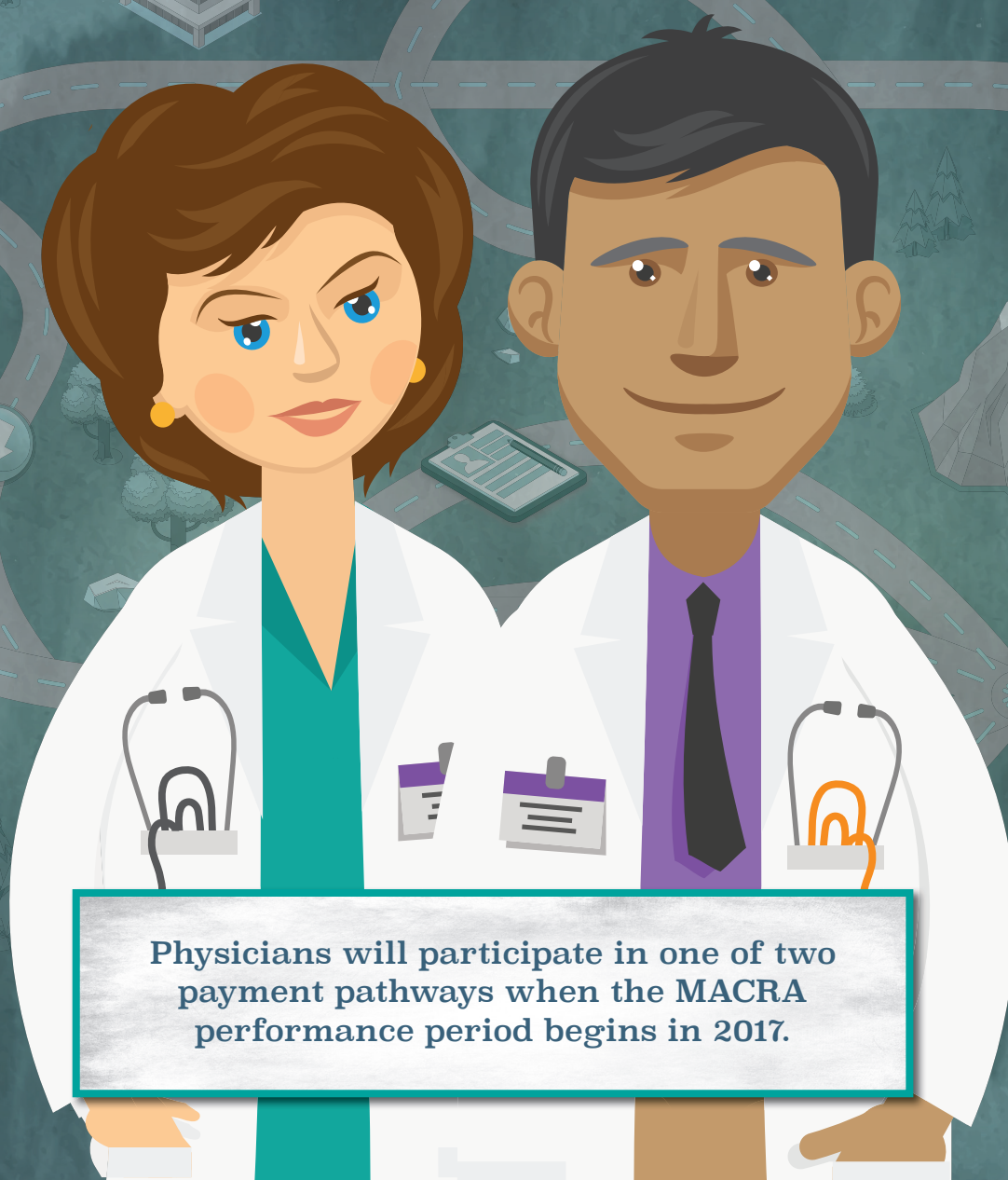


Making Sense of MACRA: Understanding Your Pathway

November 2016



Physicians will participate in one of two payment pathways when the MACRA performance period begins in 2017.



AMERICAN ACADEMY OF
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Learn more | aafp.org/MACRAREady

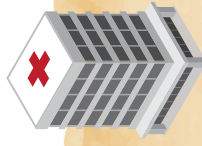


APRIL 2016
PROPOSED RULE



CMS has designated a limited number of Advanced APMs (AAPMs).

AAPM



CPC+

MSSP 2,3

NEXT GEN

QPs are physicians who see a certain percent of their patients OR receive a set percent of payments through an Advanced APM. AAPMs are not subject to MIPS. A limited number of AAPM participants become QPs.

QP



2019 ANNUAL BONUS +5%

MIPS
2017
PERFORMANCE
PERIOD



QUALITY

ACI



RU



CPA

Aspects of the PQRS, VBPM, and EHR Incentive Program will be rolled into these four performance categories in MIPS.

CPS

Your CPS is based on performance in all four categories. Performance in 2017 will determine your payment adjustments for 2019 in MIPS.



2019 PAYMENT ADJUSTMENT +7-4%



VALUE-BASED
PAYMENT

LEGEND

- APM = Alternative Payment Model
- AAPM = Advanced Alternative Payment Model
- MIPS = Merit-Based Incentive Payment System
- ACI = Advancing Care Information
- RU = Resource Use
- CPA = Clinical Practice Improvement Activities
- CPS = Composite Performance Score

- CPC+ = Comprehensive Primary Care Plus
- MSSP = Medicare Shared Savings Program (Tracks 2 & 3)
- Next Gen = Next Generation Accountable Care Organization
- QP = Qualifying Alternative Payment Model (APM) Participant
- PQRS = Physician Quality Reporting System
- VBPM = Value-Based Payment Modifier
- EHR = Electronic Health Record

"MACRA-ivins"
DEFINED
ON BACK.



“MACRA-nyms”

Alternative Payment Model (APM) – An APM is one of two new payment tracks established by MACRA. It involves a new approach to paying for medical care through Medicare that incentivizes quality and value. As defined by the law, APMs include: the Centers for Medicare & Medicaid Services’ (CMS) Innovation Center Model, Medicare Shared Savings Program (MSSP), a demonstration under the Health Care Quality Demonstration Program, or a demonstration required by federal law.

Advanced Alternative Payment Model (AAPM) – An AAPM is an APM that has met the statutory APM requirements, as well as three additional criteria: (1) the APM must require participants to use certified EHR technology, (2) the APM must provide payment for covered services based on quality measures comparable to those in the quality performance category under MIPS, (3) the APM must either require APM entities to bear risk for monetary losses of more than a nominal amount under the APM, or be a Medical Home Model expanded under section 1115A(c) of the Act. The proposed rule identifies five AAPMs for the first performance period: Comprehensive ESRD Care (CEC) through a large-dialysis organization arrangement, Comprehensive Primary Care Plus (CPC+), Medicare Shared Savings Program (MSSP) Tracks 2 and 3, and Next Generation ACO Model.

Merit-Based Incentive Payment System (MIPS) – MIPS is one of two new payment tracks established by MACRA that combines parts of the Physician Quality Reporting System (PQRS), the Value Modifier (VM or Value-Based Payment Modifier), and the Medicare Electronic Health Record (EHR) Incentive Program. MIPS consolidates these Medicare initiatives into a single program based on: quality, resource use, clinical practice improvement activities, and meaningful use of certified EHR technology.

Advancing Care Information (ACI) – ACI is a performance category under MIPS requiring the meaningful use of electronic health record (EHR) technology.

Resource Use (RU) – RU is a performance category under MIPS, which bases scoring in the category on aspects of the Value-Based Payment Modifier (VBPM).

Clinical Practice Improvement Activities (CPIA) – CPIA is a performance category under MIPS. CPIAs are identified as improving clinical practice or care delivery that, when effectively executed, are likely to result in improved outcomes. CPIA categories include expanded practice access, population management, care coordination, beneficiary engagement, patient safety and practice assessment, and participation in an APM. A certified patient-centered medical home (PCMH) will automatically receive full credit in the CPIA performance category of MIPS.

Composite Performance Score (CPS) – The CPS is the aggregate of an eligible clinician’s (EC’s) scores in the four performance categories (quality, resource use, advancing care information, clinical practice improvement activities). The CPS will be compared to a MIPS performance threshold. An EC’s payment adjustment will be determined based on his/her CPS.

Comprehensive Primary Care Plus (CPC+) – CPC+ is a five-year advanced primary care medical home model that aims to strengthen primary care through regionally-based, multipayer reform and care delivery transformation. CPC+ begins in 2017, and will include two primary care practice tracks with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices in the United States. CPC+ will provide practices with a learning system, as well as actionable patient-level cost and utilization data feedback to guide decision making. Practices in both tracks will make changes in the way they deliver care, centered on key CPC functions. CMS has designated CPC+ as an AAPM.

Medicare Shared Savings Program (MSSP) – Congress created the MSSP to facilitate coordination and cooperation among providers to improve the quality of care for Medicare fee-for-service (FFS) beneficiaries and reduce unnecessary costs. Eligible providers, hospitals, and suppliers may participate in the MSSP by creating or participating in an accountable care organization (ACO). The MSSP will reward ACOs that lower their growth in health care costs while meeting performance standards on quality of care and putting patients first. Participation in an ACO is purely voluntary. CMS has designated MSSP tracks 2 and 3 as AAPMs.

Next Generation Accountable Care Organization (ACO) – An ACO model builds on the Pioneer model by setting predictable financial targets, and offering greater opportunities to coordinate care. The goal of the Next Generation ACO model is to test whether strong financial incentives for the ACO, coupled with better patient engagement and care management, can improve health outcomes and lower expenditures for beneficiaries. CMS has designated Next Generation ACO as an AAPM.

Qualifying Alternative Payment Model (APM) Participant (QP) – A QP is an eligible clinician (EC) who receives a percent of their payments or sees a percent of their patients through an AAPM entity. A QP is eligible to receive the 5 percent lump sum bonus and is excluded from MIPS payment adjustments. The percent of payments required increases as the program progresses. Initially, a provider must receive at least 25 percent of their Medicare payments or see 20 percent of patients through the AAPM entity. Beginning in 2021, a provider can meet the threshold through a combination of Medicare and other non-Medicare payer arrangements.

Physician Quality Reporting System (PQRS) – PQRS is a quality reporting program that encourages individual eligible professionals (EPs) and group practices to report information on the quality of care to Medicare. Performance reports are available through the Physician Feedback reports and Quality and Resource Use Report (QRUR).

Value-Based Payment Modifier (VBPM) – A budget-neutral VBPM provides for differential payment under the Medicare physician fee schedule (PFS) to a physician or group of physicians based upon the quality of care compared to the cost of care furnished to Medicare fee-for-service (FFS) beneficiaries during a performance period. Also called the Value Modifier (VM), the VBPM is separate from the payment adjustment and incentives under PQRS. Performance information is available in the QRUR.

For a link to the AAFP’s full MACRA acronym list, as well as additional resources and information to help you navigate MACRA, visit www.aafp.org/MACRAready.