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Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-5522-P
P.O. Box 8013
Baltimore, MD 21244-8013
By electronic submission at http://www.regulations.gov

RE: 42 CFR Part 414. Medicare Program; CY 2018 Updates to the Quality Payment Program

To Whom It May Concern:

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal policy makers. The Panel is pleased to offer comments in response to the proposed updates for the second and future years of the Quality Payment Program (QPP). Our comments are limited to rural-specific issues and are structured to parallel questions posed, or issues stated, by CMS (not technical comments regarding specific sections of the proposed rule).

Overall, the Panel supports efforts to improve the Quality Payment Program. Medicare represents a higher proportion of patients for most rural health care organizations and clinicians than in urban areas, so Medicare policies may have a disproportionate impact on rural providers, hospitals, and beneficiaries. Therefore, we hope our comments below serve as valuable input during the proposed rule finalization.

Eligibility and Exclusion Provisions of the MIPS Program

The Panel appreciates the attempt to increase flexibility and reduce the burden on MIPS eligible clinicians in small and solo practices (many of which are in rural areas) by expanding the MIPS program exclusion criteria via changes to the low-volume threshold. We recognize the unique challenges rural providers face because of the lack of infrastructure, flexibility, and resources to quickly adapt to the QQPP requirements. However, excluding providers to lessen administrative burden can have significant unintended consequences. Providers ineligible for MIPS lose an opportunity to learn and implement value-based care delivery and cannot realize potential MIPS bonuses. The specific scale of the impact of the proposed rule regarding newly ineligible rural providers is unknown, and as such, the Panel recommends that CMS consider further research and analysis regarding the unintended effects of expanded exclusion criteria. Finally, we encourage CMS to focus on continuing to find ways to support rural providers and offer resources requisite to meet MIPS reporting criteria and other requirements.

The Panel recognizes that QPP objectives include improved health outcomes, smarter spending, reduced burden of participation, and program fairness and transparency. Furthermore, the Panel recognizes that current proposals are designed to increase flexibility and allow clinicians to choose QPP participation in a way that is best for them, their practice, and their patients. As CMS continues implementing provisions of the Quality Payment Program, the Panel recommends that CMS consider unique rural provider situations while furthering QPP goals. As fewer rural clinicians (and all clinicians) participate, it becomes less likely that the QPP objectives of increased reporting, transparency, and quality improvement will be broadly achieved.

MIPS Eligible Clinicians: Rural Area and Health Professional Shortage Area Practices

CMS proposes to modify the definition of a rural area using the most recent Health Resources and Services Administration (HRSA) Area Health Resource File data set available. Additionally, CMS proposes that an individual MIPS eligible clinician, a group, or a virtual group be designated as a rural or HPSA practice if more than 75 percent of NPIs billing are designated in a ZIP code as a rural area or HPSA. The Panel believes these two changes would effectively reduce the number of practices designated as rural or small practices. However, we do not have the necessary data to determine the appropriateness of this policy change. We recommend that CMS analyze and quantify the number of rural practices effectively excluded due to the proposed rule prior to full implementation.

New Options for Advanced APMs participation

The RUPRI Panel is supportive of CMS' Advanced APM eligibility expansion proposals because they would enable more rural participation.

Bonus Points for Rural or Small Practices

We support providing bonus points that are added to the final scores of MIPS eligible clinicians who are in rural or small practices. Moreover, we agree with CMS' assertion that increasing the likelihood of getting bonus points will further enhance the successful participation of rural clinicians in the Quality Payment Program. Further, offering bonus points increases the potential of greater revenue for high-performing rural physicians, which can be re-invested in the infrastructure and processes needed to deliver high value care.

CMS proposes not to extend the final score bonus in rural areas due to a less than one-point difference that exists between scores for MIPS eligible clinicians who practice in rural areas and those who do not. The Panel would like to express concern regarding the data used to make the decision to not apply a rural practice bonus. We believe CMS may have relied on preceding programs such as the Physician Quality Reporting System (PQRS) and/or Value-Based Modifier programs, which may represent incomplete data due to rural clinicians' lack of participation in them.

Virtual Groups

The Panel praises CMS' support for increasing technical assistance (TA) to virtual groups and proposing that clinicians who do not yet have a designated TA representative would still have the option of contacting the Quality Payment Program Service Center. Collaboration with practices to form virtual groups increases participation and spreads the risk and costs of data collection, a particularly important consideration for rural providers. Therefore, the Panel recommends increased resource allocation for technical assistance (TA) to encourage the formation of virtual groups. However, without the availability of appropriate TA resources necessary to support virtual groups, CMS' laudable goal of reducing the burden rural clinicians face may not be met.

Opt-in to MIPS

Though the exclusion provision makes sense for rural clinicians who might be overburdened by administrative requirements, clinicians who have prepared to participate in MIPS, yet are programmatically ineligible, would be unfairly penalized. The Panel is supportive of an opt-in opportunity for MIPS eligible clinicians and groups, as we believe the exclusion from MIPS participation may affect rural primary care physicians disproportionately. Moreover, allowing clinicians the choice to opt-in would improve rural clinician practices, reporting, and quality of care.

The Panel commends CMS' continued work on these critical issues and we thank you for the opportunity to submit comments prior to the finalization of this proposed rule.

Sincerely,

The Rural Policy Research Institute Health Panel

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