

## Optometry Coding & Billing Alert

### Reimbursement: 8 Things Your Optometry Practice Must Know About MACRA & MIPS in 2017

**Good news: 2017 is a 'Get Out of Jail Free' card.**

Confused about what the MACRA final rule means for your optometry practice's Medicare reimbursements? **Mike Schmidt**, director of compliance and special projects at **Medflow**, boiled down the massive regulation in a free webinar for Eye Care Leaders. Here are some highlights.

**#1. MACRA & MIPS are here to stay.** Some providers mistakenly believe the MACRA and the Merit-Based Incentive Payment System (MIPS) that it implements will go away once President-Elect Donald Trump takes office. While many Obama-era regulations could be repealed or altered under Trump and a Republican-controlled Congress, MACRA will stay intact. The legislation has always had bipartisan support because it remedies the old sustainable growth rate (SGR) formula, which pretty much everyone disliked.

**#2. MIPS will burden small practices the most.** Most practices with 10 or fewer providers will see negative payment adjustments long-term, according to the Centers for Medicare & Medicaid Services own data.

**#3. 2017 is the first "performance" year for MIPS.** What you do in 2017 will affect your Medicare reimbursement levels in 2019. If you do absolutely nothing about MIPS in the coming year, you will see a 4 percent cut in 2019.

**#4. Compared to the old Meaningful Use and PQRS rules that MACRA replaces, the 2017 transition year will be "far easier," with "minimal performance requirements,"** Schmidt says. It's like a "Get Out of Jail Free" card. CMS estimates that at least 90 percent of practices will receive a positive or neutral MIPS payment adjustment for the first performance year.

**#5. You don't have to do much in 2017 to avoid reimbursement penalties in 2019,** Schmidt says. There is a 90-day reporting period, and you must simply:

- Report at least one quality measure, or
- Perform at least one improvement activity, or
- Meet only 4 'Meaningful Use' measures, with only a numerator of 1.

**#6. Don't let 2017's light burden lull you into MIPS complacency,** Schmidt warns. Regulatory burdens will increase in future performance years. Use this transition year to prepare if you rely heavily on Medicare as part of your practice's income.

**#7. Some MIPS 'Clinical Practice Improvement Activities' are more relevant to your optometry practice than others.** Curious about which of the rule's 95 options matter most for your practice? Check out the handy chart at [http://eyecareleaders.com/wp-content/themes/ecl-group/webinar/downloads/MIPS\\_CPIA\\_Checklist.pdf](http://eyecareleaders.com/wp-content/themes/ecl-group/webinar/downloads/MIPS_CPIA_Checklist.pdf), which lists 11 eye care-relevant improvement activities you can consider for your practice.

**#8. If you choose to perform a clinical improvement activity to meet MIPS requirements in 2017, make sure you document what you do.** Small practices should form a MIPS team, which includes at least one physician champion, as well as the practice manager, Schmidt recommends. Hold quarterly meetings on the improvement activity, document the minutes, and record actions taken, he urges. Keep this documentation in a MIPS folder that you can present in the event of an audit.

**Note:** To listen to Mike Schmidt's free webinar, go to <http://eyecareleaders.com/webinar-registration-mips-practical-steps-eye-care-practices-can-take-to-succeed/>.

