

Guide to MIPS 2017, Part 4: How to Report Improvement Activities

Will you score full marks for your improvement activities? To do so, you will need to perform 1 to 4 improvement activities—the amount depends on how those activities are weighted, as well as the size and location of your practice. You need to perform each activity for at least 90 consecutive days. Here are the details.

How You'll Be Scored

How many points do you get for an improvement activity? This depends on (1) how the activity is weighted and (2) whether you're able to double the score.

If an activity's weight is:

- medium—it scores 10 points (double score is 20 points)
- high—it scores 20 points (double score is 40 points)

Who scores double? MIPS participants can score double for an improvement activity if they are:

- in a small practice (fewer than 16 MIPS eligible clinicians),
- in a rural practice,
- in a practice that is in a geographic health professional shortage area (HPSA), or
- non-patient-facing MIPS participants.

Maximum score is capped at 40 points. If you don't score double, you can accrue the maximum score of 40 points by performing:

- 4 medium-weighted activities (4 × 10 points) or

Improvement Activities' Place Within MIPS

Your 2017 MIPS final score determines whether your 2019 Medicare payments will be subject to a positive, negative, or neutral payment adjustment. You will score 0-100 points, based on your scores in 3 performance categories.

Improvement activities score contributes up to 15 points to your MIPS final score. The improvement activities performance category is entirely new.

Quality score contributes up to 60 points. The quality performance category replaces the Physician Quality Reporting System.

Advancing care information (ACI) score contributes up to 25 points. The ACI performance category replaces the EHR meaningful use program.

- 2 medium-weighted activities (2 × 10 points) and 1 high-weighted activity (1 × 20 points) or
- 2 high-weighted activities (2 × 20 points).

If you are eligible to score double, you can accrue 40 points by performing:

- 2 medium-weighted activities (2 × 20 points) or
- 1 high-weighted activity (1 × 40 points).

Each improvement activity is all or nothing. You won't score points for an improvement activity unless it is performed for 90 days and you satisfy all of its requirements. You do not score partial credit for partially performing an activity.

Some MIPS participants will automatically get credit. MIPS eligible clinicians (and groups) who are practicing

as part of an accredited patient-centered medical home will automatically score 40 points (the maximum score); those who are participating as part of a MIPS-eligible alternative payment model (APM) will automatically score a minimum of 20 points (half the maximum score). Few ophthalmologists are expected to fall within these 2 categories in 2017.

Here's how your improvement activities score contributes to your MIPS final score. CMS divides your total number of points by 40 and turns the resulting fraction into a percentage (e.g., if you have 20 points, your score would be 50%). This contributes up to 15 points to your MIPS final score (e.g., an improvement activities score of 50% would contribute 7.5 points).

Decide How You Will Report

Select a reporting mechanism. You can attest to your improvement activities performance via the IRIS Registry, a CMS website, or possibly your electronic

health record (EHR) vendor (ask your vendor whether it will offer this option).

You attest that you successfully completed improvement activities. Whichever reporting mechanism you choose, it is your responsibility to attest that you appropriately completed the activities that you choose to perform. If that mechanism is run by a third party (e.g., the IRIS Registry), the third party simply reports to CMS what you attested—the third party is not confirming that you did in fact complete those activities. Note: You also should document your performance.

Consider reporting as a group. You report improvement activities either as an individual or as a group. When you report as a group, all MIPS eligible clinicians who participate in that group will receive the same score for improvement activities. And if at least 1 of those clinicians satisfies the requirements for a particular improvement activity, then the whole group can score points for that activity. Note: You must participate in MIPS in the same way—either as an individual or as a group—for all MIPS performance categories.

Select, Perform, and Document Your Improvement Activities

The MIPS regulations include 94 improvement activities, but many of them aren't suitable for ophthalmologists.

Which improvement activities are most relevant to ophthalmology? The IRIS Registry supports attestations for the 18 improvement activities that are most meaningful for ophthalmology practices. These include 5 high-weighted activities and 13 medium-weighted activities (see table).

Select which activities you will perform. In order to score full marks, the number of improvement activities that you need to perform can range from 1 to 4, depending on the activities' weights and whether you score double (see "How You'll Be Scored," page 65).

Consider the ACI bonus. When selecting improvement activities, you should note that some of them are eligible for an ACI bonus if you use a certified EHR technology (CEHRT) to help you perform those activities (see table). For example, suppose you decide

to perform the "Provide 24/7 access" improvement activity (see first activity in table); if you use your CEHRT's secure messaging functionality to provide 24/7 access for advice about urgent and emergent care (e.g., sending or responding to secure messages outside business hours), this would qualify you for the ACI bonus score. You only need to use CEHRT for 1 improvement activity to score the full 10% ACI bonus. This bonus accrues to your ACI score, not your improvement activities score.

Score highly by integrating your EHR with the IRIS Registry. If you fully integrate your EHR system with the IRIS Registry and utilize its dashboard, you could qualify for 4 or 5 activities that involve or include the use of a registry (see table). And if you use the IRIS Registry to complete Maintenance of Certification Part IV, you can qualify for an additional medium-weighted activity (see last activity in table).

You must perform improvement activities for at least 90 consecutive days. In order to score points for an improvement activity, you—or another clinician within your group, if you are reporting as a group—must perform that activity for at least 90 consecutive days. The MIPS regulations state: "Activities, where applicable, may be continuing (that is, could have started prior to the performance period and are continuing) or be adopted in the performance period as long as an activity is being performed for at least 90 days during the performance period."

Document your improvement activities. To make sure you're ready for a future audit, you should maintain documentation that shows you performed the improvement activities that you are claiming credit for.

Use the IRIS Registry

This summer, the IRIS Registry (aao.org/iris-registry/medicare-reporting) plans to open its web portal to support reporting for the quality, ACI, and improvement activities performance categories. (Note: Registries that are used for MIPS reporting are recertified annually; CMS is scheduled to recertify 2017 registries in April or May 2017.)

How to report quality. If you inte-

grate your EHR system with the IRIS Registry, you can use an automated process to report quality measures. If you don't have an EHR system—or you do, but you are not able to integrate it with the IRIS Registry—you can report quality measures manually via the IRIS Registry's web portal.

How to report ACI and improvement activities. These can be reported manually via the IRIS Registry web portal.

Deadlines for getting started with IRIS Registry/EHR integration. Sign up by June 1, 2017, and complete integration by Aug. 1, 2017.

Deadlines for the web portal. Sign up by Oct. 31, 2017, and enter all your reporting data into the portal by Jan. 15, 2018. If you signed up for IRIS Registry/EHR integration, you don't need to sign up separately for the web portal.

Deadline for your data release consent form. You need to submit a data release consent form by Jan. 15, 2018.

Academy Resources

As you start participating in MIPS, your to-do list should include the following:

1. Bookmark the Academy's Medicare Physician Payment and MIPS pages: aao.org/medicare and aao.org/mips.
2. Check your email every Thursday for *Washington Report Express*, which will help keep you current on the latest developments.
3. Make sure you're signed up for the IRIS Registry, which will be the MIPS reporting tool of choice for ophthalmology practices: aao.org/iris-registry/medicare-reporting.
4. Read *EyeNet's* Guide to MIPS 2017 at aao.org/eyenet:
 - Part 1: Know the Basics (January)
 - Part 2: How to Report Quality Performance (February)
 - Part 3: How to Report Advancing Care Information (March)
 - Part 4: How to Report Improvement Activities (April)
 - Part 5: Your Final Score, Penalties, and Bonuses (May)



18 Improvement Activities That You Can Report via the IRIS Registry

Starting this summer, you can use the IRIS Registry (aao.org/iris-registry) to attest that you performed the 18 activities listed in the chart below. (To review all 94 activities, visit <https://qpp.cms.gov/measures/ia>.)

Will you max out with 4, 3, 2, or 1 activities? Your improvement activities score is capped at 40 points, with medium- and high-weighted activities each contributing 10 and 20 points (20 and 40 points, if you score double), respectively (see “How You’ll Be Scored,” page 65).

Earn an ACI bonus. Four of the activities listed below boost your ACI score if you use CEHRT in carrying out the activity (see “Consider the ACI Bonus,” page 66). The table below includes lists of related ACI measures that can help you complete those activities. Note: If you don’t have CEHRT, you can still perform those 4 activities, but you won’t be eligible for the ACI bonus.

For an expanded version of this table, with more detail on each activity, see this article at aao.org/eyenet.

Improvement Activity	Weighting	Eligible for ACI Bonus?	Credit for Registry/EHR Integration?
Provide 24/7 access to eligible clinicians or groups who have real-time access to patient’s medical record. <i>Related ACI measures:</i> Provide Patient Access; Secure Messaging; Send a Summary of Care; Request/Accept Summary of Care.*	High	Yes	No
Engagement of new Medicaid patients and follow-up.	High	No	No
Use of QCDR [Qualified Clinical Data Registry] for feedback reports that incorporate population health.	High	No	Yes
Collection and follow-up on patient experience and satisfaction data on beneficiary engagement.	High	No	No
Participation in CAHPS [Consumer Assessment of Healthcare Providers and Systems] or other supplemental questionnaire.	High	No	No
Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	Medium	No	No
Measurement and improvement at the practice and panel level.	Medium	No	Yes
Use of QCDR data, for ongoing practice assessment and improvements.	Medium	No	Yes
Implementation of an antibiotic stewardship program.	Medium	No	No
Collection of patient experience and satisfaction data on access.	Medium	No	No
Use of QCDR data for quality improvement such as comparative analysis reports across patient populations.	Medium	No	Yes
Implementation of use of specialist reports back to referring clinician or group to close referral loop. <i>Related ACI measures:</i> Send a Summary of Care; Request/Accept Summary of Care; Clinical Information Reconciliation.*	Medium	Yes	No
Implementation of improvements that contribute to more timely communication of test results.	Medium	No	No
Implementation of documentation improvements for practice/process improvements. <i>Related ACI measures:</i> Secure Messaging; Send a Summary of Care; Request/Accept Summary of Care; Clinical Information Reconciliation.*	Medium	Yes	No
Practice improvements for bilateral exchange of patient information. <i>Related ACI measures:</i> Send a Summary of Care; Request/Accept Summary of Care; Clinical Information Reconciliation.*	Medium	Yes	No
Use of tools to assist patient self-management.	Medium	No	No
Use of QCDR to promote standard practices, tools, and processes in practice for improvement in care coordination.	Medium	No	Yes
Participation in MOC [Maintenance of Certification] Part IV.	Medium	No	Yes

* The lists of related ACI measures include both 2017 ACI transition measures and ACI measures.