

2018 MIPS Reporting

Urology



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 (22):

- **023:** Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients) – **High Priority**
- **047:** Care Plan – **High Priority**
- **048:** Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- **050:** Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older – **High Priority**
- **102:** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients – **High Priority**
- **104:** Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer
- **119:** Diabetes: Medical Attention for Nephropathy
- **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**
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **265:** Biopsy Follow-Up – **High Priority**
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- **358:** Patient-Centered Surgical Risk Assessment and Communication – **High Priority**
- **374:** Closing the Referral Loop: Receipt of Specialist Report – **High Priority**
- **428:** Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence
- **429:** Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy – **High Priority**
- **431:** Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
- **432:** Proportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic Organ Prolapse Repair – **Outcome, High Priority**
- **433:** Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair – **Outcome, High Priority**

- **434:** Proportion of Patients Sustaining a Ureter Injury at the Time of any Pelvic Organ Prolapse Repair – **Outcome, High Priority**
- **462:** Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy

Additional Measures:

- **001:** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) – **Outcome, High Priority**
- **039:** Screening for Osteoporosis for Women Aged 65-85 Years of Age
- **046:** Medication Reconciliation Post-Discharger – **High Priority**
- **110:** Preventive Care and Screening: Influenza Immunization
- **111:** Pneumococcal Vaccination Status for Older Adults
- **112:** Breast Cancer Screening
- **113:** Colorectal Cancer Screening
- **117:** Diabetes: Eye Exam
- **122:** Adult Kidney Disease: Blood Pressure Management – **Outcome, High Priority**
- **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **204:** Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- **236:** Controlling High Blood Pressure – **Outcome, High Priority**
- **346:** Rate of Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA) Who Are Stroke Free or Discharged Alive – **Outcome, High Priority**
- **354:** Anastomotic Leak Intervention – **Outcome, High Priority**
- **355:** Unplanned Reoperation within the 30 Day Postoperative Period – **Outcome, High Priority**
- **356:** Unplanned Hospital Readmission within 30 Days of Principal Procedure – **Outcome, High Priority**
- **357:** Surgical Site Infection (SSI) – **Outcome, High Priority**
- **402:** Tobacco Use and Help with Quitting Among Adolescent



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)
○ Security Risk Analysis	○ Security Risk Analysis
○ e-Prescribing*	○ e-Prescribing*
○ Provide Patient Access	○ Provide Patient Access

<ul style="list-style-type: none">○ Send a Summary of Care*○ Request/Accept Summary of Care*	<ul style="list-style-type: none">○ Health Information Exchange*
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*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 – **EHR Bonus**
- Annual registration in the Prescription Drug Monitoring Program
- Engagement of patients through implementation of improvements in patient portal – **EHR Bonus**
- Implementation of improvements that contribute to more timely communication of test results
- Participation in Joint Commission Evaluation Initiative

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**



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).