

2018 MIPS Reporting

Infectious Disease



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 (28):

- **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**
- **110:** Preventive Care and Screening: Influenza Immunization
- **111:** Pneumococcal Vaccination Status for Older Adults
- **116:** Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis – **High Priority**
- **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**
- **176:** Rheumatoid Arthritis (RA): Tuberculosis Screening
- **205:** HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **275:** Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) 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**
- **340:** HIV Medical Visit Frequency – **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**

- **394:** Immunizations for Adolescents
- **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
- **407:** Appropriate Treatment of Methicillin-Sensitive Staphylococcus Aureus (MSSA) Bacteremia – **High Priority**
- **447:** Chlamydia Screening and Follow Up
- **464:** Otitis Media with Effusion (OME): Systemic Antimicrobials- Avoidance of Inappropriate Use – **High Priority**

Additional Measures:

- **001:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) – **Outcome, High Priority**
- **047:** Care Plan – **High Priority**
- **112:** Breast Cancer Screening
- **113:** Colorectal Cancer Screening
- **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **204:** Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- **431:** Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling



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:

- 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
- Engagement of patients through implementation of improvements in patient portal – **EHR Bonus**
- Implementation of improvements that contribute to more timely communication of test results
- Use of certified EHR to capture patient reported outcomes – **EHR Bonus**
- Engagement of Patients, Family, and Caregivers in Developing a Plan of Care – **EHR Bonus**
- Implementation of an ASP
- Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes

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**
- 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).