



ATTN: MEDICAID AND MEDICARE PROVIDERS

MEDICAID EHR INCENTIVE PROGRAM DEADLINE / MEDICARE EHR REQUIREMENT / MACRA FINAL RULE

Eligible Professionals (EP) have until **December 31, 2016** to take advantage of the Medicaid EHR Incentive Program which yields a total incentive payment of \$63,750 over five years. If you are a physician or nurse practitioner with a Medicaid volume of at least 30% (20% for pediatric taxonomy codes) then you are eligible for the Medicaid incentive program. If you don't register and apply for the first year of attestation under the Medicaid program by December 31, 2016, then you will lose all opportunity to receive the incentive. There isn't a partial payment scale if you begin in 2017, all providers must begin in 2016 and obtain registration approval by December 31, 2016 for your first year of attestation which can either be achieving meaningful use for 90 days or showing proof of purchase and implementation of an EHR system even if you are not achieving meaningful use. For more information, please visit <http://www.dhh.louisiana.gov/index.cfm/page/1159> or contact the Louisiana Medicaid EHR Incentive Payment Program at ehrincentives@la.gov 225-342-4810.

The Medicare EHR Incentive Program has ended, yet as a Medicare Part B EP you must continue to show Meaningful Use (MU) to avoid future payment adjustments. Most recently the Centers of Medicare and Medicaid Services (CMS) has proposed a rule to reduce the attestation period in 2016 down to 90 days instead of a full calendar year due to the complexities of stage 2 Meaningful Use. This proposed change is part of the Medicare Access and CHIP Reauthorization Act (MACRA), which implements the Quality Payment Program (QPP) based on Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). There are numerous articles from a variety of sources which are tracking MACRA as we all wait on the publication of the final rule, and we at MEDDATA/MEDTRON will continue to monitor for any new information.

- Healthcare Informatics: <http://www.healthcare-informatics.com/article/payment/macra-final-rule-expected-soon-what-are-considerations>
- Modern Healthcare: <http://www.modernhealthcare.com/article/20161012/NEWS/161019983>
- Politico: <http://www.politico.com/tipsheets/morning-ehealth/2016/10/macra-rule-watching-starts-216790>
- MGMA Government Affairs: <http://www.mgma.com/government-affairs/issues-overview>
- MEDDATA/MEDTRON 042916 News Blast regarding MACRA:
https://www.medtronsoftware.com/pdf/newsblasts/042916_MC_Access_and_CHIP_Reauthorization_Act_MACRA.pdf

ALERT...ALERT!

October 14, 2016, CMS passed and released the final rule implementing the Medicare physician payment reforms enacted as part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). With the passage of MACRA, Congress set Medicare on a path away from automatic, annual updates hampered by the threat of payment cuts under the flawed sustainable growth rate formula, toward a system that focuses more on clinical quality and cost effectiveness. In response to Medical Group Managers Association (MGMA) extensive advocacy efforts, the final rule includes greater flexibility for group practices in the Merit-Based Incentive Payment System (MIPS) and more alternative payment model (APM) opportunities.

Key provisions of the final rule:

- Establishes 2017 as the first performance measurement year for the new Merit-Based Incentive Payment System (MIPS);
- Reduces the quality reporting burden during first year of MIPS by allowing practices to submit one quality measure or one improvement activity to avoid a penalty or submit data for a reduced reporting period of 90 days to potentially earn a positive payment adjustment; and
- Details criteria for qualification as an APM participant, including eligibility for bonus payments.

The MGMA Government Affairs team is actively reviewing the final rule and will provide detailed information in the coming weeks.

- MGMA Government Affairs: <http://www.mgma.com/government-affairs/issues-overview>
- Official Announcement via U.S. Department of Health and Human Services: <http://www.hhs.gov/about/news/2016/10/14/hhs-finalizes-streamlined-medicare-payment-system-rewards-clinicians-quality-patient-care.html>
- Official Quality Payment Program website which will explain the new program in detail: <http://qpp.cms.gov>
- Official Executive Summary of the Rule as published by CMS: https://qpp.cms.gov/docs/QPP_Executive_Summary_of_Final_Rule.pdf

NOTE: For 2016, it is unclear if the MACRA final rule included a provision to reduce the EHR Meaningful Use attestation period from a full calendar year in 2016 to the proposed 90-days. We are waiting on more information from CMS.

For 2017, many small practices will be excluded from new MACRA requirements due to the low volume threshold, which has been set at less than or equal to \$30,000 in Medicare Part B allowed charges or less than or equal to 100 Medicare patients.

NOTE: On May 2, 2016, DHH announced the "Bayou Health Plan" name used for Louisiana Medicaid Managed Care Organizations (MCO) will be phased out and replaced with the name "Healthy Louisiana" to hallmark John Bel Edwards, our new Governor's emphasis on good health!

Contact Software Support for assistance or any questions via:

From **MEDPM** or **MEDEHR** Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to the Software Support Dept.

-OR-

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