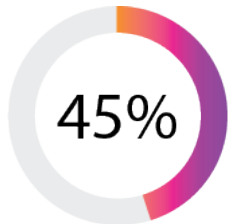


Quality Reporting Requirements:



- 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 (24):

- **047: Advance Care Plan- High Priority**
- **102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients- High Priority**
- **110: Preventive Care and Screening: Influenza Immunization**
- **111: Pneumococcal Vaccination Status for Older Adults**
- **130: Documentation of Current Medications in the Medical Record- High Priority**
- **143: Oncology: Medical and Radiation - Pain Intensity Quantified- High Priority**
- **144: Oncology: Medical and Radiation - Plan of Care for Moderate to Severe Pain- High Priority**
- **226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**
- **250: Radical Prostatectomy Pathology Reporting**
- **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**
- **431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling**
- **449: HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies- High Priority**
- **450: Trastuzumab Received By Patients With AJCC Stage I (T1c) - III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy- High Priority**
- **451: RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy**
- **452: Patients with Metastatic Colorectal Cancer and RAS (KRAS or NRAS) Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies- High Priority**
- **453: Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life (lower score - better)- High Priority**
- **454: Percentage of Patients who Died from Cancer with More than One Emergency Department Visit in the Last 30 Days of Life (lower score - better)- Outcome, High Priority**
- **455: Percentage of Patients Who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (lower score - better) – Outcome, High Priority**
- **456: Percentage of Patients Who Died From Cancer Not Admitted To Hospice (lower score - better)- High Priority**
- **457: Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score - better)- Outcome, High Priority**
- **462: Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy**
- **474: Zoster (Shingles) Vaccination**

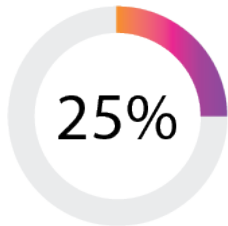
Additional Measures:

- **001: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)- Outcome, High Priority**
- **065: Appropriate Treatment for Children with Upper Respiratory Infection (URI)- High Priority**
- **066: Appropriate Testing for Children with Pharyngitis- High Priority**
- **112: Breast Cancer Screening**
- **113: Colorectal Cancer Screening**
- **117: Diabetes: Eye Exam**



- **119:** Diabetes: Medical Attention for Nephropathy
- **128:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- **131:** Pain Assessment and Follow-Up- **High Priority**
- **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **265:** Biopsy Follow-Up- **High Priority**
- **342:** Pain Brought Under Control Within 48 Hours- **Outcome, High Priority**

Promoting Interoperability (PI) Reporting Requirements:



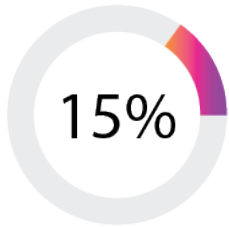
- Use of a 2015 Certified Electronic Health Record System (CEHRT)
- Report the measures from each of the four objectives, unless an exclusion is claimed.

Objectives	Measures	Maximum Points
Protect Patient Health Information	Security Risk Analysis	0 points
e-Prescribing	e-Prescribing*	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	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	<u>Report to two different public health agencies or clinical data registries for any of the following:</u> 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

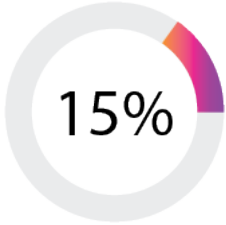
Medium Weighted:

- IA_PSPA_5: Annual registration in the Prescription Drug Monitoring Program
- IA_PSPA_18: Measurement and improvement at the practice and panel level
- 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_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
- IA_CC_13: Practice improvements for bilateral exchange of patient information

High Weighted:

- IA_BE_14: Engage Patients and Families to Guide Improvement in the System of Care
- 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