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Subject: BREAKING E-Reimbursement--MIPS Proposed Rule Released for 2018 06-21-2017! Sign Up for Webinars!
Date: June 21, 2017 at 9:11 AM
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E-Reimbursement Newsletter

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Issue: #6, Volume 27

June 2017



Dear Jose Luis,

Finally! Some news from Washington and this week has been memorable in terms of new proposed regulations. **First, [the 2018 Proposed Rule for MIPS](#) is out--all 1058 pages of it. Even [the Fact Sheet](#) is over 20 pages long. What??** It makes you wonder, if a program is so very complex, how can it be implemented by 100s of thousands of providers??? Well, it will have to be by law. Happily, if you have 15 or less providers, there will be a little help for you! See our brief synopsis below. More details after I plow through the Monster.

Secondly, there is a new proposal from our dear friends at MedPAC regarding drug pricing that will change WAC and ASP, if ever implemented. We will have that one for you next week in our very long newsletter that will include: new Medicare numbers; new ICD-10-CM codes proposed for 2018; and more. Stay tuned!!

And, remember the Physician Fee Schedule and Hospital Outpatient regulations will be released at the end of this month or beginning of next. Yikes! So much to do!

Finally, we have some extra seats for our summer webinars, Use the links IN OUR LAST ARTICLE to sign up all of your friends and enemies. Again, space is limited--so, do not delay if you or your clinicians want to attend.

Da' Mistress

First Peek: MIPS Proposed for 2018

The proposed rule for the second year of [the Medicare Access and CHIP Reauthorization Act™s \(MACRA\) Quality Payment Program \(QPP\)](#) has been released by CMS, with its public objective to allegedly "simplify the program. especially for small. independent. and rural practices.

while ensuring fiscal sustainability and high-quality care." And, if you believe that I have some regulations I would like for you to read before next week--over 1,000 pages of this "simplified" program!!!

CMS Administrator Seema Verma [stated in her press release](#) that the agency wanted to address concerns about MACRA reporting and technology burdens on providers, as well as making it easier for rural and/or smaller providers to participate--including the ability to form virtual groups (sort of like 'pooling in the Oncology Care Model). Easy for her to say.

Cutting to the chase: proposed divisions in 2018 MIPS performance year final score (unless you are fully or partially enrolled in an APM):

- **Quality 60%,**
- **Cost 0%,**
- **Improvement Activities 15%, and**
- **Advancing Care Information 25%**
- Keep re-weighting the Advancing Care Information performance category to the Quality performance category for participants who meet exclusions.
- Make new extenuating circumstances for all performance categories
- Add up to 5 bonus points for small practice bonus.
- Add up to 3 bonus points to the final score for caring for complex patients. That means your HCC coding is way, way important.

Another big change to the program, which will affect very few of you out there, is raising the low-volume threshold for the Merit-based Incentive Payment System (MIPS). In 2017, clinicians are exempt from MIPS if they receive under \$30,000 in Medicare Part B charges or treat fewer than 100 Medicare patients. In 2018, CMS is proposing raising those thresholds to \$90,000 in Part B charges and 200 patients. CMS said in the proposed rule this would "enhance the ability of small practices to participate," the existing low-volume thresholds had already exempted over 60% of Medicare providers in its first year--very few of them in our world.

A few of the other changes outlined in the proposed rule include:

- Adds a "significant hardship exception" from the advancing care information performance category for MIPS eligible clinicians in 'small' practices
- Adding bonus points to MIPS scores for clinicians in 'small' practices as long as they submit in one performance category
- Continuing to allow the use of 2014 Edition CEHRT (Certified Electronic Health Record Technology), while "encouraging" the use of 2015 edition CEHRT.
- Creating a "virtual group" participation option which would be composed of solo practitioners and groups of 10 or fewer eligible clinicians who come together "virtually" with at least 1 other such solo practitioner or group to participate for one performance year.
- Implementing facility-based measures for those of you who are in hospitals to "add more flexibility for clinicians to be assessed in the context of the facilities at which they work."

The [rule](#) is due to be published on the Federal Register on June 30,

with comments being accepted through August 21. A big comment should be: if this is 'simplified', why does it take over 1,000 pages to explain it?

Webinar Sign Up!!! Limited Seats Available

Here are webinars with slots for sign ups. There is still room for you on these dates! We will leave registration open until all slots are filled:

- Evaluation & Management Coding 2017 (Includes all care coordination codes, Advance Care Planning, etc.) on [7/14/2017](#) at 7 PM.
- Proposed 2018 Medicare Regulations: Offices and Hospital Outpatient on [8/17/2017](#) at 12 noon
- Benchmarking The Revenue Cycle Your Practice or Clinic Updated (As Presented at The COA Meeting in April) on [8/24/2017](#) at 12 noon

Once again, space is limited!!!!

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