

For Quality Registry, details and demos at CAP17

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September 2017—The CAP is set to launch next month the Pathologists Quality Registry for pathologists to begin using in 2018 to collect data under Medicare's Quality Payment Program (QPP) Merit-based Incentive Payment System (MIPS) track.

The Medicare Access and CHIP Reauthorization Act of 2015 replaced the old Medicare reimbursement formula, a sustainable growth rate system, with the Quality Payment Program, which the Centers for Medicare and Medicaid Services began implementing this year. Under the QPP, there are two tracks in which pathologists can participate: MIPS, which is the default payment pathway for physicians, and Alternative Payment Models, which are similar to advanced accountable care organization arrangements. MIPS uses a scoring system to measure physician performance in four categories: quality, improvement activities, advancing care information, and costs.

The Pathologists Quality Registry's launch during CAP17, Oct. 8-11 at the Gaylord National in Maryland, will be a milestone in the CAP's history of advocating for its members, says CAP governor Emily E. Volk, MD, MBA, who chairs an ad hoc committee established by the Board of Governors to develop the registry. After MACRA was enacted, the Board evaluated the game-changing reforms to Medicare and how the CAP can best prepare its members to succeed and later approved the registry's development. Other registries exist, but none were designed by pathologists and for pathologists nor did they capture the unique circumstances of laboratory medicine.

"After MACRA, we saw that there was a need for the CAP to develop a registry reporting option for pathologists who may not be in large group practices, because the Medicare program has stated claims-based reporting options will eventually go away," Dr. Volk says. "And there is no other CMS-qualified registry product on the market for quality reporting specifically with pathologists in mind." The other products are designed for other specialties, she says, "or for more traditional patient-facing physicians."

At CAP17, CAP members can learn about the registry and how they can use it to optimize their performance in MIPS for the 2018 performance period. CAP leaders will review the features and benefits of the registry in sessions in the CAP17 exhibit hall pavilion, at 9:30 AM, noon, and 2:30 PM on Oct. 9 and 10. In the CAP booth, members will be able to view demonstrations of the registry, consult with registry experts, and obtain further information or enroll in the registry.

The CAP's work on developing quality metrics for pathologists began in 2006 when the CMS implemented the Physician Quality Reporting Initiative, the precursor to the Physician Quality Reporting System, known as PQRS. Pathologists have been able to collect data and report to the CMS on eight measures the CAP developed, with which pathologists were reported to have earned \$25 million in Medicare bonuses through the PQRS from 2009 to 2014, according to CMS reports. Pathologists have since continued to use the CAP's quality measures to avert \$31 million in Medicare penalties annually. These eight pathology measures will carry over from the PQRS program to the new QPP MIPS and are commonly referred to as QPP measures.

To provide a wider range of options for CAP members, the CAP worked with FIGmd, the leading provider of clinical data registries to specialty societies, to develop the Pathologists Quality Registry and secured from the CMS in May its Qualified Clinical Data Registry (QCDR) status. The QCDR status, which means it's approved for MIPS reporting, allows the CAP to submit data on both QPP measures and additional non-QPP specialty-specific measures that are available only within the Pathologists Quality Registry. Six non-QPP measures have been included for the launch of the registry, giving CAP members 14 measures to choose from for MIPS reporting. The CAP has more quality measures in the pipeline to be added to its registry in future years.

The CAP estimated the MIPS program to have a \$1.5 billion impact on the pathology specialty in future years. The registry can save pathologists time by streamlining their reporting of quality measures and improvement activities to the CMS via a single registry in addition to offering feedback on performance via quarterly benchmarking reports.

In response to CAP advocacy during the enactment of the MACRA law, language was included in the legislation to require health federal administrative officials to consult with non-patient-facing specialties, such as pathology, when implementing MIPS. As a result, the CAP secured additional flexibility for pathologists under MIPS. For most pathologists, who will be classified as non-patient facing, only quality (85 percent) and improvement activities (15 percent) will be used to calculate scores for this year, which could earn a positive MIPS payment adjustment for 2019. For a few pathologists who may be classified as patient facing, quality is re-weighted to 60 percent, improvement activities remain at 15 percent, and advancing care information (25 percent) is also required. Pathologists who are classified as patient facing often work in group practice; however, groups are considered non-patient facing if more than 75 percent of their clinicians have 100 or fewer patient-facing encounters.

The 2017 calendar year is the first performance period for MIPS, and the CMS is using this year as a transition year. At a minimum, eligible pathologists can report a single quality measure on their claims to stop a negative four percent penalty assessed in 2019. Whatever the MIPS reporting criteria are in 2018, pathologists will continue to have the Pathologists Quality Registry as a reporting option to be successful in MIPS and potentially earn Medicare bonuses in the years ahead.

The CAP is executing a controlled release for the registry in 2017 at pathology practices across the country to evaluate its utility for pathologists and ensure that needed enhancements are identified early so it's as easy as possible to use from the start, Dr. Volk says. "We're already looking at ways to make it better, to continually improve the registry. We want to make it easy for practices to use."

As the Quality Payment Program matures, the CMS, as it has previously indicated, is likely to sunset the claims-based reporting option, Dr. Volk says. "Without this claims-based reporting option, it will be difficult for pathologists to participate in the Quality Payment Program. Pathologists run the risk of leaving money on the table. If unsuccessful, you're looking in a couple years at a nine percent positive or negative adjustment to your Medicare payment based on performance in 2020. That is an 18 percent swing. That's a significant part of your Medicare part B payment in play."

For more information about CAP17 and the registry, go to www.thepathologistsmeeting.org and <http://registry.cap.org>.

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