

### 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 (0):

No Specialty Measure Set for this specialty.

### 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 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 147 : Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy- **High Priority**

QI 156 : Oncology: Radiation Dose Limits to Normal Tissues **High Priority**

QI 195: Radiology: Stenosis Measurement in Carotid Imaging Reports

QI 225 : Radiology: Reminder System for Screening Mammograms **High Priority**

QI 259: Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Intrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post Operative Day #2)- **High Priority, Outcome**

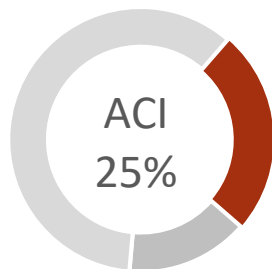
QI 260: Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)- **High Priority, Outcome**

QI 265 : Biopsy Follow-Up **High Priority**

QI 322: Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients **High Priority**

QI 323: Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)- **High Priority**

- QI 324 : Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients **High Priority**
- QI 344: Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2) - **High Priority, Outcome**
- QI 345: Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) - **High Priority, Outcome**
- QI 346: Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)- **High Priority, Outcome**
- QI 358 : Patient-Centered Surgical Risk Assessment and Communication **High Priority**
- QI 359: Optimizing Patient Exposure to Ionizing Radiation: Utilization of a Standardized Nomenclature for Computed Tomography (CT) Imaging Description – **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 362: Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes – **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 364: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines – **High Priority**
- 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 436 : Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques



### 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

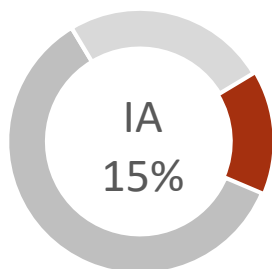
- \*Security Risk Analysis
- \*E-Prescribing
- \*Provide Patient Access
- \*Request/Accept Summary of Care
- \*Send a Summary of Care

#### 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**
- Annual registration in the Prescription Drug Monitoring Program - **Medium Weighted**
- Engagement of new Medicaid patients and follow-up - **High Weighted**
- Engage patients and families to guide improvement in the system of care - **Medium Weighted**
- Implementation of documentation improvements for practice/process improvements - **Medium Weighted**
- Implementation of improvements that contribute to more timely communication of test results - **Medium Weighted**
- Participation in the CMS Transforming Clinical Practice Initiative- **High Weighted**