Manually Reporting: Roles, Responsibilities, and Schedule

- Manually reporting through the IRIS Registry requires substantial time and effort, as quality measure data must be entered at the individual patient level. To avoid a penalty, practices must achieve a minimum Merit-Based Incentive Payment System (MIPS) final score of 75 points, necessitating a significant volume of data entry.

- To streamline this process, practices should consider integrating an electronic health record (EHR) system with the IRIS Registry. EHR integration eliminates the most labor-intensive aspects of MIPS reporting, allowing for a more efficient and strategic approach to compliance.

- If your practice is reporting as a group, you'll want to ensure that at least half your clinicians complete the improvement activity category requirements in a 90 consecutive day period. This is a simple attestation, where boxes are checked, and a date range entered. You would be responsible for maintaining the documentation proving that the activities were performed in the event you are audited.

- Lastly, there are housekeeping tasks that must be performed to be able to submit MIPS through Verana Health for the IRIS Registry. Here's what you should do throughout the year.

    - 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 Verana Quality Measures (VQM) dashboard.

    - The first step, however, is to choose your quality measures.

Selecting Your Quality Measures.

- 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). 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 restriction.

- 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.

January of the Current Reporting Year:

- Choose your quality measures.

- Add any new clinicians, administrators, and locations to your IRIS Registry account.

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- In the Patient Visit screen, assign the measures to each of your clinicians.
- Begin your patient visit and quality measure reporting. Use the spreadsheet provided by Verana Health to enter your data.
    - Remember you must track the eligible population for each quality measure. Where exceptions exist on the quality measure specifications, they need to be tracked as well.
- Pick the improvement activities the providers will perform for a 90 consecutive day period. Distribute the improvement activities' measure specifications to the clinicians. Establish workflow that allows you to retain the suggested documentation.
- Make sure your spam/junk email filter does not prevent emails sent by veranahealth.com from getting through to you.
- Are your ophthalmologists' dues paid for the reporting year? Every ophthalmologist in the practice must be a member in good standing with the Academy for the practice's clinicians to report through the IRIS Registry.

Monthly:

- Keep up with the quality measure reporting in the spreadsheet provided by Verana Health.
- Check your IRIS Registry account information for accuracy.
- 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.

End of First Quarter:

- Add any new clinicians, administrators, and locations to your IRIS Registry account
- If you haven't started your quality measure reporting, don't put it off any longer. Get your workflow established, and make sure your eligible population and exception totals are captured.
- Review your Quality Performance Dashboard.
    - Does the measure performance look good?
    - Audit the data entry by pulling some charts to double-check.

    - Do you still like the measures you've selected? If not, there's time to change before more of the year goes by.

- If the quality measure performance data entry is correct, then engage your clinicians to show them their data.

- With three months behind you, check how your providers are doing with their improvement activity documentation. Make adjustments as needed. Remember, if reporting at the group level, 50% of your clinicians must perform the same activities for at least 90 consecutive days – and be able to show documentation in case of an audit.

- If you are participating in the EHR-based promoting interoperability performance category, run your first quarter's promoting interoperability report. See how well you are doing and make changes to maximize your score. Contact your vendor to iron out any discrepancies. While you're at it, get your EHR's 2015 Certified Health IT Product List (CHPL) number from your vendor. You'll need to enter it into the IRIS Registry. (Note: Clinicians in small practices are eligible for an automatic exception to promoting interoperability, provided they—and, if reporting as part of a group, their colleagues—don't do any reporting on the performance category.)

End of the Second Quarter

- Add any new clinicians, administrators, and locations to your IRIS Registry account. Remember: any newly arrived ophthalmologists must have Academy dues paid for the reporting year.

- You should be entering your quality measure data for your patients. If you aren't, it's better to catch up now rather than wait until the last minute. Remember, to score enough points in the category to avoid a penalty, you'll be reporting on at least 75% of the denominator-eligible patients, across all payors, seen in the year, for which the measure applies.

- Don't forget that you'll need your eligible population totals and the totals of excepted patients (if applicable) by the end of the year.

- Review your measure performance.

    - Does the measure performance look good?

    - Audit the data entry by pulling some charts to double check.

    - Do you still like the measures you've selected? If not, there's still time to change before more of the year goes by.

- If you are reporting the promoting interoperability category, run your second quarter reports. Are you seeing an improvement? The performance period for promoting interoperability is 180 consecutive days.

- If your providers have met the improvement activities' requirements for 90 consecutive days (make sure there's documentation) then you can attest to that category's completion.

- If you entered any tickets into Zendesk, you should check their status.

End of the Third Quarter

- Add any new clinicians, administrators, and locations to your IRIS Registry account.

- If you've not done so, take care of your housekeeping tasks in the MIPS Dashboard. This includes validating NPIs and taxpayer ID numbers (documented by a Medicare Claims Form), and confirming payment of Academy Member fees.

- Review your measure performance.

    - Does the measure performance look good?

    - Is the data entry correct? Pull some charts to double check.

    - Do you still like the measures you've selected? If not, there's still time to change before more of the year goes by.

- If you are reporting the promoting interoperability performance category, then run your third quarter report. Compare it against your other two quarters and decide which 180 days you would like to use to report your promoting interoperability. If your providers have not yet begun their improvement activities, time is now running out.

- Make sure you get any outstanding tickets resolved.

End of the Fourth Quarter

- Submit your spreadsheet to Verana Health and attest to your practice's improvement activities if you have not done so already.

- If you question the number of measure achievement points, check the benchmark summaries for insight. If you think something isn't calculating correctly, enter a ticket via Zendesk right away. (See the Zendesk for Verana Support: Manual Data Entry User Guide.)

- 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 reviewing, attesting and submitting the information on the VQM Dashboard MIPS submission tab.

Common Pitfalls

- Remember it is your responsibility to review, attest and submit your MIPS data to CMS

- Here are some of the reasons why practices get a lower score than anticipated:
    - Staff turnover occurred and no one was assigned to be the practice's new MIPS administrator
    - Waiting until the end of the year to begin quality measure reporting
    - Not choosing the improvement activities soon enough
    - Not getting access to the Academy's MIPS and IRIS Registry reference materials and communications
    - Not checking your spam/junk folders for emails from Verana Health. Many are sent throughout the year
    - Waiting until the end of the performance year to ask for help from the Academy
    - Not regularly sharing with the clinicians' their quality measure performance rates
    - Not submitting in the improvement activities category
    - Assuming that there aren't any improvement activities suited to ophthalmology (there are lots!)
    - Answering the Settings questions incorrectly in the MIPS submission portal (preventing the submission in some performance categories)
    - Not checking all the performance category boxes during the submission process