

2018 MIPS Reporting

Pediatrics



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 (23):

- **65:** Appropriate Treatment for Children with Upper Respiratory Infection (URI) – **High Priority**
- **66:** Appropriate Testing for Children with Pharyngitis - **High Priority**
- **91:** Acute Otitis Externa (AOE): Topical Therapy - **High Priority**
- **93:** Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use - **High Priority**
- **110:** Preventive Care and Screening: Influenza Immunization
- **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **160:** HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
- **205:** HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis
- **239:** Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- **240:** Childhood Immunization Status
- **305:** Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- **310:** Chlamydia Screening for Women
- **366:** Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- **379:** Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
- **382:** Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment - **High Priority**
- **391:** Follow-Up After Hospitalization for Mental Illness (FUH) - **High Priority**
- **394:** Immunizations for Adolescents - **High Priority**
- **398:** Optimal Asthma Control - **High Priority**
- **402:** Tobacco Use and Help with Quitting Among Adolescents
- **444:** Medication Management for People with Asthma
- **447:** Chlamydia Screening and Follow Up
- **464:** Otitis Media with Effusion (OME): Systemic Antimicrobials- Avoidance of Inappropriate Use - **High Priority**

- **467: Developmental Screening in the First Three Years of Life**



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



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
- Implementation of medication management practice improvements - **EHR Bonus**
- Annual registration in the Prescription Drug Monitoring Program
- Use of decision support and standardized treatment protocols - **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
- Participation in Systematic Anticoagulation 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).