What you need to know about MACRA

Kathleen Ozsvath, MD, FACS
Chief of Surgery, Samaritan Hospital, Troy, NY
St. Peter’s Health Partners

What is “MACRA”? The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is a bipartisan legislation signed into law on April 16, 2015.

What does Title I of MACRA do?

• Repeals the Sustainable Growth Rate (SGR) Formula
• Changes the way that Medicare rewards clinicians for value over volume
• Streamlines multiple quality programs under the new Merit-Based Incentive Payments System (MIPS)
• Provides bonus payments for participation in eligible alternative payment models (APMs)

Quality payment program

1600 pages!!!

MACRA Goals

Through MACRA, HHS aims to:

• Offer multiple pathways with varying levels of risk and reward for providers to increase or decrease their payments to value.
• Over time, expand the opportunities for a broad range of providers to participate in APMs.
• Minimize additional reporting burdens for APM participants.
• Promote understanding of each physician’s or practitioner’s status with respect to MIPS and/or APMs.
• Support multi-payer initiatives and the development of APMs in Medicaid, Medicare Advantage, and other payer arrangements.

MACRA moves us closer to meeting these goals...
MIPS changes how Medicare links performance to payment

There are currently multiple individual quality and value programs for Medicare physicians and practitioners:

- Qualified QCDR registry = VQI
- Web interface (for groups of 25+ only)
- Direct EHR using CEHRT
- CEHRT via data submission vendor
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS via CMS-certified survey vendor (for group practices of 2+)

MACRA streamlines those programs into MIPS

How is VQI a part of the tools

- Qualified Clinical Data Registry = VQI
- VQI/M2S, Inc. is an approved Qualified Registry vendor.
- Submission of Quality measures from 2017 to CMS for the 2019 requirement. In 2014 for this service, M2S charged a fee of $349 per participating physician at the time of submission.

How much can MIPS adjust payments?

- Based on the MIPS composite performance score, physicians and practitioners will receive positive, negative, or neutral adjustments up to the percentages below:
  - MPS adjustments are budget neutral. A scaling factor may be applied to upward adjustments to make total upward and downward adjustments equal.

How will physicians and practitioners be scored under MIPS?

A single MIPS composite performance score will factor in performance in 4 weighted performance categories:

- Quality
- Resource use
- Clinical practice improvement activities
- Meaningful use of certified EHR technology

Are there any exceptions to MIPS adjustments?

There are 3 groups of physicians and practitioners who will NOT be subject to MIPS:

- Part B only participants
- Alternative Payment Models who qualify for the bonus payment
- Below low-volume threshold

Note: MPS does not apply to hospitals or facilities.
At the national level, SVS has partnered with ACS to have Brandeis to develop APMs for EVAR, Carotid, PVD.

PVD (cardiology already has APM proposed)
Carotid disease
AAA
Diabetic foot (have guidelines with Podiatry)

Specific 2018 changes for vascular surgeons include:

- Excluding individual MIPS-eligible clinicians or groups with less than or equal to $90,000 in Part B allowed charges or less than or equal to 200 Part B beneficiaries.
- Raising the performance threshold to avoid the 5 percent penalty from 3 to 15 points.
- Giving up to 5 bonus points on the final score for treating complex patients.
- Adding 5 bonus points to the final scores of small practices, defined as 15 or fewer participating clinicians, including physicians, nurse practitioners, physician assistants, clinical nurse specialists and certified registered nurse anesthetists.
- Permitting solo practitioners and small practices to be part of a Virtual Group with other solo practitioners and groups of 10 or fewer eligible clinicians. Together they can participate in MIPS virtually, no matter what specialty or location.

Continued

- Continuing to award small practices 3 points for measures in the Quality performance category that don’t meet data completeness requirements. All other practices will only receive 1 point.
- Increasing the data completeness standard from 50 percent in 2017 reporting to 60 percent.
- Weighting the MIPS Cost performance category to 10 percent of the total MIPS final score.
- Continuing a phased approach to reporting QPP performance information on the Physician Compare website.
- Reporting/performance periods and the performance category weighting of the final score also have change. There will be a 90-day performance period for Advancing Care Information and Improvement Activities and a 12-month performance period for Cost and Quality. Final scores will be weighted as: quality, 50 percent; cost, 10 percent; improvement activities, 15 percent; and advancing care information, 25 percent.