



NAACOS Response to Final 2018 MACRA QPP Rule

WASHINGTON, D.C., November 3, 2017

Yesterday, the Centers for Medicare & Medicaid Services (CMS) released the final rule detailing 2018 performance year policies for the Quality Payment Program (QPP) under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The final QPP rule includes requirements for 2018 performance which corresponds to 2020 payment adjustments for Medicare Part B payments. NAACOS is pleased that CMS includes the Medicare Shared Savings Program (MSSP) tracks 1+, 2 and 3 as well as the Next Generation ACO model as Advanced Alternative Payment Models (APMs) for 2018 performance. In the rule, CMS finalized many of its proposals, including a number for which NAACOS was advocating.

For Advanced APMs, NAACOS is pleased to see the agency extend the Medicare 8 percent revenue-based risk standard for the 2019 and 2020 performance years as well as introduce the same revenue-based standard for APMs outside of Medicare. Clif Gaus, president and CEO of NAACOS, comments "Maintaining the level of revenue-based risk is important for ACOs that are beginning to take on risk through the new Track 1+, which will now continue to qualify as an Advanced APM in future years." NAACOS is also pleased to see CMS acted on NAACOS's recommendation to assess performance at the ACO level, rather than at the individual clinician level as the agency proposed. This will apply in future years when CMS starts giving credit for APM participation outside of Medicare. NAACOS will continue to advocate for a more streamlined and less burdensome process for qualifying under that All-Payer Combination Option. While the agency does not expedite the timeline for that option, which begins with 2019 performance, CMS states it will create a demonstration for 2018 performance that would allow certain providers that have qualifying contracts with Medicare Advantage plans to qualify for MACRA bonuses. NAACOS supports this demonstration and will urge CMS to allow MSSP Track 1 ACOs to participate.

For the Merit-Based Incentive Payment System (MIPS), NAACOS is pleased to see CMS make good on its promise to hold clinicians accountable for both quality and cost by adopting our recommendation to incorporate cost in MIPS scores in the second year of the QPP. Gaus states, "We will continue to urge CMS to create policies that encourage providers to move toward value-based systems of care and reward those organizations that have made the leap to value-based delivery and payment systems." While NAACOS expects ACOs to be among the top performers in MIPS, we are disappointed CMS did not change its unfair policy which counts MIPS bonuses as ACO expenditures. This perverse incentive penalizes the ACOs that are subject to and perform well under MIPS. NAACOS will continue to push the agency to reconsider this flawed policy. NAACOS is also pleased to see CMS finalize an additional opportunity to include new providers that join an ACO towards the end of the year to be part of the ACO's MIPS evaluation. This additional

“snapshot” date of December 31st will ensure all clinicians who have participated in an ACO during the performance year will be included in the ACO’s final MIPS score. NAACOS advocated strongly for CMS to make this change which will allow providers to focus their efforts on the ACO’s activities as a whole and reduce MIPS reporting burdens.

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About NAACOS. NAACOS is the largest association of ACOs, representing over 3.72 million beneficiary lives through more than 260 Medicare Shared Savings Program (MSSP) ACOs, Next Generation, and commercial ACOs. NAACOS is an ACO member-led and member-owned non-profit organization that works on behalf of ACOs across the nation to improve the quality of Medicare delivery, population health and outcomes, and health care cost efficiency. Our members, more than many other healthcare organizations, want to see an effective, coordinated patient-centric care process.