

2018 MIPS Reporting

Family Medicine



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 (71):

- **001:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) – **Outcome, High Priority**
- **005:** Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- **006:** Coronary Artery Disease (CAD): Antiplatelet Therapy
- **007:** Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
- **008:** Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- **009:** Anti-Depressant Medication Management
- **024:** Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older – **High Priority**
- **039:** Screening for Osteoporosis for Women Aged 65-85 Years of Age
- **047:** Care Plan – **High Priority**
- **048:** Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- **050:** Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older – **High Priority**
- **065:** Appropriate Treatment for Children with Upper Respiratory Infection (URI) – **High Priority**
- **066:** Appropriate Testing for Children with Pharyngitis – **High Priority**
- **091:** Acute Otitis Externa (AOE): Topical Therapy – **High Priority**
- **093:** Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use – **High Priority**
- **107:** Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
- **109:** Osteoarthritis (OA): Function and Pain Assessment – **High Priority**
- **110:** Preventive Care and Screening: Influenza Immunization
- **112:** Breast Cancer Screening
- **113:** Colorectal Cancer Screening
- **116:** Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis – **High Priority**

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- **117:** Diabetes: Eye Exam
- **119:** Diabetes: Medical Attention for Nephropathy
- **126:** Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation
- **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**
- **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **154:** Falls: Risk Assessment – **High Priority**
- **155:** Falls: Plan of Care – **High Priority**
- **163:** Diabetes: Foot Exam
- **181:** Elder Maltreatment Screen and Follow-Up Plan – **High Priority**
- **204:** Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **238:** Use of High-Risk Medications in the Elderly – **High Priority**
- **243:** Cardiac Rehabilitation Patient Referral from an Outpatient Setting – **High Priority**
- **305:** Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- **309:** Cervical Cancer Screening
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **326:** Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
- **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**
- **337:** Psoriasis: Tuberculosis (TB) Prevention for Patients with Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier
- **338:** HIV Viral Load Suppression – **Outcome, High Priority**
- **342:** Pain Brought Under Control Within 48 Hours – **Outcome, High Priority**
- **370:** Depression Remission at Twelve Months – **Outcome, High Priority**
- **371:** Depression Utilization of the PHQ-9 Tool
- **373:** Hypertension: Improvement in Blood Pressure – **Outcome, High Priority**
- **374:** Closing the Referral Loop: Receipt of Specialist Report – **High Priority**
- **377:** Functional Status Assessments for Congestive Heart Failure – **High Priority**
- **383:** Adherence to Antipsychotic Medications For Individuals with Schizophrenia – **Outcome, High Priority**
- **387:** Annual Hepatitis C Virus (HCV) Screening for Patients who are Active Injection Drug Users
- **394:** Immunizations for Adolescents
- **398:** Optimal Asthma Control – **Outcome, High Priority**
- **400:** One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk
- **401:** Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis
- **402:** Tobacco Use and Help with Quitting Among Adolescents
- **408:** Opioid Therapy Follow-up Evaluation
- **412:** Documentation of Signed Opioid Treatment Agreement

- **414:** Evaluation or Interview for Risk of Opioid Misuse
- **418:** Osteoporosis Management in Women Who Had a Fracture
- **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) – **Outcome, High Priority**
- **442:** Persistence of Beta-Blocker Treatment After a Heart Attack
- **443:** Non-Recommended Cervical Cancer Screening in Adolescent Females – **High Priority**
- **444:** Medication Management for People with Asthma – **High Priority**
- **447:** Chlamydia Screening and Follow Up
- **464:** Otitis Media with Effusion (OME): Systemic Antimicrobials- Avoidance of Inappropriate Use – **High Priority**

Additional Measures:

- **051:** Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
- **052:** Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy
- **111:** Pneumococcal Vaccination Status for Older Adults
- **127:** Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear
- **236:** Controlling High Blood Pressure – **Outcome, High Priority**
- **343:** Screening Colonoscopy Adenoma Detection Rate – **Outcome, High Priority**
- **390:** Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options – **High Priority**
- **391:** Follow-Up After Hospitalization for Mental Illness (FUH) – **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"> ○ 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



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 Activities
 - 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 Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop – **EHR Bonus**
- Implementation of medication management practice improvements – **EHR Bonus**
- Annual registration in the Prescription Drug Monitoring Program
- Use of tools to assist patient self-management
- Use group visits for common chronic conditions (e.g., diabetes).
- Engagement of patients through implementation of improvements in patient portal – **EHR Bonus**
- Implementation of improvements that contribute to more timely communication of test results
- CMS partner in Patients Hospital Engagement Network
- Chronic Care and Preventative Care Management for Empaneled Patients – **EHR Bonus**
- Participation in an AHRQ-listed patient safety organization.
- Use of decision support and standardized treatment protocols – **EHR Bonus**

High Weighted:

- 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**
- RHC, IHS or FQHC quality improvement activities
- Consultation of the Prescription Drug Monitoring Program
- 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
- Electronic submission of Patient Centered Medical Home accreditation



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).