

2018 MIPS Reporting

Preventive Medicine



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 (24):

- **001:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) – **Outcome, High Priority**
- **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**
- **039:** Screening for Osteoporosis for Women Aged 65-85 Years of Age
- **047:** Care Plan – **High Priority**
- **048:** Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- **109:** Osteoarthritis (OA): Function and Pain Assessment – **High Priority**
- **110:** Preventive Care and Screening: Influenza Immunization
- **111:** Pneumococcal Vaccination Status for Older Adults
- **112:** Breast Cancer Screening
- **113:** Colorectal Cancer Screening
- **116:** Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis – **High Priority**
- **119:** Diabetes: Medical Attention for Nephropathy
- **126:** Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation
- **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**
- **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**
- **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
- **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
- **438:** Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Additional Measures:

- **236:** Controlling High Blood Pressure – **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



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 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

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



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).