

Highlights of Proposed 2018 Changes to MACRA Quality Payment Program

By **Margie Satinsky, M.B.A.**



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The Medicare Access and CHIP Reauthorization Act of 2015 brought many changes to reimbursement for Medicare patients. It went into effect on Jan. 1, 2017, and this first year is considered to be a transition year.

One part of the program, the Quality Payment Program (QPP), generated many questions and concerns from small, independent and rural practices. In response to these concerns, Centers for Medicare & Medicaid (CMS) issued a proposed rule on June 20 that would make changes to the QPP in 2018, Medicare Access and CHIP Reauthorization's (MACRA's) second year. Comments were due back to CMS by Aug. 18.

The 2018 proposed rule for the QPP both amends some of the existing requirements and contains new policies for physicians, and other clinicians who are participating in QPP in either the Advanced Alternative Payment Models (APM) or Merit-based Incentive Payment System (MIPS) tracks.

This article identifies and explains 10 of the most important proposed changes, focusing on the MIPS track that most eligible clinicians are expected to select. For a complete explanation of the proposed changes to both the MIPS and APM tracks, check the resources listed at the end of the newsletter.

1. New participation option. A new "virtual groups" participation option would give solo groups (i.e., solo practitioners and groups of 10 or fewer eligible clinicians) the option of coming together "virtually" in order to participate in MIPS for a year.

Solo practitioners that wish to join a virtual group must meet the definition of MIPS eligible. A group that wishes to join a virtual group may include eligible clinicians that do

not qualify as MIPS eligible.

All eligible clinicians in groups that choose the virtual group option must participate, and the participation decision to choose this option must be made prior to the 2018 performance period.

2. Easier low-threshold exemption. An increase in the 2017 low-volume threshold to \$90,000 or 200 patients would enable more small practices and eligible clinicians in rural and Health Professional Shortage Areas (HPSAs) to be exempt from MIPS participation.

3. Facility-based measurement. The transitional 2017 transitional year has no provisions for facility-based measurement. The proposed change would implement an optional, voluntary, facility-based scoring mechanism based on the Hospital Value Based Purchasing Program. The option would be available only for facility-based clinicians who have at least 75 percent of their covered professional services supplied in the inpatient hospital or emergency room setting.

4. New hardship category under Advancing Care Information: CMS has proposed adding a new hardship category for clinicians in small practices under the Advancing Care Information (ACI), the new name for the meaningful-use performance category.

5. More options for submission by MIPS-eligible clinicians: Moving away from the 2017 requirement for one submission mechanism per performance category, the proposed rule would allow MIPS-eligible clinicians and groups to submit measures and activities through multiple submission mechanisms within a performance category as available and applicable to meet the requirements of the quality improvement activities or ACI performance categories.

6. Options for reporting in the ACI category:

Eligible clinicians would have the option of continuing the use of 2014 Edition Certified Electronic Health Record Technology (CEHRT) or using the 2015 edition. There's an exception for eligible clinicians for whom the electronic health record was decertified retroactively effective to performance periods in 2017.

7. Timeframe for reporting in ACI category:

In response to input from the physician community, CMS has proposed retaining the 90-day reporting period.

8. More ways to earn bonus points:

- a. Eligible clinicians could add bonus points in the scoring methodology for: (1) caring for complex patients; (2) using the 2015 edition CEHRT exclusively; (3) incorporating MIPS performance improvement in scoring quality performance; and (4) incorporating the option to use facility-based scoring for facility-based clinicians.
- b. MIPS-eligible clinicians, groups, virtual groups and advanced Alternative Payment Models (APMs) with 15 or fewer clinicians could receive five additional bonus points in their final score by submitting data on at least one performance category in the 2018 MIPS performance period.
- c. Small practices but not larger ones could continue to receive three extra points for measures in the quality performance category that don't meet data completeness requirements.

9. Weighting MIPS components:

- a. Contrary to expectations, for 2018 the quality component would be weighted at 60 percent and the cost component at 0 percent, allowing practices to continue developing their processes for procuring and interpreting cost data.
- b. Improvement activities and ACI would remain at their current 15 percent and

25 percent respective weights.

- c. CMS' future plans for changing weights remains at raising cost to 30 percent for the 2021 MIPS payment year (using 2019 data for reporting) and beyond.

10. Improvement Scoring for Quality and Cost:

The proposed rule adds a mechanism for rewarding improvement in performance for these two categories. Higher improvement would translate to more points.

For more information, contact one of the resources below.

- CMS website: <http://qpp.cms.gov>.
- CMS Quality Payment Program Center. Call (866) 288-8292 or send an email to QPP@cms.hhs.gov.
- CMS-approved local organizations that support clinician practices in quality improvement strategies. Practice Transformation Networks

(PTNs), which support clinician practices in quality improvement strategies: TCPI.ISC@TruvenHealth.com. Regionalized Quality Innovation Network-Quality Improvement Organizations provide assistance: <http://quiprogram.org/contact-zones?map=qin>.

Support for small, underserved and rural areas provides direct and customized assistance to small practices. In North Carolina, Alliant GMCG is the designated support organization: QPPsupport@Alliantquality.org.

- North Carolina Medical Society website: www.ncmedsoc.org.
- Major software vendors, who offer guides, webinars and technical support.
- Satinsky Consulting L.L.C.: (919) 383-5998 or Margie@satinskyconsulting.com.

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