

MACRA

Definitions



MACRA

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). A law introduced to move toward value-based payments. The law mandates that providers will be paid based on quality and effectiveness according to the Quality Payment Program.

QPP

Quality Payment Program – Defines the reporting criteria required to meet the MACRA requirements. You must choose one of the following two tracks:

- Advanced Alternative Payment Models (APMs) or
- The Merit-based Incentive Payment System (MIPS)

MIPS

The Merit-based Incentive Payment System (MIPS). Most people will choose to report up to 6 quality measures, (including an outcome measure), and attest that they completed up to 4 improvement activities, for a minimum of 90 days.

CMS official site [Click Here](#)

Requirements

1. Know the Criteria:

Clinicians and Hospitalists who meet the two criteria below are part of the Quality Payment Program:

\$30,000

– any hospital-employed clinician who bills Medicare more than \$30,000 in Part B allowed charges per year

100

– any hospital-employed clinician who provides care for more than 100 Medicare patients per year

AND

2. Determine who at your facility is required:

If they meet the above criteria, and appear on this chart – they are required to participate in the QPP.

Clinicians	Hospitalists
Physician	Hospital-employed eligible clinicians
Physician assistant	Hospitalists for outpatients
Nurse practitioner	Emergency department
Clinical nurse specialist	Radiologists
Certified registered nurse anesthetist	Pathologists
	Anesthesia
	Hospital-owned physical therapists

3. Choose your track:

APMs

A payment approach that gives added incentive payments to provide high-quality and cost-effective care.

MIPS

Report up to 6 quality measures (from possible 271) and attest that you completed up to 4 improvement activities – for a minimum of 90 days.

More info on who is required [Click Here](#)



Reaction when clinicians find out that they are actually required to submit for MACRA. Don't be this person!

Reporting



Readiness:

64%

of Providers Unprepared for MACRA

source: Health IT Industry Outlook Survey, Stoltenberg Consulting

[Click Here](#) *

January 1, 2017

The earliest timeframe to start tracking data to submit a full year for maximum payout

March 31, 2018

The deadline for submitting MACRA data (any level)

-9%

The potential downward Medicare payment penalty per year for not reporting any data

-4%

The negative percentage payment adjustment if you don't send in any 2017 data

271

The number of Quality Metrics to choose from to report on six measures for 2018

* A majority – **68%** of participants – indicated preparation and compliance with MACRA should be a combined effort across clinical, financial, and IT departments.

Get help now. [Click Here](#)

MACRA Assist can help with:



Getting Help

