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

- Rebecca Hancock, MHA, Director, IRIS Registry

- Jessica Peterson, MD, MPH, Manager, Quality & HIT Policy

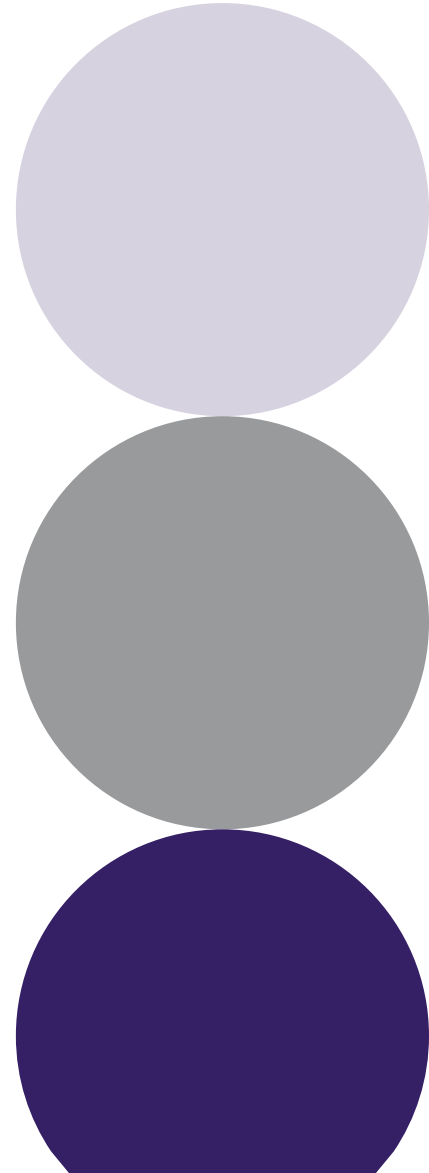- Moderator: Sue Vicchrilli, COT, OCS, OCSR, Director, Coding & Reimbursement
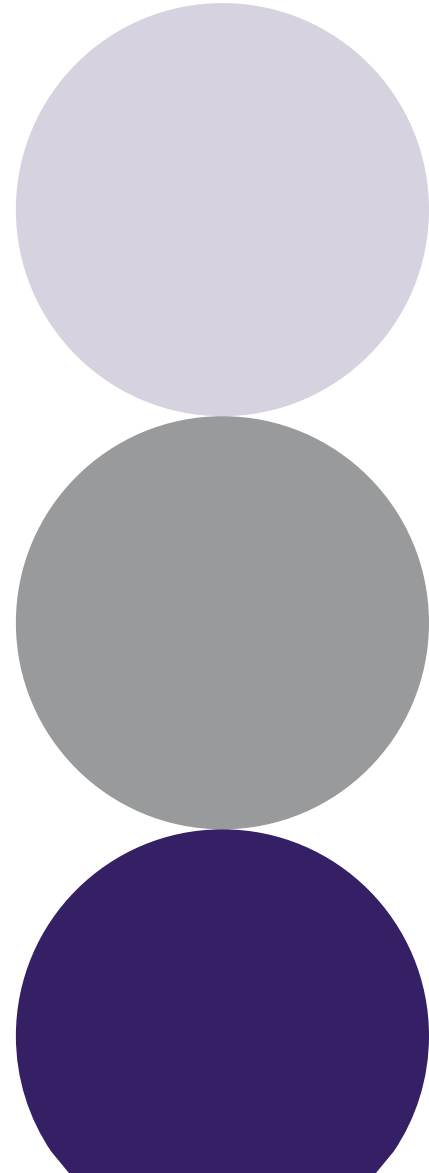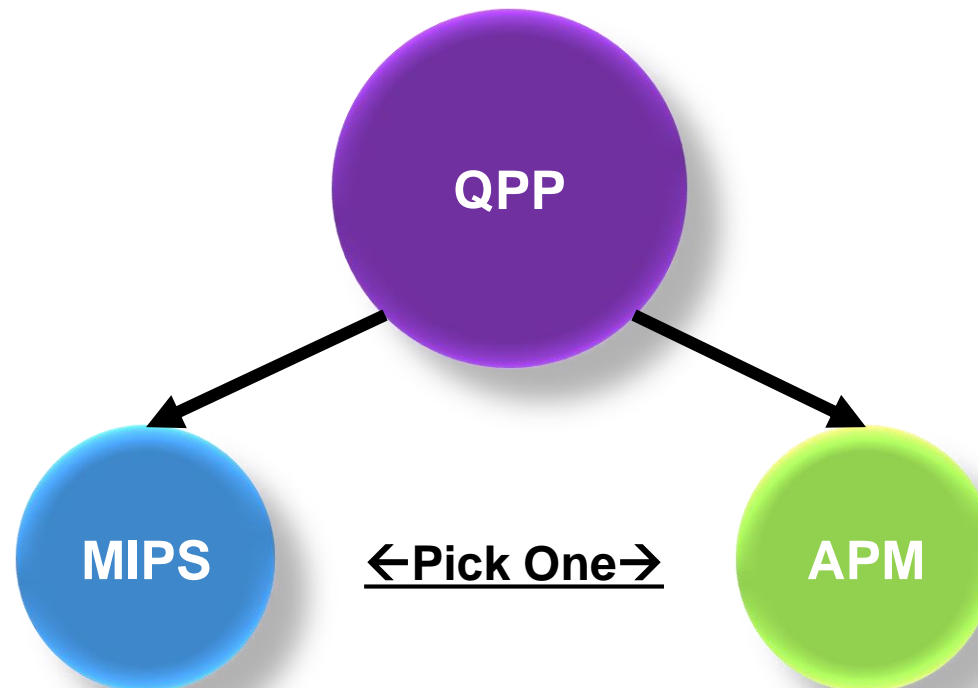
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Brief Overview of the Merit-Based Incentive Payment System

Quality Payment Program (QPP)

- QPP Offers <u>2</u> Programs for Reimbursement under Medicare Part B
  - 1) <u>M</u>erit-based <u>I</u>ncentive <u>P</u>rogram <u>S</u>ystem (MIPS)
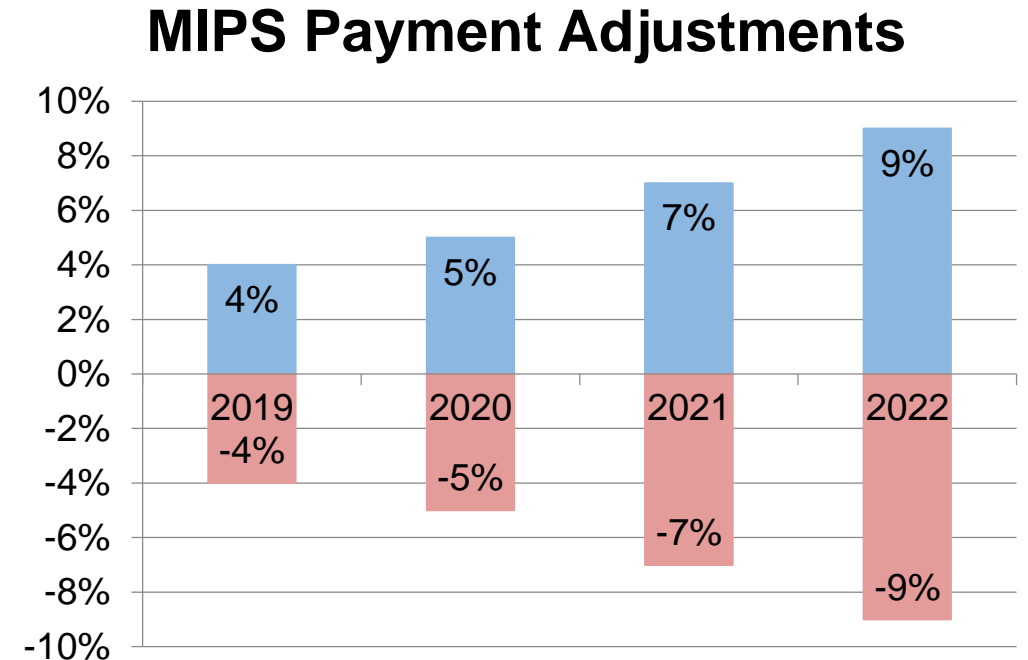 - 2) Advanced <u>A</u>lternate <u>P</u>ayment <u>M</u>odel (APM)

QPP

MIPS   ←**Pick One**→   **APM**

Providers Can **Qualify** for Either MIPS or APM

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MIPS Payment Adjustments

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

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

MIPS Payment Adjustments

Year	Upward	Downward
2019	4%	-4%
2020	5%	-5%
2021	7%	-7%
2022	9%	-9%

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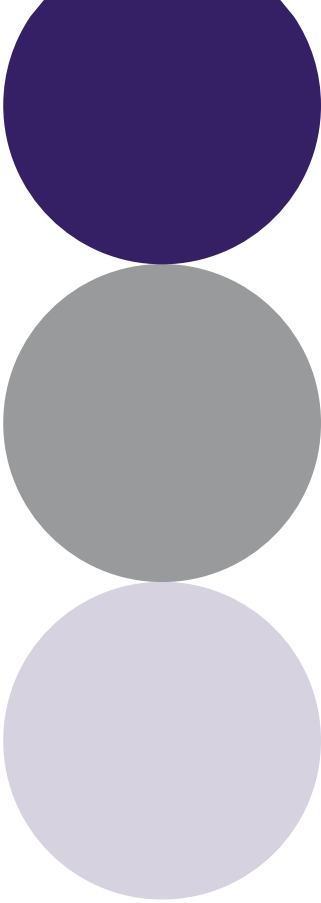
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Penalties

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

- 2020 MIPS:
    - Penalties increase to 9%
    - 9% penalty in 2022: estimated $36,156 for average ophthalmologist

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2020 MIPS: CMS Proposals

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2020 MIPS

- **<u>Please note:</u>**
  - ○ 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 <u>subject to change.</u>

MIPS Is Getting Harder
2020 & 2021 MIPS Proposed Scoring

Threshold	2019	2020 (Proposed)	2021 (Proposed)
Threshold to Avoid a Penalty	30 points	45 points	60 points
Exceptional Performance Threshold	75 points	80 points	85 points

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MIPS Proposed Performance Category Weights

MIPS Category	Score Weight 2017	Score Weight 2018	Score Weight 2019	Score Weight 2020 (proposed)	Score Weight 2021 (proposed)	Score Weight 2022+ (proposed)
Quality	60%	50%	45%	40%	35%	30%
Promoting Interoperability (PI)	25%	25%	25%	25%	25%	25%
Improvement Activities (IA)	15%	15%	15%	15%	15%	15%
Cost	0%	10%	15%	20%	25%	30%

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MIPS Categories

Category	2019 MIPS Weight	(Proposed) 2020 MIPS Weight
Quality	45%	40%
PI	25%	25%
IA	15%	15%
Cost	15%	20%

MIPS Scores

- 2019 MIPS
  - Avoid a penalty: 30 points
  - Very small bonus: between 30 – 75 points
  - Exceptional performance bonus: $\geq$75 points

- 2020 MIPS (Proposed)
  - Avoid a penalty: 45 points
  - Very small bonus: between 45 – 80 points
  - Exceptional performance bonus: $\geq$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.

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Quality Category: Proposed Increase in Data Completeness Requirement

- Proposal to increase reporting threshold to 70% (up from 60%):
  - o 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:
  - o 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)
  - o More reporting would be required

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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

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Quality Category: Proposed Measure Changes

- Proposal to change QPP 191:
  - 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:
  - 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.

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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
  - 50% of NPIs in a TIN must perform the IA for the same 90+ consecutive day period
  - Only 1 clinician was required in 2019

Improvement Activities Category

- CMS proposed to remove 14 IAs, including:
  - IA_PSPA_5: Annual Registration in the Prescription Drug Monitoring Program
  - IA_CC_4: Participation in CMS Transforming Clinical Practice Initiative
  - IA_CC_6: Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination
  - IA_PM_10: Use of QCDR data for quality improvement such as comparative analysis reports across patient populations
  - 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
  - Quality Category
    - IRIS Registry participants can complete quality measure reporting, and will have access to subspecialty eyecare QCDR measures only available through IRIS Registry
  - Improvement Activities Category
    - IRIS Registry participants may get credit for several registry specific-IAs and can complete IA attestations through IRIS Registry
  - Promoting Interoperability Category
    - IRIS Registry participants can get credit for the Clinical Data Registry measure under the Public Health and Clinical Data Exchange Objective

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Current IRIS Registry Stats (September 1, 2019)

Contracted
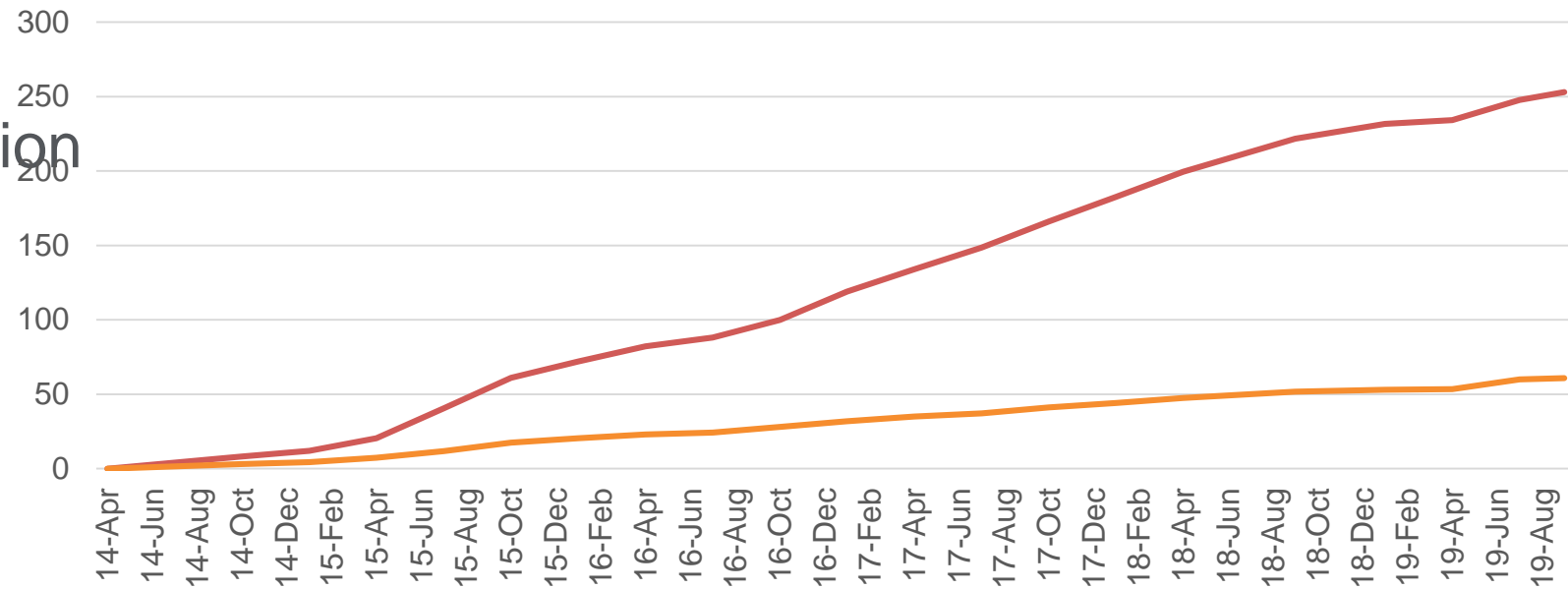- **18,167** physicians from **4,751** practices

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

Number of patient visits
- **252.95** million, representing **60.78** million pts

IRIS Registry Growth in Millions of Visits and Unique Patients

Integrated with 55 EHR Systems

ActiveEHR

Amazing Charts

CareCloud

ChartLogic

ChartMaker Medical Suite

ClinixMD

Compulink

Crystal PM

Cyfluent

DoctorSoft

DRS Enterprise

eClinicalWorks

eMDs

EnableDoc

Epic

ExamWRITER

EyeDoc EMR

EyeMD EMR

First Insight

GE Centricity EMR

Greenway Intergy

Greenway/Primesuite

HCIT

ifa systems EMR

iMedicWare

IMS

Integrity EMR for Eyes

Intellechart Pro (MDIntellesys)

IO Practiceware

iPatientCare

KeyMedical Software

MacPractice MD

ManagementPlus

Mastermind EHR

MaximEyes

MDoffice

Medent

MedEvolve

Medflow

Medinformatix EHR

Modernizing Medicine

My Vision Express

NeoMed

NexTech

NextGen

OfficeMate

Origin

PatientNOW

Prime Clinical System

PrognoCIS

SRS

StreamLane

TriMed EHR

VersaSuite

Vitera EHR

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**

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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

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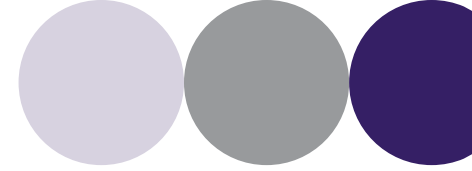
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Academy Member Resources

- Visit www.aao.org/medicare to find resources for 2019 MIPS

- MIPS Help: mips@aao.org
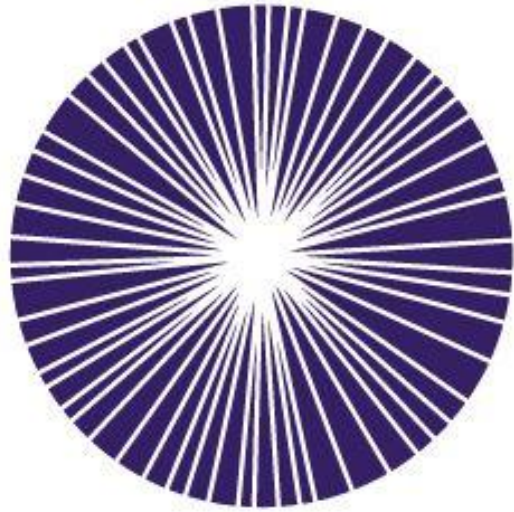
- IRIS Registry Help: irisregistry@aao.org

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Questions?

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