A Pathologist’s Guide to Medicare Quality Payment Programs

What You Need to Know to Avoid Penalties, Earn Incentives

Executive War College on Lab and Pathology Management

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April 30, 2019
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• Board of Governors of the College of American Pathologists
  o Vice Chair, Council on Government and Professional Affairs
  o Chair, QCDR Ad Hoc Committee of the Board
Today

• The journey to the Quality Payment Program
• How the CMS is implementing the Quality Payment Program
• How pathologists are being successful in the Quality Payment Program
Evolution of Federal Payment Models

- 1960s Medicare
- 1980s DRGs
- 1997 SGR
- 2015 MACRA
Provider Pay for Performance in 2014

- PQRS
- Value-Based Modifier
- Meaningful Use

- Complicated and overlapping requirements
- Confusing timing
- Inconsistent measurement and payment adjustments
- Wasted resources!
Protecting Access to Medicare Act 2014

• 17th temporary fix to the Sustainable Growth Rate

• What else did it do?
  o Expanded misvalued code initiative
  o Impacted the Clinical Laboratory Fee Schedule
  o Paved the way for MACRA
Medicare Access and CHIP Reauthorization Act

- Permanently repealed the SGR methodology
- Increased fee schedule rates by 0.5% from 2015-2019, then constant from 2019-2025
- Developed Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APM)
- Planned for quality measure development
- Expanded the use of Medicare Data
Medicare Access and CHIP Reauthorization Act
MACRA Established the Quality Payment Program
The Goal for CMS
Two Pathways to Demonstrate Value

QPP

MIPS

Advanced APMs

Quality
Improvement Activities
Promoting Interoperability
Cost
MIPS: Year 3

Payment Year  2017  2018  2019  2020  2021  2022  2023  2024

+4%  +5%  +7%  +9%  +9%  +9%  -4%  -5%  -7%  -9%  -9%  -9%
PY 2017 Manifests in January 2019

Max positive adjustment was 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
## MIPS Categories Applicable to Pathologists

<table>
<thead>
<tr>
<th>MIPS Performance Categories</th>
<th>Non-Patient Facing</th>
<th>Patient Facing</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>85%</td>
<td>50%</td>
<td>Replaces PQRS; report six quality measures</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>15%</td>
<td>15%</td>
<td>Attest that you completed two medium or one high weighted activity</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>0%</td>
<td>25%</td>
<td>Replaces the Medicare EHR Incentive Program also known as Meaningful Use; to date laboratory information systems (LIS) have not been classified as Certified Electronic Health Record Technology (CEHRT).</td>
</tr>
<tr>
<td>Cost</td>
<td>0%</td>
<td>10%</td>
<td>Replaces the Value-Based Modifier; started to count in 2018 for patient facing providers</td>
</tr>
</tbody>
</table>
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 floor is 75 points
  o Additional incentive payments from a pool of $500 million for exceptional performance
Pathologists Quality Measure Reporting in 2019

• Report on at least 6 Quality Measures
  o One outcome or high priority measure OR
  o The complete Pathology Specialty Measure Set
• 12 month reporting period (January 1 – December 31, 2019)
• 60% data completeness
• 20 case minimum per measure
# Measures in CAP Pathologists Quality Registry

<table>
<thead>
<tr>
<th>Updated Measures for 2019</th>
<th>New Measures for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnaround Time (TAT) – Biopsies*</td>
<td>HER2 Tumor Evaluation and Repeat Evaluation in Patients with Breast Carcinoma*</td>
</tr>
<tr>
<td>Cancer Protocol Elements and Turnaround Time for Carcinoma and Carcinosarcoma of the Endometrium*</td>
<td>HER2 Tumor Evaluation and Repeat Evaluation in Patients with Gastroesophageal Adenocarcinoma*</td>
</tr>
<tr>
<td>Cancer Protocol Elements and Turnaround Time for Carcinoma of the Intrahepatic Bile Ducts*</td>
<td>Appropriate Formalin Fixation Time (6 – 72 hours) of Breast Cancer Specimens</td>
</tr>
<tr>
<td>Cancer Protocol Elements and Turnaround Time for Carcinoma of the Pancreas*</td>
<td>Blood Laboratory Samples for Potassium Determination with Hemolysis Drawn in the Emergency Department**</td>
</tr>
<tr>
<td>Cancer Protocol Elements and Turnaround Time for Carcinoma of the Pancreas*</td>
<td>EGFR Testing in Patients with NSCLC*</td>
</tr>
<tr>
<td>Cancer Protocol Elements and Turnaround Time for Invasive Carcinoma of Renal Tubular Origin*</td>
<td>ROS 1 Testing in Patients with NSCLC*</td>
</tr>
<tr>
<td>Helicobacter pylori Status and Turnaround Time*</td>
<td>ALK Testing in Patients with NSCLC*</td>
</tr>
<tr>
<td>Measures with no Changes for 2019</td>
<td>BRAF Testing in Patients with Metastatic Colorectal Adenocarcinoma*</td>
</tr>
<tr>
<td>Turnaround Time (TAT) – Troponin*</td>
<td>MMR or MSI Testing in Patients with Primary or Metastatic Colorectal Carcinoma*</td>
</tr>
<tr>
<td>Turnaround Time (TAT) – Lactate*</td>
<td>FLT3-ITD Testing to in Patients with Acute Myeloid Leukemia*</td>
</tr>
<tr>
<td></td>
<td>High Risk HPV Testing and p16 Scoring in Surgical Specimens for Patients with OPSCC*</td>
</tr>
<tr>
<td></td>
<td>High Risk HPV Testing in Cytopathology Specimens for Patients with OPSCC*</td>
</tr>
</tbody>
</table>

*High Priority Measures

Improvement Activities: 15% of the MIPS Score

• To maximize score:
  o Attest to 1 high-weighted or 2 medium-weighted IAs
  o Minimum **90-day** reporting period
How Are Practices Being Successful in MIPS?

Case Studies

1. Manual data practice
2. Large practice that relied on billing company
3. Small practice that has relied on its billing company to for reporting
4. Pathology department in an academic medical center or large health system
Case Study 1: Small practice that uses manual data entry

* *all names are fictitious; any resemblance to real names or practices is coincidental and should not be considered to be representative of a specific practice*
Pathology Associates, LLC

• Three pathologists providing service to two hospitals
• One TIN
• Pathologist: “We don’t have access to the LIS, so we enter all the quality measures data manually.”
### 2019 Quality Category Changes for Small Practices (≤ 15 clinicians)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Claims</strong></td>
<td>Individual</td>
<td>Individual and/or group</td>
</tr>
<tr>
<td><strong>QR</strong></td>
<td>Individual and/or group</td>
<td>Individual and/or group</td>
</tr>
<tr>
<td><strong>QCDR</strong></td>
<td>Individual and/or group</td>
<td>Individual and/or group</td>
</tr>
<tr>
<td><strong># of mechanisms</strong></td>
<td>1 for all measures</td>
<td>Multiple (If the same measure is submitted via multiple collection types, the one with the greatest number of measure achievement points will be selected for scoring)</td>
</tr>
</tbody>
</table>
Important 2019 MIPS Update for TINs with 15 or Fewer Clinicians

1. Claims based submission limited to groups to groups with 15 or fewer clinicians (individual or group reporting)

2. Small practice bonus increased to 6 points in 2019, but added to the Quality Score NOT the Overall Score
Pathology Specialty Measure Set

• Clinicians and groups can choose to submit a specialty measure set
  o Submit data on at least 6 measures within that set
  o If the set contains fewer than 6 measures, must submit all measures in the set

• 2019 Pathology Measure Set contains < 6 measures
  o May submit the 5 measures of the Pathology Specialty Measure Set through the Qualified Registry or Medicare Part B Claims (small practices only)

<table>
<thead>
<tr>
<th>Measure Set</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>QPP 249: Barrett Esophagus Pathology Reporting</td>
<td></td>
</tr>
<tr>
<td>QPP 250: Radical Prostatectomy Pathology Reporting</td>
<td></td>
</tr>
<tr>
<td>QPP 395: Lung Cancer Reporting (biopsy/cytology specimens)*</td>
<td></td>
</tr>
<tr>
<td>QPP 396: Lung Cancer Reporting (resection specimens)*</td>
<td></td>
</tr>
<tr>
<td>QPP 397: Melanoma Reporting*</td>
<td></td>
</tr>
</tbody>
</table>

*High Priority Measures
Key Points for this Practice

• Manual data entry is resource intensive and will only get worse as CMS increases the requirements for data completeness

• 60% of all cases/all payers

• Select measures with the least data entry burden and highest potential score
  o CAP offers Registry enrollees a measure selection worksheet to help
Recommendations

- Consider the Pathologists Quality Registry Excel file Upload
- Consider interface with the billing feed or LIS
- Remember Improvement Activities attestation requirements
A Peek Inside the Registry

Pathologists Can Review Performance on Each Measure and Drill Down to Detail on Each Case
Case Study 2: Large Practice That Has Relied on its Billing Company to for Reporting

**all names are fictitious; any resemblance to real names or practices is coincidental and should not be considered to be representative of a specific practice**
Diagnostic Laboratory Associates

- 28 pathologists providing service to two hospitals
- One TIN
- Managing partner: “In 2016, 2017 and 2018 we relied on our billing company to deal with reporting. It is too much of a hassle for our practice and I’m glad they take care of it.”
# 2019 Quality Category Changes for Large Practices (16 or More Clinicians)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
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</thead>
<tbody>
<tr>
<td>Claims</td>
<td>Individual</td>
<td>NOT AVAILABLE</td>
</tr>
<tr>
<td>Qualified Registry (QR)</td>
<td>Individual and/or group</td>
<td>Individual and/or group</td>
</tr>
<tr>
<td>Qualified Clinical Data Registry (QCDR)</td>
<td>Individual and/or group</td>
<td>Individual and/or group</td>
</tr>
<tr>
<td># of mechanisms</td>
<td>1 for all measures</td>
<td>Multiple (If the same measure is submitted via multiple collection types, the one with the greatest number of measure achievement points will be selected for scoring)</td>
</tr>
</tbody>
</table>
Important Update For 2019 Large Practices

• Starting January 1, 2019, the claims submission, often through your billing company, is NOT available to clinicians in a practice of 16 or more clinicians, whether participating as an individual or a group.
Key Points for this Practice

• Most billing companies **cannot** submit Improvement Activities.

• In 2019, the CMS **limits** claims-based submission to small practices.

• There is a new facility-based scoring option.
New Facility-Based Scoring Option

• Quality and cost category scores would be assigned based on attributed facility’s Hospital Value-Based Purchasing program

• 75% or more of covered professional services
  o Inpatient hospital (POS 21) or
  o On-campus outpatient hospital (POS 22) or
  o 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

• Facility-based pathologists can also report separately/individually and the CMS will use the highest score
Recommendations

• Explore the Pathologist Quality Registry reporting options
• If the practice needs to report quality measures, see if data integration with their billing data or with a LIS is most feasible
  o Integration with a billing feed allows the practice to report the QPP measures only. (The CMS requires that QCDR “registry only” measures require additional clinical data found in the LIS)
  o Integration with a LIS will prepare the practice for the future and allow the practice to choose from more measures.
A Peek Inside the Registry: Understand and Improve Performance

- The CAP makes it easier for pathologists to make sense of and attest to Improvement Activities

The CAP actively participates as Technical Experts with the CMS to make it easier for pathologists to make sense of this category.
Recommendations

• Assess the practice billing records to see if facility-based scoring would apply

• Check hospitalcompare.org
  o Decide if also submitting separately would help the score

• Do not forget to have a reporting solution to attest to Improvement Activities
Inside the Registry: Understand and Improve Performance

- The registry dashboard helps pathologists know their scores and guide improvement.

*Individual Dashboard restricted to provider and practice administrator*
Case Study 3: Small Practice That Has Relied on its Billing Company to for Reporting

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Atlantic Pathology Group

• Six pathologists providing service to three hospitals
• One TIN
• Managing partner: “We don’t need to worry about MIPS. Reporting is out of sight/out of mind since our billing company takes care of everything.”
Key Points for This Practice

• Most billing companies cannot submit Improvement Activities, so the practice lost out on 15% of its potential score.

• Individuals or groups in small practices can still use claims-based reporting, but the CMS is phasing out claims-based reporting.
  - The CMS already eliminated larger practices from submitting via claims.
Recommendations

• Explore Registry reporting options since claims based reporting is being phased out
  o If the practice needs to report quality measures, see if data integration is feasible (with billing company or with LIS)

• Assess if the 5-measure Pathology measure set applies
  o Report through a Qualified Registry (like the Pathologists Quality Registry)

• Do not forget to have a reporting solution to attest to Improvement Activities
Case Study 4: Pathology department in an academic medical center or large health system

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Faculty Practice Plan

- 42 pathology faculty in multispecialty faculty practice plan serving four hospitals
- One TIN
- Pathologist: “I do not have to report because my hospital reports. I am so happy that I don’t have to worry about dealing with the quality payment program.”
Key Points for this Practice

• What measures the practice plan reports on, how they perform, and the total MIPS score?

• Whether MIPS score is part of the compensation between the hospital and the practice plan; or part of the compensation for the pathologist?

• Whether the practice plan is now part of an Advanced Alternative Payment Model?
The CMS Wants to Move Clinicians to Advanced Alternative Payment Models

QPP

MIPS Path

MIPS

MIPS APM

Advanced APMs Path (QPs)

Medicare Option
(Advanced APMs within Medicare only, as determined by CMS*)

All-Payer Combination Option
(Medicare Advanced APMs + Other Payer Advanced APMs)
Alternative Payment Models
Pathologists and Alternative Payment Models

- There are no pathology-specific APMs
- Pathologists should keep an eye on the measures being used in APMs
- Pathologists should be aware of how participation in alternative payment models (or other value-based care models) impacts compensation
- CAP is working to
  - Develop measures for potential uptake into other APMs
  - Develop measures for pathologists in APMs to demonstrate their value to their hospital/ACO
Check Your 2019 QPP 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)

<table>
<thead>
<tr>
<th>SPECIAL STATUS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-based</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-patient facing</td>
<td>Yes</td>
</tr>
<tr>
<td>Small practice</td>
<td>Yes</td>
</tr>
<tr>
<td>Facility-based</td>
<td>Yes - UPMC HAMOT HOSPITAL</td>
</tr>
</tbody>
</table>
Questions? The CAP Has Resources

Check out
www.cap.org/advocacy/mips-for-pathologists

For specific questions, please email our CAP experts

MIPS@cap.org

Registry.inquiries@cap.org