



## PBN's 2017 predictions: Right on QPP, CCM, fraud — and almost everything else

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*Part B News* did well, if we do say so ourselves, in its predictions for health care in 2017, though it's too early to tell the results in some cases (*PBN 1/2/17*). Here's a round-up of how we did.

### Prediction: Affordable Care Act (ACA) reform will have some patients switching to cash payments.

**Unsure.** For one thing: What ACA reform? The Trump administration has hobbled Obamacare somewhat with executive orders, but despite those changes, 2017's sign-ups exceeded 1 million (*PBN 1/30/17*). The real damage to Obamacare is expected to come in 2018, when a tax bill that would kill the individual mandate is expected to kick in (*see predictions story, p. 1*).

But *Part B News*' 2018 Predictions Survey suggests it was right to suspect more cash payments. By a nearly 2-to-1 margin, 62%-38%, respondents say they expect to see more uninsured patients at their practices in 2018. Even with the current, lowered uninsured population — which is expected to grow when the mandate ends — plenty of cash also will be paid for *insured* patients' care, points out Ron Harman King, CEO of health care consultancy Vanguard Communications in Denver. A 2017 Kaiser Family Foundation analysis finds that the average deductible for people with employer-provided health coverage rose from \$303 in 2006 to \$1,505 in 2017. "Eventually, rising costs always trickle down to consumers, who will continue paying more both out of pocket and also in elevated insurance premiums," King says.

### Prediction: The Trump administration won't make changes to the Medicare Access and CHIP Reauthorization Act (MACRA) that created the Quality Payment Program (QPP).

**True.** Former CMS Acting Administrator Andy Slavitt, no fan of Trump, said right after the 2016 election that the Trump administration wouldn't touch QPP, and he appears to have been right (*PBN 11/15/16*). The final rule for QPP year two shows none of the signs of drastic alteration visible in the administration's Obamacare actions. And MACRA itself remains law.

### Prediction: Providers will meet QPP requirements faster than they did with prior performance programs.

**Unsure.** Some stakeholders have shown signs of discontent with QPP — MedPAC, for example, has denounced the merit-based incentive payment system (MIPS) in particular and called for it to be abolished (*PBN 12/18/17*). And the HHS Office of Inspector General (OIG) put out a Dec. 14 report saying that CMS "still needs to clearly designate leadership responsibility for QPP program integrity and develop a plan to prevent and address fraud and improper payments."

But the *Part B News* 2018 Predictions Survey suggests that providers are getting with QPP — only 7% of respondents said they weren't participating at all and half of those said they were exempt; 3% said they would participate in advanced alternative payment models (APMs); and a whopping 66% said they'd participate in MIPS (*see benchmark, p. 5*).

### Prediction: The advancing care information (ACI) category in MIPS will be a sticking point for some practices.

**Unsure.** Numbers from year one of the Quality Payment Program's MIPS compliance are not available, but it's significant that CMS went out of its way to keep ACI as simple as possible in its final rule for the program's second year. The reporting window is still 90 days while quality went to a full year, and CMS added opportunities to score bonus points (*PBN 11/13/17*).

### Prediction: Changes to CCM services won't attract huge crowds to the service, but claims will top 1 million unique patients.

**True.** While chronic care management didn't set the woods on fire, the latest data shows that claims on the 99490 Medicare-payable code more than doubled to 2.5 million in 2016 from 1.1 million in its initial payment year (*PBN 12/4/17*). That's "still a relatively low number, considering an estimated 35 million Medicare beneficiaries are treated for multiple chronic conditions," Linda King, client success specialist at DocsInk in Wrightsville Beach, N.C., told *Part B News* this year (*PBN blog 11/30/17*).

Unfortunately, CMS did not release updated figures in the 2018 fee schedule, stating only that "we expect that utilization of care coordination services will continue to increase as more health care practices ... implement these services." However, *Part B News* is comfortable projecting that any decrease in the percentage of unique patients would be outweighed by the increasing number of total services reported in 2017, giving us a clear lane to 1 million unique patients (*PBN 11/14/16*).

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**Prediction: Expect a split decision on behavioral health integration (BHI) codes — CoCM will lag but general BHI and cognitive assessment codes will charge ahead.**

**True and false.** As expected, the Collaborative Care Management (CoCM) services haven't garnered much attention, but, to our surprise, neither did the behavioral health integration or cognitive-assessment services that debuted in 2017, sources tell *Part B News* anecdotally. Firm numbers are not available yet, but insider knowledge draws a bleak portrait. "I don't know of any practices that are using the behavioral integration codes," says Betsy Nicoletti, president of Medical Practice Consulting in Northampton, Mass. "Too complex," she says. Perhaps the switch from HCPCS codes to CPT codes in 2018 will raise some interest (*PBN 12/4/17*).

**Prediction: ICD-10 again will be all smoke and no fire.**

**True.** Will ICD-10 go down as the quietest mass disruption in the history of health care? Despite alarms sounding from some quarters that the end of the ICD-10 flexibilities period would lead to some teeth-gnashing during 2017, *Part B News* has failed to encounter any such signs or symptoms. "ICD-10 went very smoothly, as far as the practices I know," reports Maxine Lewis, president of Medical Coding and Reimbursement in Cincinnati. "Some of the [electronic health records vendors] assisted them in coding, but no real problems."

The all-bark-and-no-bite predictions weighed true for Nicoletti as well. "Nothing remarkable about ICD-10," she says.

**Prediction: Practice consolidation will accelerate.**

**True.** In October, analysts at Kaufmann Hall reported that hospital and health system mergers and acquisition deals were on track to beat 2016, and industry watchers like Leslie J. Levinson, partner in Robinson + Cole, New York City, saw 2017 as busy. "M&A activity in the physician sector remains strong generally with multiples robust," says Levinson -- multiples being formulas, such as enterprise value over EBITDA, used as a metric of sales value, which in this case are trending high. "Dermatology, ophthalmology and anesthesia have been of particular interest for private equity firms as well as strategic acquirers," adds Levinson.

Large players acquiring, trading or spinning off businesses kept the sector hopping. "We are also beginning to see some investments mature with exits occurring or portfolios realigning where the fit may not have been good," says Levinson. "For example, DaVita recently announced that it would be disposing of its large physician practice in California that it acquired a few years back" -- a \$4.9 billion sale to Optum, a branch of UnitedHealth Group. A good chunk of the traffic comes from big players like Ascension or OSF quietly buying up hospitals and practice groups.

**Prediction: More practices will have to get serious about cybersecurity.**

**True.** *Part B News* was right on the nose there -- 2017 was a huge year for cybercrime in health care, including attacks from new ransomwares such as WannaCry and NotPetya (*PBN 5/22/17, 7/17/17*). The recently released McAfee Labs Threat Report for the third quarter of 2017 finds the health sector first among sectors targeted in North and South America. "We have had so many breaches across health care -- in fact, some patients have been breached by more than one entity," says Kathy Downing, director of practice excellence at the American Health Information Management Association (AHIMA) in Chicago.

In June, HHS released a report by the Health Care Industry Cybersecurity Task Force, a federal body created under the Cybersecurity Act of 2015, which announced "health care cybersecurity is in critical condition" and that "now more than ever, all health care delivery organizations ... have a greater responsibility to secure their systems, medical devices and patient data." Downing suggests you have a look at that, AHIMA's recently released cybersecurity guidelines and the HHS Office for Civil Rights' (OCR's) monthly Cyber Awareness newsletter, which "is written in a way that is meant for staff at all levels and includes current, relevant 'insider' tips on how to remain cyber-vigilant," says Downing.

**Prediction: The Department of Justice (DOJ) will be aggressive about false claims, other high-ticket penalties in 2017.**

**True.** The final numbers for 2017 aren't in yet, but there have been many high-ticket fraud prosecutions since last January -- including DOJ's \$1.3 billion sweep of 417 providers announced July 13 and its \$155 million eClinicalWorks meaningful-use fraud case in May (*PBN 6/12/17*).

In his March budget, President Donald Trump boosted the HHS/OIG Health Care Fraud and Abuse Control program (HCFAC) discretionary budget by 10% to \$751 million. So it's safe to say the administration is not sleeping on health care fraud.

**Reader prediction: Only a partial repeal of the Affordable Care Act (ACA) will happen in 2017.**

**True.** A plurality of respondents (38%) to *Part B News*' 2017 Predictions Survey guessed that a partial repeal of the ACA would drop in 2017, and it appears that the strike-down of the individual mandate contained in the tax bill that's close to passing would mark that as true. While a revocation of the individual mandate may mean that only a limited portion of the ACA bit the dust, it still counts a "partial" repeal in our eyes. For the record, just 8% of our readers, not to mention the majority of our editorial staff, thought the ACA would live to see another year.

**Resources:**

- U.S. Health Care Industry Cybersecurity Task Force Report, June 2017: [www.phe.gov/preparedness/planning/cybertf/documents/report2017.pdf](http://www.phe.gov/preparedness/planning/cybertf/documents/report2017.pdf)
- AHIMA cybersecurity guidelines: <http://journal.ahima.org/wp-content/uploads/2017/12/AHIMA-Guidelines-Cybersecurity-Plan.pdf>
- OCR Cyber Awareness Newsletters: [www.hhs.gov/hipaa/for-professionals/security/guidance/cybersecurity/index.html](http://www.hhs.gov/hipaa/for-professionals/security/guidance/cybersecurity/index.html)

- McAfee Labs Threat Report Q3, December 2017: [www.mcafee.com/us/resources/reports/rp-quarterly-threats-dec-2017.pdf](http://www.mcafee.com/us/resources/reports/rp-quarterly-threats-dec-2017.pdf)



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