New Jersey Innovation Institute
An NJIT Corporation

2018 MIPS Reporting

Pain Management

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 for Pain Management.

Additional Measures:

- **24**: Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older **–High Priority**
- **39**: Screening for Osteoporosis for Women Aged 65-85 Years of Age
- **47**: Care Plan**–High Priority**
- **48**: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- **65**: Appropriate Treatment for Children with Upper Respiratory Infection (URI) **–High Priority**
- **66**: Appropriate Testing for Children with Pharyngitis**–High Priority**
- **93**: 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
- **112**: Breast Cancer Screening
- **113**: Colorectal Cancer Screening
- **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**
- **131**: Pain Assessment and Follow-Up**–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**
- **176**: Rheumatoid Arthritis (RA): Tuberculosis Screening
- **177**: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity\
- **178**: Rheumatoid Arthritis (RA): Functional Status Assessment
- **179**: Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis
- **180**: Rheumatoid Arthritis (RA): Glucocorticoid Management

Connect with the NJII MIPS Registry Team Today!
973-642-4055 | qpp@njii.com | njii.com/MIPS

- **226**: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **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**
- **342**: Pain Brought Under Control Within 48 Hours**- Outcome, High Priority**
- **358**: Patient-Centered Surgical Risk Assessment and Communication**–High Priority**
- **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

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)
○ Security Risk Analysis ○ e-Prescribing* ○ Provide Patient Access ○ Send a Summary of Care* ○ Request/Accept Summary of Care*	○ Security Risk Analysis ○ e-Prescribing* ○ Provide Patient Access ○ Health Information Exchange*

*Exclusion available for measure if denominator is less than 100 patients or occurrences

2018 MIPS for Pain Management

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 Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop- **EHR Bonus**
- 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
- CMS partner in Patients Hospital Engagement Network
- Implementation of fall screening and assessment programs

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.

Connect with the NJII MIPS Registry Team Today!
973-642-4055 | qpp@njii.com | njii.com/MIPS

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).