

Medicare Access and CHIP Reauthorization Act (MACRA) and Merit-based Incentive Payment Systems (MIPS)

MACRA:

- Replaces the SGR to update the Physician Fee Schedule to the Quality Payment Program (QPP)
- Achieves a triple aim:
 1. Better Care for Patients
 2. Financial Viability for Physician Practices
 3. Lower Spending for Payers
- Prepares for upcoming technology, physician support systems and clinical practice changes.





Merit-based Incentive Payment System (MIPS):

Combines PQRS, Meaningful Use and Value Based Modifier into one reporting program

Pick Your Own Pace:

Positive adjustment is based on successfully reporting selected measures not quantity of data reported



Category	Weight/Replaces	What will you Need to Do?
Quality 	60% PQRS	Most participants: Report up to 6 of approximately 300 quality measures, including: <ul style="list-style-type: none"> ➤ One outcome measure OR ➤ High-priority measure—defined as outcome measure, appropriate use measure, patient experience patient safety, efficiency measures, or care coordination For a minimum of 90 days.
Clinical Practice Improvement Activities 	15% New Category	Most participants: <ul style="list-style-type: none"> ➤ Attest that you completed up to 4 improvement activities for a minimum of 90 days. ➤ Groups with fewer than 15 participants or if you are in a rural or health professional shortage area: Attest that you completed up to 2 activities for a minimum of 90 days. ➤ Participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model: You will automatically earn full credit.
Advancing Care Information 	25% EHR Meaningful Use	Fulfill the required measures for a minimum of 90 days: <ul style="list-style-type: none"> ➤ Security Risk Analysis ➤ e-Prescribing ➤ Provide Patient Access ➤ Send Summary of Care ➤ Request/Accept Summary of Care Choose to submit up to 9 measures for a minimum of 90 days for additional credit
Cost 	0% Value Based Modifier	No data submission required until 2018. Cost will be calculated from adjudicated claims and used for future payment scoring.

You're a part of the Quality Payment Program and in MIPS if you are a:

- Physician
- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist

Who will NOT participate in MIPS?

- FIRST year of Medicare Part B participation
- Medicare billing charges less than or equal to \$30,000 OR Providing care for 100 or fewer Medicare patients in one year
- Certain participants in ELIGIBLE Alternative Payment Models

Timeline:



Financial Impact:

2019	2020	2021	2022 & Beyond
Up to +4%	+5%	+7%	+9%
-4%	-5%	-7%	-9%

Vertical double-headed arrows are placed between the positive and negative percentage rows for each year, indicating a range of potential impact.

Getting Ready!

- Visit Quality Payment Program (QPP) website to view measures: <https://qpp.cms.gov/learn/qpp>
- Utilize MACRA/QPP Help Desk: (866) 288-8292
- Register for Enterprise Identity Management (EIDM) Portal access to view your QRUR and feedback reports: <https://portal.cms.gov/wps/portal/unauthportal/home/>
- Utilize Quality Net Help Desk: (866) 288-8912
- Contact MedChi for **The MIPS Navigator™** an online tool that makes it possible for individual clinicians or practice administrators to quickly and easily sort through the various MIPS alternatives and produce a practice specific "2017 MIPS Itinerary/Plan" for each of the 3 MIPS domains that will maximize their likely MIPS success. The MIPS Navigator™ is available for a nominal fee, heavily discounted for MedChi members.

For questions regarding MACRA/MIPS or The MIPS Navigator™ Colleen George at cgeorge@medchi.org or 410-539-0872 X3360