

Clinical Integration Educational Series Medicare Access and CHIP Reauthorization Act (MACRA) Implementation Timeline



Overview

Last week we shared an overview of the Medicare Access and CHIP Reauthorization Act (MACRA). MACRA establishes a new clinician reimbursement mechanism with two payment tracks, the Merit-Based Incentive Payment System (MIPS) track and the Advanced Alternative Payment Model (APM) track. This week, we delve into the timeline for MACRA implementation and provide an overview of the flexibility in MIPS for the 2017 Performance Year.

As a reminder, payment adjustments under MACRA take effect January 1, 2019, and will be determined using data from two years prior. Therefore, clinician payment in 2019 will be dependent on performance and reporting in 2017.

Merit-Based Incentive Payment System (MIPS) Reporting Flexibility

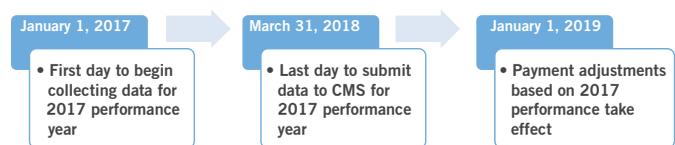
CMS has outlined three reporting options for 2017 as clinicians ease into the MIPS program:

Minimal Reporting to Avoid Penalty	Report Partial Data, Potential for Small Bonus	Report All Data, Potential for Larger Bonus
Submit any single metric under Quality or Improvement Activities, or all the required Advancing Care Information measures	Submit more than one metric under Quality or Improvement Activities OR submit more than the required Advancing Care Information measures	Submit required data across all categories
No minimum time period required	Report for a continuous 90-day period	Report for at least 90 days, and ideally a full year
Avoids downward payment adjustment	Potential for a small positive payment adjustment	Potential for full payment adjustment
		Highest performers could earn additional positive adjustment

Based on performance, clinicians will receive positive or negative payment adjustments of up to 4 percent in 2019. These payment adjustments rise gradually to a maximum of 9 percent in 2022 and beyond. Clinicians who do not report ANY data in 2017 will receive a downward payment adjustment of 4 percent.¹

Merit-Based Incentive Payment System (MIPS) Reporting Timeline

CMS has shortened the reporting period for 2017 to 90 continuous days, rather than a full year (for clinicians or groups that choose the second or third option described above). This allows clinicians who are ready to begin reporting data as early as January 1, 2017. For those who are not ready at the start of the year, but who want to receive a positive payment adjustment, the last day to begin a 90 day reporting period is October 2, 2017. Regardless of a clinician's chosen reporting timeline, all data must be submitted to CMS by March 31, 2018. If a clinician is participating in a Medicare Shared Savings Program Track 1 Accountable Care Organization (ACO), or will be participating in one by January 2017, his or her performance will be reported at the ACO level.



¹These payment adjustments do not apply to clinicians who are participating in the Advanced APM track, as those clinicians are exempt from MIPS reporting. This document focuses on clinicians in the MIPS track, because CMS has said that only a small percentage of clinicians will qualify for the Advanced APM track.

This informational series will be distributed every other week to help clinicians stay updated on MACRA and other initiatives. The next topic will be an overview of the benefits of Medicare Shared Savings Program participation under MACRA. The MACRA final rule was released on October 14, and these updates reflect the provisions of that final rule.