



CMS releases Quality Payment Program proposed rule

On June 20, 2017, the **Centers for Medicare & Medicaid Services (CMS)** released the proposed rule to update the **Quality Payment Program** for its second year (2018). The Quality Payment Program includes the **Merit-Based Incentive Payment Systems** and **Advanced Alternative Payment Models**. The goals of the program include improvement of health outcomes, wise spending, minimization of the burden of participation, and fairness and transparency.

Provisions of note in the proposed rule include:

CMS proposes continuing the assignment of zero to the MIPS cost performance category.

Other performance categories are proposed to be assigned: Quality- 60%, Improvement Activities -15%, Advancing Care Information-25%.

For 2018, CMS proposes adding a new improvement activity that MIPS eligible clinicians could choose if they attest they're using AUC through a qualified clinical decision support mechanism for all advanced diagnostic imaging services ordered.

CMS proposes a raise to the performance threshold to 15 points (the current threshold is 3). This means a MIPS eligible clinicians will have to achieve a final score of 15 or above to avoid a negative payment adjustment in 2019.

CMS outlines requirements for clinicians to participate in MIPS via a virtual group.

CMS plans to determine whether clinicians are in qualified APMS using an all-payer combination option that looks at a clinician's participation in a Medicare Advanced APMS, as well as an Other Payer Advanced APM.

ASNC will release further information germane to nuclear cardiology in the coming days and weeks.