

June 29, 2017: Advocacy spotlight on CMS proposes more flexibility, transition time for QPP's 2nd year

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The Centers for Medicare and Medicaid Services (CMS) has 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.

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.

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