

Making Sense of MACRA

What the upcoming changes will mean
to the field of radiology and its
practitioners.

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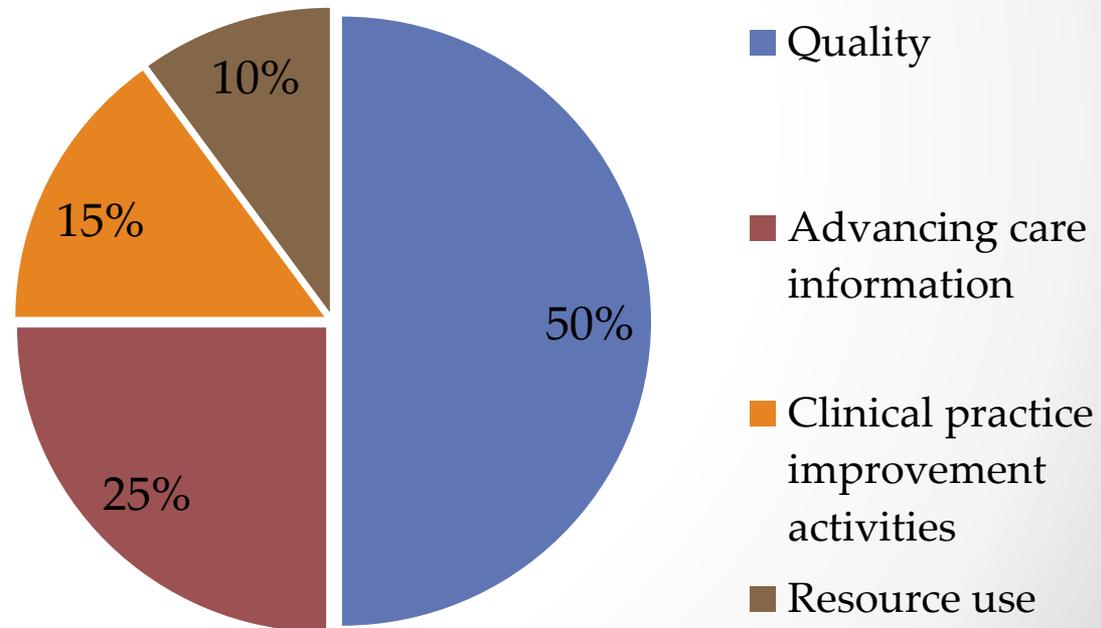
Introduction

- What is MACRA?
 - Medicare Access and CHIP Reauthorization Act
 - Signed into law on April 16, 2015.
 - Repeals previous reimbursement system based on the Sustainable Growth Rate Formula for Medicare Part B.
 - Old rules favored volume.
 - Reimbursement now tied to “value of care” based on quality and effectiveness.
- MACRA reimbursement will contain 2 separate tracts
 - Merit Based Incentive Payment System (MIPS) and Alternative Payment Models (APM)

MIPS

- Total reimbursement will be based on performance categories encompassing:
 - Quality
 - Based on 6 measures that are selected individually or from a measure set; scored 1-10
 - Resource Utilization
 - Based on Medicare claims
 - Clinical Practice
 - Based on care coordination, beneficiary engagement and patient safety
 - Advancing Care Information
 - Based on interoperability and information exchange

MIPS Performance Category Weighting



Components of performance measures

1 Outcome Measure (1 -10)

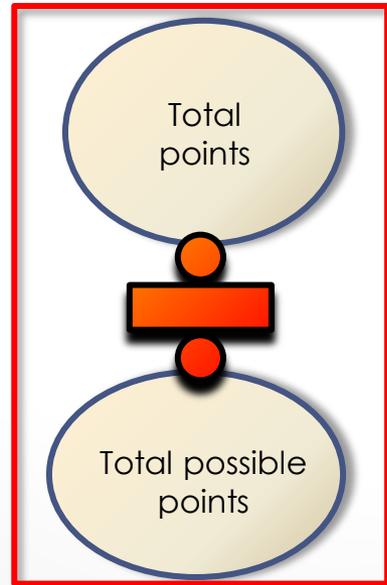
1 Cross-cutting Measure (1 -10)

4 Other applicable measures (1 -10)

Bonus for Electronic Health Record reporting

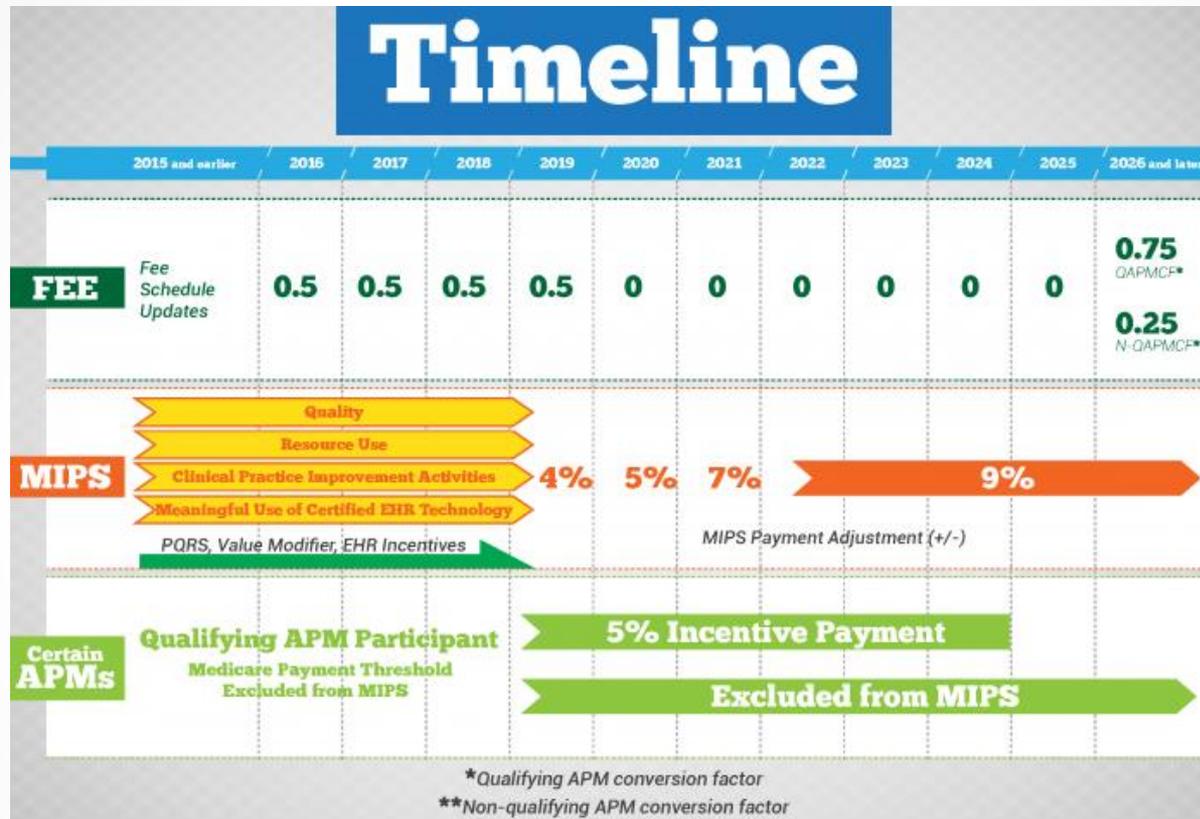
Total of 6 Measures

Bonus for reporting additional outcomes, patient experience, appropriate use and patient safety measures



Quality Performance Category Score

MACRA Implementation



- Rates will incrementally adjust from 2019-2022
- Adjustment levels will then stabilize after 2022
- Image from <http://eptechview.ttuhscc.edu/uncategorized/health-it-letter-december-2015january-2016/>

MIPS continued

- Reimbursement will be calculated based on where each individual provider's performance score fall within the established range of performance score of providers across the nation.
- **2017 will be a transition year**
 - Providers and organizations can opt for different degrees of participation
 - No participation –
 - Will receive -4% deduction in payment if no prior exemption was documented
 - Submit partially -
 - Reporting only 1 measure will earn enough MIPS points to avoid penalty
 - Submit a partial year
 - At least 90 days of 2017, may earn positive or neutral payment adjustment
 - Submit full year
 - Submit full data for 2017, may earn positive adjustment
 - Participate in advanced APM
 - Earn 5% bonus and is exempt from MIPS

APM

- Will have more favorably weighted scores with higher reimbursement rates.
 - Eligible for 5% lump sum extending from 2019 to 2024 and higher premiums in 2026.
- To qualify for this reimbursement tract, the following requirements need to be met:
 - Be considered a part of a Medical Home Model expanded under the CMS Innovation Center model.
 - Use certified electronic health records
- Medical Home Model definition:
 - Primary care practitioners or multi-specialty practices that include primary care services
 - Empanelment of each patient to a specific primary provider
 - Meet 4 of the additional following criteria
 - Planned coordination of chronic and preventative care
 - Patient access and continuity of care
 - Risk-stratified care management
 - Coordination of care across medical neighborhood
 - Patient and caregiver engagement
 - Shared decision-making
 - Payment arrangements that is in-lieu or in-addition to fee for service style payments
- **Most practicing radiologists will not qualify for this tract.**

Discussion

- Radiology specific features of MACRA
 - **Non-patient-facing physician category**
 - Defined as an individual or group that bills 25 or fewer patient-facing encounters during one calendar year.
 - Patient-facing encounter – Services billed by physicians under the Physician Fee Schedule using specific face-to-face encounter codes.
 - The **cost category (ACI) within MIPS is weighted at zero** and reporting requirements for clinical improvement activities are cut in half.
 - This results in **quality being a larger portion for reimbursement**
- 22 performance criteria listed for Radiology.
- Specific performance measures important for compensation include:
 - Radiation dose management
 - i.e. Participation in radiation dose index register and other documented efforts to minimize patient radiation dose
 - Recommendation follow-up
 - i.e. Rate of follow-up for radiologist recommendations (most related to screening exams and incidental findings follow-
 - External image sharing

Discussion

- Potential positives of MACRA:
 - Incentivize greater cooperation between radiology and other healthcare providers.
 - Encourage widespread adoption of shared electronic health records.
 - Opportunity to improve patient outcomes by having a greater role in the ordering of appropriate imaging.
 - Greater emphasis on standardization of technology and healthcare procedures which will help to drive down costs
- Potential negatives of MACRA
 - New payment model based on value will require adjustment for groups used to the old fee-for-service model.
 - Radiologists and organizations will need to prove added value in the patient care delivery system.
 - Negative adjustments will punish those who are unable to gather or to submit adequate information on the different performance measures.

Available resources

- ACR Radiology Support, Communications, and Alignment Network (R-SCAN)
 - Provides various clinical decision support technology and web based tools that allow collaborative planning between radiologists and referrers in order to improve imaging appropriateness.
 - Radiologists and participating clinicians will form a collaborative group which selects one or more topics for clinical improvement.
 - The radiology team can collect cases from the participating referring physicians and reviews the appropriateness of each cases using a free, customized ACR Select® CDS tool.
 - Based on the results, the radiology team can then propose and hold educational activities that help guide clinicians and their staff towards appropriate imaging.
 - After the educational program, the radiology team can then repeat the collection and rating process to assess for improvement.

Further Resources

- Inpatient Cost Evaluation Tool (ICE-T)
 - Web based tool that aggregates multiple years of Medicare inpatient claims data involving inpatient diagnosis related group (DRG) codes.
 - DRG : Bundled payments that differ from traditional fee for service by using a single flat fee that is reimbursed by the type of episode instead of paying the cost of each individual service.
 - Information will pertain to the frequency, cost and ranks of the various DRGs.
 - Compares and Rank tools allow user to compare the value, variance and volume data for up to 4 DRGs to determine the best codes to bundle.
 - The best inpatient DRG codes can then be identified and bundled to maximize reimbursement.

Summary & Conclusions

- MACRA is primarily aimed to focus reimbursement on “value and effectiveness”.
- It will be divided into 2 tracts; most radiologists will fall under the MIPS tract.
- Most radiologists will be able to qualify under the non-patient facing physician category and reimbursement will be based on quality (most heavily weighted), resource use and clinical improvement.
- Transition year starts in 2017 and reimbursements will be adjusted per year based on where the individual provider points fall within a national average.
- Implementation of MACRA can potentially lead to further implementation of electronic health record technology and cooperation between radiologists and providers
- Tools such as R-SCAN and ICE-T can help facilitate the transition to MACRA and maximize the potential benefits from the new changes.

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