CMS MIPS Historical Quality Benchmarks – ASCO MIPS Measures
Last Updated 7/31/2023

Measure Title	Measure Description	Measure Type	MIPS ID	Collection Type	Performance Year	Average Performance Rate	Decile 5 (Median)
Oncology: Medical and Radiation – Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.	Process	143	CQM	2023	93.05	98.72-99.30
					2022	89.61	98.74-99.74
					2021	88.39	99.21-99.83
				eCQM	2023	84.94	94.69-96.88
					2022	84.37	93.00-96.03
					2021	72.92	91.89-95.33
Oncology: Medical and Radiation – Plan of Care for Pain	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.	Process	144	CQM	2023	74.59	80.88-90.43
					2022	80.53	87.50-93.54
					2021	No benchmark	No benchmark
Appropriate Treatment for Patients with Stage I (T1c) – III HER2 Positive Breast Cancer	Percentage of female patients aged 18 to 70 with stage I (T1c) – III HER2 positive breast cancer for whom appropriate treatment is initiated.	Process	450	CQM	2023	67.40	54.42-63.29
					2022	No benchmark	No benchmark
					2021	No benchmark	No benchmark

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Measure Title	Measure Description	Measure Type	MIPS ID	Collection Type	Performance Year	Average Performance Rate	Decile 5 (Median)
RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy	Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed.	Process	451	CQM	2023	No benchmark	No benchmark
					2022	No benchmark	No benchmark
					2021	No benchmark	No benchmark
Patients with Metastatic Colorectal Cancer and RAS (KRAS or NRAS) Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies	Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer and RAS (KRAS or NRAS) gene mutation spared treatment with anti-EGFR monoclonal antibodies.	Process	452	CQM	2023	No benchmark	No benchmark
					2022	No benchmark	No benchmark
					2021	No benchmark	No benchmark

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Measure Title	Measure Description	Measure Type	MIPS ID	Collection Type	Performance Year	Average Performance Rate	Decile 5 (Median)
Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (lower score – better)	Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life.	Process	453	CQM	2023	12.45	13.19-11.22
					2022	12.05	13.79-11.44
					2021	12.88	13.95-11.28
Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score – better)	Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there.	Process	457	CQM	2023	11.89	13.64-10.87
					2022	8.88	8.77-5.39
					2021	8.48	8.16-6.99

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When clinicians submit measures for the MIPS quality performance category, performance on each measure is assessed against its benchmark to determine how many points the measure earns. Benchmarks are specific to each collection type. To establish a historical benchmark:

- Measure specifications between the year of submission and the benchmark year must be comparable (no significant changes to the measure between the two years)
- There must be 20 instances of the measure being reported through the same collection type by individual clinicians, groups and/or virtual groups, AND
    - The clinician, group or virtual group was eligible for MIPS two years prior AND
    - The measure met performance year data completeness (70%) and case minimum requirements (20 cases), AND
    - The measure had a performance rate greater than 0% (or less than 100% for inverse measures).

Benchmark reports use performance data from two years prior. It is important to note that participants are allowed to self-select measures and may choose those that will result in high performance rates. As a result, performance rates may not be nationally representative.

SOURCE: 2023, 2022, and 2021 MIPS Quality Benchmarks available in the QPP Resource Library