Internists encouraged by payment rules from CMS, note key areas of concern

November 4 2017

The American College of Physicians (ACP), expressed support for some of the provisions included in the final rules for the Medicare Physician Fee Schedule and the Quality Payment Program (QPP) for 2018, and noted some areas of concern in the rules that were released by the Centers for Medicare and Medicaid Services (CMS) on Nov. 2.

"As a practicing primary care internist, I am greatly encouraged that CMS is proposing improvements in the physician fee schedule to help me and my colleagues provide coordinated, patient-centered, high value and team-based care to our patients" said Susan Thompson Hingle, MD, MACP, chair, Board of Regents, ACP. "We look forward to providing CMS with detailed comments to support these improvements while recommending other changes to strengthen primary care."

In the 2018 fee schedule, ACP called particular attention to improvements made in three areas:

- Evaluation and Management (E/M) Documentation Guidelines Comment Solicitation: ACP appreciates that CMS is immediately focused on revision of the current E/M documentation guidelines in order to reduce unnecessary administrative burden. As the Agency moves forward with this process ACP will continue to provide input to CMS officials.
- Further Refinement of Care Management Services Codes: ACP applauds CMS for continuing to reduce the burdens associated with the care management services code set. The clarification of

the CCM planning code (G0506), will allow for some or all of the care planning to be performed by the billing clinician on a subsequent day.

- Appropriate Use Criteria for Advanced Diagnostic Imaging Services: ACP supports the additional 1-year delay in implementation of the Appropriate Use Criteria for advanced diagnostic imaging services until 2020 while physicians are still learning the evolving policies of the QPP and gaining increasing experience reporting for the program.

CMS also released the final rule for Year 2 of the Quality Payment Program, with an opportunity to provide comments on the rule to CMS by Jan. 1. Year 2 maintains many of the flexibilities from the first year of the QPP, to help physicians with the continued process of transitioning to the new payment incentive program established by the Medicare Access and CHIP Reauthorization Act of 2015.

"We will be looking at the QPP rule closely to identify positive improvements that CMS has already made and to make more detailed suggestions about changes that CMS can make to ease some of the regulatory burdens on physicians," continued Dr. Hingle. Specifically, ACP is pleased that CMS made some positive improvements to the Quality Payment Program (QPP).

- Extreme and Uncontrollable Circumstances: ACP strongly supports CMS' new policy to allow clinicians who are impacted by extreme and uncontrollable circumstances to be provided relief from reporting requirements associated with QPP in 2017 and 2018. Physicians treating patients in areas impacted by the hurricanes this year will be able to focus their efforts on much needed patient care without worrying about complying with new reporting requirements under QPP.
- MIPS Bonus for Complex Patients: ACP appreciates that CMS

accepted our recommendation to increase the amount of bonus points available for treating medically complex patients. This increase will better adjust for the risk for those physicians treating more complex patients.
- Small Practice Options: ACP thanks CMS for finalizing new policies to provide flexibilities for small practices in 2018 including the virtual groups option, small practice bonus, Advancing Care Information hardship exception, and increased low-volume threshold.

However, ACP has concerns about several of the provisions of the rule; in particular some of the provisions are inconsistent with recently announced CMS initiatives on "Patients Over Paperwork" and "Meaningful Measures."

- Complex Scoring: We are disappointed that Merit-Based Incentive Payment System (MIPS) scoring remains overly complex and lacks standardization across performance categories. The measures and activities should more directly align with the weight they have in the overall score. This should follow with the efforts of CMS' new initiatives.
- Cost Performance Category: CMS increased the weight of the Cost Performance Category for 2018 from zero percent, as proposed, to 10 percent in the final rule. Given that there are not yet adequate cost measures that have been developed, ACP opposes this increase and encourages CMS to reverse this decision.
- Quality Data Threshold: ACP is discouraged that CMS chose to increase the data completeness threshold for quality reporting data from the proposed 50 percent of patients to 60 percent in the final rule. This adds unnecessary burden to practices at a time when CMS has acknowledged that measures need improvement and excessive burdens should be reduced.

- Low-volume Threshold Opt-in: While we appreciate that CMS finalized an increase in the low-volume threshold to exclude those with less than or equal to $90,000 in Part B charges or 200 or fewer Part B patients from MIPS, ACP strongly encourages CMS to allow clinicians below the threshold to have the opportunity to opt-in to participate. If a practice believes that they will be able to participate successfully, they should have that option.

"We were heartened to see the announcement from CMS this week of their new initiatives designed to ease unnecessary administrative burdens on physicians; Patients Over Paperwork and Meaningful Measures," concluded Dr. Hingle. "In light of the recent announcement we are encouraged that CMS will follow through and address our concerns."

Provided by American College of Physicians