

MACRA

Medicare Access and CHIP Reauthorization Act of 2015
Monitored by: Medicare Advisory Payment Commission (MedPAC)

Merit Based Incentive Payment System [MIPS]		Alternate Payment Models [APM]	
		If participating in APM may opt out of MIPS...	
2015-2019	Medicare PFS rates updated by 5% annually		
2018	Through end of 2018 providers continue to be subject to penalties associated with PQRS and VBM		
2019	PQRS and VBM replaced by MIPS		
2020-2025	Medicare payment rate freeze. Opportunity to earn bonus payment or face penalties		
2025	MPFS increased .5%. APM participants receive additional .5%		
2026	.25% annually for MIPS or .75% annually for APM		
	2019 Combines: <ul style="list-style-type: none"> • PQRS • Value Based Modifier • E H R Incentive program 	Providers who receive a “significant portion” of income through an APM that requires risk and quality reporting may opt out of MIPS and quality for APM by receiving significant percentage of income through an APM. Can receive a 5% bonus payment 2019-2024. CMS determines what qualifies as an APM and “significant portion”.	
	Four Domains of MIPS: <ol style="list-style-type: none"> 1. Quality measures 2. Efficiency measures (cost of care) 3. MU of E H R 4. Clinical practice improvement activities Providers receive a composite score from 1-100 based on performance of to-be-defined measures. CMS establishes an annual threshold based on mean or medial composite performance scores of the previous period. Providers below the threshold are subject to payment adjustments; above eligible for bonus payments. Best-of-Best receive additional bonus payments.	Three APM models: <ul style="list-style-type: none"> • Lump Sum Payments • ACO’s • Bundled Payment Model 2019 to 2024, providers qualifying for the APM track may receive a 5% annual lump sum bonus payment = 5% covered on PFS payment for payments	Qualifications: <ul style="list-style-type: none"> • Use Certified E H R, quality measures in place, bear “more than nominal financial risk” • APMs include Medicare Shared Savings Program ACOs, all CMS Innovation Center initiatives except Health Care Innovation awards, and certain demonstration programs Physicians participating in patient-centered medical homes authorized by CMMI also qualify for bonuses and do not need to bear financial risk
	Providers could see adjustments ranging from -4% up to +12%. Capped at: potential bonus 2019 = -4% 12% 2020 = -5% 15% 2021 = -7% 21% 2022 = -9% 27% Providers scoring above the threshold receive MIPS bonus payments up to three times the annual penalty cap listed above.	2019-2020 2021-2022 2023+ 2026	25% of Medicare revenue must be received through APMs 50% of Medicare revenue or 50% of all-payer revenue along with 25% of Medicare revenue must be received through APMs 75% of Medicare revenue or 75% of all-payer revenue along with 25% of Medicare revenue must be received through APMs Some providers receive higher annual payments
Overall MIPS score based on:	1. Quality (2019:50% total adjustment; shrinking to 30% total adjustment in 2021) 2. Resource Use (10% total adjustment in 2019 growing to 30% by 2021) 3. Clinical Practice Improvement (15% of total adjustment) 4. Meaningful Use of certified E.H.R. Technology (25% of total adjustment)		