AHIP to support MACRA, APMs and clinician virtual groups as qualifying for MIPS payments

Susan Morse, Senior Editor

America's Health Insurance Plans said it supports MACRA alternative payment models and quality payment program initiatives, including the ability for clinicians to form virtual groups to qualify for the merit-based incentive payment system.

Solo practitioners and small group practices of 10 or fewer clinicians may join virtual groups that will be scored on a combined performance for quality and cost. Clinicians are on a December 1 deadline to form virtual groups for the 2018 reporting period.

The Centers for Medicare and Medicaid Services sees virtual groups as a way to spread-out and ease the reporting burden for small practices.

The American Medical Association supports it, saying it applauds this CMS response to the concerns of small and rural practices.

The AMA and AHIP would both like to see more specifics. AHIP suggests that all members of a virtual group be required to report on the same measure set, to allow CMS to more easily calculate performance against measures.

CMS is holding a webinar on virtual groups from 1 to 2 p.m., Tuesday, November 21st.

To register:  https://engage.vevent.com/index.jsp?eid=3536&seid=920
Other CMS webinars on MACRA and payments will be held from 1 to 2:30 p.m., Tuesday, Nov. 14, on the quality payment program year two overview, and at 1 p.m., Thursday, Nov. 16, on the all-payer combination option.

The all-payer combination option is available in performance year 2019. It uses a payment calculation based on both the Medicare option and participation in other payer advanced APMs.

On November 8, AHIP sent a statement to the House Energy and Commerce Committee Subcommittee on Health underscoring its support for MACRA and APMs as incentives for value-based care.

AHIP supports CMS's decision requiring a 12-month performance period, while other healthcare organizations have come out against the longer length of time. AHIP said the 90-day performance period is insufficient.

It also supports CMS's intention to test a demonstration to expand incentives for eligible clinicians to receive APM credit for participating in financial risk-based arrangements with Medicare Advantage plans.

"AHIP supports a demonstration that would allow clinicians to receive credit under the Medicare Advanced APM rules for participating in financial risk-based arrangements with MA plans," the insurer organization told the subcommittee on Health. "In a final rule on MACRA issued last week, the Centers for Medicare and Medicaid Services signaled its intention to test the effect such a demonstration would have in expanding incentives for eligible clinicians."

A voluntary Medicare Advantage advanced APM incentive demonstration program would support the infrastructure needed to transition to risk-based payments and would be budget neutral, AHIP said.

Clinicians could indicate the percent of payments, or patients, associated with qualifying MA payment arrangements and preserve Medicare's non-interference clause to ensure that CMS cannot dictate pricing or contract terms between MA plans and their network providers, AHIP said.

"We applaud CMS for taking this approach, and we look forward to working with the agency to design and implement the demonstration," AHIP said.
Value-based agreements are an important strategy used by Medicare Advantage plans, emphasizing prevention, chronic disease management and coordinated care, AHIP said.

A February study published in the American Journal of Managed Care found these initiatives to be successful in reducing emergency department visits by 11 percent and inpatient hospital admissions by close to 12 percent, and in increasing the lifespan for MA enrollees.

Beneficiaries who received care from providers in value-based agreements were almost three times more likely to undergo preventive care visits. Women age 74 and younger were 28 percent more likely to undergo screening mammography.

Also, the innovative techniques employed by MA plans have a spillover effect that has contributed to the slowdown in national Medicare fee for service spending, AHIP said.