Affinia Health Network

Memo

To: All Affinia Health Network Members
From: John Luterbach
Date: September 6, 2017
Re: 2018 MACRA Proposed Rule

Earlier this summer, the Centers for Medicare and Medicaid Services (CMS) released the 2018 Quality Payment Program (QPP) Proposed Rule (CMS-5522-P). The QPP, established under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) fundamentally transforms how clinicians are paid by CMS through the creation of two new payment tracks: The Merit Based Incentive Program (MIPS) and an Advanced Alternative Payment Model (AAPM) track.

The proposed rule amends some existing requirements and attempts to reduce reporting burdens, especially for small physician practices. A brief summary of the changes in the proposed rule are provided below.

MIPS Proposed Changes:

- CMS proposes to increase the low-volume threshold so that more small practices are exempt from MIPS participation. The current rule states that clinicians are exempt if they bill $30,000 or less in Medicare Part B charges or had less than 100 Medicare Part B patients. The proposed rule raises the threshold in 2018 to $90,000 or 200 patients. Note that the "pick your pace" option is still only relevant for 2017.
- CMS recommends 2015 Certified Electronic Health Record Technology (CEHRT) for 2018, but still will allow 2014 CEHRT. The current rule states that all eligible clinicians must be on 2014 CEHRT by next year.
- CMS proposes implementation of a Virtual Group submission option. Virtual Groups allow clinicians in groups of 10 or less to virtually combine and submit data as one entity. This would allow small practices to reduce submission costs and administrative burden.
- CMS recommends adding the opportunity to earn additional bonus points under MIPS. Bonus points will be available through using 2015 CEHRT, caring for complex patients, and will also automatically be given to small practices.
- MIPS composite score weights are adjusted to reflect the following in 2018. The introduction of cost will be delayed until 2021:
    - 60% Quality
    - 25% Advancing Care Information
    - 15% Clinical Improvement Activities
    - 0% Cost
- CMS proposes full year reporting requirements for the Quality category, but reduces Advancing Care Information and Improvement Activity submission requirements to 90 days.

AAPM Proposed Changes:

- CMS Proposes extending the revenue-based nominal amount standard (8%) for an additional two years through performance year 2020. This will allow for more models to qualify as APMs.
- The required risk for medical home models will increase at a slower rate. CMS proposes to decrease the amount of risk to 2% of Medicare Parts A and B revenue in 2018 and will increase it by one percent each year going forward.
- Implementation of an All-Payer Combination Option is proposed. This would allow clinicians to become Qualifying APM Participants through Other Payer APMs. CMS proposes to make this option available in 2019.

A final rule will be released sometime in fall. Affinia Health Network will supply you with relevant updates as they become available.

For a more detailed fact sheet, please visit:
https://qpp.cms.gov/docs/QPP_Proposed_Rule_for_QPP_Year_2.pdf

The proposed rule (CMS-5522-P) can be downloaded from the Federal Register at:
https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-13010.pdf

If you have any additional questions, please reach out to John Luterbach at (616) 685-1870 or john.luterbach@trinity-health.org