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PATHOLOGISTS

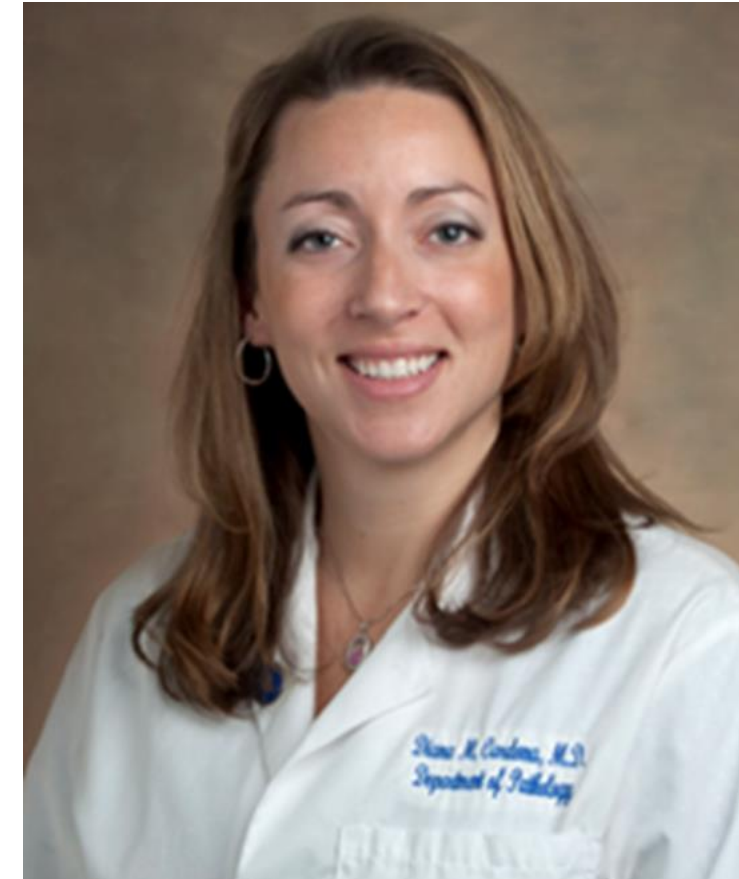
How Quality Measures Impact Your MIPS Score

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December 4, 2018

Welcome

- **Diana Cardona, MD, FCAP**
Chair, Measures & Performance
Assessment Subcommittee



Today

- **Overview**
- **Quality measures**
- **Scoring and bonus points**
- **Selecting and reporting quality measures**
- **Case examples for 2018**
- **Peek at 2019**

2018 Webinars and CAP Resources

Previous Webinars

Available on www.cap.org/advocacy/mips-for-pathologists

- Maximize Your 2018 MIPS Bonus Potential
- Which Path is Right for Your Practice?
- Pathologist Improvement Activities 2018
- 2018 QPP Impact on Pathologists

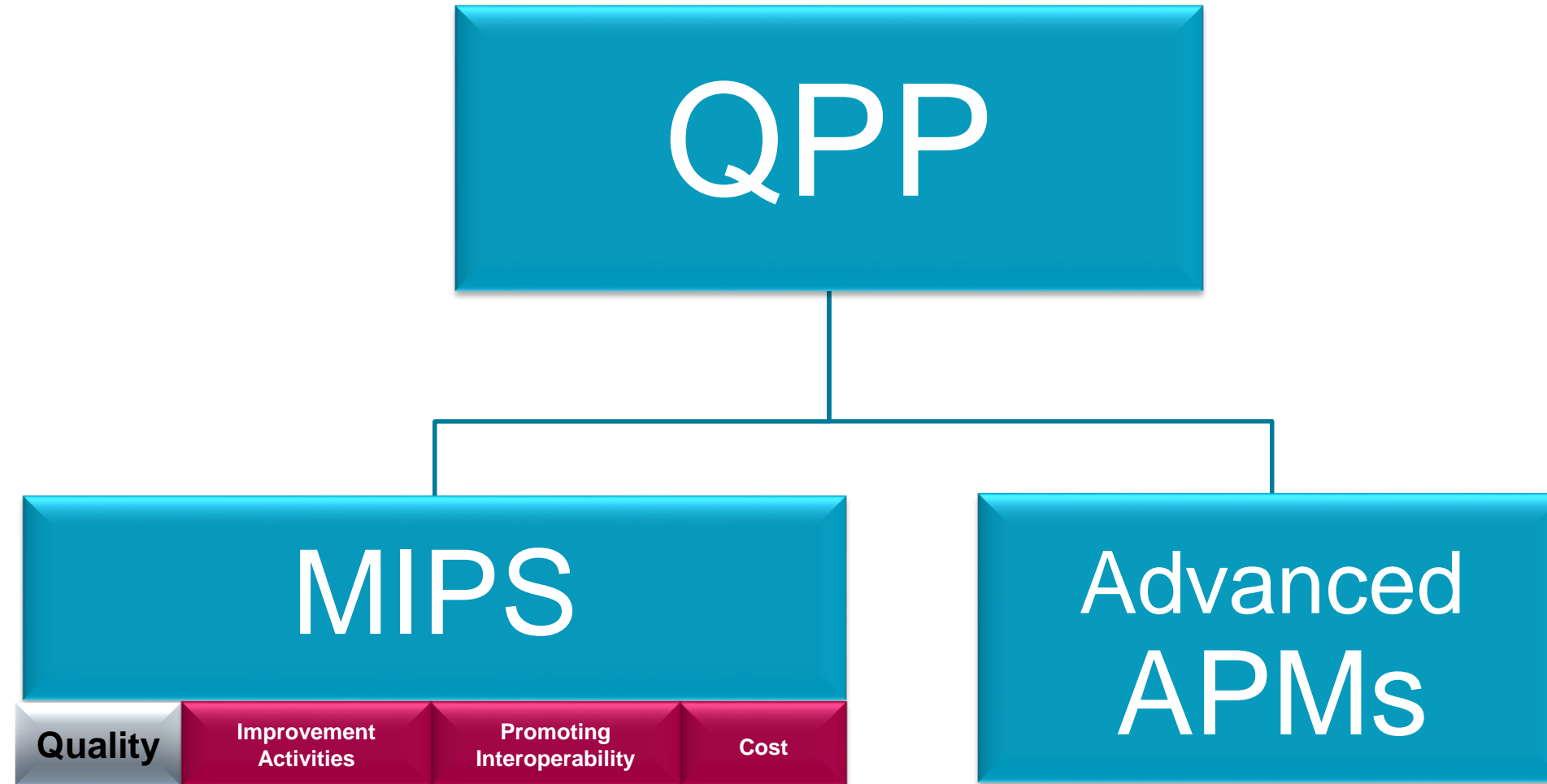
Upcoming Webinars

- [Steps Pathologists Should Take Before Reporting 2018 MIPS Data to the CMS](#)
 - 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

Quality Payment Program Pathways

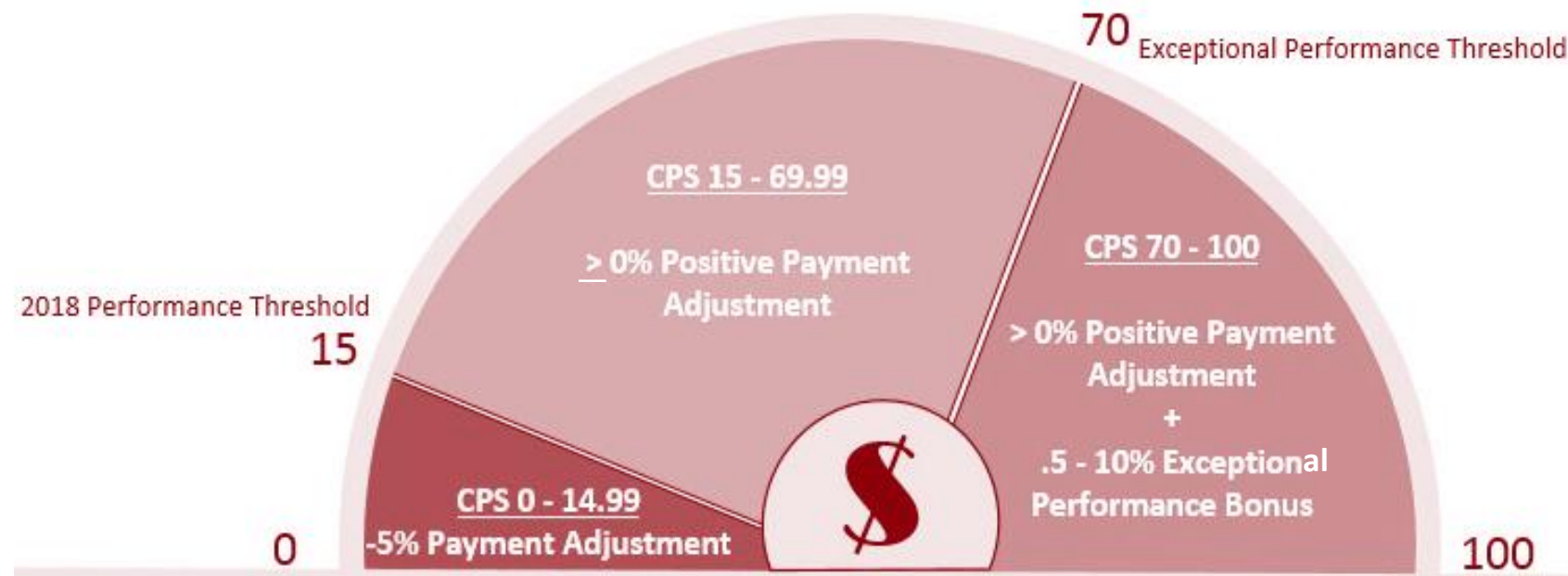
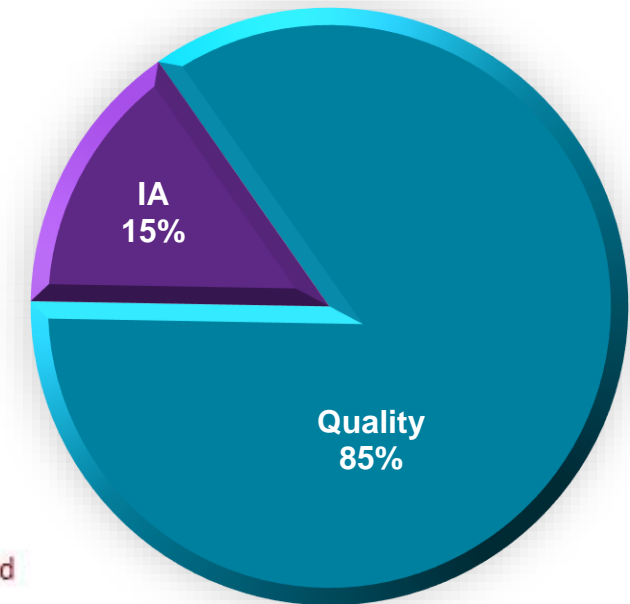


2018 MIPS Scoring

- **Eligible pathologists and groups will receive a MIPS Final Score**
 - Sum of the weighted category scores
- **For non-patient-facing pathologists, the score is likely based on two categories***

* Cost category may be applicable to some non-patient-facing pathologists.

MIPS Final Score



Quality Measures

- **QPP measures**

- Former PQRS measures
- Comprise the 2018 Pathology Specialty Measure Set
 - Specialty measure sets can be reported as an alternative to selecting 6 quality measures out of all possible quality measures
 - It is not a requirement for pathologists to report on the pathology specialty measure set; however, these are measures the majority of pathologists and/or groups should be able to report

- **QCDR measures**

- Proprietary to QCDR
- Only reported through QCDR
- New measures added annually

Quality Measures

- **High-priority measures**
(QPP & QCDR)

- Outcome
- Appropriate use
- Patient experience
- Patient safety
- Efficiency
- Care coordination

- **Topped-out measures**

(QPP only)

- Overall performance is very high
 - Topped-out (95 – 100%)
 - Extremely topped-out (98 – 100%)
- Little room for improvement



Reporting Mechanisms

Reporting Mechanism	Measure Type	Reporting Type
Claims	QPP only	Individuals only
Qualified Registry (QR)	QPP only	Individuals Groups
Qualified Clinical Data Registry (QCDR)	QPP QCDR	Individuals Groups
Electronic Health Record (Certified EHR Technology (CEHRT))	QPP only	Individuals Groups
CMS Web Interface	QPP (15 specific measures)	Multispecialty practices only (≥ 25 providers)

Reporting Requirements

- **Report a minimum of 6 measures**
 - One must be an outcome or high priority measure
 - 12 month reporting period
 - 60% data completeness
 - 20 case minimum per measure



Measure Scoring

- **Measure value**

Max Points	Measure
10	With benchmark
7	Topped-out
3	Without benchmark

- **Submitting below 20 case minimum**

Points	Practice Size
1	Large Practice (16+ pathologists)
3	Small practice (≤ 15 pathologists)

Measure Benchmarks

Measure	Submission Method	Type	Benchmark	SD	Ave	Decile 3	Decile 4	Decile 10
Breast Cancer Resection	Claims	Process	Y	2.7	99.3	--	--	100.00
Breast Cancer Resection	Registry/ QCDR	Process	Y	2.7	99	99.39 - 99.99	--	100.00
Lung Cancer Reporting*	Claims	Process	Y	11.6	96.9	96.00 - 99.99	--	100.00
Lung Cancer Reporting*	Registry/ QCDR	Process	Y	10.7	95.7	95.83 - 96.66	96.67 - 99.99	100.00

* High-priority

Bonus Points

- **Additional outcome or high-priority measures**
 - 2 points – Outcome
 - 1 point – High-priority
 - To qualify for this bonus, the measure:
 - Must meet the required case minimum (20 cases)
 - Must meet the required data completeness criteria (60%)
 - Must have performance rate greater than 0%
 - Does not have to be in the top six measures scored for Quality category points

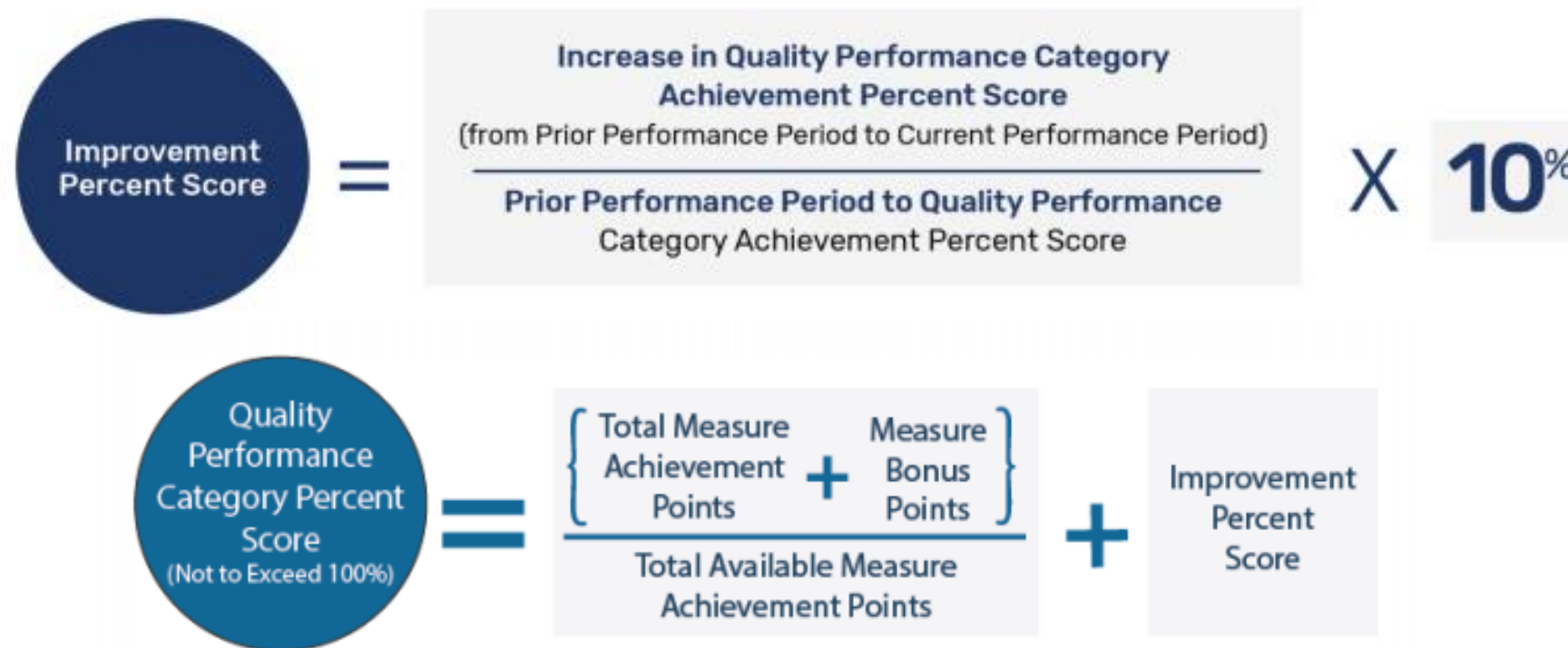
The first [required] outcome or high-priority measure is not eligible for bonus points.

The bonus points are capped at 6 points, which is 10% of the total possible points.

Bonus Points

- **Improvement scoring**

- Earn up to 10 additional percentage points
- Improvement from previous year
- Eligibility for these additional percentage points is determined by meeting certain criteria



2018 Quality Measures

Measure	Type	High-priority	Submission Mechanisms			Max Points	Topped-out
			Claims	QR	QCDR		
QPP 99: Breast Cancer Resection Reporting	QPP		X	X	X	10	X
QPP 100: Colorectal Cancer Resection Reporting	QPP		X	X	X	10	X
QPP 249: Barrett's Esophagus Reporting	QPP		X	X	X	10	X
QPP 250: Radical Prostatectomy Reporting	QPP		X	X	X	10	X
QPP 251: Evaluation of HER2 for Breast Cancer	QPP		X	X	X	10	X
QPP 395: Lung Cancer (biopsy/cytology)	QPP	X	X	X	X	10	X
QPP 396: Lung Cancer (resection)	QPP	X	X	X	X	3	
QPP 397: Melanoma Reporting	QPP	X	X	X	X	10	X
CAP1: TAT – Standard Biopsies	QCDR	X			X	3	
CAP2: Cancer Protocol – Endometrium	QCDR				X	3	
CAP3: Cancer Protocol - Kidney Resection	QCDR				X	3	
CAP4: Cancer Protocol - Intrahepatic Bile Duct	QCDR				X	3	
CAP5: Cancer Protocol - Hepatocellular Carcinoma	QCDR				X	3	
CAP6: Cancer Protocol - Pancreas Resection	QCDR				X	3	
CAP7: Helicobacter pylori Documentation Rate	QCDR				X	3	
CAP8: Turnaround Time (TAT) – Lactate	QCDR	X			X	3	
CAP9: Turnaround Time (TAT) – Troponin	QCDR	X			X	3	

Considerations for Choosing Measures

- **Choose measures that reflect your case mix**
 - Consider the 20 case minimum
- **Understanding the measure elements**

Element	Definition
Description	High-level summary of the target population and the quality action
Numerator	The quality action expected and is the focus of the measurement established by the denominator
Denominator	Describes the eligible population to be evaluated by the measure
Exclusion	Removes cases from the denominator where the quality action is not applicable and would not be considered part of the eligible population
Exceptions	Removes cases from the denominator only if the numerator criteria is not met Permits the exercise of clinical judgement and implies that the quality action was considered for the case Exceptions are classified as medical, patient or system reasons

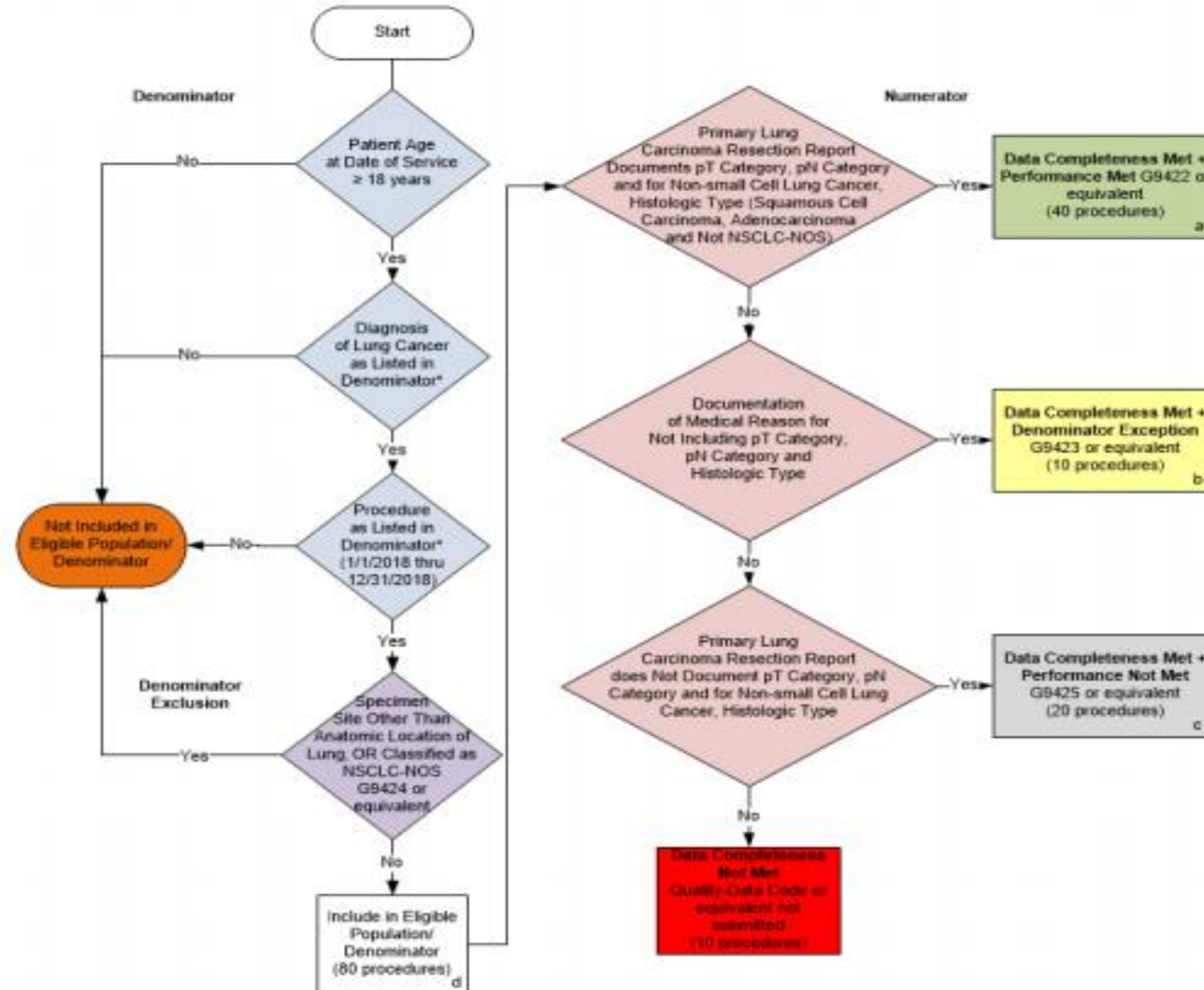
Considerations for Choosing Measures

- **For each selected measure, it is important to know the following for each measure element**
 - Where is it captured in the practice workflow?
 - Are there specific data fields that need to be captured in the LIS or pathology report?
 - What are the acceptable ranges of responses for each specific measure element?

Element	Lung Cancer Reporting (Resection Specimens)
Description	Pathology reports for resection specimens with a diagnosis of primary lung carcinoma that include the pT, pN and for NSCLC, histologic type
Numerator	Pathology reports for resection specimens with a diagnosis of primary lung carcinoma that include the pT, pN and for NSCLC, histologic type (squamous cell carcinoma, adenocarcinoma and NOT NSCLC-NOS)
Denominator	Pathology reports for resection specimens for primary lung carcinoma Denominator Criteria (Eligible Cases): Patients ≥18 years of age on date of encounter AND Diagnosis for lung cancer (ICD10): C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2,C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91,C34.92 AND Patient procedure during performance period (CPT®: 88309)
Exclusion	Specimen site other than anatomic location of lung, OR classified as NSCLC-NOS
Exceptions	Documentation of medical reason for not including pT, pN and histologic type (e.g., metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens)

Interpreting Measure Specifications

2018 Registry Flow for Quality ID #396: Lung Cancer Reporting (Resection Specimens)



Measure Scenarios

*QPP 250 does not have a claims-based benchmark

† High-priority measure

**QPP 395 counted as first high-priority submitted

Measure	Score	Claims		Registry		Bonus
		Large Practice		Large Practice		
Breast Cancer	100%	10		10		--
Colorectal Cancer	100%	10		10		--
Barrett's Esophagus (Less than 20 cases)	100%	1		1		--
Radical Prostatectomy*	100%	3		10		--
Evaluation of HER2 for Breast Cancer	100%	10		10		--
Lung Cancer (biopsy/cytology) ^{†**}	99.99%	3.9		4.9		--
Lung Cancer (resection) [†] (No cases)	100%	--		--		--
Melanoma Reporting [†]	99.99%	4.9		3.9		1 (Claims or QCDR)
TAT - Standard Biopsies [†]	100%	--		3		1 (QCDR only)
<i>H. Pylori</i>	88.47%	--		3		--
Total (out of 60)		41.8 + 1 bonus = 42.8		48.8 + 2 bonus = 50.8		
Total MIPS Final Score Contribution		60.63		71.97		

Measure Scenarios

*QPP 250 does not have a claims-based benchmark

† High-priority measure

**QPP 395 counted as first high-priority submitted

***5 point bonus added to MIPS final score

Measure	Score	Claims		Registry		Bonus
		Large Practice	Small Practice	Large Practice	Small Practice	
Breast Cancer	100%	10	10	10	10	--
Colorectal Cancer	100%	10	10	10	10	--
Barrett's Esophagus (Less than 20 cases)	100%	1	3	1	3	--
Radical Prostatectomy*	100%	3	3	10	10	--
Evaluation of HER2 for Breast Cancer	100%	10	10	10	10	--
Lung Cancer (biopsy/cytology) ^{†**}	99.99%	3.9	3.9	4.9	4.9	--
Lung Cancer (resection) [†] (No cases)	100%	--	--	--	--	--
Melanoma Reporting [†]	99.99%	4.9	4.9	3.9	3.9	1 (Claims or QCDR)
TAT - Standard Biopsies [†]	100%	--	--	3	3	1 (QCDR only)
<i>H. Pylori</i>	88.47%	--	--	3	3	--
Total (out of 60)		41.8 + 1 bonus = 42.8	41.8 + 1 bonus = 42.8	48.8 + 2 bonus = 50.8	48.8 + 2 bonus = 50.8	
Total MIPS Final Score Contribution		60.63	60.63***	71.97	71.97***	

Reporting Less Than 6 Measures

- **CMS will determine whether additional measures should have been submitted**
 - Applied to claims-based and QR reporting only
 - Does not apply to QCDR reporting
- **If CMS finds no additional applicable measures**
 - Your quality score will be based on the measures submitted
- **If you are using the Pathologists Quality Registry and have less than 6 measures that apply to you, we recommend you review the EMA clusters and consider the QR submission option**
 - Contact Registry@cap.org for more information

2018 Qualified Registry (QR) EMA 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)

2018 Claims EMA 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)

Quality Score Impact

30 Vs. 30
60 30

Review Quality Strategy Annually

- **Measures updated annually**
 - Available measures
 - Measure specifications
 - Measure points
 - Topped-out measures
- **CMS changes MIPS regulations annually**
 - Performance threshold
 - Exceptional performance threshold
 - Large and small practice requirements
 - Submission requirements

2019 - What is staying the same?

- **Quality category weight**
 - 85%
- **Reporting requirements**
 - 6 measures
 - 1 outcome or high-priority
 - 12 months of data
 - 60% data completeness
 - 20 case minimum
- **Reporting mechanisms***
- **Scoring**
 - Measures with benchmarks = 10 point max
 - Topped-out measures = 7 point cap
 - Measures without benchmarks = 3 points
 - Bonus points

* The terminology for the mechanisms and measure types will change for 2019, but will have the same meaning. For this webinar, we will use the current (2017 – 2018) terminology.

Large Practice - Submission Mechanism

	2018	2019
Claims	Individual	NOT AVAILABLE
QR	Individual and/or group	Individual and/or group
QCDR	Individual and/or group	Individual and/or group
# of mechanisms	1 for all measures	Multiple (If the same measure is submitted via multiple collection types, the one with the greatest number of measure achievement points will be selected for scoring)

IMPORTANT UPDATE FOR 2019 Large Practices

In **2018**, if you are reporting Quality Measures through claims/ your billing company, you are reporting as **individuals**, which means that Improvement Activities must also be attested individually.

Starting **January 1, 2019**, the claims/ your billing company submission mechanism is **NOT available** to clinicians in a practice of 16 or more eligible clinicians, **whether participating as an individual or a group**.

Small Practice - Submission Mechanism

	2018	2019
Claims	Individual	Individual and/or group
QR	Individual and/or group	Individual and/or group
QCDR	Individual and/or group	Individual and/or group
# of mechanisms	1 for all measures	Multiple (If the same measure is submitted via multiple collection types, the one with the greatest number of measure achievement points will be selected for scoring)

IMPORTANT UPDATE FOR 2019 Small Practices

In **2018**, if you are reporting Quality Measures through claims/ your billing company, you are reporting as **individuals**, which means that Improvement Activities must also be attested individually.

Starting **January 1, 2019**, the claims/ your billing company submission mechanism **can only** be submitted by clinicians in a small practice (**15 or fewer eligible clinicians**), whether participating individually or as a **group**.

There is still a small practice bonus for 2019, and it has increased to **six points**, however, it is now added to the **quality category score** instead of the overall MIPS score.

Facility-Based Scoring

- **Quality and cost category scores assigned based on attributed facility's Hospital VBP program**
- **75% or more of covered professional services**
 - Inpatient hospital (POS 21) or
 - On-campus outpatient hospital (POS 22) or
 - Emergency Room (POS 23), and
- **At least one service billed with POS 21 or 23**
- **Facility-based pathology groups must still attest to Improvement Activities separately from the facility**
- **Facility-based pathologists can also report separately/individually and the CMS will use the highest score**

Topped-Out Measures

2018	2019
4-year lifecycle for identification and removal	Same
Scoring cap of 7 points	Same
	Extremely Topped-Out Measures: will not follow the 4-year lifecycle for other topped-out measures

Important Update for 2019 Available Measures

Three CAP QPP measures were identified as extremely topped-out and removed for the 2019 reporting year.

- QPP 99: Breast Cancer Pathology Reporting
- QPP 100: Colorectal Cancer Pathology Reporting
- QPP 251: Evaluation of HER2 for Breast Cancer Patients

2019 Quality Measures

Pathology Specialty Measures Set

Measure	Type	High-priority	Submission Mechanisms			Topped-out
			Claims	QR	QCDR	
QPP 249: Barrett's Esophagus Reporting	QPP		X	X	X	X
QPP 250: Radical Prostatectomy Reporting	QPP		X	X	X	X
QPP 395: Lung Cancer (biopsy/cytology)	QPP	X	X	X	X	X
QPP 396: Lung Cancer (resection)	QPP	X	X	X	X	
QPP 397: Melanoma Reporting	QPP	X	X	X	X	X

Important Update For 2019 Available Measures

The CAP submitted several QCDR measures to CMS and two other QPP measures pathologist could report on to be available in the QCDR for 2019. These measures are currently under review by CMS and we will release the new measure information once it is cleared by CMS.

Important Dates

APRIL 2, 2019 - All 2018 MIPS data due to CMS

Pathology Quality Registry Milestone	2018 MIPS Reporting Year	2019 MIPS Reporting Year
Registry enrollment closes for <i>automated data integration</i> for Quality measures reporting	(Closed)	May 31, 2019
Registry enrollment closes <i>Quality measures reporting</i> (manual data entry and/or Excel file upload of quality measures)	(Closed)	November 8, 2019
Registry enrollment closes for practices wanting <i>Improvement Activities only</i>	December 21, 2018	December 20, 2019

MIPS Educational Webinar Series

Upcoming Webinars

- **Steps Pathologists Should Take Before Reporting MIPS Data to the CMS** webinar on Jan. 8, 2019 at 3 PM ET/ 2 PM CT

Previous Webinars

- **Available on www.cap.org/advocacy/mips-for-pathologists**
 - Maximize your MIPS score
 - MIPS Reporting Options
 - Improvement Activities

Questions



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