

Yea or Nay? See Which QPP 2018 Proposals Came Through in the Final Rule

December 27, 2017

Back in July, there was the proposed 2018 Quality Payment Program (QPP) rule, a program established under MACRA. Now that the final rule (with comment period) is out, let's see how some of those proposals fared:

Small Provider Exemption/Low-Volume Threshold

Proposal: The proposed rule included adjusting the 2017 low-volume threshold of \$30,000 in Medicare Part B allowed charges, or 100 or fewer Part B patients, to a new 2018 level of \$90,000, or 200 or fewer Part B patients. In other words, more providers would be excluded in 2018 based on their level of Part B allowed charges or patient numbers.

Did it make it in the final rule? Yes.

Term tip: According to the final rule, "the definition of a MIPS eligible clinician does not include eligible clinicians who are below the low-volume threshold." So knowing the low-volume threshold is key to understanding your MIPS reporting responsibilities.

Virtual Group Reporting

Proposal: The 2018 proposed rule revealed plans to allow virtual groups. In essence, a virtual group is a group of small practitioners who join together for the purposes of MIPS participation to be scored as a group.

Did it make it in the final rule? Yes.

Definition: CMS defines a virtual group as "a combination of two or more TINs assigned to one or more solo practitioners or one or more groups consisting of 10 or fewer eligible clinicians that elect to form a virtual group for a performance period for a year." CMS also states that solo practitioners and small groups must exceed the low-volume threshold to be eligible to join a virtual group.

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Hospital-Based Provider Reporting at Facility Level

Proposal: The proposed rule discussed allowing hospital-based clinicians to use value-based purchasing measure results from their facility.

Did it make it in the final rule? Yes, for future years.

What to watch for: The final rule states that facility-based measurement won't be available until the 2019 MIPS performance year. The plan is to allow a MIPS eligible clinician or group to choose to use facility-based measures to be scored in the quality and cost performance categories.

EHR Certified to 2014 Edition Allowed

Proposal: EHR use is part of the MIPS category Advancing Care Information. The proposed rule indicated CMS would continue to allow clinicians to use 2014 Edition CEHRT.

Did it make it in the final rule? Yes.

Money matters: You get a bonus for using only 2015 Edition CEHRT.

MIPS Cost Category Scoring

Proposal: The proposed rule discussed keeping the weight for the cost component at 0 percent in 2018.

Did it make it in the final rule? No.

Here's the breakdown: As a general rule, the weight for the components in the 2018 performance year will be as follows:

- Cost: **10 percent**
- Quality performance: **50 percent**
- Improvement activities: **15 percent**
- Advancing care information: **25 percent.** The actual scoring gets more complicated, which is one reason you'll see MIPS calculators available.