

## 2018 MIPS Reporting

### Rheumatology



#### 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 (19):

- **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**
- **110:** Preventive Care and Screening: Influenza Immunization
- **111:** Pneumococcal Vaccination Status for Older Adults
- **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**
- **131:** Pain Assessment and Follow-Up – **High Priority**
- **176:** Rheumatoid Arthritis (RA): Tuberculosis Screening
- **177:** Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity
- **178:** Rheumatoid Arthritis (RA): Functional Status Assessment
- **179:** Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis
- **180:** Rheumatoid Arthritis (RA): Glucocorticoid Management
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **236:** Controlling High Blood Pressure – **High Priority**
- **238:** Use of High-Risk Medications in the Elderly – **High Priority**
- **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

#### Additional Measures:

- **001:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) – **Outcome, High Priority**
- **112:** Breast Cancer Screening
- **113:** Colorectal Cancer Screening

- **119:** Diabetes: Medical Attention for Nephropathy
- **204:** Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- **337:** Psoriasis: Tuberculosis (TB) Prevention for Patients with Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier



## 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:

- Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop – **EHR Bonus**
- 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

- Annual registration in the Prescription Drug Monitoring Program
- Engagement of patients through implementation of improvements in patient portal
- Implementation of improvements that contribute to more timely communication of test results
- Implementation of fall screening and assessment programs

## 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**
- 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).