

### Quality Reporting Requirements:

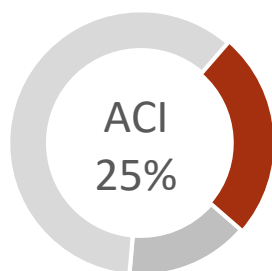
- Report **6 quality measures, or a specialty measure set** among 271 total quality measures
- Include at least **ONE** outcome measure (if N/A, choose at least one high priority measure)
- Numerator population must reflect **TOTAL PATIENT POPULATION**

### Specialty Measure Set (14):

- QI 405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions – **High Priority**
- QI 406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients – **High Priority**
- QI 147: Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy – **High Priority**
- QI 364: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines – **High Priority**
- QI 362: Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes – **High Priority**
- QI 360: Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies – **High Priority**
- QI 361: Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry – **High Priority**
- QI 363: Optimizing Patient Exposure to Ionizing Radiation: Search for Prior Computed Tomography (CT) Studies Through a Secure, Authorized, Media-Free, Shared Archive – **High Priority**
- QI 359: Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description – **High Priority**
- QI 436: Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques
- QI 145: Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy – **High Priority**
- QI 146: Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms – **High Priority**
- QI 225: Radiology: Reminder System for Screening Mammograms – **High Priority**
- QI 195: Radiology: Stenosis Measurement in Carotid Imaging Reports

### Additional Measures:

- QI 143: Oncology: Medical and Radiation - Pain Intensity Quantified - **High Priority**
- QI 144: Oncology: Medical and Radiation - Plan of Care for Pain - **High Priority**
- QI 259: Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post Operative Day #2) - **High Priority, Outcome**
- QI 265: Biopsy Follow-Up - **High Priority**
- QI 344: Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications - **High Priority, Outcome**
- QI 345: Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) - **High Priority, Outcome**
- QI 358: Patient-Centered Surgical Risk Assessment and Communication - **High Priority**



### Advancing Care Information (ACI) Reporting Requirements:

- Report **ALL required measures** in the base score to earn any credit for ACI
- To **satisfy** base score requirements, clinicians must submit a numerator/denominator or Yes/No response for required measures
- Report on additional performance measure and/or bonus measures to increase your ACI score

#### \*BASE SCORE MEASURES

**\*To get credit for the Advancing Care Information category, you must submit information for all the required base measures**

#### CEHRT 2015 Base Measure Set

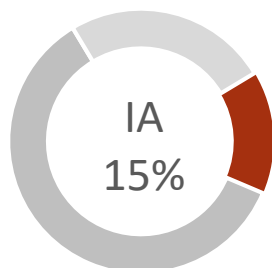
- \*Security Risk Analysis
- \*E-Prescribing
- \*Provide Patient Access
- \*Request/Accept Summary of Care
- \*Send a Summary of Care

#### CEHRT 2014 Base Measure Set

- \*Security Risk Analysis
- \*E-Prescribing
- \*Provide Patient Access
- \*Health Information Exchange

*Reporting Requirements: Based on your Certified EHR Technology edition (CEHRT)*

**PERFORMANCE AND BONUS MEASURES are available to increase your Advancing Care Information category score. Consult with your NJII MIPS Advisor for details.**



### Improvement Activities (IA) Reporting Requirements:

- Attest that you completed **up to 4 Improvement Activities** for a minimum of 90 days
- Choose one of the following combinations:
  - 2 High Weighted Activities
  - 1 High Weighted Activity and 2 Medium Weighted Activities
  - 4 Medium Weighted Activities

### Recommended Activities:

- Collection and Use of Patient Experience and Satisfaction data on access - **Medium Weighted**
- Implementation of use of specialist reports back to referring clinician or group to close referral loop - **Medium Weighted**
- Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination - **Medium Weighted**
- Participation in the CMS Transforming Clinical Practice Initiative- **High Weighted**
- Implementation of improvements that contribute to more timely communication of test results - **Medium Weighted**
- Participation in a QCDR, that promotes use of patient engagement tools - **Medium Weighted**
- Participation in Bridges to Excellence or other similar program - **Medium Weighted**