



Making Sense of MACRA: A Guide For The Employed Physician

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AMERICAN ACADEMY OF
FAMILY PHYSICIANS

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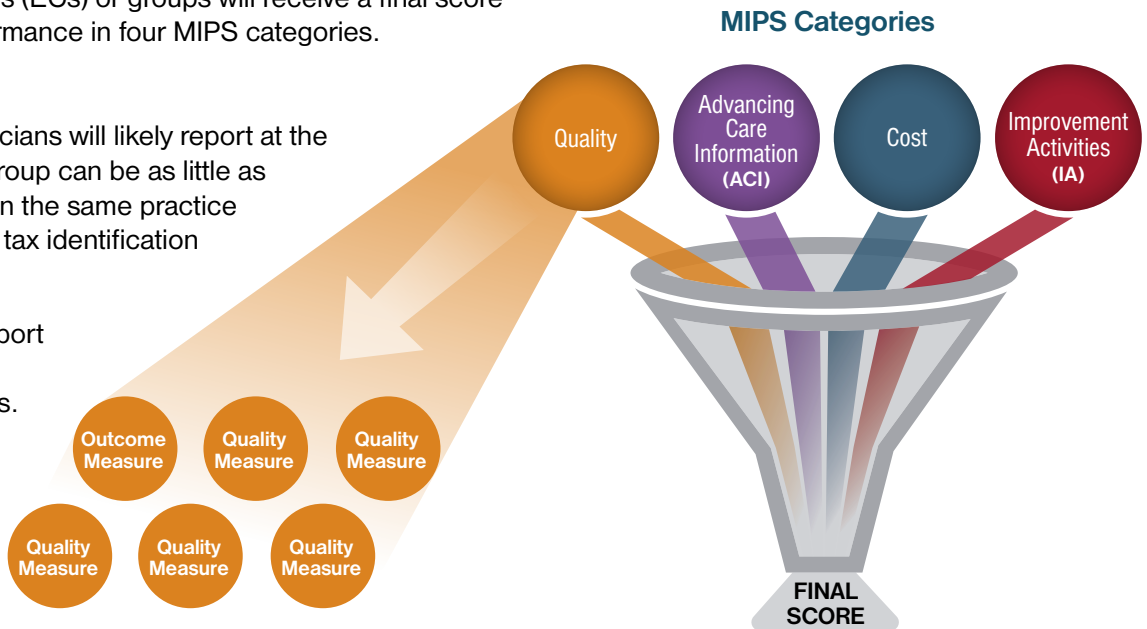
The Medicare Access and CHIP Reauthorization Act (MACRA) was signed into law in April 2015. The legislation established the Quality Payment Program (QPP), which is the umbrella term for the two new tracks for Medicare payment: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (AAPMs). Initially, most employed family physicians will likely participate in the MIPS track of QPP.

Eligible clinicians (ECs) or groups will receive a final score based on performance in four MIPS categories.

REPORTING

Employed physicians will likely report at the group level. A group can be as little as two ECs billing in the same practice under the same tax identification number (TIN).

Groups must report on the same six quality measures.



When reporting as a group, you must report all the MIPS categories as a group. For example, you cannot report the improvement activities category as a group, and the quality category as an individual.

Groups also must report the same quality measures for the entire group. This is an especially important consideration in multispecialty groups. All ECs reporting under the same TIN must report on the same six measures, regardless of specialty.



While groups are scored at the group level (or TIN level), the final score is assessed at the individual national provider identifier (NPI) level.

SCORING

The MIPS score follows the EC for a period of one year. This final score is earned from a performance period two years prior.

Performance Period
Practice (e.g., 2017)

If you change practices
between the performance
period and payment year,
the final score from the
previous practice will be
applied to the new TIN.

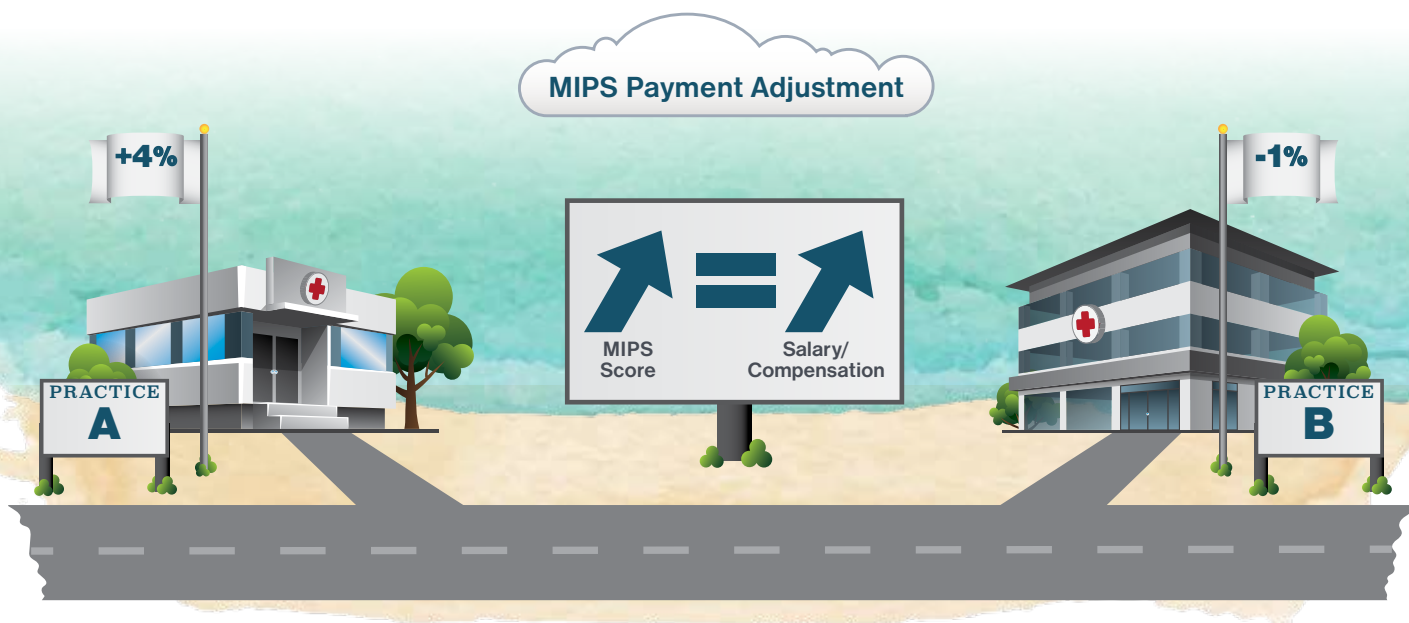
Payment Year
Practice (e.g., 2019)



INFORMING EMPLOYMENT DECISIONS

Once MIPS scores have been established, evaluate the scores from potential employers to help inform your decisions about which practice to join. Your potential employer should have their performance score in MIPS publicly available. Know that employers may look at your historical MIPS performance information when making hiring decisions, as well.

MIPS Payment Adjustment



PAYMENT ADJUSTMENT

Take into consideration how MIPS payment adjustments may impact your contract. Higher MIPS scores should lead to higher physician salaries and compensation. Over time, physicians in practice A with continuous positive payment adjustments (i.e., +4% in the graphic above) should receive higher salary and compensation than physicians in practice B who receive continuous negative payment adjustments (i.e., -1%).

Work with your administrator(s) to determine the reporting information they need from you. If you or other members of your practice are not capturing the appropriate information, your practice could receive a low MIPS score and lower payment adjustment.

CHECKLIST FOR GROUPS AND LARGE PRACTICES

To help you determine if your practice is capturing all elements for reporting under MIPS, the AAFP has developed a checklist specifically developed for physicians in groups and large practices. Use this checklist to ensure your administrator is capturing your data properly, which helps optimize revenue for you and your practice.

- ☐ Verify your MIPS-eligibility status by entering your national provider identifier (NPI) number using the CMS lookup tool (qpp.cms.gov/participation-lookup)
- ☐ Determine if you are reporting as an individual or as a group (must report all categories as a group if selecting the group option)
- ☐ Review reporting method options and select at least one (up to one method for each MIPS category)
- ☐ Verify if and how your group is participating in Pick Your Pace for the 2017 performance period (for the 2017 transition year, physicians in MIPS must select one of the following Pick Your Pace options: test, partial participation, or full participation)
- ☐ Determine the six quality measures your group has selected to report (at least one quality measure must be an outcome measure)
- ☐ Verify how your group is incorporating data collection for each quality measure into workflows
- ☐ Identify your group's selected improvement activities (skip this step if the practice is a patient-centered medical home [PCMH]—if one group under a TIN has PCMH recognition, then all clinicians in the group under the TIN can claim credit in this category)
- ☐ Assess if your group is reporting under the ACI category by determining if you will have certified electronic health record technology (CEHRT) during the performance period (only clinicians using CEHRT are eligible for points in the ACI category)
- ☐ Review base score measures in the ACI category and ensure your group has completed the security risk analysis
- ☐ Determine if your group is reporting additional performance score measures in the ACI category
- ☐ Determine if there are any improvement activities your group is performing using CEHRT that can be reported to earn bonus ACI points
- ☐ Verify how your group is incorporating data collection for ACI measures into workflows
- ☐ Recognize that the cost category accounts for 0% in the 2017 performance period, but will likely increase to 10% in the 2018 performance period