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PATHOLOGISTS

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

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# Welcome

## Emily E. Volk, MD, MBA, FCAP

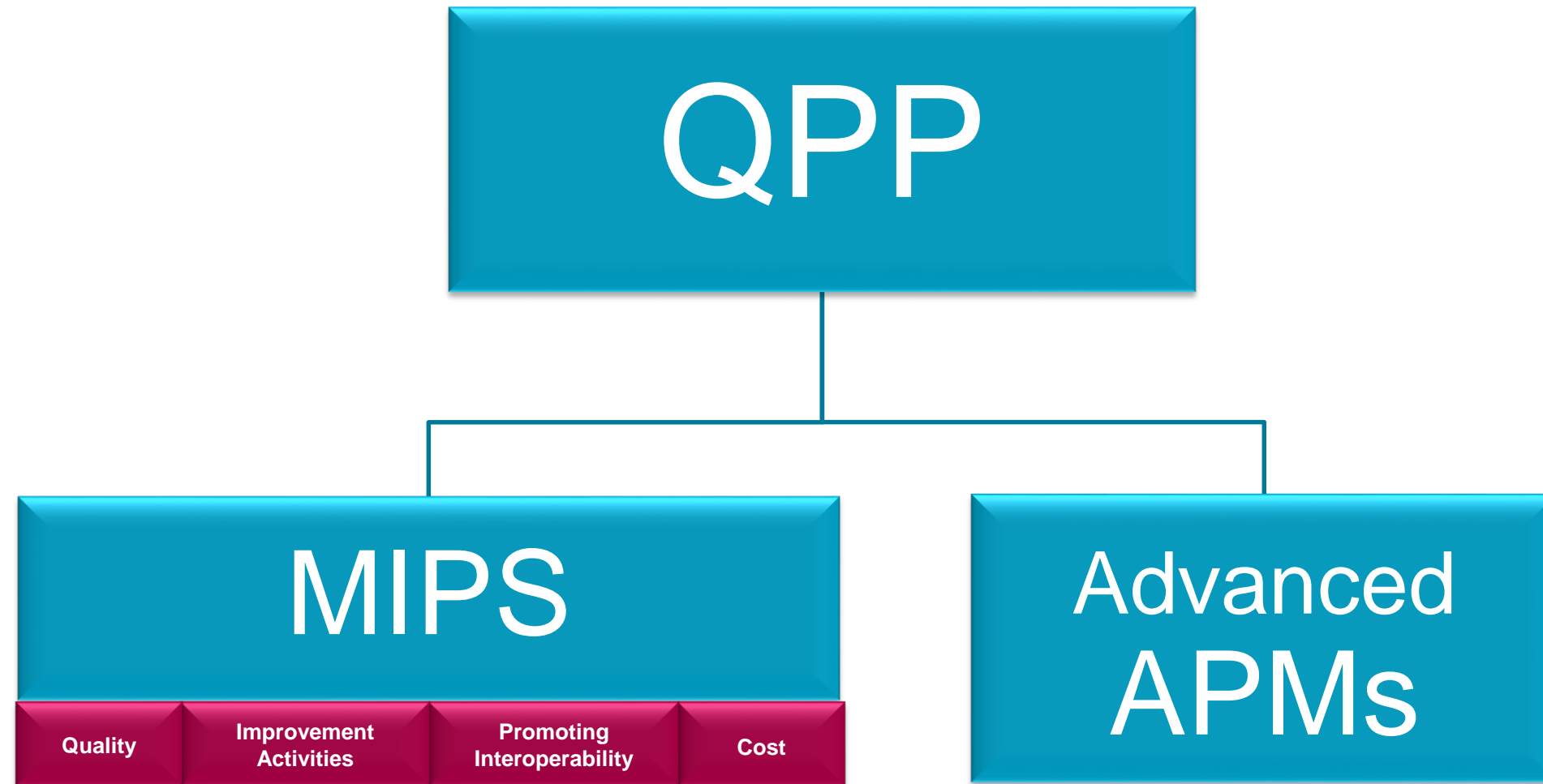
- Vice Chair, Council on Government and Professional Affairs
- Chair of the Clinical Data Registry Ad-Hoc Committee



# Today

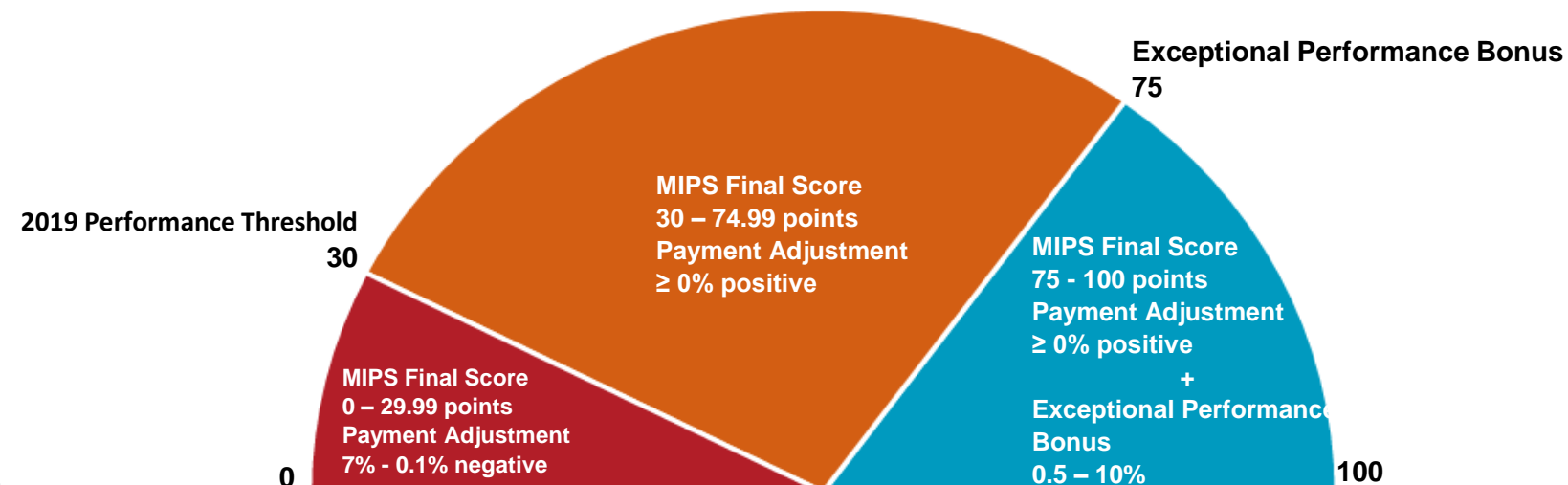
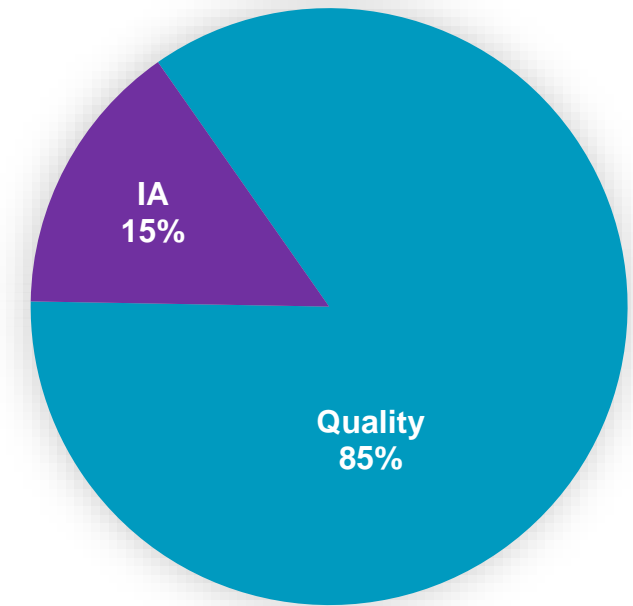
- **Quality Payment Program (QPP) and Merit-based Incentive Payment System (MIPS)**
- **Confirm your MIPS reporting status**
- **Determine your best reporting method by practice size**
- **Reporting on Quality Measures**
- **Attesting to Improvement Activities**

# Quality Payment Program Pathways



# 2019 MIPS Performance Year

- Quality Payment Measures: **85%** of Final Score
- Improvement Activities: **15%** of Final Score
- Minimum score: **30 points**
  - If you do not score at least 30 points in 2019, you are subject to a 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

# 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

	Small Practices (≤ 15 eligible pathologists)	Large Practices (16+ eligible pathologists)
Claims	Individual and/or group	NOT AVAILABLE
Qualified Registry (QR)	Individual and/or group	Individual and/or group
Qualified Clinical Data Registry (QCDR)	Individual and/or group	Individual and/or group

## 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:**
  - Breast Cancer Resection Reporting
  - Colon Cancer Resection Reporting
  - 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:**
  - 21 QCDR measures added to the Registry
  - 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**

- Medicare Part B Claims Measures and MIPS Clinical Quality Measures (MIPS CQMs)
  - MIPS CQMs were previously called Registry Measures
- Publicly available
- 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**

- Proprietary to QCDR
- Only reported through QCDR
- 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
  - Unless report on the **Pathology Specialty Measure Set**

## Medicare Part B Claims Measures

QPP 249: Barrett Esophagus Pathology Reporting
QPP 250: Radical Prostatectomy Pathology Reporting
QPP 395: Lung Cancer Reporting (biopsy/cytology specimens)*
QPP 396: Lung Cancer Reporting (resection specimens)*
QPP 397: Melanoma Reporting*

\*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

## MIPS Clinical Quality Measures

QPP 249: Barrett Esophagus Pathology Reporting
QPP 250: Radical Prostatectomy Pathology Reporting
QPP 395: Lung Cancer Reporting (biopsy/cytology specimens)*
QPP 396: Lung Cancer Reporting (resection specimens)*
QPP 397: Melanoma Reporting*
QPP 265: Biopsy Follow-Up*
440: BCC/SCC Reporting*

**\*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**
  - Applies to claims-based and QR reporting
  - Does not apply to QCDR reporting
- **If the CMS finds no additional applicable measures**
  - 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
  - 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**
  - 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

QPP 249: Barrett Esophagus Pathology Reporting
QPP 250: Radical Prostatectomy Pathology Reporting
QPP 395: Lung Cancer Reporting (biopsy/cytology specimens)*
QPP 396: Lung Cancer Reporting (resection specimens)*
QPP 397: Melanoma Reporting*

\*High Priority Measures

# Qualified Clinical Data Registry (QCDR) Reporting

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

# QCDR Measures in Pathologists Quality Registry

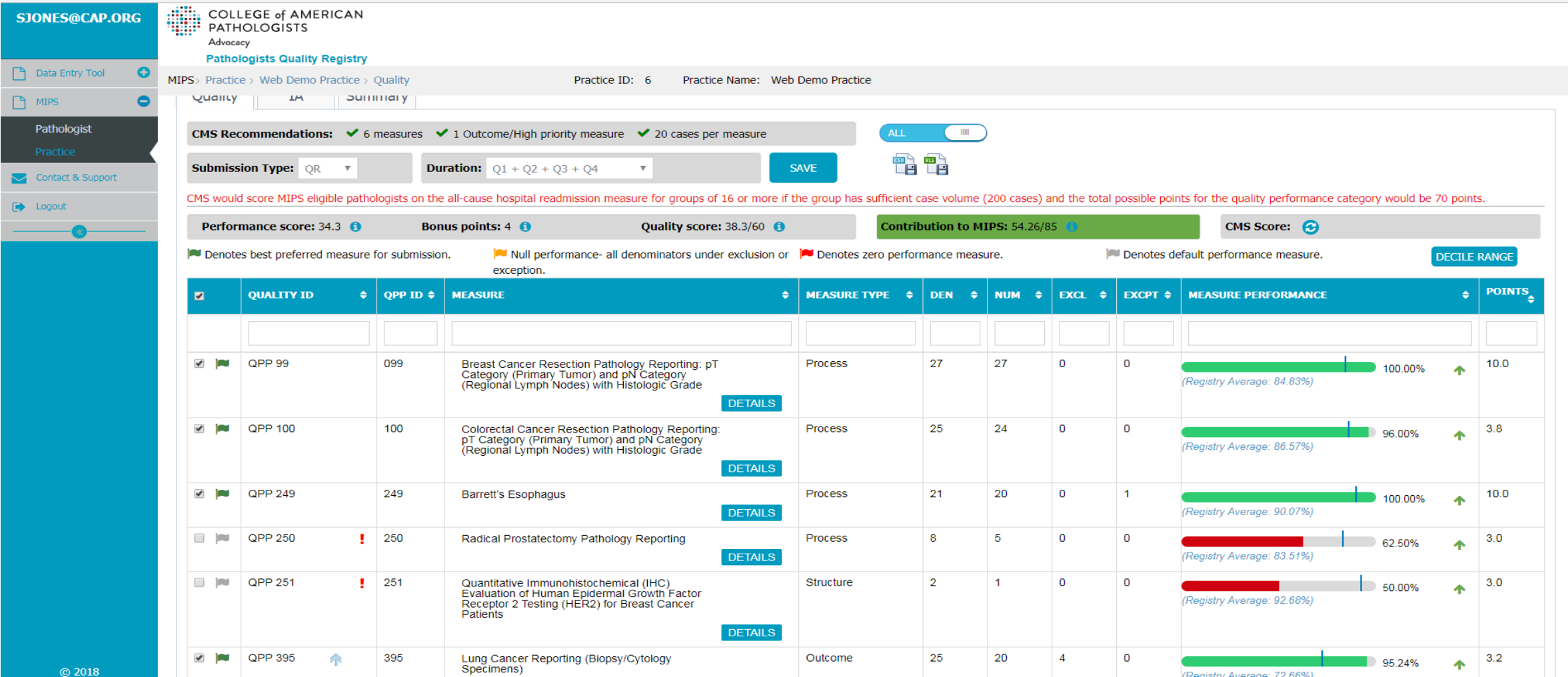
Updated Measures for 2019
Turnaround Time (TAT) – Biopsies*
Cancer Protocol Elements and Turnaround Time for Carcinoma and Carcinosarcoma of the Endometrium*
Cancer Protocol Elements and Turnaround Time for Carcinoma of the Intrahepatic Bile Ducts*
Cancer Protocol Elements and Turnaround Time for Carcinoma of the Pancreas*
Cancer Protocol Elements and Turnaround Time for Carcinoma of the Pancreas*
Cancer Protocol Elements and Turnaround Time for Invasive Carcinoma of Renal Tubular Origin*
Helicobacter pylori Status and Turnaround Time*
Measures with no Changes for 2019
Turnaround Time (TAT) – Troponin*
Turnaround Time (TAT) – Lactate*

\*High Priority Measures

New Measures for 2019
HER2 Tumor Evaluation and Repeat Evaluation in Patients with Breast Carcinoma*
HER2 Tumor Evaluation and Repeat Evaluation in Patients with Gastroesophageal Adenocarcinoma*
Appropriate Formalin Fixation Time (6 – 72 hours) of Breast Cancer Specimens
Blood Laboratory Samples for Potassium Determination with Hemolysis Drawn in the Emergency Department**
EGFR Testing in Patients with NSCLC*
ROS 1 Testing in Patients with NSCLC*
ALK Testing to in Patients with NSCLC*
BRAF Testing in Patients with Metastatic Colorectal Adenocarcinoma*
MMR or MSI Testing in Patients with Primary or Metastatic Colorectal Carcinoma*
FLT3-ITD Testing to in Patients with Acute Myeloid Leukemia*
High Risk HPV Testing and p16 Scoring in Surgical Specimens for Patients with OPSCC*
High Risk HPV Testing in Cytopathology Specimens for Patients with OPSCC*

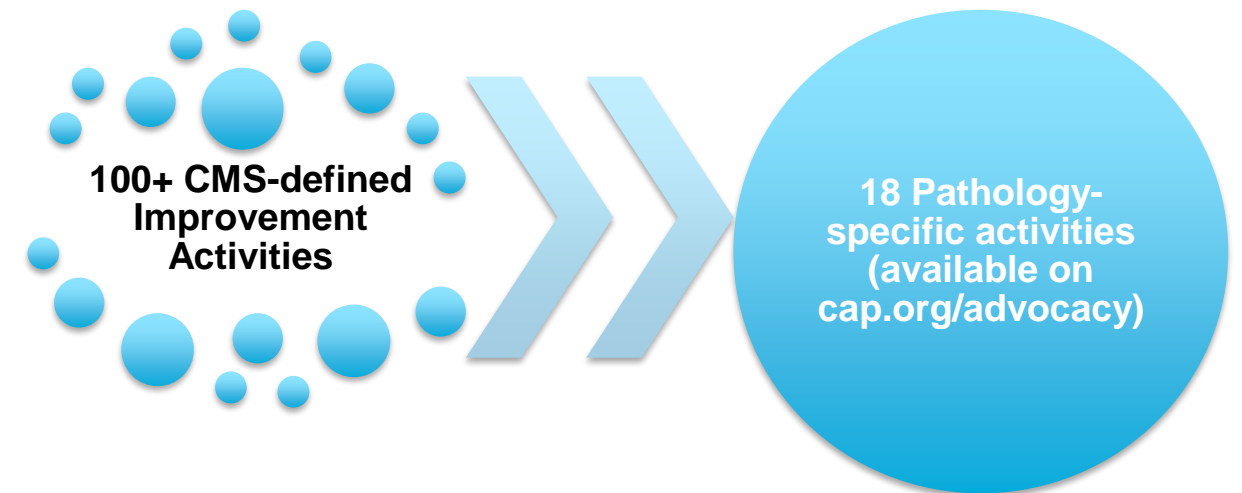
# Pathologists Quality Registry: Quality Measures

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

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Advocacy

Pathologists Quality Registry

Data Entry Tool

MIPS

Pathologist  
Practice

Contact & Support

Logout

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Pathologists Quality Registry

MIPS > Practice > Web Demo Practice > IA

Practice ID: 6Practice 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: 01-01-2017To: 12-31-2017

2 Activities selected

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.

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 ACTIVITYHIGH WEIGHT ACTIVITYYOUR FAVORITE

☐ Beneficiary Engagement: Use of QCDR to support clinical decision making20

☐ Care Coordination: Care transition standard operational improvements20

☒ Care Coordination: Implementation of improvements that contribute to more timely communication of test results20

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

Activity ID  
IA\_CC\_2

Activity Weighting  
Medium

Subcategory Name  
Care Coordination

☐ Care Coordination: Implementation of use of specialist reports back to referring clinician or group to close referral loop20

☐ Care Coordination: Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination20

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20

# 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

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MIPS > Practice > Web Demo Practice

Practice ID: 6   Practice Name: Web Demo Practice

Practice: Web Demo Practice

--If you report Medicare using a single TIN within the practice, our system will automatically associate the previously entered data against the TIN and the MIPS information will be visible once again.  
--If your practice uses multiple TINs to report Medicare encounters, the Quality data will be refreshed based on the split entered.  
If you have any questions or concerns, please contact us at capcams@figmd.com and include your practice ID (seen above).

Performance Year: 2017

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  
54.26/85

SEE MORE >

IA  
15/15

SEE MORE >

70 points

69.26 points

3 points

Estimated MIPS Total Score

Positive adjustment if score is > 3 points

Additional performance bonus if the score is >= 70 points

Disclaimer: This score is estimated and the sole arbiter is CMS

CATEGORY	MY PERFORMANCE	MIPS WEIGHTAGE	CONTRIBUTION TO MIPS
Quality	38.3/60	85	54.26
IA	40/40	15	15
Estimated MIPS Total Score			69.26
CMS MIPS Score			NA

\*Individual Dashboard restricted to provider and practice administrator

# The CAP Has MIPS Resources

- Visit [cap.org/advocacy](https://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](mailto:MIPS@cap.org)**



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