

P R E P A R I N G

Y O U R

P R A C T I C E

F O R

M A C R A



The Medicare Access and CHIP Reauthorization Act of 2015 (his friends just call him MACRA) is the biggest change to physician reimbursement since Medicare was signed into law by President Lyndon Johnson in 1965.¹

To put it into perspective just how long that period of Medicare stability was, let's look at what else was happening in 1965. The Beatles had just played the first stadium concert in the history of music. The film Mary Poppins was all the rage, winning five Academy Awards. And a Dr. named Dre was born in the city of Compton.

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So it's understandable that many healthcare professionals are feeling a little overwhelmed with this complex law that covers diverse issues such as data reporting, practice models, evolving clinical standards and physician evaluations.

TWO ROADS DIVERGED IN A YELLOW WOOD.

Getting to the heart of the program changes requires an understanding of the Quality Payment Program (QPP), which replaces the old patchwork collection of incentive and penalty payment programs. QPP creates two pathways for clinicians to choose:

1. *The Merit-Based Incentive Payment System (MIPS)*
2. *The Advanced Alternative Payment Models (Advanced APMs)*

It's important to note that standards alignment exists between these two tracks to make it easier for clinicians to move between them. For example, APM participants who fall short of the participation requirements for the bonus can participate in the MIPS track to receive the MIPS payment adjustment.

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UNDERSTANDING THE MIPS TRACK.

Most Medicare clinicians will participate in MIPS in the first year. This new system evaluates the performance of all MIPS-eligible clinicians across four performance categories, three performance and one cost, in order to determine what payment adjustments will be applied in future years. The cost category will be calculated in 2017, but not used to determine a payment adjustment until 2018. Weights will be assigned to each performance category for the performance year 2017, affecting CMS payments in 2019. The two-year gap between performance and payment is typical of CMS, since it takes that long for them to analyze the data.²

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With MIPS, participants are defined as “eligible clinicians,” rather than the “eligible professional” typical of Meaningful Use. This is for Medicare Part B providers who are recognized as eligible clinicians. For 2017 and 2018 it applies to MDs and DOs. That includes podiatrists, physician assistants, nurse practitioners, clinical nurse specialists and CRNAs.

The secretary plans to broaden the eligible clinicians group in subsequent years. Excluded clinicians fall under one of a few groups, so they are not eligible if it is their first year of Medicare Part B participation. To meet this classification, the clinician cannot have submitted claims in the previous calendar year either as an individual, an entity, or as part of a group, regardless if they billed under a different tax number.



Clinicians have to bill less than \$30,000 in Medicare allowable charges and provide care for 100 or fewer Medicare patients in one year. An exclusion is if you are recognized as a qualified participant in an Advanced APM. MIPS does not apply to hospitals or to Medicaid. These groups will continue with their own version of Meaningful Use.

UNDERSTANDING THE ADVANCED APM TRACK.



This class of payment models shares assumed risk, provides financial benefit for achieving quality and requires assuring of information across providers of care and care locations. Physicians choosing the Advanced APM track are agreeing to higher risks and a higher potential reward.

To meet the Advanced APM criteria, you must have 50% of your participants using a Certified EHR. You must also base payment on quality measures comparable to those under the proposed annual list of MIPS quality performance measures. Additionally, you must bear more than a nominal amount of financial risk for monetary losses.

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Qualifying participants (QPs) are broken into two separate categories:

Fully qualified meet higher thresholds for qualification. They will be entitled to a 5% lump sum bonus and be excluded from MIPS payment adjustments.

Partially qualified meet lower thresholds for qualification. They may not be entitled to the 5% bonus, but they could make the decision to forego MIPS participation. If they choose to participate in MIPS, they would be subject to payment adjustments, which could be positive or negative.

WHATEVER YOU DO, DON'T DILLYDALLY.



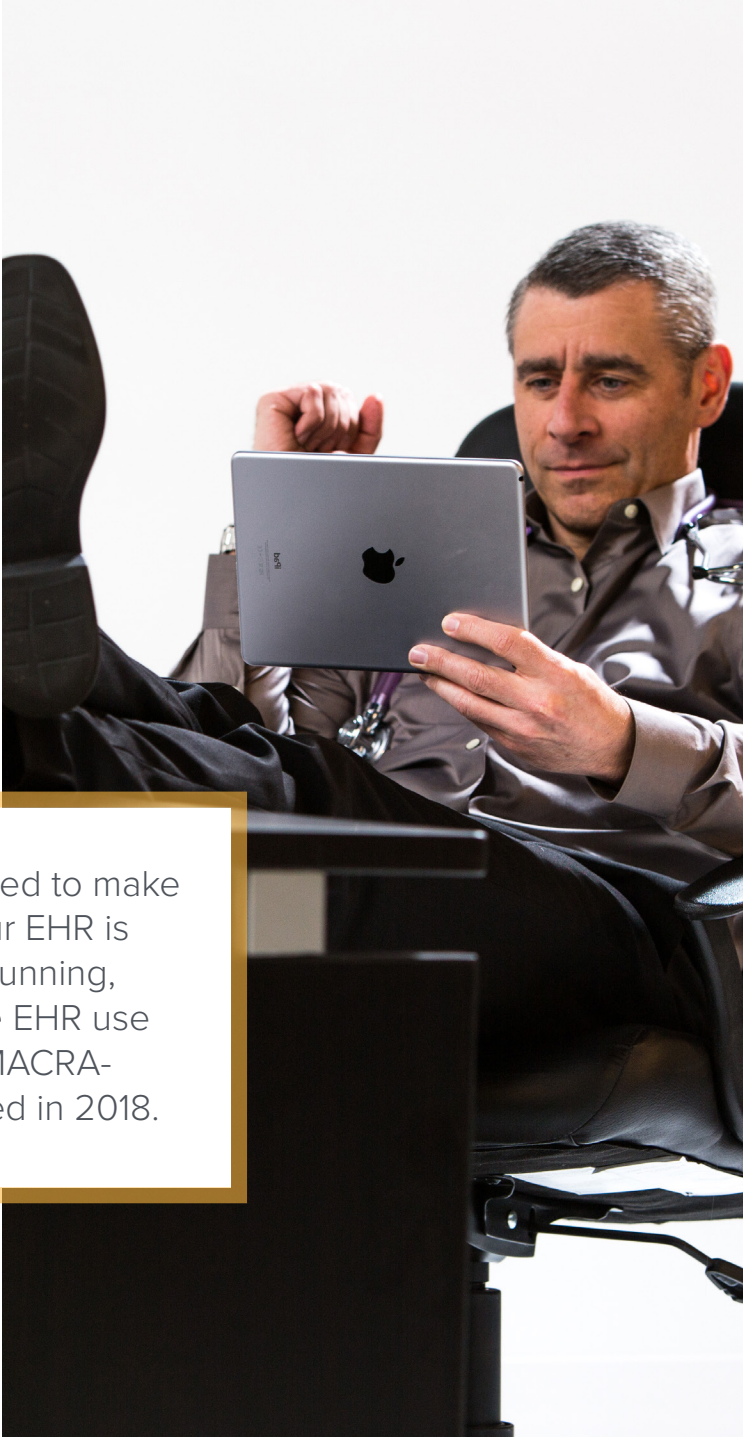
In the words of Modern Healthcare, “This is not a time for procrastinators.”³ Taking MACRA action now will help you both in 2017 performance and going forward. Learn the basics and make sure you and your staff are educated on the new regulations. Decide if you are going to participate in MIPS or in Advanced APM, then outline your strategy and implement the necessary changes.



You'll need to make sure your EHR is up and running, because EHR use will be MACRA-mandated in 2018.⁴ Of course, it's not simply an issue of compliance. A high-quality EHR will streamline your processes and make just about everything easier.

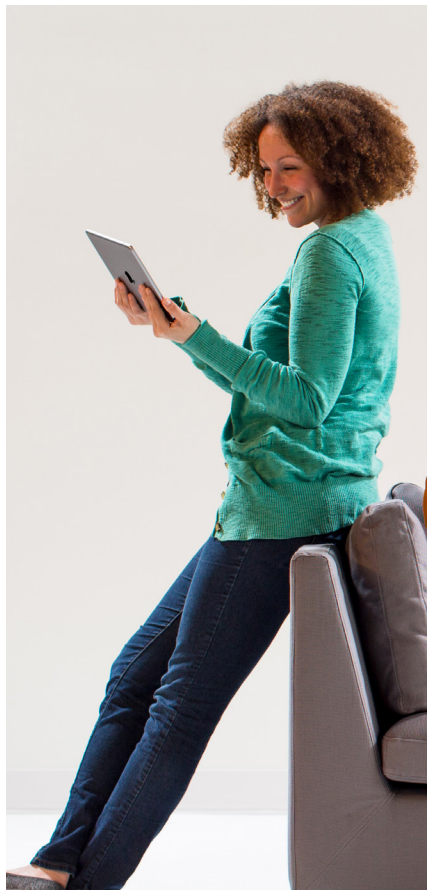


For example, AdvancedEHR can essentially be your do-everything hub. You can apply code sets to your note fields for corresponding quality measures, generate reports of measure specifications for improved tracking, share patient data through a HIPAA-compliant population health management tool and create customizable health plans based on parameter-based triggers and factors to help increase your bottom line.



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TAP INTO THE AMPLE RESOURCES AVAILABLE.



MACRA experts aren't created overnight. It takes effort to learn the ins and outs of the new programs. Never fear... there are lots of free resources out there for you. You just need to know where to look.

Online resources: Some of the most helpful assets are right at your fingertips. Simply boot up your computer and go to these resources on our MACRA and MIPS page:

[MIPS Category Scoring Overview](#)
[MACRA Acronymns](#)
[What You need to know about MACRA for 2017](#)

You can also look at the [Quality Payment Program \(QPP\) website](#) under Resource Library in the About section

You'll find information on APM design, Medicaid and All-Payer Models, MIPS participation and more. And if you've got questions concerning core quality measures, this is the place to look. These resources have been curated to help reduce your burden and improve your reimbursements, so be sure to take advantage of them.

Local support centers: If your practice is of the smaller variety, the makers of MACRA have allocated training resources to help you understand and participate in the QPP.

This personalized help comes courtesy of local organizations throughout the country. They can help you navigate MIPS requirements, decide whether or not to join an APM and even provide technical support. Their assistance is available at no charge, if you're eligible. [Click here](#) to view a map that shows which of these approved organizations are in your area.⁵

CONCLUSION.

When something changes substantially for the first time in more than five decades, there's bound to be some disruption. Luckily, the makers of MACRA anticipated this and put measures in place to make the transition as painless as possible.

The main thing to remember is that MACRA is tailor-made for patient-first practices like yours.⁶ By learning the system and continuing along with your same quality of care, your reimbursements can remain favorable.

AdvancedMD provides a suite of products that can tame MACRA and make it even friendlier to your practice. Call us today to get your customized strategy.



¹ CMS' program history. CMS.gov. January 31, 2017. <https://www.cms.gov/About-CMS/Agency-Information/History/index.html?redirect=/history/>

² Analysis and Payment. CMS.gov. April 18, 2017. <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/analysisandpayment.html>

³ "With MACRA looming, doctors can't afford waiting to plumb its intricacies." Modern Healthcare. July 23, 2016. <http://www.modernhealthcare.com/article/20160723/MAGAZINE/307239981>

⁴ "MACRA and EHRs: What Practices Need to Know." Physicians Practice. June 13, 2016. <http://www.physicianspractice.com/ehr/macra-and-ehrs-what-practices-need-know>

⁵ "Support for Small Practices." Department of Health & Human Resources. March 17, 2017. https://qpp.cms.gov/docs/QPP_Support_for_Small_Practices.pdf

⁶ "CMS Quality Strategy 2016." The Center for Medicare & Medicaid Services. February, 2016.

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/qualityinitiativesgeninfo/downloads/cms-quality-strategy.pdf>