

## 2018 MIPS Reporting

### Diagnostic Radiology



#### 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 (14):

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

#### Additional Measures:

- **143:** Oncology: Medical and Radiation – Pain Intensity Quantified – **High Priority**
- **144:** Oncology: Medical and Radiation – Plan of Care for Pain – **High Priority**

# 2018 MIPS for Diagnostic Radiology

- **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) – **Outcome, High Priority**
- **265:** Biopsy Follow-Up – **High Priority**
- **344:** Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2) – **Outcome, High Priority**
- **345:** Rate of Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) Who Are Stroke Free or Discharged Alive – **Outcome, High Priority**
- **358:** Patient-Centered Surgical Risk Assessment and Communication – **High Priority**



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

\*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 Activities
  - 4 Medium Weighted Activities

## Medium Weighted:

- Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop – **EHR Bonus**
- Implementation of documentation improvements for practice/process improvements
- Collection and use of patient experience and satisfaction data on access
- TCPI Participation
- Implementation of medication management practice improvements – **EHR Bonus**
- Annual registration in the Prescription Drug Monitoring Program
- Implementation of improvements that contribute to more timely communication of test results
- Use of certified EHR to capture patient reported outcomes – **EHR Bonus**
- Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.
- Use of QCDR to support clinical decision making
- Care coordination agreements that promote improvements in patient tracking across settings
- Chronic Care and Preventative Care Management for Empaneled Patients – **EHR Bonus**
- Use of decision support and standardized treatment protocols – **EHR Bonus**
- Participation in MOC Part IV
- Administration of the AHRQ Survey of Patient Safety Culture

## High Weighted:

- Engagement of New Medicaid Patients and Follow-up
- Collection and follow-up on patient experience and satisfaction data on beneficiary engagement
- Engage Patients and Families to Guide Improvement in the System of Care – **EHR Bonus**
- Participation in the CMS Transforming Clinical Practice Initiative
- Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record – **EHR Bonus**



## 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).