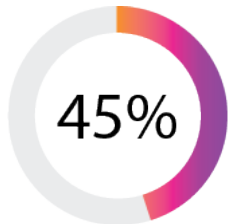


Quality Reporting Requirements:

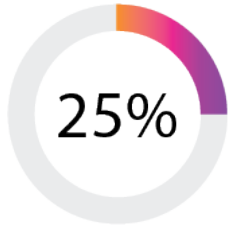


- Report on 6 quality measures or a specialty measure set
- Include at least ONE outcome or high-priority measure
- Report on patients of All-Payers (Medicare and Non-Medicare patients)

Specialty Measure Set (22):

- **065:** Appropriate Treatment for Children with Upper Respiratory Infection (URI)- **High Priority**
- **066:** Appropriate Testing for Children with Pharyngitis- **High Priority**
- **091:** Acute Otitis Externa (AOE): Topical Therapy- **High Priority**
- **093:** Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use- **High Priority**
- **110:** Preventive Care and Screening: Influenza Immunization
- **134:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- **160:** HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
- **205:** HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis
- **239:** Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- **240:** Childhood Immunization Status
- **305:** Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- **310:** Chlamydia Screening for Women
- **366:** Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- **379:** Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
- **382:** Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment- **High Priority**
- **391:** Follow-Up After Hospitalization for Mental Illness (FUH)- **High Priority**
- **394:** Immunizations for Adolescents
- **398:** Optimal Asthma Control- **Outcome, High Priority**
- **402:** Tobacco Use and Help with Quitting Among Adolescents
- **444:** Medication Management for People with Asthma- **High Priority**
- **464:** Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use- **High Priority**
- **467:** Developmental Screening in the First Three Years of Life

Promoting Interoperability (PI) Reporting Requirements:



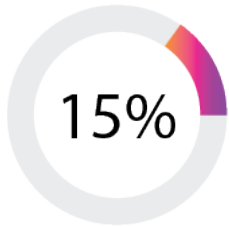
- Use of a 2015 Certified Electronic Health Record System (CEHRT)
- Report the measures from each of the four objectives, unless an exclusion is claimed.

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

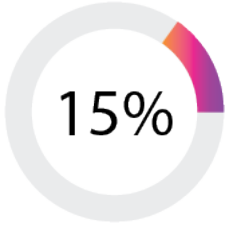
Medium Weighted:

- 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_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
- IA_BMH_2: Tobacco use

High Weighted:

- IA_PSPA_6: Consultation of the Prescription Drug Monitoring program
- 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