

## 2018 MIPS Reporting

### Pulmonary 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 (0):

*There is no specialty measure set for Pulmonary Medicine*

#### Additional Measures:

- **047:** Care Plan- **High Priority**
- **051:** Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
- **052:** Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy
- **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
- **130:** Documentation of Current Medications in the Medical Record- **High Priority**
- **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **236:** Controlling High Blood Pressure- **High Priority**
- **276:** Sleep Apnea: Assessment of Sleep Symptoms
- **277:** Sleep Apnea: Severity Assessment at Initial Diagnosis
- **278:** Sleep Apnea: Positive Airway Pressure Therapy Prescribed
- **279:** Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **398:** Optimal Asthma Control- **Outcome, High Priority**
- **402:** Tobacco Use and Help with Quitting Among Adolescents
- **431:** Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
- **444:** Medication Management for People with Asthma- **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 Activates
  - 4 Medium Weighted Activities

### Medium Weighted:

- Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop- **EHR Bonus**
- Care transition documentation practice improvements
- TCPI Participation
- 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 certified EHR to capture patient reported outcomes- **EHR Bonus**
- Engagement of Patients, Family, and Caregivers in Developing a Plan of Care- **EHR Bonus**
- Engagement of patients through implementation of improvements in patient portal- **EHR Bonus**
- Care transition standard operational improvements
- Care coordination agreements that promote improvements in patient tracking across settings
- Practice Improvements for Bilateral Exchange of Patient Information- **EHR Bonus**

# 2018 MIPS for Pulmonary Medicine

- Implementation of improvements that contribute to more timely communication of test results
- Implementation of practices/processes for developing regular individual care plans- **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
- Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record- **EHR Bonus**
- Anticoagulant Management Improvements- **EHR Bonus**
- 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).