

# MVP Ophthalmology 2025

## Key

\* Existing measures and improvement activities with revisions

\*\* Can be submitted only when included in an MVP

! High priority measures

!! Outcome measures

~ Includes a health equity component

## QUALITY

### Medicare Claims Reporting

**(!!) Q141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care** (Medicare Part B Claims, MIPS CQM)

**Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** (Medicare Part B Claims, eCQM, MIPS CQM)

### eCQM Reporting

**Q012: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation** (eCQM)

**(\*)(!) Q019: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care**(eCQM)

**(\*) Q117: Diabetes: Eye Exam** (eCQM, MIPS CQM)

**(\*)(!) Q130: Documentation of Current Medications in the Medical Record** eCQM, MIPS CQM)

**(!!) Q191: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery** (eCQM , MIPS CQM)

**Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** (Medicare Part B Claims, eCQM, MIPS CQM)

**(\*)(!) Q374: Closing the Referral Loop: Receipt of Specialist Report** (eCQM, MIPS CQM)

### MIPS CQM Reporting

**(\*) Q117: Diabetes: Eye Exam** (eCQM, MIPS CQM)

**(\*)(!) Q130: Documentation of Current Medications in the Medical Record** eCQM, MIPS CQM)

**(!!) Q141: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 20% OR Documentation of a Plan of Care** (Medicare Part B Claims, MIPS CQM)

**Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** (Medicare Part B Claims, eCQM, MIPS CQM)

**(!!) Q191: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery** (eCQM, MIPS CQM)

**Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** (Medicare Part B Claims, eCQM, MIPS CQM)

**(!!) Q303: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery** (MIPS CQM)

**(!) Q304: Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery** (MIPS CQM)

**(\*)(!) Q374: Closing the Referral Loop: Receipt of Specialist Report** (eCQM, MIPS CQM)

**(\*)(!!) Q384: Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery (MIPS CQM)**

**(!!) Q385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery (MIPS CQM)**

**(!!) Q389: Cataract Surgery: Difference Between Planned and Final Refraction (MIPS CQM)**

**(~)(!) Q487: Screening for Social Drivers of Health (MIPS CQM)**

**Q499: Appropriate Screening and Plan of Care for Elevated Intraocular Pressure Following Intravitreal or Periocular Steroid Therapy (MIPS CQM)**

**(\*) Q500: Acute Posterior Vitreous Detachment Appropriate Examination and Follow-up (MIPS CQM)**

**(\*) Q501: Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-up (MIPS CQM)**

**(\*)(!!) Q503: Gains in Patient Activation Measure (PAM®) Scores at 12 Months (MIPS CQM)**

### **Qualified Clinical Data Registry Reporting**

**(!!) IRIS2: Glaucoma – Intraocular Pressure Reduction (QCDR)**

**(!!) IRIS13: Diabetic Macular Edema – Loss of Visual Acuity (QCDR)**

**(!!) IRIS39: Intraocular Pressure Reduction Following Trabeculectomy or an Aqueous Shunt Procedure (QCDR)**

**(!!) IRIS54: Complications After Cataract Surgery (QCDR)**

**(!!) IRIS58: Improved Visual Acuity after Vitrectomy for Complications of Diabetic Retinopathy within 120 Days (QCDR)**

**(!!) IRIS61: Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery (QCDR)**

### **IMPROVEMENT ACTIVITIES (IA)**

**(~) IA\_AHE\_1: Enhance Engagement of Medicaid and Other Underserved Populations**

**(~) IA\_AHE\_9: Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols**

**IA\_BE\_4: Engagement of patients through implementation of improvements in patient portal**

**IA\_BE\_6: Regularly Assess Patient Experience of Care and Follow Up on Findings**

**IA\_BE\_25: Drug Cost Transparency**

**(~) IA\_CC\_9: Implementation of practices/processes for developing regular individual care plans**

**(~) IA\_CC\_10: Care transition documentation practice improvements**

**IA\_CC\_13: Practice improvements to align with OpenNotes principles**

**(\*\*) IA\_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways**

**IA\_PCMH: Electronic submission of Patient Centered Medical Home accreditation**

**IA\_PM\_13: Chronic care and preventative care management for empaneled patients**

**IA\_PM\_16: Implementation of medication management practice improvements**

(\*) IA\_PM\_26: Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B

(~) IA\_PSPA\_7: Use of QCDR data for ongoing practice assessment and improvements

## **COST**

(\*) Cataract Removal with Intraocular Lens (IOL) Implantation

### **Population Health Measures (CMS Calculated)**

(!!) Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit Based Incentive Payment Systems (MIPS) Groups (Collection Type: Administrative Claims)

(!!) Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)

### **Promoting Interoperability**

1. Security Risk Analysis
2. High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)
3. e-Prescribing
4. Query of Prescription Drug Monitoring Program (PDMP)
5. Provide Patients Electronic Access to Their Health Information
6. Support Electronic Referral Loops By Sending Health Information
  - AND
  - a. Support Electronic Referral Loops By Receiving and Reconciling Health Information
    - OR
  - b. Health Information Exchange (HIE) Bi-Directional Exchange
    - OR
  - c. Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)
7. Immunization Registry Reporting
8. Syndromic Surveillance Reporting (Optional)
9. Electronic Case Reporting
10. Public Health Registry Reporting (Optional)
11. Clinical Data Registry Reporting (Optional)
12. Actions to Limit or Restrict Compatibility or Interoperability of CEHRT
13. ONC Direct Review Attestation