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Community Oncology Alliance Releases 2016 Practice Impact Report

The Community Oncology Alliance (COA) released the sixth edition of its practice impact report that details the changing landscape of oncology practices in the United States. The report covers the nine-year period between 2008 and 2016 to present a unique look at community oncology practice trends at both the national and state levels. **Read below.**

White House Releases Cancer Moonshot Report

On October 17, the White House released the Cancer Moonshot Task Force's Implementation Plans for accelerating progress, including actions launched under the Cancer Moonshot this year and longer-term plans for continuing momentum into the future. **Read below.**

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Key provisions in the Final Rule include:

Transition Period for MIPS Reporting – CMS finalizes previously announced “transitional policies” allowing physicians to “pick their pace” of participation for the first performance period under the MIPS program that begins January 1, 2017. The transition period allows Medicare physicians to choose one of four reporting paths:

1. Report to MIPS for either a 90 day or one-year period;
2. Report to MIPS for less than a year but more than 90 days and report more than one quality measure, more than one improvement activity, or more than the required measures in the advancing care information performance category;
3. Report one measure in each MIPS category; or
4. Participate in an Advanced APM.

Advanced APMs – The rule includes requirements for Advanced APMs and Other Payer Advanced APMs, which are laid out in the MACRA legislation. CMS also indicates that it will release an initial set of Advanced APM determinations no later than January 1, 2017.

MIPS – The Final Rule outlines how MACRA eligible clinicians and groups will participate in the Merit-Based Incentive Payment System (MIPS), which consolidates components of three existing programs: Physician Quality Reporting System (PQRS), the Physician Value-based Payment Modifier (VBM), and the Medicare Electronic Health Record (EHR) Incentive Program for eligible professionals (EPs), set to end in 2018.

Under MIPS, eligible clinicians may see positive, neutral, or negative adjustments of up to four percent for Medicare covered professional services in 2019 based on their 2017 performance, with an additional \$500 million annually between 2019-2024 in positive adjustments for “exceptional” performance.

CMS finalizes calendar year (CY) 2017 as a “transition year” for the inaugural CY 2019 MIPS payment year.

The Final Rule identifies the following quality domains:

- **Quality Activities (60 percent)** – For full performance, clinicians will report on six quality measures, or one specialty-specific or subspecialty-specific measure set. A lower threshold of one measures out of six applies for CY 2017, including higher points for higher performance.
- **Improvement Activities (15 percent)** – Eligible clinicians may attest to having completed up to four medium-weighted or two high-weighted improvement activities, a reduction from its six proposed activities.
- **Advancing Care Information Performance Category (25 percent)** – Eligible clinicians will report on five required measures, a reduction from 11 measures in the proposed rule. All other measures are optional for reporting.
- **Cost/Resource Use (Zero percent)** – CMS simplifies the cost performance category and sets the weight at zero percent of the final score for CY 2017, the transition year. However, it is expected to be counted toward scoring starting in CY 2018. As performance feedback is available, the cost performance category will increase from zero percent to the statutory 30 percent level by 2021.

Clinicians in “MIPS APMs” – Beginning in 2017, some existing APMs will not meet statutory requirements to be categorized as Advanced APMs. CMS will now refer to those programs as “MIPS APMs,” and specifies that eligible clinicians within them will be subject to the reporting requirements payment adjustment under the MIPS track. However, in an effort to recognize these clinicians’ participation in delivery reform, CMS finalizes a proposal that MIPS eligible clinicians who participate in MIPS APMs will be scored using the APM scoring standard instead of that generally applicable to MIPS.

Scoring under MIPS – CMS finalizes the proposal that MIPS eligible clinicians have the flexibility to submit information individually or via a group or an APM Entity group; however, the clinician will use the same identifier for all performance categories.

The new payment policies will take effect on January 1, 2017. CMS is accepting comments on the final rule through December 16, 2016.

To view the Final Rule, [CLICK HERE](#).

To view the QPP Overview Fact Sheet , [CLICK HERE](#).

New AEI Analysis Examines Medicare Part B Drug Payment Model Savings Estimate

The American Enterprise Institute (AEI) released an economic perspectives analysis on October 13, which digs into the Congressional Budget Offices’ (CBO) recent projection that the Medicare Part B Drug Payment Model will save \$1.145 billion over 10 years. The demonstration, which changes the reimbursement formula for physician-administered Part B drugs in an attempt to incentivize providers to shift towards lower cost medications, is part of the Center for Medicare and Medicaid Innovation’s (CMMI) latest plan to reduce drug costs.

Currently, Part B providers receive the average sales price (ASP) of the drug plus 6 percent in reimbursement. The new proposal is supposed to be implemented in two phases. The first would decrease that reimbursement to 2.5 percent plus a daily addition of \$16.80 per drug. In phase two, reimbursement rates would be determined by factors such as clinical effectiveness. A Final Rule concerning the demonstration has yet to be released. As such, CBO's cost-savings estimate can only be based on the previously released draft rule.

According to Dr. Joseph Antos, CMMI has not released detailed enough plans on how it expects to achieve its cost savings for CBO to prepare an accurate savings projection. Instead, the CBO analysis extrapolates the findings from a previous proposal – published eight years ago – that it believes to be similar and adjusts its figure from there. CBO also makes the assumption that the second phase of the demonstration will be successfully implemented, despite a lack of details about how it will work. Furthermore, Dr. Antos notes that CMS has a history of making major changes between the draft and final stages of rule-making, which makes it difficult to estimate its impact.

In order to avoid these kinds of flawed projections in the future, Dr. Antos recommends CBO do the following when scoring future demonstration programs:

- Score only final, rather than draft rules.
- Not give budget credit to projects that have yet to be announced.
- Not assume that a project will make it beyond the first phase – especially in the case of the Part B Drug Payment Model.

To read Dr. Antos's full analysis, [CLICK HERE](#).

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The Community Oncology Alliance (COA) recently released the sixth edition of its practice impact report that details the changing landscape of oncology practices in the United States. The report covers the nine-year period between 2008 and 2016 to present a unique look at community oncology practice trends at both the national and state levels. Since 2008, 1,581 community oncology practices and clinics have been affected by closings, hospital acquisitions, and corporate mergers, which equals approximately 15 community practices affected per month

over the nine-year observed period.

Practice closures are also up significantly – 380 have done so since 2008 – which represents an 87 percent increase since the last report. An additional 390 practices

reported that they are struggling financially while 45 percent have begun to send Medicare patients elsewhere due to high costs. Furthermore, 609 practices have been acquired by hospitals since 2008.

The states with the highest number of community oncology practice closures are Florida (37), Texas (36) and Michigan (34). Meanwhile, Michigan (43), New York (41), and California (40) have the most centers that reported being under current financial stress.

To view the COA report, [CLICK HERE](#).

White House Releases Cancer Moonshot Report



On October 17, the White House released the Cancer Moonshot Task Force's Implementation Plan, which summarizes the work of the Cancer Moonshot Task Force since its creation in January, and details the Vice President's strategic plan for transforming cancer research and care.

The report outlines five strategic goals for accelerating progress and achieving longer-term goals for continuing momentum into the future.

1. Catalyze New Scientific Breakthroughs
2. Unleash the Power of Data
3. Accelerate Bringing New Therapies to Patients
4. Strengthen Prevention and Diagnosis
5. Improve Patient Access and Care

The Cancer Moonshot Task Force also announced the following set of activities to support the goals of the Cancer Moonshot, which will include partnerships with federal agencies, academia, technology companies, professional societies and other cancer stakeholders:

- Crowdsourcing Intellectual Property Data to Guide Cancer Investments
- Harnessing the Power of Artificial Intelligence to Improve Cancer and Disease Diagnosis
- Improving Cancer Survivorship through Art
- Partnership to Avoid Carcinogenic Risks by Reducing Radon Exposure
- Preclinical Research Partnership to Evaluate the Potential of Particle Beam Radiotherapy
- Promoting Human Papillomavirus (HPV) Vaccination as Cancer Prevention
- Strengthening and Clarifying the Requirements for Public Availability of Clinical Trial Information
- The Department of Defense Launching Groundbreaking Longitudinal Study to Revolutionize Precision Oncology

President Obama has requested more than \$1 billion in investment to jumpstart the initiative, including \$755 million in funding new cancer activities at the National Institutes of Health (NIH) and the Food and Drug Administration (FDA), however the funds have not been approved by Congress.

To view the full report, [CLICK HERE](#).

To view the White House fact sheet, [CLICK HERE](#).