



November 2016

MACRA SPECIAL EDITION

As you know, Medicare's Quality Payment Program takes effect January 1, 2017. This is the biggest change to the Medicare program since its inception. It shifts reimbursement from fee-for-service to performance-based payments. Physicians will most likely participate in the **Merit-based Incentive Payment System (MIPS)** as opposed to the **Advanced Alternative Payment Models (APMs)** which is a risk-based plan.

During 2017, you need to record quality data and how you use technology to support your practice. You may earn a positive MIPS payment adjustment beginning January 1, 2019 if you submit 2017 data by March 31, 2018. You get to pick your pace for the Quality Payment Program. If you're ready, you can begin on January 1 and start collecting your performance data. If you're not ready on 1/1, you can choose to start anytime between January 1 and October 2, 2017. Whenever you begin, you will need to send in your performance data by 3/31/18.

Depending on the data you submit by March 31, 2018, your 2019 Medicare payments will be adjusted up, down or not at all.

- If you don't send in any 2017 data, you will receive a **negative 4%** payment adjustment.
- If you submit a minimum amount of 2017 data (for example, one quality measure or one improvement activity for any point in 2017), you can **avoid** a downward payment adjustment.
- If you submit 90 days of 2017 data to Medicare, you may earn a **neutral or small positive** payment adjustment.
- If you submit a full year of 2017 data to Medicare, you may earn a **moderate positive payment adjustment**.

The program consists of 4 data sets:

- Quality – which replaces PQRS
- Improvement activities – a new category
- Advancing Care Information – replaces the Medicare EHR Incentive Program (also known as meaningful use)
- Cost – replaces the Value-Based Modifier

WHAT DO YOU NEED TO DO RIGHT NOW?

1. MIPS data *can* be sent through the claims that PPR produces for you, but there are restrictions as to which measures can be reported via claims. Experience has shown that clinicians who were successful in PQRS achieved their goals via use of EHR or a registry. Your local society is a good place to learn of registries that are geared towards the measures applicable to your specialty. You can also find them at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016QCDRPosting.pdf>

2. Medicare finalized its rules for MIPS on October 14, and at that point, released an extensive amount of data on the cms.gov website. We invite you to visit <https://qpp.cms.gov/> to walk through their excellent tutorial. Page by page it details the data sets and describes measures which must be met.

3. CMS has provided **\$20 million EACH YEAR for five years** to fund training and education for clinicians in individual and small group practices of 15 providers or fewer. Please stay alert to emails from your societies or PHOs for informational sessions.

4. CMS will host a **Quality Payment Program Final Rule Call** November 15 from 1:30 to 3 pm, ET.

To register or for more information, visit [MLN Connects Event Registration](#). Space may be limited.