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REPORTING MIPS IN 2018

What retina specialists must know to maximize bonus potential and avoid penalties.

BY SUE VICCHRILLI, COT, OCS

Managing the Medicare Merit-Based Incentive Payment System (MIPS) can be a challenge for retina specialists. With certain fundamental core knowledge, however, the program can be successfully implemented into practices with or without electronic health records (EHRs). This article outlines some of the basics.

AUTOMATIC EXEMPTIONS

It is doubtful that most retina practices would qualify, but a practice is automatically exempt from any penalties if it receives less than $90,000 in Medicare Part B allowables or sees fewer than 200 Medicare Part B patients in a calendar year.

REPORTING PERIODS

Quality Measures (QM)

- Via EHR registries or manual data entry: Report over the course of the entire calendar year for 60% of all qualifying patients, regardless of their insurance.
- The Centers for Medicare and Medicaid Services (CMS) will award partial credit on QMs reported on fewer than 60% of patients or less than a full year (one point).
- Via claims: Report over the course of the entire calendar year for 60% of all qualifying Medicare Part B patients only. Although this may seem enticing, the downside is that there are fewer measures and higher benchmarks, so the curve is more challenging.
- Remember: If the claim is denied, the MIPS QM will be denied as well.
- There is also a quality improvement score worth up to 10% added into a practice's quality score.

Advancing Care Information (ACI)

- The reporting period is 90 consecutive days.
- These data require the use of Certified EHR Technology (CEHRT).
- Only patient encounters captured by CEHRT can be reported for ACI, meaning practices will not be downgraded for group reporting if only some of the clinicians are using CEHRT.

FOUR CATEGORIES FOR 2018 REPORTING

A PRACTICE'S MIPS SCORE IS BASED ON A COMPOSITE OF PERFORMANCE IN FOUR AREAS:

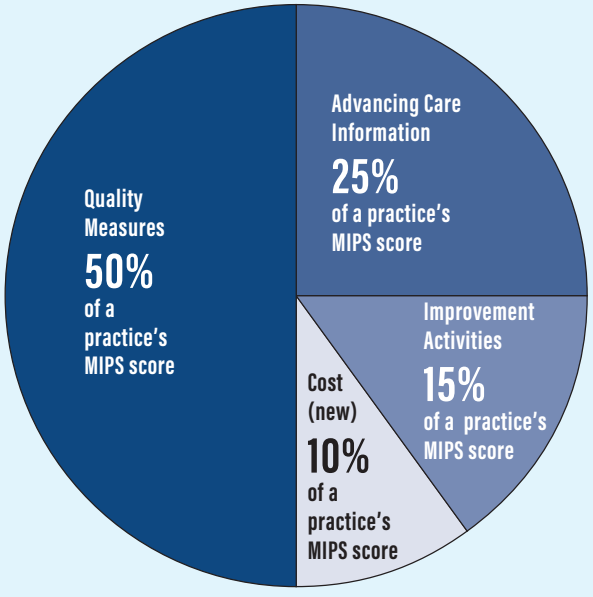

TABLE. QUALITY MEASURE REPORTING OPTIONS

Measure	Title	Reporting Options	Type
1	Diabetes: Hemoglobin A1c Poor Control	1-5	Outcome
12	Primary Open Angle Glaucoma: Optic Nerve Evaluation	1-5	Process
14	Age-Related Macular Degeneration (AMD): Dilated Macular Examination	1-5	Process
18	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	1-4	Process
19	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	1-5	High Priority
110	Preventive Care and Screening: Influenza Immunization	1-5	Process
111	Pneumonia Vaccination Status for Older Adults	1-5	Process
117	Diabetes: Eye Exam	1-5	Process
130	Documentation of Current Medications in the Medical Record	1-5	High Priority
140	AMD: Counseling on Antioxidant Supplement	1-5	Process
141	Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure by 15% or Documentation of a Plan of Care	1-5	Outcome
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	1-5	Process
236	Controlling High Blood Pressure	1-5	Outcome
238	Use of High-Risk Medications in the Elderly	1-4	High Priority
317	Preventive Care and Screening: Screening for High Blood Pressure and Documented Follow-Up	1-5	Process
318	Falls: Screening for Future Fall Risk	1-3	High Priority
374	Closing the Referral Loop: Receipt of Specialist Report	1-3	High Priority
384	Adult Primary Rhegmatogenous Retinal Detachment: No Return to the Operating Room Within 90 Days of Surgery	1-2	Outcome
385	Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity (VA) Improvement Within 90 Days of Surgery	1-2	Outcome
402	Tobacco Use and Help with Quitting Among Adolescents	1-2	Process
IRIS 9	Diabetic Retinopathy - Documentation of the Presence or Absence of Macular Edema and the Level of Severity of Retinopathy	1-2	Process
IRIS 10	Exudative Age-Related Macular Degeneration: VA	1-2	Outcome
IRIS 11	Nonexudative Age-Related Macular Degeneration: Loss of VA	1-2	Process
IRIS 13	Diabetic Macular Edema: Loss of VA	1-2	Outcome
IRIS 24	Avoidance of Routine Antibiotic Use in Patients Before or After Intravitreal Injections	1-2	High Priority

Note: Details regarding measure specifications can be found at aao.org/medicare. Below is a description of the reporting options noted in this table.
1. The Intelligent Research in Sight (IRIS) Registry with EHR
2. IRIS Registry group reporting
3. EHR through a vendor
4. IRIS Registry manual data entry
5. Claim-based reporting

For ACI-based measures, physicians must submit all four (2014 CEHRT) or five (2015 CEHRT) base measures to receive credit. These measures require a minimum of one patient in the numerator.

The American Academy of Ophthalmology (AAO) received accommodation on health information exchange measures from CMS, and clinicians with less than 100 referrals or transitions of care in the performance period can be excluded.

Improvement Activities (IAs)

- The reporting period is 90 consecutive days.
- Reporting more IAs than the requirement may increase the potential for a practice audit.

Cluster Categories (New)

Rather than reporting six QMs, practices without EHRs may use AAO's Intelligent Research in Sight (IRIS) Registry to report 60% of patients, regardless of their insurance, for a full year on one of the following options:

1. Age-Related Macular Degeneration
   - Counseling on antioxidant supplements
   - Dilated macular examination
2. Retina Care
   - Retinal detachment, return to OR within 90 days
   - Retinal detachment, visual acuity improvement within 90 days

Cost: The New Category as of 2018

Weighted at 10% of a practice's MIPS score for the 2018 performance year, CMS will evaluate two measures based on claims data:

1. Medicare spending per beneficiary
2. Total per capita cost per attributed beneficiary

How can retina specialists prepare? Go to aao.org/qrur and download your Quality Resource Use Report. If the report doesn't seem accurate to you, contact the CMS QualityNet help desk at (866) 288-8912 or email healthpolicy@aao.org.

PENALTY AFFECTS ALL MEDICARE PART B PAYMENTS

The 5% MIPS penalty that will take effect in 2020 will apply to all Medicare payments, including anti-VEGF drugs. Retina specialists must report a minimum of one IA, clinical cluster, or six QMs to avoid the penalty.

A BETTER MIPS SCORE IN 2020

How? Report six QMs, a clinical cluster, or an IA to achieve 15 points on the final MIPS score.

ADDITIONAL QUESTIONS?

If the applicable answers cannot be found at aao.org/medicare, contact mips@aao.org.

REPORTING OPTIONS

The IRIS Registry, integrated with a practice's EHR

- ▶ Group and individual physician reporting of six QMs, with at least one as an outcome or high-priority measure
- ▶ The IRIS Registry currently maps to 50 EHRs. Visit aao.org/irisregistry to see if your EHR has a partnership, or email irisregistry@aao.org with information about your EHR

EHR reporting through a vendor

- ▶ Group and individual physician reporting of six QMs, with at least one as an outcome or high-priority measure

IRIS Registry manual data entry, for practices without EHR

- ▶ Reporting of six QMs, with at least one as an outcome or high-priority measure
- ▶ Clinical cluster reporting (new) through the IRIS Registry

Claim-based reporting

- ▶ For use in individual reporting only

GOOD NEWS: SMALL-PRACTICE ACCOMMODATIONS

CMS defines a small practice as one with 15 or fewer eligible clinicians.

- If reporting less than the entire calendar year or less than 60% of patients, small practices earn three points rather than one.
- Double credit is given for each IA.
- A five-point bonus is added to MIPS final score.
- These physicians receive small-practice hardship accommodations under ACI. ■

SUE VICCHRILLI, COT, OCS
■ Director of Coding and Reimbursement at the American Academy of Ophthalmology
■ svicchrilli@aao.org
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