



COLLEGE of AMERICAN
PATHOLOGISTS

MIPS Reporting Deep Dive: Which Path is Right for Your Practice?

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Chair, QCDR Ad Hoc Committee

September 6, 2018

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Welcome

Emily E. Volk, MD, MBA, FCAP

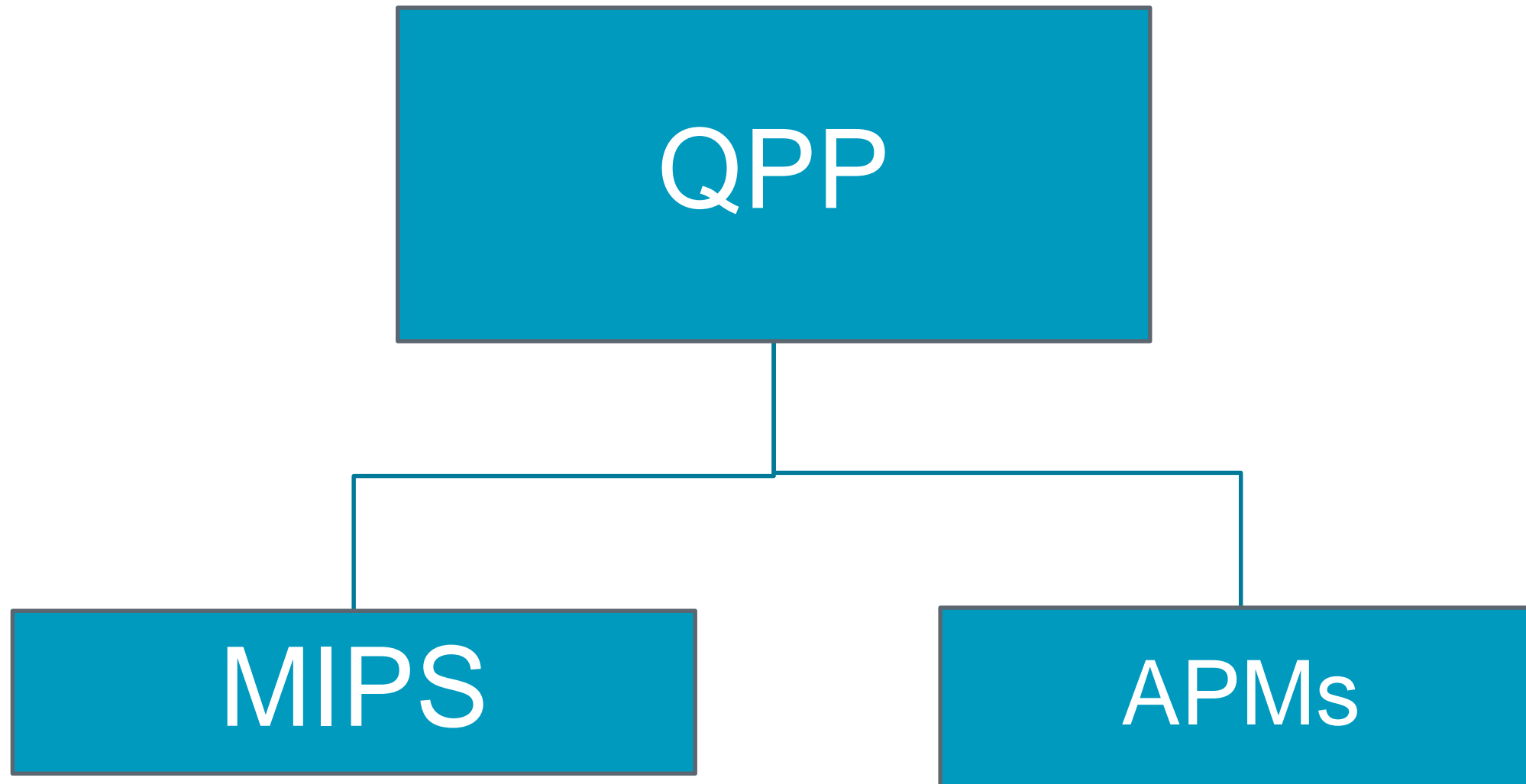
- **Chair of the CAP Clinical Data Registry Ad-Hoc Committee**
- **Vice Chair, CAP Council on Government and Professional Affairs**



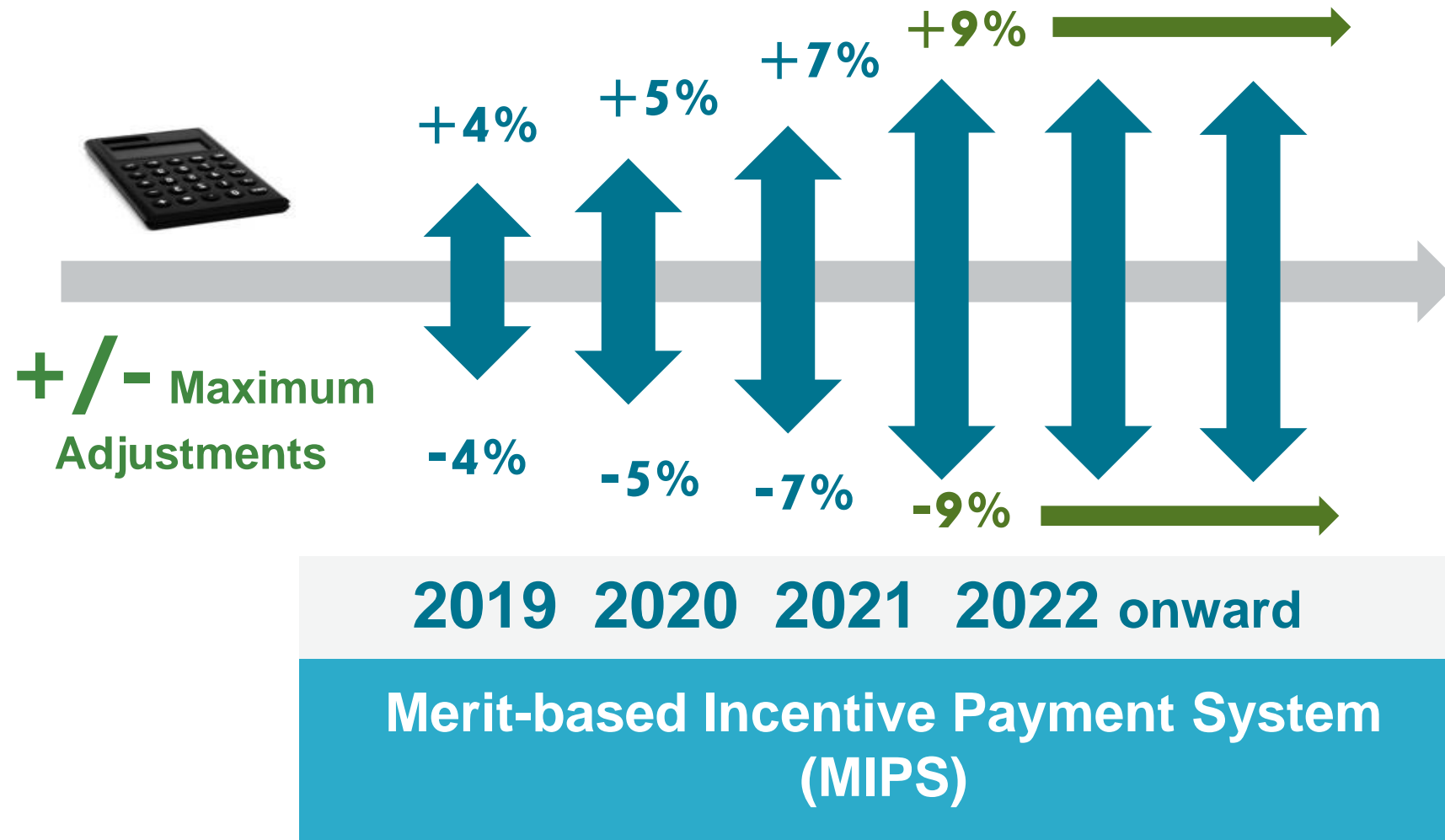
Today

- **Quality Payment Program (QPP) and Merit Incentive Payment System (MIPS)**
- **Confirm your MIPS reporting status**
- **Decide if you will report as an individual or group**
- **Determine your best reporting method**
- **Monitor Your MIPS Performance**

Quality Payment Program



More Money is at Stake Each Year



Doing nothing will result in a penalty

Exempt Clinicians

- **MIPS will NOT apply to you or your practice if any of the following apply:**
 - You are a first time enrollee in Medicare in 2018
 - You are in an Advanced APM and are a Qualifying APM Participant (QP) or Partial QP
 - If reporting as an individual, you have billed \$90,000 or less in Physician Fee Schedule (PFS) services to Medicare Part B Fee-for-Service (FFS) beneficiaries
 - If reporting as a group, your group has billed \$90,000 or less in PFS services to Medicare Part B FFS beneficiaries
 - You or your group have 200 or fewer Medicare Part B FFS beneficiaries

To Confirm Your 2018 MIPS Status

<https://qpp.cms.gov/participation-lookup>

Before you log on, have available:

- 1. Enterprise Identity Data Management (EIDM) credentials**
- 2. Tax Identification Number (TIN)**
- 3. National Provider Identifier (NPI)**

Determine Patient-Facing vs. Non-Patient-Facing Status

Non-Patient Facing

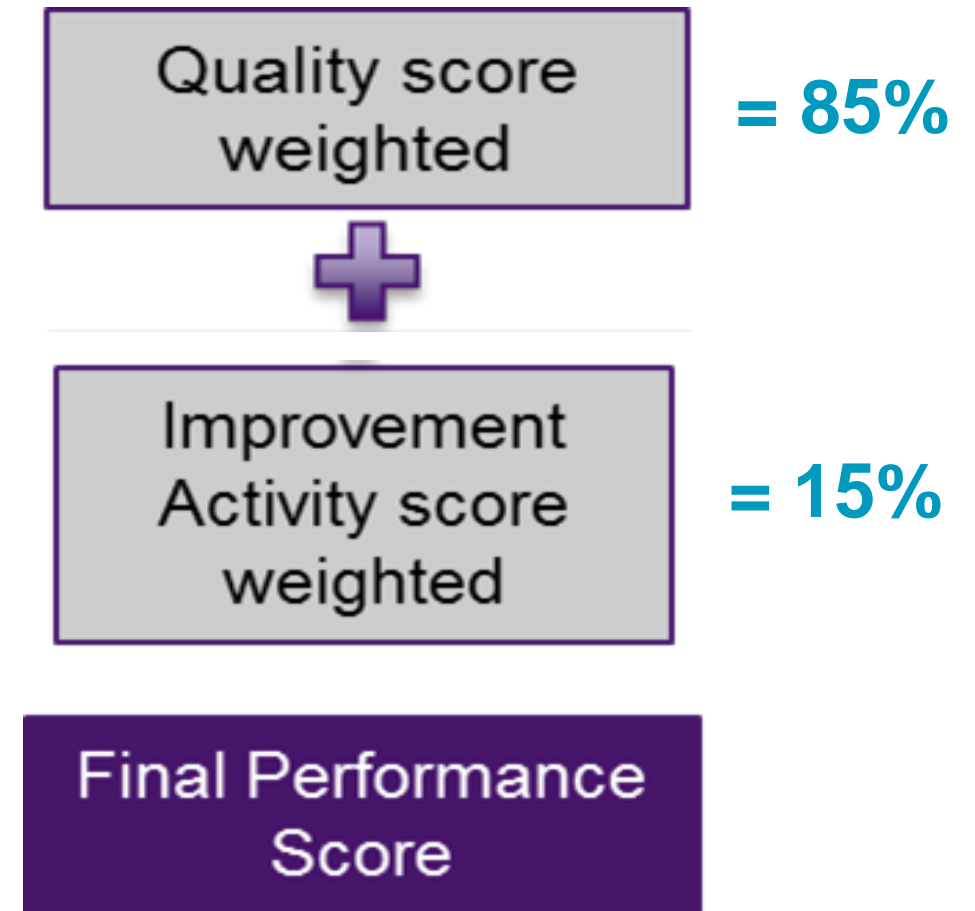
- An individual clinician who bills 100 or fewer patient facing encounters per calendar year
- A group with greater than 75% of clinicians billing 100 or fewer patient-facing encounters

Received as an individual

SPECIAL STATUS Hospital-based	Yes
SPECIAL STATUS Non-patient facing	Yes
SPECIAL STATUS Small practice	Yes

Non-Patient Facing Pathologists in MIPS

- For non-patient-facing pathologists, the score is likely based on two categories in 2018*
- *Cost category may be applicable to some non-patient-facing pathologists.*
 - *Check 2017 MIPS performance feedback*



Individual Vs. Group Reporting Designation

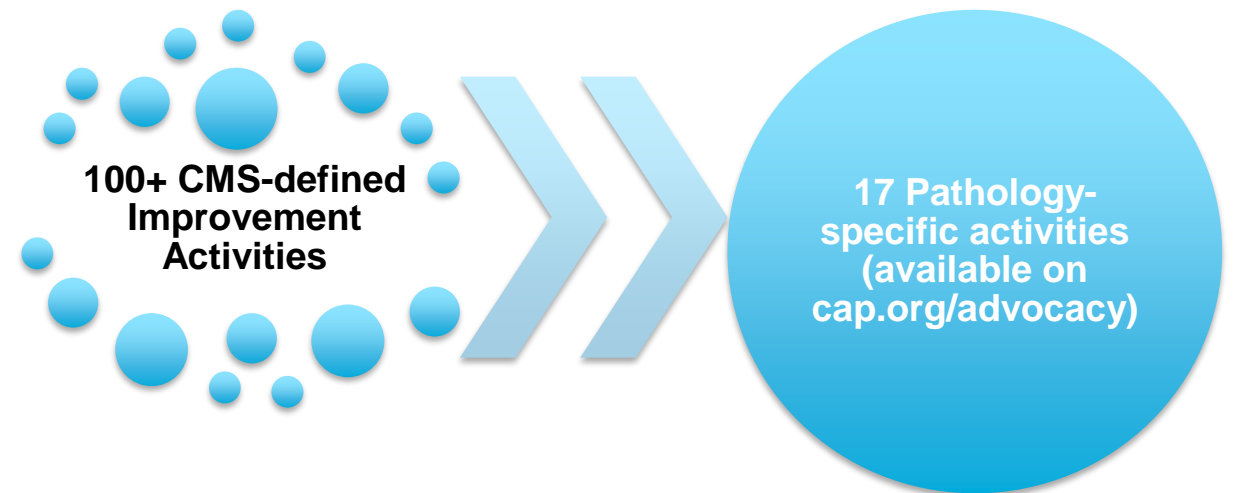
- Designation applies to all measures in MIPS
- Group reporting increases case volume
- Claims based reporting for Quality = **Individual Reporting**
 - Must do individual attestation for Improvement Activities

Determine Your Best Reporting Method

- **CMS QPP Portal**
- **Claims-based (billing company)**
- **Qualified Clinical Data Registry (QCDR)**
- **Qualified Registries (QR)**
- **CMS Web Interface**
 - Available for multispecialty practices (25 providers or more)

IA Attestation via CMS QPP Portal

- **Attest to 1 high-weighted or 2 medium-weighted Improvement Activities (IAs) if you are a non-patient-facing pathologist**
 - As an individual or a group
- **If you report quality measures via claims, you will have to attest IAs for each individual in your practice**
- **You are still required to find a mechanism for Quality measures**



Non-Patient Facing Provider Claims-Based Reporting

Report on a minimum of six measures including one outcome or high priority measure

QPP Measures

QPP 99: Breast Cancer Resection Pathology Reporting *

QPP 100: Colorectal Cancer Resection Pathology Reporting *

QPP 249: Barrett Esophagus Pathology Reporting *

QPP 250: Radical Prostatectomy Pathology Reporting *

QPP 251: Evaluation of HER2 for Breast Cancer Patients *

QPP 395: Lung Cancer Reporting (biopsy/cytology specimens)*

QPP 396: Lung Cancer Reporting (resection specimens)

QPP 397: Melanoma Reporting*

Outcome or high-priority measure.

*Topped-out measure

Eligible Measure Applicability (EMA)

- **If you report via claims and submit less than 6 quality measures, CMS will determine whether additional measures should have been submitted**
 - Applies to claims-based and QR reporting,
 - Does not apply to QCDR reporting
- **If the CMS finds no additional applicable measures**
 - Your quality score will be based on the measures submitted
- **If you have less than 6 measures that apply to you, we recommend you review the EMA clusters and report via claims or a QR**

Claims EMA Pathology Clusters

Cluster 1

99	Breast Cancer Resection Pathology Reporting
100	Colorectal Cancer Resection Pathology Reporting
249	Barrett's Esophagus
250	Radical Prostatectomy Pathology Reporting
251	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients

Cluster 2

395	Lung Cancer Reporting (Biopsy/ Cytology Specimens)
396	Lung Cancer Reporting (Resection Specimens)

Qualified Registry (QR) Reporting

- **Check the CMS QPP Resource Center for a list of available QRs**
- **Eight QPP measures available**
 - Report on a minimum of six measures including an outcome or high priority measure
 - Not all QRs contain pathology measures
- **Not all QRs have IA attestation available, so ensure that improvement activities are covered**
- **EMA applies if you report on less than six measures or do not report on an outcome/high priority measure**

Qualified Registry (QR) EMA Pathology Clusters

Cluster 1

99	Breast Cancer Resection Pathology Reporting
251	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients

Cluster 2

395	Lung Cancer Reporting (Biopsy/Cytology Specimens)
396	Lung Cancer Reporting (Resection Specimens)

Qualified Clinical Data Registry (QCDDR) Reporting

- **CAP's Pathologists Quality Registry**
- **One stop shopping**
 - Allows individual or group reporting
 - Report on quality measures and/or improvement activities
- **More pathologist-specific specific measures to choose from**
 - Report on a minimum of six measures including an outcome or high priority measure
 - EMA process does not apply to QCDDRs so ensure you have at least six measures (including outcome/high priority) that you can report

Quality Measures Available in the Pathologists Quality Registry

QPP Measures

QPP 99: Breast Cancer Resection Pathology Reporting *

QPP 100: Colorectal Cancer Resection Pathology Reporting *

QPP 249: Barrett Esophagus Pathology Reporting *

QPP 250: Radical Prostatectomy Pathology Reporting *

QPP 251: Evaluation of HER2 for Breast Cancer Patients *

QPP 395: Lung Cancer Reporting (biopsy/cytology specimens)*

QPP 396: Lung Cancer Reporting (resection specimens)

QPP 397: Melanoma Reporting*

Non-QPP (QCDR) Measures

CAP1: Turnaround Time (TAT) – Standard Biopsies+

CAP2: Cancer Protocol Elements for Endometrium Completed

CAP3: Cancer Protocol Elements for Kidney Resection Completed

CAP4: Cancer Protocol Elements for Intrahepatic Bile Duct Completed

CAP5: Cancer Protocol Elements for Hepatocellular Carcinoma Completed

CAP6: Cancer Protocol Elements for Pancreas Resection Completed

CAP7: Helicobacter pylori Documentation Rate

CAP8: Turnaround Time (TAT) – Lactate

CAP9: Turnaround Time (TAT) – Troponin

Outcome or high-priority measure.

* Flagged as a Topped-out measure by CMS.

Pathologists Quality Registry: MIPS Dashboard

Enhance practice success and levels of patient care via registry dashboards and quarterly benchmarking reports providing feedback on individual and/or pathology practice performance

asimone
Test Practice 4412

COLLEGE of AMERICAN PATHOLOGISTS
Advocacy
Pathologists Quality Registry

MIPS > Provider > Provider Selection > Practice ID: 355225 Practice Name: Test Practice 4412

Performance Year: 2017

PROVIDER NAME	MIPS ELIGIBILITY	NPI	TIN	ESTIMATED MIPS TOTAL SCORE	DRCF
	Eligible	1457753212	546546546	15	Signed

Quality
NA/60

See More >

IA
15/15

See More >

Estimated MIPS Total Score
Positive adjustment if score is > 3 points
Additional performance bonus if the score is >= 70 points
Disclaimer: This score is estimated and the sole arbiter is CMS

CATEGORY	MY PERFORMANCE	MIPS WEIGHT (%)	MIPS SCORE
Quality	NA/60	60	NA
IA	40/40	15	15
Estimated MIPS Total Score			15

*Individual Dashboard restricted to provider and practice administrator

Monitor Your Performance

CMS-provided 2017 MIPS Performance Feedback

The Final Score At A Glance

The Final Score is achieved by adding the points you earned in each Performance Category



Performance Category Scores

- Quality 85 of 85
- Advancing Care Information N/A
- Improvement Activities 15 of 15

Payment Adjustment
+2.02%

Payment Adjustment
Date
January 1, 2019

The CAP Has MIPS Resources

Decoding MIPS Webinar Series:

- Pathologist Improvement Activities You Can Attest to Under MIPS webinar on September 20 at 1 PM ET/ 12 PM CT
- Earn the Maximum Bonus-A look At Pathology Specific Quality Measures That Will Improve Your Score webinar on December 4 at 12 PM ET/ 11 AM CT
- Steps Pathologists Should Take Before Reporting MIPS Data to the CMS webinar on January 8, 2019 at 3 PM ET/ 2 PM CT

Visit cap.org/advocacy for MIPS tools and resources

- ✓ MACRA video
- ✓ MIPS checklist
- ✓ MIPS calculator
- ✓ Improvement Activities made simple
- ✓ Measure descriptions and specifications

Questions?

Email us at MIPS@cap.org



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