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QPP Roundup: October 2018

Providing monthly updates on PAI's activities and QPP news for you and your practice.

PAI's QPP Tip of the Month: 2019 Virtual Group Election Process Now Open

For the 2019 participation year, physicians and other eligible clinicians (ECs) have the opportunity to participate in the Merit-based Incentive Payment System (MIPS) as part of a virtual group. Virtual Groups are a combination of two or more tax identification numbers (TINs) made up of solo practitioners or groups of 10 or fewer ECs who come together "virtually" (regardless of specialty or location). All ECs part of the Virtual Group receive the same aggregated MIPS score and corresponding payment adjustment across the Virtual Group.

Virtual Group elections must be made prior to the beginning of the performance period; therefore, physicians and other clinicians must submit a Virtual Group election to The Centers for Medicare and Medicaid Services (CMS) via e-mail by the December 31, 2018 deadline for the 2019 MIPS participation year. For additional information on Virtual Groups and the election process, please see the [CMS Virtual Group toolkit](#) and [PAI's Virtual Groups Overview](#) resource available on [PAI's QPP Resource Center](#).

PAI Submits Comments in Response to CY 2019 QPP Proposed Rule and Includes Findings From In-Field Engagement with Physicians and Practices

On September 10, PAI submitted comments in response to the CY 2019 Medicare Physician Fee Schedule and Quality Payment Program (QPP) Proposed Rule. In its comments, PAI urged CMS to:

- Implement burden reductions for E/M documentation guidelines and requirements but urge the Agency against tying them to any reduction in payments for E/M services.
- Avoid making drastic changes to MIPS submission mechanisms and its categories (including scoring and reporting requirements/options) that would require substantial retraining for physicians and other eligible clinicians.
- Maintain the weight on the cost category at 10 percent and refrain from applying the new episode-based measures until further development and testing is conducted.
- Continue to engage with stakeholders and work closely on the development of cost category measures that more accurately assess the utilization of health care services and appropriately attribute costs.
- Refrain from reporting QPP data on Physician Compare until there is more predictability, continuity, consistency, and decreased complexity in the program.

Additionally, over the past year, PAI has been engaging with physicians and practices in-the-field in both one-on-one and group discussions. These discussions have helped identify current challenges and opportunities for improvement for both the QPP as well as other value-based programs. Through these discussions, PAI was able to identify the resources, modifications to the current program, and/or assistance that might be most useful to physicians and practices to address existing barriers and gaps. A complete summary of findings was included as an Addendum to the comment letter.

See PAI's complete [comments here](#) and the Addendum here.

PAI Submits Comments in Response to Stark Law Request for Information (RFI)

In its comments in response to the physician self-referral law (Stark Law) RFI, PAI supported CMS's efforts to modernize the physician self-referral law and adopt policies that promote patient choice and access to care. To address current constraints in the self-referral law and promote the adoption and development of value-based care models, PAI recommended the following key steps:

1. Establish clear exceptions to self-referral restrictions for payment models and physician-owned hospitals that promote physician-led initiatives to value-based care.
2. Provide exceptions for smaller physician practices that lack the resources to conduct exhaustive compliance reviews and limit penalties for initial violations to encourage innovation.
3. Provide additional clarity about risk as well as flexibility in the application of "fair market value" standards given the difficulties in measurement.
4. Focus on providing greater physician education and opportunity to take remedial actions prior to penalizing physicians who are thought to be non-compliant. Based on the complexities at both the federal and state levels, there should not be strict liability under the law.

PAI's [complete comments](#) are available here.

PAI Submits Comments in Response to Hospital Outpatient Prospective Payment System (OPPS) Proposed Rule

PAI's comments in response to the OPSS proposed rule focused on supporting site neutral payment policies that will help increase independent physicians' abilities to deliver care to patients in more convenient and lower-cost settings that reflect patient choice. PAI also supported a provision that would eliminate the incentive for Off-Campus Provider Based Departments (OC-PBDs) to expand service lines beyond those currently performed at the site. More broadly, PAI urged CMS to continue to consider policies to extend site-neutral payments for Medicare services when there is no compelling reason for a higher payment rate, or when utilization trends indicate that certain entities are using the higher facility rates to maximize revenues. PAI's complete comments are available [here](#).

CMS Made Errors Calculating 2019 MIPS Payment Adjustment

[CMS has announced](#) that it has identified errors in the scoring logic for the 2019 MIPS payment adjustment, which are based on 2017 MIPS performance. CMS is extending the [targeted review deadline](#) to October 15, 8:00 pm EDT to allow ECs and APM entities additional time to access and review their performance [feedback reports](#).

CMS Requesting Feedback on 13 Cost Measures

CMS is currently conducting field testing of 13 cost measures for their potential use in the MIPS Cost category. There are 11 new measures, including: Acute Kidney Injury Requiring New Inpatient Dialysis; Femoral or Inguinal Hernia Repair; Elective Primary Hip Arthroplasty; Hemodialysis Access Creation; Inpatient Chronic Obstructive Pulmonary Disease (COPD) Exacerbation; Lower Gastrointestinal Hemorrhage; Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels; Lumpectomy, Partial Mastectomy, Simple Mastectomy; Non-Emergent Coronary Artery Bypass Graft (CABG); Psychoses/Related Conditions; and Renal or Ureteral Stone Surgical Treatment. The following 2 measures are undergoing re-evaluation: Total Per Capita Cost (TPCC) and Medicare Spending Per Beneficiary (MSPB) clinician. During the field testing, CMS is requesting stakeholder feedback on the measures and their supplemental documents via an [online survey](#) through October 31, 2018. Additional information is available [here](#).

CMS QPP Updates

CMS has posted several new resources fact sheets to its QPP Resource Library:

- A set of new resources helping ECs and APM Entities understand their feedback reports and the targeted review process, available on its [2017 Resources page](#).
- A [fact sheet](#) reviewing the 2018 quality measures that are impacted by ICD-10.
- Two new infographics, one on [2018 QPP Participation](#) and another on [2018 MIPS Data Submission](#).

Additional resources on MIPS and Advanced APMs are available on [PAI's QPP Resource Center](#) and the [CMS QPP Resource Library](#).



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