocacy*<sup>16</sup>: 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:	<a href="http://www.aao.org/medicare/mips">www.aao.org/medicare/mips</a>
<i>EyeNet's</i> MIPS 2022: A Primer and Reference:	<a href="http://www.aao.org/eyenet/mips-manual-2022">www.aao.org/eyenet/mips-manual-2022</a>
Email IRIS Registry questions to:	<a href="mailto:irisregistry@aao.org">irisregistry@aao.org</a>
Email MIPS questions to:	<a href="mailto:mips@aao.org">mips@aao.org</a>
AAOE -Talk for AAOE Members:	<a href="http://aao.org/practice-management/listserv">aao.org/practice-management/listserv</a>

---

<sup>16</sup> [www.aao.org/advocacy/eye-on-advocacy](http://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. New to Medicare for 2022 and hasn't previously submitted claims under Medicare
2. Less than or equal to \$90,000 in Medicare Part B service allowed charges, and/or
3. Provides covered professional services to 200 or fewer Medicare Part B patients, and/or
4. 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.
5. 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, 2020 – Sept 30, 2021 + 30-day claims run out, and/or
2. Oct 1, 2021 - Sept 30, 2022.

Verify your status online using the *QPP Participation Status Tool* (look under 2022 tab).<sup>17</sup> According to CMS, the results of the first determination period were available Dec. 2021, and the results of the second determination period should be available Nov. 2022.

- 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*.

---

<sup>17</sup> [qpp.cms.gov/participation-lookup?npi=](https://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
Avoids the maximum 9% Penalty	Avoids the full 9% penalty on your 2024 Medicare Part B services reimbursements (Between 18.76 and 74.99 points, a sliding scale starts at approximately 6.75 – 0.01% penalty)	18.76 points
Avoids a Penalty	Avoids the 9% penalty on your 2024 Medicare Part B services reimbursements.	75 points
Very Small Bonus	Qualifies you for a very small bonus on your 2024 Medicare Part B services reimbursements.  (ex. The small bonus turned out to be <0.1% for the 2020 performance year.)	Above 75 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 2020 performance year, the bonus for a perfect final score of 100 points was 1.69%).	At least 89 points

### Step 4. How to Achieve Your Goal for 2022 Performance Year

The MIPS final score is the weighted sum of category scores. Ex. 30% = 30 MIPS Final Score points.

MIPS Category	2022 Score Weight
Quality	30%
Promoting interoperability	25%
Improvement activities	15%
Cost	30%

## To Avoid a Penalty

Requires MIPS final score of 75 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 year<sup>18</sup>; 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 CEHRT<sup>19</sup>, 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, 2022 at 8 pm ET). Application information is available on the website<sup>20</sup>.

## Earn a Very Small Bonus

Requires a MIPS final score of above 75 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

---

<sup>18</sup> The IRIS Registry allows you to report from the beginning of the year.

<sup>19</sup> EyeNet's MIPS 2022: A Primer and Reference

<sup>20</sup> <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, 2022 at 8 pm ET). Application information is available on the Academy's website<sup>21</sup>.

### Get the Exceptional Performance Bonus

Requires a MIPS final score of at least 89 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.

---

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



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

- 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: Enhance engagement of Medicaid Patients and Other Underserved Populations,
    - Report analysis of trends in inequities in time to treat data
    - Document plans of activities to address inadequacies in time to treat performance and outcomes of these activities
    - 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).

---

<sup>22</sup> [www.aao.org/medicare/improvement-activities](http://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.

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.<sup>23</sup>
- 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.
- You must report the submitted measures:
  - On a minimum of 70 percent of denominator-eligible patients; and
  - With a denominator  $\geq 20$  patients; and
  - A performance rate  $> 0$  (or  $< 100$  if an inverse measure).

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: 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 2022 PI measures are required<sup>14</sup>.
- 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.
- Some measures are optional bonus measures .
- The Security Risk Analysis measure and the SAFER Guides measure are not scored measures but are 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.

---

<sup>13</sup> [www.aao.org/medicare/promoting-interoperability/exceptions](http://www.aao.org/medicare/promoting-interoperability/exceptions)

<sup>14</sup> 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 10 points (bonus)
Provider to Patient Exchange	Provide patients 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 HIE Bi-Directional Exchange: Engage in bidirectional exchange with an HIE to support transitions of care.	Yes/No	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)	Report the following two measures: Immunization registry reporting** Electronic case reporting** Optional measures: Clinical data registry reporting (included IRISRegistry-EHR integration)** Public health registry reporting** Syndromic surveillance reporting**	Yes/No	10 points  5 points (maximum even if more than 1 registry, bonus)
Protect Patient Health Information	Security Risk Assessment Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)	Yes/No Yes/No	Required, but not scored

\*\*Exclusions are available for the measures. Check the exclusions on the measure specifications to see if you qualify.<sup>15</sup>

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.

<sup>25</sup> [www.aao.org/medicare/promoting-interopability/measures](http://www.aao.org/medicare/promoting-interopability/measures) and *EyeNet's MIPS 2021: A Primer and Reference* pp 43-44

Academy Resources:

*Eye on Advocacy*<sup>26</sup>: 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:	<a href="http://www.aao.org/medicare/mips">www.aao.org/medicare/mips</a>
<i>EyeNet's MIPS 2022: A Primer and Reference:</i>	<a href="http://www.aao.org/eyenet/mips-manual-2021">www.aao.org/eyenet/mips-manual-2021</a>
Email IRIS Registry questions to:	<a href="mailto:irisregistry@aao.org">irisregistry@aao.org</a>
Email MIPS questions to:	<a href="mailto:mips@aao.org">mips@aao.org</a>
AAOE e-Talk for AAOE Members:	<a href="http://aao.org/practice-management/listserv">aao.org/practice-management/listserv</a>

---

<sup>26</sup> [www.aao.org/advocacy/eye-on-advocacy](http://www.aao.org/advocacy/eye-on-advocacy)