New: The Proposed Rule Has Landed

In case you missed it, CMS unveiled their own highly-anticipated health care policy update last week: the 2018 Quality Payment Program proposed rule.

Those looking to add to their summer reading list, can check out these links:

- Fact sheet on the proposed rule
- Download the proposed rule (from the Federal Register)

The rule includes several proposed changes that would impact clinicians' participation in 2018.

Highlights Include:

- **Raising the Low-Volume Threshold:** making fewer clinicians eligible for the QPP.

  - Increasing the MIPS low-volume threshold to less than or equal to $90,000 in Medicare Part B allowed charges or less than or equal to 200 Medicare Part B patients. Clinicians may opt-in if they exceed one or two of the above components.

  - CMS is seeking comment on whether to add a third opt-in component for number of Part B items and services

- **Category Weights:** Proposed weights for each category remain the same as 2017:
  - Quality = 60 percent (decreases to 30 percent in 2019)
  - Cost = 0 percent (increases to 30 percent in 2019)
  - Advancing Care Information Category (ACI) = 25 percent
  - Improvement Activities = 15 percent

- **Reporting Period:** ACI and Improvement Activities remain at a 90-day minimum performance period.

Comment Away

Comments are due by5:00 p.m., EST on August 21, 2017 and can be submitted electronically (see instructions below) or via mail/fax (click the Federal Register link above and follow instructions on page 2).

To comment electronically:

1. Visit regulations.gov
2. Type in search field: CMS-2017-0082
3. Click on the one option: Medicare Program; CY 2018 Updates to the QPP (CMS-5522-P)
4. Click on "Comment Now!"

Takeaways: What Does It Mean For 2018?

Here are a few key takeaways from the fact sheet and proposed rule linksprovided above.

1. Quality and Cost remain on a 12-month calendar year performance period.

2. Up to 10 points are available towards the overall Quality score for demonstrating measurable improvement in the Quality category

3. Virtual reporting enabling small practices (solo practitioners and groups of 10 or fewer clinicians) to report as a virtual group for a MIPS performance period (this election would need to be made prior to the 2018 performance period).

4. Overall MIPS performance threshold set at 15 points (instead of three points in 2017).

5. Up to five bonus points for small practices.

6. Up to three bonus points for caring for complex patients.

New: Tools & Resources for Small Practices

Web Updates

CMS recently updated their QPP website with a section specifically for clinicians treating patients in small, rural, and underserved areas. This page provides a single point-of-reference for navigating MIPS program, including a map of organizations offering free assistance.

QPP Tools

Below is a list of new CMS-developed tools recently added to Resource Library on the QPP website.

1. 2017 CAHPS for MIPS Survey Vendors
2. 2017 CMS-Approved Qualified Clinical Data Registries (QCDRs)
3. Advancing Care Information Measure Specifications
4. CMS Web Interface Fact Sheet
5. Group Participation in MIPS 2017
6. Medicare Shared Savings Program and the Quality Payment Program
7. MIPS Measures for Cardiologists
8. MIPS Measures for Primary Care Clinicians
9. Predictive QP Methodology Fact Sheet

QPP Resources

Use the Resource Library to learn more about eligibility and how to participate.

MyQPP (Coming Soon!)

Later this month, Telligen a new Apple and Android application,"MyQPP." The app delivers relevant QPP resources to your fingertips, including contact information by state for free assistance, a MIPS eligibility lookup tool, requirements for each of the four categories, and the latest updates.

Subscribe to the QPP listserv

Receive reminders for important deadlines and program updates by visiting the QPP website and selecting "Subscribe to Updates" at the bottom of the screen.

Webinar: Improvement Activities & Cost categories

The recording and slides of Telligen's latest QPP webinar covering Improvement Activities and Cost categories of MIPS is now available on the Telligen QPP website. The recording includes ways to maximize your IA score and begin preparing for the Cost category.

Coming Soon: SSN Removal Initiative

Beginning in April of 2018, all Medicare beneficiaries will receive new cards with Medicare Beneficiary Identifiers (MBIs). The MBI will replace the Social Security-based number previously used for tracking billing, eligibility and claims.

Here are practice-level activities that will help you prepare.

1. **Verify Patient Addresses:** Patients will not receive a new card if the address on file isn't correct (e.g., the address on file doesn't match the address in the Medicare

electronic eligibility transaction responses). Direct your patients to correct their address in Medicare's records through Social Security (this may require coordination between your billing and office staff).

2. **Get Your Systems Ready:** Ensure your billing and office staff are aware of and ready to accept the 11-digit alpha numeric MBI. Conduct internal tests to your systems and business processes before the new cards are mailed in April. Those using vendors to bill Medicare should inquire about their readiness to implement system changes.

3. **Attend CMS' Quarterly Calls:** Scheduled calls will be communicated via MLN Connects. Subscribe to this weekly newsletter here.

4. **Visit the Website:** Go to CMS' Social Security Number Removal Initiative web pages for the latest details.

HealthPOINT | Dakota State University | 605.256.5555 | QPP-SURS@dsu.edu | www.healthpoint.dsu.edu

STAY CONNECTED: