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
Target Dates

• June 1, 2018
  o Last date to register for first-time EHR integration with IRIS Registry for 2018 MIPS

• Summer 2018
  o IRIS Registry opens for 2018 MIPS reporting

• Aug. 1, 2018
  o Integration should be complete for 2018 IRIS Registry EHR reporting

• Oct. 31, 2018
  o Last date to register with IRIS Registry to manually report MIPS data for 2018 reporting
Reporting Target Dates

• Jan. 15, 2019
  o IRIS Registry data entry must be complete
  o Data release consent form must be signed.

• March 1, 2019
  o Claims reporting deadline for claims processing.
Automatic Exemptions

• Low-volume threshold:
  o Less than $90,000 in Medicare Part B allowables, or
  o 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:
  o Report 6 quality measures, a clinical cluster or
  o Report the improvement activity category
MIPS’ 4 Categories for Evaluation

50%  
Quality measures

25%  
Advancing care information

15%  
Improvement activities

10%  
Cost
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
Quality – Weighted 50 Percent

• Report 6 measures, including one outcome or high-priority measure (if no outcome measure available)
  o 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
  o 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
  o Worth up to 10 percent added into quality score
MIPS’ 4 Categories for Evaluation

25%

Advancing care information
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)
  o Each measure requires a numerator and denominator of *at least* 1
  o Commonly audited: Security risk analysis measure – document properly!

• **Partial and full participation**: Performance + bonus score capped at 50 points
  o Various performance and bonus measures to report on, all with different point values
  o Performance scoring: Based on numerator/denominator
    ▪ Participation with the IRIS® Registry (with an integrated EHR system): 10 points
  o 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

<table>
<thead>
<tr>
<th>Base Measures</th>
<th>2014 CEHRT</th>
<th>2015 CEHRT</th>
<th>Reporting Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Risk Analysis</td>
<td>Security Risk Analysis</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>E-Prescribing</td>
<td>E-Prescribing</td>
<td>Numerator/denominator</td>
<td></td>
</tr>
<tr>
<td>Provide Patient Access</td>
<td>Provide Patient Access</td>
<td>Numerator/denominator</td>
<td></td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td>Send a Summary of Care</td>
<td>Numerator/denominator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Request/Accept Summary of Care</td>
<td>Numerator/denominator</td>
<td></td>
</tr>
</tbody>
</table>
## Advancing Care Information Performance Measures

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>% (Points)</th>
<th>Reporting Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2014 CEHRT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide Patient Access</td>
<td>Up to 20</td>
<td>Numerator/denominator</td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td>Up to 20</td>
<td>Numerator/denominator</td>
</tr>
<tr>
<td>View, Download or Transmit</td>
<td>Up to 10</td>
<td>Numerator/denominator</td>
</tr>
<tr>
<td>Patient-Specific Education</td>
<td>Up to 10</td>
<td>Numerator/denominator</td>
</tr>
<tr>
<td>Secure Messaging</td>
<td>Up to 10</td>
<td>Numerator/denominator</td>
</tr>
<tr>
<td>Medication Reconciliation</td>
<td>Up to 10</td>
<td>Numerator/denominator</td>
</tr>
<tr>
<td>Public Health and Clinical Data Registry Reporting</td>
<td>0 or 10</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
## Performance Measure Scoring

<table>
<thead>
<tr>
<th>Performance Rate</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>1%</td>
</tr>
<tr>
<td>11-20</td>
<td>2%</td>
</tr>
<tr>
<td>21-30</td>
<td>3%</td>
</tr>
<tr>
<td>31-40</td>
<td>4%</td>
</tr>
<tr>
<td>41-50</td>
<td>5%</td>
</tr>
<tr>
<td>51-60</td>
<td>6%</td>
</tr>
<tr>
<td>61-70</td>
<td>7%</td>
</tr>
<tr>
<td>71-80</td>
<td>8%</td>
</tr>
<tr>
<td>81-90</td>
<td>9%</td>
</tr>
<tr>
<td>91-100</td>
<td>10%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>% (Points)</th>
<th>Reporting Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Participation in a Registry</td>
<td>0 or 5</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Completion of Certain Improvement Activities Using CEHRT</td>
<td>0 or 10</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Use 2015 CEHRT for ACI reporting</td>
<td>0 or 10</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
Advancing Care Information Reporting

• Report all ACI measures on the same 90+ consecutive day period.

• IRIS® Registry for advancing care information reporting:
  o The IRIS Registry can submit advancing care information attestation along with your quality and improvement activities performance
  o Integrated IRIS Registry users earn 10 advancing care information performance points

• Group reporting
  o If you report advancing care information as a group, you must report all categories (quality, improvement activities, cost) as a group
  o 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:
  o ACI category weight *decreases* from 25 percent to 0 percent of final MIPS score *and*
  o Quality category weight *increases* from 50 percent to 75 percent of final MIPS score

• If you qualify for automatic reweighting, ACI reporting is optional

<table>
<thead>
<tr>
<th>Automatic Reweighting</th>
<th>Hardship</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospital-based clinicians</td>
<td>• Insufficient internet connectivity</td>
</tr>
<tr>
<td>• Non-patient facing clinicians</td>
<td>• Extreme and uncontrollable circumstances</td>
</tr>
<tr>
<td>• NP, PA, CRNA, CNS</td>
<td>• Lack of control over availability of CEHRT</td>
</tr>
<tr>
<td></td>
<td>• Small practices (beginning in 2018)</td>
</tr>
</tbody>
</table>
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
  o Increased to 10 points in 2018 from 5 points in 2017

• Delay of 2015 CEHRT Requirement
  o 10-point category bonus for using 2015 CEHRT exclusively

• New hardships
  o Clinicians whose EHR was decertified can apply for decertification exception
  o 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
  o Previously, you could only get hardships for a maximum of five years
MIPS’ 4 Categories for Evaluation

15% Improvement activities
Improvement Activities

• Category score: weighted 15 percent
  o Total category score is capped at 40 points

• How to fulfill the category
  o Small practices (≤ 15 clinicians)
    ▪ 1 high-weighted improvement activity, OR
    ▪ 2 medium-weighted improvement activities.
  o 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:
  o IA_AHE_1 Engagement of New Medicaid Patients and Follow-Up
    ▪ Timely = 10 business days
  o IA_EPA_1 24/7 Patient Access added telehealth

• Small practices still receive double points
MIPS’ 4 Categories for Evaluation

10% Cost
Cost

• Category score: weighted at 10 percent in 2018 performance year.

• CMS will evaluate two measures:
  o Medicare spending per beneficiary, and
  o Total per capita cost per attributed beneficiary

• Reporting: Based on claims data.

• How to prepare:
  o Download your QRUR - go to aao.org/qrur to learn more
  o Contact QualityNet Help Desk at 1.866.288.8912 or
  o Email healthpolicy@aa.org if you have questions
IRIS® Registry Participation Update
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
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:
  o 2014: $17 million
  o 2015: $73 million
  o 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
MIPS 2018

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

<table>
<thead>
<tr>
<th>QUALITY ID</th>
<th>MEASURE</th>
<th>MEASURE TYPE</th>
<th>DEN</th>
<th>NUM</th>
<th>EXCL</th>
<th>EXCPT</th>
<th>MEASURE PERFORMANCE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>eCQM 1</td>
<td>Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation</td>
<td>Process</td>
<td>563</td>
<td>416</td>
<td>0</td>
<td>0</td>
<td>74.25% (Registry Average: 77.78%)</td>
<td>3.1</td>
</tr>
<tr>
<td>eCQM 2</td>
<td>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</td>
<td>Process</td>
<td>36</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>66.67% (Registry Average: 70.56%)</td>
<td>7.4</td>
</tr>
<tr>
<td>eCQM 3</td>
<td>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</td>
<td>High Priority</td>
<td>27</td>
<td>21</td>
<td>0</td>
<td>0</td>
<td>77.78% (Registry Average: 66.58%)</td>
<td>9.8</td>
</tr>
<tr>
<td>eCQM 4</td>
<td>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</td>
<td>Outcome</td>
<td>115</td>
<td>112</td>
<td>0</td>
<td>0</td>
<td>97.39% (Registry Average: 57.59%)</td>
<td>7.0</td>
</tr>
<tr>
<td>eCQM 5</td>
<td>Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures</td>
<td>Outcome</td>
<td>268</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00% (Registry Average: 0.10%)</td>
<td>10.0</td>
</tr>
</tbody>
</table>
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:
  o Primary open-angle glaucoma
    ▪ POAG optic-nerve evaluation
    ▪ Reduction in IOP by 15 percent or documentation of care plan
  o Age-related macular degeneration
    ▪ Dilated macular exam
    ▪ Counseling antioxidant supplements
  o 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
  o 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
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

<table>
<thead>
<tr>
<th>CEHRT Activity</th>
<th>High Weight Activity</th>
<th>Your Favorite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination</td>
<td>20 ✔️</td>
<td></td>
</tr>
<tr>
<td>Use of QCDR data for quality improvement such as comparative analysis reports across patient populations</td>
<td>20 ✔️</td>
<td></td>
</tr>
<tr>
<td>Use of QCDR for feedback reports that incorporate population health</td>
<td>40 ✔️</td>
<td></td>
</tr>
<tr>
<td>Use of QCDR data for ongoing practice assessment and improvements</td>
<td>20 ✔️</td>
<td></td>
</tr>
<tr>
<td>Participation in MOC Part IV</td>
<td>20 ✔️</td>
<td></td>
</tr>
</tbody>
</table>
2017 Advancing Care Information Weighted 25 Percent

• Report advancing care information measures for base and performance scores

• IRIS® Registry participants:
  o Earn 10 performance points for participating in the IRIS Registry
  o 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:

<table>
<thead>
<tr>
<th>MEASURE ID</th>
<th>MEASURE</th>
<th>OBJECTIVE</th>
<th>DATA</th>
<th>PERFORMANCE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACI_BP_1</td>
<td>Base - e-Prescribing</td>
<td>Objective</td>
<td>Numerator: 30 Denominator: 879</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>ACI_HIE_1</td>
<td>Base, Performance - Send a Summary of Care</td>
<td>Objective</td>
<td>Numerator: 12 Denominator: 897</td>
<td>1.33%</td>
<td>1</td>
</tr>
<tr>
<td>ACI_HIE_2</td>
<td>Base, Performance - Request/Accept Summary of Care</td>
<td>Objective</td>
<td>Numerator: 42 Denominator: 897</td>
<td>4.76%</td>
<td>1</td>
</tr>
<tr>
<td>ACI_PEA_1</td>
<td>Base, Performance - Provide Patient Access</td>
<td>Objective</td>
<td>Numerator: 12 Denominator: 1234</td>
<td>0.97%</td>
<td>1</td>
</tr>
<tr>
<td>ACI_PHB_1</td>
<td>Base - Security Risk Analysis</td>
<td>Objective</td>
<td>Yes: 0% No:</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>ACI_CCTPE_1</td>
<td>Performance - View, Download and Transmit Health Information</td>
<td>Objective</td>
<td>Numerator: Denominator:</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>ACI_CCTPE_2</td>
<td>Performance - Secure Messaging</td>
<td>Objective</td>
<td>Numerator: Denominator:</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>ACI_CCTPE_3</td>
<td>Performance - Patient-Generated Health Data</td>
<td>Objective</td>
<td>Numerator: Denominator:</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>
IRIS® Registry MIPS Score Calculator

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

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MY PERFORMANCE</th>
<th>MIPS WEIGHT</th>
<th>MIPS SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>6/60</td>
<td>60</td>
<td>6</td>
</tr>
<tr>
<td>ACI</td>
<td>13.25/25</td>
<td>25</td>
<td>13.25</td>
</tr>
<tr>
<td>IA</td>
<td>15/15</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

**Estimated MIPS Total Score**: 34.25

*Disclaimer*: This score is estimated and the sole arbiter is CMS.
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
Academy Resources

- Washington Report Express
  - Emailed every Thursday evening. It’s the first place you will see any changes discussed and explained.
- MIPS webpages
  - Improvement Activities: [https://www.aao.org/practice-management/regulatory/mips/improvement-activities](https://www.aao.org/practice-management/regulatory/mips/improvement-activities)
- MIPS landing page: [aa.org/medicare](https://aa.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](https://iris1.aao.org/signup/Registry.aspx) (first-time users)
- Email questions to [mips@aa.org](mailto:mips@aa.org).