ATTENTION ALL PROVIDERS
Medicare Access and CHIP Reauthorization Act (MACRA) SUMMARY

The Final Rule released October 14, 2016 by the Centers for Medicare and Medicaid Services (CMS) finalized the Quality Payment Program (QPP) under MACRA, which replaced the Sustainable Growth Rate (SGR).

The QPP has 2 payment tracks for an Eligible Clinician (EC):
- Merit-based Incentive Payment System (MIPS)
- Alternative Payment Models (APMs)

Based on an EC's 2017 reporting year under:
MIPS → the EC could see a negative, positive, or neutral payment adjustment in 2019.
APMs → the EC may have a greater reward in 2019, but the EC may also face a greater financial risk (specifically ECs in Advanced APMs).

See Power Point presentation that outlines MACRA requirements in more detail so providers can get started now attached or via https://www.medtronsoftware.com/pdf/Documents/Quality Reporting Presentation.pdf.

QUALIFYING ELIGIBLE CLINICIANS:
- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist

EXEMPTIONS:
Providers who do not have to report under MACRA:
- Providers in their **first year** of Medicare Part B participation, **OR**
- Providers who, over the course of one "billing year*", either:
  o Bill **less than $30,000** in allowed Medicare Part B charges, **OR**
  o See **fewer than 100** Medicare Part B Patients
    *For 2017, the first "billing year" period reviewed by CMS will be 9/1/2015 through 8/31/2016;
    The *second* "billing year" period will be 9/1/2016 through 8/31/2017
    NOTE: If a Provider bills less than $30,000, **OR** sees fewer than 100 Medicare Part B Patients
        during *either* of these periods, the Provider is exempt from reporting.

REPORTING UNDER MIPS:
In 2017, ECs earn a payment adjustment based on reporting on the following three (3) categories, which comprise an EC's Composite Performance Score:
- Quality (replaces PQRS)
- Improvement Activities (new category)
- Advancing Care Information (replaces Meaningful Use)
NOTE: A fourth category – Cost – will be implemented beginning in 2018.

PARTICIPATING IN AN APM: *(Could be more widely used beginning in 2018)*
In order to be a **Qualifying Participant (QP)** and receive a bonus payment through an APM, the EC must participate in an approved/eligible Advanced APM (AAPM), **AND** must satisfy three (3) factors:
- Use of quality measures comparable to measures under MIPS
- Satisfactory use of a Certified EHR Technology (CEHRT), **AND**
- Assume more than a "nominal financial risk" **OR** is a medical home expanded under the Center for Medicare and Medicaid Innovation (CMMI) *~ probably on the chopping block due to new administration ~*

ECs that participate in AAPM models but do not meet the factors above can be **Partially Qualifying Participants,** who will not receive an AAPM bonus payment, but who can elect to participate in or opt out of MIPS.

AS OF JANUARY 1, 2017, MACRA IS NOW IN EFFECT

TAKE ACTION NOW:
Pick your measures and activities!
See attached checklist attached or via https://www.medtronsoftware.com/pdf/Documents/2017 MIPS Reporting Checklist.pdf; this will assist in reporting correctly for MIPS!
MEDDATA (MDS) Clients: Complete the attached checklist and send to MDS by February 24, 2017.

REMINDER:
Sign on to the CMS Enterprise Portal to obtain your Quality and Resource Use Report (QRUR) for 2015 reporting to see if you will be penalized in 2017.
[Instructions for signing up for the CMS Enterprise Portal can be found HERE]

NOTE: It is **not** MEDDATA/MEDTRON's role to monitor client quality reporting.
MEDDATA clients should select a designated staff member to monitor all quality reporting and send status updates to MEDDATA at least quarterly.
If, after review, designated staff member determines reporting is lacking, please contact MEDDATA for possible review and assistance.

─ TIMELINE ─

DATE	MILESTONES	RESOURCES
January 1, 2017	Payment adjustments begin for both group practices and individuals who did not satisfactorily report quality data to CMS in 2015	• PQRS Analysis and Payment webpage
January 3, 2017	First day to submit 2016 PQRS data using registry, EHR, or QCDR	• PQRS Analysis and Payment webpage
January 17, 2017	First day of 2016 GPRO Web Interface submission	• PQRS GRPO Web Interface webpage
February 24, 2017	Last day that 2016 claims will be processed to be counted for PQRS reporting to determine the 2018 payment adjustment	• "2016 PQRS: Claims Reporting Made Simple" on the PQRS Measures Codes webpage
February 28, 2017	Last day to submit 2016 CQMs for dual participation in PQRS and the Medicare EHR Incentive Program Last day for QCDRs (QRDA) and EHRs to submit 2016 data	• Medicare EHR Incentive Programs webpage • PQRS Qualified Clinical Data Registry Reporting webpage • PQRS Electronic Reporting Using an Electronic Health Record (EHR) webpage
March 17, 2017	Last day for GPRO Web Interface submission	• PQRS GRPO Web Interface webpage
March 31, 2017	Last day for 2016 QCDRs (XML only) and registries to submit 2016 data	• PQRS Qualified Clinical Data Registry Reporting webpage • PQRS Registry Reporting webpage

(left vertical label: **2017**)

RESOURCES:
Final Rule Executive summary - https://qpp.cms.gov/docs/QPP_Executive_Summary_of_Final_Rule.pdf
QPP website - https://qpp.cms.gov/

Contact Software Support for assistance or any questions via:
     From **MED**PM or **MED**EHR Sign On screens, double click on 'support@medtronsoftware.com' to
          compose an email to the Software Support Dept.
-OR-
     Phone: (985) 234-0599 (local)
                    (800) 978-0599 (toll free)
-OR-
     Fax: (985) 234-0609