

## 2018 MIPS Reporting

### Plastic Surgery



#### 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 (9):

- **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**
- **130:** Documentation of Current Medications in the Medical Record – **High Priority**
- **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
- **355:** Unplanned Reoperation within the 30 Day Postoperative Period – **Outcome, High Priority**
- **356:** Unplanned Hospital Readmission within 30 Days of Principal Procedure – **Outcome, High Priority**
- **357:** Surgical Site Infection (SSI) – **Outcome, High Priority**
- **358:** Patient-Centered Surgical Risk Assessment and Communication – **High Priority**

#### Additional Measures:

- **024:** Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older – **High Priority**
- **047:** Care Plan – **High Priority**
- **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
- **204:** Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- **354:** Anastomotic Leak Intervention – **Outcome, High Priority**

- **402:** Tobacco Use and Help with Quitting Among Adolescents
- **424:** Perioperative Temperature Management – **Outcome, High Priority**
- **426:** Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU) – **High Priority**
- **427:** Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU) – **High Priority**
- **430:** Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy – **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"> <li>○ Security Risk Analysis</li> <li>○ e-Prescribing*</li> <li>○ Provide Patient Access</li> <li>○ Send a Summary of Care*</li> <li>○ Request/Accept Summary of Care*</li> </ul>	<ul style="list-style-type: none"> <li>○ Security Risk Analysis</li> <li>○ e-Prescribing*</li> <li>○ Provide Patient Access</li> <li>○ Health Information Exchange*</li> </ul>

\*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 Activities
  - 4 Medium Weighted Activities

## Medium Weighted:

- Practice Improvements for Bilateral Exchange of Patient Information – **EHR Bonus**
- Participation in Joint Commission Evaluation Initiative

## 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
- 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).