



AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY

Support physicians as they transition to new value-based payment models by creating early opportunities for success and eliminating regulatory barriers that impede advancement toward new payment and delivery designs.

QUALITY PAYMENT PROGRAM FLEXIBILITY

ISSUE OVERVIEW:

The Medicare Access and CHIP Reauthorization Act (MACRA) provides flexibility to CMS in how it structures the Merit-Based Incentive Payment System (MIPS) for payment years 2019 and 2020. This statutory flexibility should be extended through the 2023 payment year.

The transitional period should explicitly limit the weight of the MIPS cost category to not more than 10 percent of the total performance score while episode groups are developed and tested for assessing a physician's resource use, or cost. Allowing physicians to "pick their pace" during the early years of the MIPS should continue by allowing CMS to establish a performance threshold that is not based on the mean or median of past performance.

When physicians participate in quality improvement activities, patients benefit and the potential exists for cost savings to accrue to the health care system. However, to realize these positive outgrowths, physicians must be first given the opportunity to succeed within the new MIPS and alternative payment model payment structures.

The proposed policies for year two of the Quality Payment Program (QPP) provides considerable opportunity for physicians, particularly those physicians in small group practices, to avoid a negative payment adjustment and potentially earn a positive adjustment. Physicians remain, however, overwhelmed with the QPP requirements and navigating the increasingly complex MIPS scoring structure. Therefore, program requirements should remain flexible beyond the 2020 payment year.

LEGISLATIVE ASK:

Support legislative action to extend the MIPS transition period from two to five years by:

- Limiting the MIPS Cost Category to not more the 10 percent of the total performance score.
- Increasing the weight of the Improvement Activities Category to not less than 25 percent of the total performance score.
- Maintaining the Quality Performance Category at no more than 60 percent of the total performance score.
- Permitting an Advancing Care Information Category weighting of not more than 25 percent.
- Allowing CMS to establish a performance threshold that is not based on the mean or median of past performance.