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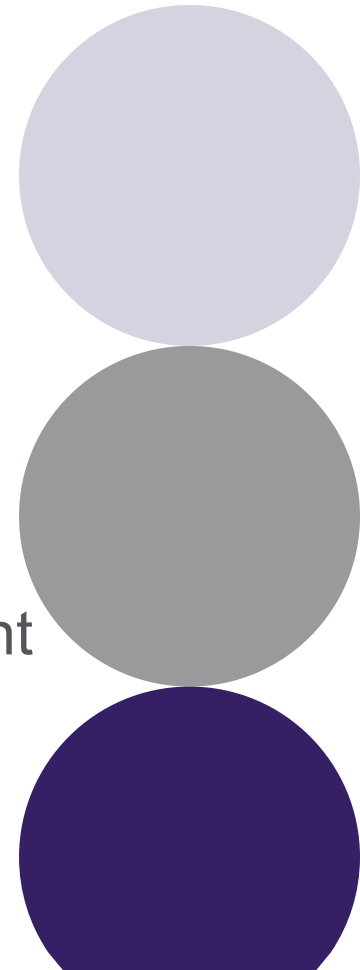
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Reporting MIPS in 2018

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Reporting Options

- IRIS Registry and your EHR
 - Group and Individual Reporting
- EHR via your vendor
 - Group and Individual Reporting
- IRIS Registry manual entry
 - Clinical Cluster Reporting
- Claims
 - Individual Reporting ONLY



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Target Dates

- June 1, 2018
 - Last date to register for first-time EHR integration with IRIS Registry for 2018 MIPS
- Summer 2018
 - IRIS Registry opens for 2018 MIPS reporting
- Aug. 1, 2018
 - Integration should be complete for 2018 IRIS Registry EHR reporting
- Oct. 31, 2018
 - Last date to register with IRIS Registry to manually report MIPS data for 2018 reporting





Reporting Target Dates

- Jan. 15, 2019
 - IRIS Registry data entry must be complete
 - Data release consent form must be signed.
- March 1, 2019
 - Claims reporting deadline for claims processing.





Automatic Exemptions

- Low-volume threshold:
 - Less than \$90,000 in Medicare Part B allowables, *or*
 - Fewer than 200 Medicare Part B patients.
- CMS will notify clinicians/groups of exemption status.
- Should be able to check website in spring 2018 if automatically exempt:
<https://qpp.cms.gov/participation-lookup>





Avoid the Penalty in 2020

- Penalty of up to 5 percent of all Medicare Part B payments in 2020, *including* Part B drug payments
- 15-point MIPS final score to avoid penalty
- How to do it:
 - Report 6 quality measures, a clinical cluster *or*
 - Report the improvement activity category





MIPS' 4 Categories for Evaluation

50%



**Quality
measures**

25%



**Advancing care
information**

15%



**Improvement
activities**

10%



Cost



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Small-Practice Accommodations

- Who counts: Practices with 15 or fewer eligible clinicians
- Maintained: 2017 accommodations for improvement activities (double credit for each activity)
- New in 2018: 5-point bonus added to MIPS final score
- Small practice hardship under advancing care information





MIPS' 4 Categories for Evaluation

50%



**Quality
measures**



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Quality – Weighted 50 Percent

- Report 6 measures, including one outcome or high-priority measure (if no outcome measure available)
 - Non-EHR IRIS Registry practices can report a “clinical cluster”
- 60 percent of patients, all payers (Medicare only if reporting by claims)
- Report for the full calendar year
 - Measures reported on less than 60 percent of patients *or* less than a full year earn one point (three points for small practices)
- Category improvement score
 - Worth up to 10 percent added into quality score





MIPS' 4 Categories for Evaluation

25%



**Advancing care
information**



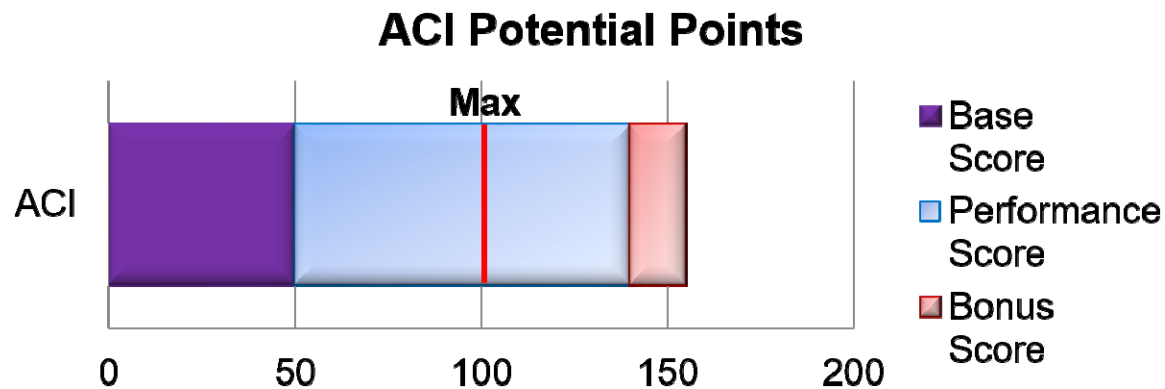
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Advancing Care Information

- Category score: weighted 25 percent
 - Must submit all 4 (2014 CEHRT) or 5 (2015 CEHRT) *base* measures to receive **any** credit
 - Total category score = Base score (50 points) + Performance score (90 Points) + Bonus score (25 Points)
 - Capped at 100 points





Advancing Care Information

- **Test pace:** Fulfill and report all base measures (50 points)
 - Each measure requires a numerator and denominator of *at least* 1
 - Commonly audited: Security risk analysis measure – document properly!
- **Partial and full participation:** Performance + bonus score capped at 50 points
 - Various performance and bonus measures to report on, all with different point values
 - Performance scoring: Based on numerator/denominator
 - Participation with the IRIS® Registry (with an integrated EHR system): 10 points
 - Bonus:
 - Completing certain improvement activities using CEHRT: 10 points
 - Exclusive use of 2015 CEHRT for ACI reporting: 10 points





Advancing Care Information Base Measures

- Each measure requires *at least ONE* patient in the numerator

Base Measures		
2014 CEHRT	2015 CEHRT	Reporting Requirement
Security Risk Analysis	Security Risk Analysis	Yes/No
E-Prescribing	E-Prescribing	Numerator/denominator
Provide Patient Access	Provide Patient Access	Numerator/denominator
Health Information Exchange	Send a Summary of Care	Numerator/denominator
	Request/Accept Summary of Care	Numerator/denominator



Advancing Care Information Performance Measures



Performance Measures		
2014 CEHRT	% (Points)	Reporting Requirement
Provide Patient Access	Up to 20	Numerator/denominator
Health Information Exchange	Up to 20	Numerator/denominator
View, Download or Transmit	Up to 10	Numerator/denominator
Patient-Specific Education	Up to 10	Numerator/denominator
Secure Messaging	Up to 10	Numerator/denominator
Medication Reconciliation	Up to 10	Numerator/denominator
Public Health and Clinical Data Registry Reporting	0 or 10	Yes/No



Advancing Care Information Performance Measure Scoring



Performance Rates for Each Measure Worth Up to 10%

Performance Rate 1-10 = 1%	Performance Rate 51-60 = 6%
Performance Rate 11-20 = 2%	Performance Rate 61-70 = 7%
Performance Rate 21-30 = 3%	Performance Rate 71-80 = 8%
Performance Rate 31-40 = 4%	Performance Rate 81-90 = 9%
Performance Rate 41-50 = 5%	Performance Rate 91-100 = 10%

Example: If a MIPS-eligible clinician submits a numerator and denominator of 85/100 for the Patient-Specific Education measure, their performance rate would be 85%, and they would earn 9 out of 10 percentage points for that measure.





Advancing Care Information Bonus Measures

Bonus Measures		
Measure	% (Points)	Reporting Requirement
Active Participation in a Registry	0 or 5	Yes/No
Completion of Certain Improvement Activities Using CEHRT	0 or 10	Yes/No
Use 2015 CEHRT for ACI reporting	0 or 10	Yes/No





Advancing Care Information Reporting

- Report all ACI measures on the same 90+ consecutive day period.
- IRIS® Registry for advancing care information reporting:
 - The IRIS Registry can submit advancing care information attestation along with your quality and improvement activities performance
 - Integrated IRIS Registry users earn 10 advancing care information performance points
- Group reporting
 - If you report advancing care information as a group, you must report *all* categories (quality, improvement activities, cost) as a group
 - Group reporting helps accommodate clinicians who do not use EHRs
 - You can only report patient encounters captured in CEHRT toward advancing care information



Advancing Care Information Hardship Reweighting



- CMS may *reweight* ACI category points toward the quality category. As a result:
 - ACI category weight *decreases* from 25 percent to 0 percent of final MIPS score **and**
 - Quality category weight *increases* from 50 percent to 75 percent of final MIPS score
- If you qualify for automatic reweighting, ACI reporting is optional

Automatic Reweighting	Hardship
<ul style="list-style-type: none">• Hospital-based clinicians• Non-patient facing clinicians• NP, PA, CRNA, CNS	<ul style="list-style-type: none">• Insufficient internet connectivity• Extreme and uncontrollable circumstances• Lack of control over availability of CEHRT• Small practices (beginning in 2018)





2017 Program Changes in 2018 Final Rule

- New measure exclusions (starting in 2017 performance year)
 - HIE/Send a Summary of Care
 - Exclusion for those with <100 referrals/transitions of care in the performance period
 - Request/Accept Summary of Care
 - Exclusion for those who receive <100 referrals/transitions of care
 - E-Prescribing
 - Exclusion for those with <100 eligible prescriptions





2017 Program Changes in 2018 Final Rule

- Advancing care information:
 - Earlier hardship-application deadline: Dec. 31 of performance year





2018 Advancing Care Information Wins!

- Credit for IRIS participation
 - Increased to 10 points in 2018 from 5 points in 2017
- Delay of 2015 CEHRT Requirement
 - 10-point category bonus for using 2015 CEHRT exclusively
- New hardships
 - Clinicians whose EHR was decertified can apply for decertification exception
 - Small practices (≤ 15 eligible clinicians)
 - Reweight advancing care information to 0 percent, quality to 85 percent
- No term limit on hardships, except for EHR decertification
 - Previously, you could only get hardships for a maximum of five years





MIPS' 4 Categories for Evaluation

15%



Improvement
activities



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Improvement Activities

- Category score: weighted 15 percent
 - Total category score is capped at 40 points
- How to fulfill the category
 - Small practices (≤ 15 clinicians)
 - 1 high-weighted improvement activity, OR
 - 2 medium-weighted improvement activities.
 - Larger practices (> 15 clinicians)
 - 2 high-weighted improvement activities,
 - 4 medium-weighted improvement activities, OR
 - 1 high-weighted improvement activity AND 2 medium-weighted improvement activities.





Improvement Activities Reporting

- Report and document improvement activities over a 90+ consecutive day performance period.
- Use the IRIS Registry to report improvement activities
- Other reporting options may include your EHR vendor or the CMS attestation portal.
- Group reporting
 - If you report improvement activities as a group, you must report *all* categories (quality, ACI, cost) as a group
 - At least one clinician in the group must complete the improvement activity
 - The entire group gets credit as long as one clinician performs the activity(ies).





Improvement Activities

- Minor modifications include:
 - IA_AHE_1 Engagement of New Medicaid Patients and Follow-Up
 - Timely = 10 business days
 - IA_EPA_1 24/7 Patient Access added telehealth
- Small practices still receive double points



MIPS' 4 Categories for Evaluation



10%



Cost



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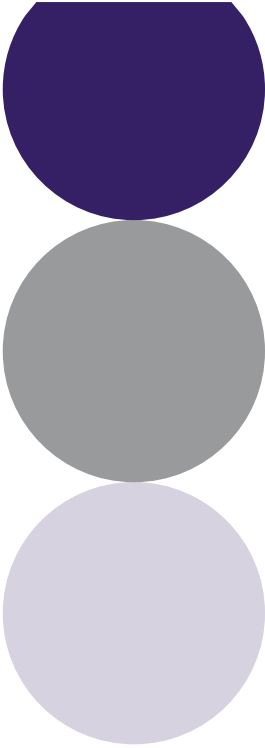


Cost

- Category score: weighted at 10 percent in 2018 performance year.
- CMS will evaluate two measures:
 - Medicare spending per beneficiary, and
 - Total per capita cost per attributed beneficiary
- Reporting: Based on claims data.
- How to prepare:
 - Download your QRUR - go to aao.org/qrur to learn more
 - Contact QualityNet Help Desk at 1.866.288.8912 or
 - Email healthpolicy@aao.org if you have questions



IRIS[®] Registry Participation Update



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IRIS[®] Registry Statistics

As of Oct. 1, 2017:

- Total: **16,503** physicians from **5,119** practices
- With EHR integration: **13,046** physicians from **3,057** practices
- Patient visits: **166.16** million, representing **41.22** million patients



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50 EHR Systems Integrated with IRIS[®] Registry

- Amazing Charts
- ChartLogic
- ChartMaker Medical Suite
- ClinixMD
- Compulink
- Crystal PM
- DoctorSoft
- eClinicalWorks
- eMDs
- EnableDoc
- Epic
- ExamWRITER
- EyeDoc EMR
- EyeMD EMR
- GE Centricity EMR
- Greenway Intergy
- Greenway/Primesuite
- HCIT HER
- ifa systems EMR
- iMedicWare
- IMS
- Integrity EMR for Eyes
- IO Practiceware
- iPatientCare
- KeyChart EMR
- KeyMedical Software
- MacPractice MD
- ManagementPlus
- Mastermind EHR
- MaximEyes by First Insight
- MDIntelleSys Intellichart Pro
- MDoffice
- Medent
- MedEvolve
- Medflow
- Medinformatix HER
- Meridian
- Modernizing Medicine
- My Vision Express
- NeoMed
- NexTech
- NextGen
- Origin
- Prime Clinical System
- PrognoCIS
- Soapware
- SRS
- TriMed EHR
- VersaSuite
- Vitera EHR



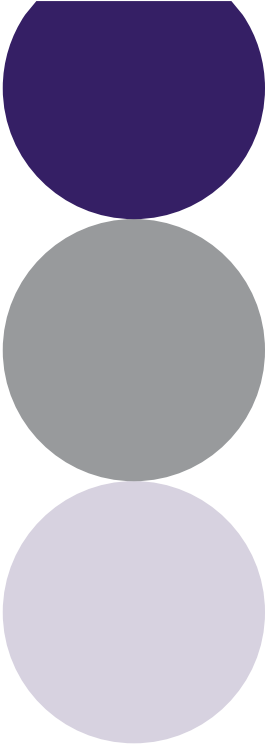


IRIS[®] Registry Penalty Avoidance

- IRIS Registry has saved participants **over \$185 million** in estimated penalties avoided since 2014:
 - 2014: \$17 million
 - 2015: \$73 million
 - 2016: \$95 million
- 2019 MIPS penalty for 2017 reporting: 4 percent - an estimated \$18,600 for the average ophthalmologist



How IRIS[®] Registry Will Support 2018 MIPS Reporting



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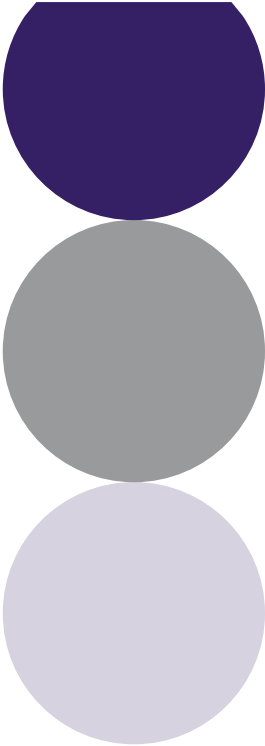
MIPS 2018

- Total 2018 MIPS payment adjustment depends on final MIPS score:
 - <15 points: 5 percent penalty
 - 15 points: neutral (no adjustment)
 - >15 points: bonus (up to 5 percent)
 - >70 points: exceptional-performance bonus

- The IRIS[®] Registry will continue to support all MIPS-score goals for practices with or without an EHR system



IRIS[®] Registry and MIPS



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2018 Quality Measures: eCQMs

Expected quality measures for IRIS® Registry participants with integrated EHR systems:

- Closing the Referral Loop: Receipt of Specialist Report – **high priority**
- Documentation of Current Medications in the Medical Record – **high priority**
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- Pneumonia Vaccination Status for Older Adults
- Diabetes: Eye Exam
- Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures - **outcome**
- Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery - **outcome**
- Preventive Care and Screening Tobacco Use: Screening and Cessation Intervention
- Falls: Screening for Fall Risk – **high priority**
- Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care – **high priority**
- Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
- Preventive Care and Screening: Influenza Immunization
- Use of High-Risk Medications in the Elderly – high priority
- Diabetic Retinopathy: Presence or Absence of Macular Edema and Level of Severity of Retinopathy





Quality: IRIS[®] Registry – EHR Reporters

Monitor your dashboard to review your quality performance and MIPS scores

	QUALITY ID	MEASURE	MEASURE TYPE	DEN	NUM	EXCL	EXCPT	MEASURE PERFORMANCE	POINTS
<input type="checkbox"/>	IRIS eCQM 1	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation Details	Process	563	418	0	0	74.25% <i>(Registry Average: 77.78%)</i>	3.1
<input type="checkbox"/>	IRIS eCQM 2	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy Details	Process	36	24	0	0	66.67% <i>(Registry Average: 70.56%)</i>	7.4
<input type="checkbox"/>	IRIS eCQM 3	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care Details	High Priority	27	21	0	0	77.78% <i>(Registry Average: 66.58%)</i>	9.8
<input type="checkbox"/>	IRIS eCQM 4	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery Details	Outcome	115	112	0	0	97.39% <i>(Registry Average: 57.59%)</i>	7.0
<input type="checkbox"/>	IRIS eCQM 5	Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures Details	Outcome	298	0	0	0	0.00% <i>(Registry Average: 0.10%)</i>	10.0





2018 Quality Measures: Manual Entry (non-EHR)

- Diabetes: Hemoglobin A1c Poor Control, Outcome
- Primary Open Angle Glaucoma: Optic Nerve Evaluation
- Age-related Macular Degeneration: Dilated Macular Examination
- Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care, High Priority
- Preventive Care and Screening: Influenza Immunization
- Pneumonia Vaccination Status for Older Adults
- Diabetes: Eye Exam
- Documentation of Current Medications in the Medical Record, High Priority
- Melanoma: Continuity of Care – Recall System, High Priority
- Melanoma: Coordination of Care, High Priority
- Age-related Macular Degeneration: Counseling on Antioxidant Supplement
- Primary Open-Angle Glaucoma: Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care, Outcome
- Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery, Outcome
- Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures, Outcome
- Melanoma: Overutilization of Imaging Studies in Melanoma, High Priority
- Preventive Care and Screening Tobacco Use: Screening and Cessation Intervention
- Use of High-Risk Medications in the Elderly, High Priority
- Biopsy follow-up, High Priority
- Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- Adult Primary Rhegmatogenous Retinal Detachment Surgery: Return to OR, Outcome
- Adult Primary Rhegmatogenous Retinal Detachment Surgery: Improvement in Visual Acuity, Outcome
- Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy), Outcome
- Cataract Surgery: Difference Between Planned and Final Refraction, Outcome
- Melanoma Reporting, High Priority
- Tobacco use and help quitting among adolescents
- Overuse of Neuroimaging for Patients with Primary
- Headache and Normal Neurological Examination, High Priority





QCDR Measures

- Additional subspecialty eye care outcome and high priority QCDR quality measures for 2018 reporting are under CMS evaluation
- Academy will announce once these measures are approved





IRIS[®] Registry Non-EHR: 2 Options

- #1: Pick a clinical cluster to report for a full year on 60 percent of patients:
 - Primary open-angle glaucoma
 - POAG optic-nerve evaluation
 - Reduction in IOP by 15 percent or documentation of care plan
 - Age-related macular degeneration
 - Dilated macular exam
 - Counseling antioxidant supplements
 - Retinal care:
 - Retinal-detach return to OR 90 days
 - Retinal-detach VA improvement 90 days
- #2: Report six measures (including one outcome measure or high-priority measure) and report for a full year on 60 percent of patients
 - Partial credit awarded even if you report on fewer than six measures



Quality: IRIS[®] Registry Manual Reporters (non-EHR)

- Manually select measures and input patient data in the IRIS Registry

Patient Information

Search for Previously Entered Patient:
Enter patient name

Date Of Visit:* 08-01-2017
Medical Record Number(MRN):* 13274890
Insurance Type:* Medicare Part B

First Name:* adjkl
Middle Name: aeqr
Last Name:* adfjkl

Date Of Birth:* 02 / 02 / 1961
Gender:* Male Female

Proceed Cancel

"Diabetes: Eye Exam : Effective Clinical Care"

- Diagnosis for diabetes.
- Patient seen during eligible encounter within reporting period.
- Patient is not using hospice services any time during the measurement period.
- Patient using hospice services any time during the measurement period.

Reporting Code

- 2022F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed.
- 2024F: Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed..
- 2026F: Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed.
- 3072F : Low risk for retinopathy (no evidence of retinopathy in the prior year)*

* This code can only be used if the claim/encounter was during the measurement period because it indicates that the patient had "no evidence of retinopathy in the prior year".This code definition indicates results were negative; therefore an automated result is not required.

- 2022F or 2024F or 2026F with 8P : Retinal or Dilated Eye Exam not Performed, Reason not Otherwise Specified.

Reset

Finish Cancel



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Improvement Activities Weighted 15 Percent

- Attest that you have completed enough improvement activities for a 90-day period to reach **40 points** (small practices earn double points)
 - Note: This is the “easy” category in 2018 for practices that want to avoid penalties

As per our records, your practice seems to have 15 or fewer clinicians which weighs the improvement activities as: High - 40 and Medium - 20. If you find any discrepancy, please chat with our customer care.

Clinician Type: Patient Facing 

From: 06-01-2017 

To: 09-01-2017 

✓ 2 Activities selected

IA score: 40/40

Contribution to Total MIPS Score: 15/15

Save

Each activity must be performed for 90 consecutive days to get any points.

	■ CEHRT ACTIVITY	■ HIGH WEIGHT ACTIVITY	■ YOUR FAVORITE
<input type="checkbox"/>	Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination	20	☆
<input checked="" type="checkbox"/>	Use of QCDR data for quality improvement such as comparative analysis reports across patient populations	20	☆
<input checked="" type="checkbox"/>	Use of QCDR for feedback reports that incorporate population health	40	☆
<input type="checkbox"/>	Use of QCDR data for ongoing practice assessment and improvements	20	☆
<input type="checkbox"/>	Participation in MOC Part IV	20	☆



2017 Advancing Care Information Weighted 25 Percent



- Report advancing care information measures for base and performance scores
- IRIS[®] Registry participants:
 - Earn 10 performance points for participating in the IRIS Registry
 - Earn 10 percent bonus for completing a clinical practice improvement activity using CEHRT



Report Advancing Care Information Using the IRIS[®] Registry



- Select CEHRT edition, advancing care information measure set, timeframe and enter measure numerators and denominators, or answer yes/no:

Measure Set: Advancing Care Information Objectives and Measures [✎](#) From: 06-01-2017 [📅](#) To: 09-01-2017 [📅](#)

Save

✓ 5 Base measures selected
Base Score: 50/50 [📈](#)
Performance Score: 3/90 [📈](#)
Bonus Points: 0/15 [📈](#)
ACI Score: 53/155
Contribution to Total MIPS Score: 13.25/25

(*) Denotes mandatory measure

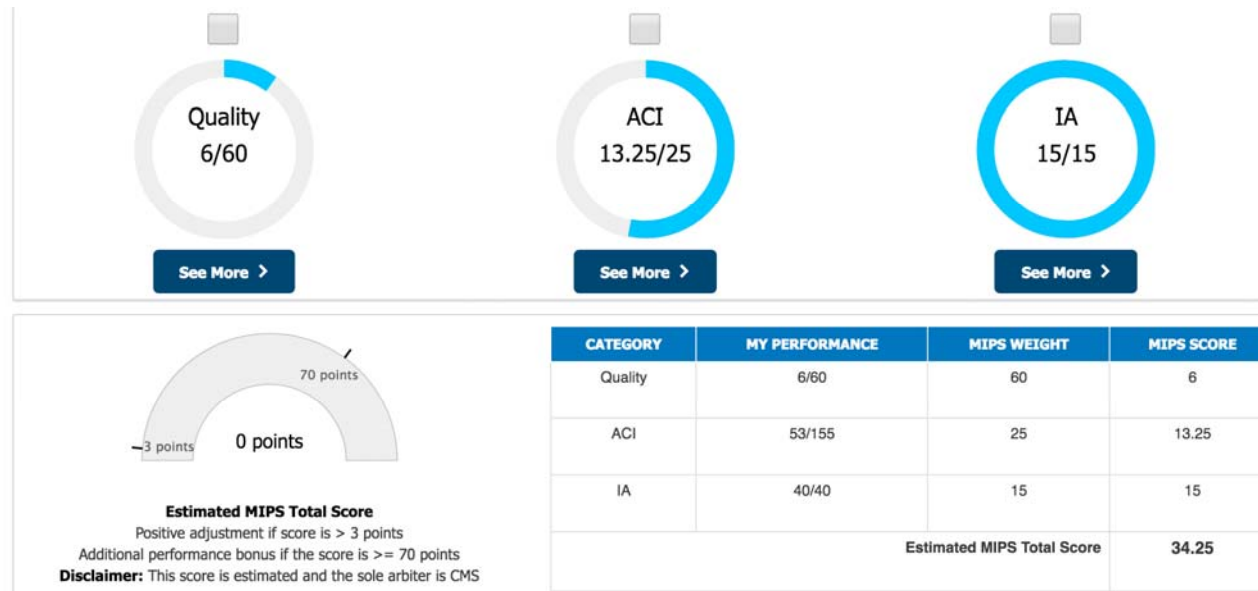
MEASURE ID	MEASURE	OBJECTIVE	DATA	PERFORMANCE	POINTS
<input checked="" type="checkbox"/> ACI_EP_1	Base - e-Prescribing* Details	Electronic Prescribing	Numerator: 33 Denominator: 878	NA	NA
<input checked="" type="checkbox"/> ACI_HIE_1	Base, Performance - Send a Summary of Care* Details	Health Information Exchange	Numerator: 12 Denominator: 897	<div style="width: 1.33%;"></div> 1.33%	1
<input checked="" type="checkbox"/> ACI_HIE_2	Base, Performance - Request/Accept Summary of Care* Details	Health Information Exchange	Numerator: 43 Denominator: 897	<div style="width: 4.79%;"></div> 4.79%	1
<input checked="" type="checkbox"/> ACI_PEA_1	Base, Performance - Provide Patient Access* Details	Patient Electronic Access	Numerator: 12 Denominator: 1234	<div style="width: 0.97%;"></div> 0.97%	1
<input checked="" type="checkbox"/> ACI_PPHI_1	Base - Security Risk Analysis* Details	Protect Patient Health Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	NA	NA
<input type="checkbox"/> ACI_CCTPE_1	Performance - View, Download and Transmit (VDT) Details	Coordination of Care Through Patient Engagement	Numerator: <input type="text"/> Denominator: <input type="text"/>	<div style="width: 0%;"></div> 0%	0
<input type="checkbox"/> ACI_CCTPE_2	Performance - Secure Messaging Details	Coordination of Care Through Patient Engagement	Numerator: <input type="text"/> Denominator: <input type="text"/>	<div style="width: 0%;"></div> 0%	0
<input type="checkbox"/> ACI_CCTPE_3	Performance - Patient-Generated Health Data Details	Coordination of Care Through Patient Engagement	Numerator: <input type="text"/> Denominator: <input type="text"/>	<div style="width: 0%;"></div> 0%	0





IRIS[®] Registry MIPS Score Calculator

- The IRIS Registry will give participants an *estimated* MIPS score on three categories, based on data collected:





ACO Participants and IRIS[®] Registry

- Accountable care organizations must meet their own quality-reporting standards, based mostly on primary-care measures
- Under MIPS, ACO participants can report using the IRIS Registry
- If the ACO fails to meet its quality-reporting obligations, this will protect participants from automatic penalties





Participate in the Academy's IRIS[®] Registry

Benefits of IRIS Registry participation include:

- Helps meet quality-reporting requirements
- Provides at least one outcome or high priority measure for most participants to report
- Supports credit for improvement activities
- Facilitates advancing care information reporting by including a web entry portal

Earn bonus quality points through IRIS Registry participation:

- For reporting multiple outcomes measures
- For electronic reporting through an IRIS Registry-integrated EHR system



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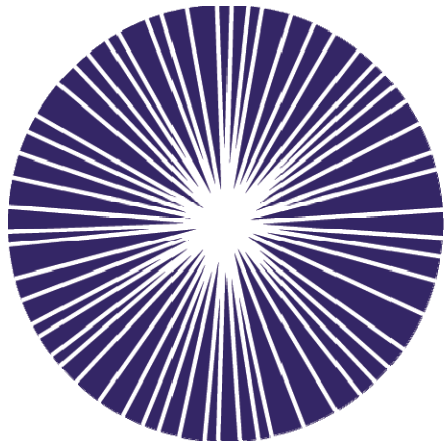
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Academy Resources

- Washington Report Express
 - Emailed every Thursday evening. It's the first place you will see any changes discussed and explained.
- MIPS manual: <https://www.aao.org/eyenet/article/eyenet-s-guide-to-mips-2017?august-2017>
- MIPS webpages
 - Quality: <https://www.aao.org/practice-management/regulatory/mips/quality-reporting>
 - ACI: <https://www.aao.org/practice-management/regulatory/mips/advancing-care-information>
 - Improvement Activities: <https://www.aao.org/practice-management/regulatory/mips/improvement-activities>
- MIPS landing page: [aao.org/medicare](https://www.aao.org/medicare)
 - Contains links to all of the above information (except Washington Report Express)
 - Will link to any new resources we add.
- IRIS Registry sign-up: <https://iris1.aao.org/signup/Registry.aspx> (first-time users)
- Email questions to mips@aao.org.





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