



QPP Year 2 vs Year 3 Requirements

Requirements	Year 2 (2018)	Year 3 (2019)
Eligible Clinicians	<ul style="list-style-type: none"> Physicians Physicians Assistants Nurse Practitioners Clinical Nurse Specialists Certified Registered Nurse Anesthetists 	Same with the addition of: <ul style="list-style-type: none"> Physical Therapists Occupational Therapists Speech-Language Pathologists Audiologists Clinical Psychologists Registered Dietitians or Nutrition Professionals
Submission deadline	April 2, 2019	March 31, 2020
Low-Volume Threshold	Exempt if: <ul style="list-style-type: none"> 200 or fewer Medicare beneficiaries OR <ul style="list-style-type: none"> \$90,000 or less in Medicare Part B charges 	Exempt if: <ul style="list-style-type: none"> 200 or fewer Medicare beneficiaries OR <ul style="list-style-type: none"> \$90,000 or less in Medicare Part B charges OR <ul style="list-style-type: none"> 200 or fewer Medicare Part B services *Can opt-in if meeting at least one threshold
Performance Threshold	<ul style="list-style-type: none"> 15 points to avoid a negative payment adjustment 70 points for exceptional performer bonus 	<ul style="list-style-type: none"> 30 points to avoid a negative payment adjustment 75 points for exceptional performer bonus
Submission Methods	Use one submission mechanism per category, types vary based on category and individual vs. group submission	<ul style="list-style-type: none"> New for 2019 can submit data across different submission mechanisms for one category CMS Web Interface may only be used for Quality submission Only small practices can submit via claims in 2019 (group or individual)
Performance Period	<ul style="list-style-type: none"> Quality and Cost 12-month period IA and PI continuous 90-day period 	<ul style="list-style-type: none"> Performance periods remain the same

Quality	<ul style="list-style-type: none"> • 50% of total score • 60% data completeness required 	<ul style="list-style-type: none"> • 45% of total score • 60% data completeness required • 8 new measures, 26 retired measures, 257 total measures
Cost	<ul style="list-style-type: none"> • 10% of total score • Medicare spending per beneficiary (35 case minimum) • Total per capita cost (20 case minimum) • If only one measure can be scored, that score will be the performance score 	<ul style="list-style-type: none"> • 15% of total score • MSPB and TPCC still evaluated with the addition of eight new episode-based measures: <ul style="list-style-type: none"> • 10 case minimum for five procedural episode measures • 20 case minimum for three acute inpatient episode measures
Facility Based Scoring		<ul style="list-style-type: none"> • New in 2019 if a clinician furnishes 75% of covered professional services in place of service codes are 21, 22 or 23 they will be automatically be attributed to the hospital where they provide the most services and receive facility-based scoring for cost and quality
Improvement Activities	<ul style="list-style-type: none"> • 15% of total score • 100+ activities • 40 points for full score • Small and rural practices and non-patient facing clinicians receive double point for each activity 	<ul style="list-style-type: none"> • 15% of total score • Scoring remains the same, including double activity points for small/rural/non-patient facing clinicians • 6 new activities, 1 activity retired • Removed PI bonus
Promoting Interoperability	<ul style="list-style-type: none"> • 25% of total score • Required base measures 50 points • Performance 90 points • Bonus 25 points • May use 2014 or 2015 CEHRT • Automatic reweighting for: <ul style="list-style-type: none"> • Hospital based MIPS eligible clinicians • Non-patient facing clinicians • Ambulatory Surgical Center-based MIPS eligible clinicians • Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists • Hardship exceptions for: <ul style="list-style-type: none"> • Clinicians in small practices 	<ul style="list-style-type: none"> • 25% of total score • Must use 2015 CEHRT • Must attest "yes" to completing a security risk analysis, prevention of information blocking and ONC direct review attestation • Performance score only <ul style="list-style-type: none"> • 4 objectives • 5 measures and 2 bonus measures • Automatic reweighting remains the same with the addition of the new ECs: Physical Therapists, Occupational Therapists, Speech-Language Pathologists, Clinical Psychologists, Audiologists, Registered Dietitians or Nutrition Professionals

	<ul style="list-style-type: none"> • Clinicians whose EHR was decertified 	<ul style="list-style-type: none"> • Hardship exceptions remain the same
Small Practice Bonus	Practices with 15 or fewer eligible clinicians will receive 5 points added to their final score	Small practices will receive a 6-point bonus in the Quality category score if submitting at least 1 quality measure
Complex Patient Bonus	Practices can receive a 5-point bonus for treating complex patients based on the Hierarchical Condition Category risk score and social risk based on dual eligibility	Practices can still earn a 5-point bonus for treating complex patients

New Terms	
Collection Type	<p>A set of quality measures with comparable specifications and data completeness criteria including, but not limited to:</p> <ul style="list-style-type: none"> • Electronic Clinical Quality Measures (eCQMs) • MIPS Clinical Quality Measures (MIPS CQMs)* *Replacing the term "registry measures" • Qualified Clinical Data Registry (QCDR) measures • Medicare Part B claims measures • CMS Web Interface measures • CAHPS for MIPS survey • Administrative claims measures
Submission Type	<p>The mechanism by which a submitter type submits data to CMS Including, but not limited to:</p> <ul style="list-style-type: none"> • Direct • Log in and upload • Log in and attest • Medicare Part B claims (Small practices of 15 or fewer only) • CMS Web Interface (Groups of 25 or more only)
Submitter Type	The MIPS eligible clinician, group, virtual group, or third-party intermediary acting on their behalf, that submits data on measures and activities