What To Know Before You Submit 2018 MIPS Data?

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Welcome

Emily E. Volk, MD, MBA, FCAP

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

- Overview
- Confirm your Eligibility
- 2018 MIPS Scoring
- Data Submission Requirements
- 2018 Performance Period and Timeline
- Check your 2017 MIPS Performance Feedback
- Payment Adjustments
Quality Payment Program Pathways

QPP

MIPS

Advanced APMs

Quality
Improvement Activities
Promoting Interoperability
Cost
More Money is at Stake Each Year

Doing nothing will result in a penalty

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Confirm If MIPS Applies to You

• MIPS will NOT apply to you or your practice if any of the following apply:
  o You are a first-time enrollee in Medicare in 2018
  o You are in an Advanced APM and are a Qualifying APM Participant (QP) or Partial QP
  o If reporting as an individual, you have billed $90,000 or less in Physician Fee Schedule (PFS) services to Medicare Part B Fee-for-Service (FFS) beneficiaries
  o If reporting as a group, your group has billed $90,000 or less in PFS services to Medicare Part B FFS beneficiaries
  o You or your group have 200 or fewer Medicare Part B FFS beneficiaries
To Confirm Your 2018 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)
Determine Patient Facing vs. Non-Patient Facing Status

Non-Patient Facing

- An individual clinician who bills 100 or fewer patient facing encounters per calendar year
- A group with greater than 75% of clinicians billing 100 or fewer patient-facing encounters
Understand 2018 MIPS Scoring

• For non-patient-facing pathologists, the score is likely based on two categories

• Eligible pathologists and groups will receive a MIPS Final Score
  o Sum of the weighted category scores

• 15 points is the threshold score to avoid a penalty
Improvement Activities Can Help You Avoid the Penalty

• 15 points/ 15% of final score
• Attest to 1 high-weighted or 2 medium-weighted Improvement Activities (IAs) to avoid the penalty
• Minimum 90-day reporting period

For 2018, you can avoid the penalty by attesting to IAs even if you have not submitted quality measures. The CMS portal is still available for this if you do not have a reporting option yet.
Reporting Requirements for Quality Measures

• Report a minimum of 6 measures
  o One must be an outcome or high priority measure
  o 12-month reporting period
  o 60% data completeness
  o 20 case minimum per measure
Claims-Based Reporting (e.g., Billing Company)

- Ensure your quality measures are submitted via claims by March 2, 2019
- For more information on how to report quality measures via claims: Claims Submission Fact Sheet
- Claims-based reporting = individual reporting
  o Attest to IAs for each individual in your practice

### QPP Measures

| QPP 99: Breast Cancer Resection Pathology Reporting* |
| QPP 100: Colorectal Cancer Resection Pathology Reporting* |
| QPP 249: Barrett Esophagus Pathology Reporting* |
| QPP 250: Radical Prostatectomy Pathology Reporting* |
| QPP 251: Evaluation of HER2 for Breast Cancer Patients* |
| QPP 395: Lung Cancer Reporting (biopsy/cytology specimens)* |
| QPP 396: Lung Cancer Reporting (resection specimens) |
| QPP 397: Melanoma Reporting* |

Outcome or high-priority measure.

*Topped-out measure
Registry Reporting

• Each registry sets its own deadline that might have passed
  o The Pathologists Quality Registry
    – Sign up in January for 2019
• The QPP measures maybe available on other registries
• Report on a minimum of six measures including an outcome or high priority measure
  o Not all registries contain pathology measures
  o Not all registries have IA attestation available, so ensure that you use the CMS QPP portal to attest to IAs if needed
If Reporting Less Than 6 Measures

• The CMS will determine whether additional measures should have been submitted
  o Applies to claims-based and Qualified Registry reporting only
  o Does not apply if you are using a Qualified Clinical Data Registry (QCDR) such as the Pathologists Quality Registry

• If CMS finds no additional applicable measures
  o Your quality score will be based on the measures submitted

• If you are using the Pathologists Quality Registry and have less than 6 measures that apply to you, we recommend you review the EMA clusters and consider the QR submission option

• Contact Registry@cap.org for more information
## 2018 Qualified Registry (QR) EMA Clusters

### Cluster 1

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>99</td>
<td>Breast Cancer Resection Pathology Reporting</td>
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<tr>
<td>251</td>
<td>Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients</td>
</tr>
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### Cluster 2

<table>
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<tr>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>395</td>
<td>Lung Cancer Reporting (Biopsy/Cytology Specimens)</td>
</tr>
<tr>
<td>396</td>
<td>Lung Cancer Reporting (Resection Specimens)</td>
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</tbody>
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# 2018 Claims EMA Clusters

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## Quality Score Impact

\[
\begin{align*}
30 & \quad \text{vs.} \quad 30 \\
60 & \quad \text{vs.} \quad 30
\end{align*}
\]
2018 Submission is Soon for Payment Adjustment in 2020

2018 Performance Year
- Performance year opens January 1, 2018.
- Closes December 31, 2018.
-Clinicians care for patients and record data during the year.

March 31, 2019 Data Submission
- Deadline for submitting data is March 31, 2019.
- Clinicians are encouraged to submit data early.

Feedback
- CMS provides performance feedback after the data is submitted.
- Clinicians will receive feedback before the start of the payment year.

January 1, 2020 Payment Adjustment
- MIPS payment adjustments are prospectively applied to each claim beginning January 1, 2020.
2017 MIPS Performance Feedback

The Final Score At A Glance

The Final Score is achieved by adding the points you earned in each Performance Category

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Score</th>
<th>Payment Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>85 of 85</td>
<td>0.41%</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>N/A</td>
<td>-1.61%</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>15 of 15</td>
<td>-12.82%</td>
</tr>
</tbody>
</table>

Total MIPS Adjustment(s): -12.82%

Payment Adjustment Date: January 1, 2019

CMS originally miscalculated bonuses. The max payment adjustment is now 1.88%.

Note: this case example was provided in August 2018, prior to payment adjustments being further reduced.
Payment Adjustments are Budget Neutral

• Zero-Sum Game

  o 2017 was the Pick Your Pace Year
    - Only 10% of MIPS Eligible Clinicians did nothing
    - The maximum positive adjustment for 2019 is 1.88% NOT 4%

10% of MIPS ECs received a - adjustment

90% of MIPS ECs received a neutral or + payment adjustment

$ CMS “saved” from negative payment adjustments

= $ CMS distributes in positive payment adjustments
Payment Adjustments For 2017 Will Appear on 2019 Claims

• Information about the adjustment will be printed on the Remittance Advice following the adjudication of a Medicare claim for a service provided to a patient

• Remittance Advice codes will communicate what MIPS adjustments were made to the claim. For example:
  o Claim Adjustment Reason Code (CARC) 144 indicates a positive MIPS bonus or “Incentive adjustment, e.g. preferred product/service”
  o CARC 237 indicates a negative MIPS adjustment or “Legislated/Regulatory Penalty”
  o Remittance Advice Remark Codes (RARCs) further explain an adjustment and RARC N807 means “Payment adjustment based on MIPS”
## Projected Payment Adjustments for 2018 MIPS

<table>
<thead>
<tr>
<th>2018 Final Score</th>
<th>2020 Payment Adjustment</th>
<th>CMS Estimates (Subject to Change Based on Actual Performance Data)</th>
</tr>
</thead>
<tbody>
<tr>
<td>70.00 – 100 points</td>
<td>• Positive adjustment (subject to a scaling factor to preserve budget neutrality)</td>
<td>+2.05%</td>
</tr>
<tr>
<td></td>
<td>• Eligible for additional adjustment for exceptional performance</td>
<td></td>
</tr>
<tr>
<td>15.01 – 69.99 points</td>
<td>• Positive adjustment (subject to a scaling factor to preserve budget neutrality)</td>
<td>+0.31%</td>
</tr>
<tr>
<td></td>
<td>• Not eligible for additional adjustment for exceptional performance</td>
<td></td>
</tr>
<tr>
<td>15 points (Performance Threshold)</td>
<td>• Neutral payment adjustment (0%)</td>
<td>0%</td>
</tr>
<tr>
<td>3.76 – 14.99 points</td>
<td>• Negative payment adjustment greater than -5% but less than 0%</td>
<td>-5% to 0%</td>
</tr>
<tr>
<td>0 – 3.75 points</td>
<td>• Negative payment adjustment of -5%</td>
<td>-5%</td>
</tr>
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The CAP Has MIPS Resources

Decoding MIPS Webinar Series Available on www.cap.org/advocacy/mips-for-pathologists

- Maximize Your 2018 MIPS Bonus Potential
- Which Path is Right for Your Practice?
- Pathologist Improvement Activities 2018
- 2018 QPP Impact on Pathologists
- How Quality Measures Impact Your MIPS Score

Visit cap.org/advocacy for MIPS tools and resources

✓ MACRA video
✓ MIPS checklist
✓ MIPS calculator
✓ Improvement Activities made simple
✓ Measure descriptions and specifications
Questions?

Email us at MIPS@cap.org