

THE SURVIVE & THRIVE



Welcome to the jungle. The MACRA jungle. The MACRA final rule was published this past October & was put into effect January 2017, which means you need to start preparing now. *Right now.*

The MACRA final rule introduces the Quality Payment Program (QPP) offering clinicians to choose either the MIPS or Advanced APMs track. If you want to not just survive but *thrive* under MACRA, there's no time like the present to start adjusting your workflows and clinical approaches to meet the QPP. The better prepared for MACRA you are, the more you'll get paid.

That's where this survival guide comes in: We have everything you need to know about preparing, reporting, and - most importantly - receiving full reimbursements under MACRA.

MACRA will replace Meaningful Use... sort of.

In October 2016, the Department of Health and Human Services (HHS) replaced the flawed Sustainable Growth Rate formula with key provisions of the Medicare Access and CHIP Reauthorization Act of 2015, also known as MACRA.¹ The MACRA rule reflects the continued efforts by HHS and the Center for Medicare & Medicaid Services (CMS) to transition the entirety of our healthcare system to patient-centric, quality-based care.

CMS hopes the MACRA QPP will offer meaningful, manageable solutions to the rigid measures we've seen with Meaningful Use. In its April press release about the proposed MACRA rule, CMS stated that MACRA will "improve the relevancy and depth [of] Medicare's quality-based payments and increase clinician flexibility by allowing clinicians to choose measures and activities appropriate to the type of care they provide."²

The flexibility of MACRA is a relief to anyone who's been wading through Meaningful Use. The time clinicians have spent overhauling workflows and completing tedious reports hasn't been worth the meager reimbursements received in return, so it's no surprise that many private practices were itching to ditch Meaningful Use like it was poison oak on a hot day.

Grab some cortisone, though, because Meaningful Use isn't going away completely, although it will have less bearing on your reimbursements. What you know as Meaningful Use will now be the Advancing Care Information component of MIPS and will account for 25% of your first year MIPS composite score.

CMS says MACRA will offer meaningful, manageable solutions to the rigid measures we've seen with Meaningful Use.

^{1 &}quot;Quality Payment Program." Center for Medicare & Medicaid Services. April 2016. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/NPRM-QPP-Fact-Sheet.pdf

^{2 &}quot;Administration takes first step to implement legislation modernizing how Medicare pays physicians..." U.S. Department of Health & Human Services. April 27, 2016. http://www.hhs.gov/about/news/2016/04/27/administration-takes-first-step-implement-legislation-modernizing-how-medicare-pays-physicians.html



Start building & capturing the data you'll need. The high achievers receive higher upward payment adjustments. Here are three steps you can take now:



Make the most of your EHR system.

If you're still in the process of transitioning your charting to an EHR system, keep going. **EHR use will be mandatory under MACRA in 2018**¹, and it will be indispensable to helping you see more reimbursements, particularly in these three areas:

A. Capturing data without disrupting workflows.

The best EHRs help you record patient data without adding more steps to your process. AdvancedEHR, for example, lets you apply codesets to your note fields and map each field to the corresponding quality measure. This lets you stick to your regular charting routine while still capturing and storing the data you need for later reporting.

AdvancedEHR also offers customizable specialty templates for family medicine, pediatrics, mental health, OB/GYN, physical therapy, and more. Rather than adjusting your routine to fit the software, these templates let you tailor the EHR system to suit your preferences and clinical setting. This gives you more control over how you chart and eliminates the need for follow-up data entry or filing.

B. Reporting for MACRA with fussfree tools.

Once you're using your EHR system to capture and store data the right way, reporting becomes a breeze.

Make sure your EHR has the ability to generate reports of measure specifications so you can track your progress and identify areas of improvement long before it's time to report.

AdvancedMD is updating the current Meaningful Use features in AdvancedEHR to coincide with the launch of MACRA's QPP. The updated features will enable you to electronically manage your data and report following a process that is similar to Meaningful Use attestation. Generate reports based on gender, age, diagnosis, test results, and more then submit to CMS or a qualified data registry with just a few clicks.

C. Achieving & improving interoperability.

Interoperability will become increasingly crucial to your success as we continue to shift toward quality-based care models. CMS encourages providers to share data as a means of improving clinical outcomes and has underscored the point by weighting it a full 25% of the MACRA composite score. Says CMS, "The Advancing Care Information (ACI) performance category of MIPS [Merit-Based Incentive Payment System] seeks to give providers more flexibility and greater incentive to exchange relevant clinical information."

The fastest, easiest way to share patient data is to let your EHR system do it for you. HealthWatcher, a feature of AdvancedEHR, is a HIPAA-compliant population health management tool. It helps you report to state immunization, public health, and cancer registries, as well as other healthcare facilities.

EHR use will be mandatory under MACRA in 2018, and it will be indispensable to helping you see more reimbursements.

You can also use it to create customizable individual or group health plans based on parameter-based triggers and factors like age, sex, diagnosis, and lab results. This helps you better engage your patients in ongoing care and improve clinical outcomes while while meeting many of the MIPS categories.¹

One final note on maximizing your EHR use: remember that it's not just helpful for MACRA reimbursements - it's also tied

to better efficiency. A 2015 Emory Healthcare study revealed that clinicians who received adequate EHR training reduced their workflow clicks by an average of 1/3.3

If you're not charting with an EHR system yet, how much more convincing do you need? It's time to make the switch.



Focus on quality & patient-centric treatment.

While Meaningful Use measured providers on whether processes were updated, MACRA will focus on quality measures that promote improved outcomes as well as a better overall quality of life for patients. If your current clinical approach isn't patient-centric, start incorporating patient experience tools into your workflows.

AdvancedMD has an entire suite of patient experience software designed to enhance clinical outcomes through increased patient engagement, satisfaction and retention. The ideal patient experience starts before your patients even get to the office: they can access an online portal to schedule appointments, request prescription renewals, fill out consent forms, pay outstanding balances or view clinical summaries and lab results. The smooth sailing continues at the start of each office visit when your patients use an iPad kiosk to complete the check-in process in less than a minute.

You also shouldn't overlook telemedicine as a means of <u>patient</u>-centric treatment.

Offering virtual care enables you to see more patients while helping them avoid the inconvenience of an office visit. Telemedicine appointments can be ideal for elderly, housebound, or rural patients that find it difficult to come into the office.

When shopping around for a telemedicine tool, look for one that integrates with your EHR system so you can automatically collect and store the data you'll need for MACRA reporting.

AdvancedTelemedicine, for example, lets you access the clinical data in your EHR and take notes or update patient information during each telemedicine appointment. Once the virtual consult is completed, the AdvancedTelemedicine module will automatically pass the payment to your medical billing system.

Telemedicine is anticipated to become the next big boom in healthcare, so adopting it early can set you apart from other practices. You'll be providing better care and adding another revenue stream while meeting measures for the MIPS Quality and CPIA categories.

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Healthcare IT News reports that the amount of healthcare data grows by a staggering 48% each year.⁴ How are you managing your data? Or are you?

Simply capturing data with an EHR system isn't enough - you need to leverage that data to pinpoint financial and clinical trends, areas of improvement, and revenue opportunities. For example, CMS will now look at your payer mix and patient count threshold reports to determine whether you'll be eligible for getting reimbursed under the Advanced Payment Model (APM) track.⁵ Running these reports will help you gauge your progress and ensure you're hitting the benchmark.

Reporting: Plan to participate

When the 2017 performance period starts, your full clinical team - physicians, physician's assistants, nurse practitioners, clinical nurse specialists, certified registered nurses, and nurse anesthesiologists - will be able to pick a pace of participation. CMS has offered four participation options to eligible clinicians:

- 1. Test MIPS and avoid a negative adjustment by submitting at least some data.
- 2. Participate in MIPS for a reduced number of days instead of the entire calendar year, which could still qualify clinicians for a positive adjustment.
- 3. Participate in MIPS for the full calendar year and be eligible for a positive adjustment.
- 4. Participate in APM to qualify for a 5% incentive payment in 2019.

However, reporting exemptions may be given to those that are defined as "small" practices within the MACRA criteria. To be considered a "small" practice, you must:

Bill less than \$30,000 annually in Medicare Allowed claims

or

Have 100 or fewer active Medicare patients¹

Clinicians who are newly enrolled in Medicare will also be exempt from MACRA reporting.¹

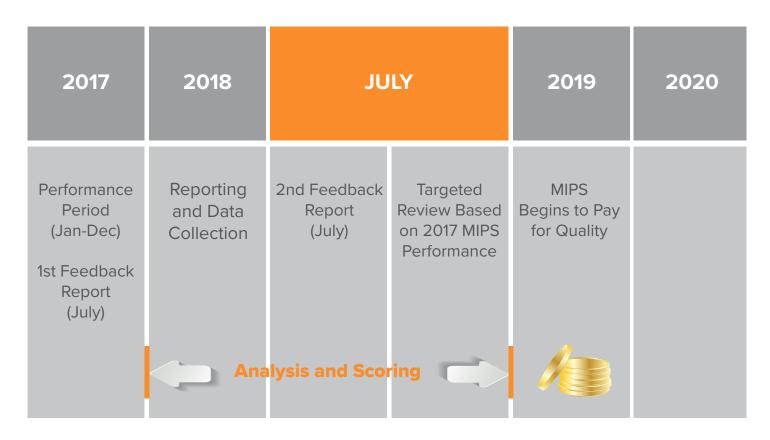
Simply capturing data with an EHR system isn't enough - you need to leverage that data to pinpoint financial and clinical trends, areas of improvement, and revenue opportunities.

^{4 &}quot;MACRA-economics 101: Prepare today for tomorrow's outcomes." Healthcare IT News. April 18, 2016. http://www.healthcareitnews.com/blog/macra-economics-101-prepare-today-tomorrows-outcomes

⁵ "MACRA: Disrupting the health care system at every level." Deloitte Center for Health Solutions and Deloitte Center for Regulatory Strategies. 2016. https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-dchs-macra.pdf

⁶ "The Merit-Based Incentive Payment System: MIPS Scoring Methodology Overview." Center for Medicare & Medicaid Services. April 2016. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MIPS-Scoring-Methodology-slide-deck.pdf

If you don't meet the exemption requirement but choose not to participate in tracking and reporting, your financial footing will start feeling as secure as quicksand. You'll receive an automatic decrease in Medicare reimbursements of up to 4% in 2019¹, and as much as a 9% decrease by 2022.



If you're not reporting through an EHR system, you'll need to submit your data through the Qualified Clinical Data Registry (QCDR) or another qualified registry, the CMS Web Interface, the CAHPS for MIPS survey, or other similar data collection services.⁸

Andy Slavitt, Acting Administrator of the Centers for Medicare and Medicaid Services, notes that much of your reporting will be based on activities you're already doing, such as expanding your office hours or using a model of shared decision-making with patients. This reflects the CMS goal of reducing "the reporting burden by including the core quality measures that private payers already use for their clinicians."

While reporting is expected to be easier for you, keep in mind that it will also be public. **CMS will make your reporting data available for public access, meaning your patients will be able to review it anytime.** CMS believes granting public access to MACRA records will be "a significant driver of clinician behavior, as it could impact a provider's ability to recruit and retain patients, both positively and negatively." ¹⁰

⁸ "Enter MACRA: CMS chief Andy Slavitt says new law lets doctors be doctors." Healthcare Finance. July 18, 2016. http://www.healthcarefinancenews.com/news/enter-macra-cms-chief-andy-slavitt-says-new-law-lets-doctors-be-doctors

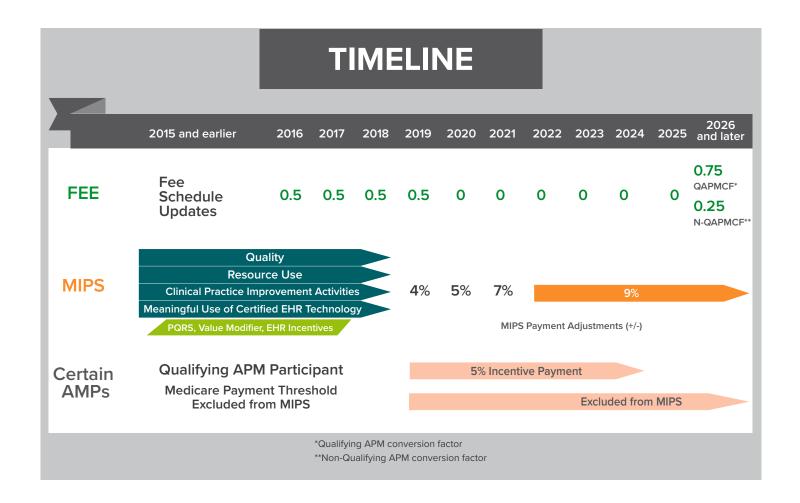
^{9 &}quot;MACRA, MIPS, and Advanced APMs: Time to Prepare." Journal of the American Health Information Management Association (AHIMA). June 2, 2016. http://journal.ahima.org/2016/06/02/macra-mips-and-advanced-apms-time-to-prepare/

Setting Paid: Exceed the threshold to see more money.

Without further ado, let's talk about what you really came here for: reimbursements.

CMS says that anyone with a score above or below the national threshold will see a corresponding upward or downward adjustment of 4-9% in year-over-year fee-for-service payments. Beginning in 2019, the potential maximum adjustment will increase each year.⁷

CMS says every clinician will have the opportunity to be paid more for better care, so how can you make sure you're on the upward adjustment side of things? For starters, don't give up. MACRA won't be using the all-or-nothing scoring you've seen with Meaningful Use. You'll receive a score for the information you submit, and performance at any level can help improve your composite score. If you don't meet the measure requirements or your sample size isn't sufficient enough to calculate a quality score, the measure isn't included in your MIPS performance score - but you aren't scored zero for a missing measure. In other words, the only way to get a zero is to bench yourself and fail to participate.⁸



There will be two payment options under MACRA: the Merit-based Incentive Payment System (MIPS) and APM. CMS expects most small- and mid-sized practices to report under MIPS so let's focus on that.



Merit-based Incentive Program (MIPS).

MIPS is a budget-neutral program, meaning that the upward and downward adjustments determined by CMS are balanced to maintain an overall national average change of 0%. Basically, this means that you have the potential to earn as much as three times your anticipated payment adjustment if you're on the positive end of the scale. If you're seeing a

4% increase, you could really get a 12% increase in 2019. Now *there's* some motivation to master MIPS.

CMS will base your potentially large adjustment on a composite score that's determined by your performance across the following four categories:



60% of total Year 1 score

Since MACRA is centered on quality-based payments, it's no surprise that quality is weighted as a whopping 60% of your Year 1 composite score.

This portion of MIPS will replace the Physician Quality Reporting System (PQRS) and the Quality portion of the Value-Based Modifier Program. Instead of the nine measures required under PQRS, you'll be selecting just six measures on which to report - and you'll be able to choose measures that align with your specialty or clinical setting. **CMS has offered more than 200 measures for you to choose from, 80% of which are specialty-specific.**¹

Individuals or practices of 2-9 clinicians will also be required to submit two population measures, while practices of 10 or more clinicians will be required to submit three.

If you meet the minimum case volume, you can also receive up to 10% in bonus points by reporting additional outcomes such as patient experience, patient safety, EHR reporting, and more.⁷



What you know as Meaningful Use will become this category of MIPS. The measures will no longer be one-size-fits-all; you can select those that best fit your practice¹¹

Points are based on how you use EHR technology on a daily basis, as well as achievement above the base score requirements for the five measures:

- Security Risk Analysis
- ePrescribing
- Provide Patient Access
- Send Summary of Care
- Request/Accept Summary of Care

Emphasis will be placed on measures that promote interoperability. For example, you can receive a bonus point in this category if you're reporting to a public health registry.¹⁰



The IA performance category rewards clinicians for care focused on care coordination, beneficiary engagement and patient safety.

You will choose from a list of 90 measures.

Note that non-patient facing, small practices of 15 or fewer professionals and those located in areas that are considered rural or experiencing a shortage of health professionals will be weighted differently.⁷



This category replaces the Cost component of the Value Modifier Program and your score will be based on Medicare claims, so it won't require any reporting on your part.¹

More than 40 episode-specific measures will be used to determine your Cost score. CMS says, "Clinicians that deliver more efficient, high quality care achieve better performance, so clinicians scoring the highest points would have the most efficient resource use." 1

The score will be an average of the cost measures attributed to you that meet the minimum 20-patient sample volume. If you don't have enough patient volume for the cost measures, a Cost score won't be calculated and CMS will only use the other three categories to calculate your composite score.

The bottom line: Getting reimbursed is easy if you're providing quality care.

Despite the sooner-than-expected overhaul and the panicked press we've seen, you can survive and thrive under MACRA. The move from volume-based to value-based reimbursements will require a more patient-centric care model and top-notch data management, yes - but the bulk of the burden can be taken on by your EHR system. It's not about doing more work - it's about streamlining your

practice to let the software handle the details while you focus on outcomes.

Dr. Patrick Conway, acting Principal Deputy Administrator and Chief Medical Officer for CMS says, "Reducing burden and improving how we measure performance supports clinicians in doing what they do best – caring for their patients."

For more insight into how you can remain independent and successful under MACRA, contact AdvancedMD. We're committed to supporting healthier practices and healthier patients. Our EHR, medical billing, and patient experience software is designed for medical professionals, by medical professionals.

We know what you need to remain independent - & we're here to help.

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