



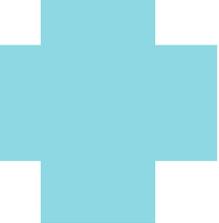
# Making MACRA Work *for* You



MICHIGAN STATE MEDICAL SOCIETY



[msms.org/MACRA](https://msms.org/MACRA)



# Overview

Medicare's shift to value-based payment has been occurring incrementally over the past several years. Initiatives incorporating a "carrot and stick" approach to quality reporting such as the electronic prescribing, physician quality reporting system (PQRS), meaningful use (MU), and the value-based payment modifier (VBPM) are all precursors to Medicare's latest and most transparent effort shift from volume to value.

When Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA) in April 2015 most of the attention was on the repeal of the sustainable growth rate (SGR). However, MACRA provided the opportunity to further goals set by the U.S. Department of Health and Human Services (HHS) to link traditional, or fee-for-service, Medicare payments to value-based outcomes. By 2018, HHS would

like to see 50 percent of Medicare payments tied to some type of alternative payment model such as Accountable Care Organizations (ACOs) or bundled payment and 90 percent of all traditional Medicare payments tied to quality or value.

This new Medicare payment structure is being called the Quality Payment Program (QPP). The QPP establishes two new payment pathways for physicians. The first pathway is a modified fee-for-service model that combines and streamlines existing Medicare quality reporting programs (PQRS, MU, and VBPM). This pathway is referred to as the Merit-Based Incentive Program (MIPS). MIPS replaces the multiple payment adjustment methodologies under these various programs with one payment adjustment structure that will measure physicians and other eligible clinicians based

on performance in four categories:

- Quality
- Resource Use
- Advancing Care Information
- Clinical Practice Improvement Activities

The second pathway provides a fixed five percent annual bonus payment to physicians participating in value-based alternative payment models (APMs) that focus on reduced costs and high-value services. This is referred to as the Advanced APM pathway.

Payment adjustments pursuant to the QPP are scheduled to begin on January 1, 2019. However, as with other Medicare quality programs, there is a two-year look back for the data on which those payments will be computed. So, the actions taken by physicians in 2017 (per-

formance year) will determine their Medicare payments in 2019 (payment adjustment year).

For the 2017 performance year, physicians and other eligible professionals have several options for participation to avoid a negative payment adjustment in 2019. CMS refers to the options below as “Pick Your Pace.”

**First Option:** Test the QPP by submitting minimal data to ensure that your system is working and that you’re preparing for broader participation in 2018 and 2019.

**Second Option:** Participate in the QPP for a portion of the 2017 performance period versus the full period. By choosing this option, you could qualify for a small positive payment adjustment.

**Third Option:** Participate in the QPP for the entire 2017 performance period by submitting information for the entire year on quality measures, how your practices uses technology, and what improvement activities your practice is undertaking.

**Fourth Option:** Participate in the QPP by joining an Advanced APM and if you meet the thresholds for Medicare payments or number of Medicare patients, you can earn the five percent payment initiative in 2019.

Physicians and other eligible clinicians choosing not to participate in any of the above options in 2017 will receive a 4 percent penalty in 2019.



# Resources

For additional resources on MACRA and what it means for your practice, considering visiting these websites:

- [www.msms.org/MACRA](http://www.msms.org/MACRA) and [www.msms.org/eo](http://www.msms.org/eo)
- <https://qpp.cms.gov/>
- <https://www.ama-assn.org/practice-management/understanding-medicare-payment-reform-macra>
- <https://msms.org/AboutMSMS/NewsMedia/MichiganMedicineMagazine/January-February2017.aspx>

# Education



## Making MACRA Work For You

Tuesday, October 24, 2017, Sheraton Novi

While it may seem difficult to embrace MACRA, MSMS will dig into the details and provide practical guidance every step of the way. Beginning with an overview of MACRA and practical steps to help you move forward, this conference will delve into technology and documentation strategies, the use of tools such as Qualified Clinical Data Registries, and key components of future Medicare payments. Finally, useful resources will be provided to help make MACRA work for you.

- 9:00 – 11:30 am **Navigating MACRA**  
**What You Should Know About MACRA**, *Leland Babitch, MD, President and CEO, MPRO*  
**Roadmap for Getting Started**, *Holly Standhardt, Senior clinical Quality Consultant, Lake Superior Quality Innovation Network*  
**Aligning Quality Initiatives**, *Stacey Hettiger, Director, Medical and Regulatory Policy, MSMS*
- 11:30 – 12:15 pm **The Role of Documentation Under MACRA**, *Jill Young, CPC, CEDC, CIMC, Young Medical Consulting*
- 12:15 - 1:15 pm **LUNCH**
- 1:15 – 2:00 pm **Technology Survival Tips to Tackle MACRA**, *Dara Barrera, Manager, Practice Management & Health Information Technology, MSMS*
- 2:00 – 2:45 pm **Using Qualified Clinical Data Registries to Your Advantage**, *Kathleen Blake, MD, MPH, Vice President, Performance Improvement, American Medical Association and Executive Director, Physician consortium for Performance Improvement*
- 3:00 – 3:45 pm **Navigating Need to Know Resources**, *Stacey Hettiger, Director, Medical and Regulatory Policy, MSMS*

# Online Modules

MSMS is working hard to provide information to our members and other health care professionals on the complex and significant changes inherent in MACRA. To that end, MSMS has planned a series of on-demand modules to help navigate the new rules. From MIPS and APMs, to QPP and QRUR, it's hard to keep track of the substantial changes which are driving providers to value-based care. These series of webinars will help make sense of myriad aspects of the law and help practices maximize Medicare reimbursements.

▶ <b>Key Things You Should Know about MACRA</b>	\$50 members \$75 non-members	.50
▶ <b>Roadmap for Getting Started</b>	\$50 members \$75 non-members	.75
▶ <b>MACRA Alignment Strategy</b>	\$50 members \$75 non-members	.50
▶ <b>Using a QCDR as the Path to Change</b>	\$50 members \$75 non-members	.50
▶ <b>Navigating Need to Know Resources</b>	\$50 members \$75 non-members	.50
▶ <b>MACRA Really? The Reasons Why</b>	\$50 members \$75 non-members	.50
▶ <b>The Role of Documentation</b>	\$50 members \$75 non-members	.50
▶ <b>Technology Survival Tips to Tackle MACRA</b>	\$50 members \$75 non-members	.50

To view these modules please visit [www.msms.org/MACRA](http://www.msms.org/MACRA).



**ON-DEMAND MODULES**



# Medicare Meaningful Use in a MACRA World

With the passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), three existing Medicare quality programs (Physician Quality Reporting System, Value-Based Payment Modifier, and Medicare Electronic Health Record Incentive/Meaningful Use) are rolled into one new Medicare payment model known as the Merit-Based Payment System (MIPS).

One of the key components of MIPS for which physicians and other eligible clinicians will be evaluated is called Advancing Care Information (ACI). Thus, physicians may find themselves asking several questions including:

## **Is meaningful use gone for good?**

The simple answer is yes and no. Medicare Meaningful Use (MU) as a stand-alone program, its pass/fail approach, and related

negative payment adjustments for non-participation or unsuccessful participation will be gone by 2019. However, MACRA emphasizes the use of health information technology as tool to help advance the sharing of information among care settings and to engage patients in their care through more accessible personal and educational information. Therefore, several components of MU are incorporated into the new ACI component of MIPS. It is anticipated that physicians who are current successful MU participants will have a smooth transition to ACI expectations. In addition to greater flexibility in selecting measures, the measures will be familiar and several experts have predicted that meeting ACI requirements in 2017 will likely be easier than under MU.

Of note, the Medicaid Electronic Health Record (EHR) Incentive Program is NOT affected by

MACRA. Therefore, physicians participating in this program will continue to report meaningful use through their respective state Medicaid agencies. Additionally, the incentives under the Medicaid EHR Incentive Program continue through 2021.

## **Has my investment in Certified Electronic Health Record Technology (CEHRT) been for naught?**

No. When the Medicare and Medicaid EHR Incentive Programs were initially created, the legislation and related regulations called for the standardization of certain functionality. Congress, the Centers for Medicare and Medicaid Services, and the Office of the National Coordinator for Health Information Technology intended that physicians and others purchasing EHRs would have some assurance that their EHR met minimum standards necessary

for them to accomplish MU requirements. Regardless of whether a physician participates in Medicare via the Advanced Alternative Payment Model or MIPS pathway, he/she will be expected to utilize CEHRT to meet certain requirements. For the 2018 performance period, physicians and other eligible clinicians must use CEHRT that meets the 2015 edition certification standards. Ask your EHR whether your system meets those standards and if not, when will the vendor will have upgrades available and what is their plan for dissemination, installation, and training if necessary.

### **If the MU penalty is going away, do I still need to attest?**

Yes. It is imperative that physicians attest to 2016 meaningful use participation by February 18, 2017, to avoid a 3 percent penalty in 2018. If you have not previously participated in MU and 2017 would be your first year, you can avoid a penalty in 2018 by successfully completing 90 consecutive days of MU within the first 9 months of 2017 and attesting by October 17, 2017.

## **What are the requirements of the ACI component?**

All physicians and eligible clinicians for whom the ACI requirements are applicable must meet the following base requirements in 2017 (for those using 2015 edition CEHRT, there are some additional measure options):

- ◆ Electronic Prescribing
- ◆ Health Information Exchange
- ◆ Provide Patient Access (e.g., patient portal)
- ◆ Security Risk Assessment

Additionally, scoring can be enhanced by reporting on optional measures:

- ◆ Immunization Registry Reporting
- ◆ Medication Reconciliation
- ◆ Patient Specific Education
- ◆ Secure Messaging
- ◆ Specialized Registry Reporting
- ◆ Syndromic Surveillance Reporting
- ◆ View, Download, or Transmit/VDT (e.g., one patient VDTs their health information to a third party) 

## **IN THIS GUIDE:**

- **MACRA Overview and Resources**
- **Education and Online Modules**
- **Medicare Meaningful Use**

