

New Budget Bill Excludes Medicare Part B Drug Cost from MIPS Payment Adjustments

Recently, the Bipartisan Budget Act of 2018 was passed by Congress and signed by President Trump. The bill had many high-profile issues like extending the Children's Health Insurance Program (CHIP) for a total of 10 years. But most importantly, the new bill significantly impacts medical practices when it comes to reporting and reimbursement under MIPS – many changes at the urging of ASCO and the AUA as well as other specialty societies.

Jackie Rogers of the Quality Reporting and Engagement Group created an overview of the most prominent changes for practices:

Several changes were made to the Medicare Access and CHIP Reauthorization Act (MACRA) that are specific to MIPS:

- a. Originally, 2019 was to be the post-transition year for MIPS; it now will begin in 2022.
- b. Thresholds in 2022 must be the mean or median of the historical national MIPS scores.
- c. Medicare Part B drug costs are excluded from MIPS payment adjustments and from the low-volume threshold determination; payment adjustments will now only apply to 'covered professional services.' This change will also have an impact on the eligibility status for more clinicians who meet the low-volume threshold - more will be excluded from MIPS participation. Performance thresholds will have a 'gradual and incremental transition' into the first post-transition year of 2022.
- d. The Cost category of MIPS now allows for reweighting of the category - not to be less than 10 percent or more than 30 percent for the years of 2019-2021. Cost must be weighted to 30 percent in 2022. The ACI and Improvement Activities categories remain the same - no changes.

This Act solidifies the fact that CMS is reinforcing the move from Fee for Service into a value-based care program. Additionally, the extension of the transition years will make it a little easier for physicians to successfully meet the MIPS requirements. The other option would be for clinicians to move into an Alternative Payment Model (APM) which can be more challenging for practices.

What this ultimately means for practices is that MIPS is not going away. These changes only confirm CMS' commitment to improving the quality of care for patients. With Eligible Clinicians' scores being available for patients to view in the fourth quarter of 2018 on the [Physician Compare website](#), there is a reputational impact for physicians as well as the penalties for non-participation. Those percentages have not changed:

- -5% for 2018 (adjustment will impact the 2020 payment year)
- -7% for 2019 (adjustment will impact the 2021 payment year)
- -9% for 2020 and beyond

As regulations and guidelines continue to evolve, the success of each Eligible Clinician in your practice is dependent upon staying updated and current. The thresholds and intricate details will continue to develop and be modified, which will require practices to have a dedicated resource available that can communicate these changes to the practice.

The Kaiser Family Foundation News highlighted additional changes that will impact patients and their prescription drug coverage and reimbursement under Medicare: <https://www.kff.org/medicare/issue-brief/summary-of-recent-and-proposed-changes-to-medicare-prescription-drug-coverage-and-reimbursement/>