

Awaiting “Long Overdue” MACRA Compliance Requirements, Doctors Report “Frustration and Confusion”



Last year the Centers for Medicare and Medicaid Services (CMS) released

final rule exempting physicians who treat fewer than 100 unique Medicare patients per year or billing for less than \$30,000 in Medicare reimbursement from compliance with the Merit-based Incentive Payment System (MIPS) under the [Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\)](#). CMS had said it would send formal notices to officially exempt certain “low-volume” doctors in December of 2016 so that physicians would know their status and those needing to comply would be ready for the program’s commencement in 2017.

However, nearly three months into the calendar year, the CMS has not sent those notices, and doctors are uneasy. The CMS said it intended to use “historic data” in determining which physicians would be exempt. (And just assuming one is exempt and therefore avoiding the issue won’t do practitioners any good if further down the road the CMS informs them that they should have been complying with MIPS after all.)

As many as 1/3 of physicians may not have to worry about MIPS compliance

Under MIPS, reimbursement to physicians will depend upon success in four categories: clinical practice improvement, resource use, quality, and the use of health information technology for the advancement of care information (based on a program used by the CMS to determine when physicians should receive rewards for utilizing electronic health records).

According to analysis by the American Medical Association, the final rule’s threshold will likely exempt around a third of physicians from MIPS. But of course, doctors want to know for certain whether the CMS will categorize them in that subset.

Additionally, physicians have been awaiting other information relevant to MIPS compliance, including lists of approved registries, vendors, whether a practice has hospital-based or non-patient facing status, and qualified clinical data registries, information which the CMS has not yet disseminated.

A spokesperson for the CMS said notifications will be sent “this spring,” and offered no explanation for why the agency’s self-generated December deadline was not honored.

MGMA sends new CMS Administrator letter, imploring her to

expedite notifications

The [Medical Group Management Association \(MGMA\)](#) represents physicians groups and has affiliates in all states that include nearly 400,000 practicing doctors. MGMA's Senior Vice President of Government Affairs, Anders M. Gilberg, sent a letter to newly-appointed CMS Administrator Seema Verma outlining the problem and asking for her help in clarifying a murky situation that "is generating considerable frustration and confusion."

Gilberg's letter addresses the reality that physicians face a "challenge" when they transition to the MIPS—among other tasks, they must contract with data registries, shift to electronic health record software, train staff, and restructure workflows to accommodate the necessity for data capture and reporting protocol. Not knowing whether they need to undertake this program-specific work, with MACRA now in effect, can result in considerable headaches for medical practices.

Gilberg wrote: "Without basic information about eligibility, physicians and medical groups are significantly disadvantaged from positioning themselves for success in the program."

How far along the CMS is to having the physician notices ready to send is not a guess someone outside of the agency can hazard. Perhaps Gilberg's letter will speed up the process. He wrote: "We urge CMS to expeditiously release these long overdue MIPS eligibility notices and approved vendor lists."

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