**5 THINGS YOU SHOULD KNOW ABOUT THE QUALITY PAYMENT PROGRAM CREATED BY THE MACRA RULE**

**1. Who Participates in the Quality Payment Program?** You participate in the Quality Payment Program (QPP) if you bill Medicare Part B more than $30,000 per year and provide care for more than 100 Medicare patients per year, and are one of the following clinicians:

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist

However, if 2017 is your first year participating in Medicare, you will not be required to participate in MIPS.

**2. When does the Quality Payment Program begin?** The program began on Jan. 1, 2017.

**3. How do I avoid negative payment adjustments for 2019?** CMS considers 2017 to be a transition year and have provided reporting flexibility accordingly. These four options will enable you to avoid a negative payment adjustment, and in certain cases offer the potential for a positive adjustment, in 2019:

- Test the Quality Payment Program by submitting some data
- Participate for part of the 2017 calendar year
- Participate for the full 2017 calendar year
- Participate in an Advanced APM in 2017

Physicians and practices that do not participate at all in 2017 will receive a 4 percent negative payment adjustment in 2019.

**4. What is the Merit-Based Incentive Program (MIPS)?** This program replaces these three Medicare reporting programs: Meaningful Use (MU), the Physician Quality Reporting System (PQRS), and the Value-Based Payment Modifier (VM). Physicians and practices that participated in the old reporting programs will find that much of MIPS will be familiar.

MIPS has four performance categories:

- Quality—Replaces PQRS
- Improvement Activity—New category
- Advancing Care Information—Replaces MU
- Cost—Replaces VM; will not be counted until the 2018 performance year

CMS anticipates that most physicians and practices will be participating in MIPS rather than an Advanced APM for the 2017 calendar year. Per CMS' Quality Payment Programs Fact Sheet, approximately 500,000 clinicians will be eligible to participate in MIPS in 2017.

**5. What are Advanced APMs?** An advanced APM is a payment approach that must meet these specific requirements:

- Be CMS Innovation Center models, Shared Savings Program tracks, or certain federal demonstration programs
- Require participants to use certified EHR technology
- Base payments for services on quality measures comparable to those in MIPS
- Be a Medical Home Model expanded under Innovation Center authority, or require participants to bear more than nominal financial risk for losses.

CMS anticipates that the following models will quality as Advanced APMs in 2017:

- Comprehensive End State Renal Disease Care Model (Two-Sided Risk Arrangements)
- Comprehensive Primary Care Plus
- Medicare Shared Savings Program Tracks 2 and 3
- Next Generation ACO Model.

CMS is making additions to the list. A final list will be published before Jan 1, 2017.

**Here are two key changes in the QPP announced by CMS in the final rule**:

- Low-Volume Threshold—You are not required to participate in MIPS if you meet either the threshold of $30,000 or less per year in Medicare Part B allowed charges or the threshold of 100 or fewer Medicare Part B beneficiaries.
- Reporting Period—As noted above, the 2017 transition year participation options allow physicians and practices to choose a pace for participation in order to adapt to the new requirements of the Quality Payment Program.

Visit CMS' updated Quality Payment Program website here to find more information.