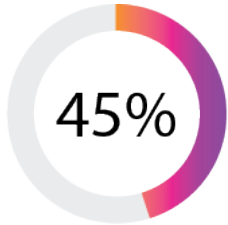


## Quality Reporting Requirements:



- 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)

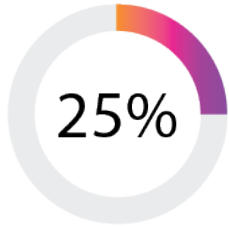
### Specialty Measure Set (9):

- **076:** Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections- **High Priority**
- **145:** Radiology: Exposure Dose Indices or Exposure Time and Number of Images Reported for Procedures Using Fluoroscopy- **High Priority**
- **374:** Closing the Referral Loop: Receipt of Specialist Report- **High Priority**
- **409:** Clinical Outcome Post Endovascular Stroke Treatment- **Outcome, High Priority**
- **413:** Door to Puncture Time for Endovascular Stroke Treatment- **Outcome, High Priority**
- **420:** Varicose Vein Treatment with Saphenous Ablation: Outcome Survey- **High Priority**
- **421:** Appropriate Assessment of Retrievable Inferior Vena Cava (IVC) Filters for Removal
- **437:** Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure- **Outcome, High Priority**
- **465:** Uterine Artery Embolization Technique: Documentation of Angiographic Endpoints and Interrogation of Ovarian Arteries- **High Priority**

### Additional Measures:

- **259:** Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post Operative Day #2)- **Outcome, High Priority**
- **265:** Biopsy Follow-Up- **High Priority**
- **344:** Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2) - **Outcome, High Priority**
- **345:** Rate of Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) Who Are Stroke Free or Discharged Alive- **Outcome, High Priority**
- **358:** Patient-Centered Surgical Risk Assessment and Communication- **High Priority**

## Promoting Interoperability (PI) Reporting Requirements:



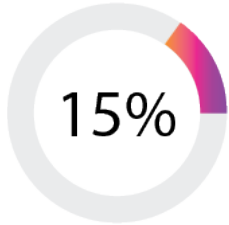
- Use of a 2015 Certified Electronic Health Record System (CEHRT)
- Report the measures from each of the four objectives, unless an exclusion is claimed.

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

## 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

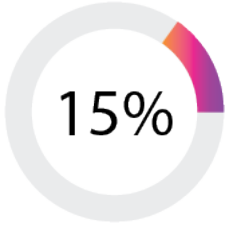
### Medium Weighted:

- IA\_PSPA\_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\_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\_PSPA\_13: Participation in Joint Commission Evaluation Initiative
- IA\_CC\_4: TCPI participation
- IA\_PSPA\_16: Use of decision support and standardized treatment protocols

### High Weighted:

- IA\_AHE\_1: Engagement of new Medicaid patients and follow-up
- 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

**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