The Merit-based Incentive Payment System (MIPS) in 2020

Course 224
South 206 - 208
October 13, 2:00 – 3:00 PM
Financial Disclosures

• We have no financial interests or relationships to disclose.
Speakers

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- Jessica Peterson, MD, MPH, Manager, Quality & HIT Policy
- Moderator: Sue Vicchrilli, COT, OCS, OCSR, Director, Coding & Reimbursement
Brief Overview of the Merit-Based Incentive Payment System
Quality Payment Program (QPP)

- QPP Offers 2 Programs for Reimbursement under Medicare Part B
  - 1) Merit-based Incentive Program System (MIPS)
  - 2) Advanced Alternate Payment Model (APM)

Providers Can Qualify for Either MIPS or APM
MIPS Payment Adjustments

• Payment
  o Baseline: Standard FFS payments
  o Adjustment:
    ▪ Upward/Neutral/Downward
    ▪ Maximum adjustments (±4%, ±5%, ±7%, ±9%)
    ▪ Partial or full adjustment, based on Final Score
  o MIPS payment adjustments are applied to services provided under Part B

• Exceptional performance pool
  o $500M for 5 years (2019-2023)
Penalties

• 2019 MIPS:
  o 7% penalty in 2021: estimated $28,171 for average ophthalmologist

• 2020 MIPS:
  o Penalties increase to 9%
  o 9% penalty in 2022: estimated $36,156 for average ophthalmologist
2020 MIPS: CMS Proposals
2020 MIPS

• Please note:
  - CMS has not yet released a final rule on 2020 MIPS.
  - Many of the changes discussed today are proposals.
  - They are not yet final and are subject to change.
MIPS Is Getting Harder
2020 & 2021 MIPS Proposed Scoring

<table>
<thead>
<tr>
<th>Threshold</th>
<th>2019</th>
<th>2020 (Proposed)</th>
<th>2021 (Proposed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threshold to Avoid a Penalty</td>
<td>30 points</td>
<td>45 points</td>
<td>60 points</td>
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<tr>
<td>Exceptional Performance Threshold</td>
<td>75 points</td>
<td>80 points</td>
<td>85 points</td>
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## MIPS Proposed Performance Category Weights

<table>
<thead>
<tr>
<th>MIPS Category</th>
<th>Score Weight 2017</th>
<th>Score Weight 2018</th>
<th>Score Weight 2019</th>
<th>Score Weight 2020 (proposed)</th>
<th>Score Weight 2021 (proposed)</th>
<th>Score Weight 2022+ (proposed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>60%</td>
<td>50%</td>
<td>45%</td>
<td>40%</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>Promoting Interoperability (PI)</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Improvement Activities (IA)</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Cost</td>
<td>0%</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
</tr>
</tbody>
</table>
## MIPS Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>2019 MIPS Weight</th>
<th>(Proposed) 2020 MIPS Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>45%</td>
<td>40%</td>
</tr>
<tr>
<td>PI</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>IA</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Cost</td>
<td>15%</td>
<td>20%</td>
</tr>
</tbody>
</table>
MIPS Scores

• 2019 MIPS
  o Avoid a penalty: 30 points
  o Very small bonus: between 30 – 75 points
  o Exceptional performance bonus: >75 points

• 2020 MIPS (Proposed)
  o Avoid a penalty: 45 points
  o Very small bonus: between 45 – 80 points
  o Exceptional performance bonus: >80 points
Avoiding a Penalty: 2020 Proposal

- Minimum of 45 points
  - Larger affect on small practices without an EHR

- To avoid the penalty, practices without an EHR would need to:
  - Fully report IA
  - Fully report Quality (>70% of eligible patients for 6 measures the full calendar year)
    - With average score of ≥3.62 per measure
  - Be approved for a hardship exception from the PI category
    - Application Deadline: Dec. 31 of the performance year.
Quality Category: **Proposed Increase in Data Completeness Requirement**

- Proposal to increase reporting threshold to 70% (up from 60%):
  - Report 6 measures, including at least 1 outcome/high priority measure, on 70% of eligible patients for the full calendar year

- This proposed change would not impact most practices using IRIS Registry – EHR integration:
  - IRIS Registry reports on 100% of eligible patients for EHR-integrated practices

- This proposed change would impact practices manually reporting patients using IRIS Registry (no EHR):
  - More reporting would be required
Quality Category: **Proposed Measure Removals**

- **Proposed removal of immunization measures**
  - CMS is proposing to remove
    - QPP 110: Preventive Care and Screening: Influenza Immunization
    - QPP 111: Pneumococcal Vaccination Status for Older Adults
    - QPP 474: Zoster (Shingles) Vaccination. Benchmarks published by CMS for measures
  - CMS is proposing to add one single *Adult Immunization Status* measure instead

- **Proposed removal of cataracts measures**
  - QPP 192: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
  - QPP 388: Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy) Claims reporting
Quality Category: Proposed Measure Removals

- Proposal to remove QPP 19 from claims reporting
  - QPP 19: Diabetic Retinopathy: Communication with Physician Managing Ongoing Diabetes Care
  - The measure would continue to be an option for EHR, IRIS Registry – EHR integration and IRIS Registry manual reporting
Quality Category: Proposed Measure Changes

• Proposal to change QPP 191:
  o QPP 191 Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
    ▪ For manual reporters, this measure was reported once per patient, even if surgery performed in both eyes.
    ▪ CMS is proposing to change the measure to be reported per procedure. This may double some practices’ reporting burden.

• Proposal to change QPP 385:
  o QPP 385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
    ▪ CMS is proposing to exclude patients with a pre-op visual acuity of better than 20/40
Quality Category

- Increasingly difficult
  - Getting a perfect or near perfect score in the Quality Category will be increasingly difficult due to increasing number of topped out measures and measure removals
  - Practices should focus on QCDR measures as alternatives to topped out measures.
Quality Category: Cherry-Picking

CMS Statement, Not a Proposal

- Cherry-picking:
  - “Cherry-picking”: When clinicians choose to report on patients that optimize their MIPS scores but don’t represent their true performance.
  - CMS states that cherry-picked data results in MIPS scores that are not true, accurate or complete.
  - If CMS suspects cherry-picking, they will perform an audit. If cherry-picking is found, you will fail the audit.
Cost Category

- CMS proposed to specifically exclude ophthalmology from the Total Per Capita Cost (TPCC) measure
  - Based on 2-digit specialty code
  - Removes the rampant misattribution often seen under TPCC
Improvement Activities Category

• Group Reporting Requirement Proposed Change
  o 50% of NPIs in a TIN must perform the IA for the same 90+ consecutive day period
  o Only 1 clinician was required in 2019
Improvement Activities Category

• CMS proposed to remove 14 IAs, including:
  o IA_PSPA_5: Annual Registration in the Prescription Drug Monitoring Program
  o IA_CC_4: Participation in CMS Transforming Clinical Practice Initiative
  o IA_CC_6: Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination
  o IA_PM_10: Use of QCDR data for quality improvement such as comparative analysis reports across patient populations
  o IA_AHE_4: Leveraging a QCDR for use of standard questionnaires
IRIS Registry & 2020 MIPS

• IRIS Registry will continue to be the best option for ophthalmology practices

• IRIS Registry will support reporting for the Quality, Improvement Activities and PI Categories
  o Quality Category
    ▪ IRIS Registry participants can complete quality measure reporting, and will have access to subspecialty eyecare QCDR measures only available through IRIS Registry
  o Improvement Activities Category
    ▪ IRIS Registry participants may get credit for several registry specific-IAs and can complete IA attestations through IRIS Registry
  o Promoting Interoperability Category
    ▪ IRIS Registry participants can get credit for the Clinical Data Registry measure under the Public Health and Clinical Data Exchange Objective
Current IRIS Registry Stats (September 1, 2019)

Contracted
- 18,167 physicians from 4,751 practices

Contracted for EHR Integration
- 15,284 physicians from 3,101 practices

Number of patient visits
- 252.95 million, representing 60.78 million pts
# Integrated with 55 EHR Systems

<table>
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<tr>
<th>ActiveEHR</th>
<th>eMDs</th>
<th>Intellechart Pro (MDIntellesys)</th>
<th>My Vision Express</th>
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<td>EyeDoc EMR</td>
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<td>Modernizing Medicine</td>
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IRIS Registry Deadlines

- **IRIS-EHR Integration:**
  - June 1, 2019, register for IRIS-EHR integration
  - Aug. 1, 2019, complete the IRIS-EHR integration process
  - Dec. 31, 2019, complete all patient encounters
  - Jan. 31, 2020, enter all data in the IRIS Registry and sign data release consent form
  - March 31, 2020, complete submission via IRIS Registry dashboard
  - **June 1, 2020, register for IRIS-EHR integration for 2020 MIPS**

- **IRIS Web Portal Manual Reporting Option:**
  - Oct. 31, 2019, new practices register for the IRIS Registry Web Portal manual reporting
    - Sign up at IRIS Registry booth if you have not previously registered
  - Dec. 31, 2019, complete all patient encounters
  - Jan. 31, 2020, enter all data in the IRIS Registry and sign data release consent form
  - March 31, 2020, complete submission via IRIS Registry dashboard
  - **October 31, 2020, register for IRIS Registry Web Portal for 2020 MIPS**
IRIS Registry Booth - West, Booth 7337

- Sign the required Data Release Consent Form for 2019 MIPS Submissions
- Complete Improvement Activity Attestation
- Review your Dashboard (EHR-integrated practices)
- Learn how to manually enter quality data (non-EHR practices)

- Note: Bring your login credentials, clinician NPIs and practice TIN
Academy Member Resources

• Visit www.aao.org/medicare to find resources for 2019 MIPS
• MIPS Help: mips@aao.org
• IRIS Registry Help: irisregistry@aao.org
Questions?