

2018 MIPS Reporting

Oncology



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 (21):

- **47:** Care Plan - **High Priority**
- **102:** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients - **High Priority**
- **130:** Documentation of Current Medications in the Medical Record - **High Priority**
- **143:** Oncology: Medical and Radiation – Pain Intensity Quantified - **High Priority**
- **144:** Oncology: Medical and Radiation – Plan of Care for Pain - **High Priority**
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **250:** Radical Prostatectomy Pathology Reporting
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **374:** Closing the Referral Loop: Receipt of Specialist Report - **High Priority**
- **402:** Tobacco Use and Help with Quitting Among Adolescents
- **431:** Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
- **449:** HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies - **High Priority**
- **450:** Trastuzumab Received By Patients With AJCC Stage I (T1c) – III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy - **High Priority**
- **451:** RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy
- **452:** Patients with Metastatic Colorectal Cancer and RAS (KRAS or NRAS) 4 with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies - **High Priority**
- **453:** Proportion Receiving Chemotherapy in the Last 14 Days of Life - **High Priority**
- **454:** Proportion of Patients who Died from Cancer with more than One Emergency Department Visit in the Last 30 Days of Life - **Outcome, High Priority**
- **455:** Proportion Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life - **Outcome, High Priority**
- **456:** Proportion Not Admitted To Hospice - **High Priority**
- **457:** Proportion Admitted to Hospice for less than 3 days - **Outcome, High Priority**

- **462:** Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy

Additional Measures:

- **1:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) – **Outcome, High Priority**
- **65:** Appropriate Treatment for Children with Upper Respiratory Infection (URI) - **High Priority**
- **66:** Appropriate Testing for Children with Pharyngitis - **High Priority**
- **99:** Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade
- **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
- **131:** Pain Assessment and Follow-Up - **High Priority**
- **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **204:** Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- **265:** Biopsy Follow-Up - **High Priority**
- **342:** Pain Brought Under Control Within 48 Hours - **Outcome, 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

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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:

- Care transition documentation practice improvements
- 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
- Care transition standard operational improvements

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
- Collection and follow-up on patient experience and satisfaction data on beneficiary engagement

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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).