

MACRA: In Focus

Participation in Quality Payment Program

As part of our regular series on MACRA, this month we will focus on the CMS Quality Payment Program and our level of participation in the first year of reporting.

It's important to note that the **final rule will be released by CMS in November 2016** and there is still a fair amount of detail to come with that release. We will be keeping you up-to-date with that information as it is released.

Following the announcement of the proposal in April 2016, CMS has received feedback from thousands of providers throughout the country about the proposed rule both in writing and through live discussion. Some of that feedback centered on:

- Desire for a system that begins and ends with what's right for the patient
- How technology can help with patient care
- How excessive reporting can distract from patient care
- How new programs like medical homes can be encouraged
- Unique issues facing small and rural non-hospital-based physicians.

If you would like to read more about the CMS proposal and feedback, please [click here](#).

CMS will plan on addressing these issues with the release in November. In the meantime, we can share with you some of their plans for timing of reporting and what we know now about our process for participation options.

What is the Quality Payment Program?

- Collective provisions of the The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) bill
 - Repeals the Sustainable Growth Rate (SGR)
 - Streamlines existing patchwork of Medicare reporting programs
 - Allow providers to focus on quality care
- Set to begin in January of 2017 (Performance for 2017 paid in 2019)
- Offers two payment tracks with varying levels of risk/reward, tying more payments to value
 - Merit-based Incentive Payment System (MIPS)
 - Advanced Alternative Payment Model (APMs)

[Click here](#) to review last month's article describing Maine Health ACO's track qualification and selection.

Options for Participation

Because of the wide diversity in provider practices, the Quality Payment Program offers options for providers to select the pace for their participation in the program beginning in January of 2017. These options are described in the following chart.

Participation Option	Description
Option One: <u>Test</u> the Quality Payment Program	<ul style="list-style-type: none"> • Submit some data to the Quality Payment Program, including data from after January 1, 2017 • Designed to ensure that system is working and prepared for broader participation in 2018 and 2019
Option Two: Participate for <u>part</u> of the calendar year	<ul style="list-style-type: none"> • Submit information for a reduced number of days • First performance period could begin later than January 1, 2017 and could still qualify for a small positive payment adjustment • <i>Example: information submitted for part of the calendar year for quality measures, use of technology, and improvement activities</i> • Could qualify for a small positive payment adjustment • Could select from the list of quality measures and improvement activities available under the Quality Payment Program
Option Three: Participate for <u>full</u> calendar year	<ul style="list-style-type: none"> • Submit Quality Payment Program information for a full calendar year • First performance period would begin on January 1, 2017 • Example: submit information for the entire year on quality measures, use of technology, improvement activities • Could qualify for a modest positive payment adjustment
Option Four: Participate in an Advanced Alternative Payment Model in 2017	<ul style="list-style-type: none"> • Instead of reporting quality data and other information, the law allows participation in the Quality Payment Program by joining an Advanced Alternative Payment Model, such as Medicare Shared Savings Track 2 or 3 in 2017 • If enough Medicare payments are received or enough Medicare patients are seen through the Advanced Alternative Payment Model in 2017, could qualify for a 5 percent incentive payment in 2019

How the MaineHealth ACO Plans to Participate

As one Accountable Care Organization, we have a **single composite score**, which allows us to select the option for how we participate in the first performance period beginning in January. Based on what we know today and given our competitive standing over other ACOs, we are positioned for positive payment in 2019. Our early speculation is that **Option Three** may provide us with the best path. However, the final decision on our participation will be affected by detail that is released by CMS in November. We are currently reviewing our options with ACO Committees and the MaineHealth ACO Board of Directors, and will share the outcomes of that process once a final decision has been made.

MACRA Content & Communications from the MaineHealth ACO

In addition to providing updates and education about MACRA through our monthly newsletter, the MaineHealth ACO is hosting webinars with informative content on the MACRA law and what you need to know to be prepared.

Missed MACRA 101? If you did not have a chance to join our MACRA 101 webinars, you can view the recorded session [here](#). MACRA 101 has information about MIPS, APMs and everything else in between.

Up next: we will be launching our **MACRA 201** series which will feature information participation, decision-making and details on the final rule. Stay tuned for more information on dates and times, coming to you via our newsletter and email invitation.