Ask the Expert: Making Sense of MACRA - Advanced Alternative Payment Models

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Dr. Mullins is a graduate of the University of Texas Medical Branch in Galveston. Before taking on the role of medical director for quality improvement at the AAFP, Dr. Mullins—who is a board-certified family physician—practiced family medicine at a National Committee for Quality Assurance (NCQA) Level 3 patient-centered medical home (PCMH) in Whitehouse, Texas. In her current position, Dr. Mullins works with other national organizations in the quality arena, and participates in national-level policy and advocacy work that emphasizes practice transformation and payment reform. She has spoken extensively on value-based payment, quality improvement, and the PCMH.
Learning Objectives

1. Discuss Advance Alternative Payment Models (AAPMs) and strategies for success for those practices participating.

Associated Session

• Your Prescription for MIPS
Audience Engagement System

MACRA vs. Quality Payment Program (QPP)

- Merit Based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (AAPMs)
Top Three Questions About AAPMs: #1

- What is an APM vs AAPM?
  APM can be as “simple” as an ACO. It is a set of rules and a structure for how CMS will pay clinicians.
  AAPMs are APMs that meet strict criteria. Must use CEHRT, Payment based on quality measures comparable to those in MIPS, must bear more than “nominal financial risk” (or be a Medical Home Model expanded by CMMI)

Current List of Primary Care AAPMs

- Shared Savings Programs (1+, 2, 3)
- Next Generation ACO
- Comprehensive Primary Care Plus (Round 1 participants and Round 2 if < 50 ECs in parent organization)
- Vermont Medicare ACO Initiative

Top Three Questions: #2

- What are the benefits of participating in an AAPM?
  - 5% bonus paid annually 2019-2024 based on previous years Medicare Part B annual payments
  - Exempt from MIPS (if you sufficiently participate based on patient count or payment amounts)
  - Can still earn shared savings
Top Three Questions: #3

• What are the reporting requirements?
  – Dependent on your program requirements.
  – If not sufficiently participating, will be a MIPS APM

MIPS APM Scoring Standard

• Quality: 50%, no additional reporting to CMS
• Promoting Interoperability: 30%, reporting is required
• Improvement Activities: 20%, CMS will grant half or full credit automatically to participants. Can attest to other half if needed.
• Cost: 0%, no competing incentives
Check Your Status: qpp.cms.gov

QPP Participation Status

Enter your 10-digit National Provider Identifier (NPI) or number to view your MIPS participation status by performance year (PY).

QPP Participation Status includes APM Participation as well as MIPS Participation.

Questions

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