

Rheumatology leaders respond to MACRA proposed rule

June 27 2016

In comments submitted to the Centers for Medicare & Medicaid Services (CMS) regarding the Medicare Access and CHIP Reauthorization Act (MACRA) proposed rule, the American College of Rheumatology (ACR) praised the agency for recognizing the important role qualified clinical data registries (QCDRs) will play in the Merit-Based Incentive Payment System (MIPS) payment pathway, but expressed a number of concerns regarding the complexity and timing of requirements for small and solo practices, the absence of key cost data in the Resource Use category of MIPS, and the formidable barriers that exclude many rheumatologists from participating in the Alternative Payment Model (APM) track.

"While the ACR supports the MACRA law, the complexity and timing of the requirements are daunting. We are concerned that the proposed timeline will impede rheumatologists' ability to prepare for and comply with the extensive new requirements," the ACR said in the comment letter.

MIPS Categories Should Not Penalize Providers Who Depend on Part B Drugs for Patient Care

Commenting on proposed MIPS reporting requirements, rheumatologists expressed specific concern about the absence of Part D drug costs from the Resource Use category, which would result in inaccurate scoring.

"The calculation of resource use (i.e., costs) as currently proposed includes medication costs from Part B, but not Part D, which would result in inaccurate MIPS scoring. The ACR is advocating to minimize this inaccuracy," the letter stated.

"Rheumatology, unlike many other specialties, has few treatment options to choose from, and the drugs and biologics we and our patients depend on are oftentimes more expensive than those used by other specialties. True and complete patient care requires us to use these medications, and we should not be penalized for doing so," the letter states.

APM Requirements Exclude Many Rheumatologists from Participating

The [rheumatology](#) community also expressed concern about the requirements for qualifying participation in APMs, which the ACR described as "formidable" for rheumatology providers.

"There are few existing Alternative Payment Models (APMs) that are feasible for rheumatologists," the letter stated. "Workable alternatives should be developed with attention to facilitating participation of small and solo practices. As currently written, the requirements for qualifying participation in APMs are formidable, and establish too high of an administrative burden."

QCDR Data Should Be Included as a Reporting Mechanism

The ACR applauded CMS for several positive aspects of the proposed rule, including the role of qualified registries in successful participation under MACRA; the removal of all-or-nothing scoring mechanisms; the availability in some sections of more measures or points than are needed;

and the integration and streamlining of quality reporting programs.

The ACR has developed the Rheumatology Informatics System for Effectiveness (RISE) registry - a robust quality improvement infrastructure tool that is offered exclusively to ACR members - that will help prepare rheumatology providers for MACRA. RISE allows users to report, self-assess, and analyze data on demographics, medications, lab data, disease activity, functional status and other metrics directly from their practice's electronic health records system to benchmark performances on key rheumatology clinical quality measures and align with best practice standards.

"This iterative process leads to improved patient outcomes, patient population management, and quality reporting such that CMS has designated RISE as a qualified clinical data registry (QCDR), allowing rheumatologists who wish to use RISE for MIPS reporting to do so seamlessly," the comment letter stated.

"The ACR firmly believes that in keeping with the goal of improving patient outcomes and providing maximum flexibility to Eligible Providers, QCDRs must be included as a reporting mechanism that MIPS Eligible Clinicians and Groups can use to submit data on measures and activities. Further, some groups, particularly those that are small or rural, will need additional time to gather and report their data and, it is therefore, important that the reporting deadline for the submissions to the qualified registry QCDR, EHR, and attestation submission mechanism be the maximum practical time permissible."

More information: www.rheumatology.org/MACRA

Provided by American College of Rheumatology

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