



MACRA-READINESS CHECKLIST FOR PATHOLOGISTS

Successfully participate in the Quality Payment Program in 2017;
failing to do so will cost your practice money in 2019.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a new law that will gradually change the way physicians are paid under Medicare. The law calls for the creation of a **Quality Payment Program (QPP)** consisting of two tracks:

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Model (Advanced APM)

During the first year of MACRA implementation in 2017, most physicians are likely to participate in MIPS.



Use this checklist to optimize your performance in Medicare’s Quality Payment Program

1

DETERMINE THE QPP TRACK THAT APPLIES TO YOU

MIPS

Enter your National Provider Identifier (NPI) into CMS’s MIPS eligibility tool on the QPP website to see if you are included in MIPS. (<https://qpp.cms.gov/learn/eligibility>)

- Don’t know your NPI number? Use the NPI Registry Public Search (<https://npiregistry.cms.hhs.gov/>) to find it.

APM

You may participate in the QPP under the Advanced Alternative Payment Model (APM) track if you receive 25% of Medicare-covered professional services or see 20% of your Medicare patients through an Advanced APM.

Refer to <https://qpp.cms.gov/learn/apms> for more information on participation in QPP via the Advanced APM Track.

MIPS Checklist continues on next page.

MIPS checklist for pathologists

2 DECIDE IF YOU WILL REPORT AS AN INDIVIDUAL OR AS A GROUP*

- Individual Group

3 CONFIRM YOUR MIPS CLASSIFICATION AND 2017 REPORTING REQUIREMENTS

- Non-patient-facing clinician: (You bill <100 patient encounters per calendar year. This will apply to most pathologists)
- Report data for up to six quality measures
 - Attest to completing two medium-weighted or one high-weighted Clinical Practice Improvement Activities (CPIA)
- Patient-facing clinician: (You bill >100 patient encounters per calendar year)
- Report data for up to six quality measures
 - Attest to completing up to four CPIA
 - Report on five required measures for full participation in the advancing care information performance category

Most pathologists' classification will be as "non-patient facing"

4 "PICK YOUR PACE" — SELECT LEVEL OF MIPS PARTICIPATION FOR 2017

- Report minimal data at any point in 2017 to avoid a 2019 penalty:
Report one pathology quality measure for one patient, or one clinical practice improvement activity; no minimum reporting period.
- Report partial data in 2017 to earn a neutral or positive payment adjustment in 2019:
Report one or more quality measures or improvement activities for at least 90 consecutive days.
- Report a full year of data to be eligible for a positive payment adjustment in 2019:
Report on at least six measures for at least 50% of your applicable patients for each measure.

Participate in 2017 to avoid 4% penalty

Note: The deadline for 2017 performance year reporting is March 31, 2018.

5 IDENTIFY QUALITY MEASURES THAT WILL OPTIMIZE YOUR PERFORMANCE

- Improve your position as compared to your peers by identifying measures that positively affect your practice (Recommended six measures):
- Explore quality measures available for pathology on the QPP website: <https://qpp.cms.gov/measures/quality>

Use current PQRS measures to meet MIPS reporting in 2017

6 IDENTIFY CPIA RELEVANT TO YOU

- Review all the [clinical practice improvement activities](#) included in MIPS
- Identify which CPIA best fit your practice (Check out our [MIPS FAQs](#) for recommendations)

7 DETERMINE YOUR BEST REPORTING METHOD

Evaluate the best approach for your practice. MIPS reporting can be completed through:

- The CMS Portal: The CMS portal can be used for multi-specialty practices with more than 25 providers*
- Your routine Medicare claims process: Applies to individual reporting only. Medicare allows pathologists to report MIPS data for their quality measures using claims
- An electronic health record or registry
- A Qualified Registry or Qualified Clinical Data Registry (QCDR)

8 PLAN FOR THE FUTURE

- Consider using the Pathologists Quality Registry, CAP's pathologist-specific QCDR, to submit 2018 MIPS performance period data and beyond.
- Explore the six additional non-MIPS pathology quality measures available only in the [Pathologists Quality Registry](#) to optimize your performance in the 2018 MIPS performance period.

View a demo of the Pathologists Quality Registry at CAP17

FOR MORE INFORMATION, CONTACT:

800-323-4040 | Website: registry.cap.org | Email: registry.inquiries@cap.org

* For detailed information on MIPS group reporting visit <http://qpp.cms.gov/>.