

2018 MIPS Reporting

Psychiatry



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 Psychiatry

Additional Measures:

- **047:** Care Plan – **High Priority**
- **110:** Preventive Care and Screening: Influenza Immunization
- **111:** Pneumococcal Vaccination Status for Older Adults
- **130:** Documentation of Current Medications in the Medical Record – **High Priority**
- **134:** Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- **181:** Elder Maltreatment Screen and Follow-Up Plan – **High Priority**
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **282:** Dementia: Functional Status Assessment
- **283:** Dementia: Neuropsychiatric Symptom Assessment
- **286:** Dementia: Counseling Regarding Safety Concerns – **High Priority**
- **288:** Dementia: Caregiver Education and Support – **High Priority**
- **325:** Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions – **High Priority**
- **370:** Depression Remission at Twelve Months – **Outcome, High Priority**
- **383:** Adherence to Antipsychotic Medications For Individuals with Schizophrenia – **Outcome, High Priority**
- **391:** Follow-Up After Hospitalization for Mental Illness (FUH) – **High Priority**
- **402:** Tobacco Use and Help with Quitting Among Adolescents
- **411:** Depression Remission at Six Months – **Outcome, High Priority**
- **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)
<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 improvements that contribute to more timely communication of test results
- Implementation of use of specialist reports back to referring clinician or group to close referral loop – **EHR Bonus**
- Improved practices that disseminate appropriate self-management materials
- Practice improvements for bilateral exchange of patient information – **EHR Bonus**
- Use of patient safety tools

High Weighted:

- Collection and follow-up on patient experience and satisfaction data on beneficiary engagement
- 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).