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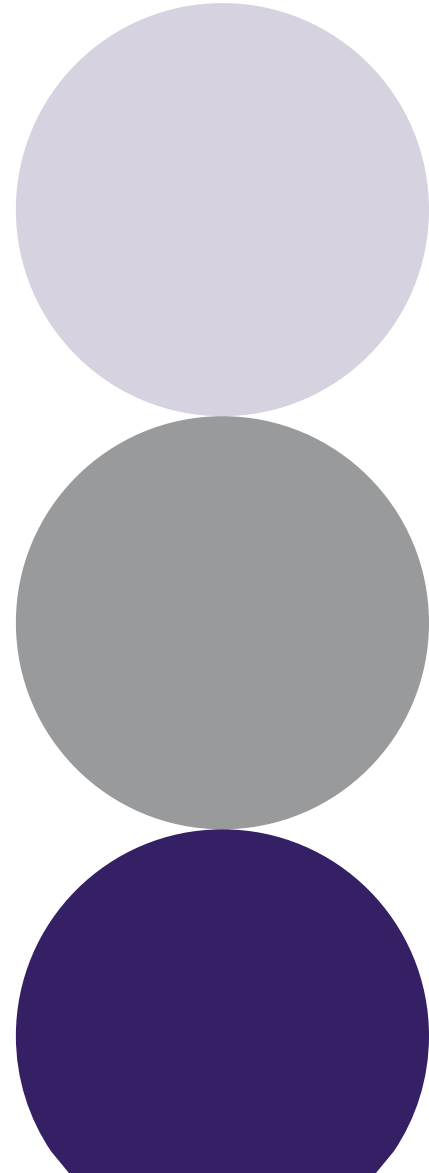
IRIS® Registry

# Optimize Your 2023 MIPS Reporting Using the IRIS® Registry (Intelligent Research in Sight)

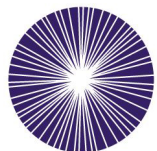
Brandy Keys, MPH  
Director, Health Policy

Flora Lum, MD  
Vice President, Quality and Data Science

Joy Woodke, COE, OCS, OCSR  
Director, Coding & Reimbursement



# 2023 MIPS



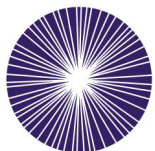
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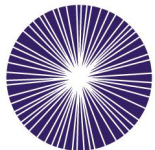
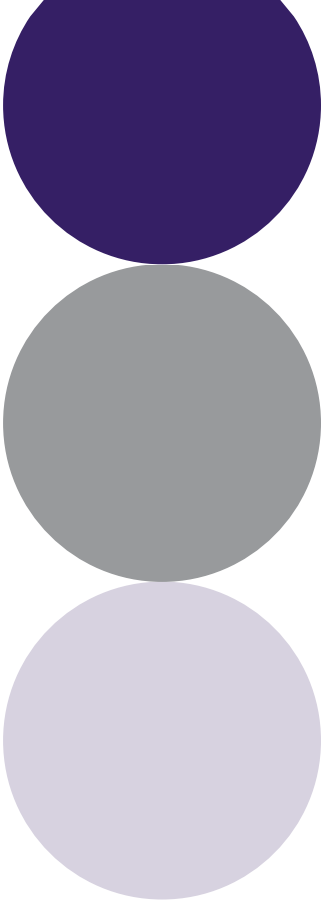
# MIPS 2023



- Four key questions:
  1. Will you be retired by 2025?
  2. Are you or your group exempt from 2023 MIPS?
  3. Was your practice significantly affected by extreme and uncontrollable circumstances?
  4. Define your goal: Avoid a penalty or try for a bonus?
- 9% penalty in 2025: estimated **\$36,156** for average ophthalmologist
- **Maximum bonus identified from 2022 reporting: 9% (may be recalculated)**



# Changes for 2023 Merit-based Incentive Payment System



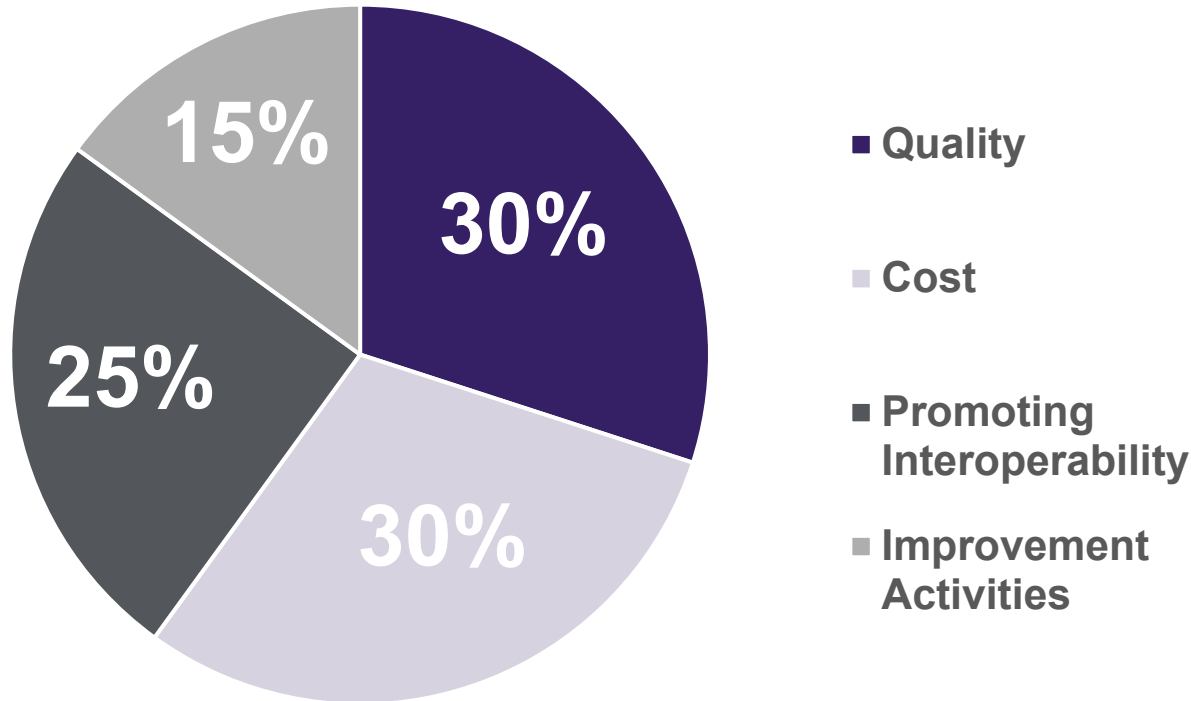
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# Overall few changes to MIPS for 2023, though lower payouts expected



Performance Category Weights

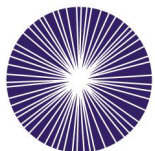


Performance Threshold

**75  
Points**



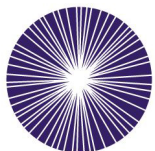
*No Exceptional Performance  
Bonus Available*



# MIPS 2023: Quality Essentials



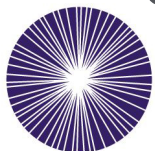
- For eCQM reporting, the EHR needs to be certified as meeting the 2015 Edition Cures Update
- The 3-point floor when scoring measures are being removed for large practices
- Data completeness threshold remains at 70% for 2023
- Removing 11 measures, adding 9 measures, and substantive changes to 76 measures.
- Expanding the definition of a high priority measure to also include health equity-related quality measures



# MIPS 2023: Promoting Interoperability Essentials



- Public Health and Clinical Data Exchange Objective
  - Options 1 & 2 combined into single option - “Pre-production and Validation”
  - Option 3 renamed - “Validated Data Production”
  - Can spend only one performance period at the Preproduction and Validation level of active engagement per measure.
    - Must progress to the Validated Data Production level in the next performance period for which they report a particular measure, but this requirement is delayed until performance periods in CY 2024.
- New required measure: Query of Prescription Drug Monitoring Program
  - Worth 10 points
  - Expanding the scope of the measure to include not only Schedule II opioids but also Schedules III and IV drugs.



# Changes to PI Measure Maximum Points



Objective	Measure	Maximum Points
Electronic Prescribing	E-Prescribing	10
	Query of PDMP	10*
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	15*
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	15*
	OR	
	Health Information Exchange Bi-Directional Exchange	30*
	OR	
	Participation in TEFCA	30*
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	25*
Public Health and Clinical Data Exchange	Report the following 2 measures: <ul style="list-style-type: none"> <li>• Immunization Registry Reporting</li> <li>• Electronic Case Reporting</li> </ul>	25*
	Report one of the following measures: <ul style="list-style-type: none"> <li>• Syndromic Surveillance Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> </ul>	5 ( <i>bonus</i> )



# MIPS 2023: Improvement Activity Essentials

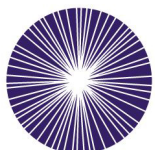
## Removed

ID	Name	Weight
IA_BE_7	Participation in a QCDR, that promotes use of patient engagement tools	Medium
IA_BE_8	Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive	Medium
IA_PM_7	Use of QCDR for feedback reports that incorporate population health	High
IA_PSPA_6	Consultation of the Prescription Drug Monitoring Program	High
IA_PSPA_20	Leadership engagement in regular guidance...	Medium
IA_PSPA_30	PCI Bleeding Campaign	High

## Added

ID	Name	Weight
IA_AHE_10	Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data	Medium
IA_AHE_11	Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients	High
IA_EPA_6	Create and Implement a Language Access Plan	High
IA_ERP_6	COVID-19 Vaccine Achievement for Practice Staff	Medium

Full IA Inventory - <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2237/2023%20Improvement%20Activities%20Inventory.zip>



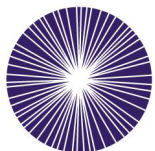
# CMS Extreme and Uncontrollable Circumstances (EUC) Exception



For Performance Year 2023, CMS continues to offer the MIPS EUC Exception application to allow individuals, groups, virtual groups, and APM Entities to apply for MIPS performance category reweighting due to the ongoing COVID-19 PHE.

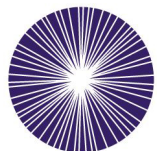
2023 MIPS EUC Exception applications can be submitted until 8:00pm ET on **Tuesday, January 2<sup>nd</sup>, 2024**

<https://qpp.cms.gov/mips/exception-applications>



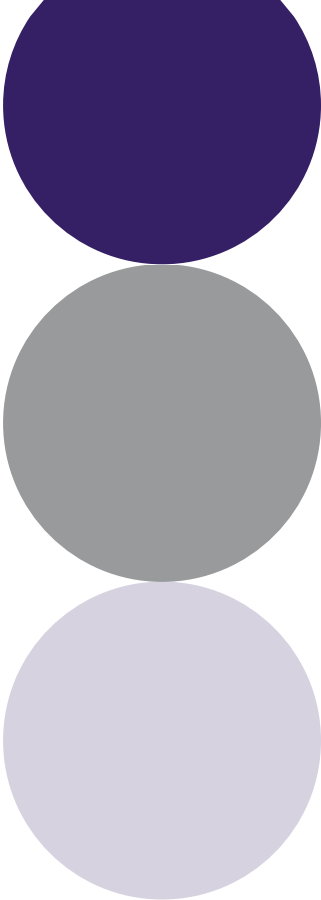
# Cost Measures

PY 2022 Concerns & What to Expect for the Future



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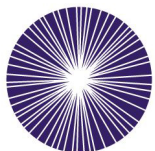
# Cost Measure Concerns Have Developed

- 2022 was the first PY many ophthalmologists were scored on MIPS cost measures. Due to COVID, cost scores have been reweighted in recent years.
- Eligible clinicians did not receive performance feedback in years they were not scored on the measure, so they have not had a chance to initiate improvement plans.
- Cost is 30% of the MIPS score.
- When MIPS score preview reports came out in August, members alerted the Academy to issues with the **diabetes and routine cataract surgery episode-based cost measures**.



# Diabetes Episode-Based Cost Measure

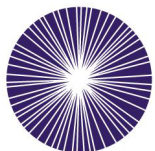
- October 4<sup>th</sup> meeting with CMS to discuss Ophthalmology group reporters being scored on this measure
- Confirmed CMS fixed the attribution rules only for individual reporters
- Unfortunately, CMS said they are not legally authorized to change group attribution rules for PY 2022; **however, they confirmed they will fix it for PY 2023**
  - *CMS is adding a group-level medication attribution check for the 2023 performance period. Starting in 2023, for a group practice to be attributed Diabetes episodes, at least one clinician within the group practice must have prescribed at least 2 condition-related medications to 2 patients within the current plus prior performance period, which parallels the current clinician-level check.*





# Cataract Surgery Episode-Based Cost Measure

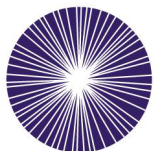
- October 24<sup>th</sup> meeting with CMS to discuss our concerns with patient-level detail reports initially showing duplicate services
- CMS confirmed issue was corrected in late September, and that the error in patient-level files **did not** affect scores on the measure
- The Academy & ASCRS raised concerns about lack of actionable data in patient-level reports, and recommended adding service date / rendering provider data
- Unfortunately, CMS said they are not legally authorized to reweight this measure for PY 2022 or reopen targeted reviews
  - They may consider our recommended changes to the detail reports





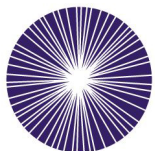
# What Can You Do?

- Understand what you're being scored on and how it's being calculated (i.e., measure methodology & specifications)
- Understand the performance review process and how to file a targeted review if needed
- Understand how coding can affect your score



# Cataract Cost Measure Methodology

<b>Case Minimum</b>	10 episode
<b>Data Source</b>	Medicare Part A and B claims data
<b>Trigger Code</b>	CPT 66984
<b>Episode Window</b>	Pre-Trigger Window: 60 days Post-Trigger Window: 90 days
<b>Sub-Groups</b>	1) ASC / Bilateral 2) ASC / Unilateral 3) HOPD / Bilateral 4) HOPD / Unilateral

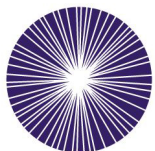




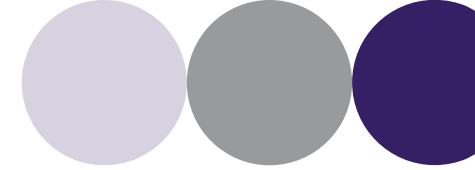


# Included Costs

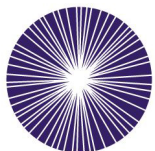
- Preoperative: 60-day lookback
  - Office visits, consultations *if a cataract diagnosis is submitted with the claim.*
  - Testing, procedures *regardless of provider:* biometry, gonioscopy, topography, tear osmolality, OCT, corneal pachymetry, photography, punctal occlusion.
- Date of Surgery
  - Physician fee, facility fee, anesthesia fee, *some* pass-through Part B medications
- Postoperative: matches 90-day global period
  - Billed visits and procedures addressing complications (e.g., IOL repositioning, exchange, or removal, retinal detachment, retained lens fragments, endophthalmitis, wound or iris repair, cystoid macular edema). *Not* anti-VEGF injections for diabetic macular edema.



# Measures To Mitigate Factors Outside Surgeon Control



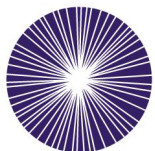
- Episode Sub-grouping
  - HOPD vs. ASC
  - Unilateral vs. bilateral (both eyes done within 30 days)
- Risk-adjustment
  - Age, end-stage renal disease, institutionalization in long-term care facility
  - Hierarchical condition categories (e.g., diabetes, certain cancers, immune, neurologic, psychiatric disorders)
  - Ophthalmic diagnoses (e.g., glaucoma, macular degeneration, non-proliferative diabetic retinopathy)
- Price Standardization
  - Rural locations with higher facility fees
  - Regional differences in labor costs and practice expenses





# Cataract Cost Measure Exclusions

- Exclusions completely remove an episode from scoring.
- CMS looks at procedure and diagnosis codes on the patient's claims to determine whether to remove.
- Examples:
  - CPT 67041, *Removal of membrane of retina*, or
  - ICD-10 H21.81, *Floppy iris syndrome*
- There are over 1,400 excluded procedure and diagnosis codes on the measure specification file!



# Example Calculation: Risk-Adjusted Cost Measure

## Routine Cataract Removal with Intraocular Lens (IOL) Implantation Cost Measure

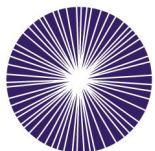
	Unilateral ASC			Bilateral ASC		
	Episode 1	Episode 2	Episode 3	Episode 4	Episode 5	Episode 6
Observed	\$3,300 /	\$4,890 /	\$4,020 /	\$5,270 /	\$6,850 /	\$5,460 /
Expected	\$4,000 =	\$4,100 =	\$3,700 =	\$6,200 =	\$5,900 =	\$5,000 =
	0.825	+ 1.193	+ 1.086	+ 0.850	+ 1.161	+ 1.092

$$= 6.207$$

$$6.207 / 6 \text{ episodes} = 1.035$$

**\$5,325 = National Standardized Average Observed Episode Cost**

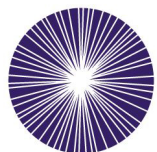
$$1.035 * \$5,325 = \$5,508.88$$



# Cost Measure Benchmarking

- Cost measure benchmarks are calculated exclusively from **performance period data**; there are no historical benchmarks.
- For each cost measure, a linear distribution is created based on cost score data from all eligible reporters. Deciles are assigned based on the linear distribution.

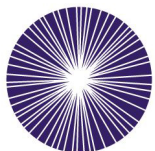
PY 2022 Benchmarks for Cataract Cost Measure									
Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
4602.27 - 3553.77	3553.76 - 3312.22	3312.21 - 3217.45	3217.44 - 3144.03	3144.02 - 3082.50	3082.49 - 3037.58	3037.57 - 3001.95	3001.94 - 2964.75	2964.74 - 2914.67	<= 2914.6 6



# Cost Measure Scoring

- Achievement points are assigned based upon the decile in which your risk-adjusted average episode cost falls.

Decile	Number of Points Assigned for the 2022 Performance Period
1	1.0-1.9 points
2	2.0-2.9 points
3	3.0-3.9 points
4	4.0-4.9 points
5	5.0-5.9 points
6	6.0-6.9 points
7	7.0-7.9 points
8	8.0-8.9 points
9	9.0-9.9 points
10	10 points



# Total Cost Score Calculation



Category Score

Category Weight

Points for MSPB and TPCC Measures



Points for Episode-Based Measures



Cost Improvement Score



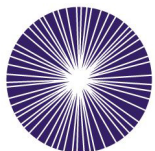
30



Total Contribution to Final Score

Maximum number of points (# of required measures x 10)

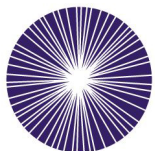
**New for 2023!**





# Performance Feedback

- Scores, payment adjustments, and patient-level data files on which they are based are released to physicians in late summer/early fall following the end of the performance year.
  - E.g., PY 2022 performance feedback was made available on August 10, 2023
- MIPS eligible clinicians have 60 days to file a targeted review for some situations (e.g., special status not applied, EUC reweighting not applied).
- Issues related to inaccurate, unusable, or otherwise compromised data don't fall under the scope of a targeted review. A ticket with the [QPP Service Center](#) can be opened for these issues.







# How Coding Impacts Your Cost Score

## Report

- Report all diagnosis codes assessed during the cataract evaluation
- Exclusions may apply (eg, POAG, AMD, Keratoconus)

## Use

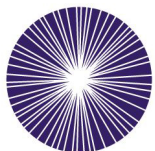
- Use laterality modifiers (-RT, -LT and -50)
- Correct coding and cost calculation

## Bill

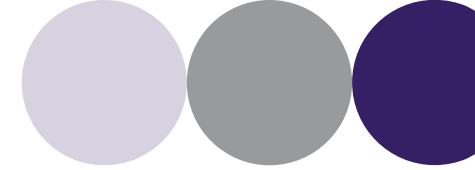
- Bill the appropriate place of service (POS) code for surgeries
- 19 off campus HOPD, 22 on campus HOPD, 24 ASC

## Consider

- Consider other costs (e.g, H&P, consults)

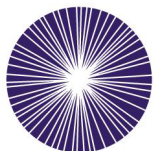


# EyeNet: December 2023



CODING & REIMBURSEMENT  
**SAVVY CODER**

**You're a Cataract Surgeon? Here's How  
Coding Impacts Your MIPS Cost Score**



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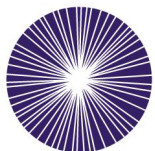
[aao.org/EyeNet](https://aao.org/EyeNet)

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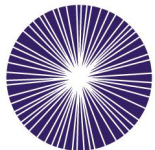
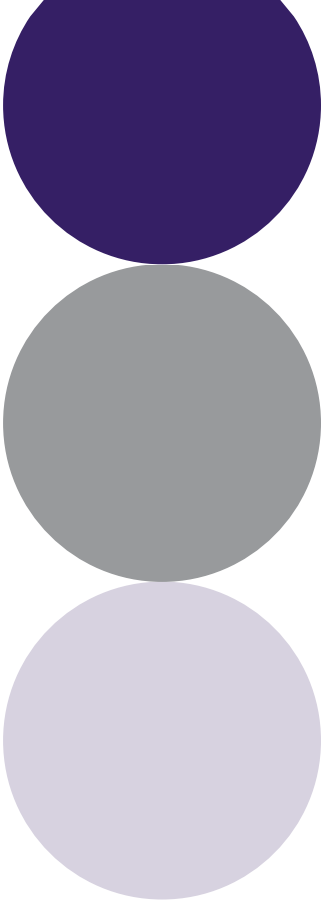


# Helpful Links

- 2023 Cost Measure Information Forms – <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2213/2023%20Cost%20Measure%20Information%20Forms.zip>
- 2023 Cost Measure Specification Files - <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2212/2023%20Cost%20Measure%20Codes%20Lists.zip>
- 2023 MIPS Cost User Guide - <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2378/2023%20MIPS%20Cost%20User%20Guide.pdf>



# IRIS Registry



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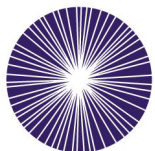
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# What is the IRIS Registry?



IRIS Registry (Intelligent Research in Sight) is the nation's first comprehensive eye disease clinical database, started March 25, 2014

- Improve care delivery and patient outcomes
- Provides individual feedback on performance and comparison to benchmarks
- Helps practices meet Merit-based Incentive Payment System requirement (MIPS)



# Current Stats (October 1, 2023)



## Contracted for EHR Integration

- **13,619** physicians from **2,589** practices

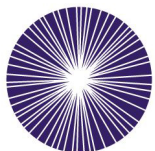
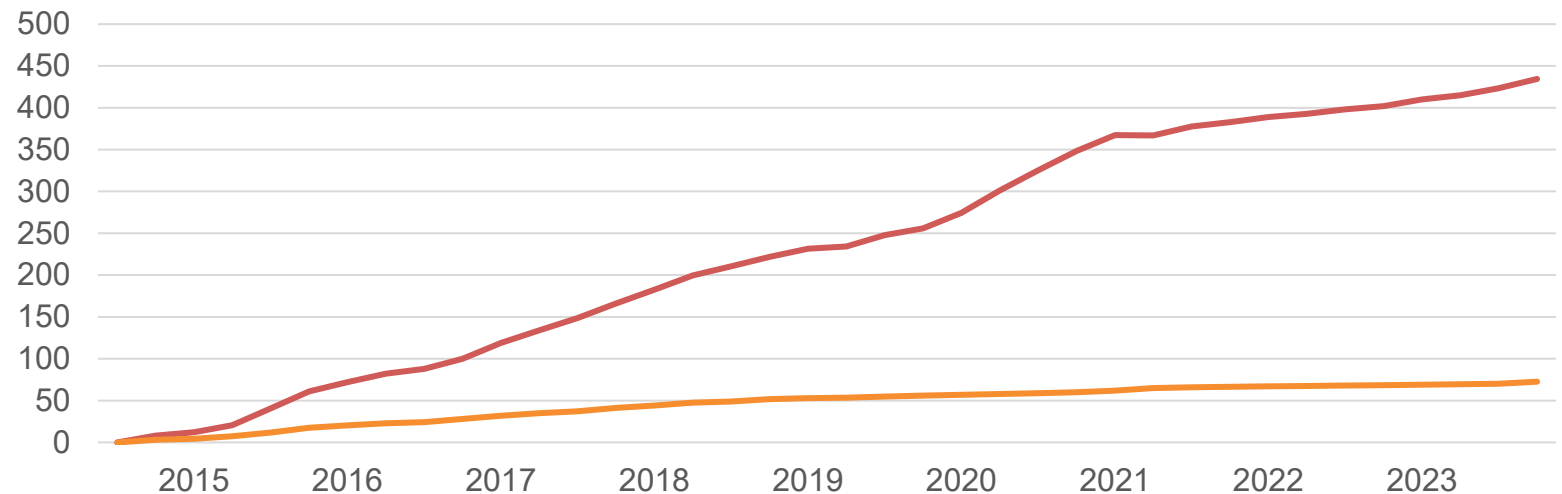
## Number of patient visits

- **434.5** million

## Number of unique patients

- **72.7** million

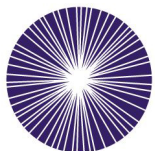
IRIS Registry Growth in Millions of Visits and Unique Patients





# Quality scoring

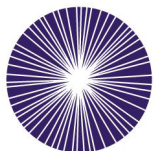
- Getting a perfect Quality category score will be challenging
- Some measures are subject to scoring limitations, including:
  - Topped out measures
  - Measures with “stalled” benchmarks
  - Measures with no benchmark
- These measures may impact your quality score, even if you have very high or perfect performance rates
- QCDR Measures:
  - The Academy has been preparing for these issues by developing QCDR measures for IRIS Registry as alternatives topped out and other QPP measures with scoring limitations



# Quality



- IRIS Registry – EHR Integration:
  - Provides flexibility
  - You select the measures you want to report
  - CMS will choose best six measures for scoring
  - Encourage submit all available measures because no negative impact
  - Submit QCDR measures to establish a scoring benchmark

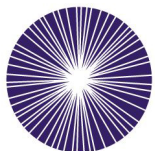




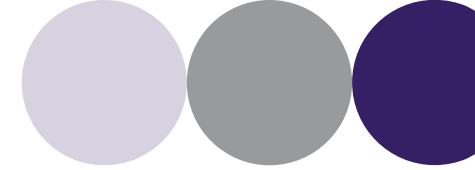
# Registry-Related Improvement Activities for 2023 (15% total weight)



- IRIS – EHR Integration Required
  - IA\_PSPA\_7: Use of QCDR for Practice Assessment and Improvements in Patient Safety (Medium)
    - Download feedback reports and document how the data is used for quality improvement or patient safety
  - IA\_PSPA\_2 Participation in MOC Part IV (Medium)
    - IRIS Registry users can complete an improvement project to count toward requirements for MOC *and* MIPS IA

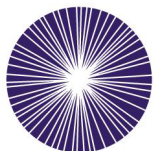


# COVID-19 Improvement Activity for 2023



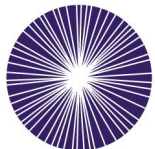
- IRIS – EHR Integration Required

- IA\_ERP\_3: COVID-19 Clinical Trials, High-weighted activity
- Treat patients diagnosed with COVID-19 and simultaneously submit relevant, clinical data to a clinical data registry for the purposes of ongoing or future study



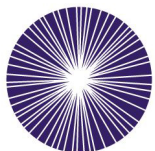
# Registry-Related Promoting Interoperability Measure for 2023 (25% total weight)

- Clinical Data Registry Reporting Measure
  - Practices with IRIS Registry – EHR integration can report this measure
  - No longer required measure, optional reporting for 5 bonus points towards PI score



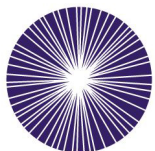
# Benefits to MIPS Reporting Using IRIS Registry

- Only ophthalmology Qualified Clinical Data Registry
- Most number of ophthalmology measures – 26 QCDR measures
- EHR integration relieves burden
- Academy expertise and support
- Participation of majority of ophthalmic practices
- Free to Academy members

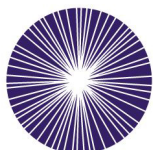


# IRIS Registry Main MIPS Reporting Tool for Ophthalmologists, 2017-2021

- Higher average score for ophthalmologists than average MIPS participant
- Majority of ophthalmologists earned an exceptional performance bonus
- 0.10% - 2.22% of Medicare Fee Schedule (based on 2017-2021 reporting years)
- Translates to \$402 - \$8,918 bonus per ophthalmologist/year
- \$1,608 - \$30,491 bonus per ophthalmologist for 2017-2021 reporting years



# IRIS Registry Participants MIPS Penalty Avoidance 2017-2021

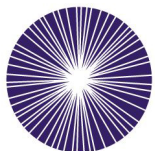




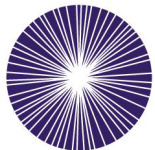
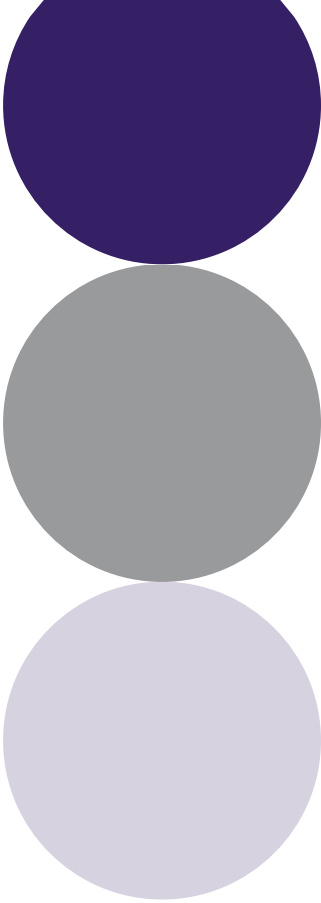
# 2023 MIPS IRIS Registry Deadlines



- IRIS-EHR Integration:
  - ~~June 15, 2023, register for IRIS-EHR integration~~
  - ~~Aug. 1, 2023, complete the IRIS-EHR integration process~~
  - ~~Nov 30, 2023, request mapping refinements for selected measures~~
  - Dec. 31, 2023, complete all patient encounters
  - **Jan. 31, 2024**, enter all data in IRIS Registry for PI and IA, and sign Data Release Consent Form and submit to CMS if possible
  - **March 31, 2024**, final deadline to complete submissions to CMS through IRIS Registry dashboard



# Optimize Reporting



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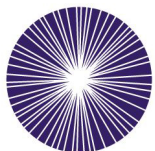
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# Misconceptions

- Integrating with the IRIS Registry takes care of everything
- Data in the IRIS Registry doesn't require regular review
- Quality measures are all that need to be reported to comply with MIPS
- The office administrator can handle everything, the clinicians need not play a role.
- MIPS is too much work (it's easier to just accept the penalty)





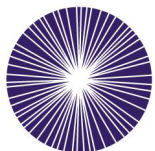
# Roadmaps

- For the Small/Solo Practice

- Have a 3-point floor for quality measures even if case minimum (20) or data completeness (70%) is not met
- Have an automatic Promoting Interoperability hardship reweighting
- Complete 1 high-weighted or 2 medium-weighted Improvement Activities

- Large Practice

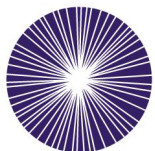
- Report quality on at least 70% of denominator-eligible patients with at least 20 patients
- If you don't satisfy case minimum (20) or data completeness (70%), you score 0 points
- Complete 2 high-weighted or 4 medium-weighted Improvement Activities
- Need to submit all PI measures to receive any PI credit





# Your Role & Responsibilities

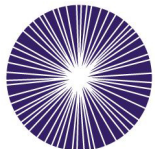
- Regardless of Reporting Method
  - Start early in the year
  - Pick your Quality Measures
  - Establish your calendar of tasks
  - Establish your Improvement Activity and Promoting Interoperability action plans
  - Avoid pitfalls



# Your Role & Responsibilities

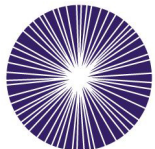
## ○ EHR Integrated Practices

- Understand the measures and what meets/doesn't meet the measure
- Is the data kept current?
- Ensure mapping is correct
- Ensure EHR entry is correct
- Ensure providers & staff are aware



# Your Role & Responsibilities

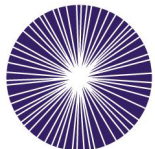
- Manually Reporting Practices
  - Set up workflow with staff for the new year
  - Use the IRIS Registry to review quality performance



# Quality Performance Dashboard – Discrepancies

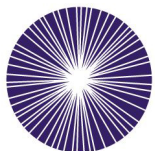


- Catch Early:
  - Mapping Between the EHR and the IRIS Registry
  - Data Entry through the Web Portal
  - Staff Training
  - Clinician Awareness



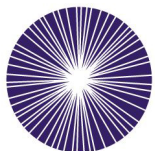
# Avoiding Pitfalls: Competing Promoting Interoperability Submissions Result in 0 Score

- If you submit PI both through IRIS Registry and your EHR or QPP website:
- CMS will not aggregate multiple PI submissions
  - Different time periods
  - Different numerators
  - Different denominators
  - Different measures
- CMS considers partial/incomplete PI submissions through the QPP website to be competing
- Work together as a practice to be sure no competing submissions



# Tips for Success: Promoting Interoperability: Provider to Patient Exchange

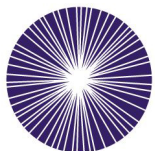
- Provide patient electronic access to their health information (25 points)
- Key steps to success:
  - Access to view online, download and transmit information within 4 business days
  - Confirm with your EHR vendor how to capture the action of providing timely access
  - Develop an internal workflow
  - Patients opt out after access provided – confirm with EHR still counted in numerator
  - Check EHR PI reports frequently, identify unusually low numbers
  - If functionality is available to auto offer patient access, confirm system setup and pitfalls
  - Start early!





# Social Determinants of Health

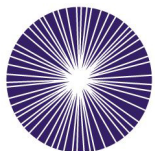
- **How does this impact IRIS Registry data?**
- Potential health deterrents due to socioeconomic and psychosocial circumstances
- May contribute to MDM risk of complications when SDoH significantly limits diagnosis and/or treatment
  - Report as secondary diagnosis
- Savvy Coder: Why (and How) You Should Use ICD-10 Codes for Social Determinants of Health
  - [aao.org/EyeNet](http://aao.org/EyeNet)





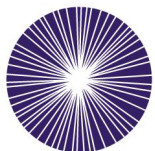
# Academy MIPS Resources

- EyeNet MIPS 2023: A Primer & Reference
  - <https://www.aao.org/eyenet/mips-manual-2023>
- Practice Management
  - <https://www.aao.org/medicare/mips>
- Advocacy
  - <https://www.aao.org/advocacy-overview>
  - Washington Report Emails – Every Thursday
- MIPS@aao.org

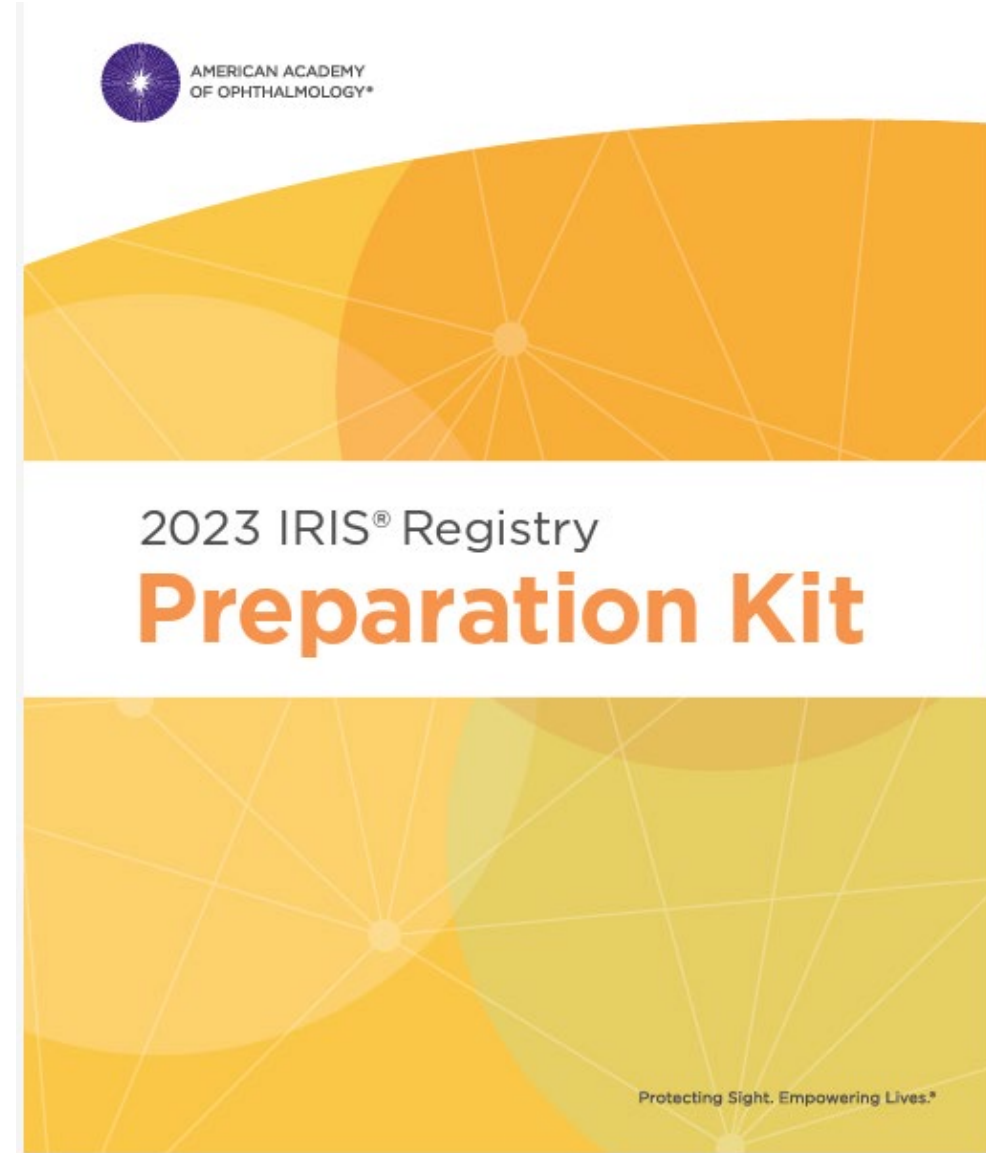


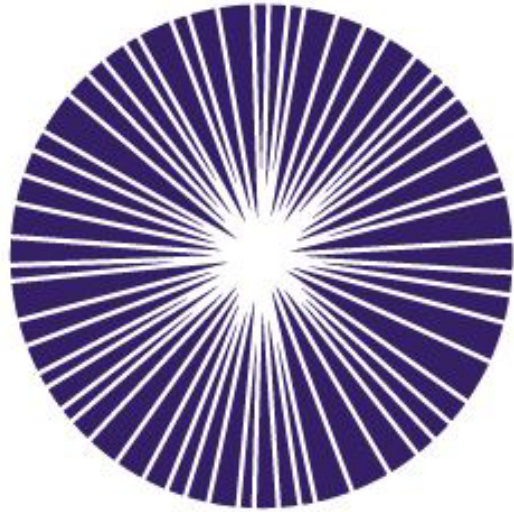
# Final Thoughts

- 2023 IRIS Registry Preparation Kit
  - Reference
  - Roles
  - Roadmaps
  - User Guide
  - Data Integrity
  - Reporting
- <https://www.aao.org/iris-registry/user-guide/getting-started>
- AAO Store: [store.aao.org](https://store.aao.org)



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