COLLEGE of AMERICAN PATHOLOGISTS

2018 Merit-based Incentive Payment System (MIPS) reporting requirements for Pathologists
For 2018, most pathologists are classified as non-patient-facing. This means they are only required to report on two of the four MIPS categories. The two categories include Quality and Improvement Activities. Non-patient-facing eligible clinicians and hospital-based eligible clinicians have their Promoting Interoperability (PI) automatically reweighted to the Quality category by the Centers for Medicare & Medicaid Services (CMS) without needing to manually apply for an exemption. The CMS suggests that many non-patient-facing clinicians may not have sufficient measures attributed or meet the Medicare Spending per Beneficiary (MSPB) case minimum to be counted for the Cost category. However, non-patient-facing clinicians are not expressly exempted from Cost. As such, a pathologist (whether patient-facing or not) meeting the minimum number of cases would have these cost measures attributed and a Cost performance score assigned. For 2018, the MIPS category weights for non-patient-facing clinicians are:

MIPS Category	Weight
Quality	85% (if Cost category not counted)
Improvement Activities (IA)	15%
Cost	0% (if not counted)
Promoting Interoperability (PI)	reweighted to Quality

If CMS has assigned a Cost score to your practice, the Quality category will be reweighted to 75% and the additional 10% will be attributed to the Cost category.

For the Quality category, the base requirements are to report on six measures with one of those measures being a high-priority/outcome measure. To qualify for the maximum score value, the data completeness rules for 2018 require a full year of reporting and at least 60% of patients that meet the measure's denominator criteria, regardless of payer, with a minimum of 20 cases.

Which quality measures may be applicable to Dermatopathology?
If you plan to report as an Individual, the CAP has identified three measures that may be relevant to Dermatopathology.

Quality Measure	MIPS Reporting Method	Maximum Point Value	Available in the CAP's Registry
QPP 397: Melanoma Reporting **Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness and ulceration and for pT1, mitotic rate.**	QR, QCDR, Claims	10	X
QPP 440: Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma (SCC): Biopsy Reporting Time (Pathologist to Clinician) **Percentage of biopsies with a diagnosis of cutaneous Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC) (including in situ disease) in which the pathologist communicates results to the clinician within 7 days from the time when the tissue specimen was received by the pathologist.**	QR, QCDR, Claims	10	
CAP 1: Turn-around time (TAT) - Standard Biopsies **Measurement of the TAT for surgical pathology biopsy reports that meet a minimum 2 day requirement which is an indicator of a laboratory's efficiency and can also effect coordination of patient care.**	QCDR (Only in the Pathologists Quality Registry)	3*	X

* If at the time a QCDR is submitted to CMS for consideration, there is not sufficient data to establish benchmarks, the measure receives a maximum 3-point value until CMS can establish the benchmarks, once the benchmarks are set, they should move up with a maximum 10-point value.

If your practice intends to report as a group, there may be other measures that your practice can report on. CMS recommends you use the Registry Single Source or Claims Single Source documents, depending on the submission method you choose, to look up all CPT/HCPCS codes you typically bill for. These documents can be accessed by downloading the *Quality Measure Specifications supporting documents 7/31/2018* on the CMS QPP 2018 Resources webpage. If you have denominator eligible instances for a measure you should submit the measure. You can also use the Explore Measures feature on the QPP webpage to find measures by Specialty. Unlike the legacy PQRS program, the QPP MIPS program does not have limitations to crossing specialty measure sets.

MIPS Eligible Measures Applicability (EMA) process
The CMS recognizes that not all eligible clinicians may have six measures to report on and have created the MIPS Eligible Measures Applicability (EMA) process. Given the low number of Quality measures which would apply to Dermatopathology, these pathologists can report via a qualified registry (QR) or claims and the CMS will apply the EMA process (previously MAV). When data is submitted on less than 6 measures, the CMS uses the EMA process to determine the number of measures a physician should have reported on, and if it is determined that less than six measures apply, the CMS re-weights the measure score. Learn more about the MIPS Eligible Measures Applicability (EMA) process.

Can I use the CAP's Pathologists Quality Registry to report for MIPS?
The Pathologists Quality Registry only offers QPP 397 and CAP 1, therefore, the maximum score value for these two measures would be 13. The registry does NOT offer QPP 440 because QPP 440 conflicts with CAP 1, which is in alignment with the CAP guidelines. Once the CMS develops the benchmarks for CAP 1, the maximum score value should increase to 10-points, however, until that occurs, the CAP recommends Dermatopathology use a QR that offers both QPP 397 and QPP 440 so they can go for the maximum MIPS score and leverage the EMA process.

If not the Pathologists Quality Registry, what does CAP recommend?
The CAP recommends Dermatopathologists use Polaris. Polaris is a qualified registry supported by the CAP's registry partner, FIGmd. The platform is similar to what the Pathologists Quality Registry utilizes, therefore, those who are using Polaris will be able to easily migrate to the Pathologists Quality Registry in the future and all data mapping and infrastructure that has been developed to support the practice, will not be lost.

Questions? Contact MIPS@cap.org.