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Client Alert: CMS to Physicians: QPP Reporting 2017 "Have it Your Way"

INDUSTRY SECTOR

Health Care

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On August 8, 2016, the Centers for Medicare & Medicaid Services ("**CMS**") announced in a blog post reminiscent of a Burger King commercial that physicians and other clinicians can indeed "have it their way" when reporting for the first year of the Quality Payment Program ("**QPP**"). CMS received nearly 4,000 comments to the QPP rules proposed in April. The American Medical Association and other physician advocates urged delay in the reporting requirements while others felt a delay would unfairly penalize those who have been preparing for new reimbursement systems. CMS also fielded questions at a Senate Finance Committee hearing in July and CMS Acting Administrator Andy Slavitt indicated at that time that CMS was open to different approaches. In its blog post, CMS acknowledged a wide diversity of physician practices and indicated that clinicians choosing one of four options in 2017 would *not* receive a negative payment adjustment in 2019. Three of the options relate to the Merit-Based Incentive Payment System and the fourth applies to the Advanced Alternative Payment Models ("**Advanced APMs**") track. The options are:

- **Test the QPP**. Clinicians that submit at least some data to the QPP, including data from after January 1, 2017, will avoid a negative payment adjustment in 2019. This option allows providers to ensure their systems are working and that they are prepared for broader participation in 2018 and 2019.

- **Participate for Part of the Calendar Year**. Clinicians that submit QPP information for a reduced number of days in 2017 would still qualify for a "small" positive payment adjustment.

- **Participate for the Full Calendar Year**. Providers that are ready to go on January 1, 2017 may choose to submit QPP information as CMS intended and receive a "modest" payment adjustment.

- **Participate in an Advanced APM in 2017**. Rather than reporting QPP information, clinicians may participate by joining an Advanced APM. If enough of the provider's Medicare payments or Medicare patients are from Advanced Alternative Payment Models in 2017, the provider would qualify for a 5% incentive payment in 2019. As we reported earlier, at this time Advanced APMs include only: Medicare Shared Savings Program Tracks 2 and 3; Next Generation ACO; Comprehensive Primary Care Plus; Comprehensive End Stage Renal Disease Care; and Oncology Care Model two-sided risk arrangement (available in 2018).

We would expect to see "small" and "modest" payment adjustments more fully described in the final regulations which are due out by November 1, 2016.

If you have questions, please contact Kelly Leahy at (614) 628-6815 or kleahy@shumaker.com.

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