

CMS proposes more flexibility, transition time for QPP's 2nd year

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While physicians—along with the rest of the country—are likely focusing on news concerning the Senate proposal to overhaul the health system, the Centers for Medicare and Medicaid Services (CMS) released a proposal that could affect how doctors practice next year and how they will be paid in 2020.

Year two of the Medicare Quality Payment Program (QPP) could serve as another transition year for physicians adjusting to value-based payment if a proposed rule, released June 20 by CMS, is implemented.

The QPP, created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), was rolled out this year. Physicians were given four options for their level of implementation under a “pick your pace” approach. These include participating in an Advanced Alternative Payment Model (APM) and three different levels of participation in the QPP’s Merit-based Incentive Payment System (MIPS). How physicians perform this year will affect payments in 2019.

CMS commended

The new proposal includes more accommodations for small practices and, if it’s implemented as written, CMS estimates 94 percent of eligible clinicians will receive either a positive or neutral adjustment to their Medicare payments in 2020, based on the success of their MIPS participation next year.

The AMA “commended” CMS for its approach to the second year of the program.

“CMS is proposing a number of policies to help physicians avoid penalties under the Quality Payment Program,” said AMA President David O. Barbe, MD. “The Administration showed it heard the concerns

raised by the AMA on behalf of practicing physicians. In proposing these rules, the administration has taken another step to make sure the promise of MACRA—where physicians are rewarded for improvement and for delivering high-quality, high-value—will be fulfilled.”

A major accommodation to small practices was expanding the low-volume threshold for exemption from MIPS. For 2017, physicians who made \$30,000 or less on Medicare Part B charges or saw 100 or fewer Medicare patients are exempt from MIPS quality-reporting requirements. For 2018, CMS proposes tripling the financial threshold, increasing it to \$90,000, while doubling the patient threshold to 200.

Small groups and solo practitioners could also work together as a “virtual group” to participate in MIPS. To join a virtual group, physicians had to exceed the low-volume threshold, but they could join with other physicians or groups regardless of specialty or location, according to a CMS fact sheet. And they will be eligible for favorable treatment and bonus points to increase their overall performance score.

The proposal also adds a hardship exemption for Advancing Care Information measures (ACI, formerly “Meaningful Use”) for practices with fewer than 15 clinicians. It would allow physicians to continue using 2014 certified electronic health records (EHRs) and would not mandate an update in 2018.

“We’ve heard the concerns that too many quality programs, technology requirements and measures get between the doctor and the patient,” CMS Administrator Seema Verma said in a news release. “That’s why we’re taking a hard look at reducing burdens. By proposing this rule, we aim to improve Medicare by helping doctors and clinicians concentrate on caring for their patients rather than filling out paperwork.”

Other stated goals in the release included simplifying the QPP for small, independent and rural practices while ensuring fiscal sustainability and high-quality care.

The proposal would also allow physicians to report on improvement activities through simple attestation and develops additional activities including two related to diabetes prevention.

“Not all physicians and their practices were ready to make the leap, and many faced daunting challenges,” Dr. Barbe said. “This flexible approach will give physicians more options to participate in MACRA and takes into consideration the diversity of medical practices throughout the country.”

One patient, one measure, no penalty

For the current 2017 performance period, physicians in practices that feel prepared for MIPS can qualify for a Medicare bonus points of 4 percent or more if they choose to implement full MIPS reporting.

There is also a partial reporting “pace,” which requires reporting more than one quality measure, more than one improvement activity or four ACI measures for at least 90 days. Physicians who choose this route no later than October 2, may be eligible for bonuses of up to 4 percent.

For physicians who are less prepared, they can test their readiness by reporting one measure, from one patient, at any time before December 31. While this method wouldn’t qualify for a bonus, the physicians who use it would be exempt from receiving a penalty in the form of a negative payment adjustment.

The AMA has launched an education campaign, “One patient, one measure, no penalty,” to help guide physicians through that process. The campaign includes a video and a step-by-step guide to help physicians complete the requirement and avoid a penalty. To learn more about CMS’ “pick your pace options,” listen to this recent ReachMD interview with Kate Goodrich, MD, CMS’ chief medical officer and director of its Center for Clinical Standards and Quality.

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