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Breaking News: CMS Releases QPP Proposed Rule for 2019

Proposed changes for QPP Year 3 aim to decrease clinician burden, prioritize outcomes, and increase EHR interoperability.

CMS released the first look at the proposed Quality Payment Program Year 3 rule yesterday. The **1,473 page proposed rule** includes "historic changes" to the Medicare program aimed at restoring the doctor-patient relationship.

Highlights of the proposed changes include:

- Streamlining documentation requirements for "evaluation & management" visits
- Reimbursing clinicians for virtual care provided via technology
- Adding a third component to the low-volume threshold (200 covered professional services or less)
- Allowing ECs who meet 1 or 2 elements of the low-volume threshold to participate in MIPS by choice
- Continuing the small practice bonus, but incorporating it as part of the Quality score (versus a standalone bonus)

Submit Your Comments:

Stakeholders have until **September 10, 2018** to [comment on the changes](#).

For More Information:

CMS-provided references for the Year 3 Proposed Rule:

- [Press Release](#)
- [Fact Sheet](#)
- [Webinar](#)

This material was prepared by Telligent QPP-SURS Resource Center, the Quality Payment Program for Iowa, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. HHS-500-2017-00012C.

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