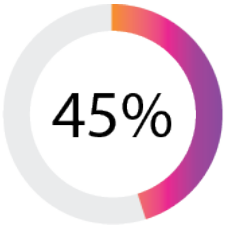
Healthcare INNOVATION SOLUTIONS

2019 MIPS Reporting
Dietician and Nutrition

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)

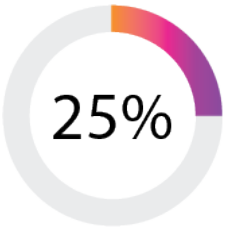
Specialty Measure Set:

There are no additional measure sets for this specialty.

Additional Measures:

- **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**
- **226:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- **317:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

Promoting Interoperability (PI) Reporting Requirements:



- Use of a 2015 Certified Electronic Health Record System (CEHRT)
- Report the measures from each of the four objectives, unless an exclusion is claimed.

Objectives	Measures	Maximum Points
Protect Patient Health Information	**Security Risk Analysis**	0 points
e-Prescribing	**e-Prescribing***	10 points
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)	5 bonus points
	Bonus: Verify Opioid Treatment Agreement	5 bonus points
Health Information Exchange	**Support Electronic Referral Loops by Sending Health Information***	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information*	20 points
Provider to Patient Exchange	**Provide Patients Electronic Access to Their Health Information**	40 points
Public Health and Clinical Data Exchange	**Report to two different public health agencies or clinical data registries for any of the following:** Immunization Registry Reporting* Electronic Case Reporting * Public Health Registry Reporting* Clinical Data Registry Reporting* Syndromic Surveillance Reporting*	10 points

Bolded text in the table denotes required measures.
*Exclusion available for measures identified.

FOR MORE INFORMATION CONNECT WITH THE HCIS MIPS REGISTRY TEAM TODAY:
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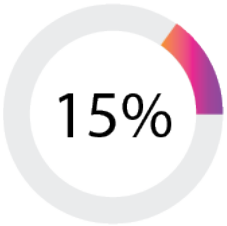
Improvement Activities (IA) Reporting Requirements:



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:

- IA_PSPA_5: Annual registration in the Prescription Drug Monitoring Program
- IA_PSPA_18: Measurement and improvement at the practice and panel level
- IA_PSPA_19: Implementation of formal quality improvement methods, practice changes, or other practice improvement processes
- IA_PSPA_20: Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes
- IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients
- IA_BE_4: Engagement of patients through implementation of improvements in patient portal
- IA_CC_2: Implementation of improvements that contribute to more timely communication of test results
- IA_PSPA_1: Participation in an AHRQ-listed patient safety organization.
- IA_PM_16: Implementation of medication management practice improvements
- IA_BE_13: Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.
- IA_CC_4: TCPI participation
- IA_PSPA_16: Use of decision support and standardized treatment protocols

High Weighted:

- IA_BE_6: Collection and follow-up on patient experience and satisfaction data on beneficiary engagement
- IA_PSPA_11: Participation in CAHPS or other supplemental questionnaire
- IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record

Healthcare INNOVATION SOLUTIONS

2019 MIPS Reporting
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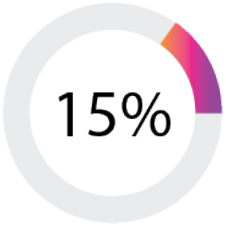
Cost Reporting Requirements:



- CMS will use data from Medicare Part A and B claims—with dates of service from January 1, 2019 to December 31, 2019—to calculate your Cost performance category score.
- You do not need to submit any data or take any separate actions for this performance category
- MIPS eligible clinicians should continue to see patients and submit claims data as usual.

Measure	Minimum Case Volume	Maximum Points
Total Per Capita Costs for All Attributed Beneficiaries	20	10
Medicare Spending Per Beneficiary	35	10
Elective Outpatient Percutaneous Coronary Intervention (PCI)	10	N/A – Not Scored
Knee Arthroplasty	10	10
Revascularization for Lower Extremity Chronic Critical Limb Ischemia	10	10
Routine Cataract Removal with Intraocular Lens (IOL) Implantation	10	10
Screening/Surveillance Colonoscopy	10	N/A – Not Scored
Intracranial Hemorrhage or Cerebral Infarction	20	10
Simple Pneumonia with Hospitalization	20	10
ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	20	N/A – Not Scored