

CMS Announces Flexibility in Medicare Clinicians' 2017 MACRA Quality Reporting

The Centers for Medicare and Medicaid Services recently announced flexibility for eligible clinicians' anticipated January 1, 2017, reporting under the Medicare Access and CHIP Reauthorization Act's (MACRA) Quality Payment Program (QPP). The flexibilities, announced in advance of a highly anticipated MACRA final rule, would newly allow partial-year or testing-only quality reporting in calendar year 2017 for clinicians reporting under the QPP's Merit-based Incentive Payment System (MIPS).

The QPP includes the MIPS, for which calendar year (CY) 2017 was proposed in CMS' April 2016 rule as the first performance period on which CMS would base the CY 2019 payment adjustment. QPP also includes the Alternative Payment Model (APM) track for clinicians participating in eligible APMs.

Under today's announcement, which comes ahead of a final rule anticipated by November 1st, eligible clinicians will be able "pick their pace of participation" for the CY 2017 performance period from among four possibilities:

- Testing Only – Clinicians now may elect a "testing" option through which as long as some quality data is submitted via the QPP, including some from after Jan. 1, 2017, no negative payment adjustment will apply in 2019. CMS says this will ensure that clinicians "system is working and that you are prepared for broader participation in 2018 and 2019 as you learn more."

- Partial Calendar Year – Clinicians newly may opt to submit data to the QPP for a "reduced number of days." Under this option, clinicians' 2017 performance period could begin after Jan. 1, 2017, and their 2019 payment implications could still be a "small positive payment adjustment," CMS indicates.
- Full Calendar Year Participation – Clinicians may, as originally envisioned, submit QPP data for the full 2017 calendar year, effective Jan. 1, 2017, and receive a "modest positive adjustment." CMS says this option is for practices that have readiness to proceed.
- Alternative Payment Models – As statutorily specified and further discussed in CMS' April 2016 proposal, practices may participate in eligible APMs, receive bonuses and differentially higher later updates, and forego quality reporting under MIPS that is required under all other options.

CMS says it appreciates providers' "sincere and constructive participation in the feedback process to date and look forward to advancing step-by-step in that same spirit." CMS says it will address stakeholder comments more fully in the final rule, including those related to small, rural, and non-hospital-based clinicians.