Overall, the 2018 Proposed Rule can be interpreted as a win for small private practices with several reductions in burdensome regulations. This Proposed Rule suggests a continued pathway towards fee-for-value healthcare with the ability for physicians to “choose their level of participation.” Many industry experts cite this Proposal as a signal from Dr. Tom Price, Secretary of HHS, as an advancement toward payment transformation while offering an understanding of the regulatory challenges physician practices are burdened with. Here are some key takeaways:

**Merit Incentive-Based Payment System (MIPS)**

- Use of a 2015 Certified EHR would be optional, though it would earn a 10% ACI bonus.
- A 90-day reporting period would be enacted for both 2018 and 2019, allowing time to upgrade to a 2015 Certified EHR through 2019 without negative reporting implications.
- CMS would increase the low-volume threshold to individuals or groups with less than $90,000 in Part B charges or 200 Part B patients, excluding 63% of eligible clinicians in 2018.
- The “Pick Your Pace” Reporting option would continue through 2018 with slightly higher benchmarks.
- Cost would remain 0% of the overall MIPS score in 2018.
- Option for small practices (1-10 providers) to report together as “virtual groups.”
- Additional proposed bonus points for small practices to the MIPS Composite Score.
- Allowance for multiple submission mechanisms within ACI, Quality, and IA categories.

**Advanced Alternative Payment Models**

- Advanced Alternative Payment Model regulations would largely be allowed to continue as proposed in 2017 with minimal adjustments.
- The amount of Medicare Part A and B revenue that must be at risk to qualify as an APM would not be increased for two more years.
- Use of a 2015 Certified EHR would still be required to participate in an advanced APM.

For the CMS summary for the Year 2 Proposed Rule:

[https://qpp.cms.gov/docs/QPP_Proposed_Rule_for_QPP_Year_2.pdf](https://qpp.cms.gov/docs/QPP_Proposed_Rule_for_QPP_Year_2.pdf)