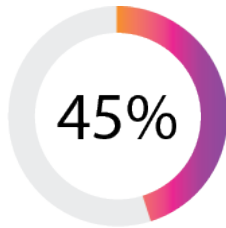


Quality Reporting Requirements:



- 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 specialty measure sets for this specialty.

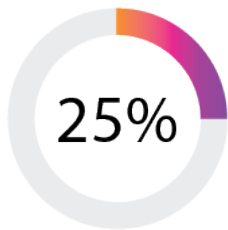
Additional Measures:

- 111: Pneumococcal Vaccination Status for Older Adults
- 119: Diabetes: Medical Attention for Nephropathy
- 128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- 143: Oncology: Medical and Radiation – Pain Intensity Quantified- **High Priority**
- 144: Oncology: Medical and Radiation – Plan of Care for Pain- **High Priority**
- 145: Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy- **High Priority**
- 146: Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms- **High Priority**
- 147: Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy- **High Priority**
- 160: HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
- 195: Radiology: Stenosis Measurement in Carotid Imaging Reports
- 225: Radiology: Reminder System for Screening Mammograms- **High Priority**
- 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- 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**
- 260: Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)- **Outcome, High Priority**
- 265: Biopsy Follow-Up- **High Priority**
- 322: Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients - **High Priority**
- 323: Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)- **High Priority**
- 324: Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients- **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**
- 346: Rate of Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA) Who Are Stroke Free or Discharged Alive- **Outcome, High Priority**
- 358: Patient-Centered Surgical Risk Assessment and Communication- **High Priority**
- 360: Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies- **High Priority**
- 361: Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry- **High Priority**
- 362: Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison- **High Priority**



- 364: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines- **High Priority**
- 405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions- **High Priority**
- 406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients- **High Priority**
- 436: Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques

Promoting Interoperability (PI) Reporting Requirements:



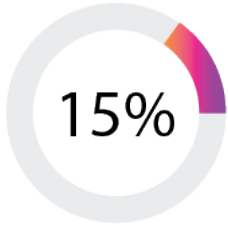
- Use of a 2015 Certified Electronic Health Record System (CEHRT)
- Report the measures from each of the four objectives, unless an exclusion is claimed.

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

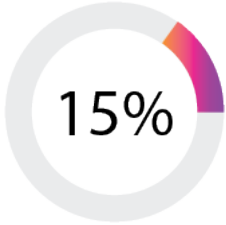
Medium Weighted:

- IA_EPA_3: Collection and use of patient experience and satisfaction data on access
- 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_CC_1: Implementation of use of specialist reports back to referring clinician or group to close referral loop
- 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

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