

2018 MIPS Reporting

Colon/Rectal Surgery



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 (0):

There is no specialty measure set for Colon/Rectal Surgery.

Additional Measures:

- **1:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) – **Outcome, High Priority**
- **21:** Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin
- **23:** Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)
- **39:** Screening for Osteoporosis for Women Aged 65-85 Years of Age
- **47:** Care Plan
- **48:** Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- **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
- **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
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **320:** Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients – **High Priority**
- **342:** Pain Brought Under Control Within 48 Hours – **Outcome, High Priority**
- **354:** Anastomotic Leak Intervention – **Outcome, High Priority**
- **355:** Unplanned Reoperation within the 30 Day Postoperative Period – **Outcome, High Priority**

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- **356:** Unplanned Hospital Readmission within 30 Days of Principal Procedure – **Outcome, High Priority**
- **357:** Surgical Site Infection (SSI) – **Outcome, High Priority**
- **358:** Patient-Centered Surgical Risk Assessment and Communication – **Outcome, High Priority**
- **425:** Photodocumentation of Cecal Intubation



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:

- 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
- Practice Improvements for Bilateral Exchange of Patient Information - **EHR Bonus**
- Participation in Joint Commission Evaluation Initiative

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



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).