Quality Payment
PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM MEASURES AND ACTIVITIES IN 2019

for Optometrists

What is MIPS?

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** to understand program basics, including submission timelines and how to participate.

If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

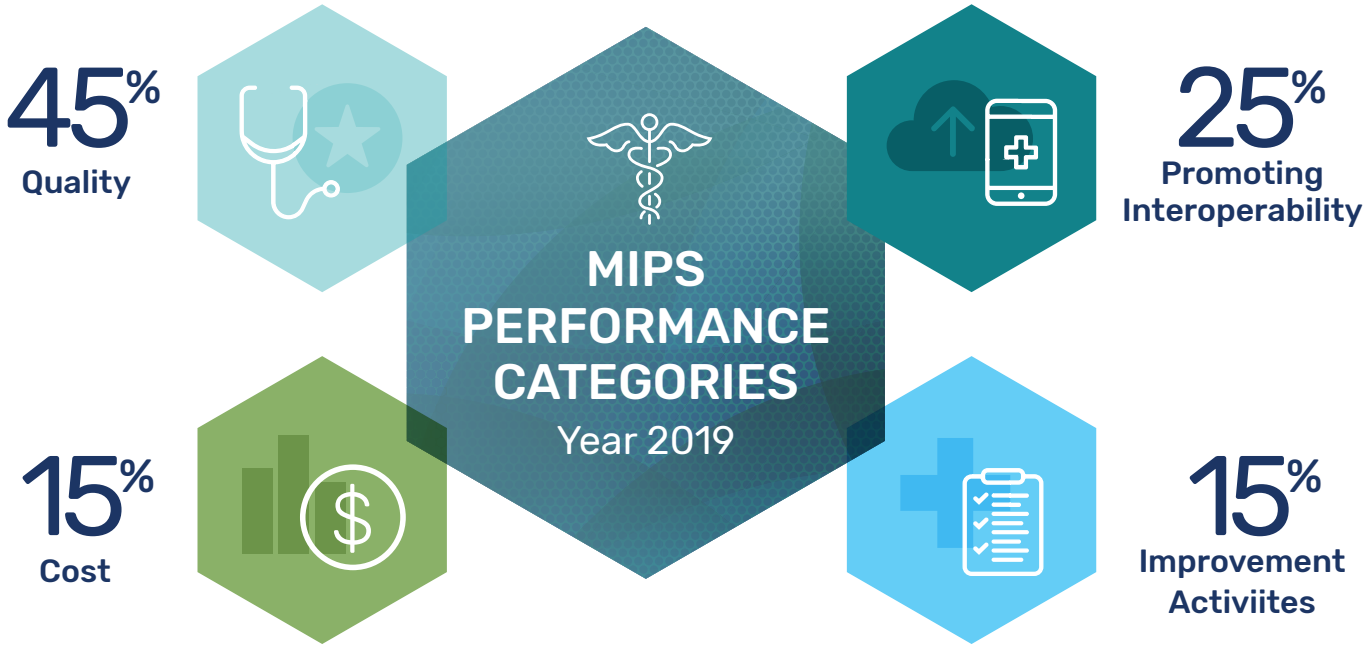
If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

*CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID-19) pandemic. Refer to the **Quality Payment Program COVID-19 Response Fact Sheet** for more information.*

Updated 4/27/2020

MIPS Performance Categories and Weights in 2019

If you are participating in the Quality Payment Program through MIPS, your Medicare payment adjustment in 2021 will be based on submitting data and your performance for the following MIPS performance categories for the 2019 performance period:



What Measures and Activities Do I Submit for Each Category in 2019?

This resource provides a **non-exhaustive sample of measures and activities** that may apply to optometrists. Make sure to consider your data submission type, practice size, patient demographic, and performance period to select the measures and activities that best suit you. See a full list of measures at QPP.CMS.GOV. Please note that performance category weights differ for clinicians in MIPS APMs. The full specifications can be downloaded from the Quality Payment Program Resource Library.

45% of final score for most MIPS eligible clinicians and groups, unless they are in a MIPS APM

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

- AMD: Dilated Macular Examination
- Closing the Referral Loop: Receipt of Specialist Report
- Diabetes: Eye Exam
- Diabetic Retinopathy: Communication with Physician Managing Ongoing Diabetes Care
- Documentation of Current Medications in the Medical Record
- Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation and Reduction of Intraocular Pressure by 15% OR Documentation of a Plan of Care
- Tobacco Use: Screening and Cessation Intervention

In addition, MIPS eligible clinicians may want to consider applicable optometry-specific Qualified Clinical Data Registry (QCDR) measures that are available via the QCDR collection type only.

The 2019 QCDR measure specifications are found on the Quality Payment Program Resource Library.

15% of final score for most MIPS eligible clinicians and groups, unless they are in a MIPS APM

Helps create efficiencies in Medicare spending

- Participation does not require any special action by MIPS eligible clinicians to submit the Cost performance category
- Measures are calculated based on Medicare Part B and/or Administrative 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

Promotes patient engagement and electronic exchange of information using certified electronic health record technology (CEHRT)

25% of final score for most MIPS eligible clinicians and groups, unless they are in a MIPS APM

In order to earn a score greater than zero for the Promoting Interoperability performance category, MIPS eligible clinicians must:

- Report measures from each of the four Promoting Interoperability performance category objectives, unless an exclusion is claimed, for a continuous 90-days or more,
- Submit a "yes" to the Prevention of Information Blocking Attestation,
- Submit a "yes" to the ONC Direct Review Attestation, if applicable, AND
- Submit a "yes" that they have completed the Security Risk Analysis measure during the calendar year in which the MIPS performance period occurs.

MIPS eligible clinicians must use 2015 Edition CEHRT to support the 2019 Promoting Interoperability performance category objectives and measures. The 2019 Promoting Interoperability performance category objectives are:

- e-Prescribing*
- Health Information Exchange*
- Provider to Patient Exchange
- Public Health and Clinical Data Exchange*

Bonus points are available under the e-Prescribing objective:

- Query of Prescription Drug Monitoring Program (PDMP) measure
- Verify Opioid Treatment Agreement measure

Reweighting the Promoting Interoperability performance category:

- Qualifying hospital-based or non-patient facing MIPS eligible clinicians will automatically have their Promoting Interoperability 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
- In the case of reweighting to 0%, CMS will assign the 25% from the Promoting Interoperability performance category to the Quality performance category so that 70% of the final score will be based on Quality
- Eligible clinicians that qualify for reweighting of the Promoting Interoperability performance category can still choose to report if they would like, and if data is submitted, CMS will score their performance and weight their Promoting Interoperability performance accordingly

See the 2019 Promoting Interoperability Performance Category Fact Sheet for more information on Promoting Interoperability performance category objectives and measures, reporting requirements, scoring, and reweighting. Comprehensive information about hardship exceptions for the 2019 Promoting Interoperability performance category is available on the Exception Application page of the Quality Payment Program website.

**Measure exclusions may be applicable. Please review the individual measure specifications to see if you meet the exclusion criteria. You must claim an exclusion to have the measure points redistributed to another measure.*

15% Improvement Activities

15% of final score for most MIPS eligible clinicians and groups, unless they are in a MIPS APM

For more information or a list of Advanced APMs that may be right for you, please visit: QPP.CMS.GOV.

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

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

- Ongoing care coordination
- Clinician and patient shared decision making
- Using quality improvement best practices and validated tools
- Regularly using patient safety best practices

In the 2019 performance period, MIPS eligible clinicians will be able to choose from 100+ activities.

Some examples of the types of activities you may select to show your performance in 2019 are listed below. Please note that these are merely suggestions and do not represent requirements or preferences on the part of CMS. MIPS eligible clinicians may choose activities that are most appropriate for their practice. The full inventory from which MIPS eligible clinicians or groups must select their improvement activities in 2019 is available here. The MIPS data validation criteria, which provides guidance on documentation requirements for improvement activities, is available here.

Clinicians choose activities they may participate in from among a list. Some activities include:

- Participate in a QCDR that promotes implementation of patient self-action plans, and processes and tools that engage patients for adherence to treatment plan
- Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record
- Implement the use of specialist reports back to referring clinician or group to close referral loop
- Implement documentation improvements for practice/process improvements
- Use of decision support and standardized treatment protocols
- Use of toolsets or other resources to close healthcare disparities across communities
- Use of patient safety tools
- Participate in a 60-day or greater effort to support domestic or international humanitarian needs
- Improve practices that engage patients pre-visit
- Collect and follow-up on patient experience and satisfaction data on beneficiary engagement
- Promote the importance of a comprehensive eye exam