



On October 14, 2016, the Centers for Medicare and Medicaid Services (CMS) released the [Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\) Final Rule](#), formalizing the parameters for the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs), which together constitute the new Quality Payment Program (QPP). Since there are no retina or ophthalmology APMs available at this time, MIPS is the only option for most retina specialists. **If you choose not participate in 2017, you will receive a negative 4% payment adjustment in 2019. This penalty will gradually increase to negative 9% by 2022.**

The final rule incorporated several of the [ASRS](#) and [medical community's](#) recommendations including a flexible timeline, reduced quality reporting thresholds, no resource use component in the first year's score, and reduced Advancing Care Information measure requirements.

Overview of MIPS

Performance Categories

Category	Percent of Score in 2017	Requirements
Quality	60%	<ul style="list-style-type: none"> 1-6 quality measures report for 50% of patients If no outcome measures are available, one high-priority measure can be used See excel spreadsheet.*
Advancing Care Information (ACI)	25%	<ul style="list-style-type: none"> 5 required measures See excel spreadsheet.
Clinical Practice Improvement Activities (CPIA)	15%	<ul style="list-style-type: none"> 4 medium weighed activities OR 2 high-weighted activities For small providers <15, 2 medium weighted activities or 1 high weighted activity) See excel spreadsheet.
Cost	0% impact to your 2017 overall score, but will be calculated in 2018	<ul style="list-style-type: none"> Total Per Capita Costs for all attributed beneficiaries Medicare Spending per Beneficiary

*Note that all patient data is included in registry reporting and only Medicare Patients are included in submission via claims.

For the transitional year of MIPS, CMS is allowing physicians to **pick their pace** of participation. The first performance period begins January 1, 2017 and can be any continuous 90-day period (January 1 through December 31) or longer - up to the full year.

MIPS Scoring for CY 2017

For 2017, the performance score threshold will be 3 points (i.e. no penalty). Physicians who submit one out of at least six quality measures will meet the MIPS performance threshold of 3 (more measures are required for groups who submit measures using the CMS Web Interface). For improvement activities, attesting to at least one activity will be sufficient to meet the performance threshold. For advancing care information, physicians reporting on the required measures in that category will meet the performance threshold. Physicians who achieve a final score of 70 or higher will be eligible for the exceptional performance adjustment, funded from a pool of \$500 million.

Below is a grid to show how your 2017 MIPS participation choices may impact your 2019 payment adjustment.

Pace	Data Submission Requirements for CY 2017	Score (0-100) 2017 Threshold = 3	Potential Payment Adjustment up to 4%
Do not participate	No data is submitted	Score of 0	-4% payment adjustment
Test Pace	Report some data in 2017 (e.g. a single quality performance measure that is an outcome measure, a single advancing information measure OR a single clinical improvement measure) for one patient	Score of 3	Neutral payment = 0 penalty
90 days	<ul style="list-style-type: none"> 2 or more quality measures on at least one patient, and not have to meet the measure benchmarks, or More than one Clinical Practice Improvement Activity, or 5 required Advancing Care Information measures. 	Score above 3	Small positive adjustment
> 90 days to full year	<ul style="list-style-type: none"> Report on 6 quality measures, one must be an outcome measure or, if no outcome measure is applicable, a high priority measure. Report on 50% of all patients for QCDR, qualified registry, or EHR submission and on 50% of Medicare patients if using claims submission 5 required Advancing Care Information measures Up to 4 Clinical Practice Improvement Activities depending on practice size 	Score of 3 - 70 Score of 70-100	Small to modest adjustment Larger adjustment and bonus

Steps You Can Take Now:

- ✓ Check that your electronic health record is certified by the Office of the National Coordinator for Health Information Technology. If it is, it should be ready to capture information for the MIPS advancing care information.
- ✓ Review and identify measures for reporting on quality, advancing care information and clinical practice improvement categories.
- ✓ Consider using a qualified clinical data registry (QCDR) (e.g. IRIS) or a qualified registry (e.g., IRIS) to extract and submit your quality data.
- ✓ Continue to check this website for updates.