

MACRA

Medicare Access &
CHIP Reauthorization Act
Replaces SGR!

Beginning in
2017

\$1B

Medicare Part B
quality payment program

HIGHLIGHTS



Changes how
Medicare pays
physicians



Applies to
Medicare Part B
claims



Pick-your-pace
reporting
(4 options)



Transition year
for quality
performance



First payment
adjustments based on
2017 performance

CHOOSE your reporting path: MIPS or Advanced APM

90%

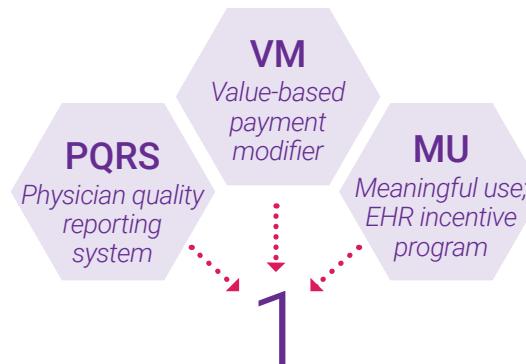
CMS estimates 90% of
eligible providers will
participate in MIPS in 2017

10%

10% will
participate
in AAPMs

MIPS

Merit-Based Incentive Payment System



60% Quality	25% Advancing Care Information	15% Clinical Practice Improvement Activities	0%* Resource Use
Formerly PQRS Choose 6 of 200 quality measures to report Goal: align with quality measures already used by private payors	Formerly Meaningful Use Use certified EHR technology Choose a customizable set of measures to report Emphasis on interoperability and information exchange	NEW Choose from 90+ activities Activities include focus on care coordination, beneficiary engagement and patient safety	Formerly Value-based Modifier MIPS calculates scores based on Medicare claims No additional reporting by clinicians 40+ episode-specific measures High points = efficient use of resources

✓ Clinicians choose measures and activities appropriate to the type of care they provide

AAPM

Advanced Alternative Payment Models



Participants must bear a certain amount of **financial risk**



Payments will be based on **quality measures** similar to MIPS



Certified **EHR technology** must be used by at least 50% of clinicians

CURRENT QUALIFYING MODELS *to be updated annually*

Full population health models

- Medicare Shared Savings Program (Tracks 2 & 3)
- Next Generation ACO Model

Primary care/service line models

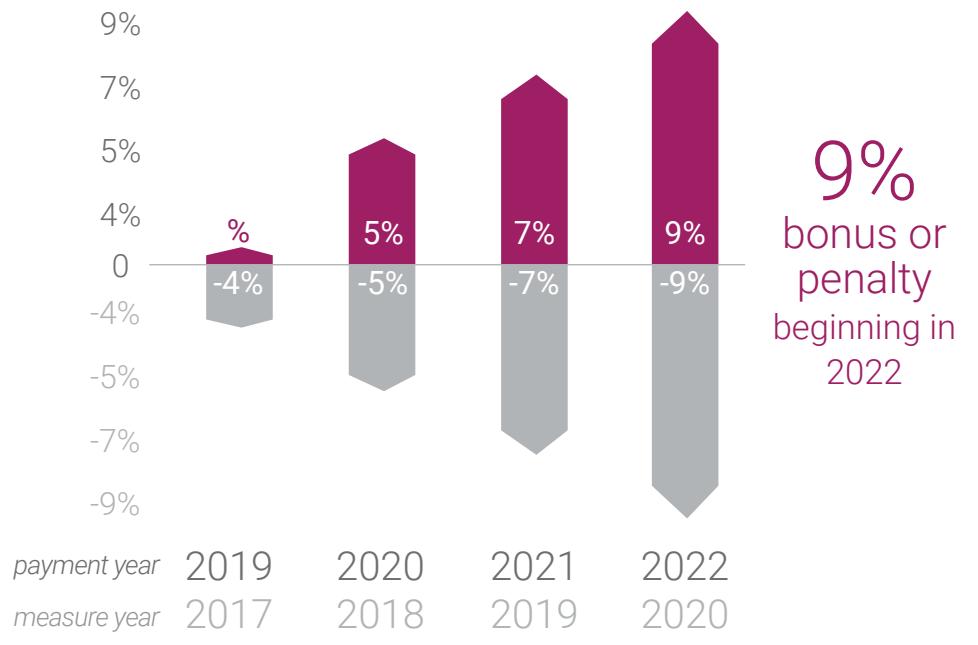
- Oncology Care Model Two-Sided Risk Arrangement (in 2018)
- Comprehensive End Stage Renal Disease Care Model
- Comprehensive Primary Care Plus

- ✓ **Medical home models** that have been expanded under the Innovation Center authority qualify as Advanced APM
- ✓ Clinicians have the option to be **assessed as a group to qualify**
- ✓ Until 2021, the participation requirements

- ✓ Assessed individually or as a group across all four performance categories
- ✓ Reporting is not limited to care provided to Medicare beneficiaries



Results in **positive, negative or neutral adjustment** to Medicare Part B payments



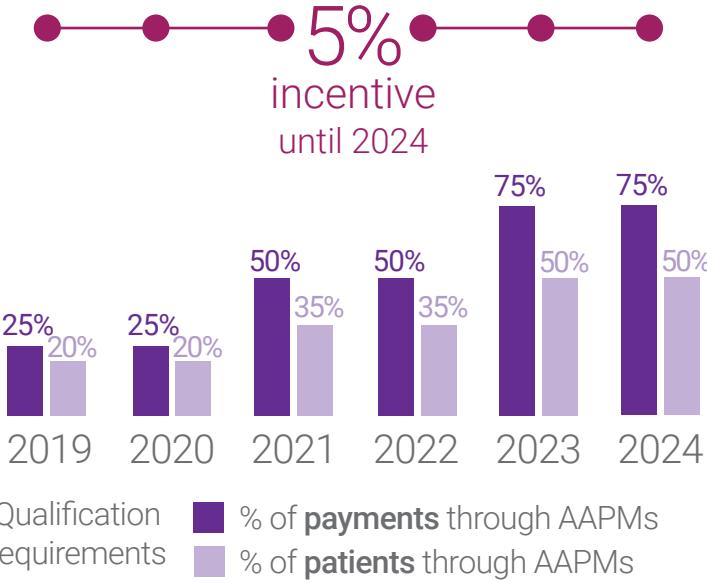
*The weight of this category will increase in future years.

for Advanced APMs only include Medicare payors and patients

- ✓ Qualifying for Advanced APMs **excludes** physicians from MIPS adjustments



Results in Medicare Part B **incentive payment**



BY 2018:

50% of Medicare payments will be **through an APM**

80% of Medicare FFS payments will be **tied to quality or value**

ARE YOU READY?

Contact nThrive to find out // nThrive.com/macra // solutions@nThrive.com

