

MACRA: Rolled Out and Still Rolling

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Most physicians have, by this point, gained some familiarity with the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The name of this law has appeared frequently in commentary over the past several years, and the changes it imposes are well on their way. However, many of the details concerning MACRA's implementation—how it affects physicians on the ground and what they need to do on a practical and technical level in order to comply with its requirements—deserve additional attention. It is, after all, a law that changes much about the Medicare payment landscape, and new guidance from the government continues to appear.

This article will discuss three recent releases from the Centers for Medicare & Medicaid Services (CMS) that concern MACRA, dating from the end of 2017 through the beginning of 2018. There is obviously much more that physicians should note about MACRA as we head further into 2018, but hopefully this very brief article can serve as a springboard into the many features of this multifaceted new legal scheme.

- 1) Starting with the most recent news release, on January 3 of this year CMS announced that it had launched a new system for clinicians in the Quality Payment Program to submit their 2017 performance data. This system is located on the Quality Payment Program website (<http://qpp.cms.gov>), and because it replaces an array of former systems on multiple websites, it should make such data submission easier. For most clinicians, the 2017 submission period runs from January 2, 2018 to March 31, 2018. Therefore, exploring this website's new system for submission—including developing familiarity with the log-in and submission procedures—sooner rather than later is advisable. There is multiple data submission options embedded in the website, and thus having some advance knowledge of the preferred method should benefit a clinician. Eligible clinicians will see in real time the initial scoring (which may later change) for each of the Merit-based Incentive Payment System (MIPS) performance categories as they submit their data. CMS' news release included a link to a fact sheet on this new system, which can be accessed [here](#).
- 2) On December 19, 2017, CMS published the "2018 Medicare Electronic Health Record (EHR) Incentive Program Payment Adjustment Fact Sheet for Eligible Clinicians." The referenced Payment Adjustment relates to the reduced Medicare payments for clinicians who do not demonstrate that they are meaningful users of Certified Electronic Health Record (EHR) Technology. This year is the final year of meaningful-use payment adjustments under the Medicare EHR Incentive Program, but the need to meet EHR standards is not going away: MACRA combines certain aspects of this Medicare EHR Incentive Program with other programs into

MIPS, and the basic requirements that established meaningful use will still factor in as a percentage of a clinician's MIPS score. The MIPS payment adjustments will be applied to Medicare Part B payments in 2019 for the 2017 performance period. CMS' news release containing additional details can be accessed [here](#).

- 3) On November 2, 2017, CMS issued a rule containing updates to the payment policies, payment rates, and quality provisions for services furnished under the Medicare Physician Fee Schedule for this year. This is not a MACRA-specific rule; instead, it demonstrates how MACRA has already become incorporated into the Medicare payment landscape as a whole. For example, MACRA helped determine the overall update to payments under the Fee Schedule, which is +0.41 percent for this year; the rule discusses the replacement of the Physician Quality Reporting System by MIPS; the rule also discusses the patient relationship code categories required under MACRA. In short, MACRA's impact on the payment landscape is varied and pervasive. The time for getting up to speed on the practical implementation of this law has certainly arrived.

As noted above, MACRA is here among us, and it touches upon many facets of a physician's practice. In order to avoid the various causes of decreased reimbursement, it benefits physicians to proactively seek understanding of the ongoing requirements ushered in by the law.

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