

# **PRESERVATION OF INDEPENDENT PRACTICES ACT of 2016**

## **PROPOSED LEGISLATION**

1. Delay the implementation of merit-based incentive payment system (MIPS) by one-year, to January 1, 2018, reporting year, retaining 2019 as penalty/bonus year (performance year), and change participation of MIPS for 3 months per year, with 2017 serving as a training year to meet criteria for meaningful use, physician quality reporting system, and value-based payment.
2. CMS and Medicare to provide appropriate local coverage determinations (LCDs), based on the integrity manual, utilizing proper evidence.
  - LCDs must be issued in addition to validated wide-spread problem identified for potentially high dollar or high volume services and requested by providers for coverage issues to be added, to assure beneficiary access to care, or when frequent denials are issued or anticipated.
  - LCDs must be prepared with input from specific specialty Carrier Advisory Committee (CAC) membership and other CAC resources
  - Noncoverage policies must be only issued by CMS with appropriate review process and evidence synthesis with public comment for procedures usually performed with available evidence.
  - Medicare Advantage Plans must offer a “benefit package” that is at least equal to Medicare’s and coverage everything Medicare covers, with or without LCDs.