

# Moving Ahead with MACRA

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**Your Impact**

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) presents a shift toward value-based care. MACRA permanently repeals the Sustainable Growth Rate (SGR) formula, changing to value over volume for reimbursement. The Quality Payment Program (QPP) eliminates and replaces previous programs with the Merit-based Incentive Payment System (MIPS) and provides bonus payments for participation in eligible Alternative Payment Models (APMs). It's important to understand how MACRA and the [final rule](#) published on November 2, 2017, will impact your bottom line when it goes into effect on January 1, 2018. There are many options to consider in determining the best course of action.



MACRA, MIPS and APMs continue to dominate the compliance conversation. The Quality Payment Program has two tracks: MIPS and APMs. Although the number of clinicians participating in an APM is expected to increase under the final rule, MIPS is accessible to a larger number of providers. APM is an alternative based model with incentive payments, but only a small percentage of alternative payment models qualify as Advanced APMs for 2017, meaning that most providers who receive Part B payments will need to participate in the MIPS program or face a penalty.

Executives and providers lack familiarity and confidence as the new value based system will impact their financial reimbursement over a period of years. Confusion and discontent are present as providers and managers struggle to make decisions regarding their approach to regulations that will determine the amount of their future Medicare reimbursements. MIPS is going to have a growing impact on reimbursement with penalties and bonuses. It's important to weigh the costs and benefits of participation in MIPS. Managers may consider multiple components when determining which route to pursue.

Results of a [recent MGMA survey](#) indicate that MIPS tops the list of regulatory burdens as most of the medical practices surveyed identify the [Medicare Merit Based Incentive Payment System](#) as either “very” or “extremely” burdensome. While getting on track with MIPS is a challenge, it's worth addressing a few common misconceptions and creating an action plan.

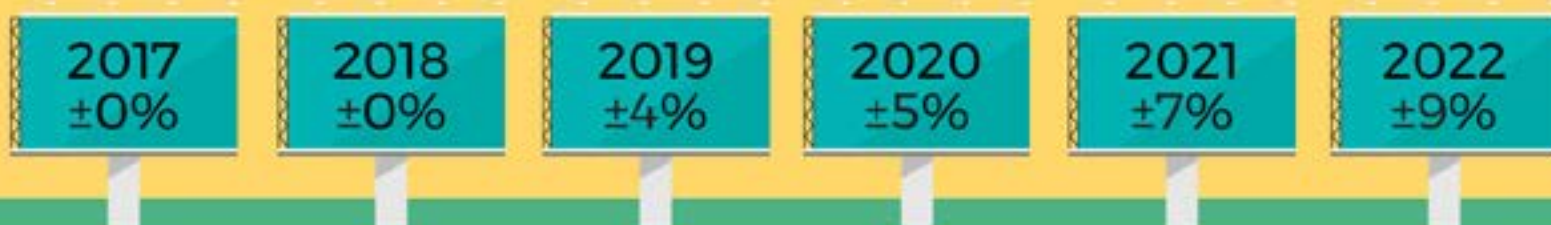
The list of MIPS eligible clinicians in years one and two includes: Physicians (MD/DO and DMD/DDS), PAs, NPs, Clinical nurse specialists, and Certified registered nurse anesthetists.

The list of MIPS eligible clinicians may include a broader list in year three including: Physical or occupational therapists, Speech-language pathologists, Audiologists, Nurse midwives, Clinical social workers, Clinical psychologists, and Dietitians/Nutritional professionals.

MIPS consolidates previous programs into four performance categories. Providers choose the activities and measures with:

- **Quality**- Replaces PQRS
- **Improvement Activities**- New category
- **Advancing Care Information**- Replaces Meaningful Use
- **Cost**- Replaces Value Based Modifier

Follow this timeline to see the potential impact on reimbursement



**“Complying with MIPS is going to be time consuming and costly, so we should just skip it this year.”**

It's not that difficult to avoid the penalty. With minimal effort during 2017 you will retain 4% more of your Medicare earnings in 2019. Completing any of the following would earn at least 3 overall MIPS points and avoid a penalty:

- Report one quality measure (on at least one patient)
- Attest “yes” to completing one improvement activity
- Report or attest to the four Advancing Care Info (ACI) base measures

It's a good idea to submit more than one measure if possible. Consider it insurance to provide a margin of error. Reporting one quality measure on one patient isn't very burdensome. However, if performing an improvement activity or the ACI base measures, you'll need a consecutive 90 -day period to submit so the opportunity for 2017 isn't available.

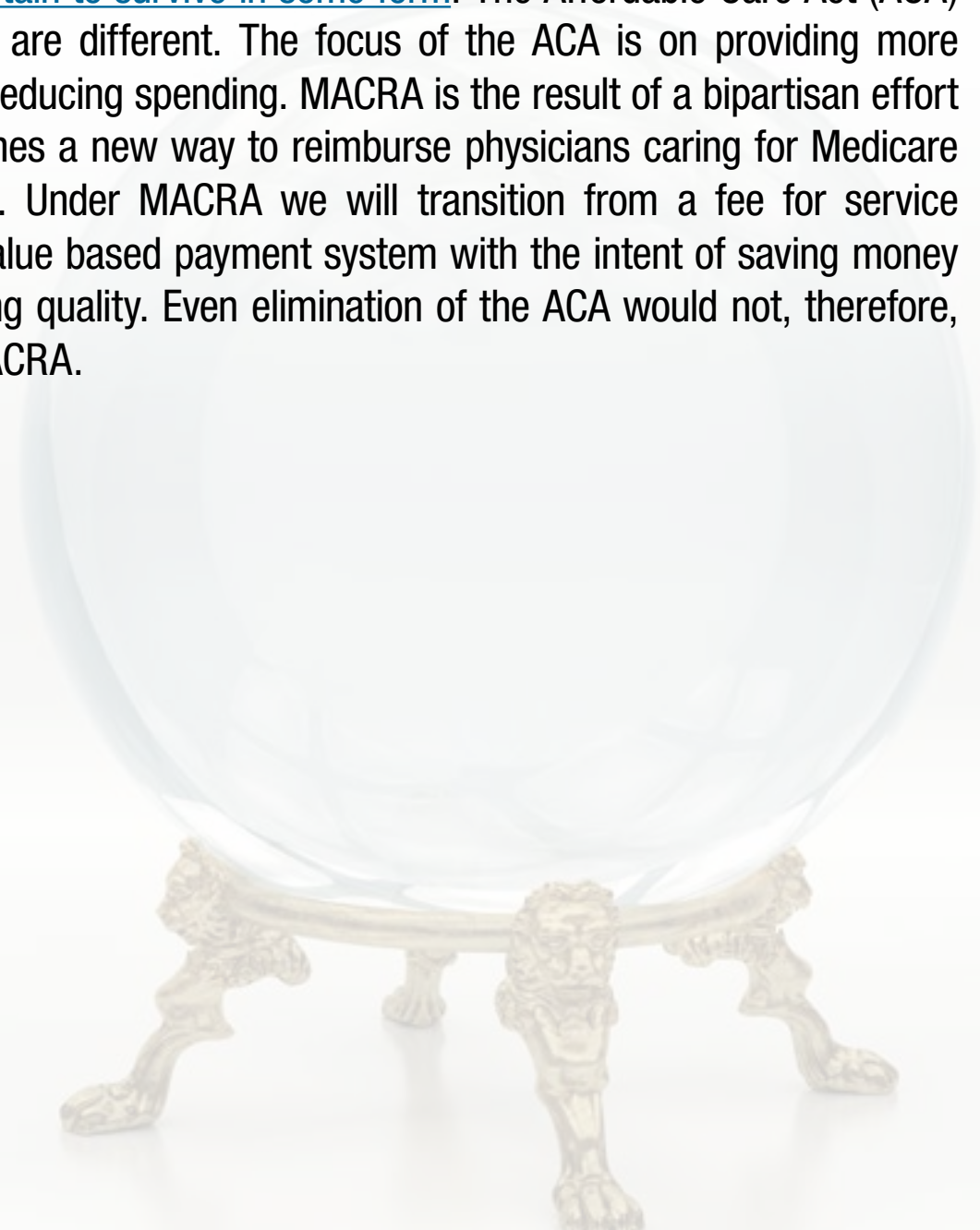
The 90 days of consecutive data must be submitted in three categories:

- Improvement activities
- Advancing care info
- Quality



**“I don’t want to invest time and resources into something that might go away during the next couple of years.”**

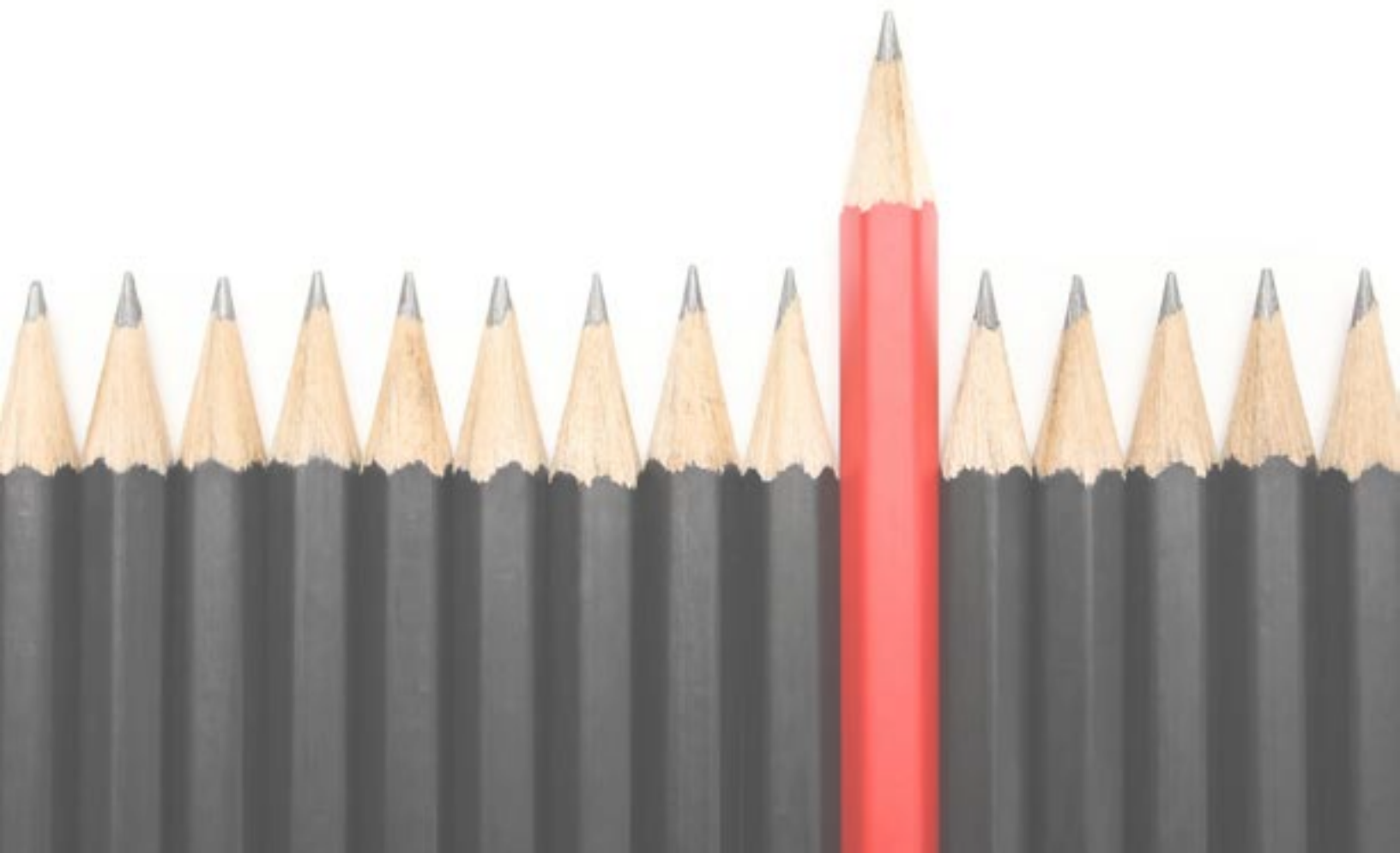
While no one has a crystal ball to predict the outcome of government volatility, we have no reason to expect MACRA to go away. MACRA, the second-most significant health law signed into law by President Obama, is [almost certain to survive in some form](#). The Affordable Care Act (ACA) and MACRA are different. The focus of the ACA is on providing more access and reducing spending. MACRA is the result of a bipartisan effort and establishes a new way to reimburse physicians caring for Medicare beneficiaries. Under MACRA we will transition from a fee for service world to a value based payment system with the intent of saving money and improving quality. Even elimination of the ACA would not, therefore, eliminate MACRA.



### **“I’m still not sure that MIPS applies to me.”**

If you think MIPS doesn’t apply to you, you probably need to think again. There is a possibility that you are exempt, but it is not likely. In 2017, there are three exemptions from MIPS for clinicians who otherwise meet the eligibility requirements:

- First year Medicare Part B participants
- Clinicians billing Medicare Part B less than \$30,000 in allowed charges or providing care for fewer than 100 Part B patients in one year
- Providers sufficiently participating in an APM





Some hurdles to MIPS relate to more practical questions.

**Can we submit the data through our EHR?** Some EHRs submit data directly to CMS. However, there are other data submission methods such as a [qualified registry](#).

**Is there anything else we should know about attestation?** If you don't use an EHR you'll be able submit via the CMS Quality Payment Program website, a qualified clinical data registry, or a qualified registry. Groups of 25 or more may choose to use the CMS Web Interface. Remember, it's best to retain documentation according to the [CMS document retention policy](#).

**Is there an easy way to find the MIPS measures for my specialty?** The QPP offers help with an [interactive web site](#).

**How are Improvement Activities scored?** The weighting and scoring varies based on factors such as whether your group has 15 or fewer clinicians. CMS provides a [fact sheet](#) with more information about scoring.




**If we chose to submit something to avoid a penalty, exactly what should we submit?** If you are working to avoid a penalty this year, the AMA provides a [helpful video](#).

**How do we know if our EHR is certified as a Data Submission Vendor?** Check in with your [appropriate REC](#) for assistance.

**Should we report individually or as a group?** QPP provides a [resource](#) for learning more about the differences in reporting as an individual or as part of a group.

It's critical to have an action plan for successful participation in MIPS. The AMA provides a [ten-step action plan](#) especially for physicians who plan to participate in MIPS and not as part of an advanced APM. The AMA also provides tools for determining MIPS eligibility and evaluating financial impact on a practice.

Among the AMA recommended steps is performing a security risk analysis if reporting ACI measures. Because patients' protected health information is stored electronically the risk of a breach of their electronic protected health information (ePHI) is increased. [CMS emphasizes](#) that there is no single method or "best practice" that guarantees compliance, but most risk analysis and risk management processes have steps in common.

## MEDICARE QUALITY PAYMENT PROGRAM

### MIPS ACTION PLAN 10 Key Steps for 2017

#### THE BASICS

The Medicare Quality Payment Program (QPP) began on January 1, 2017 and requires that eligible physicians and certain non-physician practitioners participate in either the Merit-Based Incentive Payment System (MIPS) or in an advanced Alternative Payment Model (APM). MIPS-eligible clinicians that do not participate in either track in 2017 will receive a **4% penalty** in their 2019 Medicare reimbursement. More information is available at the AMA's [Understanding Medicare Payment Reform](#) site.

#### HOW TO USE

This Action Plan is intended for physicians who plan to participate in MIPS and not as part of an advanced APM. (If you are unsure whether you are MIPS eligible or exempt, you can check your status through CMS' MIPS-eligibility [look up tool](#). You can also use the [AMA Payment Model Evaluator](#) tool for a personalized assessment of the financial impact on your practice.)

The steps below are to assist you with successful MIPS implementation. For more detailed information, refer to the [MIPS Action Plan Supplementary FAQs](#). Keep in mind that completion of certain steps (for example, Step 7, "Perform a Security Risk Assessment," and Step 8, "Report for at Least 90 Days,") may or may not be applicable, depending on your level of MIPS participation.

STEP 1	<input type="checkbox"/> Determine whether MIPS Applies to You
STEP 2	<input type="checkbox"/> Review Available Performance Categories
STEP 3	<input type="checkbox"/> 'Pick Your Pace' for MIPS Participation
STEP 4	<input type="checkbox"/> Review your Data
STEP 5	<input type="checkbox"/> Decide whether to Report as an Individual or a Group
STEP 6	<input type="checkbox"/> Identify your Reporting Mechanism
STEP 7	<input type="checkbox"/> Perform a Security Risk Analysis*
STEP 8	<input type="checkbox"/> Report for at Least 90 Days* [CMS DEADLINE: OCT. 2, 2017]
STEP 9	<input type="checkbox"/> Complete MIPS performance [CMS DEADLINE: DEC. 31, 2017]

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**STEP 10** ☐ Submit 2017 MIPS Data

\*May or may not be applicable, depending on your level of MIPS participation.

**Reminder:** You can avoid a 4% penalty on your 2019 Medicare reimbursement by reporting one Quality measure in 2017. See the below guidance regarding the MIPS Minimum Participation track for more details.

STEPS	ACTION ITEMS
<b>Step 1</b>	<p><input type="checkbox"/> Determine whether MIPS Applies to You</p> <p>If you take care of Medicare patients, you may be required to participate in MIPS. Most clinicians who participate in Medicare Part B, including physicians and some non-physician practitioners (such as Nurse Practitioners and Physician Assistants) are MIPS-eligible clinicians.</p> <p>If you meet the below exclusion criteria, you are <b>not</b> MIPS-eligible:</p> <ul style="list-style-type: none"> <li>You are newly enrolled in Medicare; or</li> <li>You are 330 or fewer Medicare Part B patients per year; or</li> <li>You have less than or equal to \$30,000 allowed Medicare Part B charges annually; or</li> <li>You are on the participant list on at least one of 3 snapshot dates (3/1, 4/30, or 6/30) for a model that CMS has deemed an Advanced Alternative Payment Model (AAPM) for purposes of QPP participation. (See the Centers for Medicare &amp; Medicaid Services (CMS) <a href="#">list of AAPMs</a>.)</li> </ul> <p>In April 2017, CMS began sending out correspondence to all individuals or groups with a Targeted Identification Number (TIN) enrolled in Medicare to communicate whether an individual or group is MIPS-eligible, and CMS also has a MIPS-eligibility <a href="#">look up tool</a>.</p> <p>Note that, if you qualify as MIPS-eligible, participation in the program in 2017 is required to avoid a 4% penalty on your 2019 Medicare reimbursement.</p>
<b>Step 2</b>	<p><input type="checkbox"/> Review Available Performance Categories</p> <p>In 2017, MIPS will count your performance in three categories:</p> <ul style="list-style-type: none"> <li><b>Quality</b> – In this category, an individual or group reports quality data on clinician-selected measures. This category is a replacement for CMS' Physician Quality Reporting System (PQRS) and includes <a href="#">quality, cost, and patient safety measures</a>. For example, providing receipt of specialist report or documentation of current medications in the medical record. Additional measures may be available through your specialty society's Quality Clinical Data Registry (QCDR).</li> <li><b>Advancing Care Information (ACI)</b> – In this category, an individual or group attests to performance of certain Electronic Health Record (EHR) measures. This is the replacement for CMS' EHR Incentive Program (Meaningful Use) and requires use of <a href="#">Certified Electronic Health Technology (CEHRT)</a>.</li> <li><b>Improvement Activities (IA)</b> – In this category, an individual or group attests to performance on certain CMS-designated improvement activities (for example, annual registration in a</li> </ul>

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If you accept Medicare and/or Medicaid the final rule will impact you and your reimbursement for 2018. Under the Trump administration changes in the healthcare sector occur often yet CMS appears to continue the path toward value based care. [CMS proposes updates](#) for the second year of QPP to provide more flexibility. Here are some of the most significant changes for small providers participating in MIPS:

- More flexibility for small providers
- More small providers will fall under the exemption category with an increased threshold. The low volume threshold of \$30,000 in Medicare Part B charges or 100 Medicare Part B patients will increase to a threshold of \$90,000 or less in Medicare Part B charges or 200 patients annually.
- New reporting options for hospital based physicians and solos and small groups. Hospital based doctors will be able to report on quality and cost in the facilities where they work. Their individual score will be calculated with the submission of the facility's inpatient value-based score.
- New virtual groups allow solo practitioners and groups with fewer than 10 eligible providers to combine for a performance period of a year. Virtual Groups would be composed of solo practitioners and groups of 10 or fewer eligible clinicians who come together “virtually” with at least 1 other such solo practitioner or group to participate in MIPS for a performance period. Please note: the group would have to be assessed as a group on all MIPS categories.

- Meaningful Use is replaced by Advancing Care Information (ACI) and allowing the 2014 edition of CEHRT for the 2018 calculations. However, a bonus will be issued in the category of ACI for use of certified 2015 edition EHR.
- Cost will not be a weighted category for 2018, but it is recommended to increase efforts in this area as cost scoring is still a category to be added in the future. For now, quality will remain the most heavily weighted category at 60% with more quality measures added.
- Bonus points will be awarded by CMS for the following factors: caring for complex patients and being part of a practice with fewer than 15 providers.

If you'd like to learn more about MIPS and what it means for you, check out First Healthcare Compliance's [online training module](#) and visit our blog for [informative articles](#) and [infographics](#).



## Our Solution:

Confidently manage compliance with the First Healthcare Compliance comprehensive compliance management solution which provides you the visibility, oversight, controls and tools to manage your organization's compliance program from the topdown and from the bottom-up. Mitigate your risk and drive compliance with our customized, scalable cloud-based solution coupled with live support from our team of experts in healthcare compliance.



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