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Since Congress scrapped the formula for Medicare reimbursement in 2015, SVS has worked closely with legislators to shape the replacement rule, the Medicare Access and CHIP Reauthorization Act (MACRA) and ensure our members' voices are heard on Capitol Hill.

With the release of the Final Rule, SVS is pleased to report that the agency listened to members' concerns and made many changes to the Proposed Rule. SVS leaders, however, believe work remains to be done to improve the new Medicare reimbursement system, the Quality Replacement Program.

Representative Tom Price, M.D. (R-GA), of the House Doctors Caucus, said in a statement: "The Final Rule deserves careful scrutiny in light of the serious concerns members of the Congressional Doctors Caucus raised last week in our letter to CMS on the proposed MACRA regulation. We are deeply concerned about how this rule could affect the patient-doctor relationship, and I look forward to carefully reviewing it in the coming days to determine whether the Administration addressed those concerns and put the interests of the patients first."

Positive changes in the Final Rule include:
Transition Year to Avoid the Quality Payment Program Penalty: A major SVS concern with the Proposed Rule was the unrealistic start date of Jan. 1, 2017, for both of the program's tracks, the Merit-based Incentive Payment Program (MIPS) and Alternative Payment Models (APMs). Physicians would have been required to report on all four MIPS categories (resource use/cost, quality, advancing care information and clinical practice improvement activities) or successfully participate in an APM to avoid a negative payment adjustment in 2019. The SVS advocated for a delay of one year; CMS opted for "Pick Your Pace," in which physicians can choose to participate in one of four options in 2017 to avoid penalties. Also, the Final Rule sets the weight of resource use/cost at zero percent toward the score in the first year. However, non-participation will result in a negative payment adjustment.

Increase in the Low-Volume Threshold: For exemption from QPP participation, the Proposed Rule set the threshold for physicians at less than $10,000 in Medicare payments and fewer than 100 Medicare patients per year. The Final Rule set the threshold at $30,000 in payments or fewer than 100 Medicare patients per year. CMS estimates that this provision will exempt more than half of eligible clinicians from MIPS reporting in 2017.

A Reduction in the Reporting Burden: The SVS expressed frustration with the Proposed Rule's Medicare reporting burden. CMS made some adjustments to reporting; for example, under the MIPS advancing care category that replaces the Electronic Health Records Meaningful Use program, physicians will only need to report successfully on measures on 50 percent of patients in 2018. The original threshold was 90 percent for those who report electronically

and 80 percent for those who report using claims. And in the clinical practice improvement activities category, CMS reduced the number of required activities to achieve full credit in 2017.

CMS Education on the new Quality Payment Program: CMS has said it will provide education to physicians and engage patients on the many changes to Medicare physician payment in the Final Rule. The SVS requested this assistance in its comments on the Proposed Rule. Along with webinars, CMS will create facts sheets and has posted a website, https://qpp.cms.gov, that features helpful information for physicians. Dr. Patrick Conway, M.D., CMS deputy administrator for innovation and quality, believes that at least 90 percent of physicians will be successful participants in the new models.

APMs: The SVS is continuing to work with the American College of Surgeons on episode APMs and will also be creating its own APM models specifically for vascular surgeons. The SVS is pleased that a committee will be available to review new APMs and make recommendations to CMS on physician-focused payment models. Also, participation in APMs exempts physicians from participation in MIPS. In order to be considered an Advanced APM, the model must meet the following criteria: require participants to use electronic health records, provide payment for covered professional services based on quality measures and require APMs to bear risk for monetary losses of more than a nominal amount. “Nominal risk” is defined as either 8 percent of the average of Parts A and B revenue or 3 percent of expected expenditures. The SVS continues to have concerns regarding nominal risk.

SVS staff is continuing to review the almost 2,400-page MACRA Final Rule. Comments are due 60 days after the release of the Final Rule, which was Oct. 14.

(To see all of the SVS news from the December 2016 Vascular Specialist, please click here .)

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