

MIPS 2024 Part I: Overview and Quality Measures

Rebecca Wartman OD January 2024

While it may be difficult to believe, 2024 and new MIPS/MVP reporting requirements have arrived. This article will review the overall requirements for participation and reporting and will provide an in-depth review of the Quality Measures reporting for 2024. The other components of MIPS/MVP reporting will be reviewed in the February 2024 article.

First, the Reporting Period for MIPS 2023 is from January 2, 2024 through March 31, 2024. Be sure that you complete the submission of all the data necessary from 2023 within this time period if you were required to report in 2023 in order to avoid any Medicare Part B payment reductions in 2025. If you did not meet the MIPS requirements in 2022, you could see payment reductions this year (2024) of up to a 9% reduction in reimbursement. The Claims Adjustment Reason Code (CARC) 237: "Legislated/Regulatory Penalty and/or RARC N807: "Payment adjustment based on the Merit-based Incentive Payment System (MIPS) for penalties will appear on your Explanation of Benefits. Positive Adjustments in 2024 are also possible if your MIPS performance exceeded the threshold in 2022. The Claims Adjustment Reason Code (CARC) 144: "Incentive adjustment, e.g. preferred product/service will be on the claims along with the RARC N807.

There are no MVPs (MIPS Value Pathways) that are appropriate in 2024 for most Optometric providers, so the main participation route will be via Traditional MIPS via claims and/or electronic health record (EHR) reporting methods. Provider may submit quality measure using one or both of these traditional MIPS reporting methods. Most providers do not participate in any type of registry or Alternative Payment Models so those methods of reporting are not available. There are exemptions for reporting. If your practice does not bill more than \$90,000 in Part B claims AND see more than 200 Part B patients AND provide more than 200 professional services to Part B patients, you are exempt from MIPS participation in 2024. If you only exceed 1 or 2 of these measures, you can opt into reporting. A provider is also exempt from 2024 MIPS reporting if they were enrolled as a Medicare provider on or after January 1, 2024. Be sure to check your participation status [here](#). The other decision that should be made is if participation will be by individual or as a group. You can explore those options [here](#). Only individuals or groups of ≤ 15 members (designated a small practice) are allowed to submit data via claims reporting, providers can participate as individuals and groups, and via claims and EHR submissions. CMS will calculate the impact on 2026 payments based on the highest, best available score. Individuals or groups considered small practices can receive a bonus of 6 quality points for submitting even one quality measure and will receive 3 points per measure for submitting even if the minimum case number is not met. Small practices also receives 2 times the points on Improvement Activities and are completely exempt from Promoting Interoperability. There are [MIPS Extreme and Uncontrollable Circumstances \(EUC\) Exception](#) available for 2024 as well. All Optometrist are exempt from the COST component of MIPS reporting.

Claims-based quality reporting requires at least 6 quality measures to be reported (including one outcome measure or, if no outcome measures are available, a high priority measure. Claims reporting is for all Traditional Medicare and Railroad Medicare patients meeting the criteria of any particular measure. The data completeness requirement has risen from 70% to 75% for 2024. There are 7 measures appropriate for claims quality reporting in 2024. Some of the guidance for these measures has changed so be sure to read each measure in detail to ensure you are properly reporting. A small practice designation (≤ 15 providers) will receive 50% of their points from quality measures and 50% of their points from Improvement Activities being exempt from reporting Promoting Interoperability and Cost. Practices with ≥ 16 providers will receive 55% of points from Quality Measures, 15% of points from Improvement Activities and 30% of their points from Promoting Interoperability and are exempt from COST as well. Providers submitting MIPS quality data via their EHR should consult their EHR vendors for specific details. MIPS EHR submission is for all patients regardless of age and insurance plans.

For all methods of participation, the neutral payment adjustment level for is 75 of 100 points. Above 75 points, some level of positive adjustment in Medicare reimbursement will occur in 2026, while falling below 74.99 points will result in a negative payment adjustment. The measures available for both quality claims reporting and quality EHR submissions are listed separately. There will be a recorded MIPS webinar posted to AOA EyeLearn sometime in late January or early February 2024. Happy coding....