

Table 4: Quality Measures Benchmarks

eCQMs, MIPS CQMs, and claims-based measures.

eCQMs can be reported via IRIS Registry-EHR integration; MIPS CQMs can be reported manually via the IRIS Registry and, in some cases, via IRIS Registry-EHR integration; claims-based measures can only be reported by small practices.

Report an outcome measure. You must report at least one outcome or intermediate outcome measure—look for measures that are flagged as “Outcome” or “Interm. outcome” in the “High Priority” column below. If none are available to you, report at least one other type of high-priority measure (“Other HP”) instead.

Meet two data submission thresholds. If your reporting for a quality measure satisfies both the case minimum requirement (20 patients) and the data completeness criteria (70% of denominator-eligible patients), your performance rate will be compared against a benchmark (if there is one), and you can earn the achievement points indicated below. If you are manually reporting via the IRIS Registry, you also must track your data completeness totals (see page 25). If you meet those reporting requirements, the “Points” column shows the range of points available to you for each measure. Some measures are subject to a 7-point

cap and/or “score stalling” (see page 23).

Understand the measures. Detailed measure specifications can be downloaded via the IRIS Registry dashboard. Those specifications are also available as part of the *2023 IRIS Registry Preparation Kit*, which is available at aao.org/iris-registry/user-guide/getting-started.

Some changes to this list of measures. If you used this table to plan your quality measure reporting in 2022, you may notice some changes this year. Measures 110 and 110 have been replaced with measure 493; measures 440 and 487 have been added; measure 265 has been removed; and measures 117 and 130 are no longer avail-

able for claims-based reporting.

New for 2023: 3-point floor applies to small practices, but not large practices. In the chart below, the scoring for deciles 1 and 2 only applies to large practices. Small practices that meet the 70%-data completeness criteria and, if applicable, report data-completeness totals will score a minimum of 3 points.

Important caveat. If reporting via IRIS Registry-EHR integration, you can only report a measure if the relevant data elements are available for extraction from your EHR system. Check with staff from Verana Health to work on mapping for any of these measures.

High Priority	ID: Measure Name	Type	Points	Benchmark Decile (d)										Notes		
				d1 (Large)	d2 (Large)	d3	d4	d5	d6	d7	d8	d9	d10			
PREVENTIVE MEASURES																
Interm. outcome	1: Diabetes: Hemoglobin A1c Poor Control (>9%)	MIPS CQM	1*-10	Performance rate	99.00%-90.01%	90.00%-80.01%	80.00%-70.01%		70.00%-60.01%	60.00%-50.01%	50.00%-40.01%	40.00%-30.01%	30.00%-20.01%	20.00%-10.01%	≤10.00%	Flat benchmark, inverse measure
				Points	1	2	3		4	5	6	7	8	9	10	
		Claims	No benchmark			Because this measure was suppressed as an eCQM in 2021, CMS wasn't able to create a benchmark. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.										Inverse measure
		eCQM	1*-10	Performance rate	99.52%-93.34%	93.33%-75.01%	75.00%-57.61%		57.60%-46.16%	46.15%-38.18%	38.17%-32.27%	32.26%-27.33%	27.32%-22.51%	22.50%-17.08%	≤17.07%	Inverse measure
				Points	1	2	3		4	5	6	7	8	9	10	
	117: Diabetes: Eye Exam	MIPS CQM	1*-5.9 or 7	Performance rate	1.30%-48.28%	48.29%-95.67%	95.68%-99.03%		99.04%-99.73%	99.74%-99.99%					100%	Topped out, 7-point cap
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9					7.0	
		eCQM	1*-10	Performance rate	0.59%-5.89%	5.90%-13.81%	13.82%-22.99%		23.00%-33.25%	33.26%-46.03%	46.04%-80.50%	80.51%-97.64%	97.65%-99.20%	99.21%-99.99%	100%	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0	
	128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	MIPS CQM	1*-7.9 or 10	Performance rate	2.28%-31.81%	31.82%-64.93%	64.94%-85.32%		85.33%-94.61%	94.62%-98.34%	98.35%-99.71%	99.72%-99.99%			100%	Topped out
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9			10.0	
		Claims	3-4.9 or 7	Performance rate			95.78%-99.25%		99.26%-99.99%						100%	Topped out, 7-point cap
				Points			3.0-3.9		4.0-4.9					7.0		
		eCQM	No benchmark			Because this measure was suppressed as an eCQM in 2021, CMS wasn't able to create a benchmark. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.										
Other HP	130: Documentation of Current Medications in the Medical Record	MIPS CQM	3-7 points	Performance rate	2.60%-30.28%	30.29%-87.25%	87.26%-95.56%		95.57%-98.61%	98.62%-99.73%	99.74%-99.98%	99.99%			100%	Topped out, 7-point cap
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0		7.0		

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High Priority	ID: Measure Name	Type	Points		Benchmark Decile (d)										Notes		
					d1 (Large)	d2 (Large)	d3	d4	d5	d6	d7	d8	d9	d10			
PREVENTIVE MEASURES																	
Other HP	130: Documentation of Current Medications in the Medical Record (continued)	eCQM	1*-7	Performance rate	7.66%-66.24%	66.25%-83.07%	83.08%-89.81%		89.82%-93.62%	93.63%-96.11%	96.12%-97.74%	97.75%-98.78%	98.79%-99.46%	99.47%-99.86%	≥99.87%	Topped out, 7-point cap	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0	7.0	7.0	7.0		
	226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	MIPS CQM	1*-8.9 or 10	Performance rate	2.88%-17.29%	17.30%-34.61%	34.62%-53.73%		53.74%-71.99%	72.00%-84.84%	84.85%-92.85%	92.86%-97.77%	97.78%-99.99%		100%	Topped out	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	10.0			
		Claims	3-4.9 or 10	Performance rate			90.20%-96.42%		96.43%-99.99%								100%
				Points			3.0-3.9		4.0-4.9						10.0		
		eCQM	1*-10	Performance rate	2.05%-13.94%	13.95%-24.99%	25.00%-36.10%		36.11%-47.99%	48.00%-60.35%	60.36%-72.49%	72.50%-83.99%	84.00%-92.30%	92.31%-98.32%	≥98.33%		
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0		
Interm. outcome	236: Controlling High Blood Pressure	MIPS CQM	1*-10	Performance rate	1.00%-9.99%	10.00%-19.99%	20.00%-29.99%		30.00%-39.99%	40.00%-49.99%	50.00%-59.99%	60.00%-69.99%	70.00%-79.99%	80.00%-89.99%	≥90.00%	Flat benchmark	
				Points	1	2	3		4	5	6	7	8	9	10		
		Claims	3-10	Performance rate			20.00%-29.99%		30.00%-39.99%	40.00%-49.99%	50.00%-59.99%	60.00%-69.99%	70.00%-79.99%	80.00%-89.99%	≥90.00%	Flat benchmark	
				Points			3		4	5	6	7	8	9	10		
		eCQM	1*-10	Performance rate	2.74%-41.95%	41.96%-51.35%	51.36%-56.60%		56.61%-60.70%	60.71%-64.23%	64.24%-67.54%	67.55%-71.09%	71.10%-75.27%	75.28%-81.34%	≥81.35%		
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0		
Other HP	238: Use of High-Risk Medications in Older Adults	MIPS CQM	1*-4.9 or 10	Performance rate	20.00%-3.74%	3.73%-0.64%	0.63%-0.06%		0.05%-0.01%						0%	Inverse measure, topped out	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9						10.0		
		eCQM	1*-7.9 or 10	Performance rate	21.82%-10.56%	10.55%-6.71%	6.70%-3.85%		3.84%-1.80%	1.79%-0.65%	0.64%-0.17%	0.16%-0.01%				0%	Inverse measure, topped out
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9			10.0		
	317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	MIPS CQM	1*-10	Performance rate	0.05%-12.03%	12.04%-21.48%	21.49%-28.32%		28.33%-35.86%	35.87%-50.24%	50.25%-71.52%	71.53%-91.75%	91.76%-98.68%	98.69%-99.99%	100%	Topped out	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0		
		Claims	3-6.9 or 10	Performance rate			84.62%-96.65%		96.66%-99.03%	99.04%-99.72%	99.73%-99.99%						100%
				Points			3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9				10.0		

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High Priority	ID: Measure Name	Type	Points		Benchmark Decile (d)										Notes	
					d1 (Large)	d2 (Large)	d3	d4	d5	d6	d7	d8	d9	d10		
PREVENTIVE MEASURES																
Other HP	318: Falls: Screening for Future Fall Risk	eCQM	1*-10	Performance rate	0.14%-3.90%	3.91%-16.79%	16.80%-35.69%		35.70%-52.46%	52.47%-66.86%	66.87%-79.38%	79.39%-88.68%	88.69%-95.36%	95.37%-98.91%	≥98.92%	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0	
Other HP	374: Closing the Referral Loop: Receipt of Specialist Report	MIPS CQM	1*-5.9 or 7	Performance rate	0.90%-30.42%	30.43%-66.93%	66.94%-84.37%		84.38%-95.11%	95.12%-99.99%					100%	Topped out, 7-point cap
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9					7.0	
		eCQM	1*-10	Performance rate	0.50%-4.84%	4.85%-11.35%	11.36%-17.30%		17.31%-23.47%	23.48%-30.49%	30.50%-38.82%	38.83%-50.50%	50.51%-66.56%	66.57%-85.70%	≥85.71%	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0	
	402: Tobacco Use and Help with Quitting Among Adolescents	MIPS CQM	1*-7	Performance rate	37.84%-84.08%	84.09%-92.40%	92.41%-96.66%		96.67%-98.71%	98.72%-99.64%	99.65%-99.99%				100%	Topped out, 7-point cap
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9				7.0	
	493: Adult Immunization Status	MIPS CQM	No benchmark													New measure incentive: If you meet the data completeness criteria and, if applicable, report data-completeness totals, you'll score a minimum of 7 points. And if CMS can create a benchmark based on 2023 performance data, you may be able to score more than 7 points.
HEALTH EQUITY																
Other HP	487: Screening for Social Drivers of Health	MIPS CQM	No benchmark													New measure incentive: If you meet the data completeness criteria and, if applicable, report data-completeness totals, you'll score a minimum of 7 points. And if CMS can create a benchmark based on 2023 performance data, you may be able to score more than 7 points.
CATARACT/ANTERIOR SEGMENT																
Out-come	191: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	MIPS CQM	1*-6.9 or 10	Performance rate	23.55%-85.70%	85.71%-92.90%	92.91%-97.02%		97.03%-98.35%	98.36%-99.17%	99.18%-99.99%				100%	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9				10.0	
		eCQM	1*-10	Performance rate	17.24%-74.47%	74.48%-88.07%	88.08%-92.66%		92.67%-95.13%	95.14%-96.76%	96.77%-97.85%	97.86%-98.62%	98.63%-99.26%	99.27%-99.99%	100%	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0	
Out-come	389: Cataract Surgery: Difference Between Planned and Final Refraction	MIPS CQM	1*-8.9 or 10	Performance rate	1.35%-14.82%	14.83%-24.10%	24.11%-33.07%		33.08%-45.00%	45.01%-64.66%	64.67%-91.12%	91.13%-97.99%	97.99%-99.99%	100%		
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9		10.0	
Out-come	IRIS54: Complications After Cataract Surgery	QCDR	1*-8.9 or 10	Performance rate	7.50%-3.67%	3.66%-2.48%	2.47%-1.91%		1.90%-1.67%	1.66%-1.26%	1.25%-0.87%	0.86%-0.44%	0.43%-0.01%	0%	Inverse measure	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9			10.0
Out-come	IRIS59: Regaining Vision After Cataract Surgery	QCDR	1*-10	Performance rate	1.37%-16.32%	16.33%-23.66%	23.67%-28.31%		28.32%-32.17%	32.18%-35.62%	35.63%-42.78%	42.79%-49.30%	49.31%-56.74%	56.75%-67.34%	≥67.35%	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0	

For two additional measures, see IRIS55 and IRIS60, under "Glaucoma"

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				d1 (Large)	d2 (Large)	d3	d4	d5	d6	d7	d8	d9	d10		
CORNEA/EXTERNAL DISEASE															
Out-come	IRIS1: Endothelial Keratoplasty: Postoperative Improvement in BCVA to 20/40 or Better	QCDR	No benchmark												Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.
Out-come	IRIS38: Endothelial Keratoplasty: Dislocation Requiring Surgical Intervention	QCDR	No benchmark												Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data. Inverse measure
GLAUCOMA															
	12: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	eCQM	1*-10	Performance rate	3.88%-68.61%	68.62%-83.12%	83.13%-88.68%		88.69%-91.93%	91.94%-94.16%	94.17%-96.07%	96.08%-97.65%	97.66%-98.95%	98.96%-99.99%	100%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0
Out-come	141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	MIPS CQM	1*-8.9 or 10	Performance rate	1.39%-52.26%	52.27%-75.16%	75.17%-86.30%		86.31%-93.40%	93.41%-96.25%	96.26%-98.25%	98.26%-99.37%	99.38%-99.99%		100%
		Claims	3 or 10	Performance rate											100%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9		10.0
Interm. out-come	IRIS2: Glaucoma: Intraocular Pressure (IOP) Reduction	QCDR	1*-10	Performance rate	1.80%-50.92%	50.93%-61.69%	61.70%-66.90%		66.91%-71.08%	71.09%-74.28%	74.29%-77.60%	77.61%-80.12%	80.13%-83.49%	83.50%-87.58%	≥87.59%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0
Out-come	IRIS39: IOP Reduction Following Trabeculectomy or an Aqueous Shunt Procedure	QCDR	No benchmark												Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.
Out-come	IRIS43: IOP Reduction Following Laser Trabeculoplasty	QCDR	1*-10	Performance rate	5.00%-8.69%	8.70%-14.28%	14.29%-17.41%		17.42%-21.61%	21.62%-24.34%	24.35%-31.66%	31.67%-36.16%	36.17%-77.58%	77.59%-93.32%	≥93.33%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0
Out-come	IRIS44: Visual Field Progression in Glaucoma	QCDR	1*-10	Performance rate	90.00%-18.19%	18.18%-13.34%	13.33%-12.65%		12.64%-11.64%	11.63%-11.14%	11.13%-7.15%	7.14%-5.01%	5.00%-4.06%	4.05%-1.40%	≤1.39%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0
Out-come	IRIS55: VA Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery	QCDR	1*-10	Performance rate	3.70%-8.26%	8.27%-27.26%	27.27%-33.32%		33.33%-33.69%	33.70%-36.72%	36.73%-43.89%	43.90%-46.86%	46.87%-48.88%	48.89%-65.84%	≥65.85%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0
Out-come	IRIS60: VA Improvement Following Cataract Surgery Combined with a Trabeculectomy or an Aqueous Shunt Procedure	QCDR	No benchmark												Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.

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					d1 (Large)	d2 (Large)	d3		d4	d5	d6	d7	d8	d9	
NEURO-OPHTHALMOLOGY															
Other HP	419: Overuse of Imaging for the Evaluation of Primary Headache	MIPS CQM	1*-7.9 or 10	Performance rate	68.04%-37.83%	37.82%-16.49%	16.48%-8.87%		8.86%-6.22%	6.21%-2.99%	2.98%-0.60%	0.59%-0.01%		0%	Inverse measure, topped out
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9		10.0	
Out-come	IRIS56: Adult Diplopia: Improvement of Ocular Deviation or Absence of Diplopia or Functional Improvement	QCDR	No benchmark						Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.						
Out-come	IRIS57: Idiopathic Intracranial Hypertension: Improvement of Mean Deviation or Stability of Mean Deviation	QCDR	No benchmark						Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.						
OCULOFACIAL PLASTICS/RECONSTRUCTIVE															
Other HP	137: Melanoma: Continuity of Care—Recall System	MIPS CQM	1*-2.9* or 10	Performance rate	15.56%-92.15%	92.16%-99.99%								100%	
				Points	1.0-1.9	2.0-2.9								10.0	
Other HP	138: Melanoma: Coordination of Care	MIPS CQM	1*-3.9 or 7	Performance rate	3.33%-60.77%	60.78%-93.01%	93.02%-99.99%							100%	Topped out, 7-point cap
				Points	1.0-1.9	2.0-2.9	3.0-3.9							7.0	
Other HP	397: Melanoma Reporting	MIPS CQM	1*-1.9* or 7	Performance rate	41.33 - 99.99									100%	Topped out, 7-point cap
				Points	1.0-1.9									7.0	
		Claims	3-3.9 or 7	Performance rate			98.44%-99.99%							100%	Topped out, 7-point cap
				Points			3.0-3.9							7.0	
Other HP	440: Skin Cancer: Biopsy Reporting Time—Pathologist to Clinician	MIPS CQM	1*-4.9 or 7	Performance rate	71.05%-96.73%	96.74%-98.98%	98.99%-99.73%		99.74%-99.99%					100%	Topped out, 7-point cap
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9					7.0	
Out-come	IRIS6: Acquired Involuntary Entropion: Normalized Lid Position After Surgical Repair	QCDR	No benchmark						Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.						
PEDIATRIC OPHTHALMOLOGY AND STRABISMUS															
Out-come	IRIS48: Adult Surgical Esotropia: Postoperative Alignment	QCDR	No benchmark						Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.						

Table 4: Quality Measures Benchmarks

High Priority	ID: Measure Name	Type	Points	Benchmark Decile (d)					Benchmark Decile (d)					Notes		
				d1 (Large)	d2 (Large)	d3	d4	d5	d6	d7	d8	d9	d10			
PEDIATRIC OPHTHALMOLOGY AND STRABISMUS																
Outcome	IRIS49: Surgical Pediatric Esotropia: Postoperative Alignment	QCDR	No benchmark												Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.	
Outcome	IRIS50: Amblyopia: Interocular Visual Acuity	QCDR	No benchmark												Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.	
REFRACTIVE SURGERY																
Outcome	IRIS23: Refractive Surgery: Patients With a Postoperative Uncorrected Visual Acuity (UCVA) of 20/20 or Better Within 30 days	QCDR	1*-10	Performance rate	24.29%-43.99%	44.00%-68.54%	68.55%-77.57%		77.58%-81.24%	81.25%-82.34%	82.35%-84.20%	84.21%-89.19%	89.20%-94.28%	94.29%-99.99%	100%	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0	
Outcome	IRIS24: Refractive Surgery: Patients With a Postoperative Correction Within + or - 0.5 Diopter (D) of the Intended Correction	QCDR	No benchmark												Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.	
RETINA																
<i>Age-Related Macular Degeneration (AMD)</i>																
	14: AMD: Dilated Macular Examination	MIPS CQM	1*-7	Performance rate	5.91%-74.54%	74.55%-89.15%	89.16%-93.78%		93.79%-96.30%	96.31%-98.07%	98.08%-99.13%	99.14%-99.76%	99.77%-99.99%		100%	Topped out, 7-point cap
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0	7.0		7.0	
Other HP	19: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	MIPS CQM	1*-4.9 or 7	Performance rate	3.33%-72.33%	72.34%-91.44%	91.45%-98.70%		98.71%-99.99%						100%	Topped out, 7-point cap
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9					7.0		
		eCQM	1*-10	Performance rate	6.41%-52.98%	52.99%-70.17%	70.18%-80.35%		80.36%-86.31%	86.32%-90.90%	90.91%-93.74%	93.75%-96.04%	96.05%-97.99%	98.00%-99.54%	≥99.55%	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0	
Outcome	IRIS13: DME: Loss of Visual Acuity	QCDR	1*-10	Performance rate	56.86%-80.43%	80.44%-84.61%	84.62%-86.51%		86.52%-88.01%	88.02%-89.41%	89.42%-90.36%	90.37%-92.05%	92.06%-93.82%	93.83%-96.35%	≥96.36%	
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0	
Outcome	IRIS58: Improved Visual Acuity After Vitrectomy for Complications of Diabetic Retinopathy Within 120 Days	QCDR	No benchmark												Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.	

Table 4: Quality Measures Benchmarks

High Priority	ID: Measure Name	Type	Points	Benchmark Decile (d)										Notes	
				d1 (Large)	d2 (Large)	d3	d4	d5	d6	d7	d8	d9	d10		
RETINA															
<i>Epiretinal Membrane</i>															
Outcome	IRIS41: Improved visual acuity after epiretinal membrane treatment within 120 days	QCDR	No benchmark												Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.
<i>Macular Hole</i>															
Outcome	IRIS46: Evidence of Anatomic Closure of Macular Hole Within 90 Days after Surgery as Documented by OCT	QCDR	1*-10	Performance rate	4.17%-24.13%	24.14%-39.99%	40.00%-53.05%		53.06%-56.51%	56.52%-63.30%	63.31%-66.66%	66.67%-71.90%	71.91%-81.57%	81.58%-95.23%	≥95.24%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0
<i>Retinal Detachment</i>															
Outcome	384: Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery	MIPS CQM	1*-5.9 or 7	Performance rate	75.76%-89.13%	89.14%-95.09%	95.10%-96.76%		96.77%-98.25%	98.26%-99.99%					100%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9					7.0
Outcome	385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery	MIPS CQM	1*-10	Performance rate	6.52%-16.80%	16.81%-21.89%	21.90%-34.77%		34.78%-38.77%	38.78%-56.93%	56.94%-62.27%	62.28%-64.70%	64.71%-77.28%	77.29%-81.47%	≥81.48%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0
UVEITIS/IMMUNOLOGY															
Outcome	IRIS17: Acute Anterior Uveitis: Post-Treatment Grade 0 Anterior Chamber Cells	QCDR	1*-10	Performance rate	13.33%-32.19%	32.20%-49.99%	50.00%-60.74%		60.75%-67.85%	67.86%-71.36%	71.37%-74.01%	74.02%-77.77%	77.78%-82.13%	82.14%-87.17%	≥87.18%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0
Outcome	IRIS35: Improvement of Macular Edema in Patients With Uveitis	QCDR	No benchmark												Not enough data from 2021 to establish a historic benchmark for this measure. After the 2023 performance year is over, CMS will attempt to create a benchmark based on 2023 performance data.
Outcome	IRIS51: Acute Anterior Uveitis: Post-Treatment Visual Acuity	QCDR	1*-10	Performance rate	60.00%-84.43%	84.44%-87.90%	87.91%-91.29%		91.30%-93.78%	93.79%-95.44%	95.45%-95.91%	95.92%-97.25%	97.26%-99.25%	99.26%-99.99%	100%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0
Outcome	IRIS53: Chronic Anterior Uveitis: Post-Treatment Visual Acuity	QCDR	1*-10	Performance rate	53.12%-78.68%	78.69%-83.99%	84.00%-86.35%		86.36%-88.23%	88.24%-90.17%	90.18%-92.85%	92.86%-95.23%	95.24%-97.77%	97.78%-99.99%	100%
				Points	1.0-1.9	2.0-2.9	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	9.0-9.9	10.0

Key: EHR = Electronic health record; **Interm. outcome** = Intermediate outcome measure; **Other HP** = Other high priority measure.
 * There is 3-point floor for small practices, provided that they report on at least one patient and, depending on their collection type, submit data-completeness totals (see page 25). Note: You may be able to report measures 14, 141, 384, 385, 389, and 493 via IRIS Registry-EHR integration. Although CMS didn't create electronic specifications for these six measures, the IRIS Regis-

try was able to extract the necessary data for the first five of those measures from EHR systems in the past. Similarly, the Academy expects that the IRIS Registry will be able to extract data for measure 493, which is a new measure, from most EHR systems.
Look out for CMS corrections. Some years, CMS has published corrections to the benchmark data part way through the performance year. Stay alert for CMS corrections (see "Empower Your MIPS Team," page 7).