2018 MIPS Reporting

Allergy/Immunology

50%

Quality Reporting Requirements:
- Report on 6 quality measures or a specialty measure set
- Include at least ONE outcome or high-priority measure
- Report on patients of All-Payers (Medicare and Non-Medicare patients)

Specialty Measure Set (11):

- **110:** Preventive Care and Screening: Influenza Immunization
- **111:** Pneumococcal Vaccination Status for Older Adults
- **130:** Documentation of Current Medications in the Medical Record- **High Priority**
- **160:** HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **238:** Use of High-Risk Medications in the Elderly- **High Priority**
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **338:** HIV Viral Load Suppression- **Outcome, High Priority**
- **340:** HIV Medical Visit Frequency- **High Priority**
- **374:** Closing the Referral Loop: Receipt of Specialist Report- **High Priority**
- **402:** Tobacco Use and Help with Quitting Among Adolescents

Additional Measures:

- **001:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)- **Outcome, High Priority**
- **051:** Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
- **052:** Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy
- **112:** Breast Cancer Screening
- **113:** Colorectal Cancer Screening
- **117:** Diabetes: Eye Exam
- **119:** Diabetes: Medical Attention for Nephropathy
- **128**: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- **134**: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **204**: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- **331**: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)- **High Priority**

- **332**: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)- **High Priority**
- **333**: Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse) - **High Priority**
- **334**: Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse) - **High Priority**
- **398**: Optimal Asthma Control- **High Priority**
- **444**: Medication Management for People with Asthma- **High Priority**

25%

Promoting Interoperability (PI) Reporting Requirements:

- Report on ALL required base measure to earn any credit for PI
- To satisfy base score requirements, clinicians must submit a numerator of at least 1 or answer Yes
- Report on additional performance measures or bonus measure to increase your PI Score

PI Base Score Measures:

PI Objectives and Measure Set (2015 CEHRT)	2018 PI Transition Objectives and Measure Set (2014 or 2015 CEHRT)
o Security Risk Analysis o e-Prescribing* o Provide Patient Access o Send a Summary of Care* o Request/Accept Summary of Care*	o Security Risk Analysis o e-Prescribing* o Provide Patient Access o Health Information Exchange*

*Exclusion available for measure if denominator is less than 100 patients or occurrences

15%

Improvement Activities (IA) Reporting Requirements:

- Attest to up to 4 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 Activates
  - 4 Medium Weighted Activities

Medium Weighted:

- Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop- **EHR Bonus**

- Care transition documentation practice improvements
- TCPI Participation
- Implementation of documentation improvements for practice/process improvements
- Collection and use of patient experience and satisfaction data on access
- Implementation of medication management practice improvements- **EHR Bonus**
- Annual registration in the Prescription Drug Monitoring Program

High Weighted:

- Engagement of New Medicaid Patients and Follow-up
- Engage Patients and Families to Guide Improvement in the System of Care- **EHR Bonus**
- Participation in the CMS Transforming Clinical Practice Initiative

10%

Cost Reporting:

- CMS calculate Cost measures using administrative claims data if a clinician or group meets the cases minimum for attributed patients
- Individuals and Groups are not required to SUBMIT any additional information for the cost category

Cost Measures:

Medicare Spending Per Beneficiary (MSPB):

- The Medicare Spending Per Beneficiary (MSPB) clinician measure assesses the cost to Medicare of services performed by an individual clinician during an MSPB episode, which comprises the period immediately prior to, during, and following a patient's hospital stay.

Total Per Capita Costs for All Attributed Beneficiaries (TPCC):

- The Total Per Capita Costs for All Attributed Beneficiaries (TPCC) measure is a payment-standardized, annualized, risk-adjusted, and specialty-adjusted measure that evaluates the overall cost of care provided to beneficiaries attributed to clinicians, as identified by a unique Taxpayer Identification Number/National Provider Identifier (TIN-NPI).