

## MIPS and Non-MIPS (QCDR) Quality Measures—At a Glance

The Academy identified the 31 MIPS quality measures in Table 15 as the ones most likely to be useful for ophthalmic practices. The 23 non-MIPS quality measures in Table 16 (see page 41) were developed by the Academy in conjunction with subspecialty societies. Despite their name, the non-MIPS quality measures can be used for MIPS reporting, but can only be reported via the IRIS Registry web portal.

### Decide which MIPS quality measures you should report.

Skim through these tables to see for which measures you are most likely to be able to (A) satisfy the case minimum requirement of 20 patients and (B) achieve a high performance rate (at minimum, 50% of applicable patients). 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 37).

**3) Watch for topped out measures.** When a measure is topped out, you can score 10 points with a perfect performance but if you are less than perfect there is a ceiling on your score. For example, if a measure is topped out at less than decile 3 (< d3), the ceiling for a less-than-

perfect performance could be 3 points; if topped out at decile 3 (d3), the ceiling could be 3.9 points, if topped out at decile 4 (d4), the ceiling could be 4.9 points, etc.

**4) Measures 384, 385, and 419 have no benchmark.** If measures don't have a current benchmark, CMS will try to establish a benchmark based on this year's performance data. If you plan to report a measure that doesn't have a benchmark, you should consider also reporting a back-up benchmark in case either (A) CMS doesn't get enough performance data for a benchmark, in which case you would only score 3 points for the measure or (B) the measure ends up being topped out at a low decile.

**5) Consider the non-MIPS quality measures (see Table 16).** This year, these can only be reported via the IRIS Registry web portal. Note: None of these non-MIPS quality measures have benchmarks yet.

**Get detailed information on each measure.** Go to [aao.org/practice-management/regulatory/mips/quality-reporting-measures](http://aao.org/practice-management/regulatory/mips/quality-reporting-measures) for details of the 31 MIPS quality measures and 23 non-MIPS quality measures. You can review a list of all those measures or filter the list by subspecialty.

These measures have dedicated web pages where you'll find lists of the relevant CPT codes, ICD-10 codes, and Category II codes, as well as the CMS rationale for the measure, clinical recommendation statements, instructions for determining your numerator and denominator, and benchmark information.

If you want to browse through the full range of MIPS quality measures, go to <https://qpp.cms.gov/measures/quality>.

**Table 15: 31 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 web portal	EHR vendor	Claims
<b>12:</b> Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation		IR/EHR	IR web 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 web portal <i>Topped out at d7</i>		Claims <i>Topped out at &lt; 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 On-Going Diabetes Care	Care Coordination (+1)	IR/EHR	IR web 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 web portal	EHR vendor	Claims

**Table 15: 31 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>111:</b> Pneumococcal [Pneumonia] Vaccination Status for Older Adults		IR/EHR	IR web portal	EHR vendor	Claims
<b>117:</b> Diabetes: Eye Exam		IR/EHR <i>Topped out at d8</i>	IR web portal <i>Topped out at d6</i>	EHR vendor <i>Topped out at d8</i>	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		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 web 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 web portal <i>Topped out at d6</i>		
<b>138:</b> Melanoma: Coordination of Care	Care Coordination (+1)		IR web portal <i>Topped out at d6</i>		
<b>140:</b> Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement			IR web 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 web portal <i>Topped out at d6</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 web portal	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 d4</i>	IR web portal <i>Topped out at d5</i>	EHR vendor <i>Topped out at d4</i>	
<b>224:</b> Melanoma: Overutilization of Imaging Studies in Melanoma	Efficiency (+1)		IR web portal <i>Topped out at &lt; d3</i>		
<b>226:</b> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention		IR/EHR	IR web portal	EHR vendor	Claims <i>Topped out at d5</i>
<b>236:</b> Controlling High Blood Pressure	Intermediate Outcome* (+2)	IR/EHR	IR web portal	EHR vendor	Claims
<b>238:</b> Use of High-Risk Medications in the Elderly	Patient Safety (+1)	IR/EHR <i>Topped out at d8</i>	IR web portal	EHR vendor <i>Topped out at d8</i>	
<b>265:</b> Biopsy Follow-Up	Care Coordination (+1)		IR web portal <i>Topped out at d6</i>		
<b>317:</b> Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented			IR web portal	EHR vendor	Claims

Table continued on next page.

**Table 15: 31 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>318:</b> Falls: Screening for Future Fall Risk	Patient Safety (+1)	IR/EHR		EHR vendor	
<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 web 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 web portal <i>Does not have a benchmark</i>		
<b>388:</b> Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy)	Outcome (+2)		IR web portal <i>Topped out at d3</i>		
<b>389:</b> Cataract Surgery: Difference Between Planned and Final Refraction	Outcome (+2)		IR web portal <i>Topped out at d6</i>		
<b>397:</b> Melanoma Reporting	Outcome (+2)		IR web portal <i>Topped out at d4</i>		Claims <i>Topped out at d5</i>
<b>402:</b> Tobacco Use and Help with Quitting Among Adolescents			IR web portal		
<b>419:</b> Overuse of Neuroimaging for Patients With Primary Headache and a Normal Neurological Examination	Efficiency (+1)		IR web portal <i>Does not have a benchmark</i>		Claims <i>Does not have a benchmark</i>

\* For scoring purposes, intermediate outcome measures are treated as outcome measures.

## Learn More About MIPS at AAO 2017

**Make the most of AAO 2017.** When you are getting ready for the annual meeting, make sure you schedule time to:

- 1. Attend this year's MIPS events** (see pages 28 and 46)
- 2. Visit the Academy Resource Center** (Hall G, Booth 3140)—bring your MIPS queries to the coding desk and

ask the Academy's IRIS Registry staff to demo MIPS reporting

- 3. Visit the Electronic Office** (Hall G, Booth 3654)—learn how improved interoperability will help you improve your ACI score

