



Merit-based Incentive Payment System Measures

for Ophthalmologists

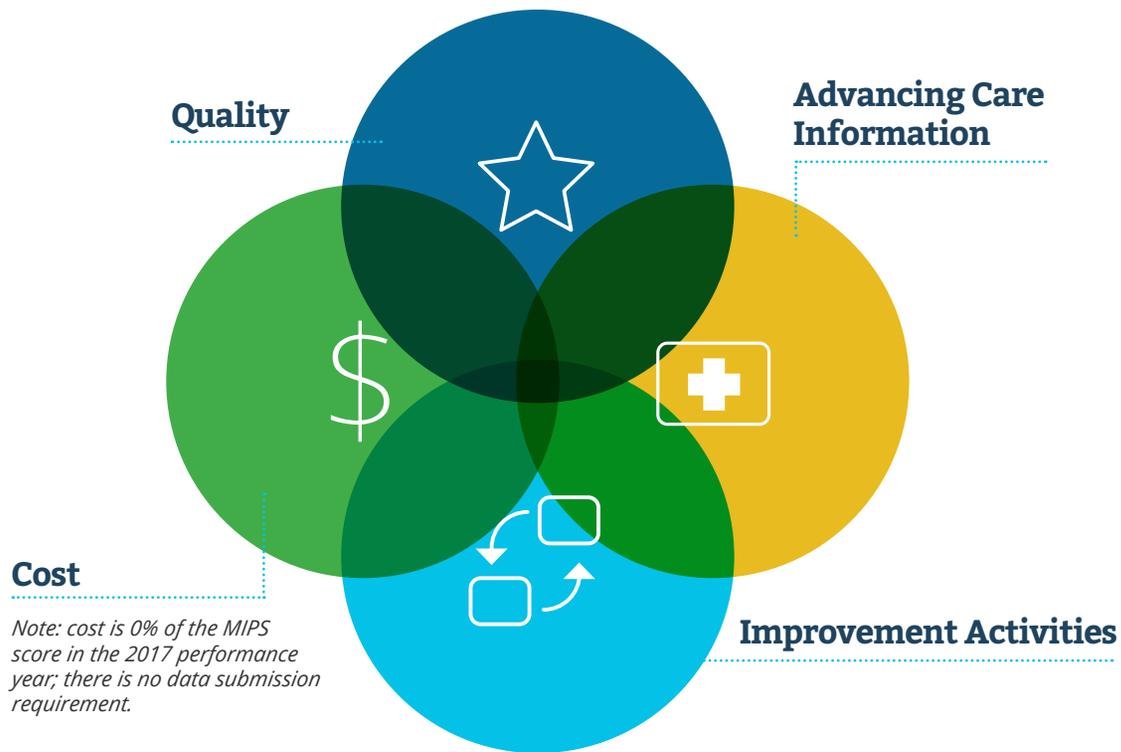
What is MIPS?

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.

What are the Measures That I Must Submit to Successfully Participate in MIPS?

If you are participating in the Quality Payment Program through MIPS, you will be able to pick your pace the first year through three participation options—test, partial, and full participation. Your Medicare payment adjustment will be based on submitting data and your performance for the following MIPS categories:



What Measures Do I Submit for Each Category in 2017?

This resource provides a non-exhaustive sample of measures that may apply to ophthalmologists. Make sure to consider your reporting method, practice size, patient mix, and performance period to choose the measures that best suit you. See a full list of measures at QPP.CMS.GOV.

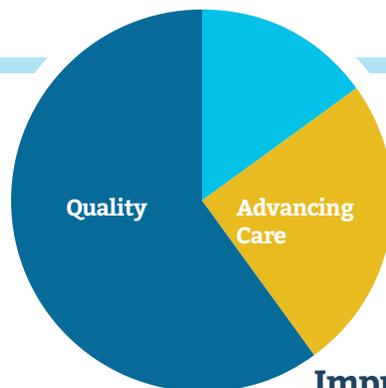


60%
of score

Quality Performance Categoryⁱ

Assess 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
- Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- POAG: Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care



15%
of score

Improvement Activities Performance Categoryⁱⁱ

Support care coordination, patient engagement, patient safety, population management, and health equity

Clinicians choose activities they may participate in from among a [list](#). Some activities include:

- Improve access as a result of QIN/QIO technical assistance
- Engage patients by implementing improvements in patient portal
- Implement medication management practice improvements
- 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
- Engage a QIN-QIO to implement self-management training programs
- Use certified EHR to capture patient reported outcomes
- Use tools to assist patient self-management

ⁱ 60% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM

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





25%
of score

Advancing Care Information Performance Categoryⁱⁱⁱ

Support the secure exchange of health information and the use of certified electronic health record technology

The Advancing Care Information performance category score includes a base score, performance score and bonus score. Additionally, in 2017, there are two measure set options for reporting:

- Advancing Care Information Objectives and Measures
- 2017 Advancing Care Information Transition Objectives and Measures

MIPS eligible clinicians can report the Advancing Care Information objectives and measures if they have:

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

In 2017, MIPS eligible clinicians can alternatively report the 2017 Advancing Care Information 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

MIPS eligible clinicians need to fulfill the requirements of all the base score measures in order to receive an Advancing Care Information performance category score. If the base score requirements are not met, they will get a 0 in the overall Advancing Care Information performance category score.

Ophthalmologists who are not designated as hospital-based or non-patient facing report on the following base measures:

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

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



25%
of score

Advancing Care Information Performance Category *(continued)*

The performance score is calculated by using the numerators and denominators submitted for the specified measures included in the performance score, or for one measure (Immunization Registry Reporting measure), by the yes answer submitted.

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

- Reporting “yes” to 1 or more additional public health and clinical data registries beyond the Immunization Registry Reporting measure will result in a 5% bonus
- Reporting “yes” to the completion of at least 1 of the specified Improvement Activities using CEHRT will result in a 10% bonus

For more information on Advancing Care Information measures and requirements, see the Advancing Care Information fact sheet.



0%
of score

Cost Performance Category Helps create efficiencies in Medicare spending

- No reporting requirement in 2017 (measures are calculated based on Medicare claims data but will not be used to determine your payment adjustment in the first payment year 2019 of the program)



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

