



COLLEGE of AMERICAN
PATHOLOGISTS

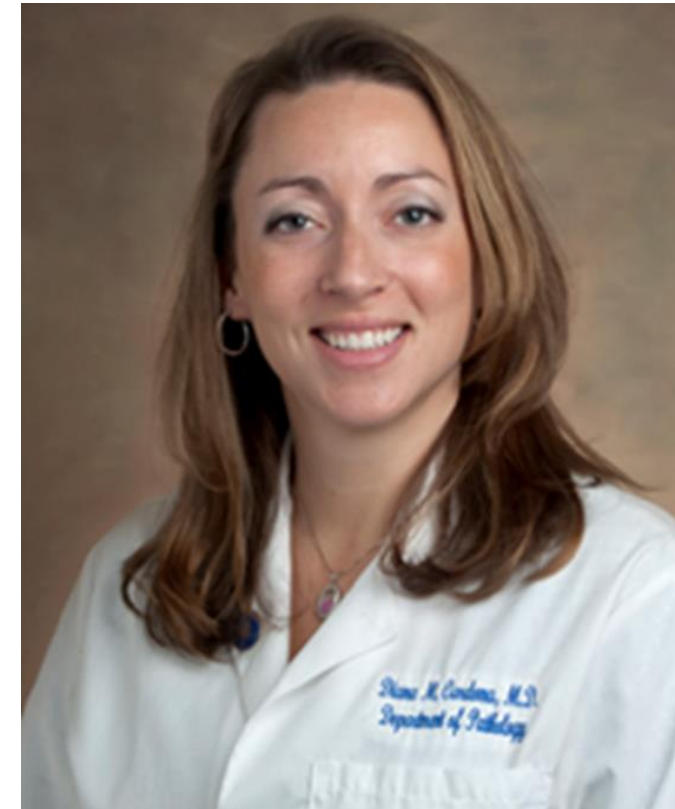
Deep Dive: 2019 MIPS Improvement Activities

Diana Cardona, MD, FCAP

May 21, 2019

Welcome

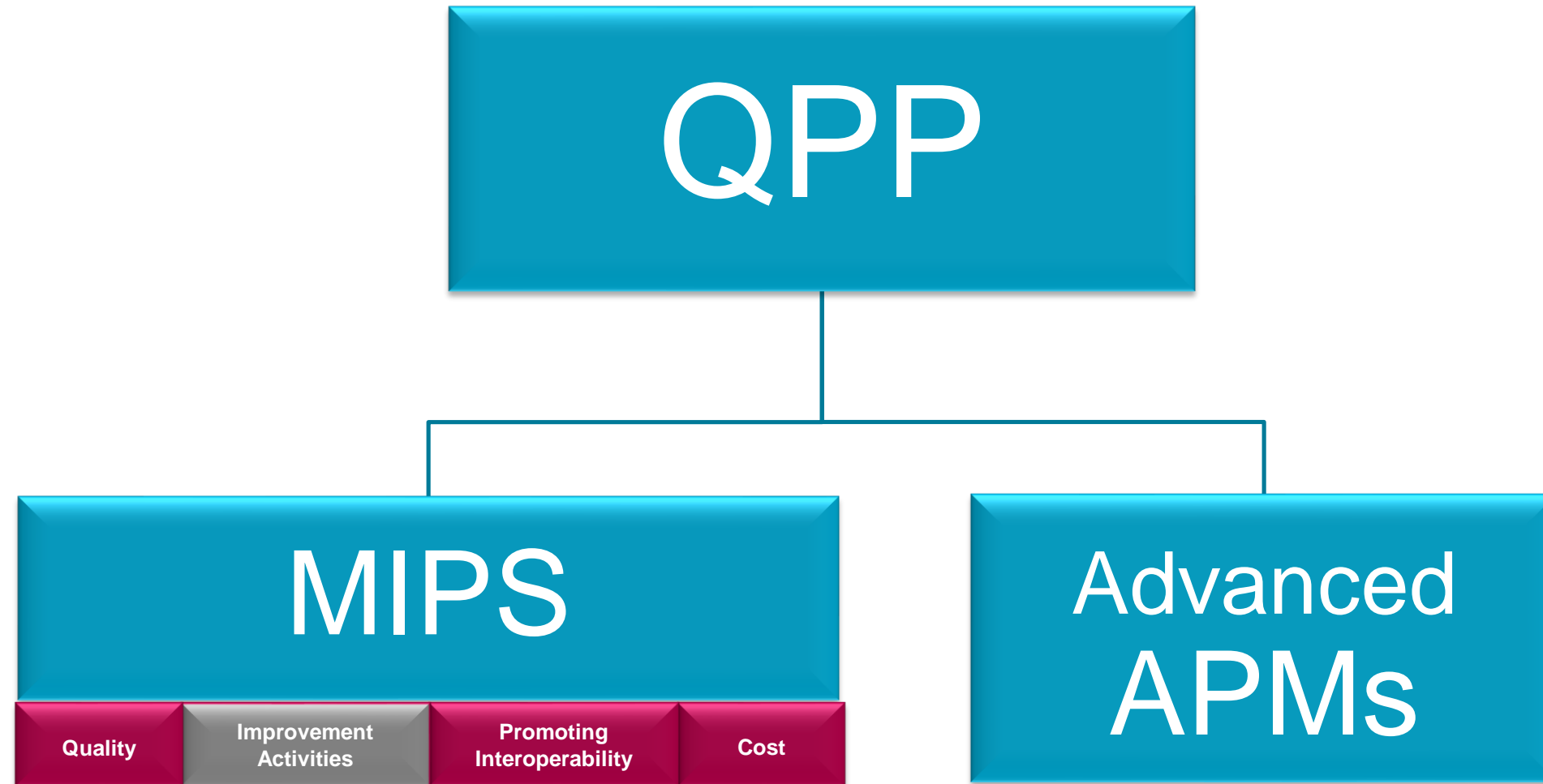
Diana Cardona, MD, FCAP
Chair, Measures & Performance
Assessment Subcommittee



Today

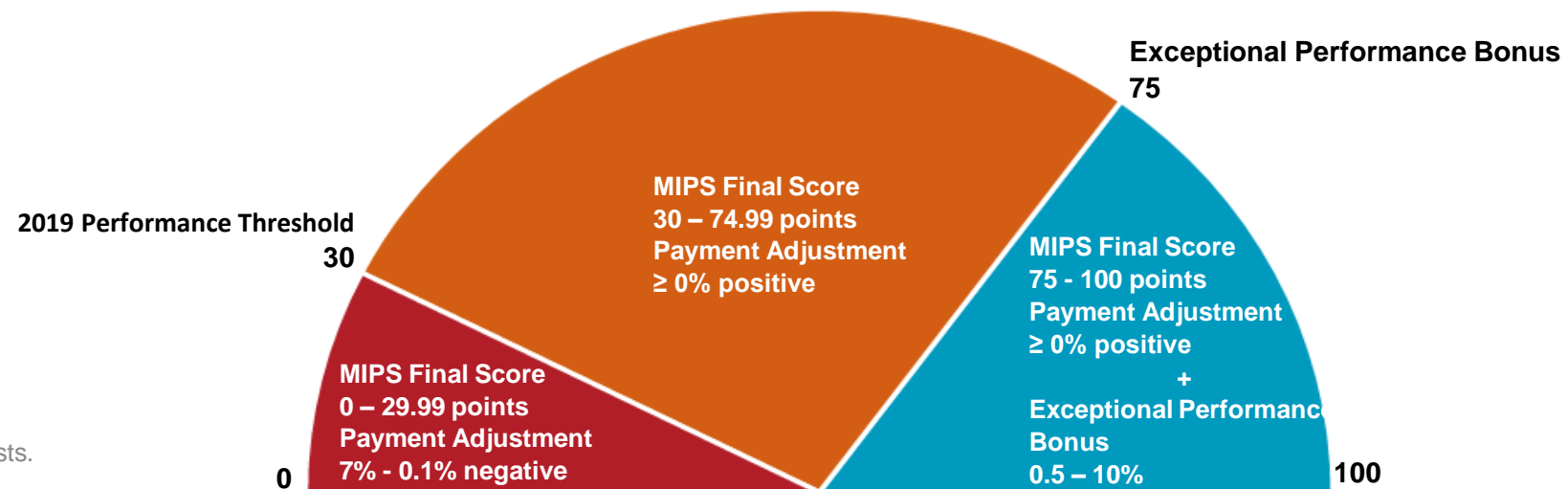
- **Merit-based Incentive Payment System (MIPS) background**
- **Confirm MIPS reporting status**
- **Review Improvement Activities category**
- **Select the Improvement Activities most relevant to you**
- **Determine your best reporting method for Improvement Activities**

Quality Payment Program Pathways



2019 MIPS Performance Year

- Quality Measures: **85%** of Final Score
- Improvement Activities: **15%** of Final Score
- Promoting Interoperability: Non-patient facing groups automatically reweighted if **100% of clinicians** in group qualify individually for reweighting
- Minimum score: **30 points**
 - Cannot only attest to Improvement Activities to avoid penalty
- Exceptional performance bonus: **75 points**
 - Clinicians whose MIPS final score is 75 points or above are eligible to receive additional incentive payments from a pool of \$500 million for exceptional performance.



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

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**



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?

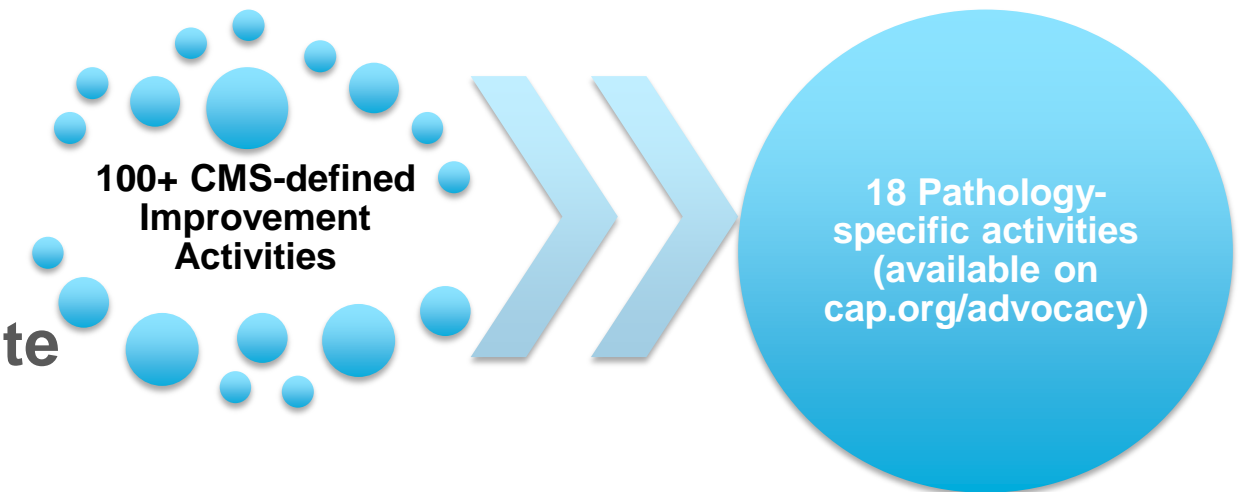
- **Perform the activity for a minimum of 90 consecutive days**
- **Keep documentation that supports attestation for 10 years per CMS requirements**
- **A simple “yes” is all that is required to attest to completing an improvement activity, in addition to documentation**

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
 - 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 attest 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
- **Top utilized IAs in 2018**
 - Implementation of improvements that contribute to more timely communication of test results
 - Participation in Joint Commission Evaluation Initiative
 - Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop



The CAP's Engagement with CMS

- The CAP has ongoing engagement 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
- **New in 2019: CMS removed IA_PM_9** (Participation in research that identifies interventions, tools or processes that can improve a targeted patient population) because it is **duplicative of IA_PM_17** (Participation in federally and/or privately funded research that identifies interventions, tools, or processes that can improve a targeted patient population)
 - If you previously attested to IA_PM_9, you should now attest to IA_PM_17 instead

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)**
 - **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)**
 - **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 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)**
 - Small practices only (≤ 15 clinicians), whether reporting as individual or group
 - 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
- **CMS Web Interface**

Available for multispecialty practices with more than 25 providers
- **Qualified Registry (QR)**
 - Not all QRs include IA attestation, so ensure that IAs are covered
 - Could allow individual or group attestation
- **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

Pathologists Quality Registry: Improvement Activities

Easier for Pathologists to Make Sense of and Attest to Improvement Activities

SJONES@CAP.ORG



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Pathologists Quality Registry

MIPS > Practice > Web Demo Practice > IA Practice ID: 6 Practice Name: Web Demo Practice

MIPS ELIGIBILITY	TIN	TIN VALID FROM	TIN VALID TO	DRCF	SUBMISSION STATUS	ESTIMATED MIPS TOTAL SCORE	CMS MIPS SCORE
Eligible	987654321	01-01-2017	12-31-2017	Pending	Pending	69.26	NA

Quality IA Summary

From: 01-01-2017 To: 12-31-2017

I attest that I am a Patient Centered Medical Home (PCMH) or Comparable Specialty Practice that has achieved certification from a national program, regional or state program, private payer, or other body that administers patient-centered medical home accreditation and should receive full credit for the Improvement Activities performance category.

2 Activities selected
IA score: 40/40
Contribution to MIPS: 15/15
CMS Score:

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

SELECT ONE OR MORE SUBCATEGORIES

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

CEHRT ACTIVITY
HIGH WEIGHT ACTIVITY
YOUR FAVORITE

- Beneficiary Engagement:** Use of QCDR to support clinical decision making 20 ☆
- Care Coordination:** Care transition standard operational improvements 20 ☆
- Care Coordination:** Implementation of improvements that contribute to more timely communication of test results 20 ☆

Timely communication of test results defined as timely identification of abnormal test results with timely follow-up

Activity ID
IA_CC_2

Subcategory Name
Care Coordination

Activity Weighting
Medium
- Care Coordination:** Implementation of use of specialist reports back to referring clinician or group to close referral loop 20 ☆
- Care Coordination:** Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination 20 ☆

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Facility-Based Scoring

- Quality and cost category scores automatically assigned based on attributed facility's Hospital Value-Based Purchasing program
- **Facility-based pathology groups must still attest to Improvement Activities separately from the facility in order to be assessed as a group**
- **Facility-based individual pathologists should attest to Improvement Activities to maximize their score**

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The CAP Has MIPS Resources

- Visit cap.org/advocacy for MIPS tools and resources
- 2019 Updates
 - 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 *Advocacy Update* - The CAP Advocacy Newsletter

Questions?

Email us at MIPS@cap.org



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