

Advocacy

# Pathologists Quality Registry Enrollment Checklist

## (\* Required)

The purpose of this document is to provide individuals with a full list of required information to successfully complete enrollment for the Pathologists Quality Registry.

You will need a personal CAP web account to start the enrollment process. If you do not have an account, you can create one from the enrollment site. You will need either:

1. A CAP number or a CLIA number from your site in order to link your account to your site (Click on the magnifying glass next to the Institution/Organization field) OR

2. If you do not have a CAP number or a CLIA number for your site: On the third screen, entitled Contact Details, select the Home option at the top of the screen; complete the required fields, and then click on the Create an Account button at the bottom of the screen.

If you have any problems, please contact the CAP's Customer Contact Center at 800-323-4040 or via email at contactcenter@cap.org. Once you receive your email confirmation from the CAP, your account will be active. On rare occasions, the system may flag your account because of a potential duplicate record; in such instances, activation may be delayed.

## STEP 1: PRACTICE INFORMATION AND CONTACT

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Legarpractice name	iegai/lax audiess,	ully, state,	

Name of the head of the group\*

- Specialty type (eg, breast pathology, cardiovascular pathology, chemistry, etc)
- Name of laboratory information system (LIS)/anatomic pathology information system (APIS) (eg, AP Easy Cloud, Cerner CoPathPlus Anatomical Pathology, etc)
- Practice ownership (eg, pathologist owned, clinician multispecialty owned, LLC, etc)
- Type of practice (eg, academic hospital/medical, forensic laboratory/autopsy center, etc)\*
- Practice administrator contact(s) (name, phone, email)\*

Role: A practice administrator is an individual or individuals who have the authority to add pathologists, locations, and TIN to the practice. This individual would also have the capabilities to enter data through the manual entry forms and access all facility level reports.

# **STEP 2: PATHOLOGIST AND LOCATION**

#### Pathologist Tab:

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First and last name\*

Email	address*
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National Provider Identifier (NPI) Number\*

## Location Tab:

- Location ID (assigned by the organization)\*
- Address, city, state, ZIP code\*

# **Check Your MIPS Eligibility**

Prior to enrolling in the Pathologists Quality Registry, the CAP recommends you check your 2018 MIPS eligibility:

#### Reporting as Individual(s)

Look up individual provider(s) eligibility on the <u>Quality Payment Program Participation Status</u> webpage using a National Provider Identifier (NPI).

#### **Reporting as a Group**

Log into the CMS <u>Quality Payment Program</u> website with your <u>EIDM credentials</u>. Browse to the Taxpayer Identification Number (TIN) affiliated with your group and then access the details screen to view the eligibility status of every clinician based on his or her NPI.



### **STEP3:TIN INFORMATION**

Enter all Taxpayer Identification Numbers (TINs) being used by your practice. Each physician will be linked to the TINs in another part of the registry.\*

## **STEP 4: AGREEMENT**

Email address of the individual responsible for signing the participating agreement and the data use agreement.\*

## STEP 5: PAYMENT

#### Payment by

Credit Card Credit card number Expiration date\* Email address\* Security code\* Online Check Payment/Automated Clearing House (ACH) Account holder name\* Account number\* Routing number\* Bank name\* Email\*

If you or other fellow pathologists are not members of the CAP but would like to become a member of the CAP to take advantage of the member rate, you may apply for membership within the system. As a member of the CAP, not only will you receive the CAP member rate for the registry, but you also will have access to an unparalleled range of benefits. Together with your peers, you can continuously strengthen your practice, evolve your skills, and support your profession. The following information is required to apply for membership:

- First and last name
- Date of birth
- Board certification type (eg, American Board of Pathology, American Osteopathic Board of Pathology, etc)
- Type of certification (eg, anatomic/clinical pathology, clinical pathology only, etc)
- · Date of earliest certification
- Attestation to the following questions:
- · Have you ever been convicted of a felony or entered a plea of nolo contendere?
- Have you ever had your medical license revoked or suspended, or have you ever surrendered your license to avoid revocation or suspension?
- Are you currently the subject of a criminal action, licensure proceeding, credentialing matter, or other proceeding that might bear on your qualifications to be a member of the College of American Pathologists?
- Have you ever had your hospital privileges revoked, suspended, or limited; or have you ever relinquished privileges to avoid revocation or suspension of limitation?