



scope...

MACRA 911: Physicians to have more flexibility

www.alabamamedicine.org

MACRA will begin on Jan. 1, 2017, and according to CMS Acting Administrator Andy Slavitt physicians will have more options to comply and avoid a negative payment adjustment in 2019.

The announcement comes after intense pressure from industry stakeholders and policymakers to ease implementation of the Medicare Access and CHIP Reauthorization Act, which is set to start Jan. 1, 2017. Just two months ago, CMS announced the agency was considering delaying the start date.

Now, CMS seems to be conceding a bit of ground by adding more flexibility to the MACRA program with four options for participation:

Option One: The first option is designed to ensure more physicians are prepared to participate in 2018 and 2019 and will enable clinicians to submit data to the Quality Payment Program, including data after Jan. 1, 2017, and still avoid a negative payment adjustment.

Option Two: The second option will

allow participation for part of the calendar year. Physicians may choose to submit Quality Payment Program information for a reduced number of days. The first performance period could begin later than Jan. 1, 2017, and the practice could still qualify for a small positive payment adjustment. This option can include the submission of information on how the practice uses technology and what improvement activities are being used. Physicians will choose from a list of quality measures and improvement activities under the Quality Payment Program in this category.

Option Three: The third option will allow physician groups to submit information for the entire 2017 year on quality measures and could qualify for a modest positive adjustment.

Option Four: The fourth option is for physicians participating in an Advanced Alternative Payment Model in 2017. Instead of reporting quality data and other information, the law allows participation in an Advanced APM, such as Medicare Shared Savings Track 2 or 3 in 2017. Physicians that receive enough of their

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Medicare payments or see enough of their Medicare patients through an Advanced APM in 2017 would qualify for a 5 percent incentive payment in 2019.

These changes come in response to feedback on CMS's April proposal for implementing the Quality Payment Program on how excessive reporting can distract from patient care; how to encourage new programs, such as medical homes; and the unique issues facing small and rural non-hospital-based physicians, Slavitt wrote in a blog post.

More details on these options will become available when CMS releases its final rule for implementing the Quality Payment Program, sometime before Nov. 1.

[Learn more about MACRA here.](#) 

American Gastroenterology Association top legislative issues for 2017

www.gastro.org

On a daily basis, AGA and our members are working to advance public policies that support the science and practice of gastroenterology. Learn more about our focus areas.

Research Funding

Congress should increase NIH funding to \$34 billion in FY 2017. Without increased funding, scientific discovery will languish. [Read more.](#)

Reimbursement

Congress must move physicians to a

value-based reimbursement system that ensures equitable and stable payments.

[Read more.](#)

In-Office Ancillary Services

AGA supports the in-office ancillary services exception. Integrating services such as anatomic pathology into physician practices can improve patient care. [Read more.](#)

Colonoscopy Cost Sharing

AGA urges correction of Medicare beneficiary cost sharing for screening colonoscopy. [Read more.](#)

Medical Liability Reform

The medical liability system is in crisis. Congress must pass meaningful medical liability reform legislation. [Read more.](#)

Payment Stability For ASCS

ASCs are convenient, cost-effective settings for outpatient procedures and should receive equitable and stable payments. [Read more.](#)

Patient Access

Patients must have access to the drugs, devices, diagnostics and therapies that can improve their quality of life. [Read more.](#)

Date set for Medical Association Governmental Affairs Conference

Make plans to join your colleagues in Washington, D.C., at the Medical Association's 2017 Governmental Affairs Conference, Jan. 30-Feb. 1, 2017.

Protecting and promoting medicine's interests on Capitol Hill is a never-ending responsibility that requires participation from physicians across all specialties.

The Medical Association's Governmental Affairs Conference will provide you the opportunity to get your voice heard! During the conference, you will have the chance to meet your Senator and Representative and engage in discussions with them regarding medicine's legislative agenda.

ACCOMMODATIONS

Make your reservations directly through the Willard InterContinental Hotel by calling (800) 424-6835 or online at www.washingtonintercontinental.com. Use Group Code M22 to reserve a room at the discounted rate. (Deluxe room rate is \$289.) Hotel booking deadline is 4 p.m. Jan. 2, 2017.

Contact AGS Executive Director Jennifer Hayes for registration information. E-mail jhayes@alamedical.org or call (334) 954-2500.

Fair Ballot Commission announces Constitutional Amendments for November election

The Fair Ballot Commission has announced the Constitutional Amendments that will appear on the November 8 ballot in Alabama. The ballot will include 14 statewide amendments and a number of local amendments. Sometimes legislation is written in legal-speak, which can be very confusing to anyone not accustomed to that style, so the Fair Ballot Commission was created in 2014 to help average Alabamians understand the amendments by preparing summaries of the amendments in plain, simple to understand terms.



You can click on [Summaries](#) for a short pdf version of the amendments. Or, the voter-friendly ballot measure language is posted on the [Secretary of State's website](#).

The proposed Constitutional Amendments address a number of issues including questions about funding for State Parks, a person's right to work, impeachment process for certain elected officials and local laws established between 1984 and Nov. 8, 2016.



Alabama Gastroenterological Society

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