

## 2018 MIPS Reporting

### Sleep 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 Sleep Medicine*

#### Additional Measures:

- **051:** Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
- **052:** Chronic Obstructive Pulmonary Disease (COPD): 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:** Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use – **High Priority**
- **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 – **High Priority**
- **134:** Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **238:** Use of High-Risk Medications in the Elderly – **High Priority**
- **261:** Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness – **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



25%

## 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



15%

## 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:

- Collection and use of patient experience and satisfaction data on access
- Annual registration in the Prescription Drug Monitoring Program
- Engage patients and families to guide improvement in the system of care
- Implementation of documentation improvements for practice/process improvements
- Implementation of improvements that contribute to more timely communication of test results

### High Weighted:

- Engagement of new Medicaid patients and follow-up
- 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).