



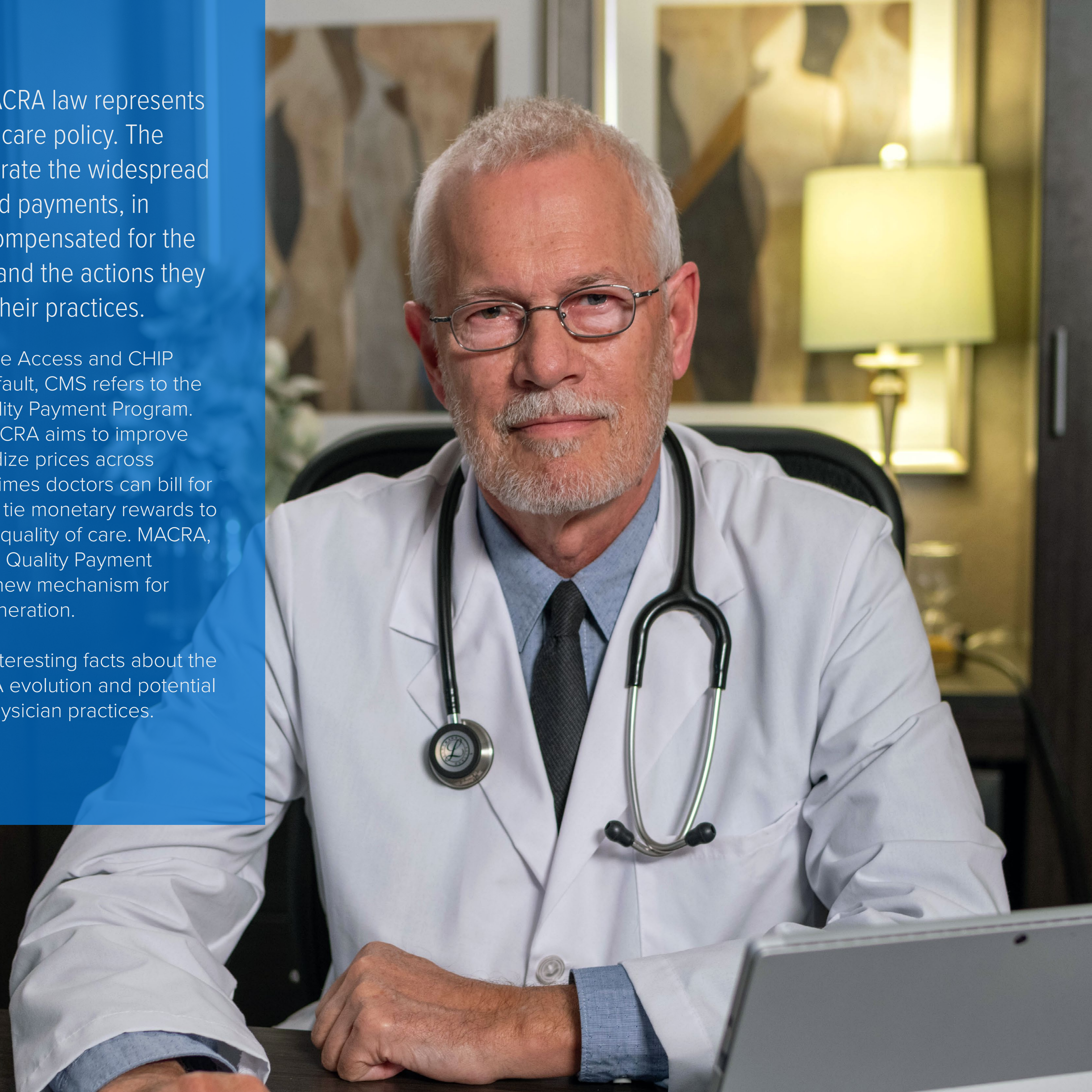
MACRA Facts Every Medical Practitioner Should Know



The comprehensive MACRA law represents the next wave of healthcare policy. The new law aims to accelerate the widespread adoption of value-based payments, in which physicians are compensated for the caliber of their service and the actions they undertake to advance their practices.

MACRA stands for Medicare Access and CHIP Reauthorization Act. By default, CMS refers to the initiative as that of the Quality Payment Program. The new law known as MACRA aims to improve clinical outcomes, standardize prices across areas, limit the number of times doctors can bill for services, and more closely tie monetary rewards to provider performance and quality of care. MACRA, often known as Medicare's Quality Payment Program, creates a brand-new mechanism for calculating physician remuneration.

This eBook explains five interesting facts about the current state of the MACRA evolution and potential impacts to independent physician practices.



What Is MACRA?

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Doctors receive payment according to one of two paths under MACRA: the MIPS (Merit-Based Incentive Payment System) or APM (alternative payment models). Healthcare practitioners started receiving payments in 2019 according to their selected flow and the new framework in effect. Starting in 2017, healthcare professionals began accounting through one of the two streams. This initial reporting determines the benchmark and threshold objectives for future healthcare costs and quality. APM and MIPS are complicated value-based monetization strategies with several complexities.

#1 Learn About Quality Payment Program

The QPP (Quality Payment Program), which aids the health service in achieving the objective of value-based service, was one of these modifications. The QPP offers two options.

- MIPS (Merit-Based Incentive Payment System): A program that rates skilled people on their use of resources, clinical practice advancements, and quality.
- APMs (Alternative Payment Models): APMs give healthcare professionals new avenues for receiving payment for the services they offer to Medicare enrollees. Accountable care organizations, patient-centered healthcare facilities, and integrated payment systems are a few instances of APMs.

#2 Merit-Based Incentive Payment System

The electronic health record (EHR), Value-Based Modifier (VBM), and Physician Quality Reporting System (PQRS) Incentive Program were combined into one program called MIPS, which was rebranded as Cost, Quality, and Promoting Interoperability (PI). Improvement Activities (IA) was another new component added to MIPS IA. An enrolling healthcare provider's aggregate MIPS score, which ranges from 1 to 100 points, is dependent on how well they perform across each of the four MIPS key performance indicators.

The MIPS score is then matched to the performance limit imposed each year by CMS (Centers for Medicare and Medicaid Services). The healthcare provider's Medicare Part B compensation for the relevant payment

year will then be subject to a positive, null, or negative payment modification from CMS, depending on how the clinician's MIPS score relates to the performance benchmark. When using the QPP Participation Lookup Tool to check QPP eligibility, surgeons can enter their NPI (National Provider Identification) numbers.

Physicians should surpass the low-volume level for MIPS eligibility, which is determined by how many Part B patients they serve, the percentage of Medicare patients they serve, and the authorized costs. A physician will be obliged to take action in MIPS if they bill over \$90,000 for Medicare Part B-covered treatments, visit over 200 Part B patients, and perform more than 200 covered professional services for Part B patients. Physicians can check their MIPS eligibility for every TIN (Taxpayer Identification Number) linked to using the Lookup Tool. They may be obliged to participate in MIPS under every TIN/NPI. Additionally, CMS offers group-level eligibility data.



#3 Alternative Payment Models: Where Does It Fit Among All of This?

Alternative Payment Models (APM) are the second route under MACRA that will impact how much doctors are compensated.

Billy Wynne, the managing partner at TRP Health Policy and a health care policy expert, was questioned on how APMs fit into the MACRA framework: “APMs function as an alternate route for clinicians to pursue under MACRA,” he said in response. Advanced APMs are reimbursement schemes that call for hospitals or clinicians to assume risk related to the price and caliber of the care they deliver.”

Similar to MIPS, APMs (alternative payment models) have a set of guidelines that physicians must adhere to get the best financial compensation. Like MIPS, clinician income and treatment quality are intimately correlated under APMs (which comprise Bundled Payments), and the practitioner assumes financial risk.

According to AAFP, the APM must additionally satisfy the following qualifying standards to be excluded from MIPS:

- Utilize quality metrics that are comparable to those mandated by MIPS.
- Employ EHR (electronic health record) software that has been approved.
- A medical facility that has been extended in accordance with CMMI OR assumes more than a “nominal economic risk.”

Physicians will primarily follow the MIPS stream under MACRA (including orthopedic surgeons functioning under CJR).

Nevertheless, medical professionals who fulfill the criteria for APM, such as the minimum volume standards, may be excused from participating in MIPS.

Merely stated, “When you reach the barrier of earnings and patient population defined by CMS, you remove yourself from the MIPS system,” says Jeremy Brown of CF Health Advisors.

Clinicians that utilize APMs face unique difficulties, but there are also benefits. Healthcare professional groups using APMs have fewer reporting requirements than those using MIPS. Additionally, the payment system is set up to minimize the importance of “catching up with the Joneses” or contending with the quality standards set by medical peers. Providers participating in APMs are eligible for a 5% yearly lump sum payment from MACRA (like CJR).

- You must either get 25% of your Medicare Part B payments via an Advanced APM or
- Visit 20% of your Medicare beneficiaries via an Advanced APM to be eligible for the 5% bonus payment (beginning in 2019) for Advanced APM involvement.

#4 Effectiveness & Quality: How Are They Determined?

The Improvement Activities performance criterion of MIPS measures how actively a healthcare professional or entity engages in operations that advance medical practice.

Those activities include:

- Population health management
- Beneficiary engagement
- Participation in an alternative payment model
- Integrating behavioral and mental health
- Expanded practice access
- Care coordination
- Patient safety and practice assessment
- Achieving health equity
- Emergency preparedness and response

Know The EHR Requirements

Since MACRA encourages organizations to leverage electronic health record (EHR) data for value-based care, it alters and maybe eventually replaces the substantial use stage 3 incentive scheme.

According to MACRA, an EHR provider should be capable of performing the following tasks for their solution to be regarded as a certified EHR:

- If data is obtained from an approved EHR technology, identify the data source for metrics, actions, and outcomes under the performance areas for advancing care, improvement activities, and quality information.
- Send information in the format CMS requires, either directly from an approved EHR technology or via a data gateway.

- Give MIPS-eligible doctors the freedom to provide data in the format required by CMS by themselves or in groups, using their certified EHR systems.





#5 CJR & MACRA: How Do They Fit Together?

For the time being, CJR is regarded as an APM rather than an Advanced APM (AAPM). Thus, until further notification, doctors employed by CJR are required to follow the 2017 MIPS stream. To bypass MIPS and use the APM system in its entirety, CMS must assess that the fundamental care being offered is, in fact, Advanced. It is anticipated that CJR will eventually be regarded as an Advanced Alternative Payment System, excluding doctors from MIPS. As a result, there will be less intense reporting and less rivalry with other clinicians. The hospital will assume more economic risk and receive the main reward instead of the physician (the APM entity).

“The CMS rewards PMs with 5% yearly lump-sum incentives because this stream works so well for Medicare. APMs are encouraged by making the adjustment process simpler and providing providers with a larger inducement to enroll in these alternative payment models,” continues Jeremy Brown.

MACRA For Technical Support

Individuals worried about dealing with MACRA and owning or managing a modest clinic should be aware that money should be accessible to obtain

tech assistance. The American Academy of Family Physicians launched a report that states that \$20 million will be made available annually. Clinicians serving impoverished areas, rural areas, and regions with a shortage of doctors are given financial priority.

MACRA: Expected Changes for 2023

CMS left the MIPS performance area weighting for the 2023 assessment year unchanged. Like before, a MIPS final score is determined in 2023 by adding the scores from every one of the four MIPS divisions. A provider should still finish the security risk evaluation to be given recognition for the PI (Promoting Interoperability) area.

Lastly, regardless of your path as a caregiver, the key to your success is uniting and acting rapidly to adjust to the changes ahead. Acknowledging MACRA, recognizing where you fall in, and having sufficient information about the revised payment methods will help you identify areas where your current business practices can be strengthened. The era of straightforward fee-for-service billing and care that could pass through the gaps is over. The environment is profoundly changing. The better you plan for the unavoidable logistic tempest that lies ahead, the more successful you will be.

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