COLLEGE of AMERICAN PATHOLOGISTS

Comparison of 2018 and 2019 MIPS Requirements

Policy	2018	2019
Performance Threshold (PT)	Performance Threshold is set at **15 points**. Additional performance threshold set at **70 points** for exceptional performance.	Performance Threshold is set at **30 points**. Additional performance threshold set at **75 points** for exceptional performance.
Payment Adjustments	**+/- 5%**	**+/- 7%** Any positive payment adjustments will be multiplied by a scaling factor to ensure budget neutrality, so the maximum positive adjustment will likely be below 7%.
Category Weights for Non-Patient Facing Pathologists	• Quality: 85% • Improvement Activities: 15% • Promoting Interoperability: 0% • Cost: 0% unless the CMS can calculate it for your practice.	Same as 2018.
Low-Volume Threshold (LVT)	To be excluded from MIPS, clinicians and groups must meet one of the following two criterion: 1. Have ≤ $90K in Part B allowed charges for covered professional services OR 2. Provide care to ≤ 200 Part B-enrolled beneficiaries	The low-volume threshold now includes a third criterion for determining MIPS eligibility. To be excluded from MIPS, clinicians or groups need to meet one or more of the following three criterion: 1. Have ≤ $90K in Part B allowed charges for covered professional services; 2. Provide care to ≤ 200 Part B-enrolled beneficiaries; OR 3. Provide ≤ 200 covered professional services under the Physician Fee Schedule
Opt-in	Not Applicable	Starting in 2019, clinicians or groups can opt-in to MIPS, if they meet or exceed at least one, but not all three, of the low-volume threshold criteria.
Quality Measure Submission Requirements	• 12 months of reporting • 20 case minimum for each measure • 60% data completeness	Same as 2018.

Policy	2018	2019
	• Report on a minimum of 6 measures with one being an outcome measure or a high priority measure • 2 bonus points for each additional outcome measure submitted (must meet data completeness and case minimum requirements along with having a performance rate of greater than 0) • 1 bonus point for each additional high priority measure submitted (must meet data completeness and case minimum requirements along with having a performance rate of greater than 0)	
Claims Submission Limited to Small Practices	The claims submission mechanism[1] is available for clinicians participating individually.	**Medicare Part B claims measures** can only be submitted by clinicians in a **small practice** (15 or fewer eligible clinicians), whether participating **individually or as a group**.
Submission Mechanisms/Collection Types	For individual eligible clinicians/groups, one submission mechanism must be selected: • Claims • QCDR * (Qualified Clinical Data Registry) • Qualified registry • EHR	Individuals/groups can use multiple collection types. In 2019, individual eligible clinicians/groups can submit measures via multiple collection types (MIPS CQM, eCQM, QCDR measures, and for small practices, Medicare Part B claims measures). 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.
CAP Measures Available to Report via Medicare Part B Claims	**8 measures available.** **Maximum of 10 out of 10 possible points for 7 out of 8 measures**. **Report on a minimum of 6 measures to avoid Eligible Measure Applicability (EMA) trigger.**	**5 measures available.** **3 measures retired and no longer available:** • Breast Cancer Resection Reporting • Colon Cancer Resection Reporting • Quantitative IHC Evaluation of HER2 Testing in Breast Cancer Patients

[1]Note that the terminology for the mechanisms used to share data with the CMS has been updated to more accurately reflect how clinicians and vendors interact with MIPS. Instead of submission mechanisms, collection type will be used to refer to a set of quality measures with comparable specifications and data completeness criteria including, as applicable: Electronic Clinical Quality Measures (eCQMs); MIPS Clinical Quality Measures (CQMs); QCDR measures; Medicare Part B claims measures; the CMS Web Interface measures; the CAHPS for MIPS survey measure; and administrative claims measures.

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		4 out of 5 measures are likely going to be topped out for 2 consecutive years (2018 and 2019) pending publication of benchmarks by the CMS. If so, these 4 out of 5 measures will most likely have a maximum of 7 out of 10 points available in 2019. This will trigger the EMA process if reporting via claims or Qualified Registry since minimum reporting requirement is still 6 measures. If reporting via a QCDR, you must report on a minimum of 6 measures; EMA is not applicable.
Topped Out Measures	7 out of 8 measures identified as topped out. Remaining measure does not have a benchmark and is scored at 3 points.	3 out of 8 measures removed because they were extremely topped out, ie, average mean performance was within the 98th to 100th percentile range. The remaining 4 out of 5 measures will likely be topped out in 2019 (ie, second year in a row) and will be subject to scoring cap of 7 points pending publication of benchmarks by the CMS.
Facility-Based Scoring	**Not Applicable**	**Individual:** MIPS eligible clinician furnishes 75% or more of their covered professional services in inpatient hospital (POS 21), on-campus outpatient hospital (POS 22), or an emergency room (POS 23), based on claims for a period prior to the performance period. Clinicians must have at least a single service billed with the POS code used for the inpatient hospital (21) or emergency room (23). **Group:** A facility-based group is one in which 75% or more of the MIPS eligible clinician NPIs billing under the group's TIN are eligible for facility-based measurement as individuals. Facility-based measurement is automatically applied to MIPS eligible clinicians and groups who are eligible for facility-based measurement and who have a higher combined Quality and Cost score. There are no data submission requirements for the Quality and Cost performance categories for individual clinicians and groups in facility-based measurement. An individual or group must submit data in the **Improvement Activities** or **Promoting Interoperability** performance categories to be measured under facility-based measurement.

Policy	2018	2019
Improvement Activities Requirements for Non-Patient Facing Pathologists	Attest to 1 high-weighted or 2 medium-weighted Improvement Activities to receive full credit in the category. Retain documentation for 10 years to support your attestation.	Same as 2018.