

CMS continues to tinker with new physician Quality Payment Program created by MACRA

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The Centers for Medicare & Medicaid Services (CMS) released an advanced copy of its latest proposed rule revising the Quality Payment Program created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The proposed rule, among other things, would further streamline reporting requirements and ease administrative burdens for small and rural providers.

By way of background, MACRA created the Quality Payment Program which reforms how Medicare Part B pays more than 600,000 clinicians across the country. Under the Quality Payment Program, eligible clinicians, including physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified nurse anesthetists, can participate in the Quality Payment Program through one of two tracks: the Merit-Based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (Advanced APMs). We are currently in the middle of the first performance year, which began on January 1, 2017. How clinicians perform in the first year will impact Part B payments beginning on January 1, 2019.

Given the complexity of the transition, and the significant impact the new payment rules have on Part B clinicians, CMS has continued to seek public input about how it should implement and revise the program going forward. The proposed rule is the latest example of CMS' efforts to respond to public input, particularly from small physician practices and rural providers.

Some of the key changes proposed by CMS in the 1,000+ page proposed rule include:

- **Increasing low-volume threshold.** For the current performance year, clinicians and groups are subject to MIPS if they billed more than \$30,000 to Medicare Part B and provided care for more than 100 Part B-enrolled Medicare beneficiaries. Clinicians or groups that do not exceed these thresholds are excluded from MIPS participation. CMS has proposed to increase the low volume threshold to less than or equal to \$90,000 in Medicare Part B allowed charges or less than or equal to 200 Medicare Part B patients. CMS estimates that approximately 134,000 clinicians currently subject to MIPS will be excluded from MIPS in the 2018 performance year based on

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the proposed new additional increase in the low-volume threshold.

- Continuing to allow the use of 2014 Edition CEHRT (Certified Electronic Health Record Technology). CMS is proposing to allow MIPS eligible clinicians to continue to use EHR technology certified to the 2014 Edition for the 2018 performance year.
- Creation of virtual groups. In the current performance year (Year One), clinicians may only participate in MIPS as an individual or as a group under a common Tax Identification Number. CMS is proposing to allow clinicians to participate in MIPS in virtual groups in future performance years. Virtual groups would be composed of solo practitioners and groups of 10 or fewer eligible clinicians who come together “virtually” with at least 1 other such solo practitioner or small group in order to participate in MIPS.
- Adding more flexibility for clinicians in small practices. CMS proposes to add a new hardship exception under the MIPS Advancing Care Information performance category for clinicians in small practices. Additionally, for these small practice clinicians, CMS is proposing to add bonus points to their final MIPS score, and continue to award 3 points for measures in the quality performance category that do not meet data completeness requirements.

The advanced copy of the Proposed Rule is available [here](#). The official version of the Proposed Rule is scheduled for publication in the Federal Register on June 30, 2017. Comments on the Proposed Rule are due by August 21, 2017. We will continue to provide updates as more information about changes to MACRA are released.