



Merit-based Incentive Payment System Measures

for Doctors of Optometry

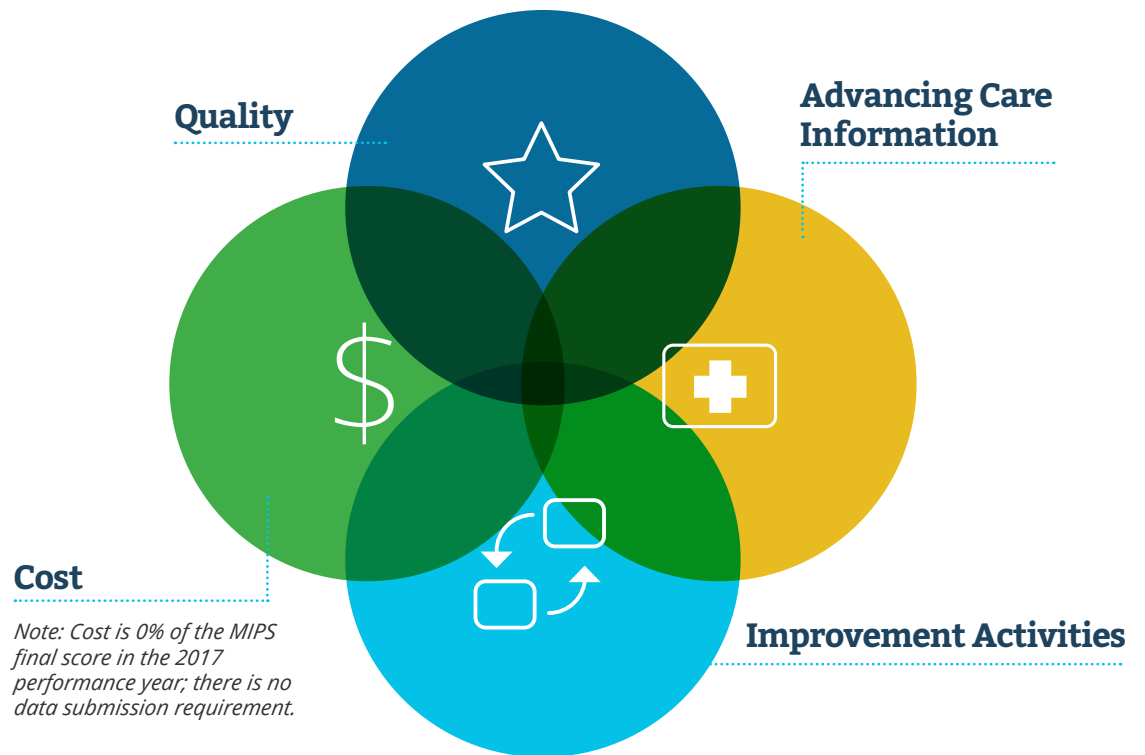
What is MIPS?

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 in the first performance year, through three participation options – test, partial, and full. Your MIPS payment adjustment in 2019 will be based on submitting data and your performance for the following MIPS categories in 2017:

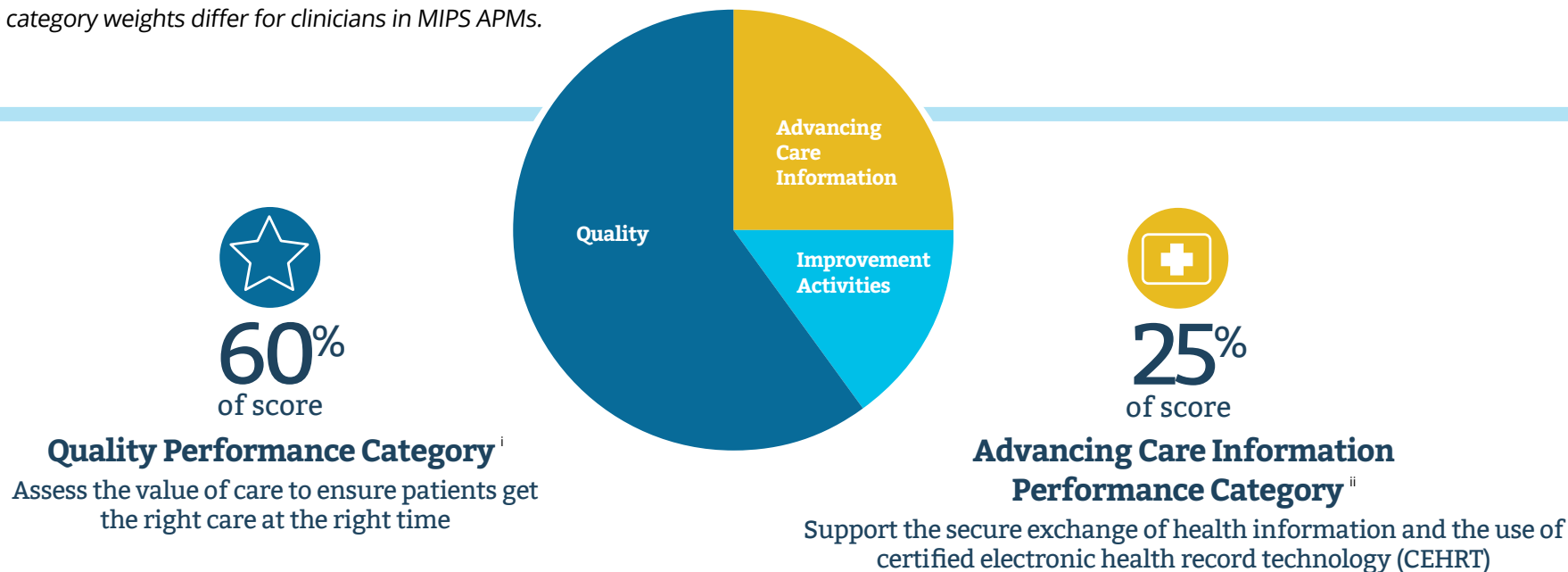


NOTE: If you are in an Advanced Alternative Payment Model (APM), please work with your APM to successfully report. To learn more about APMs, visit: <https://qpp.cms.gov/apms/overview>



What Measures Do I Submit for Each Category in 2017?

This resource provides a non-exhaustive sample of measures and activities that may apply to doctors of optometry. Make sure to consider your data submission mechanism, patient mix, and performance period to choose the measures 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.



Clinicians choose measures on which they may report from among a [list](#). Some include:

- Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement
- AMD: Dilated Macular Examination
- Closing the Referral Loop: Receipt of Specialist Report
- Controlling High Blood Pressure
- Diabetes: Eye Exam
- Diabetes: Hemoglobin A1c Poor Control
- Diabetic Retinopathy: Communication with Physician Managing Ongoing Diabetes Care
- Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- Documentation of Current Medications in the Medical Record
- Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
- POAG: Reduction of Intraocular Pressure by 15% OR Documentation of a Plan of Care
- Tobacco Use: Screening and Cessation Intervention

ⁱ 60% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM
ⁱⁱ 25% of final score for most MIPS eligible clinicians

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 certified to the 2014 and 2015 editions that support these measures





25%
of score

Advancing Care Information Performance Category

(continued)

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 these requirements are not met, they will get a 0 in the overall Advancing Care Information performance category score.

Doctors of optometry may choose to report on the following base score measures:

- Security risk analysis
- e-Prescribing
- Provide patient access
- Send a Summary of Care
- Request/Accept Summary of Care
- Health Information Exchange (2017 Advancing Care Information transition measure)

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

Qualifying hospital-based doctors of optometry will automatically have their Advancing Care Information 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 inpatient hospital (Place of Service 21), outpatient hospital (Place of Service 22), emergency department (Place of Service 23) or ambulatory surgical center (Place of Service 24) setting.

Note:

- In the case of reweighting to 0%, CMS will assign the 25% from the Advancing Care Information performance category to the Quality performance category so that 85% of the final score will be based on Quality
- Eligible clinicians that qualify for reweighting of the Advancing Care Information performance category can still choose to report if they would like, and if data is submitted, CMS will score their performance and weight their Advancing Care Information performance accordingly

For more information on Advancing Care Information measures, requirements, and reweighting for hospital-based clinicians, see the [Advancing Care Information fact sheet](#).



15%
of score

Improvement Activities Performance Categoryⁱⁱⁱ

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:

- Using Qualified Clinical Data Registry (QCDR) data for quality improvement
- Participating in a QCDR that promotes use of patient engagement tools
- Participating in a QCDR that promotes collaborative learning network opportunities that are interactive
- Using a QCDR to generate feedback reports that incorporate population health
- Providing 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record
- Implementing the use of specialist reports back to referring clinician or group to close referral loop
- Implementing documentation improvements for practice/process improvements
- Using decision support and standardized treatment protocols
- Using toolsets or other resources to close healthcare disparities across communities
- Using patient safety tools
- Participating in a 60-day or greater effort to support domestic or international humanitarian needs
- Improving practices that engage patients pre-visit
- Collecting and following-up on patient experience and satisfaction data on beneficiary engagement



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)

* Cost will be included in future years, but as noted above, is not included in the 2017 transition year.



For more information, please visit: [QPP.CMS.GOV](https://qpp.cms.gov)

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

