



Making Sense of MACRA: Questions to Ask Your Employer

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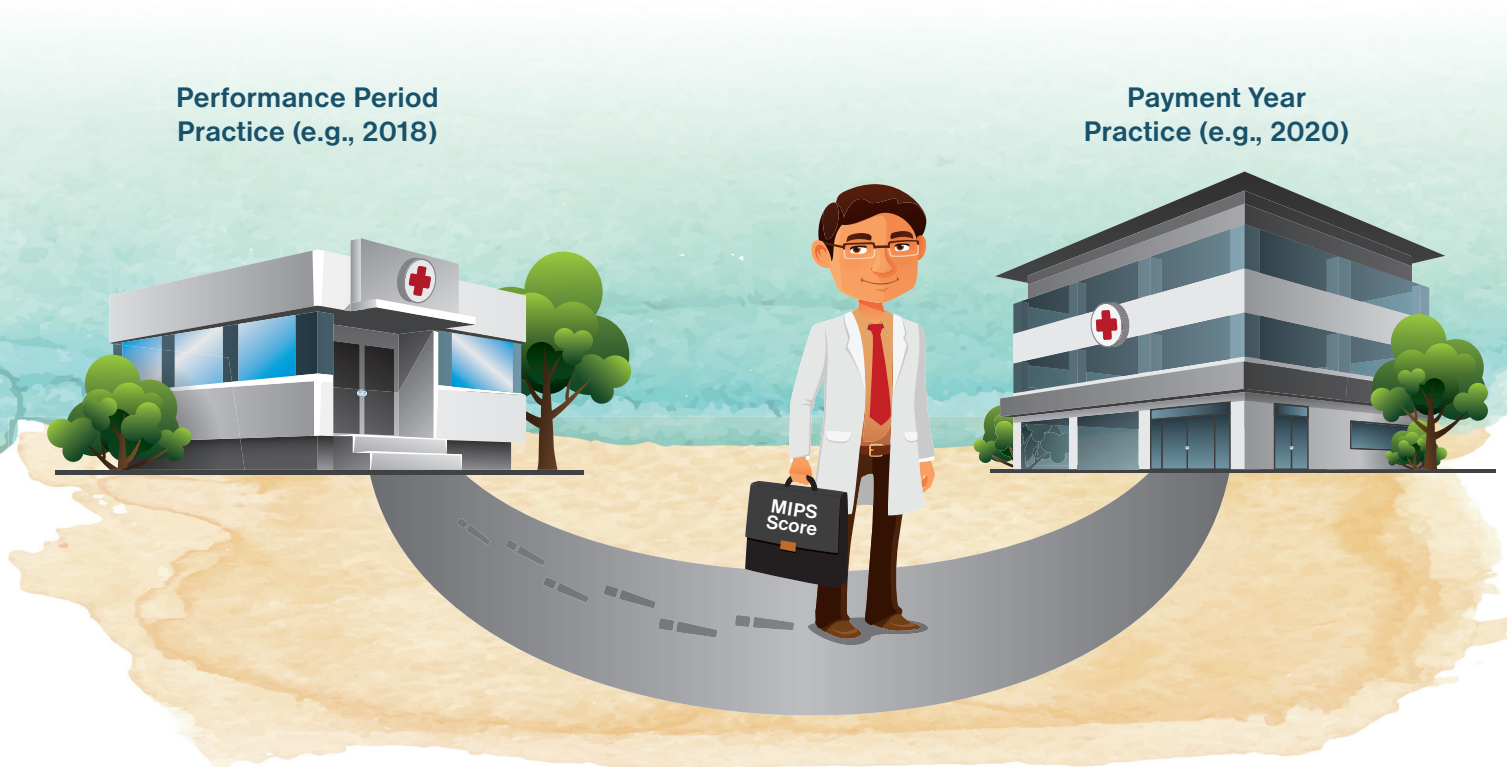


The Medicare Access and CHIP Reauthorization Act (MACRA) was signed into law in 2015. The legislation established the Quality Payment Program (QPP), which aims to shift Medicare payment from volume to value by creating two payment tracks: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (AAPMs).

Employed physicians are likely to report to MIPS as part of a group with MIPS payment adjustments applied at the national provider identifier (NPI) level. Therefore, their practice's QPP strategy will impact them in several ways. This supplement guides employed physicians to learn more about their practice's QPP strategy.

HOW YOUR PRACTICE'S QPP STRATEGY IMPACTS YOU

First, if an employed physician changes their place of employment between the performance period and the payment year, the MIPS final score from the original performance period will follow them at the NPI level and will be applied to their payment adjustments while working under a new tax identification number (TIN). When considering potential new hires, employers may want to gain a sense of how your previous MIPS performance will affect payments for the services you deliver.



Second, MIPS final scores will be publicly available on the Physician Compare website (www.medicare.gov/physiciancompare). When making hiring decisions, employers can access your previous MIPS performance to determine how you may impact their public-facing MIPS performance. Conversely, when making employment decisions, physicians will want to verify their potential employer has a strong record of MIPS performance. Patients will also have access to these scores.

Finally, understanding and remaining engaged in MIPS performance is important as employment contracts evolve to incorporate value-based payment. With the transition from volume to value, performance on quality and cost metrics may start to directly affect the salary and compensation structure for employed physicians. Higher MIPS scores should lead to higher physician salaries and compensation.

QUESTIONS TO ASK YOUR EMPLOYER

The following questions can be used as a guide for employed physicians as they speak with their administration about MIPS. These questions are designed to help keep physicians informed about their practice's QPP reporting strategy, and to gain a better understanding of how their performance will be measured.



1 **If I am eligible/required to participate in the QPP, who is responsible for submitting data?**

- Are we reporting as individuals or as a group?

In many instances, employed physicians are not the ones submitting quality data. However, you should know if you will be included in your group's reporting and who is responsible for ensuring quality data is reported. This is applicable if your practice is reporting under MIPS or participating in an AAPM.

2 **Are we reporting under MIPS, or participating in an AAPM or MIPS APM?**

- If we're participating in an AAPM or MIPS APM, which one are we in? A list of AAPMs and MIPS APMs can be found in the QPP resource library (<https://qpp.cms.gov/about/resource-library>).

Participation in the QPP has many options. These include reporting under MIPS, or participating in an AAPM or MIPS APM. Each option has different reporting requirements. For example, the quality metrics under MIPS may differ from the quality metrics required in a particular AAPM. The option your practice selects will determine its corresponding reporting requirements.

3 **Which measures have we chosen to report? How will this be communicated to practice team members?**

- What areas have been identified for improvement (e.g., reducing hospital readmissions)?
- What opportunities/activities can help us improve our performance?
- Is technical assistance available to help improve our performance?
- What is my role and how can my practice team members help?
- How will my individual and group performances be communicated to me?

It is vital for physicians to understand the specific measures being used, as well as the practice's plans for disseminating this information to team members. Make sure you understand from whom and how this information will be shared. Practices should have a policy to communicate individual and group performances back to the staff. This should be provided on a consistent basis (e.g., monthly or quarterly). If the practice has identified areas where improvement is needed (e.g., reducing hospital readmission rates), it should also have a strategy to help teams improve their performance. This can be provided by a MIPS or quality team, or through participation in a national initiative, such as the Transforming Clinical Practices initiative (TCPI). Finally, physicians should personally engage in the efforts to improve performance by asking for specific details about their team's role and how it can help.

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Will my compensation be adjusted based on my performance?

- What was our group's previous MIPS score/performance?
- How did my individual or team's performance contribute to the practice's overall MIPS score/performance?

Under the group reporting option, all physicians within the TIN will receive the same MIPS final score. However, the final score and accompanying payment adjustments will be applied at the individual NPI level. Review your contract to see if it is structured to adjust your compensation based on your individual quality performance (including MIPS). If your contract is being restructured to include value-based payment, inquire about your practice's previous performance under quality initiatives to help gauge how your compensation may be impacted.

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If I'm a newly graduated resident, how do I know if I'm a MIPS-eligible clinician?

Physicians in their first year of Medicare billing are not required to participate in MIPS. Physicians who choose to moonlight during residency are considered a MIPS-eligible clinician when they begin their second year of moonlighting activity. These physicians will need to work with their residency to determine if they exceed the low-volume threshold and are required to report. If they are, they should make the same inquiries outlined above. Residents will also need to be aware that any MIPS score received during their residency as a MIPS-eligible clinician will follow them into the first year of practice.

ADDITIONAL RESOURCES

MACRAnyms

(www.aafp.org/macranyms)

Making Sense of MACRA: Understanding Your Pathway

(www.aafp.org/macra-pathway)

Making Sense of MACRA: A Guide for the Employed Physician

(www.aafp.org/macra-employed-physician)

MACRA FAQ

(www.aafp.org/macra-faq)

