



## Helping Physicians Transition to the New Medicare Changes (MACRA)

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As physicians, residents and medical students shape and navigate changes in the profession, the AMA listens, supports and empowers them to succeed throughout their unique journeys. We know red tape can be confounding, that technology and a lack of interoperability can be frustrating, and that inefficiencies too often get between physicians and their true life's mission: caring for patients.

The shift to MACRA and the Quality Payment Program (QPP) is the most significant change to Medicare's physician payment system in a generation.

The AMA's response is designed to help physicians meet the enormity of that challenge.

We have been working on two fronts: 1) To modify the new regulations where necessary to lessen the regulatory burden, and 2) To help physicians prepare for this change within their practice.

The AMA has worked extensively with state and specialty societies – and with CMS – to ensure that the regulations implementing the law are workable for physicians. Those advocacy efforts paid off when CMS adopted a majority of the AMA's recommendations in its final rule for 2017, the first year of the program.

These include:

- A longer transition period to prepare for the QPP
- A simplified Merit-based Incentive Payment System (MIPS) program and reduced reporting burden
- A higher "low-volume threshold" for MIPS reporting
- More relief for small and rural practices
- Expanded opportunities for APMs (Alternative Payment Models)
- A chance to avoid penalties

One of our most important advocacy efforts was inclusion of "Pick Your Pace" reporting approach. Under "Pick Your Pace," only physicians who do not report any data to Medicare will receive a penalty. It's important to note that physicians only need to report one measure for one patient, and they will not receive a penalty in 2017.

In June, CMS issued a proposed rule for 2018, year two of the QPP. Many of the policies in the proposed rule are based on AMA recommendations for greater flexibility in the program and additional policies to help small practices. In essence, the agency is proposing another transition year. The AMA will work to preserve favorable provisions in the proposed rule while continuing to press for additional changes in the final rule for 2018. Our goal is to continue to reduce reporting requirements, simplify processes and allow physicians flexibility in meeting the requirements of the law.

Highlights of proposed improvements for 2018 include:

- Further increasing the low-volume threshold
- Greater flexibility for small practices, including bonus points, a hardship exemption from EHR use, and creation of a “virtual group” option
- Further refinement of other MIPS components
- Bonus points for practices with medically complex patients

### **Tools and Resources**

A survey by the AMA and KPMG released in June reveals that fewer than one in four physicians feel well prepared to meet MACRA/QPP requirements in 2017. The AMA is committed to assisting physicians in the transition to the new value-based care environment, creating tools and resources to ease with the transition:

- A short video “One Patient, One Measure, No Penalty” walks physicians through the QPP reporting process and helps them avoid a payment penalty.
- The Payment Model Evaluator, which will help physicians decide which payment model – either MIPS or an APM – is best for their practice.
- A MIPS Action Plan to help physicians measure their progress in meeting the requirements of the program and CMS deadlines.

We encourage physicians to visit to access all AMA resources via our homepage or [www.ama-assn.org/MACRA](http://www.ama-assn.org/MACRA) for these tools and all the information they need to get ready for the MACRA/QPP. At the AMA, we are providing the resources you need to support you now, right when you need it.

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