



COLLEGE of AMERICAN
PATHOLOGISTS

Maximize Your 2019 MIPS Score

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Welcome

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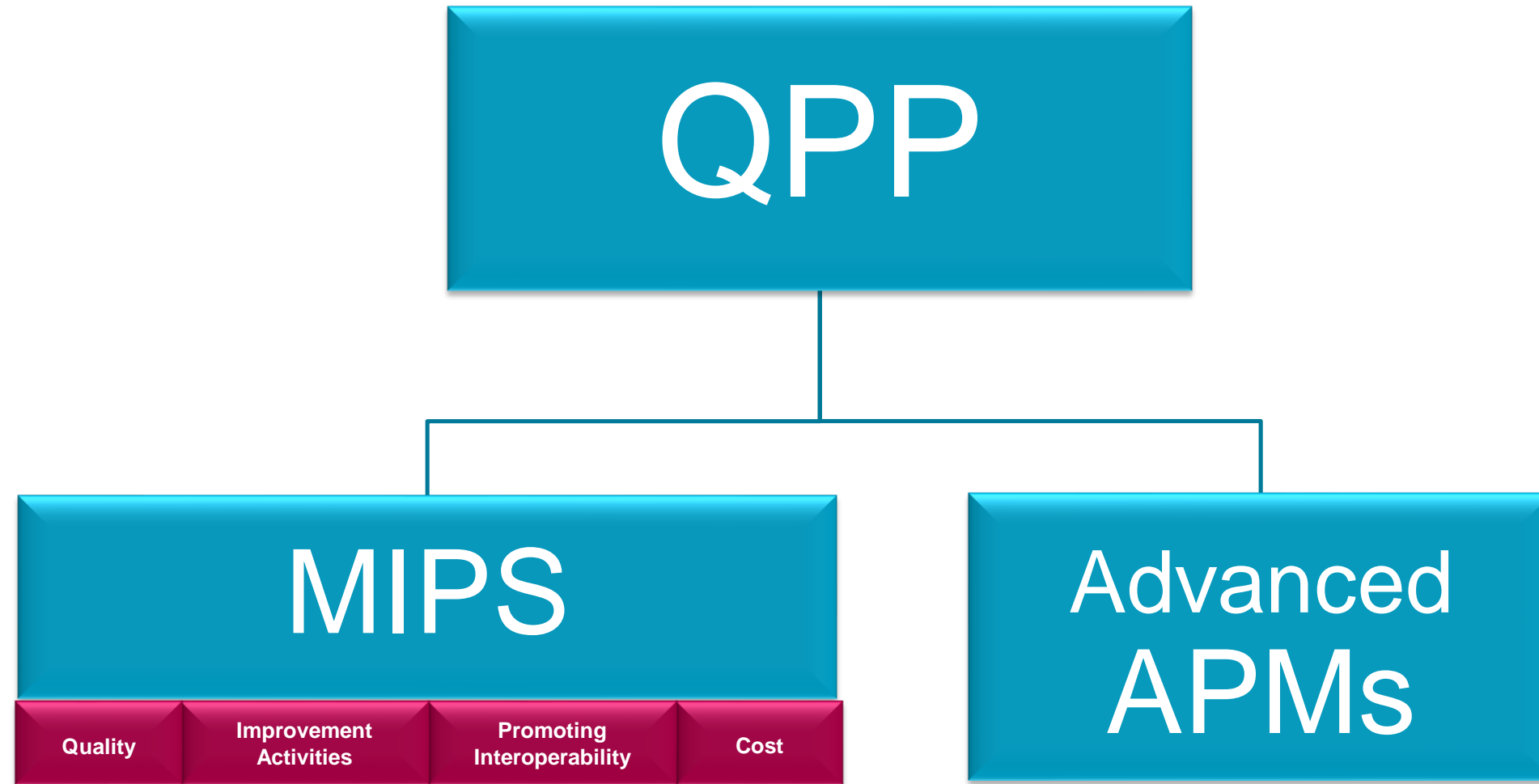
- **Clinical Assistant Professor, Pathology**
 - Joe R. and Teresa Lozano Long School of Medicine, University of Texas, San Antonio
- **Senior Vice President, Clinical Services**
 - University Health System in San Antonio, Texas
- **Board of Governors of the College of American Pathologists**
 - Vice Chair, Council on Government and Professional Affairs
 - Chair, QCDR Ad Hoc Committee of the Board



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**
- **Maximize your MIPS score**
 - Identify the quality measures applicable to your practice
 - Select the Improvement Activities most relevant
- **MIPS submission in **multiple ways****

Quality Payment Program Pathways



MIPS: 2019 Performance Year for Pathologists

- **Quality 85% of Final Score**
- **Improvement Activities 15% of Final Score**
- **Minimum points to avoid penalty is 30**
- **Exceptional performance bonus: 75 points**
 - **Additional incentive payments from a pool of \$500 million for exceptional performance**

**Promoting Interoperability:
Non-patient facing groups
automatically reweighted if
100% of clinicians in group
qualify individually for
reweighting**

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

Determine Your Best Reporting Method Based on Practice Size

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

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 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 clinicians, **whether participating as an individual or a group**.

Pathologists Quality Measure Reporting in 2019

- Report on **at least 6 Quality Measures**
 - One outcome or high priority measure **OR**
 - 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

Pathology Specialty Measure Set

- **Clinicians and groups can choose to submit a specialty measure set**
 - Submit data on at least 6 measures within that set
 - If the set contains fewer than 6 measures, must submit all measures in the set
- **2019 Pathology Measure Set contains < 6 measures**
 - May submit the 5 measures of the Pathology Specialty Measure Set through the Qualified Registry or Medicare Part B Claims (small practices only)

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**

Quality Measure Scoring

- **Measure value**

Max Points	Measure
10	With benchmark
7	Topped-out
3	Without benchmark

- **Submitting below 20 case minimum**

Points	Practice Size
3	Large Practice (16+ pathologists)
3	Small practice (≤ 15 pathologists)

- **Submitting less than 60% data completeness**

Points	Practice Size
1	Large Practice (16+ pathologists)
3	Small practice (≤ 15 pathologists)

Bonus Points

- **Additional outcome or high-priority measures**
 - 2 points – Outcome
 - 1 point – High-priority
 - To qualify for this bonus, the measure:
 - Must meet the required case minimum (20 cases)
 - Must meet the required data completeness criteria (60%)
 - Must have performance rate > 0%
 - **Does not** have to be one of the top six measures scored for the Quality category points

The first [required] outcome or high-priority measure is not eligible for bonus points

The bonus points are capped at 6 points, which is 10% of the total possible points

2019 QPP Quality Measures Available to Pathologists

Measure	Submission Mechanism		Max Points	
	Medicare Part B Claims**	Registry***	Medicare Part B Claims**	Registry***
249: Barrett's Esophagus Reporting	X	X	7	7
250: Radical Prostatectomy Reporting	X	X	10	7
395: Lung Cancer (biopsy/cytology)*	X	X	7	7
396: Lung Cancer (resection)*	X	X	3	10
397: Melanoma Reporting*	X	X	7	7
265: Biopsy Follow-Up*	--	X	--	7
440: BCC/SCC Reporting*	--	X	--	10

***High Priority Measures**

****Medicare Part B Claims Measures Only available to small practices**

*****Also known as MIPS Clinical Quality Measures (CQMs)**

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

2019 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*

The Pathologists Quality Registry Helps You Select Measures Best for your Practice



CAP Pathologists Quality Registry

Quality Measures

To select which measures might be most advantageous and least burdensome to report, this worksheet recommends you consider which measures are applicable to your practice, volume of cases that would need to be entered/submitted and scoring potential for those measures.

Double check: CMS links measures that are clinically related, therefore, if you report one, you would likely also need to report the other clinically-related measure. CMS has not released the clinically related measures for 2019 yet. Once CMS publishes those details, the CAP will update you on that information.

QPP measures	Estimate of # of eligible cases**	20 case min?	Will you have 12 months of data?	Maximum # of points possible (Registry reporting)	Score needed to get maximum points	Performance rate in 2018?
QPP249	Barrett's Esophagus pathology reporting			7	100	
QPP250	Radical prostatectomy pathology reporting			7	100	
QPP395	Lung cancer reporting (biopsy/cytology)*			7+1 bonus point	100	
QPP396	Lung cancer reporting (resection)*			10+1 bonus point	100	
QPP397	Melanoma reporting*			7+1 bonus point	100	
QPP265	Biopsy follow up (skin/dermatopathology)*			7+1 bonus point	100	
QPP440	BCC/SCC Reporting time*			10+1 bonus point	100	

*high priority measures; 1 bonus point awarded for each additional high priority measure reported after the first required high priority or outcome measure

**Estimate of number of eligible cases can be based on 2018 volume, adjusted for any known factors that would increase or decrease the estimate.

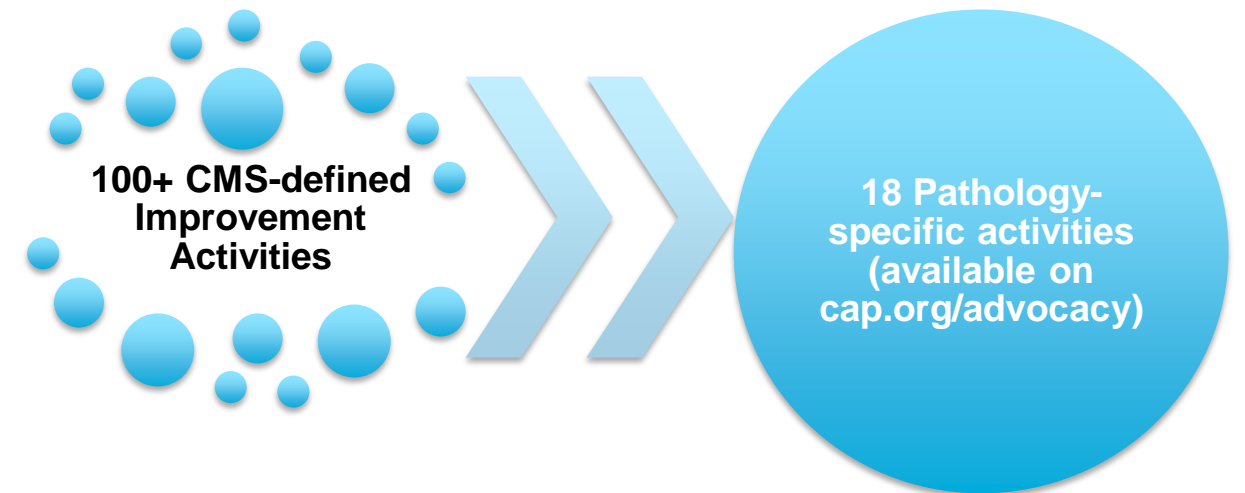
How to the MIPS program and CMS has not set the benchmarks. As they

20 case min?	Will you have 12 months of data?	Maximum # of points possible	Score needed to get maximum points	Performance rate in 2018?
		3+1 bonus point	Meet data completeness requirements and receive 3 points	
		3+1 bonus point		
		3+2 bonus points		
		3+1 bonus point		
		3+1 bonus point		
		3+1 bonus point		
		3		
		3+1 bonus point		
		3+1 bonus point		
		3+1 bonus point		

	Management and Treatment Decisions in Patients with Non-small Cell Lung Cancer **			
CAP17	FMS-like Tyrosine 3-Internal Tandem Duplication (FLT3-ITD) Biomarker Testing to Inform Clinical Management and Treatment Decisions in Patients with Acute Myeloid Leukemia **			3+1 bonus point

Maximize Your Improvement Activity Score

- **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**



Facility-Based Scoring

- Quality and cost category scores automatically assigned based on attributed facility's Hospital Value-Based Purchasing program
- 75% or more of covered professional services
 - Inpatient hospital (POS 21) or
 - On-campus outpatient hospital (POS 22) or
 - Emergency Room (POS 23), and
- At least one service billed with POS 21 or 23
- Facility-based pathology groups must still attest to Improvement Activities separately from the facility in order to be assessed as a group
- Facility-based status, attributed facility, and facility preview score now available on CMS participation look-up tool

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MIPS Submission in Multiple Ways to Maximize Score

- **Individual vs. group vs. facility-based reporting**
 - CMS will assign the highest score if reporting multiple ways
- **Reporting quality measures via multiple collection types**
 - CMS will assign highest score for a measure if submitting one measure multiple ways
 - Individual and group submissions of quality measures scored separately
 - CMS will assign highest overall Quality category score
- **Opt-in Option**
 - 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
 - Elect to opt-in as an individual if you do not meet the low-volume threshold even if your group is reporting on your behalf
 - CMS will assign higher score

The CAP Has MIPS Resources

- **Visit cap.org/advocacy for MIPS tools and resources**
 - 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 *Advocacy Update* - The CAP Advocacy Newsletter**

Questions?

Email us at MIPS@cap.org



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