

# MIPS 2020—What’s New for Ophthalmology

In November, CMS announced some changes to the Merit-Based Incentive Payment System (MIPS) for the 2020 performance year—with a few updates retroactive to 2019. Here are the changes that are most likely to impact ophthalmology practices.

## What’s New With the Bonuses and Penalties

**Harder to avoid the penalty.** Your 2022 payments will be penalized if your 2020 MIPS final score falls below a performance threshold of 45 points (up from 30 points in 2019).

**Maximum penalty will be -9%.** If your 2020 MIPS final score falls below 11.25 points (up from 7.5 points in 2019), your 2020 Medicare Part B payments will be subject to the maximum penalty of -9% (up from -7%).

**Harder to get the bonuses.** Score above the 45-point threshold and you will earn an initial bonus. Score at least 85 points (up from 75 points in 2019), and you also will qualify for an exceptional performance bonus. The initial bonus is budget-neutral, and it is funded by the penalties; the second bonus comes out of a separate \$500 million-per-year fund.

## What’s New With Quality

**The data completeness criteria is now 70%.** When you report a quality measure, you should report on at least 70% of denominator-eligible patients (up from

60% in 2019). What if you report on fewer than 70%? If you are in a small practice, and you report on at least one patient, you will score 3 achievement points for that measure; if you are in a large practice, you would score 0 achievement points (down from 1 achievement point in 2019).

**CMS may introduce “flat benchmarks” for two measures.** CMS is reviewing the performance data for measure 1: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9) and measure 236: Controlling High Blood Pressure. The agency is concerned that standard benchmarks may motivate clinicians to reduce blood sugar or blood pressure to a level that might be too low for patients with certain medical conditions, and it may address that by applying a new type of benchmark—the flat benchmark.

**What is a flat benchmark?** A flat benchmark is not based on performance data. Instead, it is based on a simple formula: A performance rate of at least 90% earns you 10 achievement points, a performance rate of 80%-89.9%

earns you 9 achievement points, etc. For inverse measures, such as measure 1, where a lower score represents better performance, CMS has said that a performance rate of 10% or less earns you 10 achievement points, a performance rate of 10.1%-20% earns you 9 achievement points, etc. For flat benchmarks,

## Your MIPS Final Score for Performance Year 2020

Your Medicare Part B payments in 2022 may be adjusted up or down depending on your 2020 MIPS final score.

**MIPS final score.** As in past years, your MIPS final score (0-100 points) is a composite score. It is based on your scores in up to four performance categories, which will have the same default weighting in 2020 as they did in 2019:

- *quality score (default weight: 45%)*
- *promoting interoperability (PI) score (25%)*
- *improvement activities score (15%)*
- *cost score (15%)*

**What the weights mean.** If your quality score is weighted at 45%, it can contribute up to 45 points to your MIPS final score. A quality score of 60%, for example, would contribute 27 points (60% of 45 points) to your MIPS final score.

**As in 2019, weighting can be adjusted.** If you qualify for a PI exception, PI’s weight would be reduced to zero and quality’s weight would be increased from 45% to 70%. Similarly, if you don’t meet the case minimum for any cost measures, cost’s weight would be reduced to zero, and quality’s weight would be increased accordingly.

there would still be a floor of 3 achievement points for both small and large practices, provided they meet the 70%–data completeness criteria.

**Example—measure 236: Controlling High Blood Pressure?** For measure 236, your performance rate is based on the percentage of hypertensive adults (aged 18–85) whose blood pressure is adequately controlled (<140/90 mm Hg). You score up to 10 achievement points based on how that performance rate compares against one of three benchmarks.

**How measure 236 is scored for 2019 performance.** What did it take to score 10 achievement points in 2019? That depends on which benchmark applies: Your 2019 performance rate would need to be 100% if reporting manually through a registry; at least 94.89% if through claims; and at least 82.21% if using electronic end-to-end reporting, whether via your electronic health record (EHR) vendor or via IRIS Registry–EHR integration.

**How measure 236 *might* be scored in 2020.** At time of press, CMS hadn't yet published measure 236's three benchmarks for 2020. If any of those benchmarks require a performance rate of more than 90% to earn 10 achievement points, then CMS will convert that benchmark into a flat benchmark.

**When does CMS announce the 2020 benchmarks?** CMS had said that it would publish the 2020 benchmarks for quality measures in late December 2019. (Note: Benchmarks are typically based on performance data from previous years: For 2019, benchmarks are generally based on performance data from 2017; for 2020, benchmarks will mainly be based on performance data from 2018.)

**Changes to Quality Measures QCDR measures available via the IRIS Registry.** As a qualified clinical data registry (QCDR), the Academy's IRIS Registry is able to develop its own subspecialty-specific QCDR quality measures. For 2020, the IRIS Registry had developed some new QCDR measures, and also had plans to withdraw four QCDR measures, but at time of press was waiting for CMS to approve

## How Do Small Practices Avoid the Penalty?

Argus Eye Care, to give a hypothetical example, is a small practice with no EHR system. Each year, its goal has been to find the least burdensome way to avoid the MIPS payment penalty.

In 2019, it did this by 1) scoring 100% on improvement activities and 2) reporting six quality measures via Medicare Part B claims on several patients. (For a small practice, reporting each measure on one patient could have been enough, but Argus reported on several patients in case the claim for the initial patient was rejected.)

What would the same practice have to do in 2020? One path to avoiding the penalty would involve 1) scoring 100% on improvement activities, 2) successfully applying for the PI hardship exception, and 3) reporting more extensively on quality measures than it did in 2019. How extensively? Assuming that the practice qualifies for the PI exception, clinicians in the practice could still do minimal claims-based reporting for some quality measures, but the Academy recommends that they satisfy the 70%–data completeness criteria and the 20-patient case minimum for at least two measures that can each contribute 5 or more points toward their quality score. (Important: Research quality measures carefully; make sure that you understand a measure's specifications and confirm that it isn't subject to significant scoring limitations.)

these changes. Check online for the latest news on these measures (see “Use These Key MIPS Resources”).

**CMS removed some quality measures.** For 2020, CMS removed dozens of quality measures, including three that had been available for reporting via the IRIS Registry:

- Measure 192: Cataracts: Complications Within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
- Measure 388: Cataract Surgery With Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy)
- Measure 474: Zoster (Shingles) Vaccination

**Diabetic retinopathy measure no longer available for claims-based reporting.** In 2020, you can no longer use Medicare Part B claims to report measure 19: Diabetic Retinopathy: Communication With Physician Managing Ongoing Diabetes Care—though you will still be able to report it via the IRIS Registry. CMS said that the claims-based benchmark was extremely topped out.

**CMS is making changes to some measures.** Even if you plan to report the same quality measures as last year,

you should still check those measures to see if CMS has added scoring limitations or changed the measure specifications. For example, CMS has implemented substantive changes to the specifications of these measures:

- Measure 1: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9). CMS added some extra exclusions.
- Measure 110: Preventive Care and Screening: Influenza Immunization. CMS has updated the numerator instructions to allow for shared decision-making with the patient and to align with whatever the CDC/ACIP guidelines might be for the performance year.

- Measure 111: Pneumococcal Vaccination Status for Older Adults. CMS expanded the denominator to include skilled nursing facilities and domiciliary settings.
- Measure 117: Diabetes: Eye Exam. CMS has added some exclusions and changed some measure specifications to make it easier to extract the relevant data from EHR.
- Measure 128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan. CMS added an exclusion for hospice patients and removed “or refused follow-up”

from denominator exclusion language.

- Measure 191: Cataracts 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery. In a move that was strongly opposed by the Academy, CMS has altered the denominator so that the measure is reported per eye rather than per patient.
- Measure 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention. CMS has revised the denominator for one of the three population criteria in this measure.
- Measure 236: Controlling High Blood Pressure. CMS made several updates to the numerator, denominator, and list of exclusions.
- Measure 238: Use of High-Risk Medications in the Elderly. CMS adjusted the numerator.
- Measure 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented. The measure specifications now allow for the documentation of a reason for follow-up.
- Measure 385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery. CMS added a denominator exclusion for patients with a preoperative visual acuity better than 20/40.

### What's New With PI

Promoting interoperability (PI) is MIPS' EHR-based performance category. Much about PI stays the same in 2020, including the 90-day performance period—but there have been some changes, including the following.

**An opioid-related measure is removed.** For 2020, CMS is removing the Verify Opioid Treatment Agreement measure, but it is retaining the Query of Prescription Drug Monitoring Program (PDMP) measure, which continues to be an optional measure that can earn clinicians bonus points. In a change that is retroactive to 2019, you no longer need to report a numerator and denominator for the PDMP measure; instead, report a “yes” or “no.”

**Health Information Exchange (HIE) measures.** In another development that is retroactive to 2019, if you claim

an exclusion for the Support Electronic Referrals Loops by Sending Health Information measure, the points for that measure will be reassigned to the Provide Patients Electronic Access to Their Health Information measure. Also retroactive to 2019, in an attempt to clean up some confusing language, CMS rewrote the exclusion description of the second HIE measure, Support Electronic Referrals Loops by Receiving and Incorporating Health Information.

### What's New With Improvement Activities

**More reporting needed for groups.** In 2020, practices that report as a group will only score points for an improvement activity if at least 50% of the practice's clinicians meet the reporting requirements of that activity. They must each do the activity for a 90-day performance period, but they don't all have to do it during the same 90-day date range. (In 2019, only one of the group's clinicians needed to perform the activity.)

**CMS has removed some improvement activities.** CMS has removed 15 activities, including five that you could report via the IRIS Registry in 2019:

- IA\_PSPA\_5: Annual registration in the Prescription Drug Monitoring Program
- IA\_CC\_6: Use of QCDR to promote standard practices, tools, and processes in practice for improvement in care coordination
- IA\_AHE\_4: Leveraging a QCDR for use of standard questionnaires

- IA\_PM\_10: Use of QCDR data for quality improvement such as comparative analysis reports across patient populations
- IA\_CC\_4: TCPI Participation

**CMS makes substantive changes to IA\_PSPA\_7: Use of QCDR data for ongoing practice assessment and improvements.** CMS removed several QCDR-related improvement activities (see above) and incorporated them into IA\_PSPA\_7.

**More than 60 improvement activities can be reported via the IRIS Registry.** Although several of the 2019 improvement activities are no longer available for reporting via the IRIS Registry, many more have been added. In early 2020, the full list will be posted online at [aao.org/medicare](http://aao.org/medicare) and at [aao.org/eyenet/mips-manual-2020](http://aao.org/eyenet/mips-manual-2020).

### What's New With Cost

In 2020, the only cost measure likely to apply to ophthalmologists is an episode-based measure: Routine Cataract Surgery With Intraocular Lens (IOL) Implantation.

**Ophthalmologists and optometrists are now excluded from the TPCC**

**measure.** In previous years, some ophthalmologists were scored on the Total Per Capita Cost (TPCC) measure, and some eye care practices decided to bill Eye visit codes rather than E&M codes in order to avoid meeting the 20-patient case minimum for this measure. In 2020, ophthalmologists and optometrists will be excluded from this measure based on their two-digit PECOS identifier.

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## Use These Key MIPS Resources

Make sure that you are signed up to use the IRIS Registry ([aao.org/iris-registry](http://aao.org/iris-registry)); bookmark [aao.org/medicare](http://aao.org/medicare), which is the Academy's MIPS hub page; and watch for EyeNet's MIPS primer at [aao.org/eyenet/mips-manual-2020](http://aao.org/eyenet/mips-manual-2020). AAOE members also can use the E-Talk listserv to crowdsource answers to their MIPS questions ([aao.org/practice-management/listserv](http://aao.org/practice-management/listserv)).

**Stay tuned!** This article reflects the Academy's understanding of the regulations at time of press, but CMS policies can change. For MIPS updates, visit the web resources listed above, and check your email for *Medicare Physician Payment Update* (first Saturday of each month), *Washington Report Express* (Thursdays), and—if you are an AAOE member—*Practice Management Express* (Sundays).