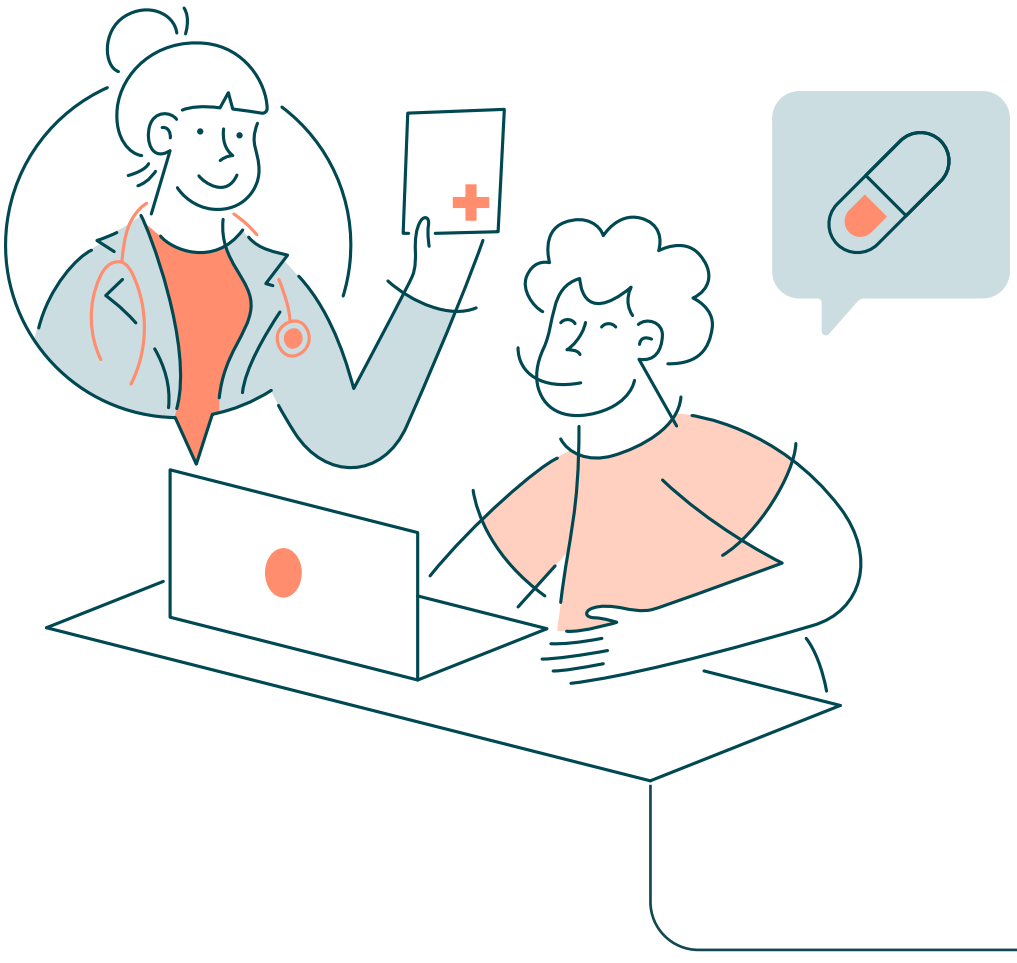
tebra

CLINICIANS' GUIDE

# MACRA 2021 quality payment program



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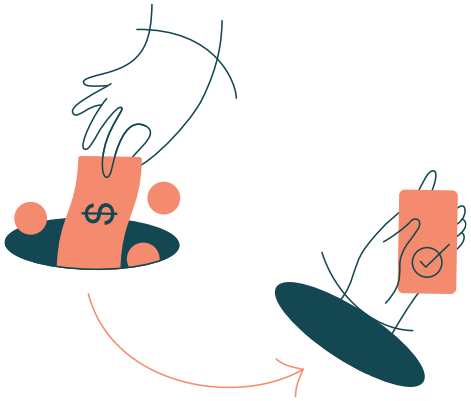
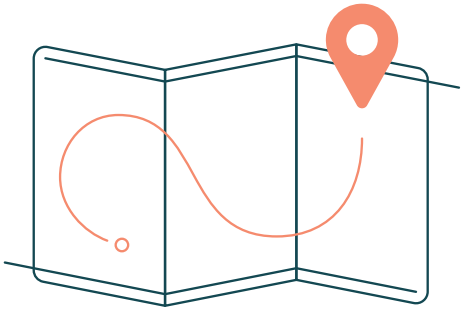
# Introduction

The Medicare Access and CHIP Reauthorization Act (MACRA) is legislation that replaced the Sustainable Growth Rate (SGR). It outlines a new program for physician reimbursement that replaces fee-for-service with value-based payments under the Quality Payment Program (QPP).

## What is the quality payment program?

The QPP is the portion of MACRA that defines the new value-based reimbursement system. It has two reporting tracks: the Merit-Based Incentive Program (MIPS) and Alternative Payment Models (APMs). The QPP replaced and consolidated the previous Meaningful Use, PQRS, and value-based modifier programs.





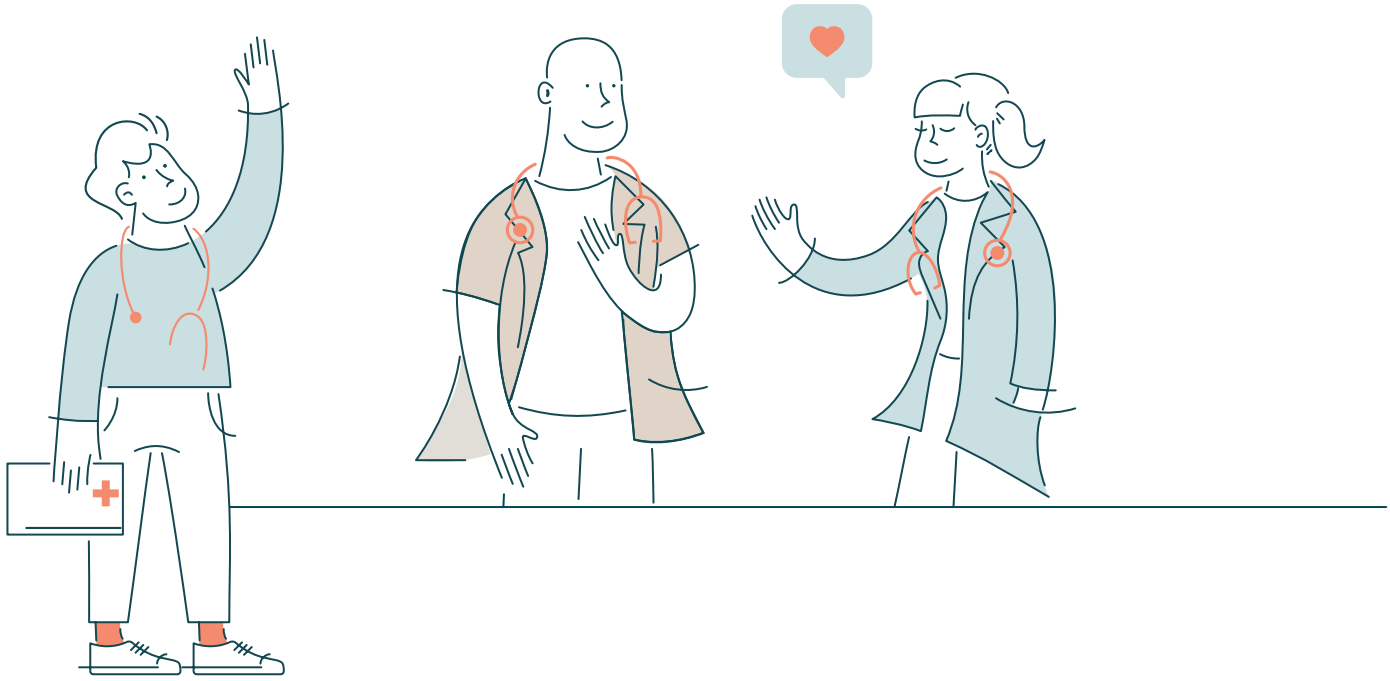
## MACRA's overarching goal

MACRA aims to improve the quality of care while lowering costs for patients. To that end, Medicare payments are now tied to quality and performance measures.

# Who participates?

## The following eligible clinicians must participate in the QPP in either MIPS or advanced APMs:

- Physician (Doctors of medicine or osteopathy, Doctors of dental surgery or dental medicine, Doctors of pediatric, Medicine, Doctors of optometry, Chiropractors)
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Physical therapist
- Occupational therapist
- Clinical psychologist
- Qualified speech-language pathologist
- Qualified audiologists
- Registered dietitians
- Nutrition professionals



## You must also meet the low-volume threshold:

+ Invoice $90,000 in Medicare Part B claims a year.
+ Have more than 200 Medicare Part patients.
+ Render 200 or more covered professional services to those patients.

**Clinicians who are newly enrolled in Medicare are exempt.*

## Other participation options:

+ **Opt-in:** You meet or exceed one, or two, but not all three of the low-volume criteria. You are eligible for a payment adjustment and will receive an evaluation.
+ **Volunteer Option:** You do not meet or exceed any of the low-volume criteria. You are not eligible for a payment adjustment, but you will receive an evaluation.

# MIPS timeline

### JANUARY 1, 2021

The 2021 performance period begins. Documentation for quality measures and promoting interoperability measures should begin. Select improvement activities and gather and save all supporting documents.

### OCTOBER 2, 2021

If you are only reporting for 90 days, this is the last day to begin recording data for 2021.

### JANUARY 2, 2022 – MARCH 31, 2022

This is the attestation period. Submit your MIPS performance data for 2021.

### AFTER MARCH 31, 2022

Medicare will provide feedback about your performance.

### JANUARY 1, 2022

Positive and negative payment adjustments will be awarded starting January 1, 2022 for the 2020 reporting period.

# How do you participate in MIPS?

The majority of QPP-eligible clinicians will participate in the MIPS reporting track. In 2021, CMS changed the point scoring system once again for participating clinicians.

## 2021 MIPS scoring system

**100–85 POINTS**

Neutral or up to a 9% payment adjustment with the possibility of earning an exceptional performance bonuse.

**84.9–60.1 POINTS**

Neutral or a small positive payment adjustment.

**60 POINTS**

Neutral.

**59.9–00 POINTS**

Negative payment adjustment up to 9%.

| QUALITY 40% | | PI 25% | | IA 15% | | COST 20% | | |
|---|---|---|---|---|---|---|---|---|
| Submit **60 points** to earn full credit | + | Submit **100 points** to earn full credit | + | Submit **40 points** to earn full credit | + | Submit **100 points** to earn full credit | = | 100% TOTAL |

# Alternative payment models* (APMs)

Alternate payment models (APMs) are CMS incentive programs that give added incentive payments to providers who provide high quality and cost-efficient care to their patients.

**The following are the 2021 approved APMs*:**

+ APMs
+ MIPS APMs
+ Advanced APMs
+ Advanced & MIPS APMs
+ All-payer/other-payer option

If you receive 25% of Medicare payments or see 20% of your Medicare patients through an advanced APM, then you may earn a 5% incentive payment in 2023. You will report your data through your APM. You do not participate in MIPS.

**The following are the 2021 approved APMs*:**

+ Bundled payments for care improvement advanced model (BPCI Advanced)
+ Comprehensive ESRD care (CEC) model LDO arrangement
+ Comprehensive ESRD Care (CEC) model non-LDO two-sided risk arrangement
+ Comprehensive ESRD care (CEC) model non-LDO one-sided risk arrangement
+ Comprehensive primary care plus (CPC+)
+ Medicare accountable care organization (ACO) track 1+ model
+ Next generation ACO model
+ Shared savings program — track 2
+ Shared savings program — track 3
+ Oncology care model (OCM) — two-sided risk
+ Oncology care model (OCM) — one-sided risk
+ Vermont medicare ACO initiative
+ Maryland primary care program
+ Independence at home demonstration

** Most APMs are administered by a local medical entity, such as hospital or large medical group. Check with your affiliated medical entity to check your participation in one of these APMs.*

# MIPS requirements

CATEGORY 01

## Quality

The purpose of the quality category is to improve patient outcomes. To meet the quality requirement for MIPS for most participants, you must report up to six quality measures, including an outcome measure or one high-quality measure, for a full year. For a full list of available measures go to qpp.cms.gov/measures/quality. You must consider your submission method when selecting your list of Quality measures.

CATEGORY 02

## Promoting interoperability (PI)

The purpose for the PI category is to use CEHRT to help clinicians improve patient outcomes and improve the exchange of clinical data. To meet the PI category you will need to submit data for a minimum of 90 days on the following objectives:

+ ePrescribing
+ Health information exchange
+ Provider to patient exchange
+ Public health and clinical data exchange
+ Security risk analysis*

**Completing a security risk analysis is mandatory in 2021 but will not be scored. Review the details of the measures on the CMS website qpp.cms.gov/mips/ promoting-interoperability. You can choose your measures and download a file with the details.*

CATEGORY 03

## Improvement activities

The improvement activities category assesses how much a clinician participates in activities that improve clinical practice. For most participants, the requirement for improvement activities for MIPS is to attest that you completed up to four measures for a minimum of 90 days. If you are in a certified patient-centered medical home, you automatically get full credit. There are 106 improvement activities to choose from, including a new activity for clinicians who participate in a COVID-19 clinical trial and report their data through a clinical data repository or clinical data registry. You can find the list of improvement activities on the QPP website: qpp.cms.gov/mips/improvement-activities?py=2021

CATEGORY 04

## Cost

The purpose of this category is to work with providers to help reduce cost:

+ Cost is 20% of your overall MIPS score
+ CMS will automatically calculate based on claims submitted
+ Performance period is a calendar year

A total of 20 measures will be evaluated by CMS. For a full list of measures go to qpp.cms.gov/mips/cost?py=2021 qpp.cms.gov/mips/improvement-activities?py=2021.

# Submission methods

If you report as an individual on a single NPI then your adjustment will be based solely on your performance. If you report as a group, then the group gets a single adjustment based on group performance. A group is a set of clinicians with unique NPIs that share a single tax ID.

| SUBMISSION METHOD | QUALITY | PROMOTING INTEROPERABILITY | SUBMISSION METHOD | SUBMISSION METHOD |
|---|---|---|---|---|
| Attestation | QRDA file submission | ✓ | ✓ | CMS calculates cost automatically based on your Medicare claims submitted. |
| Qualified registry | ✓ | ✓ | ✓ | |
| Claims | Individual only | | | |
| QCDR | ✓ | ✓ | ✓ | |
| EHR | ✓ | ✓ | ✓ | |
| CMS web interface | Group only | Group only | Group only | |
| CAHPS for MIPS | Group only | Group only | Group only | |

# Payment adjustments

## Payment adjustments

For MIPS, the scores for each of the four performance categories are added together into a final score. This will determine who gets an upward Medicare adjustment, who gets a downward adjustment, and who gets no adjustment. In 2021, the maximum adjustment is a plus or minus 9%.

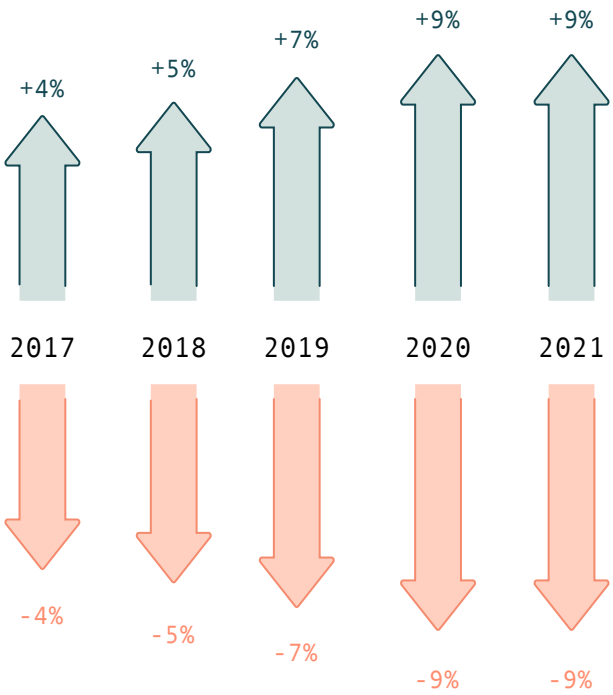
## QPP updates for 2021

+ The payment adjustment remains at 9% ( + / - ).
+ The performance threshold increased from 45 to 60 points. Submit at least 60 points to earn a neutral status.
+ The performance threshold for exceptional performance remains at 85 points. Submit 85 points or more to earn a higher positive payment adjustment.
+ New COVID-19 improvement activity was added.

## Performance years and growth of adjustments*

The payment adjustment grew from 4% to 9% from 2017 to 2020. However, the payment adjustments remains at 9% for the 2021 reporting year.

**Providers see adjustments two years after the performance year.*



# Frequently asked questions

## Do I need a certified EHR to participate in the QPP?

Yes, for both MIPS and the APMs, you need a certified EHR.

## I am in an APM that is not on the list of APMs. Do I participate in MIPS?

Yes, you do participate in MIPS to avoid a negative payment adjustment. However, you may be in a different scoring system depending on your model. Contact your APM administrator to better understand the requirements. For more information on the scoring for APMs under MIPS and how it may impact you, visit: qpp.cms.gov/apms/overview.

## Does Tebra provide any training and resources to help clinicians maximize scores on MIPS?

Yes, Tebra provides weekly training webinars. Customers also have access to recorded training 24/7 through Kareo University. To learn more visit tebra.com/macra-mips.

## I provide most of my care in a hospital setting, do I participate in MIPS?

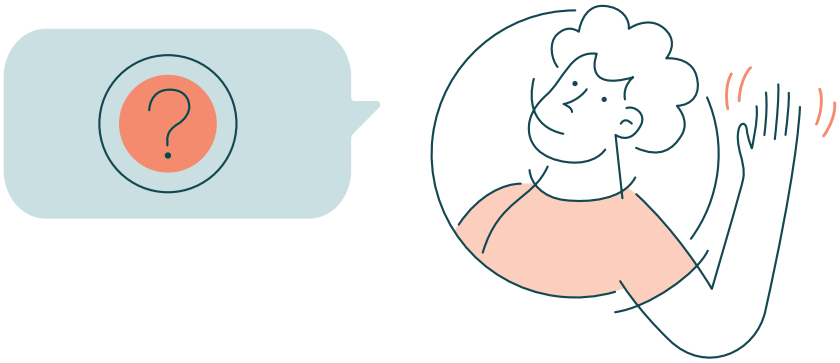
Hospital-based providers are eligible for MIPS unless they meet one of the exclusions. The final rule allows for the reweighing of categories based on a hospitalist's participation. For questions regarding your specific participation status, contact the QPP support line at 1-866-288-8292.

## What help is available for small practices?

The CMS has allotted $20 million a year to provide technical assistance to practices with 15 or fewer eligible clinicians participating in MIPS.

## Where can I find more info about the quality payment program?

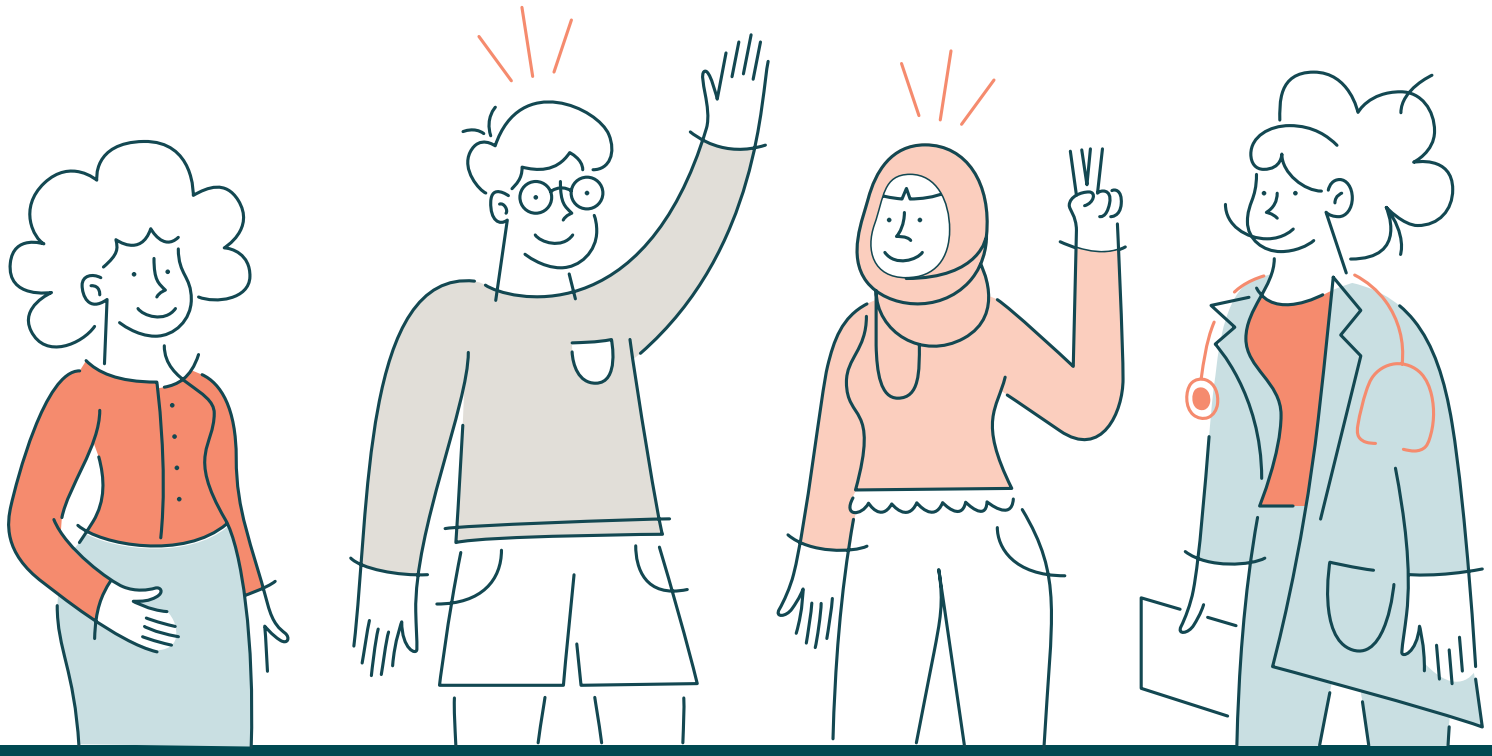
Visit tebra.com/macra for tips, resources and support on MACRA and CMS Incentive Programs. Or go directly to the CMS at qpp.cms.gov.



# Notes

# Tomorrow's solutions for today's independent practice.

Kareo and PatientPop have joined forces to form a new parent company, Tebra. Together as Tebra, Kareo and PatientPop will support the connected practice of the future and modernize every step of the patient journey. Practices can already use Kareo and PatientPop together, and the two will become even more seamlessly integrated over time.



Visit **tebra.com** to learn about the integrated software platform for patient collection success.

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Built on the strength of Kareo and PatientPop