

**For Immediate Release**  
July 13, 2018

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## **America's Physician Groups Responds to CMS Physician Fee Schedule and Quality Payment Program Proposed Rules**

WASHINGTON, DC— Yesterday, the [Centers for Medicare & Medicaid Services](#) (CMS) released the [Physician Fee Schedule](#) (PFS) and [Quality Payment Program](#) (QPP) proposed rules as part of its annual rulemaking process. [America's Physician Groups](#) (APG) is working to digest and review the massive 1,473-page proposed rules, paying specific attention to the components that impact APG members and the patients and communities they serve. Further detailed analysis will be forthcoming.

“While my staff and I are still reviewing the proposed rules, we are cautiously optimistic that CMS has taken real action here to advance the value movement,” said Don Crane, APG President and CEO. “Importantly, these rules include a re-affirmation of the recently announced Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) Demonstration. We fought hard for this important step in the value movement and will continue to work to make this Demonstration a success, including advocating for MAQI participants to receive proper bonus incentive payments.”

Other changes of note include:

- Adjustments to the MIPS program such as the removal of 34 low-value measures, a proposal to add 10 new measures, an increase of the cost component calculation weight from 10 to 15 percent, and the doubling of the performance threshold to 30 points;
- Increases to the reporting flexibility in Advanced APMs including allowing for QP determinations at the TIN level, in addition to continuing to allow reporting at the APM and individual clinical level;
- Major reforms to Evaluation and Management (E/M) payments including single blended payment rates for both new and established patients for office/outpatient E/M level 2 through 5 visits and a series of add-on codes to reflect resources involved in providing complex primary care and non-procedural services;
- Streamlines to documentation requirements including eliminating the requirement to justify the medical necessity of a home visit in lieu of an office visit;
- Reduction of quality measures from 31 to 24 in the Medicare Shared Savings Program (MSSP) and additional focus on the measure set on more outcome-based measures, including patient experience of care;
- Expansions to telehealth and virtual care reimbursement, including payment for virtual check-ins and evaluation of patient-submitted photos or recorded video and Medicare-covered telehealth services for prolonged preventative care; and,
- Reduction of wholesale acquisition costs (WAC) add-on payments from 6 percent to 3 percent for Part B in-office drugs.

APG will be filing comments to the proposed rules in advance of the September 10, 2018 deadline.

APG will also provide in-depth analysis of the proposed rules and their impact on healthcare in America during a **webinar on Tuesday, July 24 at 4:00 pm Eastern**. The webinar will feature expert analysis from APG Federal Affairs staff and other industry experts, including Dr. Kavita Patel, Nonresident Fellow at the Brookings Institution. Please click [here](#) to register for the webinar. Attendance is limited so register early to guarantee a spot.

### **About America's Physician Groups**

*America's Physician Groups is the nation's leading professional association for accountable physician groups, composed of approximately 300 medical groups and independent practice associations (IPAs) across 44 states, the District of Columbia and Puerto Rico. America's Physician Groups' members operate under a capitated, coordinated care model that is the essence of the nation's health reform movement from volume to value. Our [Colloquium 2018](#) will be held October 10-12, 2018 in Washington, DC. Learn more at [www.apg.org](http://www.apg.org).*

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