



2018 MIPS Checklist for Pathologists

Avoid the 5% penalty; aim for a bonus of up to 5%

We are in Year 2 of the Quality Payment Program (QPP) and the Merit-based Incentive Payment System (MIPS). Your performance in 2018 helps you avoid a negative 5% adjustment on Medicare Part B payments in 2020.



Use this checklist to optimize your performance in MIPS

1 Confirm your MIPS reporting status

MIPS versus APM eligibility

- The Centers for Medicare & Medicaid Services (CMS) updated its [Quality Payment Program Look-Up Tool](#) for 2018 to allow clinicians to view Merit-based Incentive Payment System (MIPS) eligibility and Alternative Payment Model (APM) Qualifying APM Participant (QP) data in one place
- First, confirm if the CMS classifies you in an APM—*participation in an APM takes precedence over MIPS participation*

MIPS will not apply to your practice if you meet one of the criteria below:

You are already in an Advanced Alternative Payment Model (APM)

You receive 25% of Medicare-covered professional services **or** see 20% of your Medicare patients through an advanced APM

You are below the low volume threshold

You billed \$90,000 or less for Part B Medicare **or**
You have 200 or fewer Medicare Part B patients

This is your first year as a Medicare provider

2 Decide how you will report to MIPS: As an INDIVIDUAL or GROUP

Individual versus Group reporting

- To check your group's 2018 MIPS eligibility:
 - Log into the CMS [Quality Payment Program website](#) with your [EIDM credentials](#)
 - Browse to the Taxpayer Identification Number (TIN) affiliated with your group
 - Access the details screen to view the eligibility status of every clinician based on his or her National Provider Identifier (NPI)
 - Confirm the CMS has the correct NPIs included in your TIN
 - See which NPIs in the TIN are considered MIPS-eligible (for example, some may not be eligible *as individuals* due to falling below the low volume threshold)
- To check individual 2018 MIPS eligibility:
 - Enter your NPI into the Quality Payment Program Look-Up Tool to see if you are MIPS eligible as an individual or a group
Don't know your NPI number? Use the [NPI Registry Public Search](#) to find it
- Confirm the CMS classifies you or your practice—like almost all pathologists—as a non-patient-facing physician
 - An individual clinician who bills 100 or fewer patient facing encounters per calendar year
 - A group that has greater than 75% of its clinicians who bill 100 or fewer patient-facing encounters

The CAP recommends practices have an EIDM account with CMS so you can view your practice's scores once posted by CMS

Non-patient-facing clinicians are only required to report on the Quality Measures and Improvement Activities categories for MIPS

2 Decide how you will report to MIPS: As an INDIVIDUAL or GROUP *continued*

- Decide if the advantages of group reporting make sense for your practice this year
 - Group reporting helps increase the number of cases, therefore, more pathologists could be included—making more measures available to choose from. However, if you are reporting as a group, you must include all clinicians that fall under the TIN, not just those who are eligible for MIPS.
 - Group versus individual reporting applies to both Quality Measures and Improvement Activities (you cannot report as an individual for one and a group for the other)
 - If you are reporting Quality Measures through claims (or your billing company), then you are reporting as individuals, which means that Improvement Activities cannot be attested to as a group

3 Determine your best reporting method

Evaluate the best approach for your practice. MIPS reporting can be completed through:

- A Qualified Clinical Data Registry (QCDR)
 - The CAP's QCDR, the [Pathologists Quality Registry](#) allows one-stop shopping for individual or group reporting on all applicable categories, or only Improvement Activities if that is all you need this year
 - The Pathologists Quality Registry also provides more pathologist-specific Quality Measures to choose from compared to other reporting options
- Claims-based: Your billing company can report Quality Measures using claims
 - This method is for individual reporting only, therefore, you must attest to Improvement Activities as an individual
 - Make sure you are covered for Improvement Activities: Most billing companies cannot attest to the Improvement Activities for you, pathologists can use claims-based (billing company) reporting for Quality Measures, but you will need to identify another method for attesting to the Improvement Activities
- The CMS Web Interface is available for multispecialty practices with more than 25 providers
- Other qualified registries

In 2018, you can use multiple reporting methods for MIPS, but only one method for each category

4 Identify the quality measures that are applicable to your practice (85% of your MIPS score)

- Ensure there are at least six measures that you'll meet or exceed the 20 case minimum to be eligible for the maximum point value
 - Review the 17 [CAP-developed pathology quality measures](#) available to you, nine of which are only available in the Pathologists Quality Registry
 - The CAP recommends practices submit data for all applicable measures; the CMS will count only the highest scoring

5 Select the improvement activities most relevant to your practice (15% of your MIPS score)

- Review the [CAP recommended list of Improvement Activities](#) and identify which best fit your practice
- Select one high weighted or two medium weighted activities for full credit
- The CMS requires you to keep documentation of doing the Improvement Activity for 10 years

6 Monitor and continually improve your performance

- Throughout the year, review your performance on measures to ensure your quality data demonstrating the excellent care you are providing is captured

Contact the CAP's MIPS support specialists for assistance in determining the best reporting option, or visit [cap.org](#) to access MIPS resources specific to pathology.

FOR MORE INFORMATION

[cap.org](#) | 800-323-4040 Option 3