

2018 MIPS Reporting

Cardiology



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 (27):

- **5:** Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- **6:** Coronary Artery Disease (CAD): Antiplatelet Therapy
- **7:** Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
- **8:** Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- **47:** Care Plan– **High Priority**
- **118:** Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
- **128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- **130:** Documentation of Current Medications in the Medical Record– **High Priority**
- **204:** Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **236:** Controlling High Blood Pressure– **Outcome, High Priority**
- **238:** Use of High-Risk Medications in the Elderly– **High Priority**
- **243:** Cardiac Rehabilitation Patient Referral from an Outpatient Setting– **High Priority**
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **322:** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients– **High Priority**
- **323:** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)– **High Priority**
- **324:** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients– **High Priority**
- **326:** Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
- **344:** Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)– **High Priority**

- **345:** Rate of Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) Who Are Stroke Free or Discharged Alive– **High Priority**
- **373:** Hypertension: Improvement in Blood Pressure– **High Priority**
- **374:** Closing the Referral Loop: Receipt of Specialist Report– **High Priority**
- **402:** Tobacco Use and Help with Quitting Among Adolescents
- **431:** Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
- **438:** Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
- **441:** Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control) – **High Priority**
- **442:** Persistence of Beta-Blocker Treatment After a Heart Attack

Additional Measures:

- **1:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)– **Outcome, High Priority**
- **9:** Anti-Depressant Medication Management
- **43:** Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery
- **43:** Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery
- **110:** Preventive Care and Screening: Influenza Immunization
- **111:** Pneumococcal Vaccination Status for Older Adults
- **112:** Breast Cancer Screening
- **113:** Colorectal Cancer Screening
- **117:** Diabetes: Eye Exam
- **119:** Diabetes: Medical Attention for Nephropathy
- **164:** Coronary Artery Bypass Graft (CABG): Prolonged Intubation– **Outcome, High Priority**
- **392:** HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation– **Outcome, High Priority**
- **394:** Immunizations for Adolescents



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)
<ul style="list-style-type: none"> ○ Security Risk Analysis ○ e-Prescribing* ○ Provide Patient Access ○ Send a Summary of Care* ○ Request/Accept Summary of Care* 	<ul style="list-style-type: none"> ○ Security Risk Analysis ○ e-Prescribing* ○ Provide Patient Access ○ Health Information Exchange*

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



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**
- 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
- Engagement of patients through implementation of improvements in patient portal- **EHR Bonus**
- Participation in an AHRQ-listed patient safety organization.

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
- Collection and follow-up on patient experience and satisfaction data on beneficiary engagement
- Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record- **EHR Bonus**
- Participation in Systematic Anticoagulation Program
- Anticoagulant Management Improvements- **EHR Bonus**
- Consultation of the Prescription Drug Monitoring Program



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).