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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. It also streamlines three existing quality reporting programs (PQRS, Value-Based Payment Modifier and Medicare EHR Incentive Program) and adds a fourth (Improvement Activities) into a single program known as the **Quality Payment Program (QPP)**. The first reporting year (2017 performance year, 2019 MIPS payment year) will be treated as a transition year with reduced performance thresholds.

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. The performance period for MIPS begins **January 1, 2017**, and the first payment adjustments will be applied in 2019. All measure data must be submitted to the Centers for Medicare and Medicaid Services (CMS) by **March 31, 2018.**

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 2017.

2017 MIPS Performance

- **Quality (60%)**
- **Advancing Care Information (25%)**
- **Improvement Activities (15%)**

- **Quality (60%)**
  Replaces Physician Quality Reporting System (PQRS)
  Most radiologists will report up to six quality measures including an outcome measure.

- **Advancing Care Information (25%)**
  Replaces the Medicare EHR Incentive Program, also known as Meaningful Use
  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%)**
  New performance category
  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 (0%)**
  Replaces cost component of Value Modifier program
  CMS reweighted the cost category to zero, thereby exempting the category from the performance criteria for the first performance year (2017) as it implements new episode-based cost measures.

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 2019 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
- Reporting via EHR, qualified registry, qualified clinical data registry or claims

For more information, visit acr.org/macra

Take Action

In 2017, radiologists can maximize their value in QPP by focusing efforts on Quality and Improvement Activities:

- Examine feedback reports 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) to earn points toward the Improvement Activities performance category

New Pick Your Pace Options: 2017 Transition Year

For 2017, CMS offers the following options for participating in MIPS:

Don't Participate

Not participating in the Quality Payment Program:
If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.

Submit Something

Test:
If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.

Submit a Partial Year

Partial:
If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

Submit a Full Year

Full:
If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

OR:

Participate in an Advanced APM. Under this plan, in lieu of reporting quality data and other information under MIPS, clinicians may potentially receive a 5% positive payment adjustment in 2019 if the threshold of patients seen or payments received in an advanced APM are met.

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