QPP Roundup: November 2017

There has been substantial activity on the Medicare Quality Payment Program (QPP) since last month. This month, we report on the final QPP rule for 2018, PAI’s advocacy efforts, and new resources for physicians and their practice staff.

Summary and Statement: 2018 QPP Final Rule

Last week, CMS issued the long-awaited Medicare Quality Payment Program final regulation for 2018. PAI’s comments discussed the need for continued physician flexibility and greater simplicity to allow physicians to transition to the program successfully.

The final regulation’s impact on physician practices is a mixed bag, as discussed in PAI’s statement, released earlier this week. PAI applauds CMS for finalizing its policy to increase the low-volume threshold and include an interim final rule to support the needs of those impacted by recent natural disasters.

However, PAI is disappointed that the final regulation includes certain policies that could unintentionally put some patients, physicians, and practices at a disadvantage. One policy of concern will increase the weight of the cost category from 0% in 2017 to 10% in 2018, utilizing the Medicare Spending per Beneficiary (MSPB) and total per capita cost measures, while new episode-based cost category measures that more accurately assess health care service utilization and appropriately attribute costs are still under development and not part of the scoring.

A summary of the final rule provisions is available here; a CMS Fact Sheet is available here.

Comments: Virtual Groups Collection of Information Request
PAI submitted comments in response to a CMS collection of information request related to the virtual groups election process outlined in the CY 2018 QPP Proposed Rule, required as part of the Paperwork Reductions Act (PRA). The comments addressed the burden estimate, use of automated techniques and forms to collect the information, and ways to enhance the quality, utility, and clarity of the information collected. PAI's complete comment letter is available here.

QPP Resource Center: Tools to Help Physicians Succeed

NEW: MIPS APM Scoring Overview now available at PAI's MACRA QPP Resource Center:

The 2017 Merit-Based Incentive Payments System (MIPS) alternative payment models (APM) Scoring Overview details the scoring standard used for MIPS APMs, a hybrid between the MIPS pathway and the Advanced APM pathway. There are two ways physicians can be in a MIPS APM:

- If you are participating in an Advanced APM but do not meet the Medicare patient or payment count thresholds for a qualifying Advanced APM participant (QP), or a partially qualifying Advanced APM participant (PQ); or
- If you are participating in an APM that is not considered an Advanced APM – for example, participating in a Medicare Shared Saving Program (MSSP) Track 1 Accountable Care Organization (ACO).

MedPAC Recommends Elimination and Replacement of MIPS

At its October meeting, the Medicare Payment Advisory Commission (MedPAC) expressed criticism that MIPS is too burdensome and complex, and staff recommended eliminating and replacing it with a new voluntary program that would incorporate population health based measures that align with APMs and move towards value-based payments. At the November meeting, MedPAC Commissioners expressed concerns that this may not be a better alternative and that more needs to be done for specialists. MedPAC will further explore draft recommendations to Congress in December, but there is no certainty that Congress will adopt the recommendations. Dr. Kate Goodrich, CMS chief medical officer, agreed with MedPAC’s criticism, but she did not indicate that MIPS should be repealed.

QPP Updates from CMS

CMS Begins Field-Testing of MIPS Episode-Based Measures

From October 16 through November 15, CMS is conducting field-testing on eight episode-based cost measures for consideration for potential use in the MIPS cost category.
MIPS Virtual Group Election for PY 2018 Ends December 1, 2017

The election period for the MIPS virtual group reporting option is now available through December 1. The virtual groups option allows eligible clinicians and groups to form a virtual group for collectively reporting and meeting the MIPS performance category criteria. Virtual groups can be comprised of two or more tax identification numbers (TINs) made up of MIPS eligible solo practitioners, or groups of 10 or fewer eligible clinicians (of which at least one must be eligible for MIPS). A virtual groups toolkit can be downloaded on the CMS website. CMS will also be hosting a webinar on virtual groups on November 17, at 2 pm ET.

New CMS QPP Resources

The following resources are now available from CMS:

- **2017 MIPS Advancing Care Information Blocking** – Provides details about the attestation required of clinicians that they have not knowingly and willfully limited or restricted the compatibility or interoperability of their certified electronic health record technology (CEHRT).
- **2017 MIPS Quality Performance Category: Claims Data Submission Fact Sheet** – Provides an overview of how to submit data using claims and provides data collection and submission tips.
- **MIPS Eligible Measure Applicability (EMA) Resource** – Provides an overview of the EMA analysis used to determine which measures are applicable to a practice for reporting, and the affect the EMA analysis has on the MIPS score.

CMS will also be hosting several webinars in the coming weeks:

- **QPP Year 2 Overview**, Nov. 14, 1 pm ET, and another call will be held on Nov. 30, 1:30 pm ET.
- **QPP Year 2 – All-Payer Combination Option** Nov. 16, 1 pm ET.
- **QPP Year 2 Call**, Nov. 30, 1:30 pm ET.

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