



Medicare Payment Reform Fact Sheet

What is the Quality Payment Program?

Medicare is revising how it reimburses doctors.

The new quality payment program has two tracks. Most optometrists will only qualify for the Merit-based Incentive Payment System (MIPS). MIPS will give doctors a performance based payment adjustment that increases over time, rising to +/-9% in 2019.

This first year, doctors who do not have more than \$30,000 or only 100 patients in Medicare approved charges will not be subject to MIPS nor the bonuses or penalties. Medicare estimates that 60% of optometrists will be exempted in the first year. Medicare will not allow these doctors to “opt in” to MIPS.

MIPS will replace PQRS, the EHR Incentive Program, and the Value-Based Modifier.

The other track is the Advanced Alternative Payment Models (APM). Only those optometrists who participate in risk bearing organizations may qualify for APM.

How does MIPS work?

If 2017 is your first year participating in Medicare, then you’re not in the MIPS track of the Quality Payment Program.



Performance:

The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, record quality data and how you used technology to support your practice.

Send in performance data:

To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018.

Feedback:

Medicare gives you feedback about your performance after you send your data.

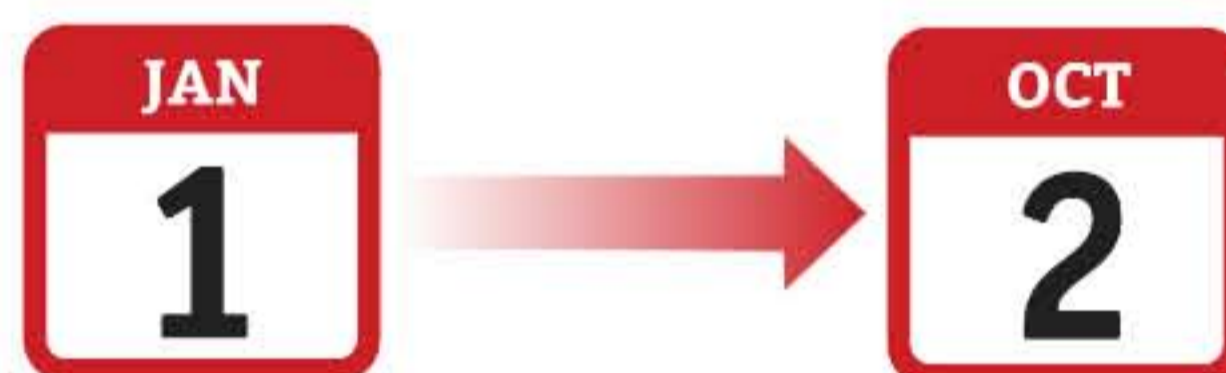
Payment:

You may earn a positive MIPS payment adjustment beginning January 1, 2019 if you submit 2017 data by March 31, 2018.

When does the Quality Payment Program start?

You get to pick your pace for the Quality Payment Program. If you're ready, you can begin January 1, 2017 and start collecting your performance data. If you're not ready on January 1, you can choose to start anytime between January 1 and October 2, 2017. Whenever you choose to start, you'll need to send in your performance data by March 31, 2018.

The first payment adjustments based on performance go into effect on January 1, 2019.

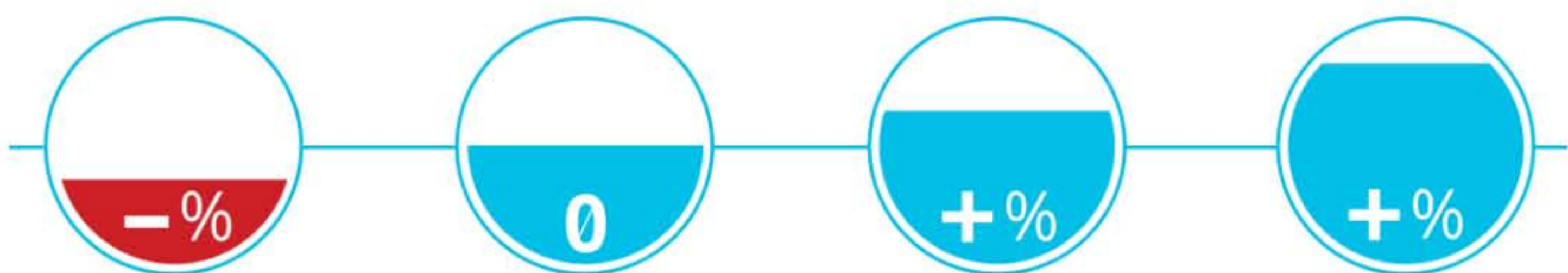


How will the Quality Payment Program change my Medicare payments?

Depending on the data you submit by March 31, 2018, your 2019 Medicare payments will be adjusted up, down, or not at all. The information provided below is only relevant for the 2019 payment year. CMS will provide additional information on payment adjustments for 2020 and beyond beginning next year.

Pick Your Pace in MIPS

If you choose the MIPS path of the Quality Payment Program, you have three options.



Don't Participate

If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.

Submit Something

If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.

Submit a Partial Year

If you submit at least 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

Submit a Full Year

If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

For those doctors required to participate in MIPS, the AOA's qualified clinical data registry (QCDR), AOA MORE (Measures and Outcomes Registry for Eyecare), will be an important tool for meeting MIPS program requirements.

Should I participate in MIPS as an individual or a group?

Reporting as an individual.

If you send MIPS data in as an individual, your payment adjustment will be based on your performance. An individual is defined as a single National Provider Identifier (NPI) tied to a single Tax Identification Number.

You'll send your individual data for each of the MIPS categories through an electronic health record, registry, or a qualified clinical data registry. You may also send in quality data through your routine Medicare claims process.

Reporting as a group.

If you send your MIPS data with a group, the group will get one payment adjustment based on the group's performance. A group is defined as a set of clinicians (identified by their NPIs) sharing a common Tax Identification Number, no matter the specialty or practice site.

Your group will send in group-level data for each of the MIPS categories through the CMS web interface or an electronic health record, registry, or a qualified clinical data registry. To submit data through our CMS web interface, you must register as a group by June 30, 2017.

Who is Exempt?

The final rule creates a low-volume exclusion from the program. Participation is not required for doctors who treat low numbers of Medicare beneficiaries. Physicians who do not have more than \$30,000 in Medicare approved charges, or treat fewer than 100 Medicare patients will not be subject to MIPS nor the bonuses or penalties. If a doctor is part of a group of doctors (two or more) that reassigns benefits to one Tax Identification Number (TIN), and the group chooses to report on the group level, the low-volume threshold will be measured by combining the Medicare allowables of the group. CMS intends to develop a National Provider Identifier (NPI) search function so doctors can easily assess whether they qualify for the low-volume threshold exclusion. This search function will be made available by CMS closer to the reporting period.

Find Out More

Please visit the Quality Payment Program's Website for further information:

<https://qpp.cms.gov/>