PBC Advisors, LLC

Helping Doctors Manage the Business of Medicine

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MACRA:

It's a Competition

DO NOT DELAY PREPARING!

CMS is leaving the level of participation up to providers. "Pick Your Pace" is the term being used. Do not use this as a reason to slow down your preparedness. MIPS is budget neutral. This mean for as many providers receiving positive adjustments to payments, there are equal number of providers receiving negative adjustments.

CMS is committed to rewarding providers who deliver better care, not just more care.

Best Practice—use this time to excel and to push your practice to meet or exceed the requirements.

Today 39% of all practices are being penalized for not meeting reporting requirements under current programs.

MACRA final rules are scheduled to be released early November. However, there is plenty you can do now to start preparing.

Most physicians will participate in MIPS.

You were born to win, but to be a winner, you must plan to win, prepare to win, and expect to win. ~Zig Ziglar

MACRA: Medicare Access and CHIP Reauthorization Act

MACRA has repealed the sustainable growth rate (SGR) and the associated cuts to the physician fee schedule. SGR was replaced by the Medicare Access and CHIP Reauthorization Act (MACRA). MACRA replaces several Medicare reporting systems and creates two new value-based programs: the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (AAPM). Both programs are scheduled to begin January 1, 2017. Most physicians will be subject to the MIPS program.

MIPS: Merit Based Incentive Payment System

MIPS consolidates three existing quality-reporting programs: Physicians Quality Reporting Systems (PQRS), the Value-based Payment Modifier (VBPM), and Meaningful Use (MU). CMS advocates the new program will increase the focus on patient outcomes and reduce obstacles making it harder for physicians to practice good care.

MIPS is comprised of 4 categories. MIPS allows providers and clinicians the flexibility to choose the activities and measures that are most meaningful to their practice to demonstrate performance.

The four categories will establish a weighted composite performance score that will be compared against a threshold and used to determine physician payment adjustments.

1. **QUALITY**— replaces PQRS. Must report at least six measures, including one crosscutting measures and one outcome measure, selecting from individual or a specialty measure set. Population measures will automatically be calculated. Key changes from PQRS include a reduction from 9 measures to 6 measures with no domain requirement. The emphasis is on the outcome measurement.
2. **RESOURCE USE**—will compare resources used to treat similar care episodes and clinical condition groups across practices. This category replaced the cost component of the value modifier program. There are no reporting requirements for eligible clinicians. CMS will calculate using claims data. Key changes include the addition of 40+ episode specific measures to address specialty concerns.
3. **CLINICAL PRACTICE IMPROVEMENT ACTIVITIES (CPIA)** CPIA includes 90 proposed activities in 6 different subcategories to choose from to help improve clinical performance.

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PBC Advisors can assist your office in preparing for MIPS. A brief questionnaire will provide enough information to allow our MACRA specialists to determine your practice's best next steps.

MIPS: continued

The subcategories include care coordination, population management and beneficiary engagement. Patient Center Medical Homes (PCMH) participants will automatically receive full credit and Alternative Payment Model participants will receive half credit. There is a maximum of 60 points available to achieve 100 percent credit for this category.

4. **ADVANCING CARE INFORMATION (ACI)**— ACI replaces Meaningful Use and streamlines the measures and makes it more customizable for clinicians. It is no longer an all or nothing EHR measurements and quality reporting. There are not specific measure thresholds required to meet to help reduce reporting burden and increase the patient engagement. The scoring moves to base scoring and clinicians can earn additional points via performance scoring. In 2017 physicians can use 2014 or 2015 certified EHR technology.

MIPS Category Weights

Understanding Performance Year vs. Payment Year

It is important for practices to understand the differences between the Performance Year vs. Payment Year. 2017 is the initial year for the new MIPs program. All activities conducted in 2017 relate to the "performance year." The MIPS activities performed in 2017 will impact CMS reimbursement in 2019 which would be the "payment year".

MIPS 2017: Pick Your Pace

During 2017, eligible physicians and other clinicians will have multiple options for participation. Choosing one of these options would ensure you do not receive a negative payment adjustment in 2019. These options and other supporting details will be described fully in the final rule.

In a CMS Blog Sept 8, 2016 CMS states it recognizes there is a wide diversity of physician practices and they intend for MACRA to allow physicians to pick their pace of participation for the first performance period that begins on Jan 1 2017.

There are multiple options to ensure you do not receive a negative payment adjustment in 2019:

Option 1: Test the Quality Payment Program. Submit some data. This option is designed to ensure your system is working and you are prepared for a broader participation in 2018-19.

Option 2: Participate for part year. You could quality for a small payment adjustment if you submit information for part of the year.

Option 3: Participate for full calendar year. Must begin on Jan 1, 2017 can qualify you for a modest positive payment adjustment. Payment Model (APM). Instead of reporting quality data or other information, you can participate by joining

CMS expects most physicians to begin participate in MACRA under MIPS.