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QPP Breaking News: What's New for QPP Year 2

CMS [recently issued the final rule](#) and comment period for the 2018 (year 2) Quality Payment Program. QPP Year 2 will feature many of the flexibilities as the transition year, including:

- Going slow while preparing clinicians for full implementation in year 3.
- Providing additional flexibility to reduce clinician burden.
- Offering new participation incentives.

Telligen will continue providing free, hands-on technical assistance to QPP-participating clinicians & groups.

Patients Over Paperwork Initiative

CMS launched a new initiative for evaluating and streamlining regulations with goals to reduce unnecessary burden, increase efficiencies, and improve the beneficiary experience. To further this initiative, the year 2 final rule features the following:

- Excludes individual MIPS eligible clinicians or groups with less than or equal to \$90,000 in Part B allowed charges; or less than or equal to 200 Part B beneficiaries.
- Addresses extreme and uncontrollable circumstances, such as hurricanes and other natural disasters, for both the transition year and the 2018 MIPS performance period.
- Includes a virtual group participation option.
- Makes it easier for clinicians to qualify for incentive payments by participating in Advanced APMs that begin or end mid-year.

MIPS Highlights

- Maintains many of the transition year policies with some minor changes.
- Provides more options for small practices (15 or fewer clinicians).
- Continues gradual implementation approach to prepare clinicians for full implementation in year 3.
- Includes policies for addressing extreme and uncontrollable circumstances for both the transition year and 2018 MIPS performance year.
- Implements provisions in the 21st Century Cures Act, some of which will apply to the MIPS transition year.
- Introduces the Virtual Groups participation option

For More Information

See CMS' [QPP Year 2 Fact Sheet](#) for full details, including APM participation highlights and directions for submitting comments to CMS.

This material was prepared by Telligen 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. HHSM-500-2017-00012C.

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