

MACRA: Medicare's Shift to Value-based Delivery & Payment Models



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Current as of 11/1/2016

MACRA
ready
The Shift to Value-Based Payment

MACRA vs. QPP?

- MACRA
 - Medicare Access and CHIP Reauthorization Act of 2015
- QPP
 - Quality Payment Program

Landmark Legislation Alters How Medicare Will Reimburse Physicians



What About...



ACA ?

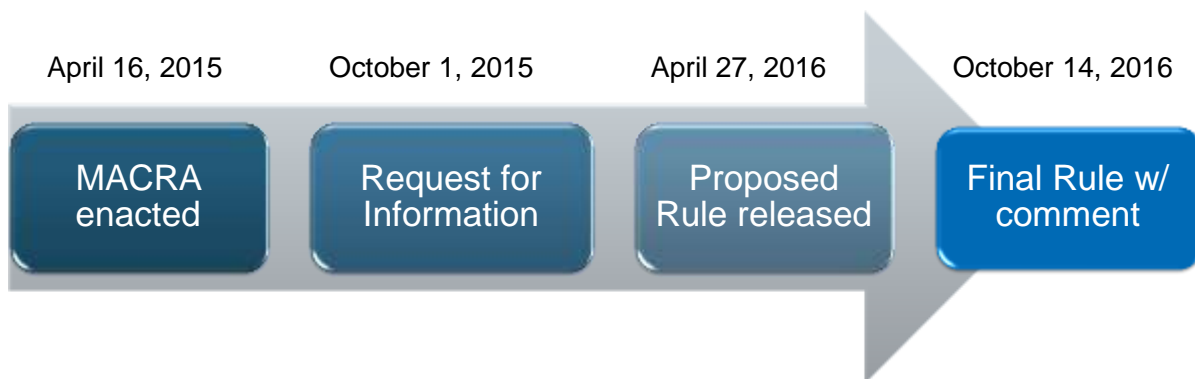
AMERICAN ACADEMY OF FAMILY PHYSICIANS

MACRA Legislation



AMERICAN ACADEMY OF FAMILY PHYSICIANS

MACRA Legislative Timeline



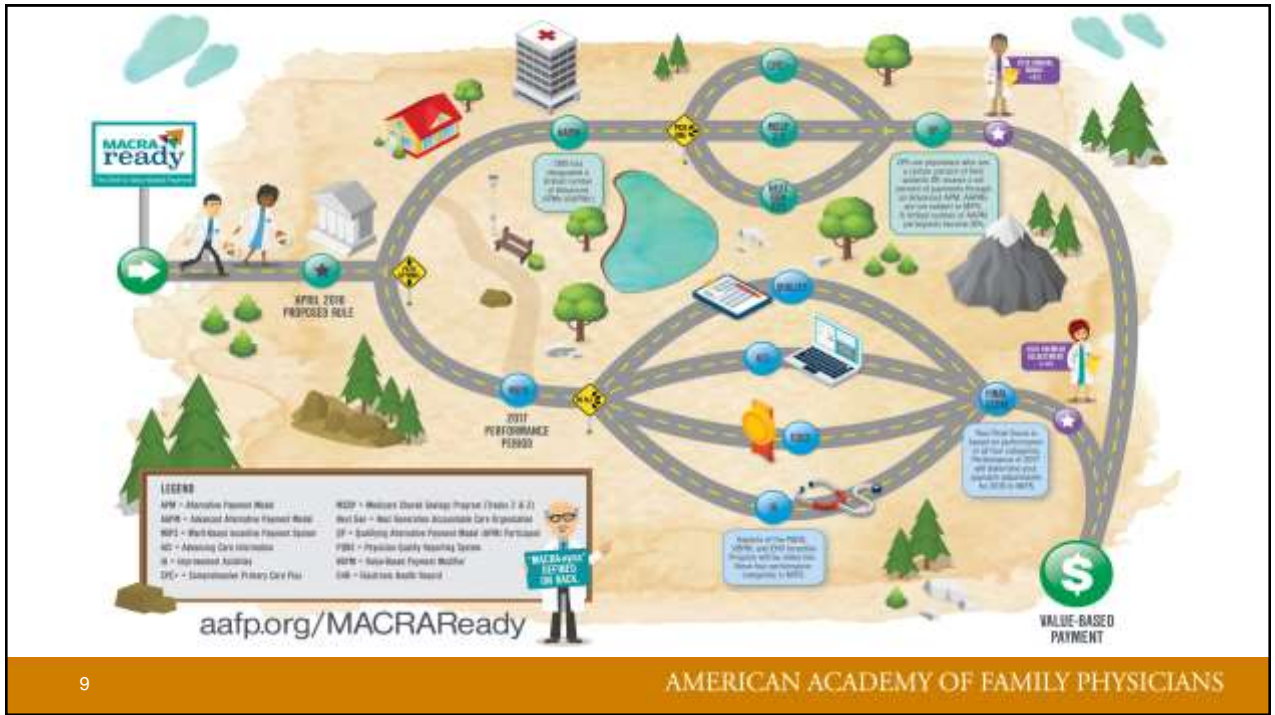
What Does MACRA Do?

Merit-Based Incentive Payment System (MIPS)

- Consolidates quality programs

Advanced Alternative Payment Models (AAPM)

- Potential for bonus payment for participation



QPP Participants

MACRA defines eligible clinicians as:

- Physicians (MD/DO)
- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist

Merit-Based Incentive Payment System (MIPS)



MIPS Highlights

Consolidates existing quality and value programs

- Adds a category for Improvement Activities

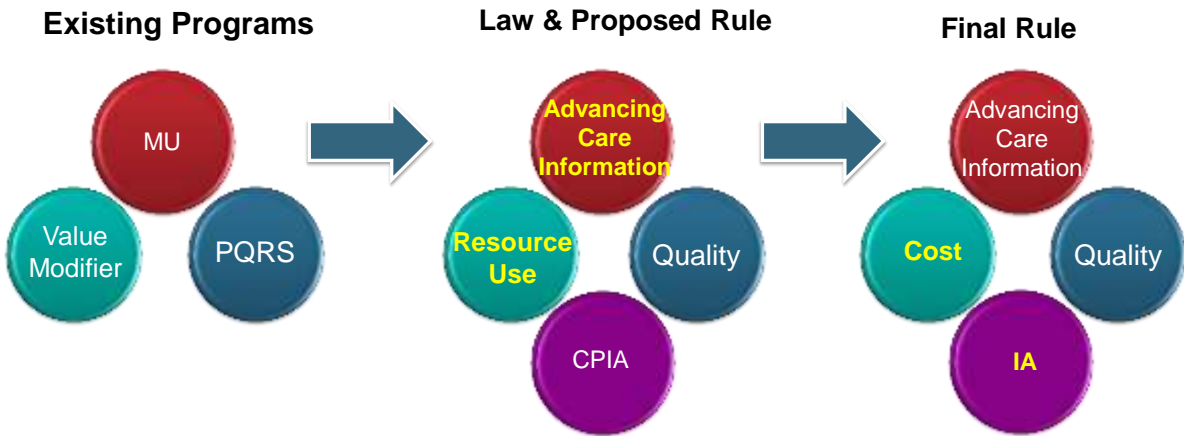
Establishes a Final Score

- Weighted scoring by category

Provides opportunity for payment adjustments

- Both positive and negative

What's it called?



MIPS Final Score



Quality



Cost



Advancing
Care
Information
(ACI)



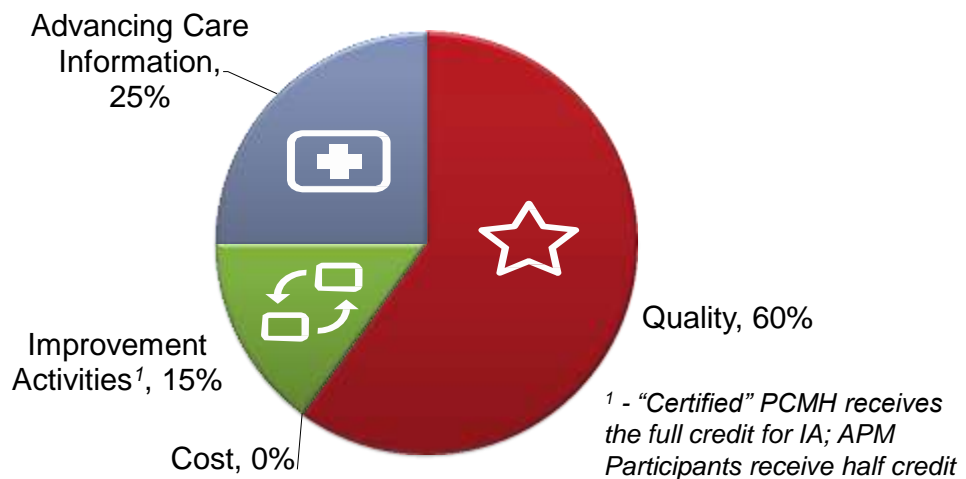
Improvement
Activities

Improvement Activities – New!



- Expanded Practice Access
- Population Management
- Care Coordination
- Beneficiary Engagement
- Patient Safety and Practice Assessment
- Achieving Health Equity
- Emergency Response and Preparedness
- Integrated Behavioral and Mental Health

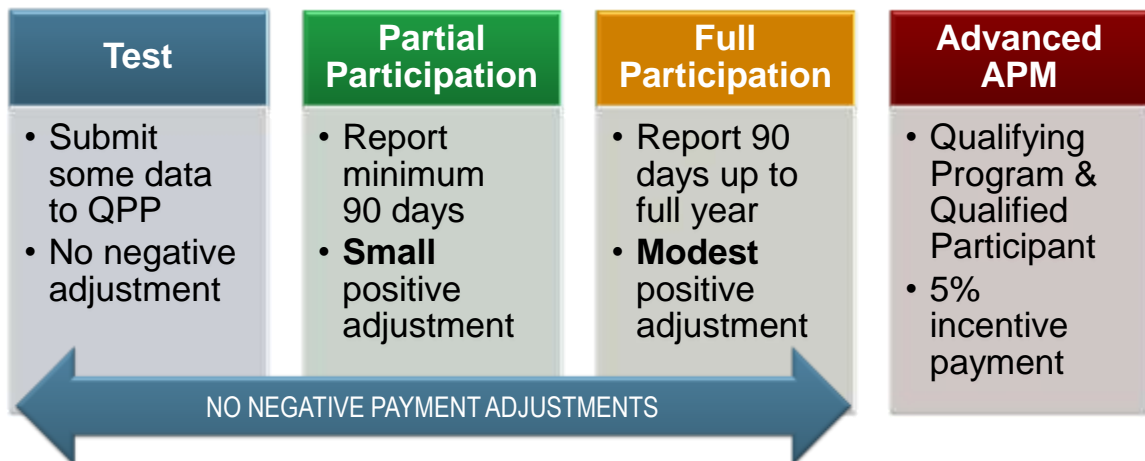
Weighting by Category - 2017



Weighting Progression

	2017/19	2018/20	2019/21
Quality	60%	50%	30%
Cost	0%	10%	30%
Advancing Care Information	25%	25%	25%
Improvement Activities	15%	15%	15%

'Pick your Pace' Options for 2017



“Pick Your Pace” Reporting

Test

- Report one quality measure, one improvement activity, or all four of the required measures within the advancing care information (ACI) category

Partial Participation

- Report a minimum of 90 days for more than one quality measure, more than one improvement activity, or the measures within the ACI category.

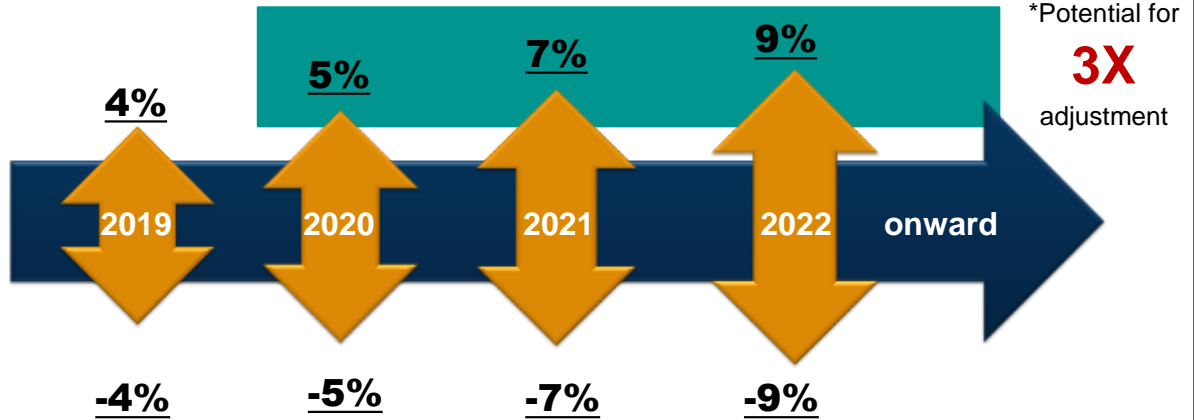
Full Participation

- Report to MIPS for a full 90-day period or full year

Annual Performance Threshold

- Established by Secretary years 1 and 2
 - **For transition year 2017, threshold is 3**
- Below = negative payment adjustments
- Above = positive payment adjustments

Adjust Payments



**Adjustment to provider's base rate of Medicare Part B payment*

Adjustment Summary

Performance Score		Payment Adjustment
Exceptional Performers (Final Score over 70)	=	Eligible for up to 10% positive adjustment in 2019
25 th Percentile or below	=	Maximum negative adjustment
At threshold	=	Stable Payment

MIPS Exemptions



- Year 1 Medicare
- Eligible Advanced Alternative Payment Model with Bonus
- Below low volume threshold
 - Less than or equal to \$30,000 Medicare payments; or less than or equal to 100 Medicare beneficiaries

Moonlighting...



- MIPS applies after year one of Medicare participation
- MIPS scores will follow ECs

Contracting Implications

- MIPS data will be publically available through Physician Compare or a CMS database
- Employers will know your MIPS score...
- You will know potential employers MIPS scores...
- Once you have a job, if MIPS scores are high, your compensation should increase

Advanced Alternative Payment Models (AAPMs)



Definitions

Qualifying APM

- Based on existing payment models

Advanced APM

- Based on criteria of the payment model

Qualifying APM Participant

- Based on individual physician payment or patient volume

Qualifying APMs

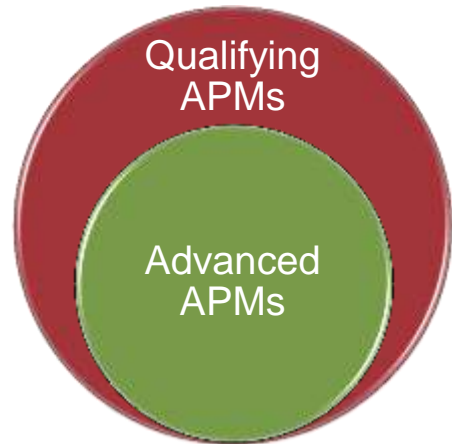
- MSSP (Medicare Shares Savings Program)
- Expanded under CMS Innovation Center Model*
- Demonstration under Medicare Healthcare Quality Demonstrations (MHCQ) or Acute Care Episode Demonstration
- “Demonstration required by Federal Law”



Qualifying
APMs

Advanced APM Eligibility

- Quality measures comparable to MIPS
- Use of certified EHR technology
- More than nominal risk **OR** Medical Home model expanded under CMMI authority

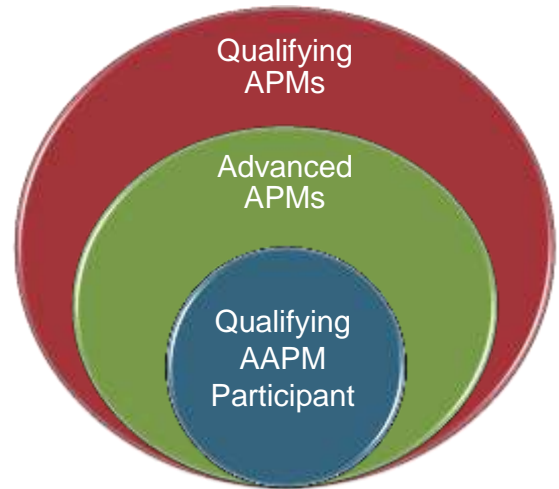


Primary Care Advanced APMs


- Shared Savings Program (Tracks 2 & 3)
- Next Generation ACO Model
- Comprehensive Primary Care Plus (CPC+)
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)

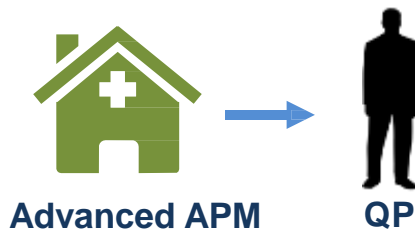
Qualifying AAPM Participant

- Percentage of patients or payments thru eligible APM
- In 2019, the threshold is 25% of Medicare payments or 20% of beneficiaries
- QP status will be determined at the group level



Additional Rewards for Qualifying Participants

- Not subject to MIPS
- 5% bonus 2019-2024
- Higher fee schedule update to 0.75% 2026 

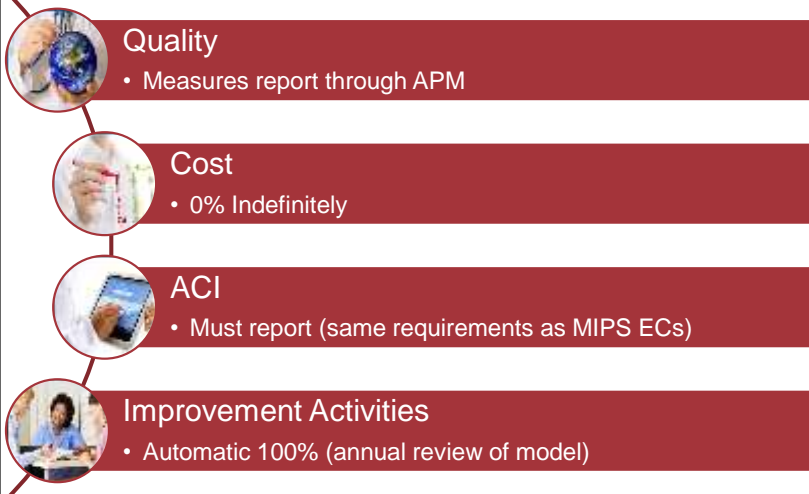


What if ???



MIPS APM

(MIPS) APM Scoring Standard



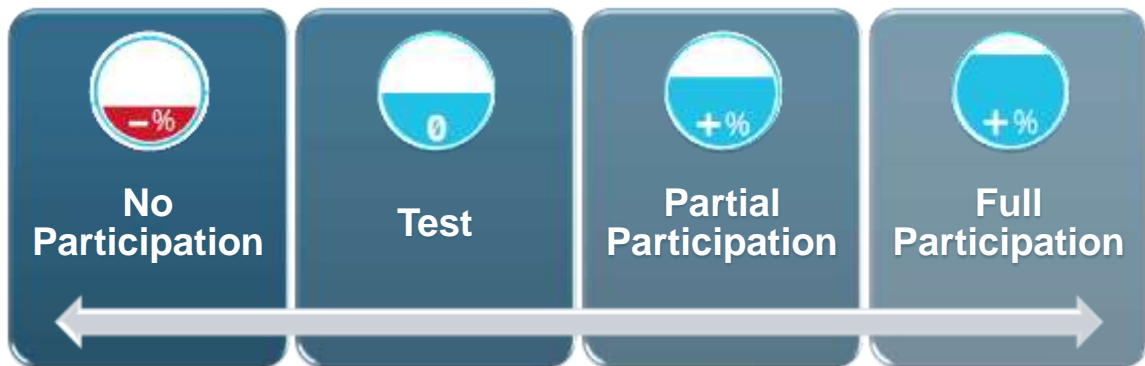
*CMS will calculate the final score for MIPS APM at the APM Entity level.

MACRA Timeline

2017	2018	2019	2020	2021	2022-2024	2025	2026
Medicare Part B Baseline Payment Updates							
+0.5%	+0.5%	+0.5%	0%	+0%			+0.25%* +0.75%**
			*Non-qualifying APM Conversion Factor **Qualifying APM Conversion Factor				
Merit-Based Incentive Payment System (MIPS)							
PQRS, Value-based Modifier, & Meaningful Use		Quality, Cost, Advancing Care Information, & Improvement Activities					
-9%	-9%?	0 or +/-4%* "Pick Your Pace"	+/-5%	+/-7%	+/-9%		
Qualifying AAPM Participant							
5% Incentive payment							
Excluded from MIPS							

What Can I Do Right Now?

'Pick Your Pace'





MACRA Legislative Timeline

April 15, 2015 - October 2015: MACRA enacted
April 15, 2016 - April 30, 2016: MIPS 1st payment period
December 2016: MIPS 2nd payment period

Consolidates Quality & Value Programs

- Physician Quality Reporting System
- Value Based Payment Modifier
- Meaningful Use

MIPS

Qualifying APM Participant

- Percentage of patients or payments for eligible APM
- In 2019, the threshold is 10% of eligible payments or 10% of patients
- Can be a group or individual participant



Legislation Update: MIPS and Value-Based Payment

Key dates and milestones for MIPS and Value-Based Payment.

REQUIREMENTS

CHECKLIST

Checklist of requirements for MIPS and Value-Based Payment.

Resources available | aafp.org/MACRAReady

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).



Social Q & A

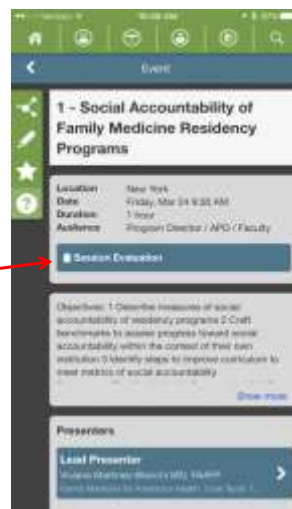
3
9

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Please...

Complete the
session evaluation.

Thank you.



40

AMERICAN ACADEMY OF FAMILY PHYSICIANS



MACRA
ready
The Shift to Value-Based Payment

