

# More physicians excluded from MIPS under final CMS rule

BY GREGORY TWACHTMAN

**M**ore doctors will be exempt from participation in the Merit-Based Incentive Payment System in 2018, under a final rule issued by the Health & Human Service department.

The final rule excludes from MIPS participation any health care providers who are part of an advanced alternative payment model (APM), those who have \$90,000 or less in Medicare Part B billings or who see 200 or fewer Medicare patients. For the 2017 reporting year, those levels were \$30,000 and 100 patients.

The “increase in the low-volume threshold is expected to exclude 540,000 clinicians who do not exceed” that threshold,” officials from the Centers for Medicare & Medicaid Services wrote in the final rule released Nov. 2.

In comments when the rule was a draft, many organizations suggested that CMS allow clinicians who are ready to participate in MIPS to opt in even if they fall into the MIPS low-volume threshold category. While the agency did not codify this suggestion, officials noted that they intend to “revisit this policy in future rule making and are seeking comment on methods to implement this policy in a low-burden manner.”

Medical societies were generally in favor of the new higher threshold, but it was met with resistance from associations representing group practices.

“The transition to value is challenging, and CMS understandably want to ease providers into value,” Jerry Penso, MD, president and CEO of the American Medical Group Association said in a statement. “But excluding providers isn’t the same as learning how to deliver care in a value-based world. Taking accountability for the quality and cost of care requires years of experience. Despite CMS’ intentions to ensure a smooth transition, AMGA is concerned that this rule actually hinders the prospects for value-based care.”


CMS is providing a number of enhancements for small practices participating in MIPS.


Small practices (15 or fewer providers) will get five bonus points under MIPS and will continue to earn points for partial data reporting of quality measures. They also will be able to join virtual groups to help aggregate their reporting and improve abilities to access payment bonuses. (Find a link to download a virtual group toolkit on page 4 of the CMS fact sheet for the final rule.)

CMS also is slowly phasing into the cost performance category, which will account for 10% of a MIPS score and will include Medicare spending per beneficiary and total per capita cost measures. These measures are carried over from the Value Modifier program and will require no action from providers to calculate. CMS will measure the performance in this category.

Finally, the agency included a hardship exemption for those affected by major hurricanes in the Gulf Coast and Puerto Rico in 2017. Currently, those who lost access to their EHRs because of the hurricanes, other natural disasters, or public health emergencies, they can file a

categories in the transition year without submitting a hardship exception application,” CMS noted in the fact sheet. For 2017, that means clinicians in areas affected by the hurricanes who do not submit data will not receive any negative adjustment, Clinicians who do submit data will be

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hardship exemption to have their Advancing Care Information (formerly the Meaningful Use program) score reweighted to reflect the issues. Applications must be filed by Dec. 31, 2017. The final rule extends the reweighting policy to the other three categories (quality, cost, and improvement activities) through the 2018 performance year, with a deadline of Dec. 31, 2018, to file for a hardship exemption.

“Because our policies relating to reweighting the quality, cost, and improvement activities performance categories are not effective until next year, we are issuing an interim final rule for automatic extreme and uncontrollable circumstances where clinicians can be exempt from these

scored as usual.

On the advanced APM track, under which physicians take on more risk in exchange for a potential for greater bonus payments, CMS said it is making it easier for clinicians to participate, including extending certain revenue and expenditure provisions for an additional 2 years that are used to determine nominal risk, changing the medical home models to slower the increase of the minimal amount of financial risk taken on, and making it easier for clinicians to earn bonus payments for APMs that begin or end mid-year.

The final rule is scheduled for publication in the Federal Register Nov. 16.

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