

Avoid the MIPS Penalty Without EHR: Tips for Reporting Via the IRIS Registry

For ophthalmology, the IRIS Registry has proved to be the tool of choice for reporting in the Merit-Based Incentive Payment System (MIPS). Indeed, it has helped ophthalmology practices avoid nearly \$400 million in penalties based on their performance during the 2017 and 2018 MIPS reporting years.

Why you can't afford to ignore

MIPS. If you don't participate in MIPS in 2019, your 2021 Medicare Part B payments could be subject to a 7% penalty, which would translate to an estimated \$28,161 for the average ophthalmologist.

If you haven't already started with this year's MIPS, you need to get busy. "The sooner you start, the better," said Karen Turkish, RN, administrator for Lance Turkish, MD, and Associates in New Orleans. Her practice is on paper charts, and they report manually using the IRIS Registry MIPS portal. "When you wait to the end of the year, you are in panic mode," added Belinda Brodoski, CPC, practice administrator for Eye Clinic of Livonia in Livonia, Michigan.

Two ways to report MIPS quality measures via the IRIS Registry. The most efficient way to report quality is by integrating your electronic health record (EHR) system with the IRIS Registry to calculate quality measures for MIPS reporting. However, an EHR system is not required for reporting quality measures via the IRIS Registry.

This article is for manual reporting (no EHR needed.) Hundreds of ophthalmology practices successfully avoid MIPS penalties by manually entering data in the IRIS registry web portal. Some of these have no EHR system; others have EHR, but haven't yet integrated it with the IRIS Registry. Here are some tips for such practices.

Must You Take Part in MIPS?

First, find out whether you are required to participate in MIPS in 2019. Clinicians may be exempt from the MIPS program if an exclusion—such as the low-volume exclusion—applies to them. Check the MIPS participation status for each clinician in your practice. Make sure you have each clinician's 10-digit National Provider Identifier (NPI) handy and visit the QPP Participation Status Lookup tool at <https://qpp.cms.gov/participation-lookup>.

MIPS tip. If a clinician is in more than one practice, scroll down to find his or her status at each one.

CMS uses two time segments to determine 2019 MIPS participation status. CMS first looks at data from Oct. 1, 2017, to Sept. 30, 2018, (with a 30-day claims run out) and later reviews data from Oct. 1, 2018, to Sept. 30, 2019. At time of press, the QPP Participation Status Lookup tool shows who is excluded from having to participate in MIPS based on that first time segment; in November, additional clini-

What's New in 2019?

You must do more to avoid a penalty. During the 2019 performance year, practices that want to avoid the penalty must complete quality reporting in addition to improvement activity attestations. Previously, attesting for the improvement activity performance category was sufficient.

Important change to IRIS Registry submission. Complete submissions to CMS by using the "Submit" button in the IRIS Registry MIPS portal.

What else is new? For a brief summary of what changed in 2019, see aao.org/medicare/2018-2019-changes.

icians may be excluded based on data from the second time segment.

What if you are not required to participate in MIPS? If you are an IRIS Registry participant and you learn that you are not required to report, ask your practice administrator to contact aocams@figmd.com to notify the IRIS Registry that you will not be reporting for 2019 MIPS because you are not eligible. Be sure to include your IRIS Registry practice ID and practice name in the subject line of the email, and include the clinician's NPI. Similarly, if you are not required to report but wish to opt in to the program, email aocams@figmd.com.

What if your practice is in an accountable care organization (ACO)? You could just rely on the ACO's MIPS

reporting, but many practices that are in ACOs also choose to do their own MIPS reporting. Joyce Hogue, CPC, OCS, Quality Analyst at Wheaton Eye Clinic in Wheaton, Illinois, has taken this approach. “With a 7% penalty coming, it is important to have a safety net,” she said. Reporting separately can help your practice avoid automatic penalties in case the ACO fails in its reporting.

Small or Large Practice?

Has CMS designated your practice size as small or large? You can find out using the QPP Participation Status Lookup Tool (<https://qpp.cms.gov/participation-lookup>). This is important because MIPS reporting requirements vary depending on practice size. For example, clinicians in small practices don’t have to do as many improvement activities. They also can apply for a small practice significant hardship exception to the EHR-based promoting interoperability (PI) performance category.

Which Quality Measures Should You Report?

Each year, Ms. Turkish reviews the quality measures as soon as the Academy posts them online (aao.org/medicare/quality-reporting-measures). She looks for any changes to the measures and then makes her selections. You also can go to aao.org/eyenet/mips-manual-2019 and click “Table 8” to see which measures are subject to scoring limitations, such as the 7-point cap. Practices must report

on six quality measures, and at least one of these should be an outcome measure. If no outcome measure is available, you can report on another type of high-priority measure.

Which Patients to Report On?

Practices that report quality measures via a registry must do so on patients across all payers, not just Medicare.

Meet the data submission thresholds. To qualify for a small bonus, small practices should report on at least 60% of patients eligible for each measure across the entire calendar year, and that number can’t be less than 20 patients. Large practices must meet this 60% data-completeness criteria and the 20-patient case minimum in order to avoid a MIPS penalty.

Small practices that aren’t going for the bonus can do less reporting to save time. If the goal is just to avoid a penalty, small practices can report each measure on a minimum of one patient; this reporting—combined with improvement activity attestation—will help these practices avoid the 7% penalty in 2021. Even if reporting on one patient, practices reporting via a registry must still provide data completeness information (see below). Note: The Academy recommends reporting on several patients per measure even though the minimum requirement for small practices is one patient per measure.

Keeping Track of Quality Data

Practices reporting on at least 60% of eligible patients for each measure may need to establish a process to keep track of the quality data.

Using a paper-based approach. Ms. Turkish creates a quality measure worksheet each year that asks for all information needed for each of their six measures. That worksheet is placed inside every patient chart. The technicians in her practice are trained to fill out the worksheet for each patient visit, and the worksheets are collected for a staff person to

enter the data.

Using billing software. Ms. Hogue said that her practice uses its billing software to help them gather the data they need for quality reporting.

For a cataract surgery measure, for example, Ms. Hogue can run a report to get a list of patients who are eligible for that measure. She then enters data using those patient records. This process includes reviewing to see if there is any comorbid condition that would exclude the patient, and gathering the final visual acuity or complications information needed for reporting the measure.

Start data entry ASAP. Ms. Brodowski said it is key for her practice to not save data entry for the end of the year. Instead, they input data for the quality measures as promptly as possible, patient by patient.

Data-Completeness Totals

What is the data-completeness requirement? As it did in 2018, CMS is requiring practices that report quality measures manually through registries to submit data-completeness totals for each quality measure reported. Even if an eligible clinician or practice reports a measure for just one patient, CMS wants to know how many patients the measure could have been reported on over the calendar year. Practices must provide the following patient counts:

- The total number of patients *eligible* for each measure
- The total number of patients *excepted* from each measure

You won’t be able to submit a measure’s quality data to CMS without including those two totals.

Contact the vendor of your billing system. Many practices will be able to readily collect the eligible patient totals from their billing systems. Contact your billing system vendor for instructions on how to run the appropriate reports.

Get the total number of eligible patients for quality measures. First view the detailed specifications for each quality measure you report. They are posted at aao.org/medicare/quality-reporting-measures. The detailed measure descriptions include the denominator criteria that indicate which

Four Steps to Take Today

Step 1: Use the QPP Participation Status Lookup tool to see whether you are required to participate in MIPS (<https://qpp.cms.gov/participation-lookup>).

Step 2: While checking your participation status, confirm whether CMS has classified your practice as small or large.

Step 3: Review an Academy MIPS Roadmap at aao.org/medicare. There is a version for small practices and another for large practices.

Step 4: If you are not already signed up to use the IRIS Registry for manual reporting, do so at aao.org/iris-registry. (See page 96.)

patients qualify for each measure.

After determining the denominator criteria, use your billing system to run a report of patients who meet those criteria. This will give you the total number of patients eligible for the measure. (Note: Don't run these reports until after the end of the calendar year.)

Example: Determining the total number of eligible patients for Measure 12: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation. Run a report in your billing system for the date range "1/1/19-12/31/19." Apply a filter for the following:

- Diagnosis of primary open-angle glaucoma (using ICD-10 codes outlined in the measure specification)
- Eligible CPT code billed during the 2019 calendar year (using CPT codes outlined in the measure specification)
- Date of birth, so that only patients age 18 and older are included. If your system doesn't have this functionality, you can print out the report using the diagnosis- and CPT code—criteria and then remove patients who do not meet the measure's age criteria.

Get the total number of patient exceptions for a quality measure. Some quality measures have exceptions. These are often medical- or patient-related. For example, there may be a medical reason why you can't perform an optic nerve evaluation on a POAG patient. Such exceptions should be supported by documentation. It may be difficult to run a report in your billing system to produce this total, and it may require manual counting.

Note: If you have manually entered 100% of eligible patients into the IRIS Registry, the patient exceptions would already be captured, and you would already have the total number of patients excepted from the measure.

Some quality measures do not have exceptions. Of the quality measures that can be manually reported via the IRIS Registry, the following do not have exceptions: Measures 1, 111, 117, 141, 191, 192, 236, 238, 374, 384, 385, 388, 389, 402, and the manually reported measures developed by the IRIS Registry (IRIS1, IRIS2, etc.).

Gathering data manually. If you are not able to use your billing system to

collect the number of patients eligible for a quality measure and/or the number excepted from the measure, you will need a manual approach for gathering this information. Because Ms. Turkish's practice includes the quality measure worksheets in every patient chart, she is able to review the charts to calculate the eligible patients and exceptions.

Entering Quality Data Into the IRIS Registry

Some practices, such as Ms. Brodoski's, have a designated staff person responsible for entering data into the IRIS Registry. Others take an all-hands-on-deck approach.

Get step-by-step instructions on how to enter data. See the IRIS Regis-

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Saturday, Oct. 12

Coding Camp (Event code: 19Code2). Enjoy an intermediate level update on all aspects of coding, including a succinct preview of what to expect from MIPS in 2020. **When:** 1:30-4:30 p.m. **Where:** South 206. **Access:** Separate registration is required.

Sunday, Oct 13

Government: Always on My Mind.... MACRA, MIPS, HIPAA and Medicare Advantage (Spe39). Roundtable moderated by Joy Woodke and Jessica Peterson, MD, MPH. **When:** 8:00-9:45 a.m. **Where:** South 211. **Access:** AAOE members.

Medicare Update Forum (Spe46). Presenters: Michael X. Repka, MD, MBA; David B. Glasser, MD; Cherie McNett; and Jessica Peterson, MD, MPH. How is Medicare reimbursement likely to change in 2020? This review will include a MIPS update. **When:** 12:15-1:45 p.m. **Where:** West 3014. **Access:** Free.

The Merit-Based Incentive Payment System (MIPS) in 2020 (224). Senior Instructor: Sue Vicchilli, COT, OCS, OCSR. **When:** 2:00-3:00 p.m. **Where:** South 206. **Access:** Academy Plus course pass.

Monday, Oct. 14

MIPS Promoting Interoperability Panel: Ask Us! (429). Senior instructor: Jessica Peterson, MD, MPH. **When:** 10:15-11:15 a.m. **Where:** South 207. **Access:** Academy Plus course pass.

Government: Always on My Mind....MACRA, MIPS, HIPAA and

Medicare Advantage (Spe53). Roundtable moderated by Joy Woodke and Jessica Peterson, MD, MPH. **When:** 12:45-1:45 p.m. **Where:** South 211. **Access:** AAOE members.

MIPS Quality Category: Measures and Scoring for Ophthalmology Practices (465). Senior instructor: Rebecca Hancock. **When:** 2:00-3:00 p.m. **Where:** South 207. **Access:** Academy Plus course pass.

How the IRIS Registry Helps You Participate in the Merit-Based Incentive Payment System (488). Senior instructor: Rebecca Hancock. **When:** 3:15-4:15 p.m. **Where:** South 207. **Access:** Academy Plus course pass.

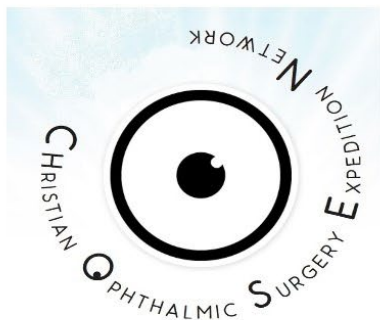
Tuesday, Oct. 15

Member Value Tools From the IRIS Registry and Verana Health: How to Improve Your Practice (666). Senior instructor: Robert T. Chang, MD. **When:** 11:30 a.m.-12:30 p.m. **Where:** South 204. **Access:** Academy Plus course pass.

IRIS Registry Help at AAO 2019

Come to the IRIS Registry area of the Academy Resource Center (West, Booth 7337) to complete improvement activity attestation and sign the required data release consent form. You will not be able to review or complete your manual reporting of quality measures there, but staff can walk you through that process.

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try user guide at aao.org/iris-registry/user-guide/getting-started. If you have questions, contact irisregistry@aao.org.

Enter quality data at the individual-clinician level. Regardless of whether clinicians participate in the MIPS quality performance category as a group or as individuals, the data for their quality measures will be entered at the individual-clinician level. Later, when they get ready to submit their data to CMS, they would stipulate whether they are reporting quality at the group or individual level. (Note: Practices that participate in the MIPS improvement activities performance category just attest for that at the group level.)

Improvement Activities

To max out on the improvement activities performance category, small practices should report one high-weighted or two medium-weighted improvement activities; large practices should report two high-weighted or four medium-weighted activities, or a combination of the two.

For a list of improvement activities that can be reported via the IRIS Registry, go to aao.org/medicare/improvement-activities.

Upcoming Deadlines

By Oct. 3, start your 90-day performance period. See page 96.

By Oct. 31, make sure you are signed up to use the IRIS Registry for manual reporting. See page 96.

By Dec. 31, apply for an extreme and uncontrollable circumstances exception and/or a PI hardship exception.

By Jan. 31, 2020, complete data entry and sign the data release consent form. Practices should complete their data entry prior to the deadline to ensure that there is time to ask questions and review all information.

Ms. Brodoski is with the Eye Clinic of Livonia in Livonia, Mich.; Ms. Hogue is with the Wheaton Eye Clinic in Wheaton, Ill.; and Ms. Turkish is with Lance Turkish, MD, and Associates, in New Orleans. *Financial disclosures: None*



MORE ONLINE. See this article at aao.org/eyenet for more MIPS tips.