

# Transition and Flexibility-QPP 2018 Proposed Rule

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## July 19, 2017

CMS released the proposed 2018 Quality Payment Program (QPP) rule on June 20. To sum up the 1,000+ pages, 2018 will be something of a transition year like 2017 was for QPP, which was established under MACRA.

Here are some areas to watch:

- **Small provider exemption and low-volume threshold:** The 2017 low-volume threshold was set at \$30,000 in Medicare Part B allowed charges, or 100 or fewer Part B patients. The idea was to exclude practices from QPP requirements if they were under the low-volume threshold because the burden would be too great based on their numbers. In 2018, the proposed low-volume threshold is \$90,000 or less in Part B allowed charges, or less than or equal to 200 Part B patients.
- **Virtual group reporting:** If you've got 10 or fewer practitioners in your group (or if you're solo), there's a proposed option to let you join with others in that size-set to be scored as a group.
- **Hospital-based provider reporting at facility level:** A proposed MIPS reporting option would let hospital-based clinicians use their facility's value-based purchasing measure results.
- **EHR certified to 2014 Edition OK:** MIPS-eligible clinicians can continue to use EHR technology certified to the 2014 Edition for 2018, but you'll get a bonus under advancing care information (ACI) for using only 2015 Edition certified EHR. One reason for this proposal is a concern about the availability of certified products.
- **MIPS scoring for cost stays at 0%:** The proposed weighting is 60% quality, 25% ACI, 15% improvement activities, 0% cost. But don't ignore cost completely. The plan is still for cost to weigh in at 30% in 2019, so you need to be prepared to handle cost when it finally counts.