MACRA

AN OVERVIEW *for* OPHTHALMIC PRACTICES

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Where Do I Go for More Help?

ASCRS•ASOA members have full access to the ASCRS MACRA Center at ascrs.org/macracenter for in-depth guides and resources.

Have a burning question? Call the MACRA Hotline at 703-383-5724.

Contact

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OVERVIEW

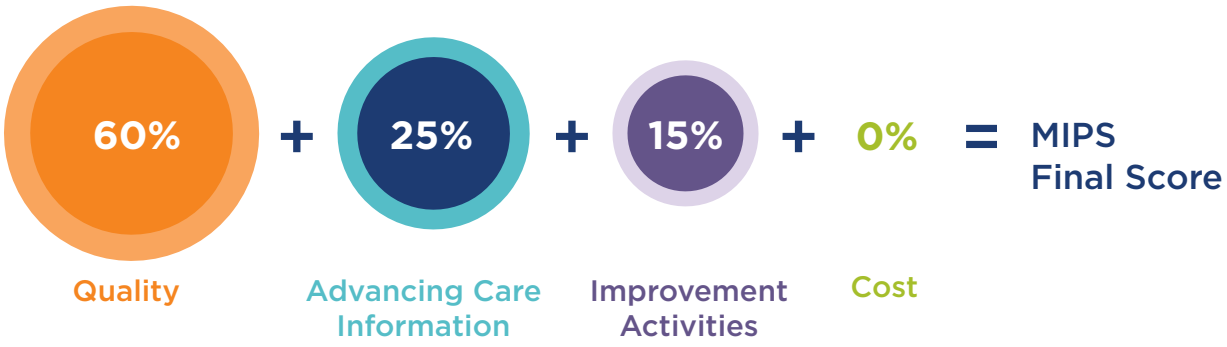
Introduction

2017 is the first year of reporting for the Merit-Based Incentive Payment System (MIPS), the new quality reporting program created under the Medicare Access and CHIP Reauthorization Act (MACRA). MIPS consolidates the previous quality reporting programs: PQRS (Quality), the Value-Based Payment Modifier (Cost), and EHR/ Meaningful Use (Advancing Care Information) into one program and adds a new category, Improvement Activities. Use this as a basic tool in understanding the program. Full details on each of the categories and other resources are available on ASCRS•ASOA's MACRA Center at ascrs.org/macracenter.

What is MIPS?

Most ophthalmologists will participate in MIPS for the first few years. Physicians receive a cumulative score based on their performance in each of four categories to impact their Medicare Part B reimbursements. CMS will follow the same two-year look-back system as under the previous programs. For 2017, physicians will not be scored on the Cost category.

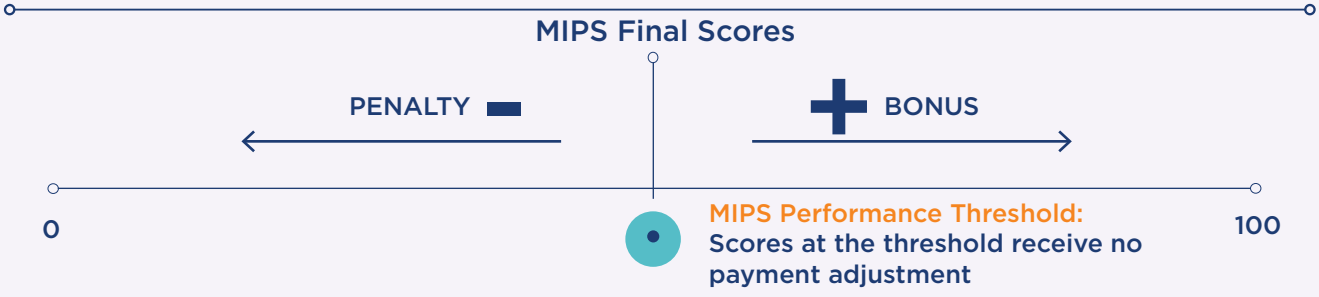
Categories of MIPS for 2017



*CMS proposes to retain these weights for 2018

The MIPS Final Score determines your payment adjustment. Each year, CMS will set a MIPS threshold.

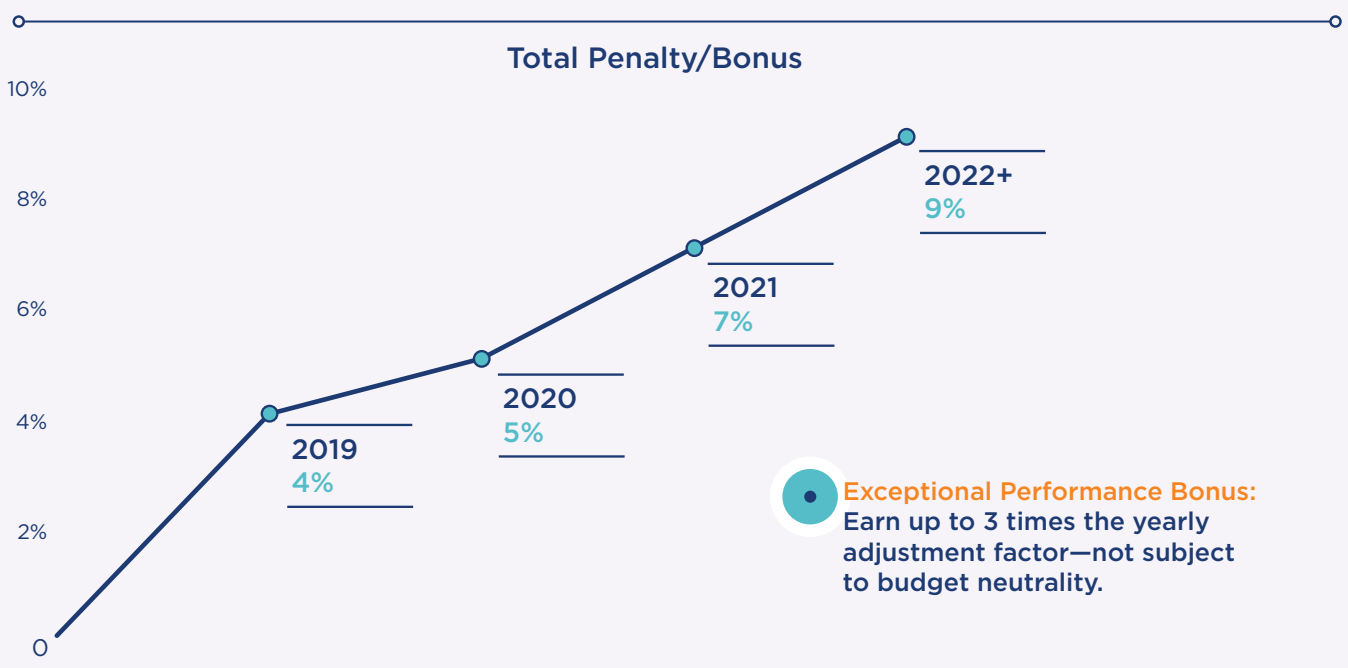
- MIPS Final Scores above the threshold are eligible for a bonus.
- MIPS Final Scores equal to the threshold receive no adjustment.
- MIPS Final Scores below the threshold receive a penalty.



OVERVIEW

How Much are Potential Penalties or Bonuses?

MIPS payment adjustments begin in 2019, based on 2017 performance. Total bonus and penalty amounts increase over the following years. Payment adjustments, other than exceptional performance bonus, must be budget neutral.



How Long Do I Have to Report for in 2017?

CMS is offering flexibility for physicians in 2017. MIPS participants are able to "Pick Your Pace" from these options:

Test Pace–Avoid a Penalty

- One quality measure for one patient, and not have to meet the measure benchmark, or
- One improvement activity, or
- The required base measures for Advancing Care Information.

Partial

Eligible for a Small Bonus

Report for at least 90 days

- Two or more quality measures on at least one patient, and not have to meet the measure benchmarks, or
- More than one improvement activity, or
- The required base measures and additional performance measures for Advancing Care Information.

Full Participation

Report for at least 90 days up to a full year for the highest possible bonus.

Report No Data

Reporting no data in 2017 will result in the full 4% penalty in 2019.

OVERVIEW

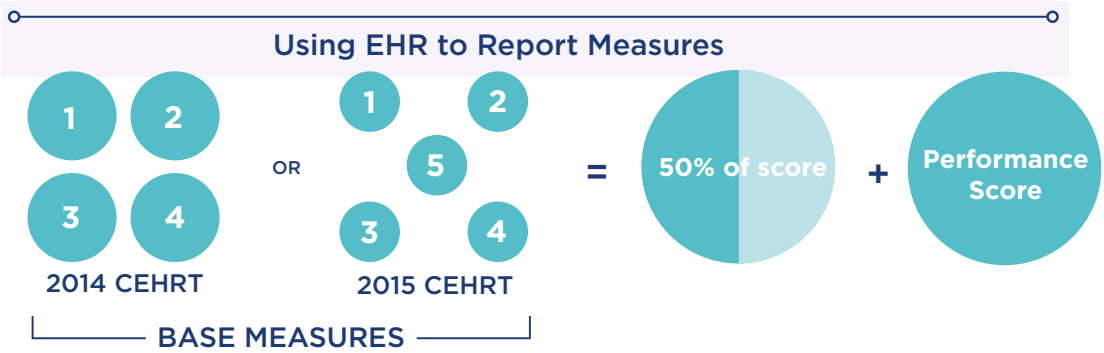
What Do I Have to Do for Each of the Categories for full Credit?

Quality

- Report 6 quality measures.
- One of the measures must be an outcome measure, or high priority measure if none are available.
- Report on 50% of Part B patients if using claims; 50% of all patients if using registry or EHR.
- Score up to 10 points per measure. Each measure's performance is scored based on benchmarks specific to the submission method.
- Opportunities to earn bonus points for reporting additional outcome and high priority measures, and for electronic submission.

Advancing Care Information

- Use EHR to report 4 or 5 base measures for 50% of the score, with one in the numerator.
- Must complete all base measures to receive any score for the category.
- Earn additional points reporting measures in the performance score.



Improvement Activities

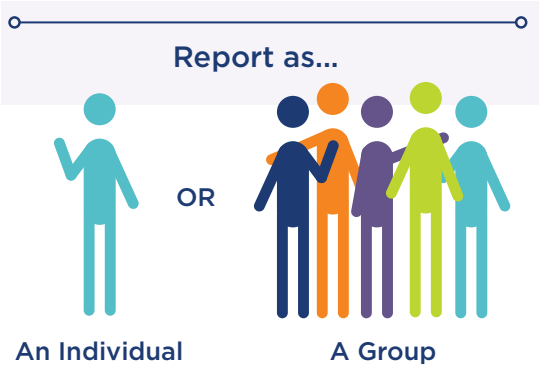
- Choose from a list of 90+ improvement activities.
- Activities include: use of a QCDR, such as IRIS, or extended practice hours.
- Practices of 15 or fewer providers report one high-weighted or two medium-weighted activities. Practices of 16+ report two high-weighted, four medium-weighted, or a combination of activities.

Cost

- CMS measures the cost of care you provide to Medicare beneficiaries.
- No data submission is necessary at any time.
- Not scored in the first year (2017), but measures are calculated for information purposes.

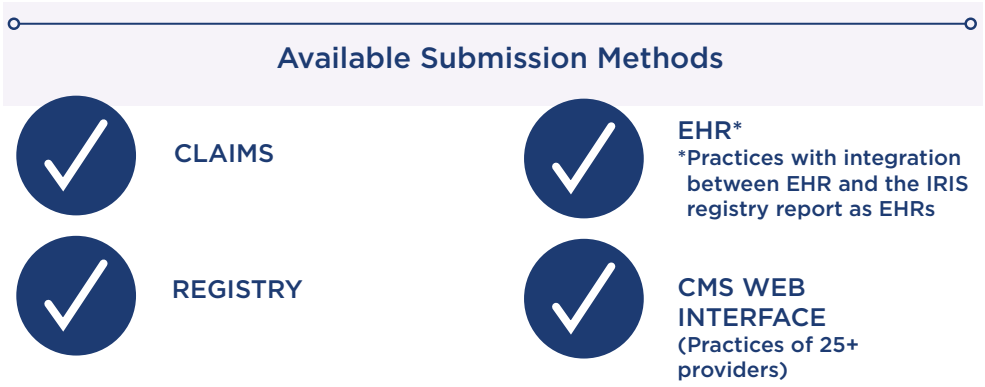
How Do I Report MIPS Data?

You Can Report as an Individual or a Group



If you report as a group:

- All providers in the TIN must report as a group;
- All members of the group receive the same score and payment adjustment;
- Groups work together to meet the requirements;
- May help sub-specialists or ODs succeed and reduces administrative burden.
- Must use an electronic submission method.



60% of MIPS Final Score

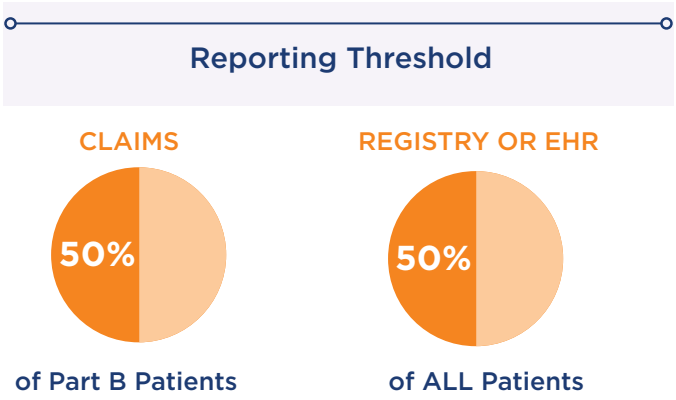
The Quality category of MIPS replaces PQRS but uses the same quality measures.

For full participation, report:

- 6 quality measures, one of which must be an outcome measure.
- If no outcome measure is available, choose a high priority measure.

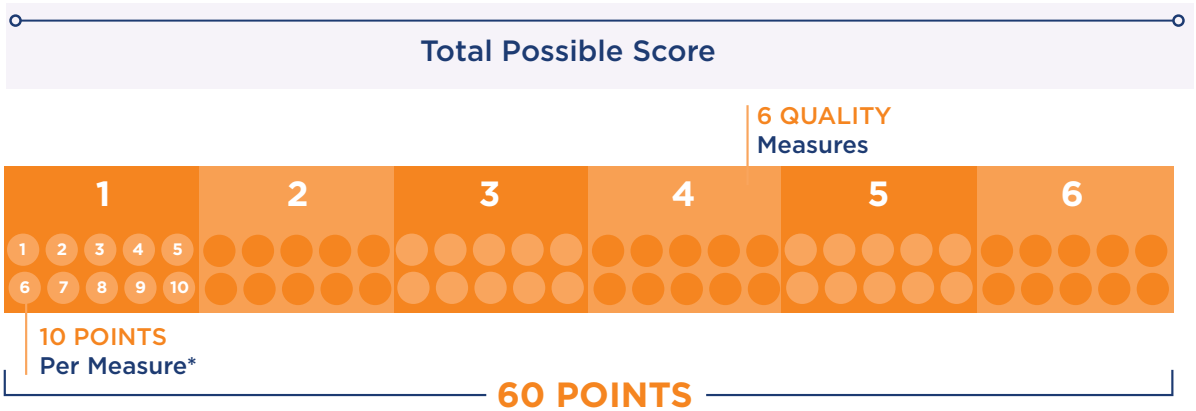
Reporting Threshold:

- Claims: 50% of Part B patients
- Registry or EHR: 50% of ALL patients



Scoring:

- No measure is scored less than 3 in 2017
- Score is based on performance relative to benchmarks
- Benchmarks depend on the submission method
- Total possible score: 60 points, 10 points per measure*



*Practices of 16 or more could be scored on the all-cause hospital readmission measure calculated by CMS if 200 patients are attributed. Total score becomes 70.

Possible Bonus:

- Two points for every additional outcome measure
- One point for each high priority measure
- Up to 10% (6 points) for choosing additional outcome or high priority measures
- Additional one point per measure submitted electronically, up to 10% (6 points)
- Total possible bonus: 20% (12 points out of 60)

Sample Quality Performance Score Calculation for a Physician Practicing in a Group of 15 or Fewer

MEASURE	SCORE	BONUS POINTS (HIGH PRIORITY/ OUTCOME MEASURES)	BONUS POINTS (ELECTRONIC REPORTING)	TOTAL
Measure A	3		1	4
Measure B	6		1	7
Measure C (first outcome)	5		1	6
Measure D (additional outcome)	6	2	1	9
Measure E (high priority)	8	1	1	10
Measure F	7		1	8
Total Quality Points (out of a possible 60)				44
Quality Score				73 points (will be weighted 60% of MIPS score)

Find Out More

Visit ascrs.org/mipsquality for a complete list of ophthalmology measures and full details on the category.

MIPS CATEGORY:

ADVANCING CARE INFORMATION (ACI)

25% of MIPS Final Score

Advancing Care Information (ACI) replaces Meaningful Use, but uses many of the same EHR measures.

Category Score:

Earn 100 or more points and receive the FULL 25 points of the MIPS Final Score available for the ACI category.

Highest possible score is 100; scores higher than 100 do not earn additional points.

Category scores less than 100 points decrease MIPS Final Scores proportionally.

Components of the Total ACI Category Score

*Must meet *all* the objectives and measures of the base score to earn any points for the category. Must have one or "yes" in the numerator.

Objectives and Measures of the Base Score

OBJECTIVE	MEASURE	BASE SCORE REQUIREMENT
Protect Patient Health Information	Security Risk Analysis	"Yes" in the numerator
Electronic Prescribing	ePrescribing	1 in the numerator
Patient Electronic Access	Patient Access*	1 in the numerator
Health Information Exchange*	Send a Summary of Care*	1 in the numerator
	Request/Accept Patient Care Record Measure* (2015 certified systems only)	1 in the numerator

*These measures may be selected for the performance score

MIPS CATEGORY:

ADVANCING CARE INFORMATION (ACI)

Performance Score: 90 Available Points

Choose measures to earn up to the maximum of 100 points for the category. Each measure is scored on a performance percentage. Performance on a measure between 1% and 10% earns 1 point; 11% and 20% earns 2 points; 21% and 30% earns 3 points, etc.

Example: 63 out of 100 possible patients are provided electronic access. The performance rate is 63%, earning 7 points for the measure.

Measures for 2015 Certified EHR Technology

OBJECTIVE	MEASURE	PERFORMANCE SCORE
Print Electronic Access	Patient Access	Up to 10 points
	Patient-Specific Education	Up to 10 points
Care Coordination Through Patient Engagement	View, Download, Transmit	Up to 10 points
	Secure Messaging	Up to 10 points
	Patient-Generated Data	Up to 10 points
Health Information Exchange	Send a Summary of Care	Up to 10 points
	Request/Accept Patient Care Record Measure	Up to 10 points
	Clinical Information Reconciliation	Up to 10 points
Public Health and Clinical	Immunization Registry Reporting	Up to 10 points
Data Registry Reporting	Syndromic Surveillance Reporting	Bonus (5 points)
	Electronic Case Reporting	Bonus (5 points)
	Public Health Registry Reporting	Bonus (5 points)
	Clinical Data Registry Reporting	Bonus (5 points)

MIPS CATEGORY:

IMPROVEMENT ACTIVITIES

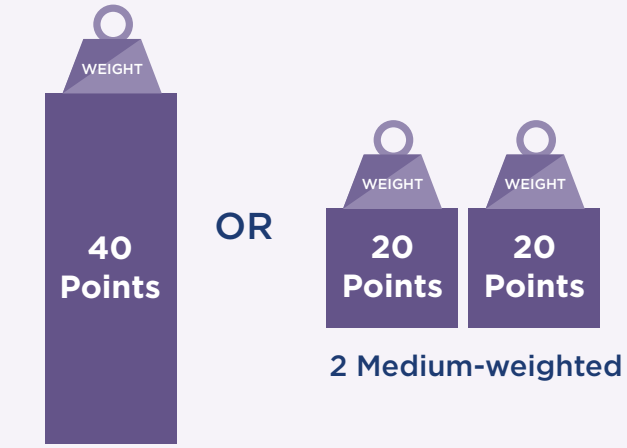
15% of MIPS Final Score

Improvement Activities is a new category that gives practices the opportunity to earn points for participating in activities to improve patient care and outcomes.

Earn 40 points in the category for full credit.

Your Practice Size Determines Your Requirements

Practices of 15 or fewer must complete:



1 High-weighted

2 Medium-weighted

Practices of 16 or more must complete:

2 High-weighted

4 Medium-weighted

Combination of Medium-weighted and High-weighted

MIPS CATEGORY:

IMPROVEMENT ACTIVITIES

What are Improvement Activities?

CMS has approved a list of 94 activities. A link to the full list is available on the ASCRS MACRA Center at ascrs.org/macracenter.

Common activities ophthalmology practices may choose:

- Use of a Qualified Clinical Data Registry (QCDR), such as IRIS (high weighted)
- Extended practice hours (high-weighted)
- Seeing new and follow-up Medicaid patients (high-weighted)
- Drug monitoring programs (high-weighted)
- Indian Health Service (high-weighted)

CMS has also released information on suggested documentation for each improvement activity.

How to Submit Improvement Activities

Physicians and groups must attest to completing improvement activities through one of these methods:

- REGISTRY
- EHR
- CMS ATTESTATION SITE
- CMS WEB INTERFACE

0% of MIPS Final Score in 2017

The Cost category replaces the Value-Based Payment Modifier but will not be scored in the first year of MIPS. CMS will still calculate physicians' scores for information purposes only.

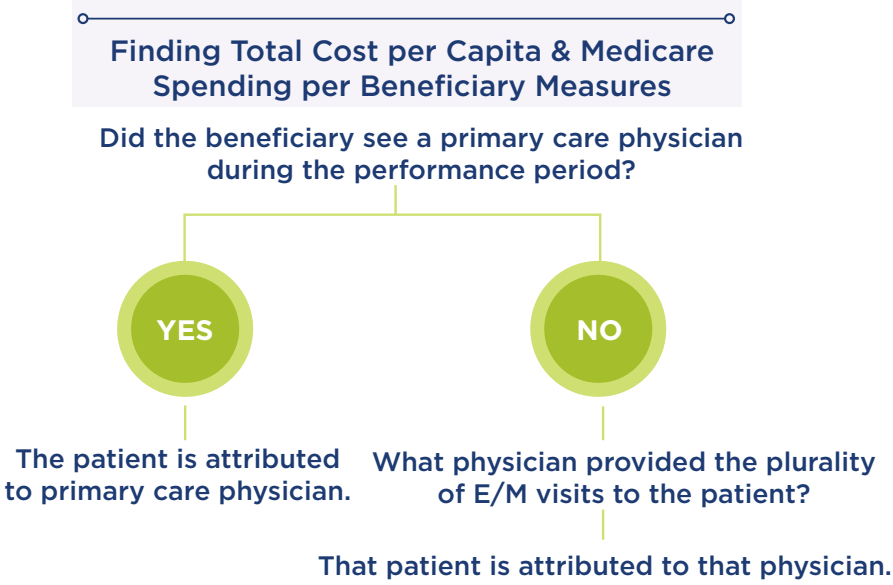
What Do I Have to Submit?

Nothing—CMS will always calculate this category based on claims.

What Cost Measures did CMS Finalize for 2017?

- Total Cost per Capita
- Medicare Spending per Beneficiary
- Several episode-based measures, including Cataract Surgery

How are the Measures Attributed?



For the total cost per capita and Medicare spending per beneficiary measures, CMS uses a flawed, two-step process.

What are Episode-based Measures?

Episode-based measures attempt to measure the total cost of care related to a specific procedure or condition. The cataract surgery measure finalized is the same measure CMS used on 2014 and 2015 Supplemental QRURs for information purposes.

Why is the Cost Category 0% for 2017 Performance?

ASCRS•ASOA has long-opposed CMS's attribution methodology for cost measures because it can hold physicians accountable for the cost of care they did not provide. Joining with the medical community, we argued successfully that the category should not be scored until the attribution methodology is improved and the measures are risk-adjusted. We are working on CMS technical expert panels to improve the episode-based measures and advocating for the Cost category to be 0% in 2018. CMS is proposing to keep the 0% weight for 2018, as well.

I Belong to a Medicare Shared Savings Track 1 ACO—What Do I Do?

Many ophthalmology practices who participate in Alternative Payment Models (APMs) do so in Medicare Shared Savings Track 1 Accountable Care Organizations (ACOs). However, Track 1 ACOs do not meet the definition of an advanced APM for bonus payments available under MACRA. Instead, Track 1 participants may earn points in MIPS through their participation in the ACO as a **MIPS APM**.

What is Required for MIPS APMs?

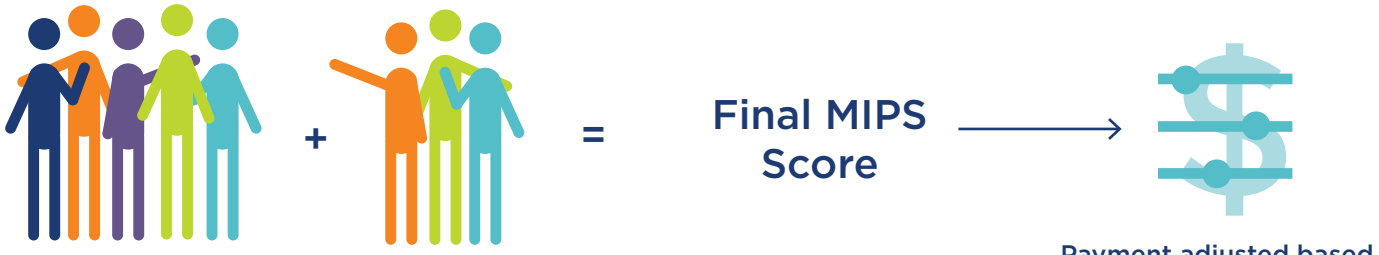
- Report quality measures through the ACO;
- Receive full credit for Improvement Activities (no reporting required), and
- Report Advancing Care Information on your own.

How am I Scored?

ACOs are designed to measure the collective performance of a group of physicians working to improve quality and reduce cost, so all the participants in the ACO will receive the same MIPS Final Score and the same payment adjustment.

- Quality measures submitted through the ACO will be scored on the ACO metrics to determine a collective score;
- All participants receive full Improvement Activities credit;
- CMS will average the ACI scores of all the participants in the ACO to determine a collective score.

MIPS APM Score & Payment Adjustments



ACO Participants' performance is scored collectively

Payment adjusted based on Final Score

How Do I Know If My ACO Qualifies?

Reach out to your ACO administrator to ensure your practice is on the CMS Participant List and complies with all the requirements of your individual ACO.