

# Merit-based Incentive Payment System Measures and Activities in 2018

## FOR OPHTHAMOLOGISTS



### What is MIPS?

#### What are the Measures and Activities I Must Submit to Successfully Participate in MIPS?

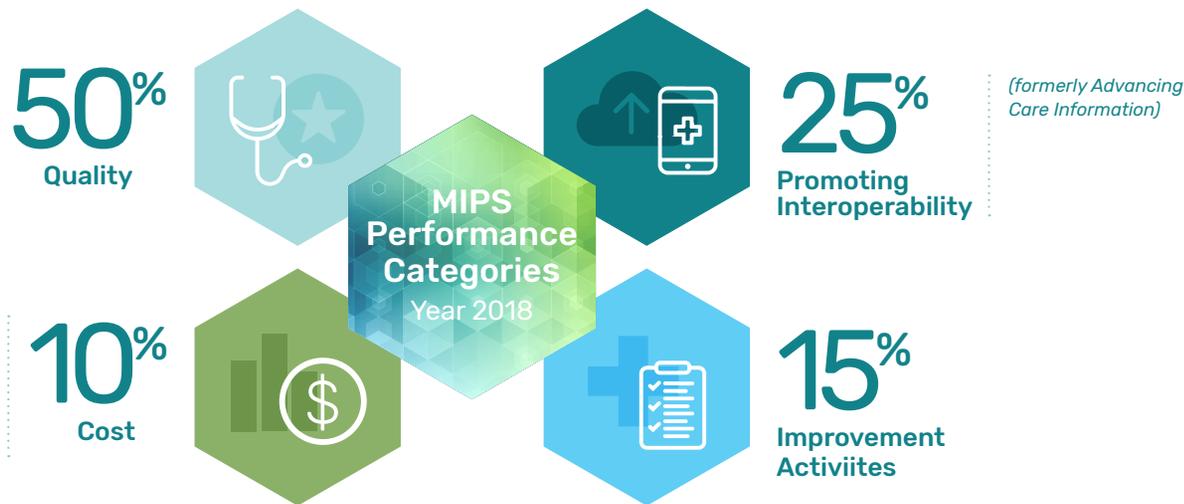
If you are participating in the Quality Payment Program through MIPS, your Medicare payment adjustment in 2020 will be based on submitting data and your performance for the following MIPS performance categories for the 2018 performance year:

The **Merit-based Incentive Payment System (MIPS)** is one of the two tracks of the Quality Payment Program, which implements provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Visit [QPP.CMS.GOV](http://QPP.CMS.GOV) to understand program basics, including submission timelines and how to participate.

Please note that performance category weights differ for clinicians in MIPS APMs.

*(Note: Cost is 10% of the MIPS final score in the 2018 performance year; there is no data submission requirement.)*



For 2018, the following weights are assigned to each performance category for MIPS eligible clinicians participating in a MIPS APM Entity (scored under the APM scoring standard):



\*The Cost performance category is not scored for MIPS APMs.



# What Measures and Activities Do I Submit for Each Category in 2018?

This resource provides a non-exhaustive sample of measures that may apply to ophthalmologists. Make sure to consider your data submission method, practice size, patient demographic, and performance year to select the measures that best suit you. See a full list of measures at [QPP.CMS.GOV](https://www.cms.gov/medicare/quality/quality-improvement/quality-improvement-2018). The full specifications can be downloaded from the [2018 Resource page](#).

50%

Quality Performance  
Category

(50% of final score  
for most MIPS  
eligible clinicians)

## Assesses the value of care to ensure patients get the right care at the right time

- Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery
- Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
- Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
- Age-Related Macular Degeneration(AMD): Dilated Macular Examination
- Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy)
- Cataract Surgery: Difference Between Planned and Final Refraction
- Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
- Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
- Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery
- Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care

In addition, MIPS eligible clinicians may want to consider applicable ophthalmology specific Qualified Clinical Data Registry (QCDR) measures that are available via the QCDR data submission method only.

The 2018 QCDR measure specifications are found on the [2018 Resource page](#).





*(25% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM)*

*For more information on PI performance category measures, requirements, and reweighting for hospital-based and non-patient facing clinicians, see the [2018 PI Fact Sheet](#).*

*If you are a MIPS eligible clinician who reports on the PI performance category, you must attest to the prevention of information blocking attestation.*

## Supports the secure exchange of health information and the use of certified electronic health record technology (CEHRT).

The PI performance category score includes a base score, performance score and bonus score. Additionally, in 2018, there will still be 2 measure set options to report:

- PI Objectives and Measures
- 2018 PI Transition Objectives and Measures

**MIPS eligible clinicians can report the PI Objectives and Measures if they have:**

- Technology certified to the 2015 Edition; or
- A combination of technologies certified to the 2014 and 2015 Editions that support these measures

**MIPS eligible clinicians can alternatively report the 2018 PI Transition Objectives and Measures if they have:**

- Technology certified to the 2015 Edition; or
- Technology certified to the 2014 Edition; or
- A combination of technologies certified to the 2014 and 2015 Editions that support these measures

**MIPS eligible clinicians need to meet the requirements of all the base score measures in order to receive the 50% base score. If these requirements are not met, they will get a 0% for the overall PI performance category score.**

**Ophthalmologists may choose to report, at a minimum, on the following base score measures:**

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Send a Summary of Care and Request/Accept Summary of Care OR Health Information Exchange

The performance score is calculated by using the numerators and denominators submitted for the specified measures included in the performance score, or by the “yes” answer submitted for the public health and clinical registry reporting measures.

**MIPS eligible clinicians can earn bonus percentage points by doing the following:**

- Reporting “yes” for 1 or more additional public health or clinical data registries beyond the Immunization Registry Reporting measure will result in a 5% bonus
- Clinicians and groups that exclusively report the PI Objectives and Measures (and using only 2015 Edition CEHRT) will result in a 10% bonus
- Reporting “yes” to the completion of at least 1 of the specified Improvement Activities using CEHRT will result in a 10% bonus

**Reweighting the PI Performance Category**

- Qualifying hospital-based ophthalmologists will automatically have their PI performance category score reweighted to 0% of the final score
- A hospital-based MIPS eligible clinician is defined as furnishing 75% or more of their covered professional services in either the off-campus outpatient hospital (Place of Service 19), inpatient hospital (Place of Service 21), on-campus outpatient hospital (Place of Service 22), or emergency department (Place of Service 23) setting
- MIPS eligible clinicians may also submit a hardship exception application to have the PI performance category reweighted. For more information see <https://qpp.cms.gov/mips/exception-applications>
- In the case of reweighting to 0%, CMS will assign the 25% from the PI performance category to the Quality performance category so that 75% of the final score will be based on Quality
- Eligible clinicians that qualify for reweighting of the PI performance category can still choose to report if they would like, and if data is submitted, CMS will score their performance and weight their PI performance accordingly



15%

Improvement  
Activities  
Performance  
Category

*(15% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM)*

10%

Cost Performance  
Category

*(Helps create efficiencies in Medicare spending)*

*(10% of final score)*

## Gauges your participation in activities that improve clinical practice, such as:

- Ongoing care coordination
- Clinician and patient shared decision making
- Regularly using patient safety practices
- Expanding practice access.

For the 2018 performance year, MIPS eligible clinicians must attest that they have participated and completed improvement activities that improve clinical practice and may choose from 100+ activities. The complete list of the improvement activities for the 2018 performance year is maintained in the Improvement Activities Inventory and is available [here](#).

Below are some examples of the type of improvement activities MIPS eligible clinicians may select to demonstrate performance in 2018. Please note that these are suggestions and do not represent requirements or preferences and MIPS eligible clinicians may choose activities that are most appropriate for their practice. The examples include:

- Collaborate with Quality Innovation Network (QIN)/Quality Improvement Organization (QIO) to promote improvements in access and population health Engage patients by implementing improvements in patient portal
- Collect and follow-up on patient experience and satisfaction data on beneficiary engagement
- Engage patients and families to guide improvement in the system of care
- Use certified EHR to capture patient reported outcomes
- Use tools to assist patient self-management

## Cost Performance Category

- Participation does not require any special action by MIPS eligible clinicians to submit the cost performance category.
- Measures are calculated based on Medicare claims data.
- For MIPS eligible clinicians who do not have a cost performance category score assigned, the weight for the cost performance category will be reweighted to the quality performance category.

For more information or a [list of Advanced APMs](#) that may be right for you, please visit: [QPP.CMS.GOV](https://www.cms.gov)

**Questions?** Contact the Quality Payment Program at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 1-866-288-8292 (TTY: 1-877-715-6222)

