COLLEGE of AMERICAN PATHOLOGISTS

MIPS in 2019: An Overview Of What Has Changed

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Welcome

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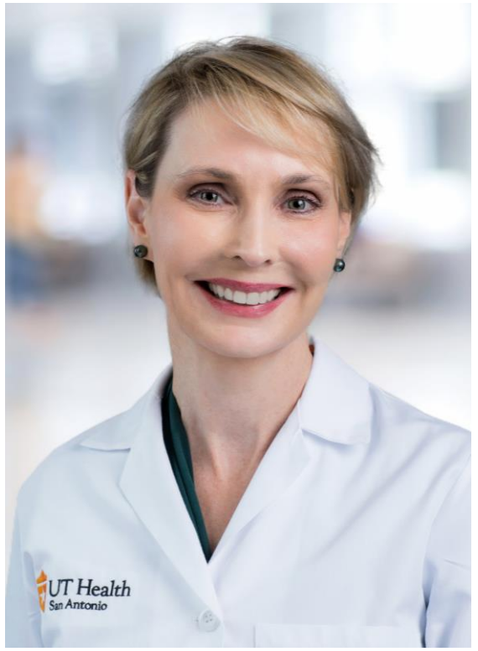
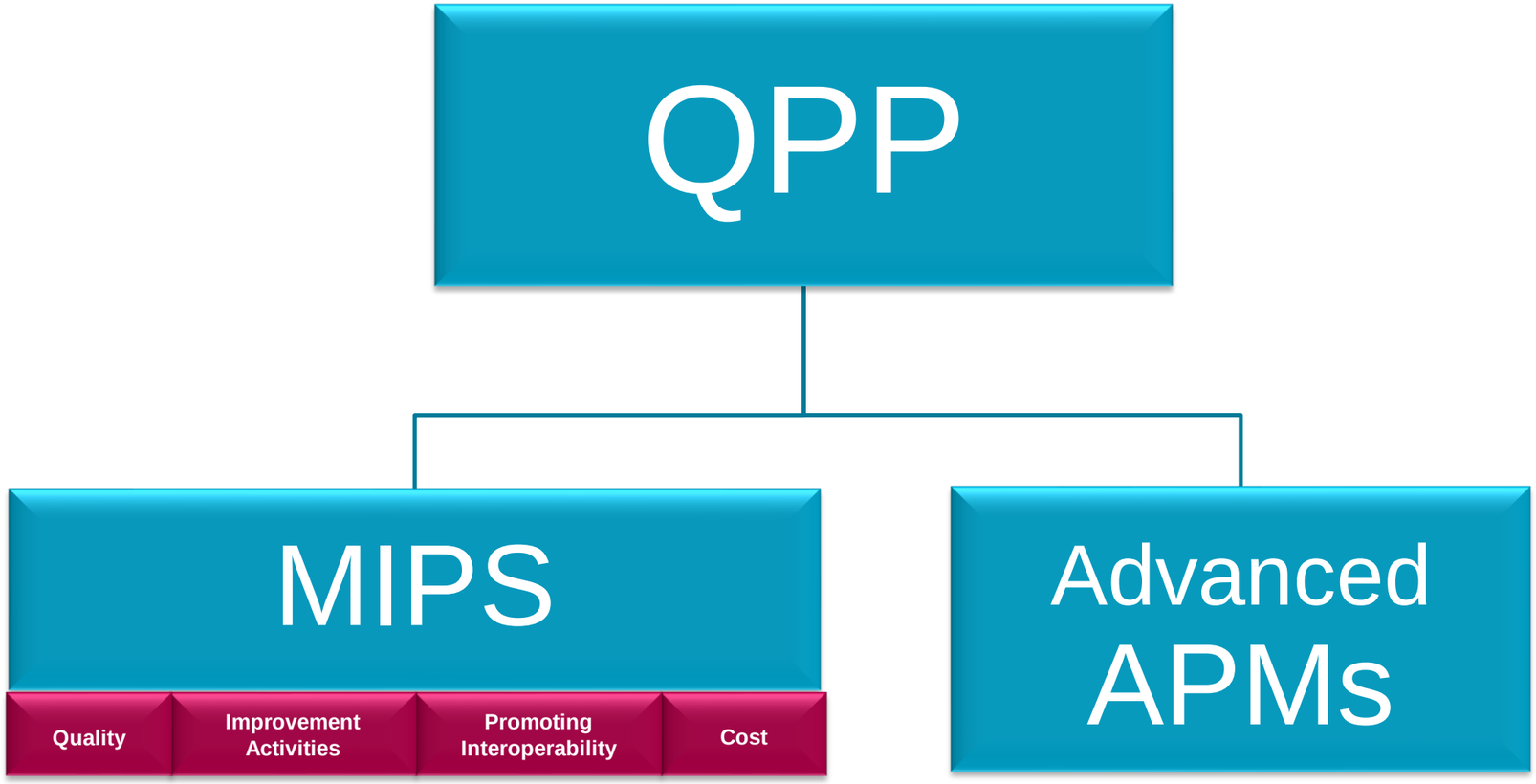
- Vice Chair, CAP Council on Government and Professional Affairs
- Chair of the CAP Clinical Data Registry Ad-Hoc Committee



Today

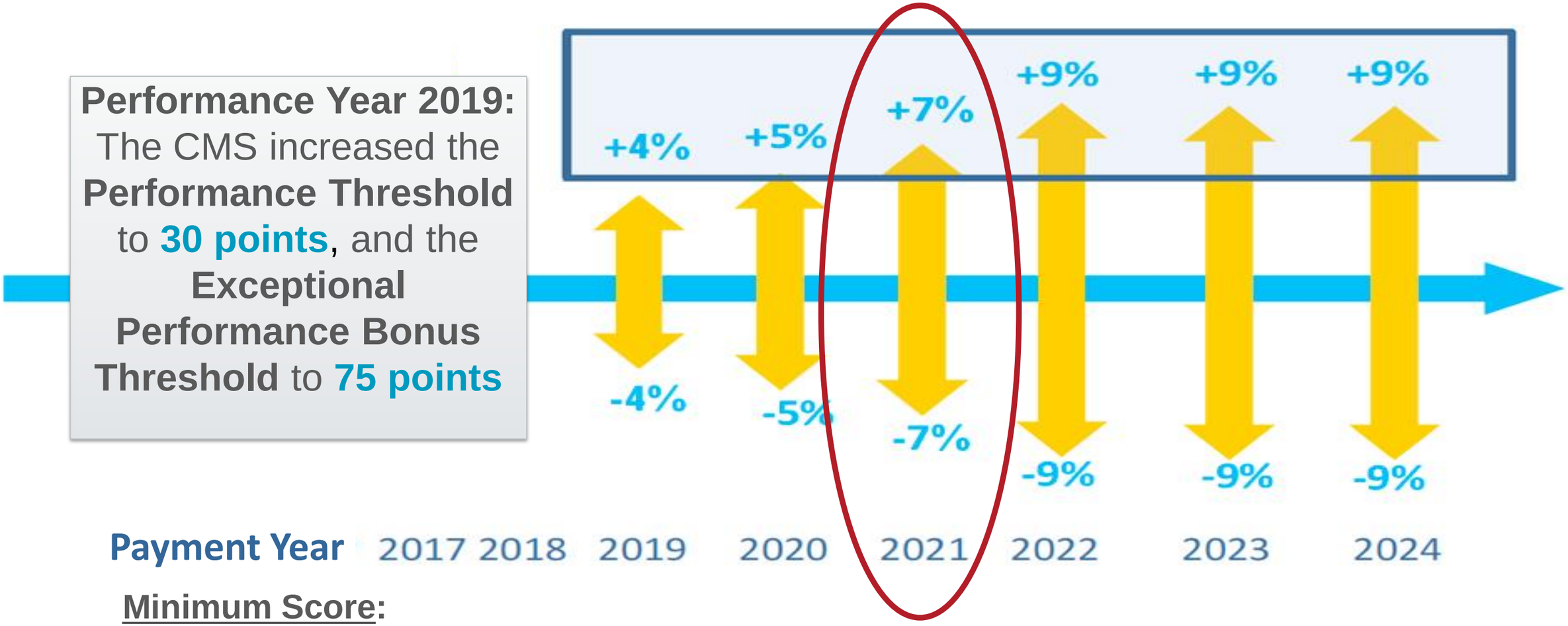
- Quality Payment Program (QPP) Overview
- 2019 MIPS Implementation: Year 3
- Quality Category Scoring
- Pathology-Specific Quality Measures
- Medicare Part B Claims Submission Method
- Facility-Based Scoring
- Check Your 2019 MIPS Eligibility

Quality Payment Program Pathways



Year 3 MIPS Implementation: Increased Performance Thresholds

Performance Year 2019: The CMS increased the **Performance Threshold** to **30 points**, and the **Exceptional Performance Bonus Threshold** to **75 points**



Minimum Score:

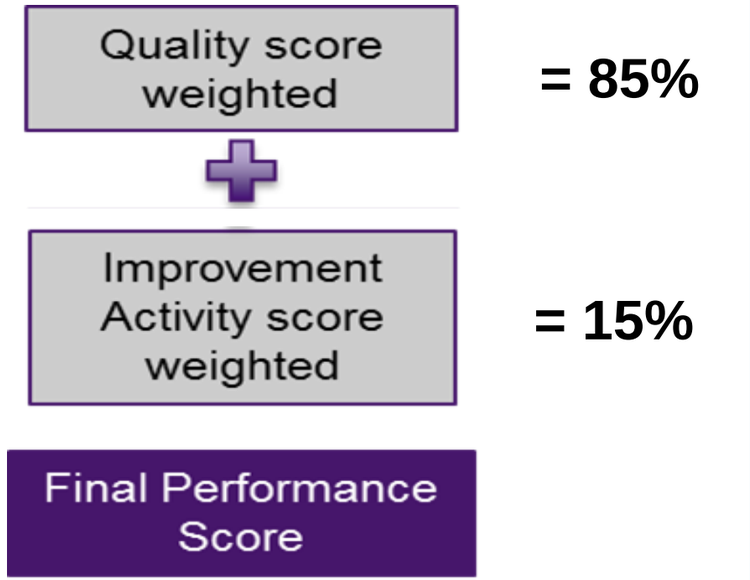
If your total MIPS score is not at least 30 points in 2019, you are subject to a penalty

Low Volume Threshold Expansion + Opt-In

- **Third Criterion Added to expand eligibility for low volume threshold:**
  - **To be excluded from MIPS, clinicians or groups would need to meet one of the following three criteria:**
    - **≤ $90K in Part B allowed charges for covered professional services**
    - **Provide care to ≤ 200 beneficiaries**
    - **Provide ≤ 200 covered professional services under the Physician Fee Schedule (PFS)**
- **New opt-in participation for low volume practices:**
  - **Starting in Year 3, clinicians or groups would be able to opt-in to MIPS if they meet or exceed one or two, but not all, of the low-volume threshold criterion**

Category Weights for Non-Patient Facing Pathologists Remain the Same

- **Quality Measures**: Score out of 85 points
- **Improvement Activities:** Score out of 15 points
  - 90 days reporting
  - Attest to 1 high-weighted or 2 medium-weighted
- **Promoting Interoperability:** Re-weighted to Quality
- **Cost**: 8 new episode-based cost measures
  - Not applicable to pathologists



Reporting Requirements for Quality Measures

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

- **Small practices: 6 bonus points added to Quality category score**

Measure Scoring Remains the Same

- **Measure value**

Max Points	Measure
10	With benchmark
7	Topped-out for 2 consecutive years
3	Without benchmark

- **Submitting below 20 case minimum, score capped at 3 points regardless of practice size**
- **Don’t meet 60% data completeness**

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

CMS Meaningful Measures Initiative

- **69%** of claims-based measures are topped out, and are being phased out
- New CMS policy for **extremely topped out measures (defined as 98-100% performance)**
  - CMS will retire extremely topped out measures
  - Will not follow 4-year lifecycle applicable to other topped-out measures
- The CMS finalized the removal of the following **three of the eight** CAP- developed QPP measures identified as extremely topped out:
  - Breast Cancer Resection Reporting
  - Colon Cancer Resection Reporting
  - Quantitative IHC Evaluation of HER2 Testing in Breast Cancer Patients

Where do the CAP's QPP Measures Stand?

- **Remaining five CAP QPP measures**
  - **Most are topped out for 2 consecutive years**
  - **Score capped at 7 points**
- **Two additional QPP registry measures**
  - **Biopsy Follow-Up**
  - **Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma (SCC): Biopsy Reporting Time**

2019 Quality Measures Landscape: QPP Measures

Measure	Submission Mechanisms		Max Points	
	Claims	Qualified Registry	Claims	Qualified Registry
QPP 249: Barrett's Esophagus Reporting	X	X	7	7
QPP 250: Radical Prostatectomy Reporting	X	X	10	7
QPP 395: Lung Cancer (biopsy/cytology)*	X	X	7	7
QPP 396: Lung Cancer (resection)*	X	X	3	10
QPP 397: Melanoma Reporting*	X	X	7	7
QPP 265: Biopsy Follow-Up*	--	X	--	7
QPP 440: BCC/SCC Reporting*	--	X	--	10

*High Priority Measures

Pathologists Quality Registry: QCDR Measures + IAs

- **21 pathology-specific measures exclusively available in the Pathologists Quality Registry**
  - **In addition to the 7 QPP measures**
  - **Total 28 measures available**
- **Attest to Improvement Activities**
- **Enhance practice success and levels of patient care via registry dashboards and quarterly benchmarking reports providing feedback on individual and/or pathology practice performance**

Medicare Part B Claims Submission Continues to be Phased Out

- **The CMS is limiting claims submission to small practices only (15 or fewer clinicians)**
  - **Individuals or groups in small practices can use claims-based reporting**
  - **Individuals in groups larger than 16 pathologists will no longer be able to report via claims**
    - **Find another reporting method, such as the Pathologists Quality Registry**

- **The CMS finalized multiple reporting options to help clinicians maximize their score**
  - **Clinicians will be able to submit a single quality measure via multiple mechanisms**
  - **Clinicians who are part of a group or are facility-based will also be able to report as individuals to try to maximize their score**

New Facility-Based Scoring Option

- **Quality and cost category scores would be assigned based on attributed facility's Hospital Value-Based Purchasing 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***

To Confirm Your 2019 MIPS Status

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

Before you log on, have available:

1. **HCQIS Access Roles and Profile System (HARP) credentials (formerly known as Enterprise Identity Data Management or EIDM)**
2. **Tax Identification Number (TIN)**
3. **National Provider Identifier (NPI)**

SPECIAL STATUS **Hospital-based**	Yes
SPECIAL STATUS **Non-patient facing**	Yes
SPECIAL STATUS **Small practice**	Yes
Facility-based	Yes - UPMC HAMOT HOSPITAL

The CAP Has MIPS Resources

- **Visit cap.org/advocacy for MIPS tools and resources**
- **2019 Updates Coming Soon**
  - **Making Sense of CMS's Quality Payment Program (Video)**
  - **MIPS Checklist for Pathologists**
  - **MIPS FAQs**
  - **MIPS Financial Impact Calculator**
  - **Understanding Your MIPS Reporting Options**
  - **Pathology-specific Quality Measures**
  - **2019 Improvement Activities for Pathologists**
- **Read *STATLINE***

Questions?

Email us at MIPS@cap.org

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