

**Table 1A: Quality Measure Benchmarks**

Posted online April 11, 2024

For a look at some benchmark nuances, see [aao.org/eyenet/mips](http://aao.org/eyenet/mips).

**Key:** CQM = clinical quality measure; eCQM = electronic

CQM; HP = high priority; interm. = intermediate. \* A 3-point floor for small practices that report on at least one patient and, depending on their collection type, submit data-com-

pleteness totals. † Depending on your EHR system, you may be able to report measures 141 (glaucoma), 389 (cataract), and 384 and 385 (both retina) via IRIS Registry-EHR integration,

even though CMS didn't create eCQMs for these measures. (**For Table 1B**, with more benchmarks, see May's *EyeNet* or [aao.org/eyenet/mips](http://aao.org/eyenet/mips).)

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		
<b>PREVENTIVE MEASURES</b>																
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	1.0	2.0	3.0		4.0	5.0	6.0	7.0	8.0	9.0	10.0	
		Claims	3-10	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	3.0	3.0	3.0		4.0	5.0	6.0	7.0	8.0	9.0	10.0	
		eCQM	1*-10	Performance rate	99.50% - 93.63%	93.62% - 72.22%	72.21% - 53.19%		53.18% - 41.63%	41.62% - 34.16%	34.15% - 29.06%	29.05% - 24.26%	24.25% - 19.84%	19.83% - 14.54%	≤ 14.53%	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	9.0-9.9	10.0	
Other HP	117: Diabetes: Eye Exam	MIPS CQM	1*-4.9 or 7	Performance rate	10.26% - 79.99%	80.00% - 96.45%	96.46% - 99.20%		99.21% - 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						10.0	
		eCQM	1*-10	Performance rate	0.50% - 6.32%	6.33% - 16.14%	16.15% - 27.24%		27.25% - 41.08%	41.09% - 65.66%	65.67% - 93.56%	93.57% - 98.45%	98.46% - 99.65%	99.66% - 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	7.0-7.9	8.0-8.9	9.0-9.9	10.0	
		MIPS CQM	1*-7	Performance rate	3.80% - 68.12%	68.13% - 92.99%	93.00% - 98.22%		98.23% - 99.64%	99.65% - 99.94%	99.95% - 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	
eCQM	1*-7	Performance rate	5.12% - 61.37%	61.38% - 80.24%	80.25% - 87.90%		87.91% - 92.23%	92.24% - 95.20%	95.21% - 97.07%	97.08% - 98.32%	98.33% - 99.26%	99.27% - 99.87%	≥99.88%	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			
Interm. outcome	226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	MIPS CQM	1*-7.9 or 10	Performance rate	3.39% - 18.91%	18.92% - 39.12%	39.13% - 61.53%		61.54% - 78.59%	78.60% - 89.28%	89.29% - 97.09%	97.10% - 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	7.0-7.9				10.0
		Claims	3-3.9 or 7	Performance rate	14.29% - 78.16%	78.17% - 95.93%	95.94% - 99.99%								100%	Topped out, 7-point cap
				Points	3.0	3.0	3.0-3.9								7.0	
		eCQM	1*-10	Performance rate	2.22% - 14.28%	14.29% - 24.99%	25.00% - 36.58%		36.59% - 49.77%	49.78% - 61.53%	61.54% - 74.41%	74.42% - 85.70%	85.71% - 94.02%	94.03% - 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	7.0-7.9	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	1.0	2.0	3.0		4.0	5.0	6.0	7.0	8.0	9.0	10.0	
		Claims	3-10	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	3.0	3.0	3.0		4.0	5.0	6.0	7.0	8.0	9.0	10.0	

Continued on next page.

Table 1A: 2024 Quality Measure Benchmarks

Posted online April 11, 2024

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				
PREVENTIVE MEASURES																	
Interm. outcome	236: Controlling High Blood Pressure (continued)	eCQM	No benchmark												Because this measure was suppressed as an eCQM in 2022, CMS wasn't able to create a historical benchmark. After the 2024 performance year is over, CMS will attempt to create a benchmark based on 2024 performance data.		
Other HP	238: Use of High-Risk Medications in Older Adults	MIPS CQM	No benchmark												Because this measure was suppressed as a MIPS CQM in 2022, CMS wasn't able to create a historical benchmark. After the 2024 performance year is over, CMS will attempt to create a benchmark based on 2024 performance data.	Inverse measure	
		eCQM	No benchmark												Due to problems identified with MIPS CQM submission data in 2022, CMS wasn't able to create a historical benchmark. After the 2024 performance year is over, CMS will attempt to create a benchmark based on 2024 performance data.	Inverse measure	
	317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	MIPS CQM	1*-10	Performance rate	0.11% - 7.06%	7.07% - 18.20%	18.21% - 27.75%		27.76% - 48.04%	48.05% - 81.63%	81.64% - 93.85%	93.86% - 98.92%	98.93% - 99.99%	99.93% - 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		
		Claims	3-7	Performance rate	0.17% - 23.20%	23.21% - 79.04%	79.05% - 95.66%		95.67% - 99.08%	99.09% - 99.77%	99.78% - 99.99%					100%	Topped out, 7-point cap
				Points	3.0	3.0	3.0-3.9		4.0-4.9	5.0-5.9	6.0-6.9					7.0	
Other HP	318: Falls: Screening for Future Fall Risk	eCQM	1*-10	Performance rate	0.14% - 5.14%	5.15% - 22.69%	22.70% - 42.14%		42.15% - 58.32%	58.33% - 73.07%	73.08% - 84.17%	84.18% - 91.82%	91.83% - 97.02%	97.03% - 99.29%	≥99.30%		
				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	No benchmark												Due to problems identified with MIPS CQM submission data in 2022, CMS wasn't able to create a historical benchmark. After the 2024 performance year is over, CMS will attempt to create a benchmark based on 2024 performance data.		
		eCQM	1*-10	Performance rate	0.73% - 8.32%	8.33% - 18.60%	18.61% - 27.37%		27.38% - 35.16%	35.17% - 43.01%	43.02% - 51.29%	51.30% - 60.18%	60.19% - 72.08%	72.09% - 89.28%	≥ 89.29%		
				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		
	493: Adult Immunization Status														Measure 493 underwent substantive changes and is no longer relevant to ophthalmology practices.		
HEALTH EQUITY																	
Other HP	487: Screening for Social Drivers of Health	MIPS CQM	No benchmark												Incentive for a measure in its second year of MIPS: Meet the data completeness criteria to score a minimum of 5 points. If CMS can create a benchmark based on 2024 performance data, you have the opportunity to score more than 5 points.	Second-year measure, 5-point floor	
CATARACT/ANTERIOR SEGMENT (Also see IRIS61, under "Glaucoma.")																	
Outcome	191: Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery	MIPS CQM	1*-5.9 or 10	Performance rate	51.85% - 93.74%	93.75% - 97.04%	97.05% - 98.53%		98.54% - 99.27%	99.28% - 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					10.0		
		eCQM	1*-10	Performance rate	28.70% - 82.28%	82.29% - 91.06%	91.07% - 94.66%		94.67% - 96.42%	96.43% - 97.49%	97.50% - 98.30%	98.31% - 98.92%	98.93% - 99.51%	99.52% - 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		

Continued on next page.

**Table 1A: 2024 Quality Measure Benchmarks**

Posted online April 11, 2024

High Priority	ID: Measure Name	Type	Points		Benchmark Decile (d)																										
					d1 (Large)	d2 (Large)	d3	d4	d5	d6	d7	d8	d9	d10																	
<b>CATARACT/ANTERIOR SEGMENT</b> (Also see IRIS61, under "Glaucoma.")																<b>CATARACT/ANTERIOR SEGMENT</b>															
Out-come	<b>389: Cataract Surgery: Difference Between Planned and Final Refraction<sup>†</sup></b>	MIPS CQM	1*-8.9 or 10	Performance rate	0.32% - 18.31%	18.32% - 41.03%	41.04% - 51.24%			51.25% - 66.79%	66.80% - 89.49%	89.50% - 96.33%	96.34% - 99.00%	99.01% - 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	<b>IRIS54: Complications After Cataract Surgery</b>	QCDR	1*-7.9 or 10	Performance rate	9.09% - 2.03%	2.02% - 1.39%	1.38% - 0.87%			0.86% - 0.55%	0.54% - 0.35%	0.34% - 0.15%	0.14% - 0.01%			0%															
				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	Inverse measure															
Out-come	<b>IRIS62: Regaining Vision After Cataract Surgery</b>	QCDR	No benchmark							Incentive for a new measure in its first year of MIPS: Meet the data submission thresholds to score a minimum of 7 points. If CMS can create a benchmark based on 2024 performance data, you have the opportunity to score more than 7 points.					First-year measure, 7-point floor																
<b>CORNEA/EXTERNAL DISEASE</b>																<b>CORNEA/EXTERNAL DISEASE</b>															
Out-come	<b>IRIS1: Endothelial Keratoplasty: Postoperative Improvement in BCVA to 20/40 or Better</b>	QCDR	No benchmark							Not enough data from 2022 to establish a historic benchmark for this measure. After the 2024 performance year is over, CMS will attempt to create a benchmark based on 2024 performance data.																					
Out-come	<b>IRIS38: Endothelial Keratoplasty: Dislocation Requiring Surgical Intervention</b>	QCDR	No benchmark							Not enough data from 2022 to establish a historic benchmark for this measure. After the 2024 performance year is over, CMS will attempt to create a benchmark based on 2024 performance data.					Inverse measure																
<b>GLAUCOMA</b> (Also see 499 under "Retina" in Table 1B.)																<b>GLAUCOMA</b>															
	<b>12: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation</b>	eCQM	1*-10	Performance rate	4.43% - 70.52%	70.53% - 85.70%	85.71% - 90.80%			90.81% - 93.99%	94.00% - 96.25%	96.26% - 97.66%	97.67% - 98.69%	98.70% - 99.43%	99.44% - 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	Topped out														
Out-come	<b>141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% or Documentation of a Plan of Care<sup>†</sup></b>	MIPS CQM	1*-7.9 or 10	Performance rate	10.13% - 86.05%	86.06% - 94.42%	94.43% - 97.38%			97.39% - 98.94%	98.95% - 99.53%	99.54% - 99.86%	99.87% - 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		10.0																
		Claims	3 or 10	Performance rate												100%	Topped out														
				Points												10.0															
Interm.-out-come	<b>IRIS2: Glaucoma: Intraocular Pressure (IOP) Reduction</b>	QCDR	1*-10	Performance rate	22.22% - 57.76%	57.77% - 68.08%	68.09% - 73.59%			73.60% - 80.00%	80.01% - 85.31%	85.32% - 89.36%	89.37% - 91.86%	91.87% - 93.96%	93.97% - 96.11%	≥ 96.12%															
				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	<b>IRIS39: IOP Reduction Following Trabeculectomy or an Aqueous Shunt Procedure</b>	QCDR	No benchmark							Not enough data from 2022 to establish a historic benchmark for this measure. After the 2024 performance year is over, CMS will attempt to create a benchmark based on 2024 performance data.																					
Out-come	<b>IRIS61: VA Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery</b>	QCDR	No benchmark							Incentive for a new measure in its first year of MIPS: Meet the data submission thresholds to score a minimum of 7 points. If CMS can create a benchmark based on 2024 performance data, you have the opportunity to score more than 7 points.					First-year measure, 7-point floor																

Continued in next month's EyeNet, or download Table 1B now at [aao.org/eyenet/mips](http://aao.org/eyenet/mips).

**Table 1B: Quality Measure Benchmarks**

Posted online April 11, 2024

For more on the quality performance category—including a look at the four varieties of quality measure, the data submission thresholds, and performance-rate based scoring—see [aao.org/eyenet/mips](http://aao.org/eyenet/mips) and [aao.org/medicare/mips](http://aao.org/medicare/mips).

**Key:** CQM = clinical quality measure; eCQM = electronic CQM; HP = high priority; interm. = intermediate. \* There is a 3-point floor for small practices that report on at least one patient and, depending on their collection type, submit data-completeness totals.

† Depending on your EHR system, you may be able to report measures 141 (glaucoma), 389 (cataract), and 384 and 385 (both retina) via IRIS Registry–EHR integration, even though CMS didn’t create eCQMs for these measures. (Your score would be based on the MIPS CQM benchmarks.)

(For Table 1A, with benchmarks for preventive measures, health equity, cataract/anterior segment, cornea/external disease, and glaucoma, see April’s *EyeNet* or download it as a PDF at [aao.org/eyenet/mips](http://aao.org/eyenet/mips).)

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															
<b>NEURO-OPHTHALMOLOGY</b>															<b>NEURO-OPHTHALMOLOGY</b>														
Other HP	419: Overuse of Imaging for the Evaluation of Primary Headache	MIPS CQM	1*-3.9 or 7	Performance rate	26.47% - 2.94%	2.93% - 0.77%	0.76% - 0.01%								0%	Inverse measure, topped out, 7-point cap													
				Points	1.0-1.9	2.0-2.9	3.0-3.9										7.0												
<b>OCULOFACIAL PLASTICS/RECONSTRUCTIVE</b>															<b>OCULOFACIAL PLASTICS/RECONSTRUCTIVE</b>														
Other HP	137: Melanoma: Continuity of Care—Recall System	MIPS CQM	1*-2.9* or 10	Performance rate	9.58% - 95.54%	95.55% - 99.99%									100%														
				Points	1.0-1.9	2.0-2.9											10.0												
Other HP	397: Melanoma Reporting	MIPS CQM	1*-2.9* or 7	Performance rate	36.71% - 97.81%	97.82% - 99.99%									100%	Topped out, 7-point cap													
				Points	1.0-1.9	2.0-2.9									7.0														
		Claims	3 or 7	Performance rate	92.94% - 99.99%											100%	Topped out, 7-point cap												
				Points	3.0											7.0													
Other HP	440: Skin Cancer: Biopsy Reporting Time—Pathologist to Clinician	MIPS CQM	1*-5.9 or 7	Performance rate	70.53% - 97.15%	97.16% - 98.56%	98.57% - 99.43%		99.44% - 99.94%	99.95% - 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												
<b>PEDIATRIC OPHTHALMOLOGY AND STRABISMUS</b>															<b>PEDIATRIC OPHTHALMOLOGY AND STRABISMUS</b>														
Out-come	IRIS50: Amblyopia: Interocular Visual Acuity	QCDR	No benchmark													Not enough data from 2022 to establish a historic benchmark for this measure. After the 2024 performance year is over, CMS will attempt to create a benchmark based on 2024 performance data.													
<b>REFRACTIVE SURGERY</b>															<b>REFRACTIVE SURGERY</b>														
Out-come	IRIS23: Refractive Surgery: Patients With a Postoperative Uncorrected Visual Acuity (UCVA) of 20/20 or Better Within 30 days	QCDR	1*-8.9 or 10	Performance rate	10.14% - 49.22%	49.23% - 65.41%	65.42% - 71.87%		71.88% - 78.78%	78.79% - 86.96%	86.97% - 90.90%	90.91% - 92.45%	92.46% - 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	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 2022 to establish a historic benchmark for this measure. After the 2024 performance year is over, CMS will attempt to create a benchmark based on 2024 performance data.													

Continued on next page.

**Table 1B: 2024 Quality Measure Benchmarks**

Posted online April 11, 2024

High Priority	ID: Measure Name	Type	Points		Benchmark Decile (d)										Notes	
					d1 (Large)	d2 (Large)	d3	d4	d5	d6	d7	d8	d9	d10		
RETINA																
Other HP	19: Diabetic Retinopathy: Communication With the Physician Managing Ongoing Diabetes Care	MIPS CQM	1*-3.9 or 7	Performance rate	4.44% - 88.29%	88.30% - 97.82%	97.83% - 99.99%							100%	Topped out, 7-point cap	
				Points	1.0-1.9	2.0-2.9	3.0-3.9							7.0		
		eCQM	1*-10	Performance rate	9.52% - 50.42%	50.43% - 69.49%	69.50% - 77.94%		77.95% - 83.59%	83.60% - 88.35%	88.36% - 91.35%	91.36% - 93.97%	93.98% - 96.54%	96.55% - 98.75%	≥98.76%	
				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	384: Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery <sup>†</sup>	MIPS CQM	1*-7	Performance rate	67.57% - 79.16%	79.17% - 83.99%	84.00% - 90.47%		90.48% - 95.82%	95.83% - 97.61%	97.62% - 99.34%	99.35% - 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		
Out-come	385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery <sup>†</sup>	MIPS CQM	1*-10	Performance rate	10.87% - 22.30%	22.31% - 34.54%	34.55% - 53.26%		53.27% - 56.62%	56.63% - 58.94%	58.95% - 62.67%	62.68% - 65.19%	65.20% - 70.20%	70.21% - 74.99%	≥75.00%	
				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	
	499: Appropriate Screening and Plan of Care for Elevated Intraocular Pressure Following Intravitreal or Periocular Steroid Therapy	MIPS CQM	No benchmark												Incentive for a new measure in its first year of MIPS: Meet the data submission thresholds to score a minimum of 7 points. If CMS can create a benchmark based on 2024 performance data, you have the opportunity to score more than 7 points.	First-year measure, 7-point floor
	500: Acute Posterior Vitreous Detachment Appropriate Examination and Follow-Up	MIPS CQM	No benchmark												Incentive for a new measure in its first year of MIPS: Meet the data submission thresholds to score a minimum of 7 points. If CMS can create a benchmark based on 2024 performance data, you have the opportunity to score more than 7 points.	First-year measure, 7-point floor
	501: Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-Up	MIPS CQM	No benchmark												Incentive for a new measure in its first year of MIPS: Meet the data submission thresholds to score a minimum of 7 points. If CMS can create a benchmark based on 2024 performance data, you have the opportunity to score more than 7 points.	First-year measure, 7-point floor
Out-come	IRIS13: DME: Loss of Visual Acuity	QCDR	1*-6.9 or 10	Performance rate	87.18% - 94.22%	94.23% - 97.34%	97.35% - 98.91%		98.92% - 99.47%	99.48% - 99.73%	99.74% - 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			10.0		
Out-come	IRIS58: Improved Visual Acuity After Vitrectomy for Complications of Diabetic Retinopathy Within 120 Days	QCDR	1*-10	Performance rate	45.45% - 61.29%	61.30% - 63.32%	63.33% - 71.00%		71.01% - 78.25%	78.26% - 78.98%	78.99% - 81.81%	81.82% - 82.85%	82.86% - 87.99%	88.00% - 91.54%	≥91.55%	
				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	

Continued on next page.

**Table 1B: 2024 Quality Measure Benchmarks**

Posted online April 11, 2024

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		
UVEITIS/IMMUNOLOGY															
Out-come	IRIS17: Acute Anterior Uveitis: Post-Treatment Grade 0 Anterior Chamber Cells	QCDR	1*-10	Performance rate	47.06% - 59.99%	60.00% - 61.75%	61.76% - 65.61%		65.62% - 70.26%	70.27% - 74.10%	74.11% - 76.59%	76.60% - 79.99%	80.00% - 84.20%	84.21% - 86.66%	≥86.67%
				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	IRIS35: Improvement of Macular Edema in Patients With Uveitis	QCDR	No benchmark		Not enough data from 2022 to establish a historic benchmark for this measure. After the 2024 performance year is over, CMS will attempt to create a benchmark based on 2024 performance data.										

**Some Accommodations for Small Practices**

Small practices get a few breaks when it comes to the quality performance category.

**A 3-point floor when small practices report a quality measure.** If you are in a small practice, you can score 3 points for a quality measure by reporting just one patient for it via claims. To get the 3 points when reporting manually via the IRIS Registry, you would also need to report the data-completeness totals (go to [aao.org/eyenet/mips](http://aao.org/eyenet/mips) and see “Report Enough Data for a Measure”).

**A 6-point small practice bonus.** When CMS determines your quality score, it will add 6 points to your numerator if you are in a small practice provided that you submit data on at least one quality measure.

**Small practices can report via Medicare Part B claims.** Clinicians in small practices can report quality measures via claims, and they can do so whether participating in MIPS at the individual or at the group level. (Note: If you report via Medicare Part B claims, CMS will calculate a quality score for you at the individual level. However, it will only calculate a group-level quality score if you report another performance category at the group level.)

One downside of claims-based reporting is that it is done in real time. This means that you may need to start early in the year in order to satisfy the 75%–data completeness criteria that is needed to score more than 3 achievement points for a measure.

Furthermore, many of the benchmarks for claims-based reporting have significant scoring limitations, which can make it hard to get a high achievement points total.

An upside of reporting via claims is that you don’t have to track the data-completeness totals. This means that you can score 3 achievement points for a measure with minimal reporting. Doing that for six quality measures, along with the 6-point bonus for small practices that report quality, would give you a quality score of 40%. What would a quality score of 40% contribute to a small practice’s MIPS final score? This depends on how the performance categories are weighted: for a small practice, it would contribute 12 points if the default weights apply; 16 points if promoting interoperability (PI) alone is reweighted to zero; and 20 points if both PI and cost are reweighted to zero. In conjunction with a high score for improvement activities, such quality scores could help to lower your penalty. However, you would need to report on quality more substantively in order to avoid a penalty altogether.

**Does CMS think your practice is small or large?** You can check online using the QPP Participation Status Lookup Tool (<https://qpp.cms.gov/participation-lookup>). Enter your 10-digit National Provider Identifier (NPI) to find out if you are eligible to participate in MIPS, if any MIPS exclusions apply to you, and if any special status—such as being in a small practice—applies to you.

**Changes in Clinical Guidelines and ICD-10 Turmoil**

During the course of the year, a quality measure may be impacted by “significant changes” to its clinical guidelines, to its measure specifications, or to relevant codes (e.g., updates or deletions of ICD-10, CPT, or HCPCS codes). This can mean that continued adherence to the measure’s original specifications—as defined at the start of the performance year—could result in “patient harm” and/or “misleading results” on performance quality. In such cases, CMS may truncate the performance period for that measure or suppress the measure altogether, depending on when in the year the changes take place.

**Truncation or suppression?** If a quality measure has been impacted by a significant change, are there nine consecutive months of performance data that are unaffected by that change? If so, CMS will assess clinician performance for that measure based on a truncated nine month performance period. If not, CMS will suppress the measure altogether.

**Truncation example.** Each year, on Oct. 1, CMS implements changes to the ICD-10 codes. These diagnosis codes are used to determine which patients are eligible for each quality measure. If the Oct. 1 changes to the ICD-10 code set have significant repercussions for a measure’s performance rate, CMS can score you on that measure based on your performance from Jan. 1 to Sept. 30.

**What if a measure is suppressed?** Clinicians aren’t scored on suppressed

quality measures. If you submitted data on a quality measure before it was suppressed—because, for example, you reported it by claims—1) you wouldn’t score points for that measure, and 2) when CMS calculates your quality score, it would reduce your denominator by 10 points (so you wouldn’t be penalized for reporting the suppressed measure).

**Which quality measures are affected?** CMS will announce on its website which measures are scored on a truncated performance period or suppressed altogether.

**Don’t Cherry-Pick Patients!**

**If you report on less than 100% of patients, do not cherry-pick.** CMS has warned that if you report on a measure for less than 100% of applicable patients, you must not cherry-pick patients with the goal of boosting your performance rate. The MIPS regulations address this when they state that if “quality data are submitted selectively such that the submitted data are unrepresentative of a MIPS eligible clinician or group’s performance, any such data would not be true, accurate, or complete.” In an audit, you’d be failed.

**You Can Earn an Improvement Percent Score**

If you score more achievement points for quality measures in 2024 than you did in 2023, you may be able to earn a quality improvement percent score.

**CMS checks whether your score for measure performance has improved.** CMS compares your 2024 performance

with your 2023 performance to determine your improvement percent score. For each of the two years, it assigns you a quality performance category achievement percent score, which it calculates by dividing your total measure achievement points by your total available measure achievement points. (Note: When making its calculation, CMS sets a floor of 30% for your 2023 quality performance.)

**How CMS determines your improvement percent score.** Your improvement percent score = ([your increase in quality performance category achievement percent score from 2023 to 2024] ÷ your 2023 quality performance category achievement percent score) × 10. **The improvement percent score is capped at 10%.** If you doubled your measure achievement points, you would get the maximum score of 10%.

**You can’t get a negative score.** If your performance stayed the same or declined, your improvement percent score would be 0%.

**How CMS Calculates Your Quality Score**

This can be described as a four-step process.

**1. CMS calculates your achievement points total.** CMS determines your total measure achievement points, which is the sum of your achievement points for up to six quality measures that you reported plus—if applicable—your score for the Hospital-Wide Readmission (HWR) measure. Note: It is very unlikely that an ophthalmolo-

gist would be scored on measure 479: HWR, 30-Day, All-Cause Unplanned Readmission Rate for the MIPS Eligible Clinician Groups.

**2. CMS determines your numerator.** CMS calculates your numerator, which is your total measure achievement points plus—if you are in a small practice that submits data on at least one quality measure—a 6-point small practice bonus.

**3. CMS determines your denominator.** CMS calculates your denominator, also known as your total available measure achievement points, which—assuming that you had at least six quality measures available to report—is 60 (or 70 if the HWR measure also applies). In limited circumstances, CMS may determine that you have fewer than six quality measures to report and can reduce that denominator accordingly. If, for example, you report a measure that has been suppressed, CMS would reduce your denominator by 10.

**4. CMS does the math.** CMS divides your numerator by your denominator, turns the resulting fraction into a percentage, and then adds your improvement percent score. The resulting percentage is your quality performance category percent score, which is capped at 100%. Unless your performance categories are reweighted (because, for example, you are eligible for an exception from the PI performance category), it contributes up to 30 points to your MIPS final score. For example, if your quality score is 60%, it would contribute 18 points (60% of 30 points).

**DISCLAIMER AND LIMITATION OF LIABILITY:** All information provided by the American Academy of Ophthalmology, its employees, agents, or representatives participating in the Academy's efforts to explain regulatory and reimbursement issues is as current and reliable as reasonably possible. The Academy does not provide legal or accounting services or advice. You should seek legal and/or accounting advice if appropriate to your situation. Meeting regulatory requirements, and reimbursement generally, are complicated processes involving continually changing rules and the application of judgment to factual situations. The Academy does not guarantee or warrant that either public or private payers will agree with the Academy's information or recommendations.

The Academy expressly disclaims and shall not be liable to you or any other party to any extent whatsoever for errors in, or omissions from any such information provided by the Academy, its employees, agents, or representatives.

COPYRIGHT © 2024, American Academy of Ophthalmology, Inc.® All rights reserved. No part of this publication may be reproduced without written permission from the publisher. American Academy of Ophthalmic Executives®, American Academy of Ophthalmic Professionals™, EyeSmart®, EyeWiki®, IRIS®, ONE®, the Focus logo, and Protecting Sight. Empowering Lives® among other marks are trademarks of the American Academy of Ophthalmology®. All other trademarks are the property of their respective owners.

**PLEASE NOTE:** IRIS Registry is a registered trademark of the American Academy of Ophthalmology (Academy). All of the Academy-developed quality measures ("Measures") outlined in this supplement are copyrighted by the H. Dunbar Hoskins Jr., MD, Center for Quality Eye Care of the Academy. These Measures are guidelines and do not establish a medical standard of care. The Measures are not intended as medical advice, and all medical care rendered by individual health care providers is subject to that individual provider's own professional judgment. The Academy is not responsible or liable for any medical advice, course of treatment, diagnosis, drug or device application, or other information or services that may have been mentioned or referenced in the Measures. The Measures have not been tested in all possible applications. The Measures, while copyrighted, can be reproduced and distributed with appropriate credit, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. The Academy encourages use of the Measures by other health care professionals, where applicable. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of some or all of a Measure(s) into a product or service that is sold, licensed, or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and the Academy. The Academy, its employees, and its members, are not responsible for any use of the Measures. The measures and specifications are provided "as is," without warranty of any kind.

Version History: Tables 1A and 1B posted online March 28, 2024, ahead of print in the April and May issues of *EyeNet*, respectively. On April 11, the listing for measure 493 was updated because substantive changes to the measure's numerators mean that it is no longer relevant to ophthalmology practices.