

ACP's initial review of QPP proposed rule 'encouraging'

June 21 2017

The American College of Physicians (ACP) is encouraged that the 2018 proposed rule to implement the Quality Payment Program (QPP), released yesterday by the Centers for Medicare and Medicaid Services (CMS), continues to take important steps to benefit both clinicians and patients in the delivery of high-quality, high-value care. Some initial highlights include:

1. Small Practices:

ACP appreciates the additional proposals that will help ease the burden on small practices and those in rural and underserved areas. These include:

- Increasing the low-volume threshold to either individuals or groups with \$90,000 or less in Part B allowed charges or 200 or fewer Part B beneficiaries.
- Creating a policy to allow solo clinicians and those in small practices to join together to be assessed as a "Virtual Group" for reporting in MIPS.
- Adding a bonus to the final composite performance score for small practices that submit data in at least one performance category in MIPS.

This added flexibility for small practices will provide much-needed relief and flexibility as they gain experience in the changing payment environment.

2. Cost Performance Category: ACP strongly recommended that CMS not include the Cost Performance Category in the overall MIPS performance score for 2018 and commends CMS for their proposal to zero out the category for 2018 and reweight the other MIPS performance Categories (60 percent for Quality; 15 percent for Improvement Activities; and 25 percent for Advancing Care Information).

3. Pick Your Pace: ACP applauds CMS for proposing to extend the "Pick Your Pace" options to allow practices a slower phase-in to the full reporting requirements.

4. Advancing Care Information: ACP appreciates proposals to update the Advancing Care Information Performance Category such as: CMS maintaining and creating more flexible reporting options for the 2018 performance period by allowing the use of 2014 certified EHRs (and rewarding physicians with a bonus for fully adopting the 2015 certified systems), including more improvement activities that use EHR technology, and providing more flexible exemptions available for different groups.

5. Risk Adjustment for Complex Patients: ACP is encouraged by the proposal to incorporate a Complex Patient Bonus through the use of Hierarchical Condition Category (HCC) risk scoring methodology. The use of this type of risk adjustment model encourages physicians to take on more complex beneficiaries while removing the concern that these sicker patients will negatively affect their overall performance score.

6. APMs: ACP is also appreciative of CMS' proposals to maintain several APM policies beyond the initial [performance](#) period. This includes extending the lower nominal financial risk standard for two additional years, slowing the phase-in of the risk standards increases for Medical Home Models , and allowing practices in the Comprehensive

Primary Care Plus (CPC+) to qualify as Advanced APMs regardless of their affiliation with a larger organization. These policies are important to encourage physicians to transition into the APM pathway in the early years of QPP.

ACP will continue to review in-depth the proposals outlined in the proposed rule and provide extensive feedback and commentary to CMS.

Provided by American College of Physicians

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