
Quality Payment Program Update

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Physicians who bill more than \$90,000 in total allowed Medicare Part B charges need to ensure successful participation in the Quality Payment Program (QPP). Two pathways are available: submitting data for the Merit-based Incentive Payment System (MIPS) or joining an Advanced Alternative Payment Model (APM). The Centers for Medicare & Medicaid Services (CMS) estimates less than 40% of eligible clinicians (ECs) are required to submit MIPS data, with only 15 points required to avoid the 5% penalty on the table in 2018.

If you are a small practice – defined as 15 ECs or less – there will be a hardship exemption available from the “*Promoting Interoperability*” category (the new name for Advancing Care Information). The exception is granted simply for being small, but other categories include a decertified electronic health record (EHR) system or an EHR system switch midway through the year. The application has yet to be released, but will be due on December 31, 2018.

In 2017, 91% of all MIPS-eligible clinicians participated in the first year of the QPP, according to CMS’ announcement last month. “Official” scores will be released sometime in July, although preliminary scores are now available. The high level of participation is welcome by CMS, although it means less money will be distributed as bonuses to participants. With the exception of funds available for “exceptional performers,” this budget-neutral program requires the losers feed the winners. Because there are so few losers this year, don’t expect a financial windfall.

In the report, CMS provides a look into the crystal ball for the future. Administrator Seema Verma announced: “Under the Bipartisan Budget Act of 2018, we have additional authority to continue our gradual implementation of certain requirements for three more years to further reduce burden in areas of MIPS.” This is welcome news for physicians seeking relief from the government’s red tape.

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