

## MACRA: In Focus

### Quality Payment Program and Key Milestones for Reporting

As part of our educational series on the Medicare Access and CHIP Reauthorization Act (MACRA), this month's article provides more detail on the Quality Payment Program (QPP) tracks along with key milestones for reporting in 2017, as described in the recently released Final Rule.

The MACRA final rule outlines specifics of the QPP's two tracks: The Merit-based Incentive Payment System (MIPS) and the Advanced Alternative Payment Model (APM). The rule set forth that providers who are not considered an advanced APM were subject to the MIPS program. The rule further clarifies that there are two scoring standards within MIPS: standard MIPS and MIPS/APM.

The MIPS/APM track applies to APMs that don't qualify for the Advanced APM track. Participants in the Medicare Shared Savings Program Track One (which is the program in which the MaineHealth ACO participates) qualify for the MIPS/APM scoring standard. This provides significant benefits to MSSP participants within the MaineHealth ACO. Below is the MIPS/APM scoring standard which was shared in the November newsletter.

#### MIPS APM SCORING STANDARD

Performance Category	Data Submission Requirement	APM Scoring Benefit	Category Weight
Quality	Quality Measures submitted through web interface	ACOs automatically eligible for bonus points for reporting high priority measures already required for MSSP reporting	50%
Resource Use/Cost	ACOs not evaluated on cost		0%
CPIA	No additional reporting required outside of standard MSSP reporting	ACOs receive full credit for this category	20%
ACI	Participant TINs submit ACI data using MIPS data submission mechanism	Weighted average of Participant TINs to produce ACO level score	30%

Below are key milestones related to the 2017 MIPS reporting year:

- Following 2016 MSSP quality reporting, attention will turn to the 2017 quality reporting process. As a reminder, performance on the 2017 MSSP Quality measures will drive performance for the MIPS quality performance category (50% of the total MIPS score).
- In February, the ACO will provide the specifications for the measures to assure providers are capturing the data needed to report in January 2018 for the 2017 performance year.
- All reporting for the 2017 performance year must be completed by March 31, 2018.
  - The 2017 MSSP quality reporting process will be completed by that time
  - All practices must submit Advancing Care Information (ACI) measures by March 31, 2018 based on a 90-day reporting period within calendar year 2017.

- MIPS feedback reports will be in production by July 2018. These will replace the existing QRUR reports.
- Practices will be notified by December 1, 2018 as to the payment adjustment that will be implemented in 2019.
- The first payment adjustment for MIPS will go into effect on January 1, 2019.

The ACO participants are well positioned for success in the 2017 performance year. The ACO will be holding additional webinars on MIPS throughout 2017 and will continue to report on MIPS activity in the monthly newsletter.