



BE  
**MACRA**  
READY

Quality  
Payment  
Program

A Decision Guide for Radiologists

The **Medicare Accessibility and CHIP Reauthorization Act (MACRA)** was signed into law in April 2015 and introduces several changes to the current physician reimbursement framework. MACRA repeals the Sustainable Growth Rate formula and replaces it with a payment method that incentivizes value and quality of care over volume. CMS is implementing the MACRA legislation as the Quality Payment Program (QPP). Under the QPP, clinicians can participate in either the Merit-based Incentive Payment System (MIPS) or in Advanced Alternative Payment Models (APMs) in order to avoid downward payment adjustments and potentially receive upward adjustments.

Three existing quality reporting programs (PQRS, Value-Based Payment Modifier and Medicare EHR Incentive Program) are streamlined into MIPS along with an additional category, Improvement Activities. Similar to the first MIPS reporting year, 2018 will also be treated as a transition year, with full implementation of MIPS requirements set for reporting year 2019. The performance period for QPP Year 2 begins **Jan. 1, 2018**, and the payment adjustments will be applied in 2020. All measure data must be submitted to the Centers for Medicare and Medicaid Services (CMS) by **March 31, 2019**.

### What Is the Merit-Based Incentive Payment System (MIPS)?

If you participate in traditional Medicare Fee-for-Service rather than an Advanced APM, you will earn a performance-based payment adjustment to your Medicare payment through MIPS.

MIPS allows Medicare clinicians to be paid for providing high-quality, efficient care through success in four performance categories as shown below. Each category is weighted and added into a final performance score. Weights shown are for 2018.

#### 2018 MIPS Performance



- Quality (50%)
- Advancing Care Information (25%)
- Improvement Activities (15%)
- Cost (10%)

- **Quality (50%)**  
Most radiologists will report up to six quality measures including an outcome measure.
- **Advancing Care Information (25%)**  
The majority of ACR members would likely be automatically reweighted to zero for the ACI category as non-patient-facing eligible clinicians or hospital-based eligible clinicians.

- **Improvement Activities (15%)**

Most participants will be required to attest to completing up to four improvement activities. Small, rural and shortage area practices or non-patient-facing MIPS clinicians need half that requirement to meet the full performance criteria.

- **Cost (10%)**

The Cost category in 2018 will measure Medicare Spending per Beneficiary (MSPB) and total per capita cost, similar to the Value-Based Modifier program. The MSPB measure may be attributed to some radiology groups. This category will be calculated using claims data and will not require data submission.



### **What Are Advanced Alternative Payment Models?**

An Alternative Payment Model (APM) is a payment approach based on risk and reward for providing coordinated, high-quality, efficient care. Advanced APMs are a subset of APMs that take on some risk related to patient outcomes. In the QPP, you may earn a 5% Medicare incentive payment during 2020 through 2024 and be exempt from MIPS if you have sufficient annual participation in an Advanced APM, based on percent of Part B payments or patients.



### **Next Steps**

Determine if you are:

- Required to participate in MIPS; exemptions may apply
- Eligible to participate as an individual or group
- A patient-facing or non-patient-facing clinician
- A hospital-based clinician
- Reporting via EHR, qualified registry, qualified clinical data registry or claims

**For more information, visit [acr.org/macra](https://www.acr.org/macra)**



## Take Action





In 2018, radiologists can still maximize their value in QPP by focusing efforts on Quality and Improvement Activities:

- Examine PQRS 2016 Feedback Reports and Quality and Resource Use Reports (QRURs) to gauge prior year adjustments from legacy programs (PQRS, VM and MU)
- Participate in ACR National Radiology Data Registries to report radiology-specific measures to satisfy the Quality Performance Category and potentially earn Improvement Activity points
- Participate in the Radiology Support, Communication and Alignment Network (R-SCAN) and DICOE programs to earn points toward the Improvement Activities performance category





## 2017–2018 MIPS Reporting Requirements

### Transition Year 1 (2017) Final

### Year 2 (2018) Final

Performance Category	Minimum Performance Period
 Quality	90 days minimum; full year (12 months) was an option
 Cost	Not included. 12 months for feedback only.
 Improvement Activities	90 days
 Advancing Care Information	90 days



Performance Category	Minimum Performance Period
 Quality	12 months
 Cost	12 months
 Improvement Activities	90 days
 Advancing Care Information	90 days