Quality Payment
PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

2020 Measures and Activities for Pathologists

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Contents

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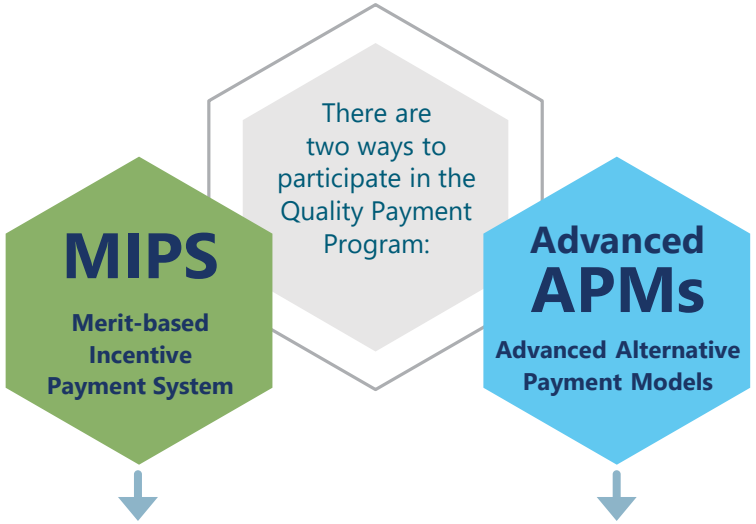
Overview

What is MIPS?

The Merit-based Incentive Payment System (MIPS) is one of the two tracks of the Quality Payment Program, which implements provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Visit QPP.CMS.GOV to understand program basics, including submission timelines and how to participate.

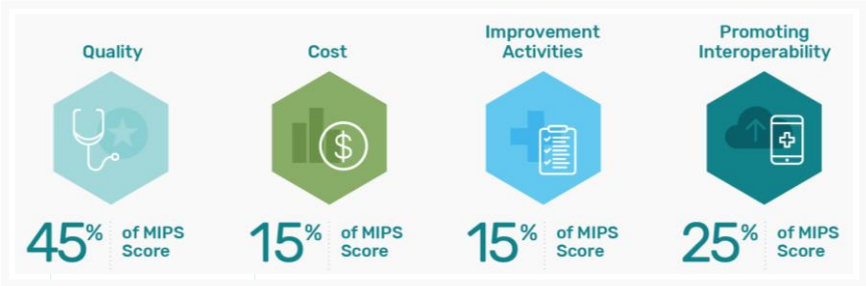


If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

What are the Measures and Activities I Must Submit to Successfully Participate in MIPS?

If you are participating in the Quality Payment Program through MIPS, your Medicare payment adjustment in 2022 will be based on submitting data and your performance for the following MIPS performance categories for the 2020 performance period:



What Measures and Activities Do I Submit for Each Category in 2020?

This resource provides a non-exhaustive sample of measures and activities that may apply to pathologists. Make sure to consider your data submission type, practice size, patient demographic, and performance period to select the measures and activities that best suit you. See a full list of measures and activities at QPP.CMS.GOV. Please note that performance category weights differ for clinicians in MIPS APMs. The full specifications can be downloaded from the Quality Payment Program Resource Library.

Performance Categories

Quality Performance Category

Assess the value of care to ensure patients get the right care at the right time

- Barrett's Esophagus
- Skin Cancer: Biopsy Reporting Time – Pathologist to Clinician
- Lung cancer biopsy and resection reports indicating the specific histologic type
- Melanoma reports including pT category
- Reporting of Radical Prostatectomy Pathology

45% of final score
for most MIPS eligible clinicians and groups, unless they are in a MIPS APM

In addition, MIPS eligible clinicians may want to consider applicable pathology-specific Qualified Clinical Data Registry (QCDR) measures that are available via the QCDR collection type only. The 2020 QCDR measure specifications are found on the Quality Payment Program Resource Library.

The Pathology Specialty Set contains relevant quality measures to the Pathology specialty. CMS solicits stakeholder recommendations for potential consideration of new specialty measure sets and/or revisions to existing specialty measure sets on an annual basis. All stakeholder feedback and submissions received are considered for the next performance year's rule making and are made evident through publications of the Quality Payment Program proposed and final rules. CMS encourages stakeholders to work with your specialty society to provide applicable measure recommendations during the specialty measure set solicitation process. Stakeholder feedback/recommendations for a particular specialty set should be submitted during the Call for Specialty Sets at the beginning of the calendar year.

Performance Categories

Quality Performance Category *(continued)*

Getting Started with Quality

1. Understand Your Reporting Requirements

- To meet the Quality performance category requirements, you have to report:

6 quality measures
(including at least 1 outcome measure or high-priority measure in absence of an applicable outcome measure)

OR

A defined specialty measure set or sub-specialty measure set
(if the measure set has fewer than 6 measures, you need to submit all measures within that set)

OR

All quality measures included in the CMS Web Interface
(an internet-based application available to groups and virtual groups with 25 or more eligible clinicians—advanced registration is required)

2. Choose Your Quality Measures

- Use the 2020 Quality Measures List to identify:
  - The available collection type(s) for each measure
  - Measure type (outcome, patient experience, etc.)
  - Specialty sets associated with each measure

Did you know?

Collection Type refers to the way you collect data for a quality measure. While an individual quality measure may be collected in multiple ways, each collection type has its own specification (instructions) for reporting that measure. You would follow the measure specifications that correspond with how you choose to collect your quality data.

For example: You are looking for a quality measure to report on the Use of High-Risk Medications in the Elderly. The measure is available as both a MIPS CQM and eCQM (distinct specifications). You would use the measure specification that corresponds with how you choose to collect your data.

You can report measures from multiple collection types to meet quality reporting requirements (Exceptions noted in the 2020 Quality Quick Start Guide).

Performance Categories

Quality Performance Category *(continued)*

3. Collect Your Data

- Up until December 31, 2020
- You should **start data collection on January 1, 2020** to meet data completeness requirements. If you fail to meet data completeness requirements, you will receive 0 points for the measure unless you are small practice, who will still receive 3 points.
- In 2020, the **data completeness requirement has increased to 70%**, which means that you need to report performance or exclusion/exception data for at least 70% of patients that are eligible for the measure's denominator.
- If you are working with a vendor or third party intermediary to collect and submit data, make sure you work with them throughout the year on data collection.

4. Submit Your Data

- The data submission period will begin on **January 2, 2021** and end no later than **March 31, 2021**. If reporting Medicare Part B claims, submission will be continuous throughout the performance period.

5. Review Performance Feedback

- Preliminary scoring information will be available beginning **January 2, 2021**, once data has been submitted.
- Your final performance feedback will be available **July 2021**.
- You can review your performance feedback by signing in to QPP.CMS.GOV.

Did you know?

The level at which you participate in MIPS (individual, group, or virtual group) applies to all performance categories. We will not combine data submitted at the individual, group, and/or virtual group level into a single final score.

For example:

- If you submit any data as an individual, you will be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you will be evaluated for all performance categories as a group.
- If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.

Performance Categories

Promoting Interoperability Performance Category

Promote patient engagement and electronic exchange of information using certified electronic health record technology (CEHRT)

25% of final score
for most MIPS eligible clinicians and groups, unless they are in a MIPS APM

In order to earn a score greater than zero for the Promoting Interoperability performance category, MIPS eligible clinicians must:

- ☑ Report measures from each of the 4 Promoting Interoperability performance category objectives, unless an exclusion is claimed, for a continuous 90-days or more; AND
- ☑ Submit a "yes" to the Prevention of Information Blocking Attestations; AND
- ☑ Submit a "yes" to the ONC Direct Review Attestation, if applicable; AND
- ☑ Submit a "yes" that they have completed the Security Risk Analysis measure during the calendar year in which the MIPS performance period occurs.

MIPS eligible clinicians must use 2015 Edition CEHRT to support the 2020 Promoting Interoperability performance category objectives and measures. The 2020 Promoting Interoperability performance category objectives are:

- e-Prescribing*
- Health Information Exchange*
- Provider to Patient Exchange
- Public Health and Clinical Data Exchange*

**Measure exclusions may be applicable. Please review the individual measure specifications to see if you meet the exclusion criteria. You must claim an exclusion to have the measure points redistributed to another measure. The measure specifications can be found on the QPP Resource Library.*

Performance Categories

Promoting Interoperability Performance Category *(continued)*

Bonus points (5 points) are available under the e-Prescribing objective:

- Query of Prescription Drug Monitoring Program (PDMP) measure
  - This measure is optional for the 2020 performance period

Reweighting the Promoting Interoperability performance category:

- Certain MIPS eligible clinician types qualify for automatic reweighting of the Promoting Interoperability performance category for the 2020 performance period in the event that the clinician submits no data for any of the measures in the Promoting Interoperability performance category. These clinician types include:

Performance Categories

Promoting Interoperability Performance Category *(continued)*

Qualifying hospital-based or non-patient facing MIPS eligible clinicians/groups/virtual groups will automatically have their Promoting Interoperability performance category score reweighted to 0% of the final score.

- A **hospital-based** MIPS eligible clinician is defined as furnishing 75% or more of their covered professional services in either the off-campus outpatient hospital (Place of Service 19), inpatient hospital (Place of Service 21), on-campus outpatient hospital (Place of Service 22), or emergency department (Place of Service 23) setting.
  - A group or virtual group is considered hospital-based when more than 75% of the clinicians in the group or virtual group are hospital-based MIPS eligible clinicians.

- A **non-patient facing** MIPS eligible clinician is defined as an individual MIPS eligible clinician who bills 100 or fewer patient facing encounters (including Medicare telehealth services defined in section 1834(m) of the Act), during the MIPS determination period.
  - To qualify as a non-patient facing group or virtual group, more than 75% of the clinicians in the group or virtual group must meet the definition of a non-patient facing individual MIPS eligible clinician.

- In the case of reweighting to 0%, CMS will assign the 25% from the Promoting Interoperability performance category to another performance category.
- Eligible clinicians that qualify for reweighting of the Promoting Interoperability performance category can still choose to report if they would like, and if data is submitted, CMS will score their performance and weight their Promoting Interoperability performance accordingly.

See the 2020 Promoting Interoperability Quick Start Guide for more information on Promoting Interoperability performance category objectives and measures, reporting requirements, scoring, and reweighting. The 2020 Promoting Interoperability Performance Category User Guide is available on the QPP Resource Library. Comprehensive information about hardship exceptions for the 2020 Promoting Interoperability performance category is available on the Exception Applications page of the Quality Payment Program website.

Performance Categories

Improvement Activities Performance Category

15% of final score
for most MIPS eligible clinicians and groups, unless they are in a MIPS APM

Gauges your participation in activities that improve clinical practice, such as:

- Ongoing care coordination
- Clinician and patient shared decision-making
- Using quality improvement best practices and validated tools
- Regularly using patient safety best practices

In the 2020 performance period, MIPS eligible clinicians will be able to choose from 100+ activities.

Some examples of the types of activities you may select to show your performance in 2020 are listed below. Please note that these are merely suggestions and do not represent requirements or preferences on the part of CMS. MIPS eligible clinicians may choose activities that are most appropriate for their practice. The full inventory from which MIPS eligible clinicians or groups must select their Improvement Activities in 2020 is available here. The MIPS data validation criteria, which provide guidance on documentation requirements for improvement activities, are available here.

Clinicians choose activities in which they may participate from among a list. Some activities include:

- IA_BE_25 – Drug Cost Transparency
- IA_CC_1 – Implementation of use of specialists reports back to the referring clinician or group to close the referral loop
- IA_BE_7 – Participate in a Qualified Clinical Data Registry (QCDR) that promotes use of patient engagement tools
- IA_PSPA_1 – Participate in an AHRQ-listed patient safety organization
- IA_CC_2 – Implementation of improvements that contribute to more timely communication of test results
- IA_PSPA_2 – Participation in MOC Part IV
- IA_PM_17 – Participation in Population Health Research
- IA_PSPA_19 – Implementation of formal quality improvement methods, practice changes, or other practice improvement processes

Performance Categories

Cost Performance Category

Helps create efficiencies in Medicare spending

15% of final score
for most MIPS eligible clinicians and groups, unless they are in a MIPS APM

- MIPS uses cost measures to assess the total cost of care during the year, a hospital stay, or during an episode of care.
- The 2020 performance period includes the following cost measures:
  - Revised Medicare Spending Per Beneficiary Clinician measure
  - Revised Total Per Capita Cost measure
  - 18 episode-based cost measures (10 of which were newly finalized in the 2020 Final Rule)
- A full list of the episode-based cost measures is available on the Quality Payment Program Resource Library.
- Data for cost measurement are collected from Medicare Parts A and B claims submitted by MIPS eligible clinicians and groups. Clinicians and groups do not have to submit any additional data.
- For a cost measure to be scored, a MIPS eligible clinician or group must have enough attributed cases to meet or exceed the case minimum for that measure.
- For MIPS eligible clinicians or groups who do not have a Cost performance category score assigned, the weight for the Cost performance category will be reweighted to the Quality performance category.
- A single, national benchmark based on data from the performance period will be established for each cost measure. Since the benchmark is not based on a historical baseline period, CMS can't publish the actual numerical benchmarks for the cost measures before the start of each performance period.
  - A MIPS eligible clinician or group can compare their costs for each measure with the benchmark provided to better understand their performance relative to their peers.

Performance Categories

Cost Performance Category *(continued)*

- The Cost performance category is weighted at 0% for eligible clinicians participating in the Shared Savings Program. They are not assessed under the MIPS Cost performance category as they are already subject to cost and utilization performance assessments under the Shared Savings Program.
  - For more information or a list of Advanced APMs that may be right for you, please visit: QPP.CMS.GOV.
- CMS will automatically reweight the Cost performance category for MIPS eligible clinicians who are located in a CMS-designated region or locale that has been affected by extreme and uncontrollable circumstances.

Additional information for the Cost performance category can be found in the 2020 Cost Performance Category Quick Start Guide in the Quality Payment Program Resource Library.

Did you know?

If only 1 cost measure can be scored, that cost measure's score will serve as the performance category score. If 3 out of 20 cost measures are scored, the **Cost performance category score is the equally-weighted average of the 3 scored measures**. If none of the 20 measures can be scored, the MIPS eligible clinician/group will not be scored on Cost, and the weight of the Cost performance category would generally be reweighted to the Quality performance category.

Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 a.m.-8:00 p.m. ET or by e-mail at: QPP@cms.hhs.gov.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the Quality Payment Program Resource Library.

Visit the Quality Payment Program Resource Library for Quick Start Guides which are specific to each performance category and collection type.