Welcome

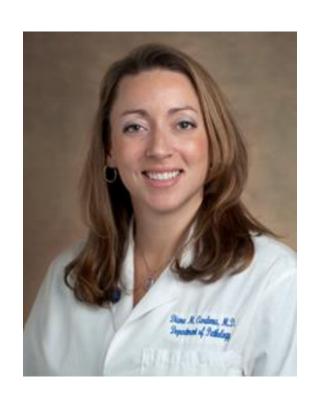**Diana Cardona, MD, FCAP**

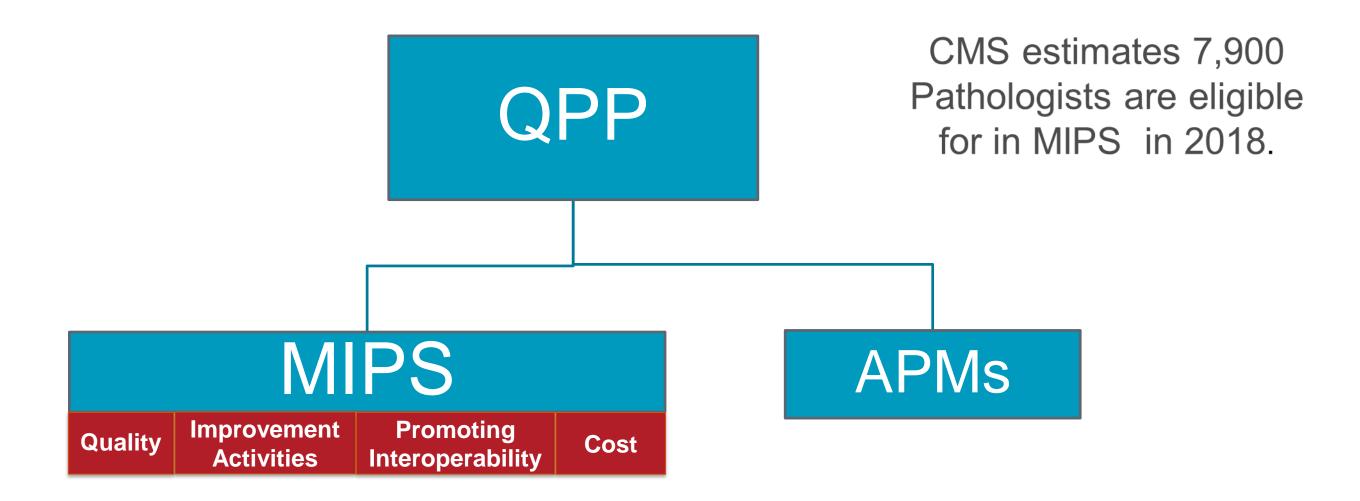- **Chair, Measures & Performance Assessment Subcommittee**

Today

- **MIPS background**
- **Confirm MIPS reporting status**
- **Review Improvement Activities category**
- **Select the Improvement Activities most relevant to you**
- **Determine your best reporting method for Improvement Activities**

Quality Payment Program Pathways

Two pathways/tracks are offered under the QPP:

CMS estimates 7,900 Pathologists are eligible for in MIPS in 2018.

QPP

MIPS

| Quality | Improvement Activities | Promoting Interoperability | Cost |

APMs

More Money is at Stake Each Year

Based on a MIPS Final Score, clinicians will receive +/- or neutral adjustments up to the percentages below.

+4% +5% +7% +9%

+/- Maximum Adjustments

-4% -5% -7% -9%

Doing nothing will result in a penalty

2019 2020 2021 2022 onward

Merit-based Incentive Payment System (MIPS)

Exempt Clinicians

- **MIPS will NOT apply to you or your practice if any of the following apply:**

  o **You are a first time enrollee in Medicare in 2018**

  o **You are in an Advanced APM and are a Qualifying APM Participant (QP) or Partial QP**

  o **You or your group have billed $90,000 or less in Physician Fee Schedule (PFS) services to Medicare Part B Fee-for-Service (FFS) beneficiaries**

  o **You or your group have 200 or fewer Medicare Part B FFS beneficiaries**

Check Your 2018 MIPS Status

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

QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) number to view your QPP participation status by performance year (PY).

QPP Participation Status includes APM Participation as well as MIPS Participation.

| NPI Number | Check All Years ❯ |

✅ MIPS Included as an Individual

Eligible provider type	Yes
Enrolled in Medicare before January 1, 2018	Yes
Medicare patients for this clinician	Exceeds 200
Allowed charges for this clinician	Exceeds $90,000

Reporting Requirements Overview

✅ **Required to Report for MIPS**

is MIPS Included for at least one of their practices. Therefore this clinician must submit data in this system by March 2019.

⊘ **Not Required to Report for any APMs**

is not a participant in any APMs, and therefore does not have any APM specific reporting requirements.

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
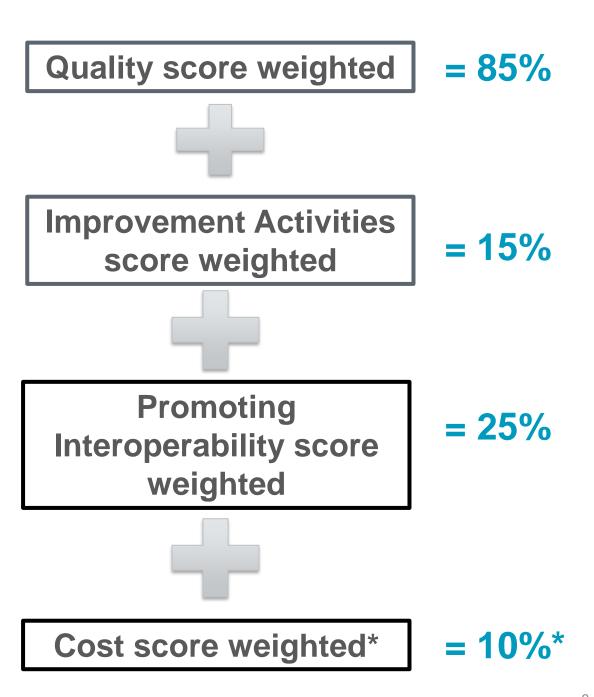
Received as an individual

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

Understanding MIPS Scoring

- **Eligible pathologists will receive a single MIPS Final Score**

- **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.

| Quality score weighted | **= 85%** |

+

| Improvement Activities score weighted | **= 15%** |

+

| Promoting Interoperability score weighted | **= 25%** |

+

| Cost score weighted* | **= 10%*** |

What is the Improvement Activities Category?

- **New category introduced for MIPS**
- **No prior equivalent in CMS programs**
- **Intended to reward clinicians for care focused on coordination, beneficiary engagement, and patient safety**
- **15% of MIPS final score**

Quality	Improvement Activities	Advancing Care Information	Cost
Replaces PQRS.	New Category.	Replaces the Medicare EHR Incentive Program also known as Meaningful Use.	Replaces the Value-Based Modifier.

How is the Improvement Activities Category Scored?

- **Maximum number of points is 40**

Patient-Facing Physicians	Non-Patient Facing Physicians
Attest to two high-weighted or four medium-weighted IAs	Attest to one high-weighted or two medium-weighted IAs
High-weighted IAs worth 20 points	High-weighted IAs worth 40 points
Medium-weighted IAs worth 10 points	Medium-weighted IAs worth 20 points

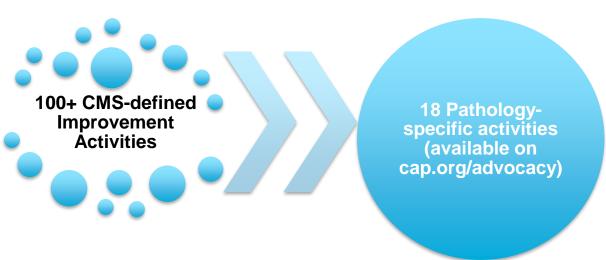# How is the Improvement Activities Category Scored?

- **Perform the activity for a minimum of 90 consecutive days**

- **Keep documentation that supports attestation for 10 years per CMS requirements**

- **A simple "yes" is all that is required to attest to completing an improvement activity, in addition to documentation**

Individual vs. Group Attestation for IAs

- **If you report as an individual for the Quality category, then you MUST report as an individual for the IA category**
  - Claims based reporting for Quality = **Individual Reporting**
  - Each individual must attest to one high-weighted or two medium weighted activities

- **If you report as a group for the Quality category, then you can report as a group for the IA category**
  - Groups can attest to an IA as long as 1 clinician in the group participated in the activity

Select IAs Relevant to You or Your Practice

- **Review the CAP recommended list of Improvement Activities on the [CAP website](#)**

- **Many activities pathologists are already doing should qualify for IAs**

- **Several new IAs added for 2018**

- **Top utilized IAs in 2017**

  o **Implementation of improvements that contribute to more timely communication of test results**

  o **Implementation of use of specialist reports back to referring clinician or group to close referral loop**

100+ CMS-defined Improvement Activities

18 Pathology-specific activities (available on cap.org/advocacy)

The CAP's Engagement with CMS

- **Earlier in 2018, the CAP engaged with CMS for pathology-specific guidance on IAs**
  - To which IAs can pathologists attest?
  - What documentation should pathologists retain?
- **Iterative process working closely with CMS' subject matter experts**
- **CMS clarified that IA_EPA_1 (Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record) is intended for patient-facing clinicians only**
  - Not applicable to pathologists
  - The CAP recommends that you not attest to this IA going forward

Examples of Pathology Specific IAs

- **Completion of Centers for Disease Control and Prevention (CDC) Training on Antibiotic Stewardship**
  - **High-Weighted**
  - **CMS ID: IA_PSPA_23 (Patient Safety & Practice Assessment)**
  - **New for 2018**
  - **Retain record of completion of all modules of the CDC antibiotic stewardship course**
  - **Per CMS, can only be selected once every 4 years**
    - **To avoid duplicative information as not all modules change every year**
    - **But reasonable that substantive change occurs over 4 years**

Examples of Pathology Specific IAs

- **Provide Education Opportunities for New Clinicians**
  - **High-Weighted**
  - **CMS ID: IA_AHE_6 (Achieving Health Equity)**
  - **New for 2018**
  - **Documentation of acting as a preceptor for clinicians-in-training (such as medical residents/fellows, medical students, physician assistants, nurse practitioners, or clinical nurse specialists) in small, underserved, or rural areas**
  - **Documentation of accepting clinicians-in-training for clinical rotations in community practices in small, underserved, or rural areas**

Examples of Pathology Specific IAs

- **Implementation of use of specialist reports back to referring clinician or group to close referral loop**

  o **Medium-weighted**

  o CMS ID: IA_CC_1 (Care Coordination)

  o Document that outside pathology consultation report is received, reviewed and noted within the patient's pathology report (visible in the LIS/EHR)

Examples of Pathology Specific IAs

- **Implementation of antibiotic stewardship program**
  - **Medium-Weighted**
  - **CMS ID: IA_PSPA_15 (Patient Safety & Practice Assessment)**
  - **Documentation of active participation and contribution to the local antibiotic stewardship program. For example:**
    - **Develop and apply specimen rejection and specimen quality/adequacy criteria**
    - **Develop and apply criteria to determine the extent of workup and reporting from cultures**
    - **Improve appropriateness of diagnostic test utilization (diagnostic stewardship)**
    - **Implementation of tests shown to alter and improve antimicrobial utilization**
    - **Selective antimicrobial reporting (based on site of infection, spectrum of activity, cost, etc.)**
    - **Evaluate and report on the impact of laboratory changes on clinical decision-making**
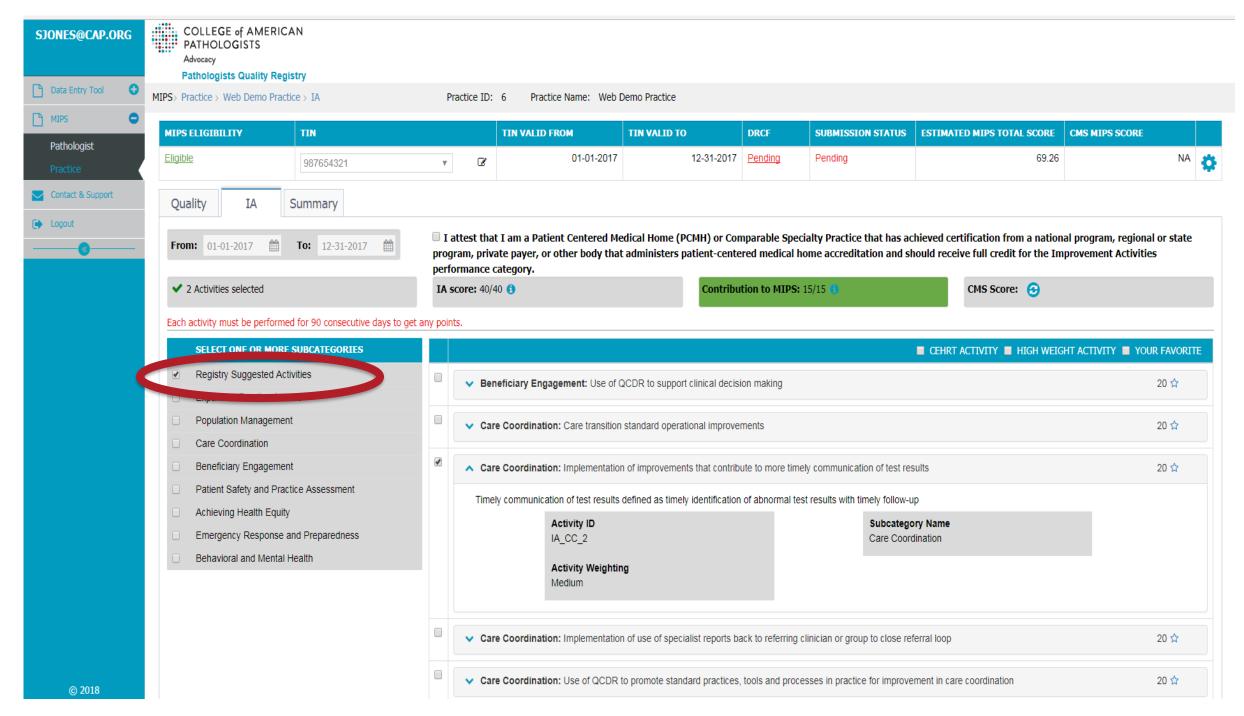
How to Attest to IAs

- **Claims-based (billing company)**
  - Claims based reporting equates to individual reporting, **therefore you must attest to IAs as an individual**
    - You must find a different mechanism to attest to IAs
    - If using a billing company, ensure that IAs are covered

- **CMS QPP Portal**
  - Allows for individual or group attestation, but you need a mechanism to report Quality measures
  - If you report quality via claims, you will have to attest IAs for each individual in your practice separately

- **Qualified Clinical Data Registry (QCDR)**
  - CAP's Pathologists Quality Registry
  - One stop shopping for quality measures and/or improvement activities
  - Allows individual or group attestation

- **Qualified Registry (QR)**
  - Not all QRs include IA attestation, so ensure that IAs are covered
  - Could allow individual or group attestation

- **CMS Web Interface**
  - Available for multispecialty practices with more than 25 providers

Attesting To IAs is Easier in the Pathologists Quality Registry

The CAP Has MIPS Resources

- **CAP 18 Annual Meeting – October 20-24, 2018 in Chicago, IL**
  - **Educational Sessions**
    - **MACRAscopic Analysis of the New Quality Payment Program: Maximize Reimbursement While Demonstrating Value (S1620)**
    - **What You Need to Know About the CAP's Pathologists Quality Registry *Non-CME course***
  - **Understanding and Maximizing your MIPS Score Learning Pavilion Session**
  - **Pathologists Quality Registry Demos and MIPS Resources at the CAP Pavilion Booth**

The CAP Has MIPS Resources

- **Decoding MIPS Webinar Series:**
  - **2019 Quality Payment Program Final Rule** webinar TBD
  - **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

COLLEGE of AMERICAN PATHOLOGISTS