QPP Final Rule

CMS Proposal	AANP Recommendation	CMS Decision	Thumbs Up/ Down
Increase low-volume threshold to $90,000 billed part B charges and > 200 patients	Do not increase the low-volume threshold, would exclude too many practices and clinicians	CMS increased the low-volume threshold as proposed	
Exempt NPs from ACI measure in 2018	AANP supported proposal	CMS adopted this proposal, clarified that NPs participating in groups will be scored on ACI unless 100% of group is exempt	
Allow use of 2014 CEHRT in 2018 performance period	AANP supported proposal	CMS adopted proposal w/ up to 10% bonus for using 2015 CEHRT	
Increase number of submission mechanisms	AANP supported proposal	CMS adopted multiple submission mechanisms beginning in year 3	
Maintain 50% data completeness threshold	AANP supported proposal	CMS did not adopt, data completeness threshold will be 60%- small practices will earn 3 points for incomplete measures, others will earn 1	
Lower reporting thresholds for small and rural practices	AANP supported proposal	CMS maintained lower reporting thresholds for improvement activities	
Bonuses for small practices, asked for comment on rural	AANP supported proposal for small and rural practices	CMS adopted 5 point bonus for small practices	
Bonuses for complex patients	AANP supported proposal	CMS adopted proposal of giving up to 5 point bonus	
Opt-in option beginning in 2019	AANP supported opt-in option, stated that it should begin in 2018 and not be based on the proposed low-volume threshold	CMS has not adopted opt-in proposal, seeks further comment	
Virtual Groups- No limit on number of VGs, allowing VG to report under	AANP agreed with these proposals and requested that NPs be included in all planning phases,	CMS adopted VGs for year 2, no limit on number of VGS, clinicians w/in a VG, VG will	

virtual TIN, no limit on number of clinicians in VG	particularly in regards to EHR and to move election period back to give providers time to evaluate CMS guidance	have own TIN, election period runs until 12/31/17	
Advancing Care Information Feedback	AANP requested that certified EHR be NP inclusive, include NPs on HITAC, ensure that CMS certifies free/low-cost EHR	CMS did not make direct comment on these recommendations.	
Topped-out measures- lower scoring for a measure that has been topped out for one year	AANP did not agree that a clinician should have a score lowered for reporting on a topped out measure while it is still in effect	Topped-out measures will be removed and scored on 4-year timeline and will only earn 7 points if topped-out for at least 2 consecutive years	
Include facility-based measurement for facility-based clinicians	AANP agreed with goal of facility-based measurement, but concerned that proposal would give facility-based clinicians unfair advantage	CMS did not adopt for year 2, will be delayed until year 3 due to operational constraints	
Reweight cost category to 10% in 2018 or leave at 0%	AANP recommended scoring cost at 10% in 2018 due to statutory 30% requirement in 2019, also recommended Secretary explore waiver authority to reweight 2019	CMS adopted this proposal will use MSPB and total per capita cost measures to calculate cost performance score- carried over from VM program- will be based on claims data	
Alternative payment models	AANP recommended that CMS ensure that NPs are included in APMS, lower risk amount for small/rural practices, make Other-Payer APM determinations for greater than 1 year duration	CMS will address lower risk for small/rural in future rulemaking, will begin as annual determination on Other-Payer APMs and continue to evaluate if this should be done on multi-year basis	
PTAC	AANP requested that CMS ensure that NPs are included on PTAC	CMS stated that comptroller of GAO is responsible for PTAC appointment	