QPP Roundup: February 2018
Providing monthly updates on PAI’s activities and QPP news for you and your practice.

PAI Submits Comments to HHS on Promoting Health Care Choice and Competition Across the United States

On December 26, 2017, the Department of Health and Human Services (HHS) released a request for information (RFI) seeking stakeholder feedback on identifying existing state and federal laws, regulations, guidance, requirements, and other policies that limit choice and competition across health care markets, as well as suggestions on laws and policies that can be put in place to address these issues and promote the development and operation of a more competitive health care system that provides high-quality care at affordable prices. PAI submitted comments and suggested solutions in response to questions posed in the RFI, organized by the following topics:

- Current economic trends that reduce competition in the health care system, including horizontal and vertical market integration and significant growth in hospital acquisitions of physician practices and hospital and health system employment of physicians;
- Regulatory modernization to encourage and support choice and competition; and
- Legislative and regulatory barriers that inhibit competition and choice, including restrictions on physician-owned hospital (POHs), state certificate of need (CON) programs, alternative payment model (APM) participation requirements, and limited application of antitrust guidance.

PAI’s comments are available here.

Get Answers to Your Questions About the QPP–Visit the PAI’s Frequently Asked Questions Resource
Visit the QPP Resource Center's FAQ section to find answers to questions you may have about the QPP. The FAQs are organized into the following topics:

- Advanced APMs;
- Advanced APM QP/PQ Thresholds;
- Merit-Based Incentive Payment System (MIPS);
- The Four MIPS Categories:
  - MIPS APMs;
  - MIPS Reporting;
  - MIPS Payment Adjustment and Scoring;
  - MIPS Participation and Eligibility;
- The QPP in General.

All questions in this resource came from real-life physician practices.

Additional resources on the QPP, MIPS, and Advanced APMs are available on PAI's MACRA QPP Resource Center. Please note that these resources were developed for the 2017 performance year, and as such they may not translate completely over for the 2018 performance year due to changes contained in the 2018 QPP Final Rule. On March 15, the resources will reflect the 2018 performance year rules.

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CMS Submission System Now Available—Physicians Have Until March 31, 2018 to Submit 2017 MIPS Performance Data and Avoid a -4% Payment Adjustment in 2019

The CMS QPP submission system allows physicians and other clinicians to submit their 2017 MIPS performance data until March 31, 2018, to avoid a negative payment adjustment in 2019. To use the system, you will need to know your Enterprise Identity Management (EIDM) account credentials. After logging in, you will be able to report data as an individual or group practice, and will receive "real-time initial scoring," according to CMS.

The CMS submission system is optional; physicians may still report their data using other submission options including qualified clinical data registries (QCDRs), qualified registries, attestation, via electronic health records (EHR) system vendors, or the CMS Web Interface.

To learn more about the CMS QPP submission system, please see the following CMS fact sheet.

To learn how to create an EIDM account, please see this CMS user guide.

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MedPAC Votes 14-2 to Repeal and Replace MIPS

At its January meeting, the Medicare Payment Advisory Commission (MedPAC) voted to repeal and replace the MIPS program with a new voluntary value program. The voluntary program would include a two percent withholding that could be earned back by physicians and other clinicians not participating in APMs, as well as incorporate new population health-based measures that align with APM requirements and move more toward value-based payments. MedPAC believes that the current MIPS program is too burdensome and does not improve the quality of care. There is also skepticism, however, about whether the new voluntary value program is “an adequate replacement for MIPS.” While MedPAC
advises Congress, the recommendations are not automatically adopted or enacted into law. Additional information is available here.

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**CMS QPP Updates**

CMS has published new resources for 2018 participation, including:

- [List of 2018 Advanced APMs and MIPS APMs, as of January](#);
- [Qualifying APM Participants (QPs) Methodology Fact Sheet](#)—describing the process and method used to identify QPs and Partial QPs (PQs).
- Information on Cost Category Measures, List of Improvement Activities, Quality Category Measure Specifications, and Advancing Care Information (ACI) Category Measure Specifications and Supporting Documents, available for download [here](#).

For additional resources, please visit [PAI’s MACRA QPP Center](#) or the [CMS QPP Resource Library](#).

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**QPP in the News**

**Are Physicians Ready for MACRA/QPP?**

A new American Medical Association and KPMG [study](#) surveyed 1,000 practicing physicians in the United States who are aware of MACRA and have been part of the practice decision-making related to the QPP. The survey took place in spring 2017. Approximately 51 percent of respondents reported that they were somewhat knowledgeable about MACRA or the QPP, while only eight percent said they were ‘deeply knowledgeable.’ According to the study, seven in 10 respondents had begun preparing to meet the requirements of the QPP for 2017. Of the survey respondents planning to participate in MIPS 2017, 90 percent felt the requirements were burdensome.

**Let The Market Compete: Learning From Medicare Advantage To Move Toward Value-Based Care**

This [article](#) argues that Medicare Advantage (MA) plans have been relatively successful by capitalizing on the patient-centered approach and management capabilities of the private sector. Consumers tend to be more attracted to MA plans because they cover a greater number of services, have a more transparent rating system, mimic the kind of coverage that enrollees had with their employment-sponsored health insurance, and have a simpler structure than Medicare’s traditional fee-for-service. MA plans also offer an attractive market opportunity to commercial insurers. The article recommends that policymakers leverage the positive aspects of Medicare Advantage when designing open and competitive health care markets.

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