



COLLEGE of AMERICAN
PATHOLOGISTS

What To Know Before You Submit 2018 MIPS Data?

Emily E. Volk, MD, MBA, FCAP
Chair, QCDR Ad Hoc Committee

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Stephanie Peditto
Director of Quality at the CAP

Welcome

Emily E. Volk, MD, MBA, FCAP

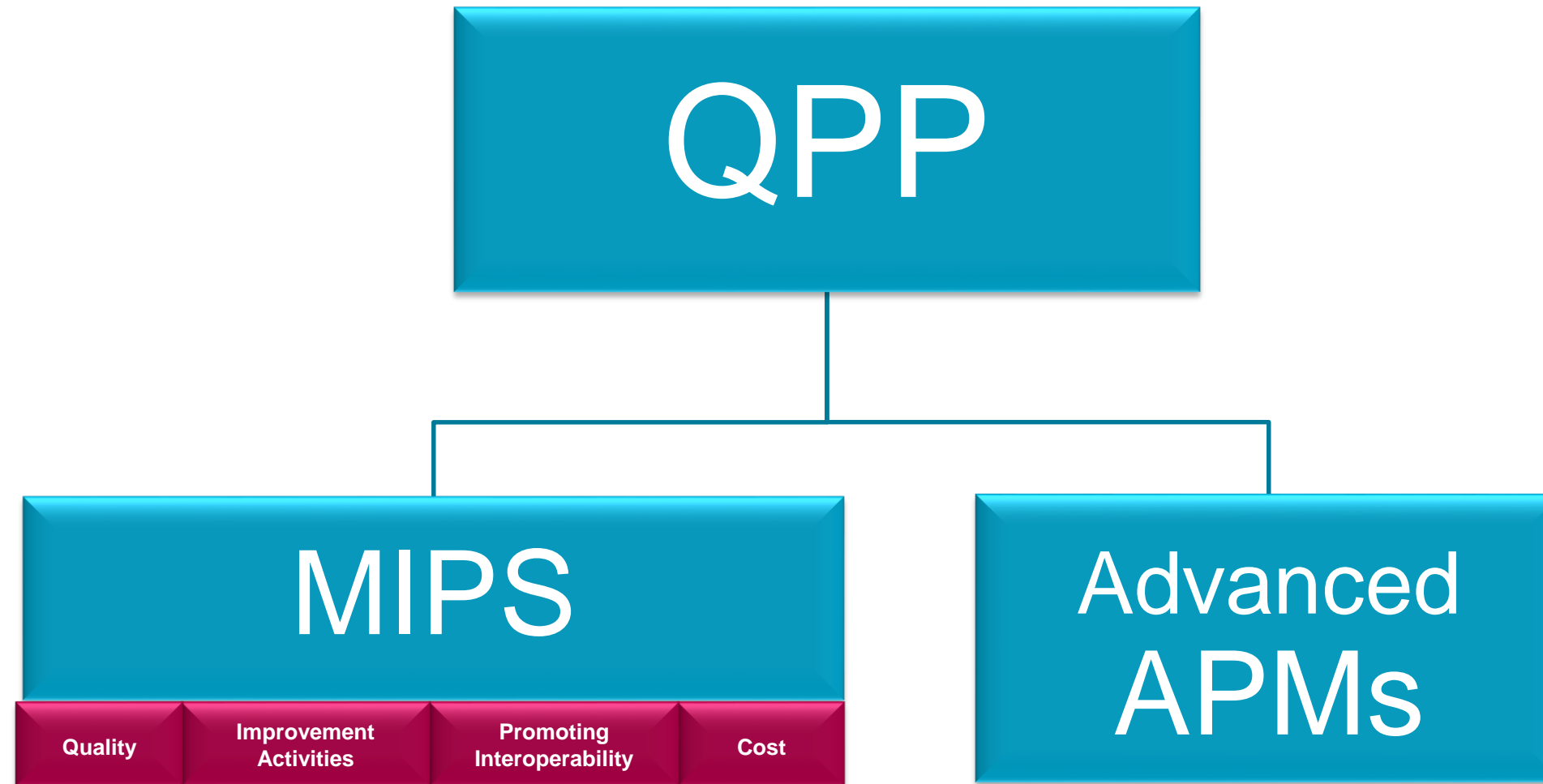
- **Chair of the CAP Clinical Data Registry Ad-Hoc Committee**
- **Vice Chair, CAP Council on Government and Professional Affairs**



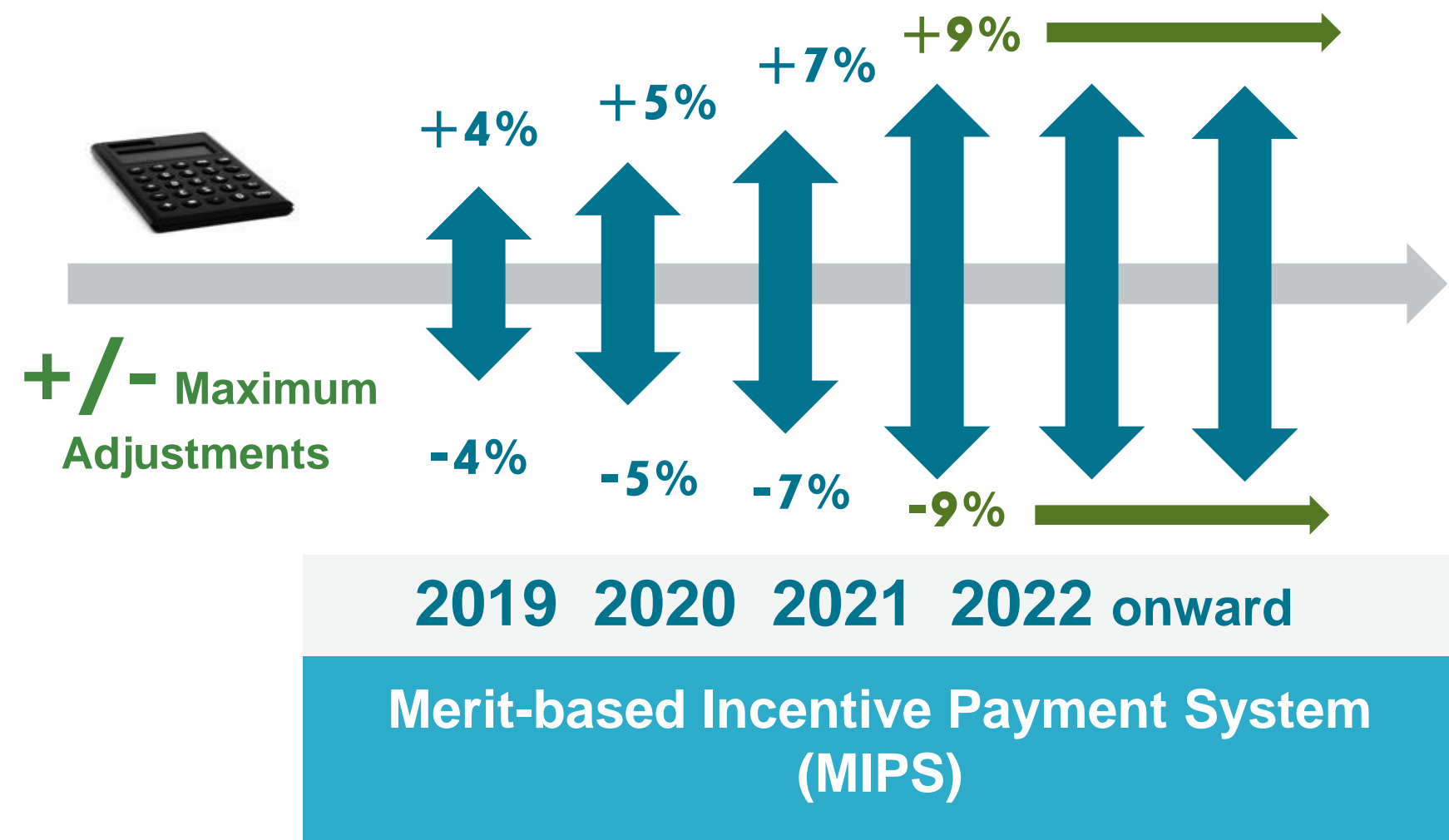
Today

- **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



More Money is at Stake Each Year



Doing nothing will result in a penalty

Confirm If MIPS Applies to You

- MIPS will **NOT** apply to you or your practice if any of the following apply:
 - You are a first-time enrollee in Medicare in 2018
 - You are in an Advanced APM and are a Qualifying APM Participant (QP) or Partial QP
 - 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
 - If reporting as a group, your group has billed \$90,000 or less in PFS services to Medicare Part B FFS beneficiaries
 - 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

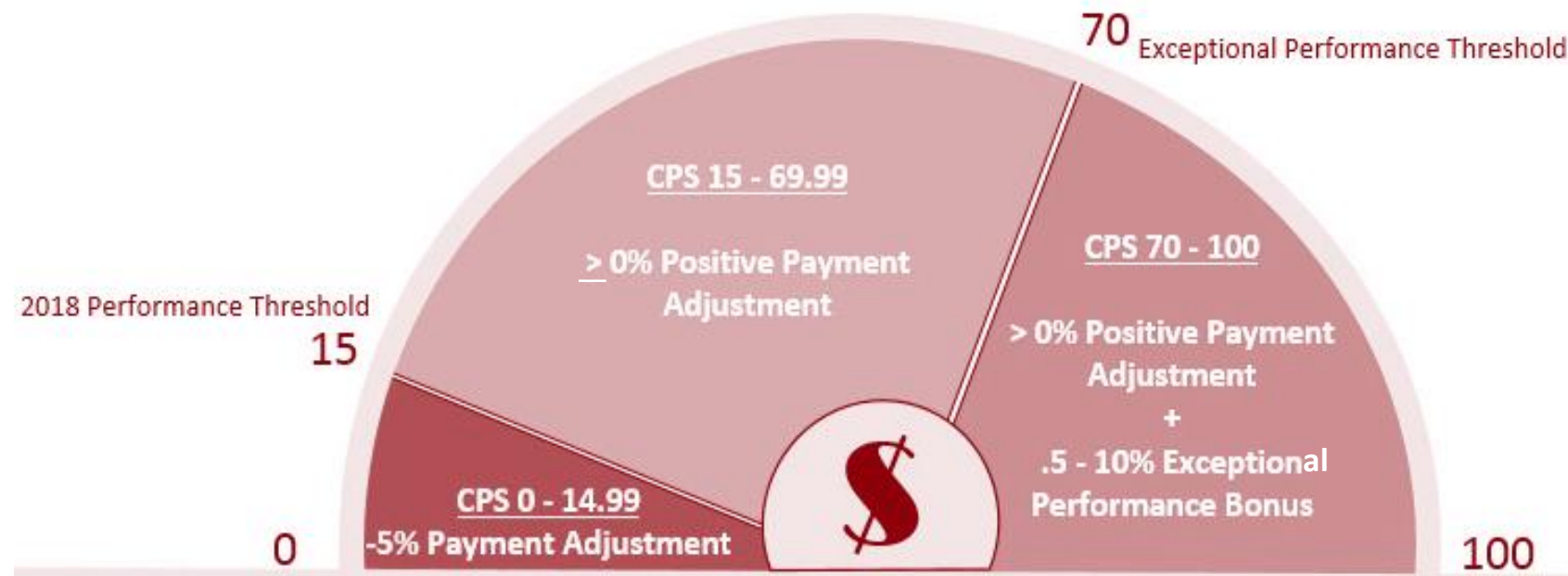
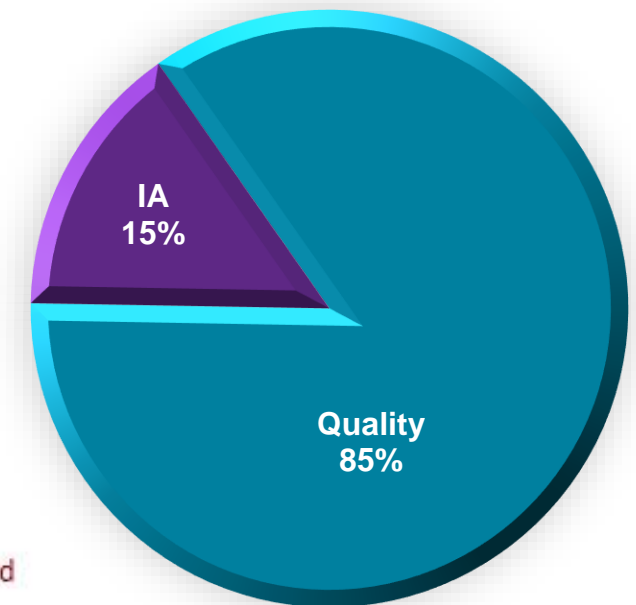
Received as an individual

SPECIAL STATUS Hospital-based	Yes
SPECIAL STATUS Non-patient facing	Yes
SPECIAL STATUS Small practice	Yes

Understand 2018 MIPS Scoring

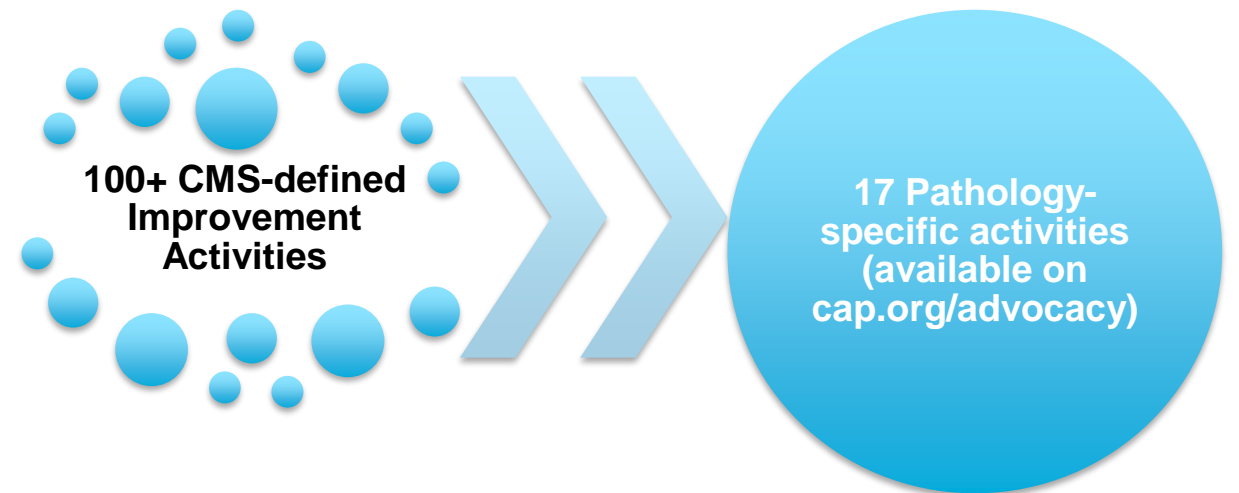
- For non-patient-facing pathologists, the score is likely based on two categories
- Eligible pathologists and groups will receive a MIPS Final Score
 - Sum of the weighted category scores
- 15 points is the threshold score to avoid a penalty

MIPS Final Score



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**
 - One must be an outcome or high priority measure
 - **12 - month** reporting period
 - 60% data completeness
 - 20 case minimum per measure



Claims-Based Reporting (e.g., Billing Company)

QPP Measures

- 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
 - Attest to IAs for each individual in your practice

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
 - **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
 - **Not all registries contain pathology measures**
 - **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
 - Applies to claims-based and Qualified Registry reporting only
 - 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
 - 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

99	Breast Cancer Resection Pathology Reporting
251	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients

Cluster 2

395	Lung Cancer Reporting (Biopsy/Cytology Specimens)
396	Lung Cancer Reporting (Resection Specimens)

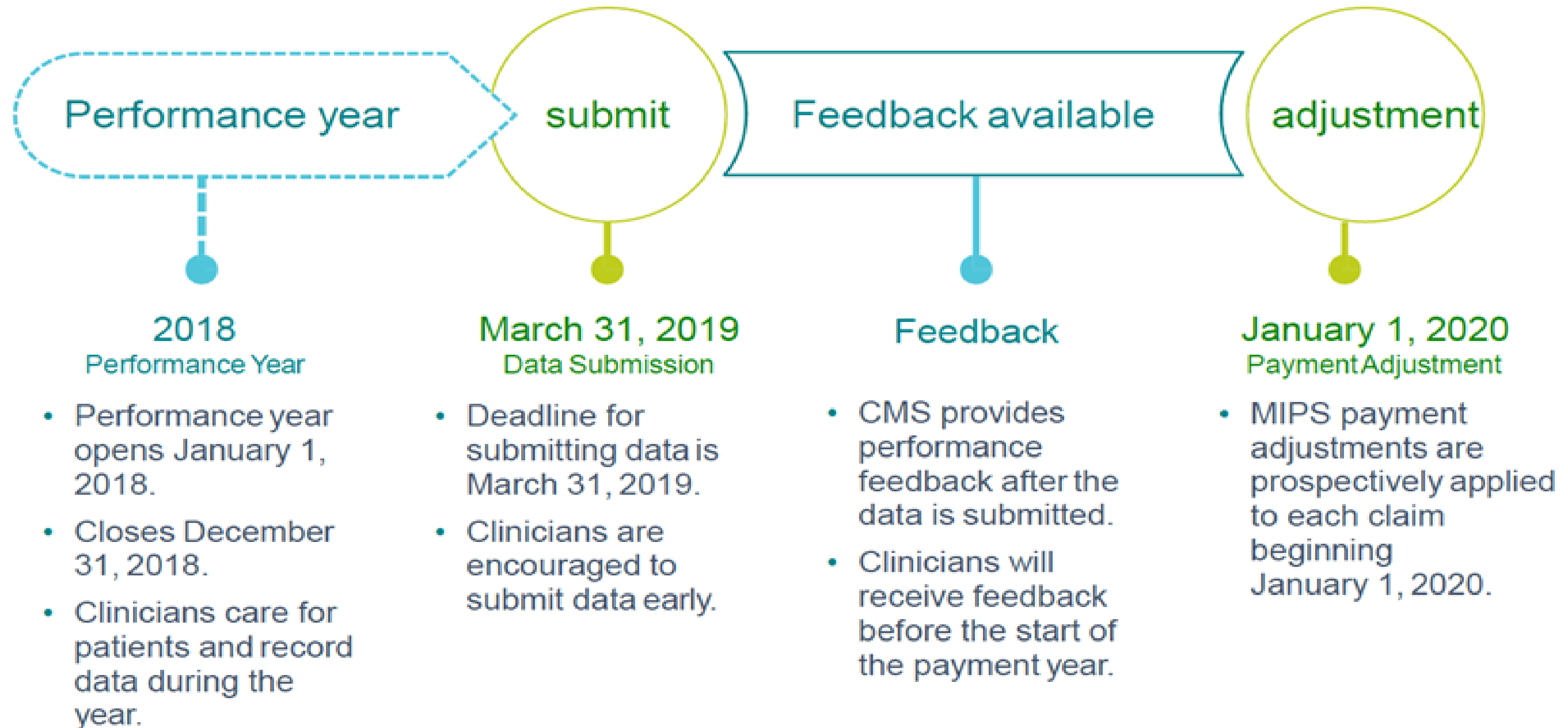
2018 Claims EMA Clusters

Cluster 1	
99	Breast Cancer Resection Pathology Reporting
100	Colorectal Cancer Resection Pathology Reporting
249	Barrett's Esophagus
250	Radical Prostatectomy Pathology Reporting
251	Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients
Cluster 2	
395	Lung Cancer Reporting (Biopsy/ Cytology Specimens)
396	Lung Cancer Reporting (Resection Specimens)

Quality Score Impact

30 vs. 30
60 30

2018 Submission is Soon for Payment Adjustment in 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



Performance Category Scores		
● Quality	85 of 85	
● Advancing Care Information	N/A	
● Improvement Activities	15 of 15	

Payment Adjustment	0.41%
Exceptional Performance Adjustment	1.61%
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Total MIPS Adjustment(s)	+2.02%
Payment Adjustment Date	January 1, 2019

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

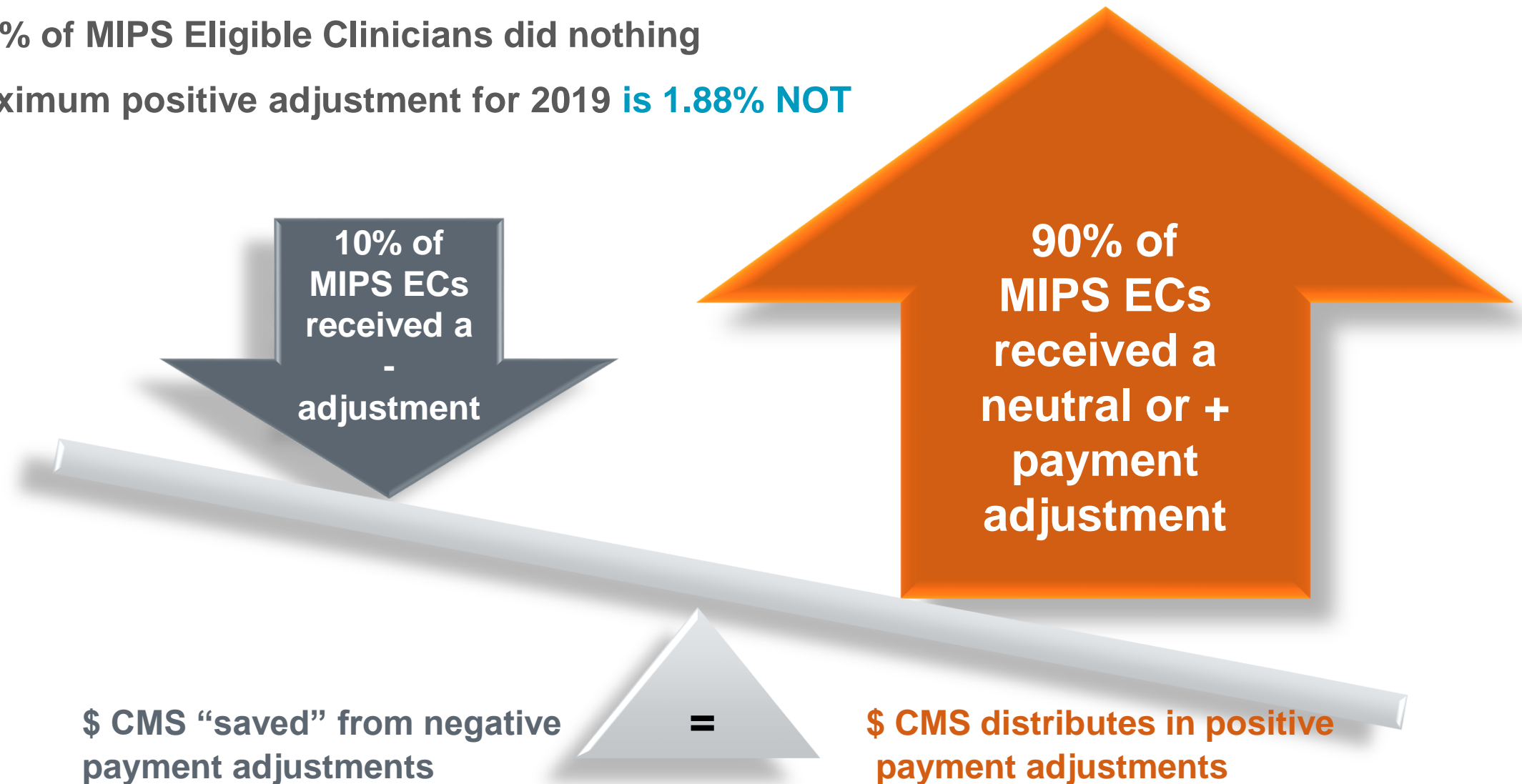
Note: this case example was provided in August 2018, prior to payment adjustments being further reduced.

Payment Adjustments are Budget Neutral

- Zero-Sum Game

- 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%



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:
 - Claim Adjustment Reason Code (CARC) 144 indicates a positive MIPS bonus or “Incentive adjustment, e.g. preferred product/service”
 - CARC 237 indicates a negative MIPS adjustment or “Legislated/Regulatory Penalty”
 - Remittance Advice Remark Codes (RARC) further explain an adjustment and RARC N807 means “Payment adjustment based on MIPS”

Projected Payment Adjustments for 2018 MIPS

2018 Final Score	2020 Payment Adjustment	CMS Estimates (Subject to Change Based on Actual Performance Data)
70.00 – 100 points	<ul style="list-style-type: none"> Positive adjustment (subject to a scaling factor to preserve budget neutrality) Eligible for additional adjustment for exceptional performance 	+2.05%
15.01 – 69.99 points	<ul style="list-style-type: none"> Positive adjustment (subject to a scaling factor to preserve budget neutrality) Not eligible for additional adjustment for exceptional performance 	+0.31%
15 points (Performance Threshold)	<ul style="list-style-type: none"> Neutral payment adjustment (0%) 	0%
3.76 – 14.99 points	<ul style="list-style-type: none"> Negative payment adjustment greater than -5% but less than 0% 	-5% to 0%
0 – 3.75 points	<ul style="list-style-type: none"> Negative payment adjustment of -5% 	-5%

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**



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