

MACRA Readiness Checklist

The MACRA* Quality Payment Program became effective January 1, 2017 and will impact more than \$5 billion in Medicare reimbursements over the next four years. Keep this checklist handy to help your organization succeed under its new, value-driven models.

Preparing for Success

- ☐ Do you have a qualified registry partner to navigate the nuances of measure scoring and EHR compliance?
- ☐ Are you aiming for “full year” maximum participation or “partial year” to qualify for an incentive?
- ☐ Have you reviewed your latest Quality Resource Use Report (QRUR) to get a baseline feel for your cost and quality performance position?
- ☐ Do you have an education plan to inform executives and clinicians of changes to their roles and responsibilities?
- ☐ Do you have an Advanced Alternative Payment Model (AAPM) in place or are you in the process of establishing AAPMs?
- ☐ Go to: <https://qpp.cms.gov/> to learn more about MACRA's Quality Payment Program regulations

1. Quality

Did you submit for PQRS in 2016 and/or prior years?

- ☐ If no, why not? Were you (NPI) or your group (TIN) PQRS eligible?
- ☐ Note that what was good for PQRS may not be good for MIPS Quality in terms of comparative measure scoring
- ☐ Do you currently capture CPT II, ICD-10 and G & F quality action billing codes in your EHR?
- ☐ Go to: <https://qpp.cms.gov/measures/quality> to view a full list of Quality measures

2. Advancing Care Information

- ☐ Did you submit for Meaningful Use (MU) in 2016 and/or prior years?
- ☐ If no, why not? Do you currently use certified EHR technology for your medical records?
- ☐ Does your EHR meet CMS 2015 certification requirements? i.e. Stage III data
- ☐ At a minimum, does your EHR meet CMS 2014 certification requirements? i.e. Modified Stage II data
- ☐ What are your current policies and what technologies do you have in place for coordinated care and information sharing?
- ☐ Go to: <https://qpp.cms.gov/measures/aci> to verify your EHR's certification

3. Improvement Activities

- ☐ Is your practice a qualified Medical Home, Patient-centered Medical Home or comparable specialty practice?
- ☐ Go to: <https://qpp.cms.gov/measures/ia> for a list of activities

4. Cost/Resource Use

- ☐ Did you receive a positive or negative payment adjustment under the Value-based Payment Modifier (VM) program?
- ☐ Review your latest Quality Resource Use Report (QRUR) to see information about your costs

5. Long-Term, Value-based Reimbursement Strategies

Look for MACRA vendors that can:

- ☐ Map all your disparate health care datasets billed under the same TIN into one dataset
- ☐ Provide benchmark analytics for quality and costs (resource use)
- ☐ Provide real-time visibility that allows you to make operational adjustments along the way
- ☐ To optimize your practice's performance for both MIPS and potentially Maintenance of Certification
- ☐ To determine your best path to success, i.e. highest MIPS Composite Score, through the varied scoring channels

The transition to the MACRA Quality Payment Program is complicated and nThrive is here to help. We deliver the advisory services, on-demand education and technology necessary to thrive under the Quality Payment Program.

*The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

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