Deep Dive: Improvement Activities

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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:

- **MIPS**
  - Quality
  - Improvement Activities
  - Promoting Interoperability
  - Cost

- **APMs**

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

2019 2020 2021 2022 onward

Merit-based Incentive Payment System (MIPS)

Doing nothing will result in a penalty
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) or number to view your QPP participation status by performance year (PY).

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

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.

MIPS Included as an Individual

<table>
<thead>
<tr>
<th>Eligible provider type</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled in Medicare before January 1, 2018</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicare patients for this clinician</td>
<td>Exceeds 200</td>
</tr>
<tr>
<td>Allowed charges for this clinician</td>
<td>Exceeds $90,000</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>SPECIAL STATUS</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-based</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-patient facing</td>
<td>Yes</td>
</tr>
<tr>
<td>Small practice</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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.*
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

<table>
<thead>
<tr>
<th>Quality</th>
<th>Improvement Activities</th>
<th>Advancing Care Information</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replaces PQRS</td>
<td>New Category.</td>
<td>Replaces the Medicare EHR Incentive Program also known as Meaningful Use.</td>
<td>Replaces the Value-Based Modifier.</td>
</tr>
</tbody>
</table>
How is the Improvement Activities Category Scored?

- Maximum number of points is 40

<table>
<thead>
<tr>
<th>Patient-Facing Physicians</th>
<th>Non-Patient Facing Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attest to two high-weighted or four medium-weighted IAs</td>
<td>Attest to one high-weighted or two medium-weighted IAs</td>
</tr>
<tr>
<td>High-weighted IAs worth 20 points</td>
<td>High-weighted IAs worth 40 points</td>
</tr>
<tr>
<td>Medium-weighted IAs worth 10 points</td>
<td>Medium-weighted IAs worth 20 points</td>
</tr>
</tbody>
</table>
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
  o Claims based reporting for Quality = Individual Reporting
  o 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
  o 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
  - Implementation of improvements that contribute to more timely communication of test results
  - Implementation of use of specialist reports back to referring clinician or group to close referral loop
The CAP’s Engagement with CMS

• Earlier in 2018, the CAP engaged with CMS for pathology-specific guidance on IAs
  o To which IAs can pathologists attest?
  o 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
  o Not applicable to pathologists
  o 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
  o High-Weighted
  o CMS ID: IA_PSPA_23 (Patient Safety & Practice Assessment)
  o New for 2018
  o Retain record of completion of all modules of the CDC antibiotic stewardship course
  o 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
  o Medium-Weighted
  o CMS ID: IA_PSPA_15 (Patient Safety & Practice Assessment)
  o 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)
  o 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

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

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

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

• CMS Web Interface
  Available for multispecialty practices with more than 25 providers
Attesting To IAs is Easier in the Pathologists Quality Registry

Each activity must be performed for 90 consecutive days to get any points.

- Registry Suggested Activities
- Population Management
- Care Coordination
- Beneficiary Engagement
- Patient Safety and Practice Assessment
- Activating Health Equity
- Emergency Response and Preparedness
- Behavioral and Mental Health

- Beneficiary Engagement: Use of QCDR to support clinical decision making
- Core Coordination: Care transition standard operational improvements
- Core Coordination: Implementation of improvements that contribute to more timely communication of test results
- Care Coordination: Implementation of improvements that contribute to more timely communication of test results with timely follow-up
- Activity ID
  - IA_CC_2
  - Activity Weighting
    - Medium
The CAP Has MIPS Resources

• CAP 18 Annual Meeting – October 20-24, 2018 in Chicago, IL
  o 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
  o Understanding and Maximizing your MIPS Score Learning Pavilion Session
  o Pathologists Quality Registry Demos and MIPS Resources at the CAP Pavilion Booth
The CAP Has MIPS Resources

• Decoding MIPS Webinar Series:
  o 2019 Quality Payment Program Final Rule webinar TBD
  o 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
  o 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