



2019 QPP Checklist for Pathologists

Avoid the 7% penalty; aim for a bonus of up to 7%

We are in Year 3 of the Quality Payment Program (QPP) and the Merit-based Incentive Payment System (MIPS). Your performance in 2019 helps you avoid a negative 7% adjustment on Medicare Part B payments in 2021.



Use this checklist to optimize your performance in MIPS

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Confirm your MIPS reporting status

MIPS versus Alternative Payment Model (APM) eligibility

- The Centers for Medicare & Medicaid Services (CMS) has updated its [Quality Payment Program Look-Up Tool](#) for 2019 to allow clinicians to view MIPS eligibility and APM Qualifying Participant data in one place
- First, confirm if the CMS classifies you in an APM—*participation in an APM takes precedence over MIPS participation*

MIPS Opt-In

Starting in 2019, if you meet or exceed at least one, but not all three (see *right*), of the low-volume threshold criteria, you can opt-in to MIPS. You will be scored and will receive a payment adjustment based on the data you submit. Once you decide to opt-in, you cannot reverse your decision. The CMS will have more information later in 2019.

MIPS will not apply to your practice if you meet one of the criteria below:

• **You are already in an Advanced APM**

You receive 50% of Medicare-covered professional services **or** see 35% of your Medicare patients through an advanced APM

• **You are below the low-volume threshold if:**

- 1) You billed \$90,000 or less for Part B Medicare **or**
- 2) You have 200 or fewer Medicare Part B patients **or**
- 3) You have 200 or fewer covered professional services under the Physician Fee Schedule

• **This is your first year as a Medicare provider**

Individual versus Group reporting

- To check your group's 2019 MIPS eligibility:
 - Log into the CMS [Quality Payment Program website](#) with your [user account](#).
 - Browse to the Taxpayer Identification Number (TIN) affiliated with your group
 - Access the details screen to view the eligibility status of every clinician based on his or her National Provider Identifier (NPI)
 - Confirm the CMS has the correct NPIs included in your TIN
 - See which NPIs in the TIN are considered MIPS-eligible (for example, some may not be eligible *as individuals* due to falling below the low volume threshold)
- To check individual 2019 MIPS eligibility:
 - Enter your NPI into the Quality Payment Program Look-Up Tool to see if you are MIPS eligible as an individual or a group
Don't know your NPI number? Use the [NPI Registry Public Search](#) to find it

The CAP recommends practices have a QPP user account on the CMS website so you can view your practice's scores

Special Status eligibility

- Confirm the CMS classifies you or your practice—like almost all pathologists—as a non-patient-facing physician
 - An individual clinician who bills 100 or fewer patient facing encounters per calendar year
 - A group that has greater than 75% of its clinicians who bill 100 or fewer patient-facing encounters
- Check whether the CMS classifies you as a pathologist in a small practice, ie, 15 or fewer clinicians. If yes,
 - You can report quality measures as an individual or a group via Medicare Part B claims reporting
 - If you report at least one quality measure, the CMS will automatically add 6 points to your Quality category score
- Check whether the CMS classifies you or your practice as facility-based. If yes,
 - The CMS will automatically assign you scores in the Quality and Cost categories of MIPS based on your attributed facility's Hospital Value-Based Purchasing (VBP) score. You or your practice can choose to report for MIPS separately, and the CMS will assign you the separate MIPS score if it is higher than your facility-based score
 - You or your practice will have to attest to Improvement Activities separately

Non-patient-facing clinicians are only required to report on the Quality Measures and Improvement Activities categories for MIPS

If you are in a small practice of 15 or fewer clinicians, MIPS reporting can be completed through:

- A Qualified Clinical Data Registry (QCDR)
 - The CAP's QCDR, the [Pathologists Quality Registry](#) allows one-stop shopping for individual or group reporting on all applicable categories
 - The Pathologists Quality Registry also provides more pathologist-specific Quality Measures to choose from compared to other reporting options
- Medicare Part B Claims: Your billing company can report Quality Measures using claims
 - This method is for individual or group reporting but only available to small practices
 - Make sure you are covered for Improvement Activities: Most billing companies cannot attest to the Improvement Activities for you; pathologists can use claims-based (billing company) reporting for Quality Measures, but you will need to identify another method for attesting to the Improvement Activities
- Other qualified registries

Starting in 2019, reporting quality measures on claims will only be available to pathologists in small practices (15 or fewer eligible clinicians). Pathologists in a group of 16 or more cannot submit quality measures using claims and must submit using a qualified registry or qualified clinical data registry. The [Pathologists Quality Registry](#) provides both options

In 2019, you can use multiple reporting methods for MIPS

If you are in a small practice of 16 or more clinicians, MIPS reporting can be completed through:

- A Qualified Clinical Data Registry (QCDR)
 - The CAP's QCDR, the [Pathologists Quality Registry](#) allows one-stop shopping for individual or group reporting on all applicable categories
 - The Pathologists Quality Registry also provides more pathologist-specific Quality Measures to choose from compared to other reporting options
- The CMS Web Interface is available for multispecialty practices with more than 25 providers
- Other qualified registries

Decide if the advantages of group reporting make sense for your practice this year

- Group reporting helps increase the number of cases, therefore, more pathologists could be included—making more measures available to choose from. However, if you are reporting as a group, you must include all clinicians that fall under the TIN, not just those who are eligible for MIPS.
- Group versus individual reporting applies to both Quality Measures and Improvement Activities (you cannot report as an individual for one and a group for the other)

4 Identify the quality measures that are applicable to your practice (85% of your MIPS score)

- Ensure there are at least six measures that you'll meet or exceed the 20 case minimum to be eligible for the maximum point value
 - Review the 28 [pathology quality measures](#) available to you. Seven are MIPS Clinical Quality Measures (CQMs). The remaining 21 are pathology specific measures developed by the CAP and exclusively available in the Pathologists Quality Registry
 - **The CAP recommends practices submit data for all applicable measures; the CMS will count only the highest scoring**

5 Select the improvement activities most relevant to your practice (15% of your MIPS score)

- Review the [CAP recommended list of Improvement Activities](#) and identify which best fit your practice
- Select one high-weighted or two medium-weighted activities for full credit
- The CMS requires you to keep documentation of doing the Improvement Activity for 10 years

6 Monitor and continually improve your performance

- Throughout the year, review your performance on measures to ensure your quality data demonstrating the excellent care you are providing is captured

Contact the CAP's MIPS support specialists for assistance in determining the best reporting option, or visit [cap.org](#) to access MIPS resources specific to pathology.

FOR MORE INFORMATION

[cap.org](#) | 800-323-4040 Option 3