2019 MIPS Reporting: Which Path is Right for Your Practice?

Emily E. Volk, MD, MBA, FCAP

March 14, 2019
Welcome

Emily E. Volk, MD, MBA, FCAP

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

© College of American Pathologists.
Today

- Quality Payment Program (QPP) and Merit-based Incentive Payment System (MIPS)
- Confirm your MIPS reporting status
- Determine your best reporting method by practice size
- Reporting on Quality Measures
- Attesting to Improvement Activities
Quality Payment Program Pathways

QPP

MIPS

Advanced APMs

Quality
Improvement Activities
Promoting Interoperability
Cost

© College of American Pathologists.
2019 MIPS Performance Year

• Quality Payment Measures: 85% of Final Score
• Improvement Activities: 15% of Final Score
• Minimum score: 30 points
  o If you do not score at least 30 points in 2019, you are subject to a penalty.
• Exceptional performance bonus: 75 points
  o 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)

<table>
<thead>
<tr>
<th>SPECIAL STATUS</th>
<th></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>
<tr>
<td>Facility-based</td>
<td>Yes - UPMC HAMOT HOSPITAL</td>
</tr>
</tbody>
</table>
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:
    • \( \leq 90K \) in Part B allowed charges for covered professional services
    • Provide care to \( \leq 200 \) beneficiaries
    • Provide \( \leq 200 \) 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
Determine Your Best Reporting Method Based on Practice Size

<table>
<thead>
<tr>
<th></th>
<th>Small Practices (≤ 15 eligible pathologists)</th>
<th>Large Practices (16+ eligible pathologists)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims</td>
<td>Individual and/or group</td>
<td>NOT AVAILABLE</td>
</tr>
<tr>
<td>Qualified Registry (QR)</td>
<td>Individual and/or group</td>
<td>Individual and/or group</td>
</tr>
<tr>
<td>Qualified Clinical Data Registry (QCDR)</td>
<td>Individual and/or group</td>
<td>Individual and/or group</td>
</tr>
</tbody>
</table>

**IMPORTANT UPDATE FOR 2019**

Starting **January 1, 2019**, the claims/your billing company submission mechanism **can only** be submitted by clinicians in a small practice (**15 or fewer eligible clinicians**), whether participating individually or as a **group**.

The claims/your billing company submission mechanism is **NOT available** to clinicians in a practice of 16 or more eligible clinicians, **whether participating as an individual or a group**.
2019 Quality Measure Changes

• Extremely Topped-out Measures removed from MIPS:
  o Breast Cancer Resection Reporting
  o Colon Cancer Resection Reporting
  o Quantitative IHC Evaluation of HER2 Testing in Breast Cancer Patients

• Several Topped-out Measures assigned a 7-point cap benchmark

• The Pathologists Quality Registry updates:
  o 21 QCDR measures added to the Registry
  o 2 MIPS CQMs added
    – Biopsy Follow-up
    – Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma (SCC): Biopsy Reporting Time
Quality Category Requirements

- Report a **minimum of 6 measures**
  - One must be an outcome or high priority measure
- OR report on the complete Pathology Specialty Measure Set
- 12 month reporting period (January 1 – December 31, 2019)
- 60% data completeness
- 20 case minimum per measure
Quality Measures Overview

• QPP Measures
  o Medicare Part B Claims Measures and MIPS Clinical Quality Measures (MIPS CQMs)
    – MIPS CQMs were previously called Registry Measures
  o Publicly available
  o Comprise the 2019 Pathology Specialty Measure Set
    – Specialty measure sets can be reported as an alternative to selecting 6 quality payment measures out of all possible quality payment measures
    – It is not a requirement for pathologists to report on the pathology specialty measure set; however, these are measures the majority of pathologists and/or groups should be able to report

• Qualified Clinical Data Registry (QCDR) Measures
  o Proprietary to QCDR
  o Only reported through QCDR
  o New measures added annually
Claims-Based Reporting: Small Practices Only

• Individual or group reporting

• Available only if you are in a small practice of 15 or fewer clinicians

• Will be subject to the Eligible Measure Applicability (EMA) process
  o Unless report on the Pathology Specialty Measure Set

Medicare Part B Claims Measures

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>QPP 249:</td>
<td>Barrett Esophagus Pathology Reporting</td>
</tr>
<tr>
<td>QPP 250:</td>
<td>Radical Prostatectomy Pathology Reporting</td>
</tr>
<tr>
<td>QPP 395:</td>
<td>Lung Cancer Reporting (biopsy/cytology specimens)*</td>
</tr>
<tr>
<td>QPP 396:</td>
<td>Lung Cancer Reporting (resection specimens)*</td>
</tr>
<tr>
<td>QPP 397:</td>
<td>Melanoma Reporting*</td>
</tr>
</tbody>
</table>

*High-priority measure
Qualified Registry (QR) Reporting

- Seven MIPS Clinical Quality Measures (CQMs) available
  - Report on a minimum of six measures including an outcome or high priority measure
- Pathologists Quality Registry is a QR and a QCDR
- EMA applies if you report on less than six measures or do not report on an outcome/high priority measure

<table>
<thead>
<tr>
<th>MIPS Clinical Quality Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>QPP 249: Barrett Esophagus Pathology Reporting</td>
</tr>
<tr>
<td>QPP 250: Radical Prostatectomy Pathology Reporting</td>
</tr>
<tr>
<td>QPP 395: Lung Cancer Reporting (biopsy/cytology specimens)*</td>
</tr>
<tr>
<td>QPP 396: Lung Cancer Reporting (resection specimens)*</td>
</tr>
<tr>
<td>QPP 397: Melanoma Reporting*</td>
</tr>
<tr>
<td>QPP 265: Biopsy Follow-Up*</td>
</tr>
<tr>
<td>440: BCC/SCC Reporting*</td>
</tr>
</tbody>
</table>

*High-priority measure
Eligible Measure Applicability (EMA)

• If you report via claims or Qualified Registry and submit less than 6 quality measures or do not submit a high priority/outcome measure, CMS will determine whether additional measures should have been submitted
  o Applies to claims-based and QR reporting
  o Does not apply to QCDR reporting

• If the CMS finds no additional applicable measures
  o Your quality score will be based on the measures submitted
Pathology Specialty Measure Set

• Clinicians and groups can choose to submit a specialty measure set
  o In doing so, they must submit data on at least 6 measures within that set; or if the set contains fewer than 6 measures, the clinician or group should submit each measure in the set

• 2019 is the first year the Pathology Measure Set contains < 6 measures
  o Can submit the 5 measures of the Pathology Specialty Measure Set through the Qualified Registry or Medicare Part B Claims (small practices only)

---

Pathology Specialty Measure Set

<table>
<thead>
<tr>
<th>QPP 249: Barrett Esophagus Pathology Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>QPP 250: Radical Prostatectomy Pathology Reporting</td>
</tr>
<tr>
<td>QPP 395: Lung Cancer Reporting (biopsy/cytology specimens)*</td>
</tr>
<tr>
<td>QPP 396: Lung Cancer Reporting (resection specimens)*</td>
</tr>
<tr>
<td>QPP 397: Melanoma Reporting*</td>
</tr>
</tbody>
</table>

*High Priority Measures
Qualified Clinical Data Registry (QCDR) Reporting

• CAP’s Pathologists Quality Registry
• One stop shopping
  o Allows individual or group reporting
  o Report on quality measures and/or improvement activities
• More pathologist-specific measures to choose from
  o Report on a minimum of six measures including an outcome or high priority measure
  o EMA process does not apply to QCDRs so ensure you have at least six measures (including outcome/high priority) that you can report
### Updated Measures for 2019

<table>
<thead>
<tr>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnaround Time (TAT) – Biopsies*</td>
</tr>
<tr>
<td>Cancer Protocol Elements and Turnaround Time for Carcinoma and Carcinosarcoma of the Endometrium*</td>
</tr>
<tr>
<td>Cancer Protocol Elements and Turnaround Time for Carcinoma of the Intrahepatic Bile Ducts*</td>
</tr>
<tr>
<td>Cancer Protocol Elements and Turnaround Time for Carcinoma of the Pancreas*</td>
</tr>
<tr>
<td>Cancer Protocol Elements and Turnaround Time for Invasive Carcinoma of Renal Tubular Origin*</td>
</tr>
<tr>
<td>Helicobacter pylori Status and Turnaround Time*</td>
</tr>
</tbody>
</table>

### Measures with no Changes for 2019

<table>
<thead>
<tr>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnaround Time (TAT) – Troponin*</td>
</tr>
<tr>
<td>Turnaround Time (TAT) – Lactate*</td>
</tr>
</tbody>
</table>

### New Measures for 2019

<table>
<thead>
<tr>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>HER2 Tumor Evaluation and Repeat Evaluation in Patients with Breast Carcinoma*</td>
</tr>
<tr>
<td>HER2 Tumor Evaluation and Repeat Evaluation in Patients with Gastroesophageal Adenocarcinoma*</td>
</tr>
<tr>
<td>Appropriate Formalin Fixation Time (6 – 72 hours) of Breast Cancer Specimens</td>
</tr>
<tr>
<td>Blood Laboratory Samples for Potassium Determination with Hemolysis Drawn in the Emergency Department**</td>
</tr>
<tr>
<td>EGFR Testing in Patients with NSCLC*</td>
</tr>
<tr>
<td>ROS 1 Testing in Patients with NSCLC*</td>
</tr>
<tr>
<td>ALK Testing to in Patients with NSCLC*</td>
</tr>
<tr>
<td>BRAF Testing in Patients with Metastatic Colorectal Adenocarcinoma*</td>
</tr>
<tr>
<td>MMR or MSI Testing in Patients with Primary or Metastatic Colorectal Carcinoma*</td>
</tr>
<tr>
<td>FLT3-ITD Testing to in Patients with Acute Myeloid Leukemia*</td>
</tr>
<tr>
<td>High Risk HPV Testing and p16 Scoring in Surgical Specimens for Patients with OPSCC*</td>
</tr>
<tr>
<td>High Risk HPV Testing in Cytopathology Specimens for Patients with OPSCC*</td>
</tr>
</tbody>
</table>

*High Priority Measures
Pathologists Quality Registry: Quality Measures

Pathologists Can Review Performance on Each Measure and Drill Down to Detail on Each Case
Improvement Activity Attestation

- Attest to 1 high-weighted or 2 medium-weighted Improvement Activities (IAs) if you are a non-patient-facing pathologist
- Perform the activity for a minimum of 90 consecutive days
- If reporting for quality measures as individuals, must individually attest to IAs
Pathologists Quality Registry: Improvement Activities

Easier for Pathologists to Make Sense of and Attest to Improvement Activities
Pathologists Quality Registry: MIPS Dashboard

Enhance practice success and levels of patient care via registry dashboards and quarterly benchmarking reports providing feedback on individual and/or pathology practice performance.

*Individual Dashboard restricted to provider and practice administrator
The CAP Has MIPS Resources

• Visit cap.org/advocacy for MIPS tools and resources

• 2019 Updates Coming Soon
  o Making Sense of CMS’s Quality Payment Program (Video)
  o MIPS Checklist for Pathologists
  o MIPS FAQs
  o MIPS Financial Impact Calculator
  o Understanding Your MIPS Reporting Options
  o Pathology-specific Quality Measures
  o 2019 Improvement Activities for Pathologists

• Read STATLINE
Questions?

Email us at MIPS@cap.org