



CMS Releases Proposed MACRA Rule

On April 27, 2016, the Centers for Medicare & Medicaid Services (CMS) issued its eagerly awaited proposed rule to implement key provisions of the Medicare Access and Summary CHIP Reauthorization Act of 2015 (MACRA).

Passed with broad bipartisan support, last year's MACRA legislation repealed the Sustainable Growth Rate formula and accelerated the move to a new value-based payment system. This latest proposed rule from HHS outlines the implementation of the MACRA law, including a new "Quality Payment Program" with two available paths for providers:

- Merit-based Incentive Payment System (MIPS)
- Alternative Payment Models (APMs)

MIPS

Under MIPS, eligible providers would earn a composite score based on performance in four categories. This structure consolidates the three existing quality incentive programs (PQRS, Value-based Modifier and Meaningful Use) and a new Clinical Practice Improvement. The categories and their relative weight in year one are as follows:

1. Quality: 50 percent
2. Advancing Care Information (formerly EHR Meaningful Use): 25 percent
3. Clinical Practice Improvement Activities: 15 percent
4. Cost or Resource Use: 10 percent

It also is worth noting MIPS focuses on the use of certified electronic health records through the Advancing Care Information (ACI) Program, the renamed Meaningful Use Program, intended to "support the vision of a simpler, more connected, less burdensome technology" with more flexibility for providers. Both the proposed rule and this CMS [blog](#) outline the revised framework. CMS also has issued the [MIPS/Advancing Care Information Fact Sheet](#).

APMs

The proposed rule gives eligible providers the choice to pursue a more risk-based pathway by participating in Alternative Payment Models (APMs). This would exempt the “qualifying participant” from the MIPS payment adjustments and allow them to qualify for a five percent Medicare Part B incentive payment.

These APMs are defined under the law as the *CMS Innovation Center* models, *Shared Savings Program* tracks, or other demonstrations where clinicians accept both risk and reward for providing coordinated, high-quality and efficient care.

The proposed rule includes the following list of approved models:

- Comprehensive ESRD Care Model (Large Dialysis Organization arrangement)
- Comprehensive Primary Care Plus (CPC+)
- Medicare Shared Savings Program—Track 2
- Medicare Shared Savings Program—Track 3
- Next Generation ACO Model
- Oncology Care Model Two-Sided Risk Arrangement (available in 2018)

CMS proposes to update this list annually, adding new payment models that qualify as APMs and has left the door open for incentive payments based on participation in non-Medicare models.

Impact for VirMedice clients

The use of EHR technology and meeting quality measurement criteria are mandatory in both the MIPS and APM pathways. The first Quality Payment Program performance year under the proposed MACRA rule would be 2017. Therefore, it is essential clients focus on meeting Meaningful Use and PQRS requirements in 2016. Furthermore, clients should begin to understand the practice and technology implications of both Clinical Practice Improvement Activities (under the MIPS pathway) and the various Advanced APM models (under the APM pathway).

More information on the MACA proposal...

CMS [Fact Sheet](#)