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.