Spectramedix

What Medicare Providers need to Know about 2019 Changes to the QPP Program

On November 7, 2018, CMS released the 2019 Quality Payment Program Final Rules.*



ELIGIBLE CLINICIANS

The final rule added six eligible clinician types: PT, OT, speech language pathologists, audiologists, clinical psychologists, RD/nutrition professionals.

Low-Volume Threshold

A third element, number of professional services less than or equal to 200 covered services under PFS, has been added to two elements effective in 2018. Also, added is a MIPS opt-in if you meet at least 1 of 3 elements of low-volume threshold.

Performance Threshold

Threshold for neutral payment adjustment raised to 30 points from 15 in CY2018. Threshold for exceptional bonus was raised to 75 points from 70 in CY2018. Maximum negative payment adjustment is 7%.

Performance Period

No change to minimum reporting periods for performance categories:

Quality: 12 months; Cost: 12 months Improvement Activities; continuous 90 days Performance Improvement: continuous 90 days

RETAINING & INCREASING SOME BONUS POINTS

Increased: Small practice bonus pts. raised to 6 pts, for part of quality category not overall.

Retained: Small practices can earn 3 pts if data completeness of a quality measure is not met as compared to 1 pt for larger practices.

* Final Rules for MSSP and Medicare PFS were also released. Changes are expected to go into effect January 1, 2019.

Quality Performance Category

Restrict submission of this category via the claims submission mechanism for small practices. Allowing use of combination of collection types for this category. For clinicians submitting quality measures impacted by clinical guideline changes, zero points for the measure, but denominator reduced. Web interface reports won't receive high priority bonus points.

Cost Performance Category

New episoded-based cost-based measures added to existing TPCC and MSPB.

IMPROVEMENT ACTIVITY CATEGORY

This category added 6 activities, modified 5 existing activities and eliminated 1 bonus, the CEHRT bonus.

PROMOTING INTEROPERABILITY

Extends reweighting to newly-added clinician types. Must use 2015 edition CEHRT with 1 set



of objectives/ measures.
Restructuring this category,
eliminating base performance
and bonus to use
performance-based scoring.
Changes in objectives/measures.

CATEGORY WEIGHTING

Quality: 45% (was 50%); Cost: 15% (was 10%)

Improvement Activities: 15%; Promoting Interoperability: 25%

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Powering Your Journey to Value-Based Care