



Verana Quality Measures Dashboard User Guide: Manual Data Entry v3.0

May 2024

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Manual Data Entry Introduction



This user guide provides practice and clinical administrators who do not have an EHR or use an EHR that does not integrate EHR data into the Registry platform, instructions for using the Verana Quality Measures Dashboard Manual Data Entry feature to manually populate, modify, delete, and view quality measures data for quality reporting through MIPS.

Administrator-level users can download a template from the manual data entry dashboard and upload a patient list to attribute quality measure performance to those patients and their associated visits.

Recommended Browsers

- Google Chrome™ browser/85.0.4158.0 and higher
- Safari®

Practice Support

Contact Verana Health Practice Experience via a Support Ticket, email request to datalink@veranahealth.com, or call 877-VERANA-1.

- Enable Manual Data Entry feature
- Help with your Verana Quality Measures Dashboard
- Help with logging in
- Reset password
- Modify practice clinicians

Manual Data Entry – Administrator Level



Participant Practice and Clinical Administrators

Administrator-level users signed in to the Verana Quality Measures Dashboard can manually enter, modify, and upload patient data.

Enable Manual Data Entry Functionality

To enable Manual Data Entry functionality, Participant Practice Administrators or Clinical Administrators should contact Verana Health Practice Experience via a Support Ticket, email request to datalink@veranahealth.com, or call 877-VERANA-1. Once you receive access to this feature, go to your Verana Quality Measures Dashboard and log in.

Get Started

For **step-by-step instructions** on how to log in, work with Okta, and set your dual-factor authentication to go to your text messages rather than your email, please see the companion guide: [Verana Quality Measures Dashboard User Guide: Logging In](#).

1. Go to <https://vqm.veranahealth.com>.
2. In the **Sign in** dialog, enter your **Username** and **Password**, and then click **Sign in**.

A screenshot of the Verana Health Sign In dialog. At the top is the Verana Health logo. Below it is the title "Sign In". There are two input fields: "Username" with the text "practiceadmin@practicehealth.com" and a small icon to its right, and "Password" which is empty and also has a small icon to its right. Below the password field is a red error message: "Please enter a password". Underneath is a checkbox labeled "Remember me". At the bottom is a blue button labeled "Sign In". Below the button is a link that says "Need help signing in?".

Verana Health

Sign In

Username

practiceadmin@practicehealth.com

Password

Please enter a password

☐ Remember me

Sign In

Need help signing in?

3. The **Verana Quality Measures** landing page opens, and you can continue to the next steps.

Access Manual Data Entry

To access the **Manual Data Entry** feature of the **Verana Quality Measures Dashboard** application, follow these steps:

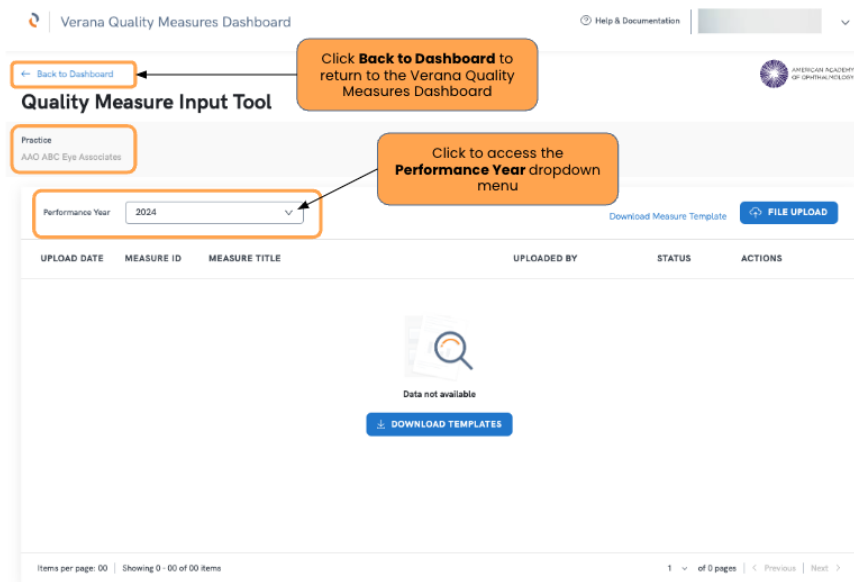
1. Select a **Practice** from the **Practices** dropdown menu.

2. Click **Update Measure Data**.

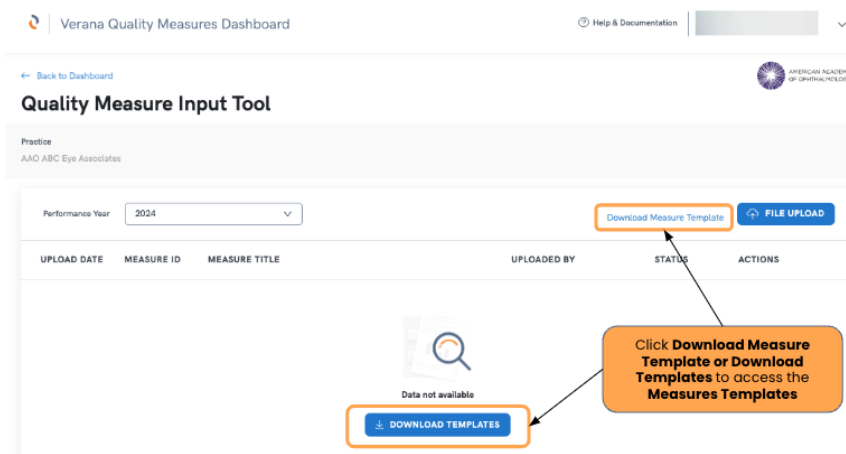
Note: If the **Update Measure Data** is **not** displayed, or if you believe you are receiving the **Data not available message** as an error, click **support ticket** to request additional assistance.

3. The **Quality Measures Input Tool** page opens, and the **Practice** field is pre-populated with the practice that you selected on the previous page. The current year displays in the **Performance Year** field. Use the dropdown menu to change the year.

Note: The **Practice** field is disabled on this page. If you need to change this field, click **Back to Dashboard** to update.



4. To access the **Measures Templates**, click **Download Templates** or **Download Measure Templates**.



5. In the **Download Measure Templates** dialog, follow these steps:

- a. Search for a specific template by entering keywords (e.g., eCQM, QPP, QCDR), or select a template from the measures listed in the table.

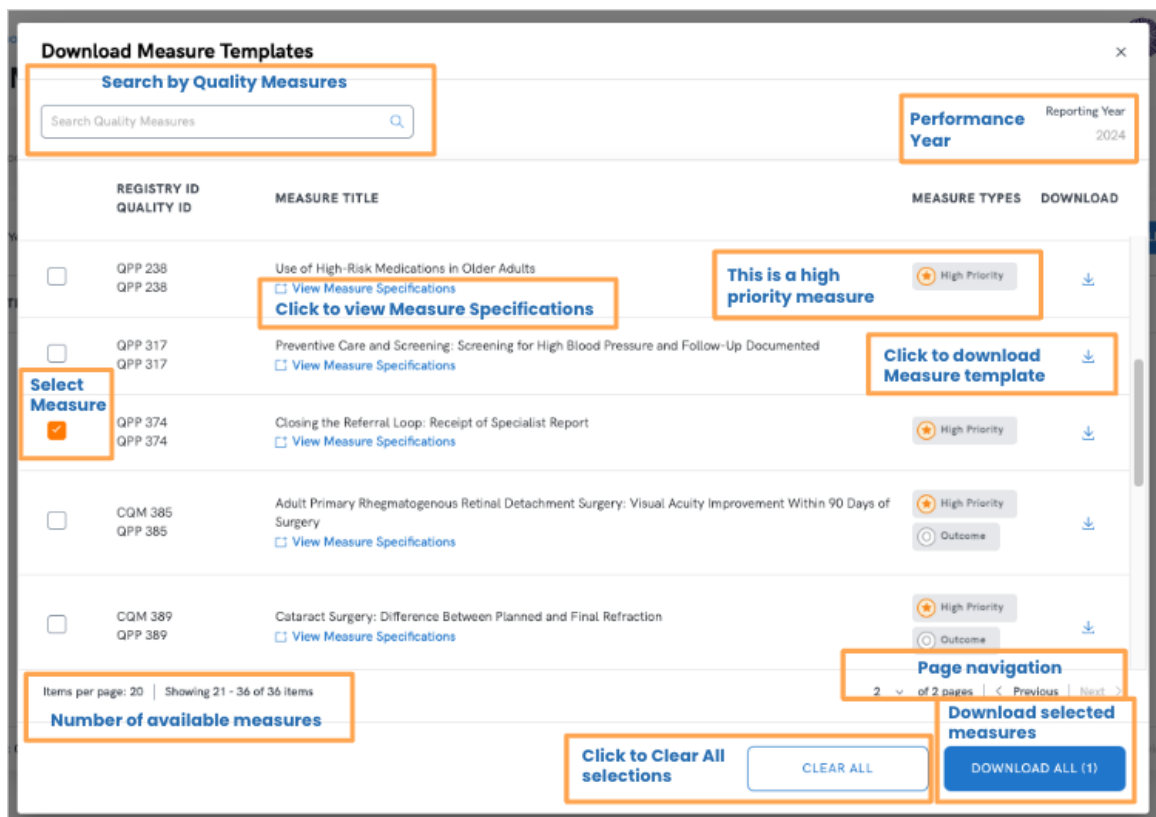
Note: The number of available measures is displayed at the bottom of the page. If more than one page is available, click **Next** at the bottom right to view additional measure templates.

- b. To download a template for a single measure, click the download icon  in the **Download** column for the specific measure.

or

- c. To download templates for multiple measures, choose the measures by marking the box next to each measure, and then click **Download All**.

Note: To view the specification associated with a measure, click **View Measure Specifications** below a measure title.



The screenshot shows the 'Download Measure Templates' dialog with the following highlighted elements:

- Search by Quality Measures:** A search bar at the top left.
- Performance Year:** A dropdown menu at the top right, currently set to 2024.
- Table Headers:** 'REGISTRY ID QUALITY ID', 'MEASURE TITLE', 'MEASURE TYPES', and 'DOWNLOAD'.
- Measure 1 (QPP 238):** 'Use of High-Risk Medications in Older Adults'. Includes a 'View Measure Specifications' link and a 'High Priority' badge.
- Measure 2 (QPP 317):** 'Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented'. Includes a 'View Measure Specifications' link and a 'High Priority' badge.
- Measure 3 (QPP 374):** 'Closing the Referral Loop: Receipt of Specialist Report'. Includes a 'View Measure Specifications' link and a 'High Priority' badge.
- Measure 4 (CQM 385):** 'Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery'. Includes a 'View Measure Specifications' link, a 'High Priority' badge, and an 'Outcome' badge.
- Measure 5 (CQM 389):** 'Cataract Surgery: Difference Between Planned and Final Refraction'. Includes a 'View Measure Specifications' link, a 'High Priority' badge, and an 'Outcome' badge.
- Select Measure:** A checkbox on the left side of the table.
- Page navigation:** '2 of 2 pages' with 'Previous' and 'Next' links.
- Number of available measures:** 'Showing 21 - 36 of 36 items'.
- Download selected measures:** A button at the bottom right.
- Click to Clear All selections:** A button at the bottom center.
- CLEAR ALL:** A button at the bottom center.
- DOWNLOAD ALL (1):** A button at the bottom right.

Excel Quality Measure Templates

Use the Excel Quality Measure templates to enter patient protected health information (PHI), clinician information, and to answer questions related to the patient visit that you can upload into the Verana Quality Measures Dashboard with the Manual Data Entry feature. The spreadsheets provide:

- The measure name with a link to the measure specifications.
- The description for the measure.
- Multiple sections with fields that you will populate with the patient and clinician information:
 - [Demographics](#)
 - [Eye](#)
 - [Identifiers](#)
- Multiple sections with fields related to the measure specifications for the patient visit that you will populate with **Yes** or **No** from a dropdown menu:
 - Denominator/Initial Population
 - Denominator Exclusion
 - Numerator
 - Denominator Exception
 - Numerator Not Met

The spreadsheets have built-in data validation rules that restrict the type of data that can be entered into each field.

Before you begin to enter information into the spreadsheet, please review the following guidelines:

- It is recommended that you use Excel to open the spreadsheet to ensure that the format/formulas/automation are present in the templates.
- Do not leave any answer fields blank for patient demographics and identifiers. If any Yes/No measure criteria questions are left blank, the assumed answer will be **No**. Make sure that you enter the appropriate information and answer all questions.
- Do not enter information that is not accurate. Make sure that you answer the questions accurately based on the patient's record and the question presented.
- Do not remove or insert columns or headings on the spreadsheet.
- Do not modify or rearrange cell formulas or validation rules.
- Do not hide/unhide columns or cells.
- Do save your progress regularly while you enter information to avoid any potential data loss. You can save the file in XLSX format. You might also consider backing up the spreadsheet to prevent accidental deletions or modifications.
- Do prioritize data privacy and security. Make sure that the spreadsheets are stored on a secure, password-protected device and that access is restricted to authorized personnel only. Avoid sharing protected health information (PHI) outside of the designated system or with individuals who do not have the appropriate clearance.

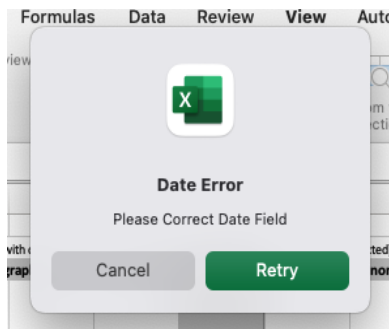
Patient and Clinician Information

Enter PHI

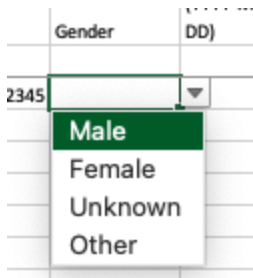
To enter PHI into the Excel Quality Measure templates for each patient record, go to **line 6**, and follow these instructions for the fields in each section.

Demographics

1. **Patient First Name.** Enter the patient's first name.
2. **Patient Last Name.** Enter the patient's last name.
3. **DOB (YYYY-MM-DD).** Enter the patient's date of birth in the **YYYY-MM-DD** or **MM-DD-YY** format (you must include hyphens [-] or slashes [/]). The date must be valid. An incorrect format may result in a validation error that will display an alert.



4. **MRN.** This is the medical record number. Enter the unique identifier assigned to the patient's medical record.
5. **Gender.** Select **Male**, **Female**, **Unknown**, or **Other** from the dropdown menu.



6. **Visit Date (YYYY-MM-DD).** Enter the patient's date of visit in the **YYYY-MM-DD** or **MM-DD-YY** format (you must include hyphens [-] or slashes [/]). The date must be valid. An incorrect format may result in a validation error that will display an alert.

Eye

If the patient eye does not need to be specified for the measure, the column will be grayed out. Select **N/A** from the dropdown menu.

Note: This is a required field. If the field is grayed out and not applicable, you must still select **N/A** from the dropdown menu.

A screenshot of a web form. The 'Eye' field is highlighted with a gray background. Below it, a dropdown menu is open, showing 'N/A' as the selected option. The 'Pro' field is also visible to the right.

If the patient eye needs to be specified for the measure, select **OD** or **OS** from the dropdown menu.

A screenshot of a web form. The 'Eye' field is highlighted with a gray background. Below it, a dropdown menu is open, showing 'OD' and 'OS' as the selected options. The 'Pro' field is also visible to the right.

Identifiers

1. **Provider NPI.** Enter a valid numeric 10-digit individual NPI for the healthcare clinician associated with the patient's visit. This is specific to the practice location.
2. **Location ID:** Enter the unique identifier for the location where the patient's visit took place. This is specific to the practice location.

Note: A practice may choose any naming convention. If the practice has multiple locations where visits occur, it is recommended that the practice use a different naming convention for each location.

Measure Specifications Information

After you enter the patient and clinician information, you will move on to the following sections related to the measure specifications for the patient visit that you will populate with **Yes** or **No** in the corresponding fields from dropdown menus:

- Denominator/Initial Population
- Denominator Exclusion
- Numerator

- Denominator Exception
- Numerator Not Met

Note: The spreadsheet may automatically populate a question based on certain conditions or formulas (e.g., questions for age during the patient visit which is automatically calculated). If a measure specifications question is left blank, it is treated as **No** when processed.

Denominator/Initial Population		Numerator	Numerator Not Met
Is the patient 18 years or older?	Does the patient have a diagnosis of involution entropion ?	Did the patient have a surgery for their involtuion entropion?	Did the patient NOT ha a normalized lid positio within 90 days postoperatively?
ICD/CPT Codes	(ICD-10: H02.031, H02.03	(CPT: 67950, 67917, 67924, 67961, 67966)	
Yes	No Yes		
	Input Error - Select/Enter Yes or No		

Upload Quality Measure Patient Data Files

To upload the quality measure patient data files in the **Quality Measures Input Tool** page of the **Verana Quality Measures Dashboard**, follow these steps:

Note: For added security, a virus scan is implemented as part of the upload process.

1. On the **Quality Measures Input Tool** page, click **File Upload**.

Verana Quality Measures Dashboard

Help & Documentation

Back to Dashboard

Quality Measure Input Tool

Practice
AAD ABC Eye Associates

Performance Year: 2024

Download Measure Template

FILE UPLOAD

UPLOADED BY

STATUS

ACTIONS

Data not available

DOWNLOAD TEMPLATES

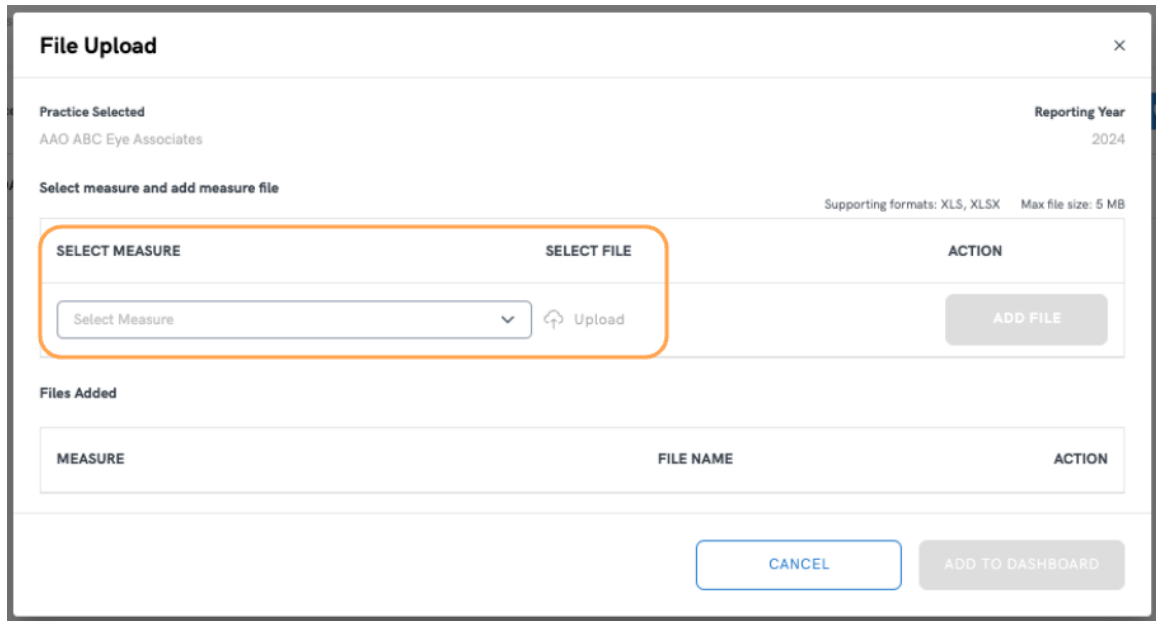
Click File Upload

Items per page: 00 | Showing 0 - 00 of 00 items

1 of 0 pages | Previous | Next

- In the **File Upload** dialog, go to the **Select Measure** field, and then select the quality measure patient data file that you saved on your computer or network files.

Note: The supported file formats are **XLSX, XLS, and OpenOffice**. The file size should not exceed 5 MB.



File Upload [X]

Practice Selected: AAO ABC Eye Associates Reporting Year: 2024

Select measure and add measure file Supporting formats: XLS, XLSX Max file size: 5 MB

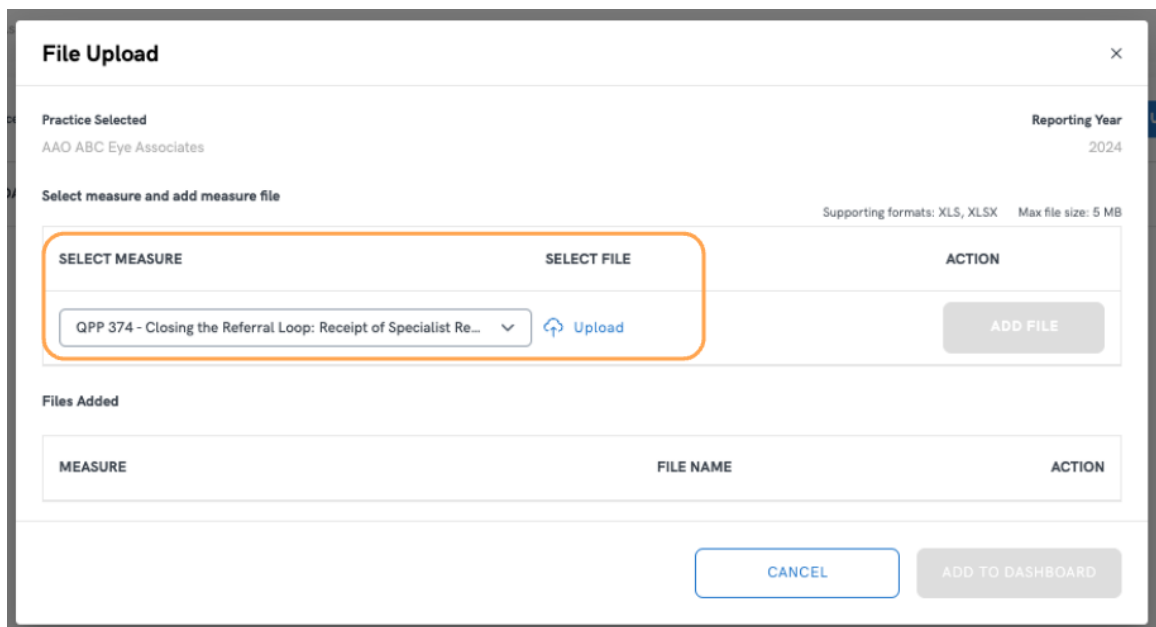
SELECT MEASURE	SELECT FILE	ACTION
Select Measure	Upload	ADD FILE

Files Added

MEASURE	FILE NAME	ACTION
---------	-----------	--------

CANCEL ADD TO DASHBOARD

- Click **Upload**.



File Upload [X]

Practice Selected: AAO ABC Eye Associates Reporting Year: 2024

Select measure and add measure file Supporting formats: XLS, XLSX Max file size: 5 MB

SELECT MEASURE	SELECT FILE	ACTION
QPP 374 - Closing the Referral Loop: Receipt of Specialist Re...	Upload	ADD FILE

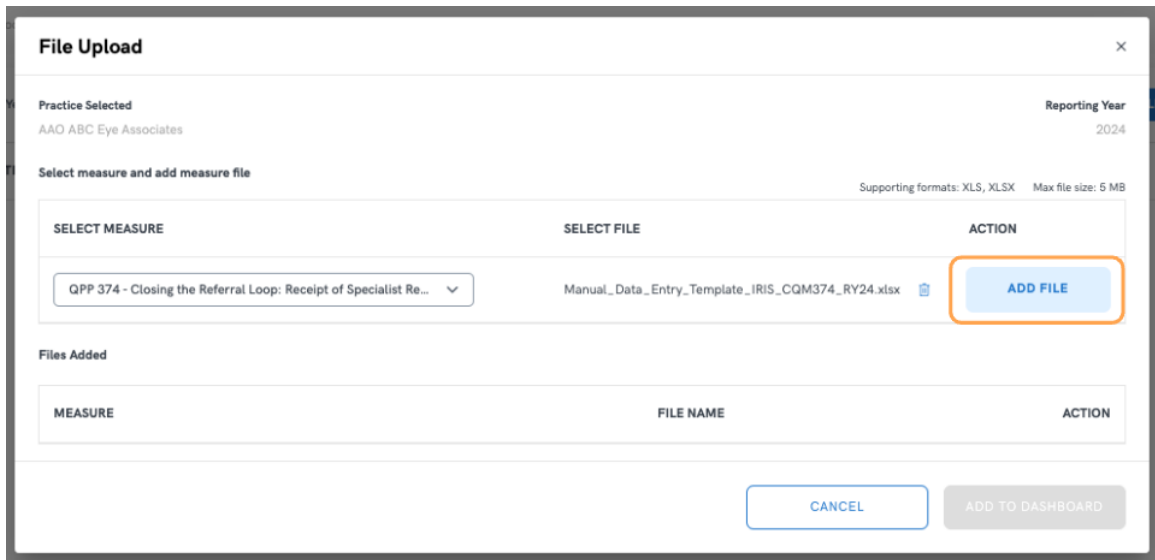
Files Added

MEASURE	FILE NAME	ACTION
---------	-----------	--------

CANCEL ADD TO DASHBOARD

4. Click **Add File**.

Note: If you do not want to add this file, click the trash can  icon to delete the file.



File Upload [X]

Practice Selected: AAO ABC Eye Associates Reporting Year: 2024

Select measure and add measure file Supporting formats: XLS, XLSX Max file size: 5 MB

SELECT MEASURE	SELECT FILE	ACTION
QPP 374 - Closing the Referral Loop: Receipt of Specialist Re...	Manual_Data_Entry_Template_IRIS_CQM374_RY24.xlsx 	ADD FILE

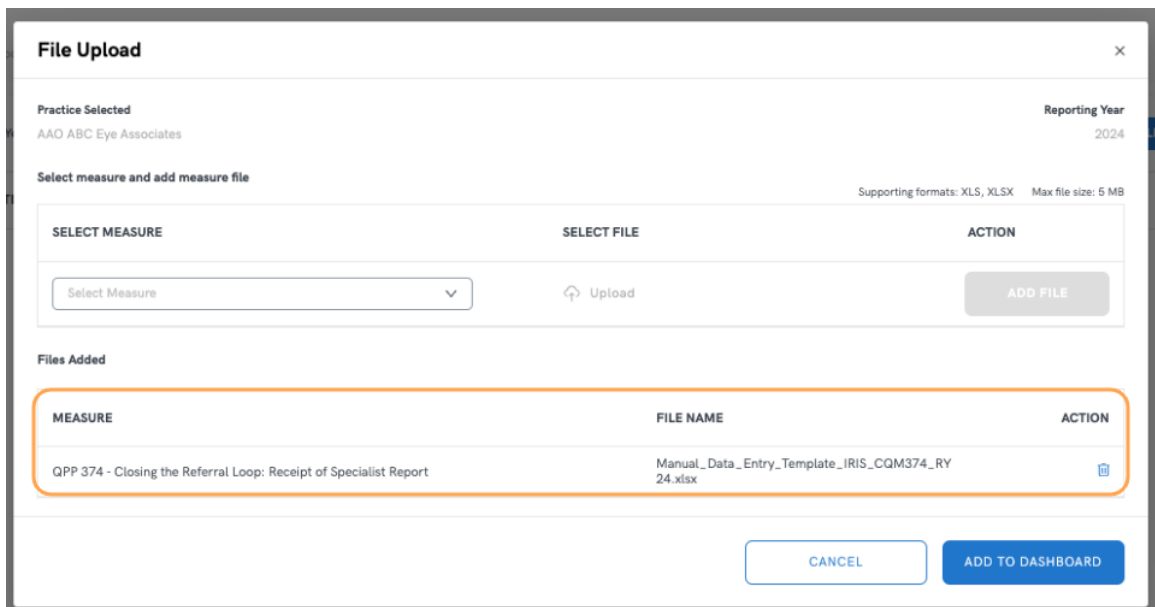
Files Added

MEASURE	FILE NAME	ACTION
---------	-----------	--------

[CANCEL] [ADD TO DASHBOARD]

5. The file appears in the **Files added** section. To add additional files, repeat steps [2](#) through [4](#). If you are done adding files, continue to the next step.

Note: If you do not want to add this file, click the trash can  icon to delete the file.



File Upload [X]

Practice Selected: AAO ABC Eye Associates Reporting Year: 2024

Select measure and add measure file Supporting formats: XLS, XLSX Max file size: 5 MB

SELECT MEASURE	SELECT FILE	ACTION
Select Measure	 Upload	ADD FILE

Files Added

MEASURE	FILE NAME	ACTION
QPP 374 - Closing the Referral Loop: Receipt of Specialist Report	Manual_Data_Entry_Template_IRIS_CQM374_RY24.xlsx 	

[CANCEL] [ADD TO DASHBOARD]

6. Click **Add to Dashboard**.

File Upload

Practice Selected: AAO ABC Eye Associates | Reporting Year: 2024

Select measure and add measure file

Supporting formats: XLS, XLSX | Max file size: 5 MB

SELECT MEASURE	SELECT FILE	ACTION
Select Measure	Upload	ADD FILE

Files Added

MEASURE	FILE NAME	ACTION
QPP 374 - Closing the Referral Loop: Receipt of Specialist Report	Manual_Data_Entry_Template_IRIS_CQM374_RY24.xlsx	

CANCEL | **ADD TO DASHBOARD**

7. An **Upload Confirmation** pop-up window appears “You have successfully uploaded the following files: *[list of files]*.”

Upload Confirmation

You have successfully uploaded the following files:

- Manual_Data_Entry_Template_IRIS_CQM374_RY24.xlsx

CLOSE

Click **Close**.

If there are any validation errors in the file, such as the wrong reporting year or template, notes with the specific error(s) and steps to take to resolve the error(s) will display.

8. The **Status** of the file upload is **Processing** and will change to **Available** when the upload process is complete (usually within 72 hours).

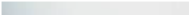
Tip: In the **Actions** column, you can download the file by clicking the download  icon.

[← Back to Dashboard](#) 

Quality Measure Input Tool

Practice
AAO ABC Eye Associates

Performance Year: 2024  [Download Measure Template](#) [FILE UPLOAD](#)

UPLOAD DATE	MEASURE ID	MEASURE TITLE	UPLOADED BY	STATUS	ACTIONS
09-05-2024	QPP 374	Closing the Referral Loop: Receipt of Specialist Report		 Processing	

Items per page: 01 | Showing 1 - 01 of 01 items 1 of 1 pages [Previous](#) [Next](#)

Note: The **Status** of the file upload is **Processing Failed** if there are issues with the uploaded file, such as incorrect dates or system errors. Check to make sure that you are using the correct template for the reporting year and that the template is filled out correctly before attempting to upload the file again.

UPLOAD DATE	MEASURE ID	MEASURE TITLE	UPLOADED BY	STATUS	ACTIONS
2024-03-07	CQM 128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan		 Processing Failed	

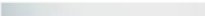
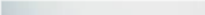
9. All of the files that you upload will appear on the **Quality Measures Input Tool** page. After the file **Status** becomes **Available**, the associated data will be reflected in the Verana Quality Measures Dashboard.

[← Back to Dashboard](#) 

Quality Measure Input Tool

Practice
AAO ABC Eye Associates

Performance Year: 2024  [Download Measure Template](#) [FILE UPLOAD](#)

UPLOAD DATE	MEASURE ID	MEASURE TITLE	UPLOADED BY	STATUS	ACTIONS
09-05-2024	IRIS GCDR 23	Refractive Surgery: Patients with a Postoperative Uncorrected Visual Acuity (UCVA) of 20/20 or Better		 Available	
09-05-2024	QPP 374	Closing the Referral Loop: Receipt of Specialist Report		 Available	

- After the file is processed (usually within 72 hours), click **Back to Dashboard** to return to the **Verana Quality Measures Dashboard** page to see the dashboard populated with measures data from the patient details.

Quality Measures
MIPS Submission

IRIS® Registry Quality Measures

The American Academy of Ophthalmology IRIS Registry (Intelligent Research in Sight)

Practices

Locations

Clinicians

Custom Groups

Date Range

EyeMD

All Locations (4)

All Clinicians (1)

--None Applied--

Year to date

Show Measures

With Data

Search

Filters

Update Measures Data

DOWNLOAD

FAVORITE	TYPE	ID	MEASURE	MEASURE TYPES	BENCHMARK	PERFORMANCE RATE	STATUS
☆	QPP	QPP 141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	High Priority Outcome	CMS Benchmark : 85.64%	100%	Open
☆	QCDR	IRIS QCDR 55	Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery	Outcome	CMS Benchmark : 39.13%	100%	Not Tracking

[View STRATA Measures \(3\)](#)

Verana Quality Measures Dashboard Interface



Quality Measures Dashboard

The Verana Quality Measures Dashboard provides users with a summary of the performance rates for each of their measures and also features many options that allow users to customize their measure details list. Users can access support and documentation (e.g., submit a request for support, view user guides and release notes) by clicking the **Help & Documentation** link.

The screenshot displays the Verana Quality Measures Dashboard interface. Key components highlighted include:

- Support & Documentation** link in the top right corner.
- MIPS Submission Module** button in the top left navigation area.
- IRIS® Registry Quality Measures** section header.
- Filter by Practice, Location, Clinicians, or Custom Group** section with dropdowns for Practices, Locations (All Locations (6)), Clinicians (All Clinicians (1)), and Custom Groups (None Applied).
- Select Date Range** section with a Date Range dropdown set to 2023.
- Filter by data availability** section with a Show Measures dropdown set to With Data.
- Sort** button with a downward arrow.
- Search by Measure name or ID** section with a search input field.
- Filter data** button with a dropdown arrow.
- Download** button with a dropdown arrow.
- Table Headers**: FAVORITE, TYPE, ID, MEASURE, MEASURE TYPES, BENCHMARK, PERFORMANCE RATE, and STATUS.
- Table Rows**:
 - Row 1: QCDR, IRIS QCDR 17, Acute Anterior Uveitis: Post-treatment Grade 0 anterior chamber cells, High Priority, Outcome, CMS Benchmark: 65.68%, 100%, Open.
 - Row 2: QCDR, IRIS QCDR 1, Endothelial Keratoplasty - Post-Operative Improvement in Best Corrected Visual Acuity to 20/40 or Better, Outcome, CMS Benchmark: 39.13%, 100%, Open.
 - Row 3: QCDR, IRIS QCDR 55, Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery, Outcome, CMS Benchmark: 39.13%, 100%, Verified.
 - Row 4: QCDR, IRIS QCDR 54, Complications After Cataract Surgery, Outcome, CMS Benchmark: 1.58%, 0%, Open.
- Mark Favorites** button with a star icon.
- Click to view Measure Details** button with a magnifying glass icon.
- Practice or Clinician Performance Rate** label pointing to the Performance Rate column.

Data Last Updated on 08-16-2023

Filter by Practices, Locations, or Clinicians. Options to select your **Practice**, **Location**, and **Clinicians** from the dropdown menus.

Select Date Range. Option to select **Year to Date**, **Year**, **Quarter**, or **Month** from the dropdown menu.

Filter by Data Availability. Options to choose **With Data**, **Without Data**, or **All** from the dropdown menu.

Search by Measure. Option to manually enter measure information to quickly find a specific measure.

Filter Data. Option to add additional filters from the filter dialog.



Filter options include **Favorite Measures**, **Measure Status**, **Measure Criteria**, **Measure Specialty**, and **Measure Type**.

CLEAR ALL
APPLY

☐ Favorite Measures (0)

Measure Status ^

☐ Open (20)

☐ Selected (0)

☐ Refinement (0)

☐ Verified (1)

☐ Not Tracking (1)

Clear

Measure Criteria ^

☐ High Priority (12)

☐ Intermediate Outcome (1)

☐ Outcome (8)

☐ Process (13)

☐ Structure (0)

Clear

Measure Specialty ^

☐ Cataract (4)

☐ Cornea (0)

☐ Cross-Cutting (0)

☐ Dermatology (0)

☐ Glaucoma (4)

☐ Headache (0)

☐ Health Equity (0)

☐ Neuro-Ophthalmology (1)

☐ None (0)

☐ Oculofacial Plastics (0)

☐ Ophthalmology (0)

☐ Pathology (0)

☐ Preventive Health (10)

☐ Refractive Surgery (0)

☐ Retina (2)

☐ Strabismus (0)

☐ Uveitis (1)

Clear

Measure Type ^

☐ QCDR (5)

☐ QPP (6)

☐ eCQM (11)

Clear

CLEAR ALL
APPLY

Update Measures Data. Option to go to the Manual Data Entry page to download additional measure templates, upload a completed measure template, check upload status of measure templates, download or delete an uploaded template.

[Update Measures Data](#) 

Download Measures List. Option to download a CSV file of available measures with performance details.

DOWNLOAD 

A **Download Protected Health Information** dialog appears “You are about to download patients’ information. These patient files contain Protected Health Information (PHI). Please follow your organization’s HIPAA/Security policies and procedures as they relate to handling PHI.”

Download Protected Health Information

You are about to download your patients’ information. These patient files contain Protected Health Information (PHI).

Please follow your organization’s HIPAA/Security policies and procedures as they relate to handling PHI.

☐ Do not show this message again.

CANCEL CONTINUE

The CSV file provides an overview of the measures performance details.

EyeMD_08142023

Practice	Location	Clinician	Date_Range_Type	Time_Frame (MMYYYY-MMYYYY)								
EyeMD	All Locations	All Clinicians	YEAR_TO_DATE	01/2023-06/2023								
Favorite	Type	ID	Measure	Performance	Status	Initial_Patient_Population	Denominator	Denominator_Exception	Denominator_Exclusion	Numerator	Numerator_Excl	Numerator_Not_mnt
No	QPP	QPP 141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	100		220	220	0	0	2	0	0
No	QCDR	IRIS QCDR 55	Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery	100	Not Tracking	1	1	0	0	1	0	0
No	QPP	QPP 410	Overuse of Imaging for the Evaluation of Primary Headache	0		1	1	0	0	0	0	1
No	QCDR	IRIS QCDR 54	Complications After Cataract Surgery	0	Verified	166	166	0	0	0	0	156
No	eQOM	eQOM 238	Use of High-Risk Medications in Older Adults	0		1708	1708	0	0	0	0	1708
No	eQOM	eQOM 68v12	Documentation of Current Medications in the Medical Record	99.93		3048	3048	0	0	30	0	2
No	eQOM	eQOM 318	Falls: Screening for Future Fall Risk	99.88		1662	1662	0	0	0	0	2
No	eQOM	eQOM 117	Diabetes: Eye Exam	99.81		629	629	0	0	628	0	1
No	eQOM	eQOM 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	97.44		39	39	0	0	38	0	1
No	eQOM	eQOM 133v11	Cataracts: 20/40 or Better Visual Acuity within 90 Days of Cataract Surgery	95.77		58	58	0	87	68	0	3
No	eQOM	eQOM 13	Primary Open-Angle Glaucoma: Optic Nerve Evaluation	4.3		263	263	0	0	248	0	15
No	eQOM		Closing the Refractive Loop: Script of Binocular Refraction	1		55	55	0	0	50	0	5
No	QCDR	IRIS QCDR 2	Glaucoma: Intraocular Pressure Reduction	8		93	93	0	8	76	0	9
No	QPP	QPP 14	Age-Related Macular Degeneration: Dilated Annual Exam	86.4		160	160	0	0	139	0	21
No	eQOM		Diabetic Retinopathy: Correlation with HbA1c	68.59		156	156	0	0	107	0	49
No	QCDR	IRIS QCDR 59	Regaining Control: After Cataract Surgery	62.25		152	152	0	1	94	0	57
No	eQOM	QOM 1	Diabetic Retinopathy: HbA1c (HbA1c) Poor Control (> 9%)	56		100	100	0	0	56	0	44
No	QPP		Cataract Surgery: Difference Between Planned and Final Refraction	3.12		160	160	0	0	5	0	155
No	QPP	QPP 493	Adult Immunization Status	0.06		1627	1627	0	0	1	0	1626
No	eQOM	eQOM 128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	0		445	445	0	0	0	0	445
No	QCDR	IRIS QCDR 35	Improvement of Macular Edema in Patients with Uveitis	0		1	1	0	0	0	0	1
No	QPP	QPP 402	Tobacco Use and Help with Quitting Among Adolescents	0		15	15	0	0	0	0	15

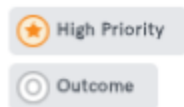
Sort headings by ascending or descending. Option to sort any of the headings by ascending  or descending  order including **Favorite, Type, Measure, Measure Types, Performance Rate,** and **Status.**

FAVORITE 	TYPE 	ID 	MEASURE 	MEASURE TYPES 	BENCHMARK	PERFORMANCE RATE 	STATUS 
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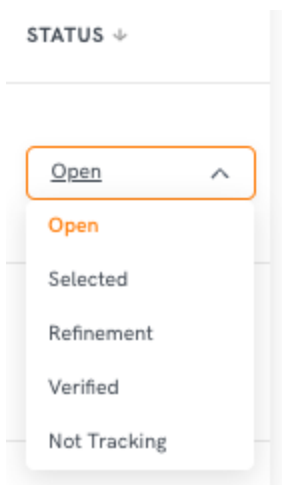
Click measure to view the [Measure Details page](#). Option to view additional measure details.

FAVORITE 	TYPE 	ID 	MEASURE 	MEASURE TYPES 	BENCHMARK	PERFORMANCE RATE 	STATUS 
	QPP	QPP 141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	 High Priority  Outcome	 CMS Benchmark : 85.64%	100%	Open

Measure Types. Shows if the measure is **High Priority** or **Outcome**



Status. Option to select **Open, Selected, Refinement, Verified,** or **Not Tracking** from the dropdown menu.



Mark Favorites. Option to add or remove a favorite by marking or unmarking the ☆ in the Favorite column adjacent to the measures.

FAVORITE	TYPE	ID	MEASURE	MEASURE TYPES	BENCHMARK	PERFORMANCE RATE	STATUS
☆	QPP	QPP 141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	High Priority Outcome	CMS Benchmark : 85.64%	100%	Open

Practices or Clinicians Performance Rate. Option to hover over the performance rate to view additional performance rate details.

FAVORITE +	TYPE +	ID +	MEASURE +	MEASURE TYPES +	BENCHMARK	PERFORMANCE RATE +	STATUS +
☆	QPP	QPP 141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	☒ High Priority ☐ Outcome	 CMS Benchmark : 85.0%	PR = $\frac{\text{Numerator}}{\text{Denominator}}$ 100% = $\frac{220}{220}$	Open
☆	QCDR	IRIS QCDR 55	Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery View STRATA Measures (3)	☐ Outcome	 CMS Benchmark : 39.13%		Open

Measure Details Page

The Measure Details page provides additional details for the measure and includes the following sections:

- Measure Specifications
- Performance Rate
- Patients List

Verana Quality Measures Dashboard Help & Documentation

Quality Measures MIPS Submission

Quality Measure / Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care

MIPS Quality ID: QPP 141 Measure Type: QPP Measure Specialty: Glaucoma Measure Criteria: Outcome; High Priority

Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within the 12 month performance period

[View Measure Specifications](#) **Click to View Measure Specifications**

Practices: 65940 20/20 Eye Ph... Locations: All Locations (9) Clinicians: All Clinicians (8) Date Range: 2023

Performance Rate

Numerator: 580 Denominator: 867 = 66.9% CMS Benchmark: 65.64%

Patients List [Download CSV](#) **Click to Download CSV of Patients List**

Initial Patient Population: 867	Denominator: 867	Numerator: 580	Numerator Not Met: 287			
LAST NAME	FIRST NAME	MRN	DATE OF BIRTH	AGE	SEX	ENCOUNTER DATE
LN-49584	FN-67432	2370099970	01-01-1951	73	Female	01-31-2023
LN-95376	FN-95142	2514903730	01-01-1948	76	Male	01-28-2023

Measure Specifications. The Measure Specifications information includes the **MIPS Quality ID**, **Measure Type**, **Measure Specialty**, **Measure Criteria**, and the **description**. Click **View Measure Specifications** to view the complete specifications document.

Quality Measure / Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care

MIPS Quality ID: QPP 141 Measure Type: QPP Measure Specialty: Glaucoma Measure Criteria: Outcome; High Priority

Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15% from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the pre-intervention level, a plan of care was documented within the 12 month performance period

[View Measure Specifications](#) **Click to View Measure Specifications**

Practices: 65940 20/20 Eye Ph... Locations: All Locations (9) Date Range: 2023

Performance Rate. The Performance Rate provides a summary of the **Numerator**, **Denominator**, and estimated performance rate.



Patients List. The Patients List provides a complete list of the patients related to the measure. The top section shows the **Initial Patient Population**, number of patients in the **Denominator**, **Numerator**, and **Numerator Not Met**. Click any of these headings to view a list of the patients related to the specific category.

Patients List

Filter by Denominator, Numerator, or Numerator Not Met

Initial Patient Population: 867

Denominator: 867

Numerator: 500

Numerator Not Met: 287

Search by Name/MRN

Download CSV

LAST NAME	FIRST NAME	MRN	DATE OF BIRTH	AGE	SEX	ENCOUNTER DATE
LN-49584	FN-67432	2370096970	01-01-1951	73	Female	01-31-2023
LN-95376	FN-95142	2514903730	01-01-1948	76	Male	01-26-2023

- Option to sort any of the headings by ascending or descending order including **Last Name**, **First Name**, **MRN**, **Date of Birth**, **Age**, **Sex**, or **Encounter Date**.

Sort column headings in ascending or descending order						
LAST NAME	FIRST NAME	MRN	DATE OF BIRTH	AGE	SEX	ENCOUNTER DATE
LN-49584	FN-67432	2370096970	01-01-1951	73	Female	01-31-2023
LN-95376	FN-95142	2514903730	01-01-1948	76	Male	01-26-2023

- Search by Patient/MRN.** Option to manually enter patient name or MRN to quickly find a specific patient. There is also an option to **Download a CSV** file of the **Patients List** details for the measure.

Patients List

Initial Patient Population: 867

Denominator: 867

Numerator: 500

Numerator Not Met: 287

Search by Name/MRN

Download CSV

Search by Patient/MRN

Click to Download CSV of Patients List

LAST NAME	FIRST NAME	MRN	DATE OF BIRTH	AGE	SEX	ENCOUNTER DATE
LN-49584	FN-67432	2370096970	01-01-1951	73	Female	01-31-2023
LN-95376	FN-95142	2514903730	01-01-1948	76	Male	01-26-2023

Data Security and Privacy



Verana Health is committed to protecting the privacy of Academy members and their patients. Verana Health has strict policies regarding the protection of this information that meets or exceeds all legal requirements to safeguard data and protect patients.

Registry data are de-identified and developed into HIPAA-compliant datasets by an independent team of highly-qualified personnel from Verana Health. To further ensure the privacy of members and patients, de-identified data are also verified by a third-party statistician as being de-identified and a firewall is in place to ensure the data remain protected. Data extracted from EHRs by Verana Health are fully encrypted at rest and in motion. **All registry data are stored in isolated Amazon Web Services (AWS) instances.**

Once the registry data have been de-identified and can no longer be traced back to any individual patient, Verana Health curates and analyzes de-identified, aggregate data in the Verana Health data platform, VeraQ®, to calculate performance measures and to provide insights to life science companies and research institutions with the goal of advancing research and discovery. These life science companies are also under strict requirements expressly prohibiting any attempts or efforts to re-identify any of the patient data provided. **In compliance with HIPAA, personal protected health information (PHI) cannot, and will not, be sold.**

For more information on Verana Health's privacy policies, visit veranahealth.com/patient-privacy