Washington Update: The Quality Payment Program, Year 2

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This year is the second reporting year for the Quality Payment Program, and activities performed in 2018 will affect a physician’s Medicare payments in 2020. Five percent of a physician’s Medicare payments in 2020 will be at risk, an increase of 1 percent from 2019.

QPP was established by the Medicare Access and CHIP Reauthorization Act of 2015. The quality payment incentive program for physicians and other health care providers is designed to reward value and outcomes either through the Merit-Based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs).
In Year 2, the Centers for Medicare & Medicaid Services (CMS) is increasing some of the requirements to avoid the 5 percent penalty, while still providing a transition to allow physicians to prepare for Year 3, when MACRA requires full implementation.

Specific 2018 changes for vascular surgeons include:

- Excluding 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.
- Raising the performance threshold to avoid the 5 percent penalty from 3 to 15 points.
- Giving up to 5 bonus points on the final score for treating complex patients.
- Adding 5 bonus points to the final scores of small practices, defined as 15 or fewer participating clinicians, including physicians, nurse practitioners, physician assistants, clinical nurse specialists and certified registered nurse anesthetists.
- Permitting solo practitioners and small practices to be part of a Virtual Group with other solo practitioners and groups of 10 or fewer eligible clinicians. Together they can participate in MIPS virtually, no matter what specialty or location.
- Continuing to award small practices 3 points for measures in the Quality performance category that don’t meet data completeness requirements. All other practices will only receive 1 point.
- Increasing the data completeness standard from 50 percent in 2017 reporting to 60 percent.
- Weighting the MIPS Cost performance category to 10 percent of the total MIPS final score.
- Continuing a phased approach to reporting QPP performance information on the Physician Compare website.
- Reporting/performance periods and the performance category weighting of the final score also have change. There will be a 90-day performance period for Advancing Care Information and Improvement Activities and a 12-month performance period for Cost and Quality. Final scores will be weighted as: quality, 50 percent; cost, 10 percent; improvement activities, 15 percent; and advancing care information, 25 percent.

Read more at vsweb.org/MACRA and at www.qpp.cms.gov.

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