

## Quality Payment Program: 2017/2018 Reporting Year Comparison

In November 2017, the Centers for Medicare and Medicaid Services (CMS) released a rule finalizing the second year implementation of the Quality Payment Program (QPP) that was contained in the *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA). This program replaces the Physician Quality Reporting System (PQRS), Value-based Modifier (VM), and Electronic Health Records Incentive Program (MU) in 2017 and all years thereafter.

This comparison has been developed by the American Alliance of Orthopaedic Executives (AAOE) and the American Association of Orthopaedic Executives (AAOE) for use by members and non-members to understand how the program has changed from the 2017 transition year to the 2018 performance year. The information contained in this guidance has been deemed accurate at the time of writing. AAOE urges readers to consult with their attorneys regarding their compliance plans.

For a more thorough discussion of the second year of the Quality Payment Program, refer to AAOE's MIPS Resource Center at [aaoe.net/MIPS](http://aaoe.net/MIPS).

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## 2017/2018 Comparison

Policy	2017 Requirement	2018 Requirement
Point Threshold to Avoid a Negative Payment Adjustment	3 points	15 points
MIPS Category Weights	<ul style="list-style-type: none"> <li>Quality: 60%</li> <li>Cost: 0%</li> <li>Improvement Activities: 15%</li> <li>Advancing Care Information: 25%</li> </ul>	<ul style="list-style-type: none"> <li>Quality: 50%</li> <li>Cost: 10%</li> <li>Improvement Activities: 15%</li> <li>Advancing Care Information: 25%</li> </ul>
Complex Patient Bonus	Not Available	≤ 5 points
Small Practice Bonus	Not Available	5 points
Definition of Eligible Clinician	<ul style="list-style-type: none"> <li>Physician</li> <li>Physician Assistant</li> <li>Nurse Practitioner</li> <li>Clinical Nurse Specialist</li> <li>Certified Registered Nurse Anesthetists</li> </ul>	<ul style="list-style-type: none"> <li>Physician</li> <li>Physician Assistant</li> <li>Nurse Practitioner</li> <li>Clinical Nurse Specialist</li> <li>Certified Registered Nurse Anesthetists</li> </ul>
Exempt Clinicians	<ul style="list-style-type: none"> <li>Newly Medicare-enrolled MIPS eligible clinicians</li> <li>A-APM participants</li> <li>Partial A-APM participants</li> <li>Clinicians meeting the low volume threshold</li> </ul>	<ul style="list-style-type: none"> <li>Newly Medicare-enrolled MIPS eligible clinicians</li> <li>A-APM participants</li> <li>Partial A-APM participants</li> <li>Clinicians meeting the low volume threshold</li> </ul>
Exception Performance Bonus Point Threshold	≥ 70 points	≥ 70 points
Performance Period	90 consecutive day minimum: <ul style="list-style-type: none"> <li>Quality Category</li> <li>Improvement Activities Category</li> <li>Advancing Care Information Category</li> </ul>	Calendar Year: <ul style="list-style-type: none"> <li>Quality Category</li> <li>Cost Category</li> </ul> 90 consecutive day minimum: <ul style="list-style-type: none"> <li>Improvement Activities Category</li> <li>Advancing Care Information Category</li> </ul>
Low Volume Threshold	≤ \$30,000 in Part B allowed charges <u>OR</u> ≤ 100 Part B beneficiaries.	≤ \$90,000 in Part B allowed charges <u>OR</u> ≤ 200 Part B beneficiaries.
Virtual Groups	Not Available	Solo practitioners and groups of 10 or fewer eligible clinicians. <ul style="list-style-type: none"> <li>Score applied to all virtual group participants.</li> </ul>
Payment Adjustment	-4% to +4%	-5% to +5%
Reporting Mechanism	Clinicians must report via one method per category.	Clinicians must report via one method per category.

Quality Category		
Data Completeness	50% of eligible patients must be in data.	60% of eligible patients must be in data.
Scoring	<ul style="list-style-type: none"> <li>3 point floor</li> <li>10% bonus for additional high priority measure</li> <li>10% bonus for end-to-end electronic reporting</li> </ul>	<ul style="list-style-type: none"> <li>3 point floor</li> <li>1 point will be awarded (instead of 3) for measures that do not meet data completeness requirement</li> <li>10% bonus for additional high priority measure</li> <li>10% bonus for end-to-end electronic reporting</li> </ul>
Required Measures	Practices of 15 or fewer eligible clinicians: <ul style="list-style-type: none"> <li>6 measures worth up to 10 points each.</li> </ul> Practices of 16 or more eligible clinicians: <ul style="list-style-type: none"> <li>6 measures worth up to 10 points each.</li> <li>1 hospital re-admission measure.</li> </ul> Must report at least one outcome measure.	Practices of 15 or fewer eligible clinicians: <ul style="list-style-type: none"> <li>6 measures worth up to 10 points each.</li> </ul> Practices of 16 or more eligible clinicians: <ul style="list-style-type: none"> <li>6 measures worth up to 10 points each.</li> <li>1 hospital re-admission measure.</li> </ul> Must report at least one outcome measure.
Reporting Mechanism	<ul style="list-style-type: none"> <li>Claims</li> <li>Registry</li> <li>Qualified Clinical Data Registry</li> <li>Electronic Health Record</li> <li>Web Interface (Group Reporting Only)</li> <li>CMS-Approved Survey Vendor for CAHPS for MIPS</li> </ul>	<ul style="list-style-type: none"> <li>Claims</li> <li>Registry</li> <li>Qualified Clinical Data Registry</li> <li>Electronic Health Record</li> <li>Web Interface (Group Reporting Only)</li> <li>CMS-Approved Survey Vendor for CAHPS for MIPS</li> </ul>
Improvement Scoring	Not Applicable	Clinicians will be scored on improvement.
Cost Category		
Measures	Not Applicable	<ul style="list-style-type: none"> <li>Medicare Spending per Beneficiary</li> <li>Total Per Capita Cost</li> </ul>
Reporting Mechanism	Administrative Claims	Administrative Claims
Improvement Scoring	Not Applicable	Not Applicable (Improvement scoring will be in the 2019 performance year)
Improvement Activities Category		
Points Threshold	40 points (20 points for small and rural practices) <ul style="list-style-type: none"> <li>High Weighted Activity = 20 points</li> <li>Medium Weighted Activity = 10 points</li> </ul>	40 points (20 points for small and rural practices) <ul style="list-style-type: none"> <li>High Weighted Activity = 20 points</li> <li>Medium Weighted Activity = 10 points</li> </ul>
Required Measures	Mix and match to reach 40 (20) points.	Mix and match to reach 40 (20) points.
Alternatives	Certified patient-centered medical home participants receive 100% of the IA points.	Certified patient-centered medical home participants receive 50% of the IA points.

Reporting Mechanism	<ul style="list-style-type: none"> <li>Registry</li> <li>Qualified Clinical Data Registry</li> <li>Electronic Health Record</li> <li>Web Interface (Group Reporting Only)</li> <li>Attestation</li> </ul>	<ul style="list-style-type: none"> <li>Registry</li> <li>Qualified Clinical Data Registry</li> <li>Electronic Health Record</li> <li>Web Interface (Group Reporting Only)</li> <li>Attestation</li> </ul>
<b>Advancing Care Information Category</b>		
Base Score	50 points	50 points
Performance Score	90 points	90 points
Total points allowed	100 points	100 points
Bonus Points	<ul style="list-style-type: none"> <li>Up to 5% bonus for reporting to one additional public health or clinical data registry beyond the immunization registry reporting measure.</li> <li>Up to 10% bonus for reporting improvement activities using certified electronic health records technology.</li> </ul>	<ul style="list-style-type: none"> <li>Up to 5% bonus for reporting to one additional public health or clinical data registry beyond the immunization registry reporting measure.</li> <li>Up to 10% bonus for reporting improvement activities using certified electronic health records technology.</li> <li>Up to 10% bonus for reporting using 2015 edition certified electronic health records technology.</li> </ul>
Alternative requirements for 2014 CEHRT	Yes	Yes

<b>MIPS Point System</b>			
Transition Year (2017)		2020 MIPS Payment Year (2018)	
Final Score Points	MIPS Adjustment	Final Score Points	MIPS Adjustment
0.0-0.75	-4%	0.0-3.75	-5%
0.76-2.99	> -4% and < 0% on a linear sliding scale	3.76-14.99	> -5% and < 0% on a linear sliding scale
3.00	0%	15.00	0%
3.01-69.99	> 0% to 4% on a linear sliding scale	15.01-69.99	> 0% to 5% on a linear sliding scale
70.00-100	> 0% to 4% on a linear sliding scale  PLUS  0.5% To 10% exceptional performance bonus on a linear sliding scale.	70.00-100	> 0% to 5% on a linear sliding scale  PLUS  0.5% To 10% exceptional performance bonus on a linear sliding scale.

Advanced APMs		
Nominal Risk Standard	8% of average estimated Parts A and B revenue <u>OR</u> 3% of the expected expenditures of the APM entity.	8% of average estimated Parts A and B revenue.
Revenue Thresholds	25% of payments must come through A-APM.	25% of payments must come through A-APM.
Patient Threshold	20% of patients must receive treatment in A-APM.	20% of patients must receive treatment in A-APM.
MIPS APMs		
Identification of MIPS APM Participants	Three snapshot dates: <ul style="list-style-type: none"> <li>• March 31</li> <li>• June 30</li> <li>• August 31</li> </ul>	Four snapshot dates: <ul style="list-style-type: none"> <li>• March 31</li> <li>• June 30</li> <li>• August 31</li> <li>• December 31</li> </ul>
MIPS Scoring	<ul style="list-style-type: none"> <li>• Quality - 0% (50% for Medicare Shared Savings Program and Next Generation ACO participants).</li> <li>• Improvement Activities – 25% (20% for MSSP and Next Generation ACO participants).</li> <li>• Advancing Care Information – 75% (30% for MSSP and Next Generation ACO participants).</li> <li>• Cost – 0%</li> </ul>	<ul style="list-style-type: none"> <li>• Quality - 50% for all MIPS APM participants.</li> <li>• Improvement Activities – 20% for all MIPS APM participants.</li> <li>• Advancing Care Information – 30% for all MIPS APM participants.</li> <li>• Cost – 0%</li> </ul>

## Additional Resources

For additional information, you may visit [aaoe.net/MIPS](http://aaoe.net/MIPS) or contact Bradley Coffey, MA, AAOE Manager of Government Affairs, at [bcoffey@aaoe.net](mailto:bcoffey@aaoe.net) or 317-749-0629.

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January 2018	AAOE Data Warehouse Opens ( <a href="#">Sign Up Here</a> )
January 18, 2018	Webinar – The Quality Payment Program: How to Navigate Advanced APMs and The Merit-based Incentive Payment System
February 14, 2018	Annual Conference Early Bird Registration Ends
February 15, 2018	Webinar - Understanding Your Practice’s Financial Statements
March 15, 2018	Webinar - Getting Your Digital Marketing to Increase Marketshare
April 1, 2018	Benchmarking Survey Opens
April 14-17, 2018	Annual Conference
April 19, 2018	Webinar - Creating Personal Health Experiences That Increase Patient Loyalty
May 2018	2019 Annual Conference Call for Presentations Opens
May 17, 2018	Webinar - Health Law 101: Complicated Health Laws Made Understandable
June 1, 2018	Benchmarking Survey Closes
June 21, 2018	Webinar - Physician Burnout: Signs, Challenges, and Solutions!
July 19, 2018	Webinar - Better Decision-Making With Data
August 16, 2018	Webinar - Create a Professional Presence & Command the Room!
September 10-11, 2018	AAOE Capitol Hill Day
September 20, 2018	Webinar - Improving Profitability by Improving Processes
October 1, 2018	Benchmarking Survey Results Available
October 18, 2018	Webinar - The Five Conversations Leaders Must Get Right
November 15, 2018	Webinar - Understanding Orthopaedic Staff Roles
December 20, 2018	Webinar - Generational Unity at Work