I see data in AOA MORE, what time frame does the data represent?
Your AOA MORE dashboard will show your practice data for the past 12 months of time (demographics, diagnosis, and medication). PQRS and Meaningful Use (CQMs) are set to show data for the calendar year (your reporting period).

How often is AOA MORE dashboard data updated?
AOA MORE will update your data dashboard once a week. Typically your data will update after hours.

How often should I check my AOA MORE data (dashboard)?
Because AOA MORE is updated weekly, you should not need to check them more than weekly.

When should I stop doing claims-based PQRS?
ODs are required to do 9 different PQRS items that span 3 different CMS “domains.” The list of PQRS eligible items will vary depending how you are submitting (claims-based list is not the same as registry-based list or EHR based list). CMS decides which items are eligible for each submission method.

Therefore, you should not stop doing claims-based submission until your AOA MORE data dashboard has 9 measures AND your percentage on each are over 50%. To be successful in PQRS, each measure has to be over 50%. If you start the year doing claims-based reporting, CMS will allow you change to registry-based reporting later in the year. They will qualify your registry-data once submitted. 50% or higher is a passing grade for each PQRS measure.

My AOA MORE data does not seem to match up with what my EHR is reporting. What should I do?
If your data does not seem to match your EHR there could be a few different reasons. If your demographic data, medications, and diagnosis information are not accurate, email qualityimprovement@aoa.org and describe the issue with as much detail as possible. Since your AOA MORE dashboard does not contain patient identifying information, we encourage you to keep it that way. Don’t share any patient identifying information when contacting us.
If your PQRS data does not match, that is to be expected. There are 3 ways to report PQRS codes to CMS: 1) registry-based, 2) EHR report based, and 3) claims-based. Each of those methods has a different list of eligible PQRS items. CMS decides which PQRS items are eligible for each of the 3 methods. Most optometrists that have been doing PQRS for years did it by claims-based reporting (adding additional codes to their billing claims). The claims-based list is of PQRS items is different from the registry-based list that is in AOA MORE. So your AOA MORE dashboard for PQRS will vary from your EHR reports.

An example of how the PQRS items vary by the 3 submission methods can be examined using the item Macular Degeneration AREDS counseling. Most ODs that have done claims-based PQRS have included 4177F (counseled on the use of anti-oxidant vitamins). However, for registry-based PQRS, the Macular Degeneration counseling item does not apply, meaning that CMS does not count AREDS counseling as a PQRS item in registry-based reporting.

What if my EHR vendor has not set up 9 PQRS measures in AOA MORE?
If your vendor has not integrated 9 PQRS measures in AOA MORE, you should not submit PQRS through AOA MORE (yet). You should continue to submit claims-based PQRS until your vendor has integrated 9 PQRS measures.

Where does the PQRS data in AOA MORE come from?
PQRS items in AOA MORE (like everything in AOA MORE) come from data fields in your EHR. As an example, the “Diabetes Eye Exam” item (CMS#131v3) calculates based on the following data fields in your EHR:

- Patients diagnosed with diabetes on your coding screen
- No retinopathy on your retina screen
- Had a code of 99xxxx (prior to 2016) or 99xxx/92xxx after 2016

The PQRS measure % will be based on the number of patients with diabetes where “no retinopathy” is coded. There is a specific data field in your retina screen that applies and that will vary by EHR vendor. For a complete list of data fields that correlate to PQRS items, it is suggested that you ask your EHR vendor for their list.

What is the difference between Meaningful Use (MU) and PQRS with regard to AOA MORE?
Signing up for AOA MORE by February 29, 2016 will qualify you with CMS for registry use. That benefit exists the day you sign up. As long as you are signed up before February 29, 2016, you can claim AOA MORE as your “Specialized Registry” (February 29 is a CMS rule, not an AOA rule).
Using AOA MORE for PQRS is a feature that should be available later in 2016. You should continue to do traditional PQRS until AOA MORE is showing 9 PQRS items (a requirement of CMS). CMS has penalties for not doing PQRS as well as penalties for not doing MU.

10 tips for signing up with AOA MORE

1. The deadline to sign up for AOA MORE to use it in Meaningful Use (MU) 2016 is February 29, 2016. That is a CMS rule (not an AOA rule). If you miss the deadline, you can still sign up, but you will not be able to claim AOA MORE as your registry in MU 2016.

2. After you sign up for AOA MORE (at aoa.org/MORE), you will receive an email confirming your registration. Keep that email in case you ever get a MU audit by CMS.

3. If you are in group OD practice, each OD must go through the sign up process on aoa.org/MORE.

4. If you have associate ODs, the owner must "authorize" the associate when the owner is signing up (the owner should know the associate's email address). Once the owner authorizes the associate, the associate will receive an email with an ‘authorization number.’ The associate will then enter the authorization number when she is signing up for AOA MORE.

5. ODs that attested for MU in 2015 likely "excluded" from the registry items in 2015. According to CMS, AOA members will not be allowed to exclude in 2016.

6. Not doing MU in 2016 will result in a 3% payment penalty in 2018. Penalties are going up over time. This is separate from the PQRS penalties that are also going up over time.

7. If you have done MU before 2016, then you are required to use 2 registries. If you check with your state and there is no Syndromic Surveillance Registry available to you, you can sign up for AOA MORE only and then exclude from the 2nd registry.

8. PQRS is separate from MU. You should still do traditional PQRS until AOA MORE is capable of doing it for you (you will be notified when that happens in 2016).

9. Using AOA MORE cost you $0. It is included as a member benefit. (Not using it will cost you penalties by CMS.)

10. If you run into trouble, you can call AOA headquarters and ask for Quality Improvement/AOA MORE: 1-800-365-2219