



FAQs

MACRA & MIPS

WHAT YOU NEED TO KNOW
AND HOW WE CAN HELP YOU.



What is MACRA?

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) aims to improve the existing provider reimbursement stream by repealing the Sustainable Growth Rate (SGR) formula and then providing two viable options—MIPS and APMs—to providers.

Will I be affected by MACRA?

You're part of MACRA if you bill Medicare more than \$90,000 a year, provide care for more than 200 Medicare patients a year, and are a:

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist

So, MACRA has two tracks... which track should I choose?

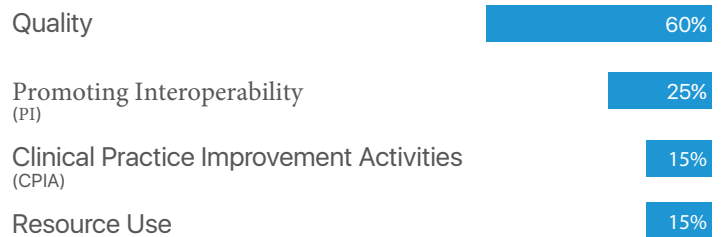
If you prefer to earn a performance-based payment adjustment, go for Merit-based Incentive Payment System (MIPS). Use your experience in reporting for PQRS and MU to meet the performance categories, Quality and Promoting Interoperability, respectively. Lastly, prepare to report quality data for the Improvement Activities and Cost (also called Resource Use) categories.

On the other hand, if you are eligible for an Alternative Payment Model (APM)—as determined by CMS—expect to receive added incentive payments for taking on some risks related to your patients' outcomes. Take on more risk to improve patient care through an Advanced APM and you may earn a 5% incentive payment. Some providers have already started this journey via the Comprehensive Primary Care Plus (CPC+) initiative with support from their EHR partners, like Meditab.

In particular, what is MIPS?

Merit-based Incentive Payment System (MIPS) is a new program that combines parts of the three existing quality reporting programs: the PQRS, VBPM, and MU. This program aims to ease the reporting burden on clinicians by reporting for one quality program instead of three. The system also adds a new category, called Clinical Practice Improvement Activities (CPIA).

A single MIPS composite performance score (CPS) will factor in performance in 4 weighted performance categories on a 0-100 point scale. The breakdown of the MIPS score for 2017 are as follows:



CPS Category: Quality

MIPS essentially adopts the quality measures and reporting methods from the PQRS and VBM programs, specifically, its quality reporting methods.

You need to report up to six PQRS measures, across any combination of quality domains, where one measure is an outcome measure (or a high priority measure, if an outcome measure is unavailable) while groups using Web Interface must report 11 quality measures. In addition to the six PQRS measures, CMS calculates one population measure for groups with 16 or more clinicians and a minimum of 200 cases. Groups below that threshold will not have a population measure included. Each measure is assigned a possible 10 quality points so a total of 60-70 quality points are available, respectively, depending on the number of clinicians in the group being rated for MIPS. Each measure earns up to 10 points based upon the percentile-basis performance of that measure relative to national peer benchmarks.

CPS Category: Clinical Practice Information Activities (CPIA)

Under MIPS, you will need to either earn 20 points or 40 points, depending on your practice's size and location.

- MIPS eligible clinicians or groups that are small practices (15 or less clinicians); practices located in rural areas or geographic HPSAs, or non-patient facing need to earn 20 points to get full credit in the CPIA category.
- All other MIPS-eligible clinicians need to earn 40 points to get full credit in the CPIA category.

To earn points, you can:

- Report any combination of medium-weight (worth 10 points each) and/or high-weight activities (worth 20 points each), or
- If you participate in certain APMs, such as the Shared Savings Program Track 1 or the Oncology Care Model, you will earn 40 points (all future APMs under the APM scoring model will be assigned at least half credit), or
- If you are in other APMs, you automatically earn half credit and may report additional activities to increase the score.

You can calculate the CPIA percentage score by dividing the total CPIA points by 20 or 40, respectively.

CPS Category: Resource Use

Resource Use or the 'Medicare costs of attributed patients' is set to zero for year 2017. However, this will increase to 10% by 2018. You will be rated for Resource Use based on 40+ cost measures to account for differences among specialties. The measures will be calculated based on claims collected by CMS.

Do I still have time?

Yes you do. You can report an entire year of data or only a 90 day period. You can begin January 1, 2017 and start collecting your performance data or you can choose to start anytime between January 1 and October 3, 2017. Whenever you start, you'll need to send in your performance data by March 31, 2018 and expect your first payment adjustments on January 1, 2019.

Who are exempted from MIPS?

There are 3 groups of clinicians who will NOT be subject to MIPS:

- Providers in their first year billing Medicare;
- Providers whose volume of Medicare payments or patients fall below the threshold (Medicare billing charges less than or equal to \$90,000 and provides care for 200 or fewer Medicare patients in one year); and
- Providers who qualify for payment under APMs with the associated bonuses.

What is Meditab doing to help you succeed with MIPS?

"As your EHR partner, Meditab provides FREE webinars at the most convenient dates for you. Preparing our clients for MIPS is our top priority as we gear up to embrace CMS changes in 2017. The more prepared the eligible provider is, the more likely the organization can reach beyond penalty prevention and receive extra incentives," said Arlyn Muñoz, QPP/EMR Manager of Meditab.