

## MIPS and QCDR Quality Measures—At a Glance

The Academy identified the 31 MIPS quality measures in Table 11 as those most useful for ophthalmic practices. The 30 QCDR quality measures in Table 12 (see page 31) were developed by the Academy in conjunction with subspecialty societies for reporting via the IRIS Registry.

**Which quality measures should you report?** If you are reporting quality via IRIS Registry/EHR integration, after the performance year is over, an automated process determines which measures will give you the best score. If you are using other reporting mechanisms, you should skim through these 2 tables to see which measures you are most likely to (a) satisfy the case minimum requirement of 20 patients, (b) satisfy the 60%-data completeness criteria, and (c) achieve a high performance rate. Factors to keep in mind include the following:

**1) Report an outcome measure.** You must include at least 1 outcome measure (or if no outcome measure is available, another type of high-priority measure).

**2) Earn bonus points.** After reporting the initial, mandatory high-priority measure, you earn bonus points for reporting additional high-priority measures and for submitting measures using CEHRT (see page 26).

**3) Watch for topped out measures.** When a measure is topped out, you can typically score 10 points with a

perfect performance; but if you are less than perfect, there is a ceiling on the number of achievement points that you can score. For example, if a measure is topped out at less than decile 3 (< d3), the ceiling for a less-than-perfect performance would be 3 points; if it is topped out at decile 3, the ceiling would be 3.9 points; if it is topped out at decile 4, the ceiling would be 4.9 points, etc. Note: Special scoring applies to measure 224, which has a maximum achievement score of 7 points (see page 26), though you also can score high-priority and CEHRT bonus points.

**4) Measure 384, measure 385, and the QCDR measures have no benchmark.** CMS will try to establish a benchmark based on this year's performance data. However, if not enough clinicians report these measures, CMS won't have enough data to create a meaningful benchmark and your maximum score for these measures will be 3 points.

**Learn about each measure.** For each measure in Tables 11 and 12, the Academy has created a detailed web page: Go to [aao.org/medicare/quality-reporting-measures](http://aao.org/medicare/quality-reporting-measures).

**Some measures have changed since last year.** Check the measure description to see what you might need to do differently. CMS noted that the following measures have undergone big changes: 110, 128, 226, 238, and 374.

**Some measures are inverse measures.** With an inverse measure, a higher percentage indicates a worse performance (e.g., Measures 1, 192, 238, 388, IRIS3, IRIS25, IRIS27, IRIS30, IRIS31, IRIS33, and IRIS34).

**Table 11: 30 MIPS Quality Measures—At a Glance**

ID: Measure Title	High-Priority Measure (Bonus Points)	Can Be Reported Via:			
		IRIS Registry (IR)		EHR Vendor	Claims
		IR/EHR	IR Web Portal		
<b>1:</b> Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Intermediate Outcome (+2)		IR portal	EHR vendor	Claims
<b>12:</b> Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation		IR/EHR	IR portal <i>Topped out at d5</i>	EHR vendor	Claims <i>Topped out at d3</i>
<b>14:</b> Age-Related Macular Degeneration (AMD): Dilated Macular Examination			IR portal <i>Topped out at d7</i>		Claims <i>Topped out at d3</i>
<b>18:</b> Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy		IR/EHR		EHR vendor	
<b>19:</b> Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Care Coordination (+1)	IR/EHR	IR portal <i>Topped out at d7</i>	EHR vendor	Claims <i>Topped out at &lt; d3</i>
<b>110:</b> Preventive Care and Screening: Influenza Immunization*		IR/EHR	IR portal	EHR vendor	Claims

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**Table 11: 30 MIPS Quality Measures—At a Glance***Continued from previous page.*

ID: Measure Title	High-Priority Measure (Bonus Points)	Can Be Reported Via:			
		IRIS Registry (IR)		EHR Vendor	Claims
		IR/EHR	IR Web Portal		
<b>111:</b> Pneumococcal [Pneumonia] Vaccination Status for Older Adults		IR/EHR	IR portal	EHR vendor	Claims
<b>117:</b> Diabetes: Eye Exam		IR/EHR	IR portal <i>Topped out at d6</i>	EHR vendor	Claims <i>Topped out at d4</i>
<b>128:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan*		IR/EHR	IR portal	EHR vendor	Claims <i>Topped out at d8</i>
<b>130:</b> Documentation of Current Medications in the Medical Record	Patient Safety (+1)	IR/EHR	IR portal <i>Topped out at d7</i>	EHR vendor	Claims <i>Topped out at d5</i>
<b>137:</b> Melanoma: Continuity of Care—Recall System‡	Care Coordination (+1)		IR portal <i>Topped out at d5</i>		
<b>138:</b> Melanoma: Coordination of Care‡	Care Coordination (+1)		IR portal <i>Topped out at d6</i>		
<b>140:</b> Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement			IR portal <i>Topped out at d8</i>		Claims <i>Topped out at d3</i>
<b>141:</b> Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% or Documentation of a Plan of Care	Outcome (+2)		IR portal <i>Topped out at d7</i>		Claims <i>Topped out at &lt; d3</i>
<b>191:</b> Cataracts: 20/40 or Better Visual Acuity Within 90 Days Following Cataract Surgery	Outcome (+2)	IR/EHR	IR portal <i>Topped out at d8</i>	EHR vendor	
<b>192:</b> Cataracts: Complications Within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Outcome (+2)	IR/EHR <i>Topped out at d3</i>	IR portal <i>Topped out at d4</i>	EHR vendor <i>Topped out at d3</i>	
<b>224:</b> Melanoma: Overutilization of Imaging Studies in Melanoma‡	Efficiency (+1)		IR portal <i>Topped out at &lt; d3*</i>		
<b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention*		IR/EHR	IR portal	EHR vendor	Claims <i>Topped out at d5</i>
<b>238:</b> Use of High-Risk Medications in the Elderly*	Patient Safety (+1)	IR/EHR <i>Topped out at d7</i>	IR portal <i>Topped out at d8</i>	EHR vendor <i>Topped out at d7</i>	
<b>265:</b> Biopsy Follow-Up	Care Coordination (+1)		IR portal <i>Topped out at d6</i>		
<b>317:</b> Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented			IR portal	EHR vendor	Claims <i>Topped out at d8</i>
<b>318:</b> Falls: Screening for Future Fall Risk	Patient Safety (+1)	IR/EHR		EHR vendor	

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**Table 11: 30 MIPS Quality Measures—At a Glance**

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ID: Measure Title	High-Priority Measure (Bonus Points)	Can Be Reported Via:			
		IRIS Registry (IR)		EHR Vendor	Claims
		IR/EHR	IR Web Portal		
<b>374:</b> Closing the Referral Loop: Receipt of Specialist Report*	Care Coordination (+1)	IR/EHR		EHR vendor	
<b>384:</b> Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the OR Within 90 Days of Surgery	Outcome (+2)		IR portal <i>Does not have a benchmark</i>		
<b>385:</b> Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery	Outcome (+2)		IR portal <i>Does not have a benchmark</i>		
<b>388:</b> Cataract Surgery With Intraoperative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy)	Outcome (+2)		IR portal <i>Topped out at &lt;d3</i>		
<b>389:</b> Cataract Surgery: Difference Between Planned and Final Refraction	Outcome (+2)		IR portal		
<b>397:</b> Melanoma Reporting	Outcome (+2)		IR portal <i>Topped out at d3</i>		Claims <i>Topped out at d4</i>
<b>402:</b> Tobacco Use and Help with Quitting Among Adolescents			IR portal		
<b>419:</b> Overuse of Neuroimaging for Patients With Primary Headache and a Normal Neurological Examination	Efficiency (+1)		IR portal <i>Topped out at d4</i>		Claims

\* Has undergone substantive changes since 2017. † Measure 224 has a maximum achievement score of 7 points (see page 26).

‡ Due to ICD-10 changes on Oct. 1, 2018, just submit the first 9 months of data for measures 137, 138, and 224.

**Table 12: 30 QCDR Quality Measures—At a Glance**

**Note:** QCDR measures don't have historic benchmarks. Report 6 measures from Table 11 that have benchmarks and aren't topped out at a low level, and report additional measures from Table 12 for their high-priority bonus points.

	ID: Measure Title	High-Priority Measure (Bonus Points)	Can Be Reported By:
<b>Cataract</b>	<b>IRIS27:</b> Adverse Events After Cataract Surgery	Outcome (+2)	IR Portal, IR/EHR*
	<b>IRIS28:</b> Regaining Vision After Cataract Surgery	Outcome (+2)	
<b>Cornea</b>	<b>IRIS1:</b> Endothelial Keratoplasty: Postoperative Improvement in Best-Corrected Visual Acuity to 20/40 or Greater	Outcome (+2)	IR Portal, IR/EHR*
<b>Glaucoma</b>	<b>IRIS2:</b> Intraocular Pressure (IOP) Reduction	Outcome (+2)	IR Portal, IR/EHR*
	<b>IRIS3:</b> Visual Field Progression	Outcome (+2)	IR Portal
	<b>IRIS4:</b> Intraocular Pressure Reduction Following Laser Trabeculoplasty	Outcome (+2)	IR Portal, IR/EHR*
<b>Neuro-Ophthalmology</b>	<b>IRIS20:</b> Idiopathic Intracranial Hypertension: No Worsening or Improvement of Mean Deviation	Outcome (+2)	IR Portal

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Table 12: 30 QCDR Quality Measures—At a Glance

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	ID: Measure Title	High-Priority Measure (Bonus Points)	Can Be Reported By:
<b>Neuro-Ophthalmology</b>	<b>IRIS21:</b> Ocular Myasthenia Gravis: Improvement of Ocular Deviation or Absence of Diplopia or Functional Improvement	Outcome (+2)	IR Portal
	<b>IRIS22:</b> Giant Cell Arteritis: Absence of Fellow Eye Involvement After Treatment		
<b>Oculo-plastics</b>	<b>IRIS5:</b> Surgery for Acquired Involutional Ptosis: Patients With an Improvement of Marginal Reflex Distance	Outcome (+2)	IR Portal
	<b>IRIS6:</b> Acquired Involutional Entropion: Normalized Lid Position After Surgical Repair	Outcome (+2)	
<b>Pediatrics/Strabismus</b>	<b>IRIS7:</b> Amblyopia: Interocular Visual Acuity	Outcome (+2)	IR Portal
	<b>IRIS8:</b> Surgical Esotropia: Postoperative Alignment	Outcome (+2)	
<b>Refractive</b>	<b>IRIS23:</b> Refractive Surgery: Postoperative Improvement in Uncorrected Visual Acuity of 20/20 or Better	Outcome (+2)	IR Portal, IR/EHR*
	<b>IRIS24:</b> Refractive Surgery: Postoperative Correction Within +/- 0.5 Diopter of the Intended Correction	Outcome (+2)	IR Portal
<b>Retina</b>	<b>Age-Related Macular Degeneration (AMD)</b>		
	<b>IRIS10:</b> Exudative AMD: Loss of Visual Acuity	Outcome (+2)	IR Portal, IR/EHR*
	<b>IRIS11:</b> Nonexudative AMD: Loss of Visual Acuity	Outcome (+2)	
	<b>IRIS34:</b> AMD: Disease Progression	Outcome (+2)	
	<b>Diabetic Retinopathy (DR) and Diabetic Macula Edema (DME)</b>		
	<b>IRIS9:</b> DR: Documentation of the Presence or Absence of Macular Edema and the Level of Severity of Retinopathy	Not a high-priority measure (+0)	IR Portal, IR/EHR*
	<b>IRIS13:</b> DME: Loss of Visual Acuity	Outcome (+2)	IR Portal, IR/EHR*
	<b>Epiretinal Membrane (ERM)</b>		
	<b>IRIS29:</b> Improved Visual Acuity After ERM Treatment Within 90 Days	Outcome (+2)	IR Portal, IR/EHR*
	<b>IRIS30:</b> Return to OR Within 90 Days After ERM Surgical Treatment	Outcome (+2)	
	<b>Macular Hole</b>		
	<b>IRIS32:</b> Evidence of Anatomic Closure of Macular Hole Within 90 Days After Surgery as Documented by OCT	Outcome (+2)	IR Portal
	<b>IRIS33:</b> Return to OR Within 90 Days After Macular Hole Surgery	Outcome (+2)	IR Portal, IR/EHR*
<b>Uveitis</b>	<b>IRIS16:</b> Acute Anterior Uveitis: Post-Treatment Visual Acuity	Outcome (+2)	IR/EHR*
	<b>IRIS17:</b> Acute Anterior Uveitis: Post-Treatment Grade 0 Anterior Chamber Cells	Outcome (+2)	IR Portal
	<b>IRIS18:</b> Chronic Anterior Uveitis: Post-Treatment Visual Acuity	Outcome (+2)	IR Portal, IR/EHR*
<b>Resource Use</b>	<b>IRIS25:</b> Adenoviral Conjunctivitis: Avoidance of Antibiotics	Appropriate Use (+1)	IR Portal, IR/EHR*
	<b>IRIS26:</b> Avoidance or Routine Antibiotic Use in Patients Before or After Intravitreal Injections	Appropriate Use (+1)	IR Portal
	<b>IRIS31:</b> Avoidance of Genetic Testing for Age-Related Macular Degeneration	Appropriate Use (+1)	

\* You may be able to report this measure via IRIS Registry/EHR integration but only if the IRIS Registry is able to extract the relevant data from your EHR. An initial data mapping process will determine whether this is feasible.