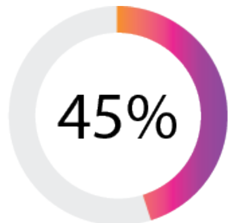
INNOVATION SOLUTIONS
Healthcare

2019 MIPS Reporting
Ophthalmology/Optometry

Quality Reporting Requirements:



- Report on 6 quality measures or a specialty measure set
- Include at least ONE outcome or high-priority measure
- Report on patients of All-Payers (Medicare and Non-Medicare patients)

Specialty Measure Set (15):

- **012:** Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- **014:** Age-Related Macular Degeneration (AMD): Dilated Macular Examination
- **019:** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care**- High Priority**
- **117:** Diabetes: Eye Exam
- **130:** Documentation of Current Medications in the Medical Record**- High Priority**
- **141:** Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care**- Outcome, High Priority**
- **191:** Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery**- Outcome, High Priority**
- **192:** Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures**- Outcome, High Priority**
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **303:** Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery**- Outcome, High Priority**
- **374:** Closing the Referral Loop: Receipt of Specialist Report**- High Priority**
- **384:** Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery**- Outcome, High Priority**
- **385:** Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery**- Outcome, High Priority**
- **388:** Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy) **- Outcome, High Priority**
- **389:** Cataract Surgery: Difference Between Planned and Final Refraction**- Outcome, High Priority**

Additional Measures:

- **001:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)**- Outcome, High Priority**
- **047:** Care Plan
- **110:** Preventive Care and Screening: Influenza Immunization
- **111:** Pneumococcal Vaccination Status for Older Adults
- **112:** Breast Cancer Screening
- **113:** Colorectal Cancer Screening
- **119:** Diabetes: Medical Attention for Nephropathy
- **128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- **131:** Pain Assessment and Follow-Up**- High Priority**
- **236:** Controlling High Blood Pressure**- Outcome, High Priority**
- **238:** Use of High-Risk Medications in the Elderly**- High Priority**
- **304:** Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery**- Outcome, High Priority**
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **402:** Tobacco Use and Help with Quitting Among Adolescents

FOR MORE INFORMATION CONNECT WITH THE HCIS MIPS REGISTRY TEAM TODAY:
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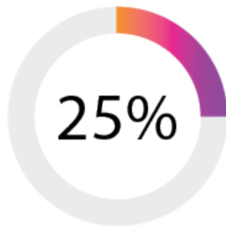
Promoting Interoperability (PI) Reporting Requirements:



- Use of a 2015 Certified Electronic Health Record System (CEHRT)
- Report the measures from each of the four objectives, unless an exclusion is claimed.

Objectives	Measures	Maximum Points
Protect Patient Health Information	**Security Risk Analysis**	0 points
e-Prescribing	**e-Prescribing***	10 points
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)	5 bonus points
	Bonus: Verify Opioid Treatment Agreement	5 bonus points
Health Information Exchange	**Support Electronic Referral Loops by Sending Health Information***	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information*	20 points
Provider to Patient Exchange	**Provide Patients Electronic Access to Their Health Information**	40 points
Public Health and Clinical Data Exchange	**Report to two different public health agencies or clinical data registries for any of the following:** Immunization Registry Reporting* Electronic Case Reporting * Public Health Registry Reporting* Clinical Data Registry Reporting* Syndromic Surveillance Reporting*	10 points

Bolded text in the table denotes required measures.
*Exclusion available for measures identified.

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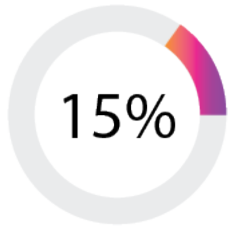
Improvement Activities (IA) Reporting Requirements:



Attest to up to 4 activities for a minimum of 90 days

Choose one of the following combinations:

- 2 High Weighted Activities
- 1 High Weighted Activity and 2 Medium Weighted Activates
- 4 Medium Weighted Activities

Medium Weighted:

- IA_BE_4: Engagement of patients through implementation of improvements in patient portal
- IA_CC_2: Implementation of improvements that contribute to more timely communication of test results
- IA_CC_8: Implementation of documentation improvements for practice/process improvements
- IA_BE_13: Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.
- IA_CC_1: Implementation of use of specialist reports back to referring clinician or group to close referral loop
- IA_CC_4: TCPI participation
- IA_PSPA_16: Use of decision support and standardized treatment protocols
- IA_CC_13: Practice improvements for bilateral exchange of patient information
- IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements
- IA_BMH_2: Tobacco use
- IA_CC_6: Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination

High Weighted:

- IA_PM_7: Use of QCDR for feedback reports that incorporate population health
- IA_AHE_1: Engagement of new Medicaid patients and follow-up
- IA_BE_6: Collection and follow-up on patient experience and satisfaction data on beneficiary engagement
- IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record

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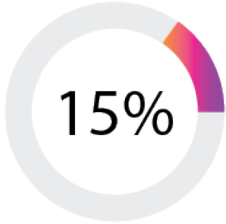
Cost Reporting Requirements:



- CMS will use data from Medicare Part A and B claims—with dates of service from January 1, 2019 to December 31, 2019—to calculate your Cost performance category score.
- You do not need to submit any data or take any separate actions for this performance category
- MIPS eligible clinicians should continue to see patients and submit claims data as usual.

Measure	Minimum Case Volume	Maximum Points
Total Per Capita Costs for All Attributed Beneficiaries	20	10
Medicare Spending Per Beneficiary	35	10
Elective Outpatient Percutaneous Coronary Intervention (PCI)	10	N/A – Not Scored
Knee Arthroplasty	10	10
Revascularization for Lower Extremity Chronic Critical Limb Ischemia	10	10
Routine Cataract Removal with Intraocular Lens (IOL) Implantation	10	10
Screening/Surveillance Colonoscopy	10	N/A – Not Scored
Intracranial Hemorrhage or Cerebral Infarction	20	10
Simple Pneumonia with Hospitalization	20	10
ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	20	N/A – Not Scored