



**Merit-based Incentive Payment System (MIPS)
Value Pathways (MVP) Candidate – 2025
Performance Year
Comprehensive Ocular Care MVP**



MVP Candidate Feedback Process

The MVP Candidate Feedback Process is an opportunity for the general public to participate in the MVP development process and provide feedback on MVP candidates before they're potentially proposed in rulemaking. Learn more about the [MVP Candidate Feedback Process](#) on the Quality Payment Program (QPP) website.

Note: This document is for 2025 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2024 performance year.

MVP Candidate Feedback Instructions

Review the measures and activities included in [TABLE 1: Comprehensive Ocular Care MVP](#) below.

MVP candidate feedback should be submitted to PIMMSMVPsupport@gdit.com for Centers for Medicare & Medicaid Services (CMS) consideration between December 15, 2023, and 11:59 p.m. ET on January 29, 2024.

Please include the following information in the email:

- **Subject Line:** Draft 2025 MVP Candidate Feedback
- **Email Body:** Your feedback for consideration and public posting. Please indicate the MVP name to which your feedback relates.

CMS won't post feedback that is considered unrelated to the draft 2025 MVP candidates.

TABLE 1: Comprehensive Ocular Care MVP

Quality	Improvement Activities	Cost
<p>Q012: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (eCQM)</p> <p>Q019: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (eCQM, MIPS CQM) High Priority</p> <p>Q117: Diabetes: Eye Exam (eCQM, MIPS CQM)</p> <p>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) High Priority, Outcome</p> <p>Q191: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery (eCQM, MIPS CQM) High Priority, Outcome</p> <p>Q238: Use of High-Risk Medications in Older Adults (eCQM, MIPS CQM) High Priority</p> <p>Q303: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (MIPS CQM) High Priority, Outcome</p> <p>Q304: Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery (MIPS CQM) High Priority</p> <p>Q374: Closing the Referral Loop: Receipt of Specialist Report (eCQM, MIPS CQM) High Priority</p> <p>Q384: Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery (MIPS CQM) High Priority, Outcome</p> <p>Q385: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery (MIPS CQM) High Priority, Outcome</p>	<p>IA_AHE_1: Enhance Engagement of Medicaid and Other Underserved Populations (High Weight)</p> <p>IA_BE_25: Drug Cost Transparency (High Weight)</p> <p>IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium Weight)</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High Weight)</p> <p>IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop (Medium Weight)</p> <p>IA_CC_10: Care transition documentation practice improvements (Medium Weight)</p> <p>IA_CC_13: Practice improvements to align with OpenNotes principles (Medium Weight)</p> <p>IA_CC_9: Implementation of practices/processes for developing regular individual care plans (Medium Weight)</p> <p>IA_MVP: Practice-Wide Quality Improvement in MIPS Value Pathways (High Weight)</p> <p>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PM_16: Implementation of medication management practice improvements (Medium Weight)</p>	<p>Cataract Removal with Intraocular Lens (IOL) Implantation¹</p>

¹ The Cataract Removal with Intraocular Lens (IOL) Implantation episode-based cost measure was re-evaluated and submitted to the 2023-2024 Measures Under Consideration (MUC) List. The re-evaluated Cataract Removal with Intraocular Lens (IOL) Implantation episode-based cost measure will only be considered for use in this MVP if it's proposed and finalized for use in MIPS via rulemaking.

TABLE 1: Comprehensive Ocular Care MVP

Quality	Improvement Activities	Cost
Q389: Cataract Surgery: Difference Between Planned and Final Refraction (MIPS CQM) High Priority, Outcome		
Q487: Screening for Social Drivers of Health (MIPS CQM) High Priority		
IRIS2: Glaucoma – Intraocular Pressure Reduction (QCDR) High Priority, Outcome		
IRIS13: Diabetic Macular Edema - Loss of Visual Acuity (QCDR) High Priority, Outcome		
IRIS39: Intraocular Pressure Reduction Following Trabeculectomy or an Aqueous Shunt Procedure (QCDR) High Priority, Outcome		
IRIS58: Improved Visual Acuity after Vitrectomy for Complications of Diabetic Retinopathy within 120 Days (QCDR) High Priority, Outcome		

TABLE 2: Foundational Layer

The Foundational Layer is the same for every MVP.

Foundational Layer	
Population Health Measures	Promoting Interoperability
<p>Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none"> • Security Risk Analysis • High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information AND • Support Electronic Referral Loops By Receiving and Reconciling Health Information • OR • Health Information Exchange (HIE) Bi-Directional Exchange • OR • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review Attestation