

## 2018 MIPS Reporting

### General 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 (0):

*There is no specialty measure set available for General Medicine.*

#### Additional Measures:

- **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)
- **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)
- **047:** Care Plan – **High Priority**
- **050:** Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older – **High Priority**
- **051:** Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
- **052:** Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy
- **065:** Appropriate Treatment for Children with Upper Respiratory Infection (URI) – **High Priority**
- **066:** Appropriate Testing for Children with Pharyngitis – **High Priority**
- **093:** Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use – **High Priority**
- **109:** Osteoarthritis (OA): Function and Pain Assessment – **High Priority**
- **110:** Preventive Care and Screening: Influenza Immunization
- **111:** Pneumococcal Vaccination Status for Older Adults
- **112:** Breast Cancer Screening
- **113:** Colorectal Cancer Screening
- **116:** Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis – **High Priority**
- **117:** Diabetes: Eye Exam
- **119:** Diabetes: Medical Attention for Nephropathy
- **126:** Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation

# 2018 MIPS for General Medicine

- **127:** Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of Footwear
- **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**
- **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
- **236:** Controlling High Blood Pressure – **Outcome, High Priority**
- **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**
- **343:** Screening Colonoscopy Adenoma Detection Rate – **Outcome, High Priority**
- **370:** Depression Remission at Twelve Months – **Outcome, 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
- **390:** Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options – **High Priority**
- **391:** Follow-Up After Hospitalization for Mental Illness (FUH) – **High Priority**
- **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
- **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**



## 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 Activates
  - 4 Medium Weighted Activities

### Medium Weighted:

- 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
- Chronic Care and Preventative Care Management for Empaneled Patients – **EHR Bonus**

### 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

- 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).