

## 2018 MIPS Reporting

### Psychology



#### 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):

- **009:** Anti-Depressant Medication Management
- **107:** Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
- **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
- **181:** Elder Maltreatment Screen and Follow-Up Plan – **High Priority**
- **281:** Dementia: Cognitive Assessment
- **282:** Dementia: Functional Status Assessment
- **283:** Dementia Associated Behavioral and Psychiatric Symptoms Screening and Management
- **286:** Dementia: Safety Concerns Screening and Mitigation Recommendations or Referral for Patients with Dementia – **High Priority**
- **288:** Dementia: Caregiver Education and Support – **High Priority**
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **325:** Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions – **High Priority**
- **366:** Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- **367:** Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use
- **370:** Depression Remission at Twelve Months – **Outcome, High Priority**
- **371:** Depression Utilization of the PHQ-9 Tool
- **374:** Closing the Referral Loop: Receipt of Specialist Report – **High Priority**
- **382:** Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment – **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

## Additional Measures:

- **111:** Pneumococcal Vaccination Status for Older Adults
- **112:** Breast Cancer Screening
- **113:** Colorectal Cancer Screening
- **117:** Diabetes: Eye Exam
- **204:** Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention



## 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 Activates
  - 4 Medium Weighted Activities

## Medium Weighted:

- Implementation of documentation improvements for practice/process improvements – **EHR Bonus**
- Collection and use of patient experience and satisfaction data on access
- Implementation of medication management practice improvements
- Annual registration in the Prescription Drug Monitoring Program

- Tobacco use
- Diabetes screening
- Unhealthy alcohol use
- Depression screening
- MDD prevention and treatment interventions

## High Weighted:

- Implementation of co-location PCP and MH services
- Implementation of Integrated Patient Centered Behavioral Health Model – **EHR Bonus**
- Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients
- 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).