Please read the following carefully and do not hesitate to reach out to us if you need further clarification on any of these items.

**For the Cataract Measures Group, can I report patients seen earlier in the year?**

When determining whether you will qualify for the Cataract Measures Group, you will need to determine whether your provider(s) will have 20 unique encounters (the majority of which must be Medicare Part B) between now and September 30th. Due to the nature of Measure 303, which is a pre-surgery survey, any patient that was seen prior to this point will not be eligible for the Cataract Measures Group. The patient had to have received this survey in order to be considered eligible.

Please note, if surgery is performed on both eyes within the reporting time frame, this counts as one unique encounter, not two.

**What are my options if I do not perform cataract surgery on 20 unique patients during this limited reporting period?**

If this is the case, your provider(s) will have to report three individual measures. Outcome can assist with this reporting option as well. The requirements for individual measures are outlined below.

**If I already signed up, can I receive a refund?**

Yes, if you have already signed your providers up for the Cataract Measures Group and have determined that they will not be able to meet the 20 unique patient requirement, you can choose to be refunded or, if you switch to individual measures, we will issue you a refund for the difference in pricing. If you fall into either category, please email ophthalmicdatabase@quintiles.com to process this request. Please be sure to let us know if you would like a full refund or you would like to switch to individual measures reporting.

**What data elements are required for the Cataract Measures Group?**

If you are participating in the Cataract Measures Group, we want to make sure you know exactly what data elements will be required for each of the 20 encounters you report. There are four measures total within this Measures Group. Measures 191 and 192 will be entered by your practice and Measures 303 and 304 will be entered by Outcome when we receive the patient surveys. Here is a listing of the data elements you will be responsible for entering:

<table>
<thead>
<tr>
<th>Data elements you will be responsible for entering for the Cataract Measures Group:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient ID</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
</tbody>
</table>
Encounter Date

Physician/Provider NPI

Birth Date

Gender

Is this a Medicare Part B FFS Patient?

ICD-9 Principal Diagnosis Code

CPT Codes

M191: Was best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery?

M192: Was a surgical procedure for major complications performed within 30 days following cataract surgery?

M192: Was patient taking tamsulosin hydrochloride?

**How do I distribute the Patient Surveys?**

When you sign up for the Cataract Measures Group, our Help Desk will send you an email confirmation along with the patient surveys and an instruction manual. We will also be mailing you 60 postage paid, return-addressed envelopes for each provider participating in this Measures Group (30 for the pre-surgery survey, 30 for the post-surgery survey) to distribute along with the surveys. We are sending 30 envelopes for each survey in order for you to distribute as many surveys as you can between now and September 30th. The requirement is to report 20 encounters but we want to make sure you increase your chances of meeting the requirements for this Measures Group. You can choose to distribute only 20 of them but we recommend distributing as many as you can, up to 30, between now and September 30th. The surveys will be mailed to Outcome and we will be responsible for entering the results into the Registry on behalf of your practice.

If you would like to start distributing the surveys before the return envelopes arrive at your office, you can have the surveys sent to the following:

Outcome Sciences
AAO Patient Survey
201 Broadway, Suite 5
Cambridge, MA 02139
Also, please be sure to write your practice name and Site ID in addition to the Patient ID at the top of every survey you distribute. We need to be able to identify which practice the survey belongs to.

**What if the patient does not return the survey?**

CMS is aware that your practice does not have complete control over whether your patients return the surveys. There is an option for us to select “Patient did not return survey.” Selecting this option will not count against your providers. However, at least one patient must return both surveys in order for you to receive credit for the measure group. You cannot have a 0% performance for either patient survey measure. If you do, you will not successfully meet the reporting requirements which would prevent you from receiving the incentive payment. This is part of the reason we are mailing you 30 of each survey to increase the likelihood that the surveys will be returned.

**What are the requirements for Individual Measure reporting?**

If you are not able to meet the 20 unique patient requirement for the Cataract Measures Group, the alternative is to report via individual measures. The requirement for individual measures is to select three measures and report 80% of the Medicare Part B, Medicare as a secondary payer and Railroad Medicare encounters that apply to each. You will need to report 80% of the encounters seen from January 1st through December 31st (unless you elect to report Measures 191 and 192 as Individual Measures; in that case, you need to report 80% of the Medicare encounters from January 1st through September 30th).

**What is the pricing structure?**

There are two different pricing structures:

- Pricing for Individual Measures: $518.43/provider
- Pricing for Cataract Measures Group: $717.43/provider

These are the only fees associated with the submission of your 2013 data.

**What about E-Prescribing reporting?**

If you are interested in reporting eRx through the Registry as well, there is no additional charge. If you have been reporting eRx through claims, you can also choose to report through the Registry as well. CMS will honor the reporting option that is more favorable to each of your providers. Reporting eRx through the Registry will simply serve as a back-up to what you have submitted via claims. Please note that CMS will not combine what you have submitted via claims with what you will submit through the Registry so you need to make sure you meet the full reporting requirements through one method or the other.

**How do I get started?**
Agreements for 2013 are to be completed **electronically**. Even if you have participated with Outcome in the past, you will need to complete the Agreement again for 2013. Please use the link below to access the registration page. Once completed and submitted, you will receive a confirmation email. Our Help Desk will then reach out to you when you can begin the data entry process.

To register, please use the following link:

- [http://www.outcome.com/aaoform.htm](http://www.outcome.com/aaoform.htm)

Please only submit the e-Agreement once. You will receive a confirmation email once it has successfully been submitted.

When you register, you need to acknowledge both of our pricing structures, even if you do not intend to submit for both. Please be sure to put a check-mark in each box in addition to indicating the number of providers you will submit for both. For example, if you have one provider and want to submit for the Cataract Measures Group, you will indicate “1” provider in the Cataract Measures Group section and “0” in the Individual Measures section. The form will not submit successfully if you do not acknowledge both of these pricing options.

**What are the data entry timeframes?**

If you are interested in reporting the Cataract Measures Group, we recommend getting started as soon as possible. You can only report surgeries from this point until September 30\(^{th}\) so the sooner you get started the better.

If you are going to be reporting individual measures, the timeframes are a little more flexible. Here are the two dates you will want to pay attention to:

- **December 31\(^{st}\), 2013:** Deadline for signing an agreement with Outcome
- **January 31\(^{st}\), 2014:** Data Entry Deadline

If you have any additional questions, you can either call 617.715.6898 or email [ophthalmicdatabase@quintiles.com](mailto:ophthalmicdatabase@quintiles.com).