Quality Payment Program Updates

Breaking News

CMS Finalizes Quality Payment Program Rule for Year 2 to Increase Flexibility and Reduce Burdens

Quality Payment Program Year 2 Policies are Gradually Preparing Clinicians for Full Implementation

On November 2nd, the Centers for Medicare & Medicaid Services (CMS) issued the final rule with comment for the second year of the Quality Payment Program (calendar year 2018), as required by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) as well as an interim final rule with comment.

CMS listened to feedback from the health care community and used it to inform policy making. As a result, the Year 2 final rule continues many of the flexibilities included in the transition year, while also preparing clinicians for a more robust program in Year 3. CMS wants to ensure that the program consists of meaningful measurement while minimizing burden, improving coordination of care, and supporting a pathway to participation in Advanced Alternative Payment Models (APMs).
Year 2 Final Rule Highlights

We’ve finalized policies for Year 2 of the Quality Payment Program to further reduce your burden and give you more ways to participate successfully. We are keeping many of our transition year policies and making some minor changes. Major highlights include:

- Weighting the MIPS Cost performance category to 10% of your total MIPS final score, and the Quality performance category to 50%.
- Raising the MIPS performance threshold to 15 points in Year 2 (from 3 points in the transition year).
- Allowing the use of 2014 Edition and/or 2015 Certified Electronic Health Record Technology (CEHRT) in Year 2 for the Advancing Care Information performance category, and giving a bonus for using only 2015 CEHRT.
- Awarding up to 5 bonus points on your MIPS final score for treatment of complex patients.
- Automatically weighting the Quality, Advancing Care Information, and Improvement Activities performance categories at 0% of the MIPS final score for clinicians impacted by Hurricanes Irma, Harvey and Maria and other natural disasters.
- Adding 5 bonus points to the MIPS final scores of small practices.
- Adding Virtual Groups as a participation option for MIPS.
- Issuing an interim final rule with comment for extreme and uncontrollable circumstances where clinicians can be automatically exempt from these categories in the transition year without submitting a hardship exception application (note that Cost has a 0% weight in the transition year) if they were have been affected by Hurricanes Harvey, Irma, and Maria, which occurred during the 2017 MIPS performance period.
- Decreasing the number of doctors and clinicians required to participate as a way to provide further flexibility by excluding individual MIPS eligible clinicians or groups with ≤$90,000 in Part B allowed charges or ≤200 Medicare Part B beneficiaries.
- Providing more detail on how eligible clinicians participating in selected APMs (known as MIPS APMs) will be assessed under the APM scoring standard.
• Creating additional flexibilities and pathways to allow clinicians to be successful under the All Payer Combination Option. This option will be available beginning in performance year 2019.

The final rule with comment further advances the agency’s goals of regulatory relief, program simplification, and state and local flexibility in the creation of innovative approaches to healthcare delivery.

Technical Support

CMS will continue to provide free hands-on support to help individual clinicians and groups participate in the Quality Payment Program.

For More Information

• The Quality Payment Program final rule with comment can be downloaded from the Federal Register at: https://www.federalregister.gov/documents/2017/11/16/2017-24067/medicare-programs-cy-2018-updates-to-the-quality-payment-program-and-quality-payment-program-extreme

• For an overview of the final rule with comment, please visit: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-Year-2-Final-Rule-Fact-Sheet.pdf

• For an executive summary of the rule, visit: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-Year-2-Executive-Summary.pdf

• Register here to join CMS on November 14 for a public webinar on the Quality Payment Program Year 2 Final Rule with comment

For more information about the Quality Payment Program, please visit: qpp.cms.gov
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| November| The Centers for Medicare & Medicaid Services (CMS) opened the [Physician Compare](https://www.cms.gov/Medicare/Quality/PhysicianCompare/preview.html) preview period on October 18. The 30-day preview period provides an opportunity for clinicians and groups to preview their 2016 performance information before it is publicly reported on Physician Compare profile pages later this year and in the Physician Compare Downloadable Database. The preview period is extended and is now ending **Friday, December 1 at 8 pm ET**. You can access the secured measures preview site now through the PQRS portal - [Provider Quality Information Portal (PQIP)](https://www.cms.gov/PQRS/PQIP). Check out the Preview Period Toolkit for helpful resources on how to preview your data:  
  - [5 Tips to Preview Period](https://www.cms.gov/Medicare/Quality/PhysicianCompare/preview.html)  
  - [Physician Compare Guide to Preview](https://www.cms.gov/Medicare/Quality/PhysicianCompare/preview.html) |
| December| **Virtual Group for MIPS in 2018: Apply by December 31** Solo practitioners and groups can choose to participate in the Merit-based Incentive Payment System (MIPS) as a virtual group for the 2018 performance period. To form a virtual group, follow the election process, and submit your election to CMS by December 31. For More Information:  
  - [Virtual Groups Toolkit](https://www.cms.gov/Medicare/Quality/PhysicianCompare/preview.html)  
If you need help with the election process, contact the Quality Payment Program Service Center at QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222). Or, contact your [local support organization](https://www.cms.gov/Medicare/Quality/PhysicianCompare/preview.html). |
### No-Cost Educational Opportunities

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| November  | **Register for CMS Webinar on November 28 to Find Out More about the New Meaningful Measures Initiative**<br>Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma recently announced a new approach to quality measurement, called “Meaningful Measures.” The Meaningful Measures Initiative will involve identifying the highest priorities to improve patient care through quality measurement and quality improvement efforts.<br>On November 28, Dr. Pierre Yong, Director of the Quality Measurement and Value-Based Incentives Group (QMVIG) in the Center for Clinical Standards and Quality at CMS, and Dr. Theodore Long, Acting Senior Medical Officer of QMVIG, will explain the new initiative.  
**Webinar Details**  
- **Title:** CMS Meaningful Measures Initiative  
- **Date:** Tuesday, November 28  
- **Time:** 1:00 – 2:00 p.m. ET  
- **To register:** https://engage.vevent.com/index.jsp?eid=3523&seid=113  

Please note: Space for this webinar is limited. Register now to secure your spot.

**For More Information**
To learn more about the Meaningful Measures Initiative, please visit the CMS website.

|          | CMS Innovation Center Medicare Quality Payment Program Year 2 Final Rule – All-Payer Combination Option Webinar  
Date: Wednesday, November 29  
Time: 3:00 p.m. – 4:00 p.m. EST  
Registration is now open, click [here](#). |

|          | Quality Payment Program Year 2 Final Rule Call — November 30  
Thursday, November 30 from 1:30 to 3 pm ET  
[Register](#) for Medicare Learning Network events.  
The Quality Payment Program, established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), is a quality payment incentive program for physicians and other eligible clinicians, which rewards value and outcomes in one of two ways:  
- The Merit-based Incentive Payment System  
- Alternative Payment Models  
The Quality Payment Program allows clinicians to choose the best way to deliver quality care and participate based on their practice size, specialty, location, or patient population. During this call, learn about the Quality Payment Program Year 2 provisions in the final rule with comment and interim final rule with comment; participants should review the final rules prior |
to the call. A question and answer session follows the presentation.

Target Audience: Medicare Part B Fee-For-Service clinicians; office managers and administrators; state and national associations that represent healthcare providers; and other stakeholders.

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<td>Overcoming Challenges to MIPS Participation for Solo Practitioners and Small Practices, attached you will find 2 versions of the flyer for distribution. One is 508 compliant and the other is fax-ready that can be distributed for hard copy or via fax. To accommodate schedules and time zones, two opportunities will be provided to participate in this webinar.</td>
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<td>To register for the event, please choose one of the links provided below.</td>
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<td><strong>Tuesday, December 12, 3:30 p.m. – 4:30 p.m. ET</strong></td>
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<td><strong>Thursday, December 14, 11:00 a.m. – 12:00 p.m. ET</strong></td>
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**HSAG’s Learning Forum Friday Webinars**

Join Health Services Advisory Group (HSAG), for Learning Forum Fridays as we launch our new webinar series titled, **Countdown to MIPS Data Submission**.

Virtually network with other healthcare professionals to prepare for your Merit-based Incentive Payment System (MIPS) data submission, adopt best practices to avoid the negative payment adjustment, and identify successful strategies to improving quality care for your patients! Healthcare professionals, medical administrative staff, payers, medical associations, healthcare consulting organizations, and government agencies. All are welcome to join this rich innovative discussion.

Download the schedule as a [flyer](#).

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<td><strong>Strategize to Report Your Best Performance</strong></td>
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<td>12–1:00 p.m. ET <a href="#">Register Now!</a></td>
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<td><strong>Make Your Data Submission Timeline Plan</strong></td>
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