



COLLEGE of AMERICAN
PATHOLOGISTS

Proposed 2021 Medicare Policy and Payment Changes for Pathologists

Jonathan L. Myles, MD, FCAP

W. Stephen Black-Schaffer, MD, FCAP

Diana Cardona MD, FCAP

**Pam Wright, Senior Director of CAP Economic & Regulatory Affairs,
Advocacy**

August 14, 2020

Welcome

Jonathan L. Myles, MD, FCAP

- **Chair, CAP Council on Government and Professional Affairs**



Welcome

W. Stephen Black-Schaffer, MD, FCAP

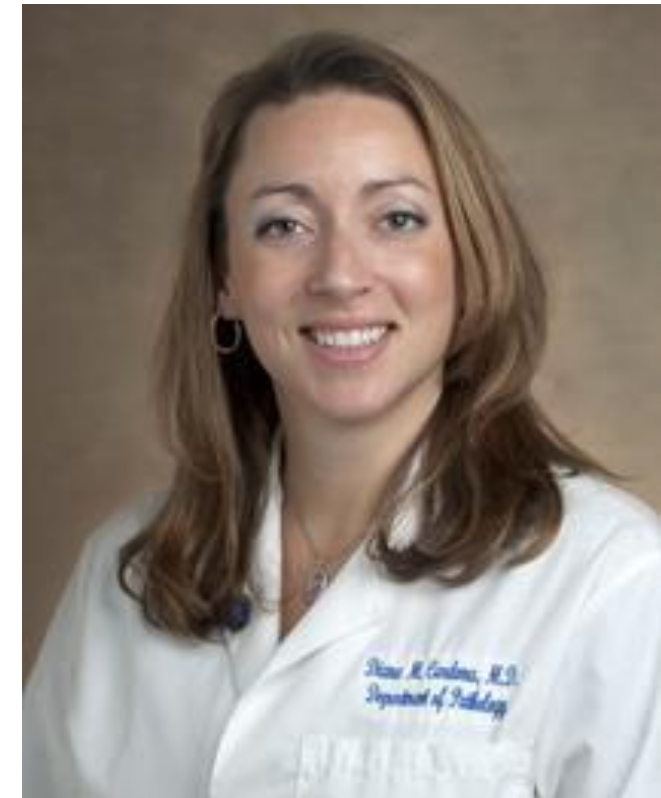
- **Chair, CAP Economic Affairs Committee**



Welcome

Diana M. Cardona, MD, FCAP

- **Vice-Chair, Economic Affairs Committee**
- **Chair of the Measures and Performance Assessment Subcommittee**



Proposed 2021 Medicare Physician Fee Schedule and Quality Payment Program Regulations

- **Proposed 2021 Medicare Physician Fee Schedule and Quality Payment Program regulations were released on August 3**
 - CAP members received the regular *Advocacy Update* with initial analysis of this regulation
- **CAP will continue to engage with the Centers for Medicare & Medicaid Services (CMS) and strongly urges Congress to waive Medicare's budget neutrality requirement for the office visit and other payments**
 - The CAP will provide formal comments by October 5
- **Final regulations expected Fall of 2020**

Agenda

- **CAP Policy and Advocacy**
- **Proposed 2021 Fee Schedule and Reimbursement Policy Overview**
- **E/M Cuts**
- **Proposed 2021 Quality Payment Program Policy Overview**
- **Take Action**
- **Questions**

CAP Policy and Advocacy

CAP Advocacy Priorities

- **Protect the value of pathology services**
- **Ensure pathologists can participate in quality payment models/initiatives**
- **Reduce regulatory burdens on pathologists and laboratories**
- **Mobilize CAP members for political action**

Pathologists will face a 9% Cut in 2021

- **The CMS will follow through with significant payment cuts to pathologists in 2021**
- **The reduction, which the CAP has strongly opposed for more than a year, is a result of budget neutrality requirements that offset the cost of major changes to evaluation and management (E/M) services set to take effect next year.**
- **Without intervention, pathologists will see an overall decrease in Medicare payment of 9% to fund increases in payment for E/M services.**

CAP Advocacy on Medicare Payment

- **CAP continues to work with the CMS on Medicare reimbursement:**
 - Advocating directly to the CMS throughout the year
 - Via the CAP's seat at the AMA/Specialty Society Relative Value Scale Update Committee (RUC)
 - Submitting formal comments on fee schedules, QPP, Quality measures, and other Medicare regulations
- **CAP engaged extensively with the CMS to mitigate cuts to pathology services**
- **#Stopthecutssummer Social Media Campaign**

A never-ending process . . .

**Since 2006, about half of all pathology
CPT codes have been targeted for
reevaluation by CMS.**

Proposed 2021 Fee Schedule and Reimbursement Policy Overview

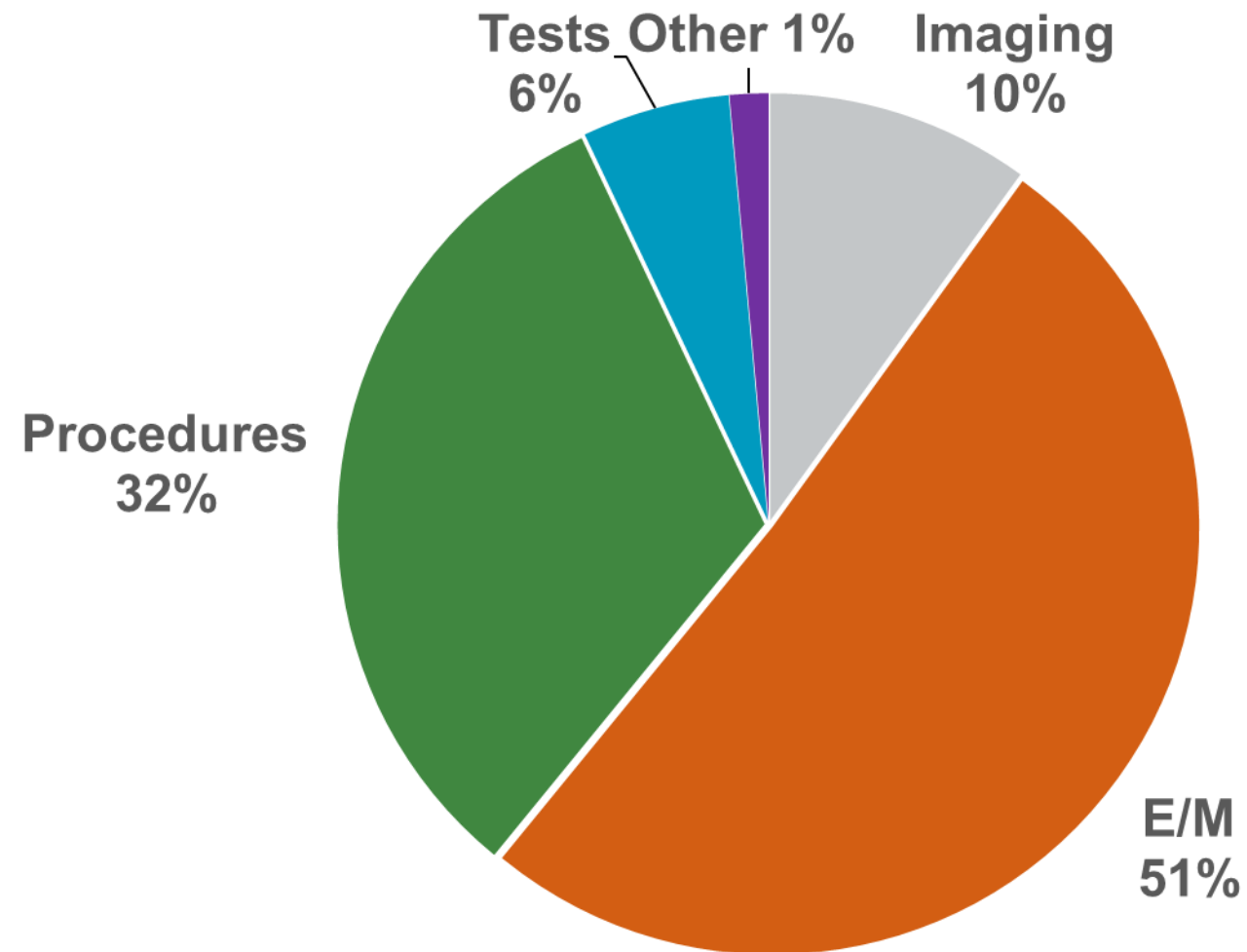
Proposed Payment for Pathology Services 2021

Specialty	Allowed Charges (millions)	Combined Work + PE Impact	Dollars Represented in Millions
Pathology	\$1,257	-9%	- \$113
Independent Laboratory	\$639	-5%	- \$32

CY 2020 Conversion Factor		\$36.0896
Statutory Update Factor	0.00 percent (1.0000)	
CY 2021 RVU Budget Neutrality Adjustment	-10.61 percent (0.8939)	
CY 2021 Conversion Factor		\$32.2605

[Proposed 2021 Medicare Physician Fee Schedule Impact Table](#)

Any Change in E/M RVUs Impacts the Entire Medicare Spending and All Specialties



Medicare Physician Spending by Type of Service, 2018 (estimated), AMA, April 2019

CMS Cuts Payment to Specialists, Shifts Money to Primary Care Providers

- **Hardest hit specialists:**
 - **Radiology** – **11%**
 - **Pathology** – **9%**
 - **Cardiac Surgery** – **9%**
 - **Anesthesiology** – **8%**
 - **Ophthalmology** – **6%**

Molecular Pathology Interpretations

HCPCS Code	DESCRIPTION	Work RVU 2020	RUC Rec Work RVU	Work RVU 2021	% Change 2020-2021
G0452	Molecular pathology procedure; physician interpretation and report	0.37	0.93	0.93	151%

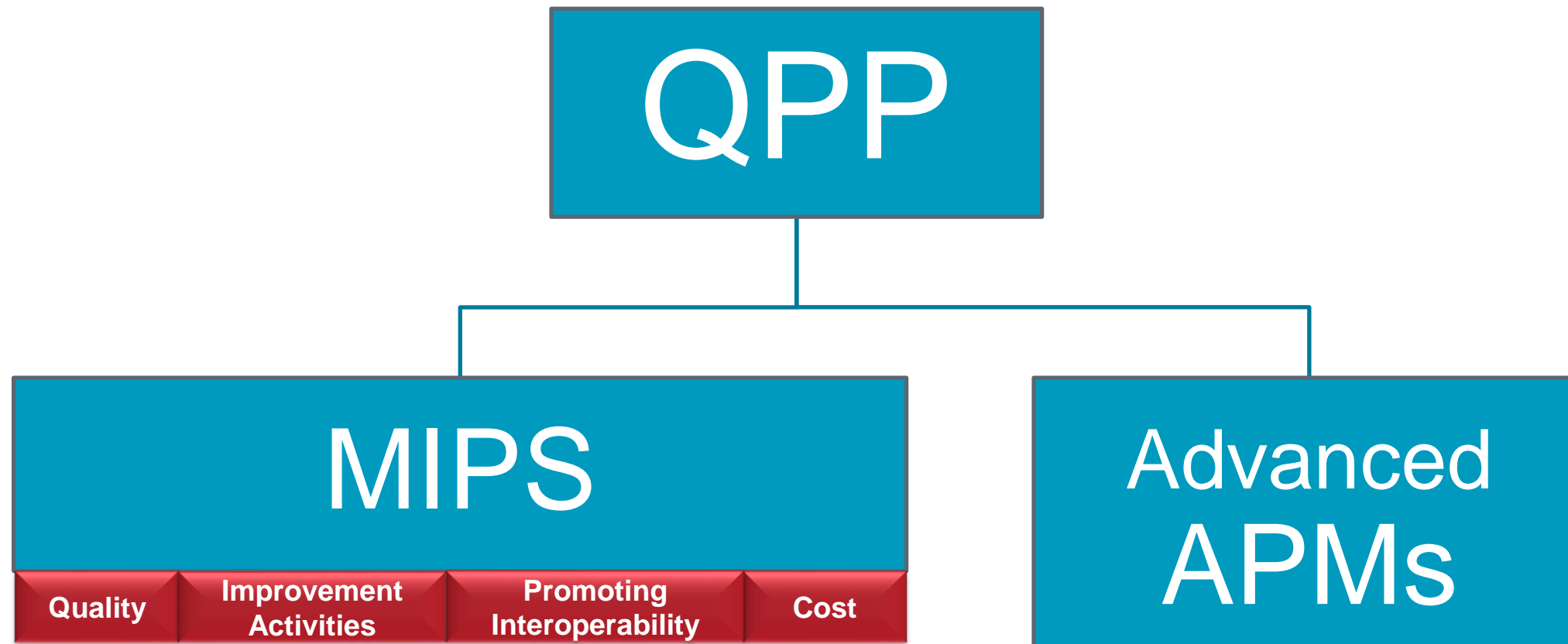
PAMA Revisions

- **In 2019 and 2020, Congress passed legislation that made revisions to the requirements for the reporting period and phase-in of payment reductions**
- **The proposed rule makes changes to reflect these revisions:**
 - No reporting is required beginning Jan. 1, 2020 and ending Dec. 31, 2021
 - Reporting is required beginning January 1, 2022 (will use data collected in 2019)
 - For CY 2021, payment may not be reduced as compared to 2020
 - For CYs 2022 through 2024, payment may not be reduced by more than 15 percent per year

2021 Medicare Quality Payment Program Requirements

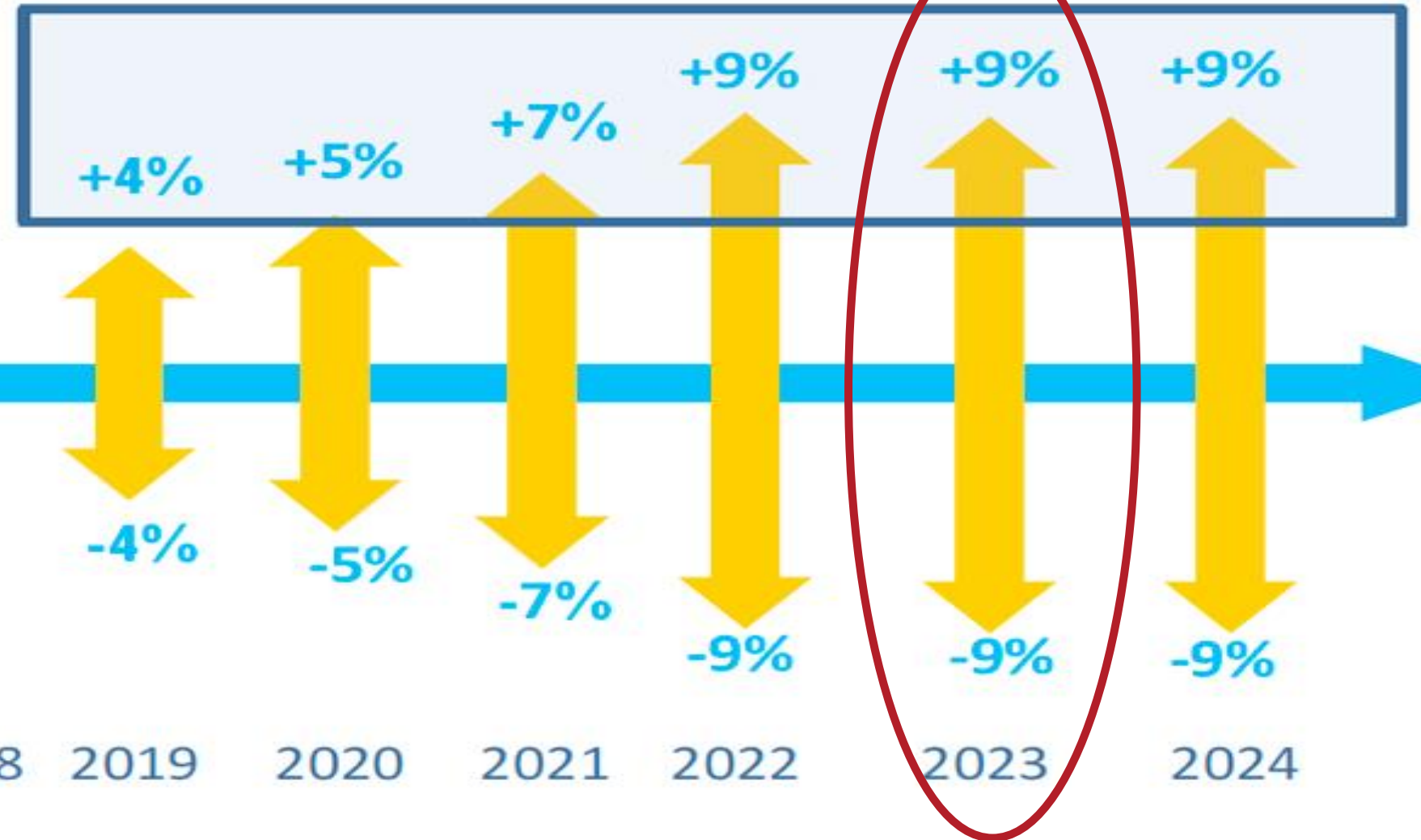
Quality Payment Program Pathways

Two pathways/tracks are offered under the QPP:



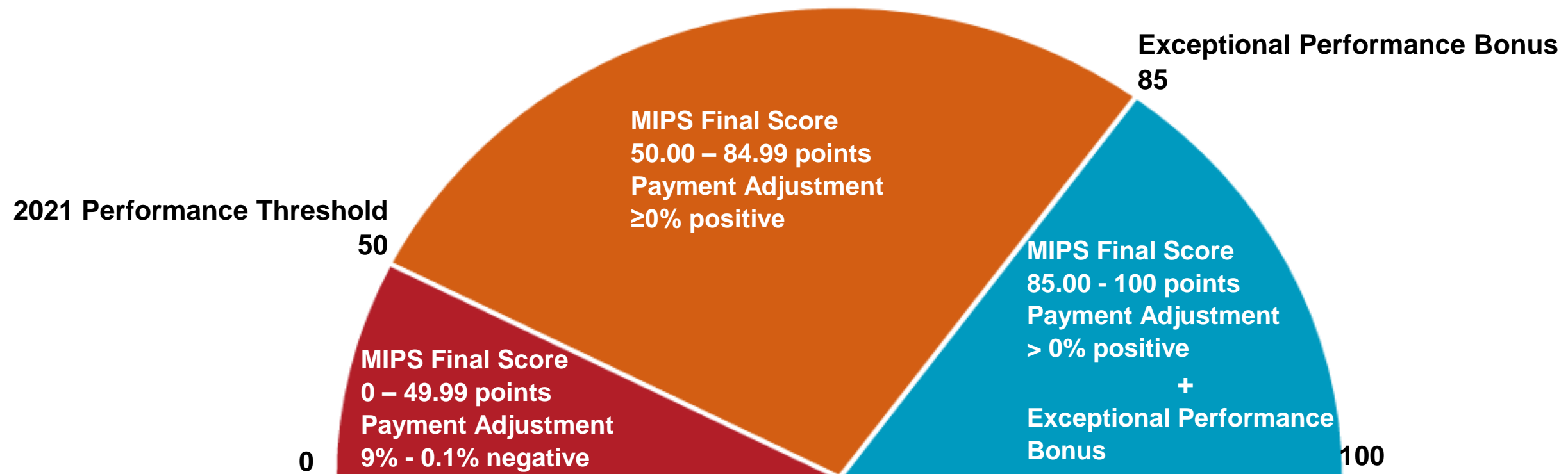
Year 5 MIPS Implementation

Performance Year 2021:
The CMS increased the Performance Threshold to **50 points**. The Exceptional Performance Bonus Threshold remains at **85 points**.



Proposed 2021 MIPS Performance Year

- Quality Measures: **85%** of Final Score*
- Improvement Activities: **15%** of Final Score
- Promoting Interoperability: Non-patient facing pathologists and groups automatically reweighted



***If CMS attributes any **Cost** measures to you or your practice, your Quality category score will be 65% and your **Cost** category score will be 20% of your overall MIPS score.**

2021 Proposed Pathology Quality Measures Set

Measures Proposed for 2021 Pathology Measure Set	Submission Mechanism	
	Claims**	Registry
249: Barrett's Esophagus Reporting	X	X
250: Radical Prostatectomy Reporting	X	X
395: Lung Cancer (biopsy/cytology)*	X	X
396: Lung Cancer (resection)*	X	X
397: Melanoma Reporting*	X	X
440: Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma (SCC): Biopsy Reporting Time – Pathologist to Clinician*	--	X

*High Priority Measures

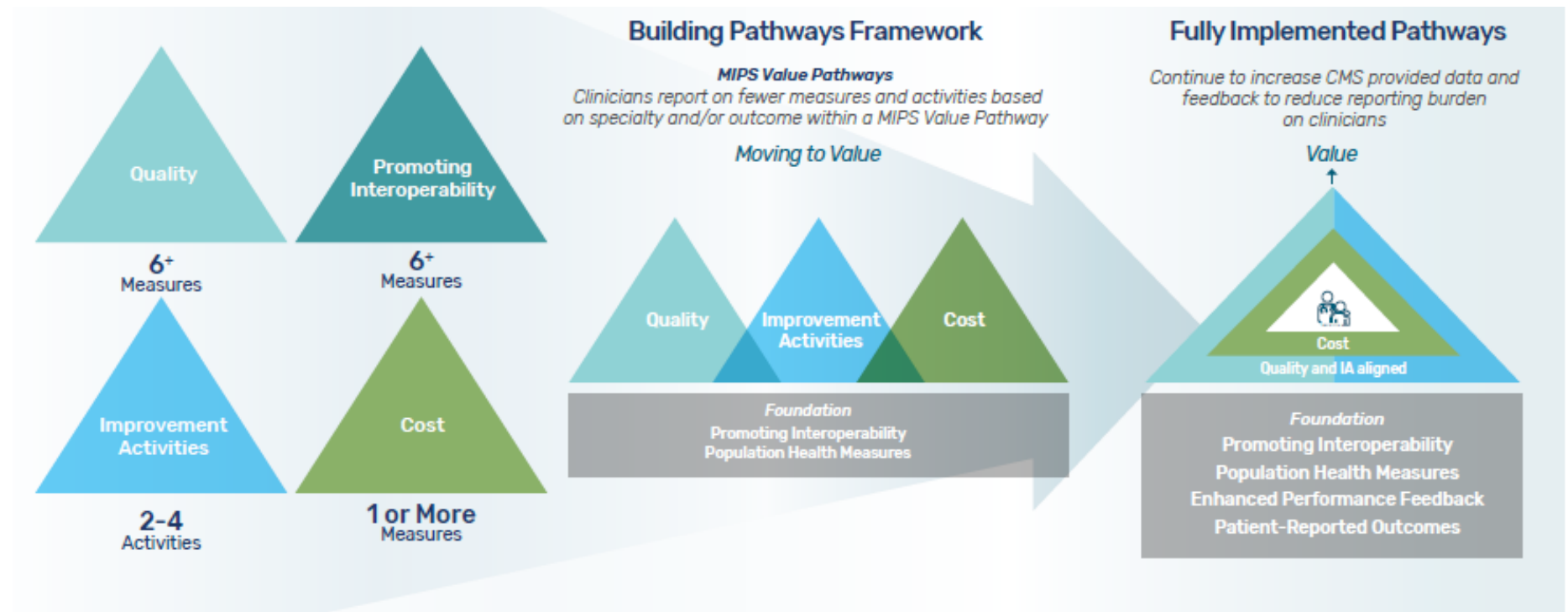
**Only available to small practices of ≤ 15 clinicians

COVID-19 MIPS Reporting Relief

2019 Performance Year	2020 Performance Year	2021 Performance Year
<ul style="list-style-type: none"> • CMS applied the automatic extreme and uncontrollable circumstances policy to MIPS eligible clinicians who were unable to submit data • CMS allowed reopening of the extreme and uncontrollable circumstances application to those clinicians and groups who wanted reweighting of already submitted performance categories to 0% • Low positive payment adjustments due to many clinicians receiving a neutral payment adjustment and budget neutrality of MIPS • Check your 2019 performance feedback at qpp.cms.gov 	<ul style="list-style-type: none"> • CMS is allowing clinicians to request a hardship exception if unable to submit MIPS data • Submit an extreme and uncontrollable circumstances application by December 31, 2020 https://qpp.cms.gov/mips/exception-applications • CMS will evaluate applications on a case-by-case basis • If approved, CMS will reweight the requested performance categories to 0% and award a neutral payment adjustment 	<ul style="list-style-type: none"> • Slightly decreasing the planned increase of the performance threshold to avoid a penalty, from 60 points to 50 points • Delaying implementation of MIPS Value Pathways (MVPs) until 2022

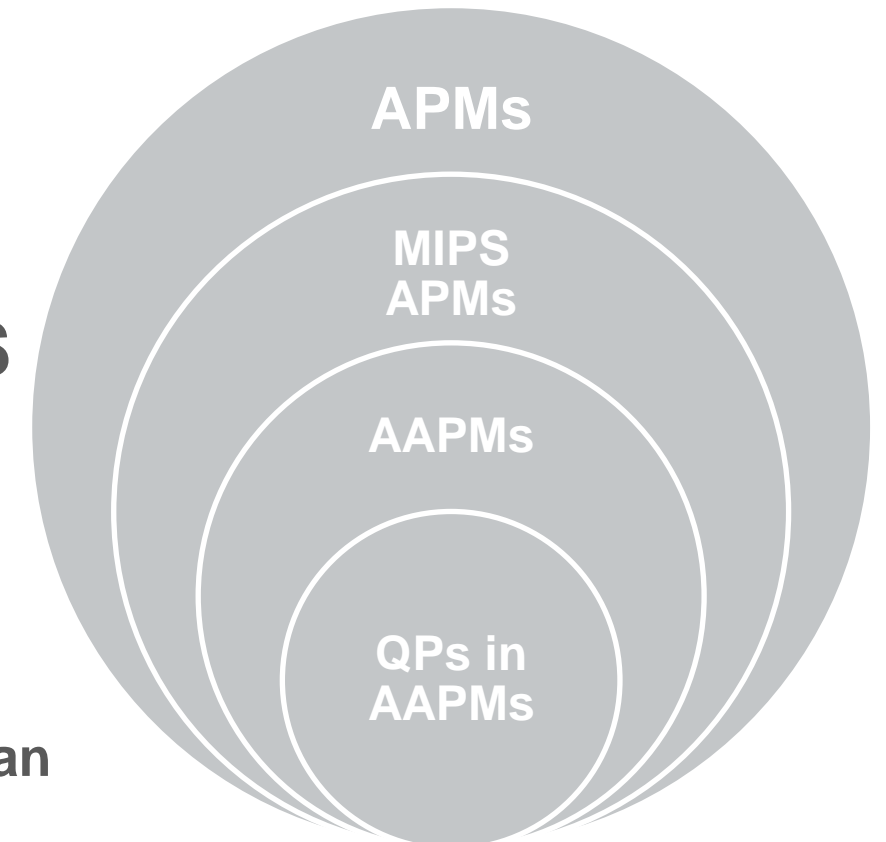
New Participation Pathways: MIPS Value Pathways (MVPs)

- Implementation delayed to 2022 due to COVID-19
- Goal is to align and connect MIPS categories



New Participation Pathways: APM Performance Pathway (APP)

- APP is a new proposed pathway to be implemented starting 2021 to serve as a complement to MVPs
- APP would be available only to participants in MIPS APMs
 - All APM participants participate in MIPS **EXCEPT those who meet thresholds to qualify as QPs in Advanced APMs (AAPMs)**
 - Pathologists and pathology groups who are MIPS APM participants can report MIPS separately from the APP
 - CMS will assign the higher MIPS score if reporting via multiple mechanisms
- The APP, like an MVP, would be comprised of a fixed set of measures for each performance category



Proposed 2021 Alternative Payment Model (APM) Updates

- **Medicare Shared Savings Program**
 - CMS proposes to change the quality performance standard and quality reporting requirements for performance years beginning on January 1, 2021 to align with Meaningful Measures, reduce reporting burden, and focus on patient outcomes
- **APM Incentive Payment**
 - Clarifies calculation and disbursement of the APM Incentive Payment
- **Qualifying APM Participant (QP)**
 - CMS proposes to update methodology and establish a review process for addressing Qualifying APM Participant (QP) and partial QP determinations

The Pathologists Quality Registry Helps Our Members with MIPS

Enrollment is “high-touch” customer service experience from the CAP

Quality Measures:

1. Manual data entry

- Via web portal
- Via excel file upload

2. Automated data entry with billing and/or LIS

Improvement Activities (IA):

- The registry makes it easy to understand and choose from a subset of IA most pathologists are already doing
- Most billing companies cannot submit IA
- Even if you are facility-based, you still need to submit IA

Email us at MIPS@cap.org



Before we take questions ...

#Stopthecutsummer Campaign

- The CAP launched an advocacy campaign - #Stopthecutsummer Campaign
- Members of Congress need to hear directly from their physician constituents about the severe impact this -9% cut will have on the vital role pathologists have in health care.

#stopthecutsummer

Stay Informed Through the CAP

- Follow CAP on social media
 - [Twitter @CAPDCAdvocacy](#)
 - [Facebook.com/capathologists](#)
- Visit [CAP.org](#) > advocacy
- Read *Advocacy Update*
- Join PathNET, the CAP's grassroots advocacy network

Questions



COLLEGE of AMERICAN
PATHOLOGISTS