New Year, New Rules for PQRS:
3 Ways the IRIS Registry Can Help

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As in 2014, there are several ways to take part in the Physician Quality Reporting System (PQRS) this year, but the requirements have generally become more demanding. And financially, the potential penalties will be more severe now that the Value-Based Modifier (VBM) program applies to all practices.

Fortunately, the IRIS Registry (Intelligent Research in Sight) provides options for avoiding the PQRS and VBM penalties. Here is a quick overview of what's at stake, plus summaries of your IRIS Registry options with details of what's new in 2015.

What's at Stake
There are no longer bonuses for PQRS participation. But if you fail to meet the program's requirements this year, your 2017 Medicare payments will be subject to the following two cuts:
• –2 percent PQRS penalty
• –2 or –4 percent VBM penalty for small and large practices, respectively ("small" is fewer than 10 providers, including optometrists).
What payments are affected? The

PQRS and VBM penalties will apply to your Medicare Part B, Medicare as a Secondary Payer, and Railroad Medicare allowables, less durable medical equipment and any injectable drug.

Physician leadership is key. A physician ought to oversee your practice's PQRS process, which should be implemented by experienced, knowledgeable staff. This is important because 1) so much money is at stake, and 2) there have been important changes to the regulatory requirements since 2014.

How the IRIS Registry Can Help
The IRIS Registry offers three options for reporting PQRS.
Got EHR? Use an automated process to extract PQRS data. After your EHR is integrated with the IRIS Registry, data extraction can begin.
No EHR? Claims reporting will be tough—use the Web portal instead. The requirements for claims reporting are now quite daunting—you must report nine measures to avoid the penalty—but the IRIS Registry offers two less laborious options. If you perform cataract surgery, reporting the Cataracts Measures Group may be the optimal approach; otherwise, you can report individual measures.

IRIS Registry With EHR: Automated Data Extraction
One advantage of using the IRIS Registry is that you can satisfy a key compo-

nent of the EHR meaningful use (MU) program *and* meet the requirements of the PQRS program at the same time. Namely, successfully reporting the MU program's clinical quality measures (CQMs) is a way to satisfy the PQRS

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requirements. (This mechanism for avoiding the PQRS penalty was introduced last year in an attempt to align the MU and PQRS programs and reduce the overall burden of reporting.)

What you need to do. Report nine CQMs. These must be from three quality domains (see "PQRS Terminology"). If your EHR does not contain patient data for nine measures covering three domains, then you can report all of the measures for which there are Medicare patient data. You are required to report on at least one measure for which there are Medicare data.

What's new in 2015. No changes.

Pros. This option does not require manual data entry, and it allows you to report quality data measures once for both the MU program and PQRS. Practices that reported with EHR have historically had a high success rate—94 percent for 2012 PQRS, for instance.

Cons. You need a 2014-certified EHR for the full 2015 calendar year.

Deadlines. By June 1, submit your signed IRIS Registry agreements—though there is a March 1 deadline if you want to use the IRIS Registry to meet MU Menu Measure 6 (use of specialized registry). By Oct. 21, submit signed consent allowing data to be sent to CMS.

IRIS Registry Without EHR: Cataracts Measures Group

If you perform cataract surgery, you can report the Cataracts Measures Group by manually entering data into the IRIS Registry Web portal.

What you need to do. Report at least 20 cataract surgery cases via the IRIS Registry Web portal; at least 11 must be Medicare Part B patients.

What's new in 2015. The Cataracts Measures Group now has eight measures, up from four last year. The additional measures include two eye care measures, 388 and 389 (see "Update on the Eye Care Measures"), and two "cross-cutting" measures that were in PQRS last year but were not part of this measures group—measures 130, for documenting current medications, and 226, for screening and counseling intervention for tobacco use.

Update on the Eye Care Measures

PQRS 2015 includes the following changes.

Four new eye care measures. CMS added:
- 384 Adult Primary Rhegmatogenous Retinal Detachment Repair Success Rate: Percentage of surgeries for primary rhegmatogenous retinal detachment where the retina remains attached after only one surgery (registry reporting only)
- 385 Adult Primary Rhegmatogenous Retinal Detachment Surgery Success Rate: Percentage of retinal detachment cases achieving flat retinas six months post-surgery (registry reporting only)
- 388 Cataract Surgery With Intraoperative Complications: Rupture of the posterior capsule during anterior segment surgery requiring vitrectomy (registry reporting and Cataracts Measures Group only)
- 389 Cataract Surgery: Difference Between Planned and Final Refraction: Percentage of patients who received planned refraction within ± 1.0 D (registry reporting and Cataracts Measures Group only)

Measure 18 only available for EHR reporting. Measure 18—Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy—is now an option only if you report via EHR, not if you are reporting through the Web portal or direct claims.

Pros. This is less labor-intensive than reporting claims or individual measures. Practices that reported by registry measures groups had an 86 percent success rate for 2012 PQRS.

Cons. Not an option if you don't perform enough cataract surgery.

Deadlines. By Aug. 1, submit signed IRIS Registry agreements. By Sept. 30, provide presurgical forms and perform cataract surgery on 20 patients meeting the selection criteria. By Oct. 21, submit signed consent allowing data to be sent to CMS. By Jan. 15, 2016, submit all data to the IRIS Registry. You can report on cases performed from Jan. 1 to Sept. 30, 2015.

IRIS Registry Without EHR: Individual Measure Reporting

You can report PQRS individual measures via the IRIS Registry Web portal. The reporting requirements—as well as the measures available to you—are partly dependent on whether you are using the IRIS Registry as a traditional Qualified Registry or as a Qualified Clinical Data Registry (QCDR).

What you need to do. Report nine measures. These measures must be drawn from at least three quality domains. If you report fewer than nine measures, CMS will use the Measure Application Validation process to

determine whether you should have reported additional measures.

If you are using the IRIS Registry as a traditional Qualified Registry, you must report nine measures for at least 50 percent of the Medicare Part B patients seen during the calendar year, and one of those nine measures must be a cross-cutting measure.

If you are using the IRIS Registry as a QCDR, you must report the nine measures for at least 50 percent of total patients—both Medicare and non-Medicare—seen during the calendar year, and two of the nine measures should be outcomes measures. If two outcomes measures aren't available, then report one outcomes measure and a second measure from one of the following measure types: resource use, patient experience of care, efficiency/appropriate use, or patient safety. (When you use the Web portal to select a measure, you will be provided with a measure description that indicates what type of measure it is.)

Using the IRIS Registry as a QCDR may be a better option for some subspecialists. Although the 2015 PQRS rules offer more than 200 measures to report, some subspecialists may struggle to find nine that apply to their practice. The Academy has addressed this by developing new quality mea-

The IRIS Registry and Its Web Portal—Some Frequently Asked Questions

The IRIS Registry was developed to help physicians put their EHR data to better use. As the IRIS Registry accumulates a critical mass of data, it is poised to have a groundbreaking impact on ophthalmology, from improving practice performance to facilitating large-scale studies.

Already, the IRIS Registry has eased the burden of reporting PQRS—and not just for practices with EHR; practices without EHR can use its Web portal.

IRIS™ REGISTRY

USING THE IRIS REGISTRY WITH EHR
U.S.-based Academy members and their staff can integrate their EHRs with the IRIS Registry.

How much does it cost? Participation in the IRIS Registry is a free member benefit for U.S. members of the Academy (and their staffs).

Which EHRs can be used? At time of press, the IRIS Registry had successfully been integrated with 26 EHR systems, and it is expected to integrate with additional systems in 2015. (For a list of the EHR systems that have already been integrated, see www.aao.org/iris-registry/ehr-integration.cfm.)

Why will you need to report some data retroactively? Clinical registries that report data to regulatory programs spend significant time preparing data for submission and adapting to changes in the rules. Commonly, they stop adding new users while they focus on those activities. Although the Academy is currently registering new users, it won't resume integrating their EHRs with the IRIS registry until April. Once that integration takes place, you should be able to report data retroactively provided that either 1) you haven't changed or modified your EHR system, or 2) if you have made any changes or modifications, you still have access to data in your EHR since Jan. 1, 2015.

Why should you sign up today? The sooner you submit your signed paperwork, the closer you'll be to the front of the line when the IRIS Registry resumes integrating new participants'

EHRs. And if you sign up by March 1, you can use the IRIS Registry to report an extra component of the EHR MU program (see "Deadlines" under "Automated Data Extraction," above).

USING THE IRIS REGISTRY WEB PORTAL
Practices without EHR can report PQRS via the IRIS Registry Web portal.

How much does it cost? Participation is free for U.S. members of the Academy (and their staffs).

When can you start using the Web portal? CMS reapproves the IRIS Registry annually. Once this year's approval is granted—which is expected in March or April—you can start reporting via the Web portal. The Academy is also waiting for CMS to approve the new QCDR measures—which is expected to happen in April or May.

When can you register? You can register at any time.

YOUR NEXT STEP
Visit www.aao.org/irisregistry to learn more about the IRIS Registry and start the sign-up process.

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sures that address, for instance, corneal graft surgery, oculoplastics, retinal detachment, and uveitis. You can start reporting these new measures once they formally receive CMS approval—which is expected to happen in April or May—but only if you are using the IRIS Registry as a QCDR rather than a traditional Qualified Registry. (Congress established the QCDR category so specialties would have the opportunity to establish registries and develop quality measures that are more meaningful to their practices and their specific patient populations.)

What's new in 2015. While you had to report nine measures to get the bonus in 2014, this year you must report nine measures to avoid the penalty.

If using a traditional Qualified Registry, you must now report a cross-cutting measure; if using a QCDR, you must now report two outcomes measures, up from one last year.

Also new this year, CMS added four eye care measures and limited measure 18 to EHR reporting (see "Update on the Eye Care Measures").

Pros. For providers without EHR who don't perform cataract surgery, this is the only way to avoid the real-time entry of claims data reporting. The QCDR approach provides access to measures that aren't available under other reporting options. The traditional Qualified Registry approach had an 85 percent success rate in 2012 PQRS.

Cons. For practices without EHR, this option is much more laborious than the Cataracts Measures Group option, particularly now that nine measures must be reported.

Deadlines. By Oct. 31, submit signed IRIS Registry agreements, including signed consent allowing your data to be sent to CMS. By Jan. 15, 2016, submit all of your data to the IRIS Registry.

If You Don't Use the IRIS Registry
Other reporting options include:
• Direct claims reporting from your office. Each time you submit a claim for payment, you should include the appropriate reporting codes on that claim.
• Reporting directly from your EHR is an option provided by some vendors.
• The Group Practice Reporting Option might interest practices that include multiple specialties, not just ophthalmology.

However, the appeal of using the IRIS Registry is that it was set up by the Academy, which means it is focused solely on ophthalmology and will be current with regulatory requirements pertaining to eye care. ∎

SAVVY CODER BACK IN FEBRUARY. This month, Sue Vicchrilli, COT, OCS, coauthored Practice Perfect. Her Savvy Coder column returns to EyeNet *next month.*