

2018 MIPS Reporting

Otolaryngology



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 (29):

- **021:** Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin – **High Priority**
- **023:** Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) – **High Priority**
- **047:** Care Plan – **High Priority**
- **065:** Appropriate Treatment for Children with Upper Respiratory Infection (URI) – **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**
- **111:** Pneumococcal Vaccination Status for Older Adults
- **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**
- **154:** Falls: Risk Assessment – **High Priority**
- **155:** Falls: Plan of Care – **High Priority**
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **265:** Biopsy Follow-Up – **High Priority**
- **276:** Sleep Apnea: Assessment of Sleep Symptoms
- **277:** Sleep Apnea: Severity Assessment at Initial Diagnosis
- **278:** Sleep Apnea: Positive Airway Pressure Therapy Prescribed
- **279:** Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **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**

- **357:** Surgical Site Infection (SSI) – **Outcome, High Priority**
- **358:** Patient-Centered Surgical Risk Assessment and Communication – **High Priority**
- **374:** Closing the Referral Loop: Receipt of Specialist Report – **High Priority**
- **398:** Optimal Asthma Control – **Outcome, High Priority**
- **402:** Tobacco Use and Help with Quitting Among Adolescents
- **431:** Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
- **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**
- **066:** Appropriate Testing for Children with Pharyngitis – **High Priority**
- **110:** Preventive Care and Screening: Influenza Immunization
- **112:** Breast Cancer Screening
- **113:** Colorectal Cancer Screening
- **117:** Diabetes: Eye Exam
- **119:** Diabetes: Medical Attention for Nephropathy
- **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



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 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
- Engagement of patients through implementation of improvements in patient portal – **EHR Bonus**
- Implementation of improvements that contribute to more timely communication of test results
- Implementation of practices/processes for developing regular individual care plans – **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**
- 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).