Certified Electronic Health Record (EHR) Technology for Integrated Practices: Roles, Responsibilities, and Schedule

Integration Benefits

- The IRIS Registry remains the best option for ophthalmology practices to comply with MIPS requirements. Integrating your practice's EHR with the IRIS Registry simplifies the most burdensome part of MIPS reporting: the quality performance category.

Your Role

- It is essential for practices to review the data in the IRIS Registry at least every quarter and compare it with their EHR to ensure accuracy and alignment.

- Discrepancies found during monitoring usually have four possible causes:

    - Mapping Issue: If the IRIS Registry shows a patient does not meet a particular measure, but the EHR system shows they do, that is a mapping issue. A request or ticket should be entered in the Zendesk for Verana Health Support to report the discrepancy.

    - Data Entry Error: It is possible that the IRIS Registry and the EHR show the same outcome for a patient, but you suspect the outcome to be different. If you verify that suspicion, then there may have been a data entry error in the EHR and additional training of staff may be required.

    - Lack of Clinician Awareness: It is also possible that you may need to review with the clinician which quality measures are being reported and what information is needed to ensure the correct outcome is recorded correctly in the EHR.

    - Failing to Add New Clinicians: Have you notified Verana Health about any new clinicians joining your practice, either through Zendesk, contacting your practice experience manager, or by emailing irisdatalink@veranahealth.com? If not, then Verana Health will not know to pull data for them. The performance you see would not be representative of the entire practice.

- It is critical to catch problems early. The Academy believes the data should be checked no less than quarterly; a monthly cadence would be more beneficial.

- Integration does not take care of the promoting interoperability (PI) nor the improvement activity (IA) reporting. These require you to perform some (minimal) manual data entry - outlined later in this guide – in addition to the tasks necessary to report the quality category's measures.

- "Housekeeping" tasks are performed by you each year on the MIPS submission tab in the Verana Quality Measures (VQM) Dashboard. These consist of:

  - Confirming Academy Member ID numbers for each ophthalmologist (Q1-Q4 2026).
  - Verifying your Taxpayer ID Number (TIN) with a Medicare Claims Form as mandated by CMS for confirmation (Q4 2026).
  - Signing the Data Release Consent Form (DRCF) (January 2027).
  - Answering the "Validation" questions (January 2027).
  - Submitting your data to CMS after the performance period ends (before 3/31/2027). Reminder: All practices must review, attest and submit the data themselves to CMS through the MIPS submission portal of the VQM dashboard.

Selecting Your Quality Measures

- Mapping is required to use data from your EHR to record your clinicians' quality measure performance in the IRIS Registry, and this process cannot happen without your participation. It is essential to verify the accuracy of the mapping and regularly share performance insights with clinicians to support ongoing improvement throughout the year.
- The first thing to do at the beginning of the performance period is to review the list of quality measures and select the measures you would like to improve upon or focus on.
- Each year it is prudent to review your group of quality measures. Some reasons are:
  - A quality measure may no longer be offered for the reporting method that you use.
  - A quality measure may now offer fewer achievement points towards your MIPS score.
  - Other measures may offer a better opportunity to earn more points.
  - Adding measures without benchmarks offers a hedge against capped and stalled measures for the future and even for the same reporting year if at least 20 practices submit eligible data.
- Benchmark Resources:
  - The benchmark summaries in page 46 shows how many measure achievement points are possible for each measure.
- Considerations in making your selection for MIPS submission:
  - You should pick at least 6 quality measures (or 4 if reporting through the ophthalmology MVP) to submit for MIPS. These are the measures you expect will give you the highest score. Let's call them your core quality measures.

  - At least one of the measures should be classified as an outcome measure or, if none are available, another type of high priority measure.

  - The Academy encourages you to report on more than the required measures with special emphasis on the IRIS Registry QCDR measures. If you submit more than the required measures, only the measures with the highest scores will be counted towards your quality performance category score.

  - There may be a restriction on the number of achievement points you can earn due to the measure's benchmarks (e.g., a 7-point cap) while some measures may not have a benchmark.

  - On your first pass, pick measures that allow you to earn up to 10.0 achievement points without any gaps (no stalled measures and no capped measures).

- Consider reporting IRIS Registry QCDR measures that are without benchmarks in addition to your core selection. If you choose to report them, you will be assisting with the benchmarking for future years. This will give your practice a greater selection of measures that reflect their everyday practice and can provide potentially more points than many other MIPS measures that are subject to scoring restrictions.

- If enough practices report on the IRIS Registry QCDR measures that have no historical benchmark, then CMS may benchmark them before your final score is released. It is possible that these could end up raising your score. You have nothing to lose in reporting them in addition to your core measures.

- Enter a request or ticket in the Zendesk of Verana Support if you think that there are missing patients in the numerator or denominator of the measures you wish to use for the current MIPS reporting period. The vendor administering the IRIS Registry, Verana Health, will then proceed to refine the measure calculations. Remember:

  - Do it early rather than late in the year – the deadline to submit requests or tickets for mapping refinements is October 31, 2026.

  - It's always prudent to watch the status of your service requests or tickets.

  - It's your responsibility to check the mapping after each data pull and investigate.

Staying on Schedule:

- Once you've picked your measures, it's time to plan your schedule for the reporting period.

- Have there been any reorganizations at your practice? If you're using a different Taxpayer ID Number, you'll need to get that updated and provide a Medicare claim form for appropriate document (required by CMS for TIN confirmation). If the practice is going to be dissolved, make sure you decide which provider will keep the IRIS Registry account

and which will need to sign up new. Be aware of the deadlines in the monthly IRIS Registry newsletters.

- Staffing changes – after you've submitted MIPS IRIS Registry data for the previous year:
    - Make sure your clinicians list is up to date in the IRIS Registry. This means making sure that new clinicians are added and ones who departed during the prior reporting year are inactivated for the current year.
    - If clinicians leave during the current reporting period, you want to keep them active in the IRIS Registry since their patients are included in the group's performance for the year (assuming you are reporting as a group). The deadline to add any new clinicians or locations for mapping is September 1, 2026. You can update this information by using Zendesk or emailing irisdatalink@veranahealth.com.
    - Have there been changes to the administrative staff? If more people need IRIS Registry access, you can take care of that using Zendesk. If staff need to be inactivated, you can do that as well. You can also add additional practice locations or inactivate those that were closed the prior year.

January of the Current Reporting Year:

- Choose your quality measures for MIPS submission. You should remain vigilant in checking the accuracy of your VQM Dashboard.
- Make sure all your clinicians are reported through the integration. If someone just joined your practice, now is the time to submit a request or ticket in Zendesk of Verana Health Support asking that they be added or email irisdatalink@veranahealth.com. Provide the individual NPI number. You will need to include whether the individual is an ophthalmologist. If so, then include their Academy Member ID number in the request or ticket.
- Check to make sure your EHR is configured so your PI performance is optimized. Make sure to review the PI measure requirements with the staff inputting the data into the EHR.
- One way to improve your PI score is to make sure your electronic contact information is recorded with CMS.
- CMS asks you to add your secure electronic contact information, also known as an electronic end point or "Direct address" to your National Plan and Provider Enumeration System (NPPES) profile.
- If you do not know your exact electronic end point or Direct email address, contact your EHR vendor for this information. Go to the NPPES website and update your provider profile. You can add your electronic address under the "Health Information Exchange" section.

- Taking this step will help you and your colleagues succeed at PI health information exchange (HIE) measures by ensuring you, and physicians referring to you, can send referral information electronically.

- Completing this update connects the unique Direct address to a specific physician NPI number. It will help ophthalmologists succeed in the PI HIE measures.

- Along with entering your Direct addresses in NPPES, your practice may want to proactively request Direct addresses from their referring physicians and update their EHR/PM system with that information. Review PI reports for HIE sending referrals and confirm Direct addresses are entered for all referring (out) physicians as well.

- Pick your IAs and make sure your clinicians know that they are participating. Ensure that the documentation outlined on the IA specification is collected in the event you are audited.

End of First Quarter:

- Review your quality measure mapping:
    - If you find a mapping issue, enter a request or ticket as soon as possible.
    - If you find a data entry issue, address the training issue.
    - If the quality measure performance is correct, then engage your clinicians.
    - Print out their individual VQM Dashboard reports on each measure for the first quarter. Let them see how their work is contributing to the group's performance.

- You will need your EHR's Certified IT Product List (CHPL) number. The easiest way to obtain this number is to contact your EHR vendor.

- Run your PI report from your EHR and review the results. The PI reporting period is 180 consecutive days, so you have time to improve your score. Of course, as soon as you get a great score in a 180-day period, then you can consider yourself done with the performance category that much earlier.
    - Plug your measure performance report data into the VQM Dashboard PI screen and you can see what your estimated MIPS score will be for that 180-day period. You're not committing to what you've entered and can key in values for a different 180-day period later.

- It's time to check the status of the IA(s) your practice has been doing. If you've not made the selection, then now is the time to do it. If reporting as a group, at least half of your clinicians must have performed the agreed upon activities during a minimum 90 consecutive day period. Each clinician participating should have the appropriate documentation recorded or accessible.

End of Second Quarter:

- Review your VQM Dashboard.
    - Does the measure performance match your expectation?
    - Do a spot check to make sure the mapping remains in order. Enter a request or ticket if needed. The final deadline for requesting mapping changes is October 31, 2026. Make sure your request or ticket is entered by then.
    - If the quality measure performance is correct, then engage your clinicians.
    - Print out their individual VQM Dashboard reports on each measure for the second quarter. Let them see how their work is contributing to the group's performance.
- Have you added any clinicians or new practice locations?
    - Use Zendesk to add clinicians and locations.
    - Put in a request or ticket to have them mapped – otherwise their data will not be included. You'll need their NPI and, if an ophthalmologist, the Academy Member ID Number. Verana Health has the deadline of September 1, 2026 to add any new clinicians for mapping. Your request or ticket must be entered by then.
- Run your PI reports from your EHR
- Are you seeing an improvement? If not, you have a last chance to take corrective action: the performance period for PI is now 180 days (up from 90 days in 2023).
- Check that the documentation for the selected IAs is adequate for at least half your clinicians (if reporting as a group). If not, implement changes for the third quarter.

End of Third Quarter:

- Review your VQM Dashboard
    - Does the measure performance look good?
    - Do a spot check to make sure the mapping remains in order. Enter a request or ticket if needed.
- Run your PI reports
    - You are beginning the fourth quarter in the middle of the 180-day period which is the very last chance to get the PI measures to their highest performance.

- Check that the documentation for the selected IAs is adequate for your clinicians – if you are attesting to this activity during all or part of the quarter.

- Have you checked the status of any requests or tickets you've entered? You will want to be sure the issue reported is resolved.

End of Fourth Quarter:

- Check your Academy membership status through https://www.aao.org/membership to ensure your ophthalmologists' member dues are paid.

- Review your VQM Dashboard

    - The final quality measure data pull may not happen right away in the new year. Since you've been reviewing your VQM Dashboard regularly throughout the year, your quality measure performance should be accurate, once your final pull is completed. Double check one last time as soon as you can.

    - Do a spot check to make sure the mapping remains in order. If you find an issue reported in an earlier request or ticket, contact your practice experience manager or Verana Health at irisdatalink@veranahealth.com.

- If the quality measure performance is correct, then engage your clinicians.

    - Print out their individual VQM Dashboard reports on each measure for the year. Let them see how their work is contributing to the group's performance.

- Since the performance year is over, it is time to finalize your data in each of the performance categories. These tasks are done in the VQM Dashboard MIPS submission tab.

- Select which quality measures you wish to submit

    - Select all measures you have good performance data on. The IRIS Registry will calculate the quality score as you add and subtract measures.

- In the PI area, enter which 180 consecutive day period gives you the best results and enter the PI values for the measures.

- In the IA section, enter the date range of the performance period, which can range in length from 90 consecutive days to the full calendar year, then select the activities.

- You're ready to submit your data to CMS. You can do so as soon as the VQM Dashboard MIPS submission tab is available. This does not occur without the practice actually reviewing, attesting and submitting the information in the VQM Dashboard MIPS submission tab.

Common Pitfalls:

- Remember you need to review, attest and submit your MIPS data to CMS. (This is the practice's responsibility.)
- Here are some of the reasons why practices find themselves with a lower MIPS score than anticipated.
    - Not checking their junk folder for communications from Verana Health – the vendor that is the Academy's end-to-end data partner for the IRIS Registry.
    - Not monitoring their quality measure performance regularly.
    - Not reviewing and updating their quality measure choices each year, if needed.
    - Not notifying Verana Health through Zendesk or Practice Experience Manager of the following:
    - EHR/PMS vendor change or upgrade.
    - EHR network server upgrade, or transition to cloud-based.
    - Server changes.
    - IT personnel or MIPS administrator change at the practice.
    - Physician has joined or left the group.
    - Not submitting in the IA category.
    - Assuming that there aren't any IAs suited to ophthalmology (there are lots!)
    - Answering the VQM Dashboard Validation questions incorrectly (thus preventing the submission of data in some performance categories).
    - Not checking all the applicable performance category boxes during the submission process.
- **Finally, remember that MIPS is a year-long process, and please do these throughout the year:**
    - Monitor the VQM Dashboard and keep following up on unresolved requests or tickets.
    - Resolve any mapping issues with Verana Health.
    - Update internal workflows related to measure reporting (quality, PI and IA).

- Test workflows and confirm reporting appropriately (ex. PI Health Information Exchange).
- Train employees on any new MIPS protocols.