

CMS Drops 2018 MACRA Proposed Rule - Proposes Continuing Flexibilities for Year 2

Tuesday, June 20, 2017

On June 20, 2017, the Centers for Medicare and Medicaid Services (CMS) posted the 2018 Quality Payment Program (QPP) Proposed Rule (CMS-5522-P). Established through the Medicare Access and CHIP Reauthorization Act (MACRA), the QPP established two tracks for Medicare physician payment: the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).

Proposed changes for 2018 have been eagerly awaited because of the expectation that the new Administration might put its mark on implementation. The first year of the QPP, 2017, was established as a transition year. CMS is now describing 2018 as a continued slow ramp-up to encourage clinician participation while maintaining meaningful measurement. Some key proposed policies include:

MIPS

- Implementing virtual groups
- Increasing the low-volume threshold to less than or equal to \$90,000 in Medicare Part B allowed charges (from \$30,000) or less than or equal to 200 Medicare Part B patients (from 100 patients)
- Continuing to allow the use of 2014 Edition of CEHRT (Certified Electronic Health Record Technology), while encouraging the use of 2015 edition of CEHRT
- Adding bonus points for caring for complex patients or using 2015 Edition CEHRT exclusively.

Advanced APMs

- Extending the revenue-based nominal amount standard, which was previously finalized through performance year 2018 for two additional years
- Changing the nominal standard for Medical Home Models so that the minimum required amount of total risk increases more slowly
- Giving more detail about how the All-Payer Combination Option will be implemented
- Giving more detail on how eligible clinicians participating in selected APMs will be assessed under the APM scoring standard

Comments are due August 21, 2017.

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Article By
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