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The Merit-based Incentive Payment System (MIPS) Reporting for 2022

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Financial Disclosures

- We have no financial interests or relationships to disclose.

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Questions for the Panel?

- Questions may be submitted through the Q&A button.
  - Please do not submit via chat or click on the raised hand.
- Attendees can "promote" a posted question to move to the top of the queue.
- A recording of this presentation will be posted following this live session to https://www.aao.org/medicare
- Questions following the session may be emailed to mips@aao.org

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Brief Overview of the Merit-based Incentive Payment System

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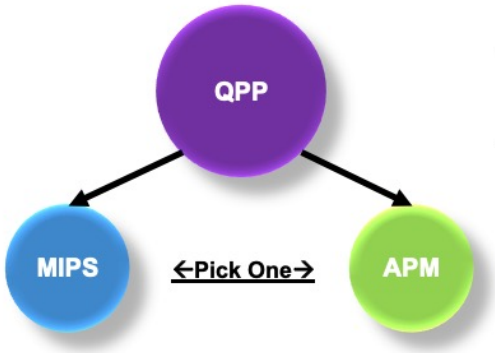
Quality Payment Program (QPP)

- QPP Offers 2 Programs for Reimbursement under Medicare Part B
  - 1) Merit-based Incentive Program System (MIPS)
  - 2) Advanced Alternative Payment Model (APM)



Providers Can **Qualify** for Either MIPS or APM

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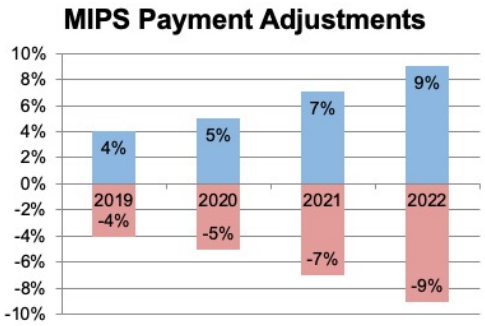
MIPS Payment Adjustments

- Payment
  - Baseline: Standard FFS payments
  - Adjustment:
    - Upward/Neutral/Downward
    - Maximum adjustments (±4%, ±5%, ±7%, ±9%)
    - Partial or full adjustment, based on **Final Score**
  - MIPS payment adjustments are applied to services provided under Part B
- Exceptional performance pool
  - $500M for 5 years (2019-2023)



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Penalties

- 2021 MIPS:
  - 9% penalty in 2023: estimated $36,156 for average Medicare Fee Schedule for ophthalmologists
- 2022 MIPS: No Change
  - 9% penalty in 2024: estimated $36,156 for average Medicare Fee Schedule for ophthalmologists

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2022 MIPS: CMS Final Rule

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2022 MIPS Eligibility

- **Three Exclusions**
  1. New Medicare Provider: Enrolled in Medicare for the first-time during Performance Year
  2. Low-Volume Threshold:
     - Clinician bills Medicare Part B no more than $90,000 AND
     - Clinician sees 200 or fewer Medicare Part B patients AND
     - Clinician provides 200 or fewer covered professional services to Part B patients.
  3. APM Participation: Clinician is a qualified participant in an Advanced APM

  If none of these exclusions apply, the MD/DO/OD is Eligible to Participate in MIPS!

Confirm status on QPP website https://qpp.cms.gov/participation-lookup

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MIPS Is Getting Harder
2020, 2021 & 2022 MIPS Scoring

Threshold	2020	2021	2022
Threshold to Avoid a Penalty	45 points	60 points	75 points
Exceptional Performance Threshold	85 points	85 points	89 points

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MIPS Performance Category Weights

MIPS Category	Score Weight 2018	Score Weight 2019	Score Weight 2020	Score Weight 2021	Score Weight 2022
Quality	50%	45%	45%	40%	**30%**
Promoting Interoperability (PI)	25%	25%	25%	25%	25%
Improvement Activities (IA)	15%	15%	15%	15%	15%
Cost	10%	15%	15%	20%	**30%**

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MIPS Scores

- 2021 MIPS
  - Avoid a penalty: 60 points
  - Very small bonus: between 61 – 84 points
  - Exceptional performance bonus: >85 points
- 2022 MIPS
  - Avoid a penalty: 75 points
  - Very small bonus: between 76 – 88 points
  - Exceptional performance bonus: >89 points

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Avoiding a Penalty: 2022

- Minimum of 75 points
  - Larger effect on **small practices without an EHR**
  - May not be possible to avoid any penalty; reporting could reduce the penalty
- To avoid the penalty, practices without an EHR would need to:
  - ✓ Be a small practice (6 points)
  - ✓ Fully report IA (30 points when PI is reweighted)
  - ✓ Fully report Quality (≥70% of eligible patients for 6 measures the full calendar year)
    - ✓ With average score of **≥ 6.0 points** per measure if cost is minimum of 15 points;
    - ✓ With average score **≥ 4.0 points** per measure, if practice does not perform cataract surgery
  - ✓ Be approved for a hardship exception from the PI category
    - Automatic for small practices
    - Application Deadline: Dec. 31 of the performance year for large practices (15 clinicians or more)

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Quality Category: Data Completeness Requirement

- Reporting Threshold = 70%
  - Report 6 measures, including at least 1 outcome/high priority measure, on 70% of eligible patients for the full calendar year
- This would not impact most practices using IRIS Registry – EHR integration:
  - IRIS Registry reports on 100% of eligible patients for EHR-integrated practices
- This would impact practices manually reporting patients using IRIS Registry (no EHR)
  - Makes it much more difficult for manual practices to avoid the penalty

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Quality Category: 2022 Measure Removals

- Removal of one measure available to ophthalmologists manually reporting in the IRIS Registry
  - QPP154: Falls: Risk Assessment

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Quality Category

- Increasingly difficult for EHR practices
  - Getting a perfect or near perfect score in the Quality Category will be increasingly difficult due to increasing number of topped out measures and measure removals
  - CMS also removed bonus points for end to end reporting and outcome measures
  - Practices should focus on QCDR measures as alternatives to topped out measures

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Quality Category: Cherry-Picking
CMS Statement, Not a Proposal

- Cherry-picking:
  - "Cherry-picking": When clinicians choose to report on patients that optimize their MIPS scores but don't represent their true performance.
  - CMS states that cherry-picked data results in MIPS scores that are not true, accurate or complete.
  - If CMS suspects cherry-picking, they will perform an audit. If cherry-picking is found, you will fail the audit.

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Cost Category

- Cost episode-based measure applicable to ophthalmologists:
  - **Routine Cataract Surgery With IOL**
    - Includes costs of services from 60 days prior to surgery, through 90-day global period
    - 20 case minimum; otherwise points reweighted to Quality
    - Exclusions: ICD-10 codes submitted during the look back period
      - Examples include:
      - Diabetic retinopathy with macular edema, corneal dystrophy, keratoconus, uveitis, optic atrophy, POAG, ERM and more.
      - More information: https://www.aao.org/medicare/cost

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Improvement Activities Category

- Group Reporting Requirement Reminder
  - 50% of NPIs in a TIN must perform the IA for the same 90+ consecutive day period
- Academy recommends
  - 90-day reporting period
  - Minimum number of activities required

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IRIS Registry will continue to be the best option for ophthalmology practices

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IRIS Registry

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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)

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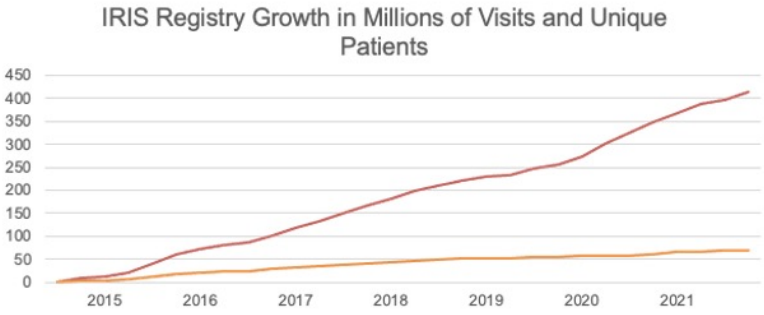
Current Stats (October 1, 2021)

Contracted
- **18,155** physicians from **4,171** practices

Contracted for EHR Integration
- **15,920** physicians from **3,014** practices

Number of patient visits
- **412.77** million, representing **70.81** million pts



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2020 Preliminary MIPS Performance: Ophthalmologists in the IRIS Registry

- IRIS Registry submitted for a total of 7,262 ophthalmologists
- 83% of ophthalmologists submitting through the IRIS Registry earned a score of 85 points or more
- 5,450 ophthalmologists are eligible to earn an exceptional performance bonus in 2022
- 3,004 (36.7%) had the top score of 100 points and are eligible to earn the highest bonus
- 912 ophthalmologists are also eligible to earn a small bonus in 2022
- 7,262 ophthalmologists avoided the 9% penalty, which would total $262.6 million in aggregate

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IRIS Registry Main MIPS Reporting Tool for Ophthalmologists, 2017-2020

- Higher average score for ophthalmologists than average MIPS participant
- $1.05 billion in avoided penalties or $102,963/ophthalmologist over 4 years
- Majority of ophthalmologists earned an exceptional performance bonus
- 0.10% - 1.79% of Medicare Fee Schedule (based on 2017-2019 reporting years)
- Translates to $402 - $7,191 bonus per ophthalmologist/year
- $1,608 - $28,764 bonus per ophthalmologist for 2017-2020 reporting years

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Total Savings in Avoided Penalties 2017-2020

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IRIS Registry Update

Benefits of participation
What's new
Tips for success

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2022 MIPS IRIS Registry Deadlines

- IRIS-EHR Integration:
  - June 15, 2022, register for IRIS-EHR integration
  - Aug. 1, 2022, complete the IRIS-EHR integration process
  - Sept 30, 2022, request mapping refinements for selected measures
  - Dec. 31, 2022, complete all patient encounters
  - Jan. 31, 2023, enter all data in IRIS Registry for PI and IA, and sign Data Release Consent Form
  - March 31, 2023, complete submissions to CMS through IRIS Registry dashboard

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MIPS 2022

- Four key questions:
  1. Will you be retired by 2024?
  2. Are you or your group exempt from 2022 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 2024: estimated **$36,156** for average ophthalmologist
- Maximum bonus identified from 2020 reporting: 1.68%

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Quality Category - 30%

- Reporting requirements:
  - 6 measures
  - At least 1 outcome measure (or high priority if outcome not available)
  - **70** percent of qualifying patients for full year, no fewer than 20 patients
- Bonus points
  - No bonus points for additional high priority or outcome measures
  - No bonus points for end-to-end electronic reporting

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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 and bonus, 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

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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 benchmark

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Quality Measures – EHR/IRIS Registry Integration

12: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

19: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care *

110: Preventive Care and Screening: Influenza Immunization

111: Pneumococcal [Pneumonia] Vaccination Status for Older Adults

117: Diabetes: Eye Exam

128: Preventive Care and Screening: BMI Screening and Follow-Up Plan

130: Documentation of Current Medications in the Medical Record * *t/o*

Key: * High Priority
** Outcome
t/o Topped out

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Quality Measures – EHR/IRIS Registry Integration cont.

191: Cataracts: 20/40 or Better Visual Acuity Within 90 Day Following Cataract Surgery **

226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

236: Controlling High Blood Pressure **

238: Use of High-Risk Medications in the Elderly * *t/o*

374: Closing the Referral Loop: Receipt of Specialist Report *

Key: * High Priority
** Outcome
t/o Topped out

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2022 QCDR Measures

Cataract: 3

- IRIS54:** Complications after cataract surgery
- IRIS55:** Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery
- IRIS59:**Regaining vision after cataract surgery

Cornea: 2

- IRIS1:** Endothelial Keratoplasty: Post-operative improvement in best corrected visual acuity to 20/40 or greater (better)
- IRIS38:** Endothelial Keratoplasty: Dislocation requiring surgical intervention

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Key: * High Priority
** Outcome
t/o Topped out

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2022 QCDR Measures cont.

Glaucoma: 5

- IRIS2:** Glaucoma - Intraocular pressure reduction *t/o* (max 5 points if not 100%)
- IRIS39:** Intraocular pressure reduction following trabeculectomy or an aqueous shunt procedure
- IRIS43:** Intraocular pressure reduction following laser trabeculoplasty
- IRIS4:** Visual field progression
- IRIS60:**Visual acuity improvement following cataract surgery combined with a trabeculectomy or an aqueous shunt procedure

Key: * High Priority
** Outcome
t/o Topped out

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2022 QCDR Measures cont.

Neuro-Ophthalmology: 2

- IRIS56:** Adult Diplopia: Improvement of ocular deviation or absence of diplopia or functional improvement
- IRIS57:** Idiopathic Intracranial Hypertension: Improvement of mean deviation or stability of mean deviation

Oculoplastic: 1

- IRIS6:**Acquired Involutional Entropion - Normalized lid position after surgical repair

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Key: * High Priority
** Outcome
t/o Topped out

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2022 QCDR Measures cont.

Pediatric Ophthalmology/Strabismus: 3

- IRIS48:** Adult Surgical Esotropia: Postoperative alignment
- IRIS49:** Surgical Pediatric Esotropia - Postoperative alignment
- IRIS50:** Amblyopia - Interocular visual acuity after treatment

Refractive Surgery: 2

- IRIS23:** Refractive Surgery: Patients with postoperative improvement in uncorrected visual acuity of 20/20 or better within 30 days
- IRIS24:** Refractive Surgery: Patients with postoperative correction within ± 0.5 Diopter of the intended correction

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Key: * High Priority
** Outcome
t/o Topped out

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2022 QCDR Measures cont.

Retina: 4

- IRIS13:** Diabetic Macular Edema - Loss of visual acuity
- IRIS41:** Improved visual acuity after epiretinal membrane treatment within 120 days
- IRIS46:** Evidence of anatomic closure of macular hole within 90 days after surgery as documented by OCT
- IRIS58:** Improved visual acuity after vitrectomy for complications of diabetic retinopathy within 120 days

Key: * High Priority
** Outcome
t/o Topped out

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2022 QCDR Measures cont.

Uveitis: 4

- IRIS17:** Acute Anterior Uveitis: Post-treatment Grade 0 anterior chamber cells
- IRIS35:** Improvement of macular edema in patients with uveitis
- IRIS51:** Acute Anterior Uveitis - Post-treatment visual acuity
- IRIS53:** Chronic Anterior Uveitis - Post-treatment visual acuity

Key: * High Priority
** Outcome
t/o Topped out

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Registry-Related Improvement Activities for 2022 (15% total weight)

- IRIS – EHR Integration Required
  - IA_PM_7: Use of QCDR Feedback Reports that Promote Population Health (High)
  - IA_CC_6: Use of QCDR to Promote Improvements in Quality and Care Coordination (Medium)
  - IA_PM_10: Use of QCDR for Quality Improvement Across Patient Populations (Medium)
  - IA_PSPA_7: Use of QCDR for Practice Assessment and Improvements in Patient Safety (Medium)
  - 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.
    - For 2022 MIPS, projects must have been submitted to ABO by Aug. 31 and started by Oct. 3.

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COVID-19 Improvement Activity for 2022

- 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

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Registry-Related Promoting Interoperability Measure for 2022 (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

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Competing PI Submissions Result in 0 Score

- If you submit PI both though 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

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Provider to Patient Exchange

- Provide patient electronic access to their health information (40 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!

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How to use the IRIS Registry

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Quality Measures Dashboard

PRACTICE | CLINICIANS (67) | LOCATIONS (143)

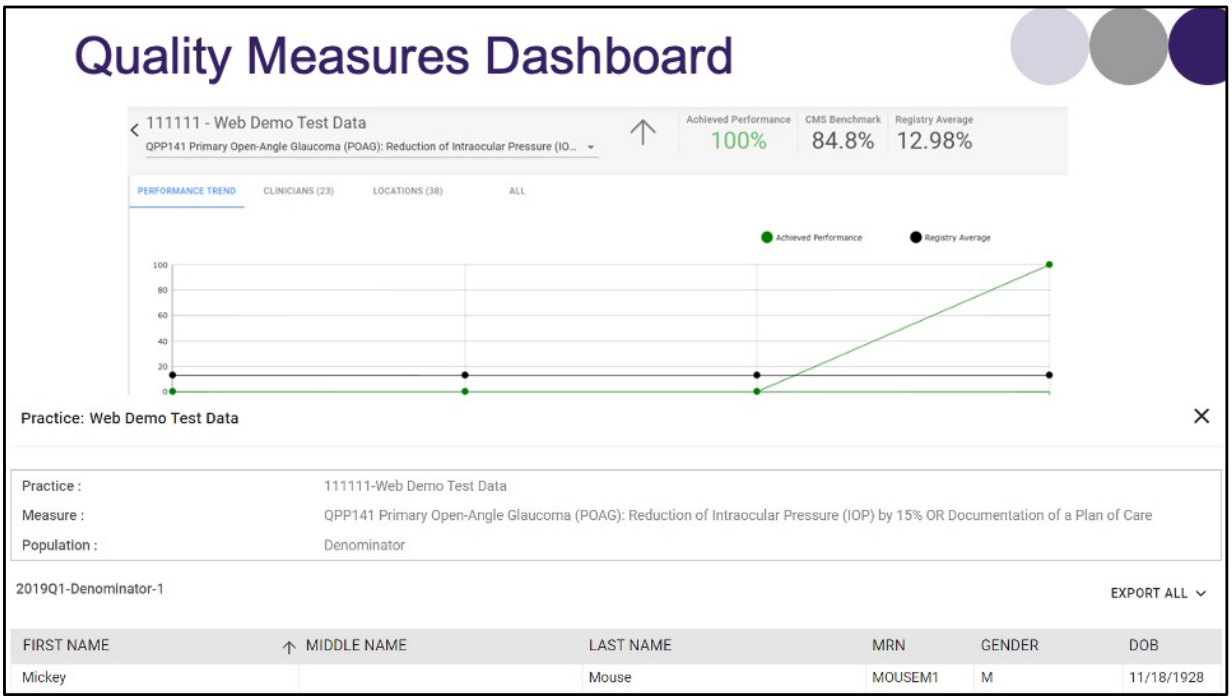
IRIS Measure Set 2020 | 01-01-2020 | 09-14-2020 | CHANGE

ALL | Favorites | Practice selected measures | EXPORT ALL

Updated on : Aug 17th, 2020 05:27 Data available till : Jul 14th, 2020

FAVORITE	ID	MEASURE	ACHIEVED PERFORMANCE		
	QPP 12	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	85.56% / 86.91%	76.26 %	EXPORT
	QPP 19	Diabetic Retinopathy: Communication with the Physician Managing ... Measure Verified	84.31% / 76.86%	96.48 %	EXPORT
	QPP 110	Preventive Care and Screening: Influenza Immunization Measure Verified	82.4% / 39.64%	81.91 %	EXPORT
	QPP 111	Pneumococcal Vaccination Status for Older Adults Measure Verified	61.49% / 69.64%	90.01 %	EXPORT
	QPP 117	Diabetes: Eye Exam Measure Verified	95.31% / 55.49%	96.79 %	EXPORT
	QPP 128	~~Preventive Care and Screening: Body Mass Index (BMI) Screening a...~~	10.4% / 47.59%		EXPORT
	QPP 130	Documentation of Current Medications in the Medical Record Measure Verified	93.98% / 89.13%	87.73 %	EXPORT
	QPP 191	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following C... Measure Verified	85.92% / 88.65%	81.59 %	EXPORT

Quality Measures Dashboard



Improvement Activities

Select Year* 2019

Select Practice* 1001 - Test Beach Street Ophthal...

Select Clinician* 1932584414 - 226V 226V

Select Location* 12233 - 122name

Search the activities using the following criteria Activity ID, Sub categories, High weight-age activity, My Favorites OR Registry Favorites

APPLY FILTER

DELETE ALL DATA

- IA_EPA_1
- IA_EPA_2
- IA_EPA_3
- IA_EPA_4
- IA_EPA_5
- IA_PM_1

Activity Details

High

Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record

Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., MIPS eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following:

- Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care);
- Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone

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Promoting Interoperability

Select Year* 2019

Select Practice* 1001 - Test Beach Street Ophthalmology

Select Clinician* 1932584414 - 226V 226V

Select Location* 12233 - 122name

Search

APPLY FILTER

DELETE ALL DATA

- PI_PEA_1
- PI_PHCDRR_1
- PI_PHCDRR_2
- PI_PHCDRR_3
- PI_PHCDRR_4
- PI_PHCDRR_5
- PI_PPHI_1

Measure Details

View PDF

e-Prescribing

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

Duration

From* To* Numerator* Denominator*

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IRIS Registry & 2022 MIPS

- IRIS Registry will continue to be the best option for ophthalmology practices
- IRIS Registry will support reporting for the Quality, Improvement Activities and PI Categories
  - Quality Category
    - IRIS Registry participants can complete quality measure reporting, and will have access to subspecialty QCDR measures only available through IRIS Registry
  - Improvement Activities Category
    - IRIS Registry participants may get credit for several registry specific-IAs and can complete IA attestations through IRIS Registry
  - Promoting Interoperability Category
    - IRIS Registry participants can get bonus points for the Clinical Data Registry measure under the Public Health and Clinical Data Exchange Objective

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Academy Member Resources

- Visit www.aao.org/medicare to find resources for 2022 MIPS
- MIPS Help: mips@aao.org
- IRIS Registry general questions: irisregistry@aao.org
- IRIS Registry website: aao.org/irisregistry
- For help with your IRIS Registry dashboard: aaocams@figmd.com

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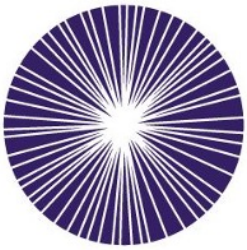

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