



MACRA, QPP Resources

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Your resources for MACRA, MIPS, QPP and more

Vascular Quality Initiative®

	2015 and earlier	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026 and later	
FEE	Fee updates as SGR ends	0.5	0.5	0.5	0.5	0	0	0	0	0	0	0.75 QAPMCP* 0.75 N-QAPMCP**	
MIPS	Quality	▶											
	Resource Use	▶											
MIPS	Clinical Practice Improvement Activities	▶											
	Meaningful Use of Certified EHR Technology	▶				4%	5%	7%	▶ 9%				
	PQRS, Value Modifier, EHR Incentives	▶											
APM	Qualifying APM Participant	▶ 5% Incentive Payment											
	Medicare Payment Threshold Excluded from MIPS	▶ Excluded from MIPS											

The Medicare Access and Children’s Health Insurance Plan Reauthorization Act (MACRA) was signed into law on April 16, 2015. MACRA is bipartisan legislation which repealed the Sustainable Growth Rate and established the Quality Payment Program (QPP). The QPP requires that most physicians who submit claims to the Centers for Medicare and Medicaid Services (CMS) participate in one of two programs: Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Model (APM). There are currently no approved vascular APMs. As such, most vascular surgeons who satisfy the QPP requirement through participation in an APM are part of a multi-specialty Accountable Care Organization (ACO). Physicians who do not participate adequately in QPP will experience financial penalties in their Medicare reimbursements.

The requirements for adequate participation in QPP have increased each year since QPP was first implemented. Likewise, the percentage of financial penalty has also increased each year from 4% in the first year to 9% in the fourth year and beyond. 2020 is Year 4 of the QPP. In 2020, providers who participate in MIPS are required to report in four categories: Quality, Improvement Activities (IA), Promoting Interoperability (PI) and Cost. In the 2020 reporting year, Quality accounts for 45% of the MIPS final score, PI for 25%, IA for 15% and Cost for 15%. The final MIPS score is used to determine how the provider’s reimbursement will be adjusted. Scores below the minimum required score will incur a penalty of 9% in 2022 Medicare reimbursements. Scores at or slightly above the minimum required score will experience no payment adjustment. Scores significantly above the minimum will be rewarded with a positive payment adjustment. Finally, scores above a threshold for exceptional performance are eligible for a portion of \$500 million each year for the first 6 years of MACRA.

Updates

Virtual Groups Election Period for MIPS 2019 Performance Year Now Open

What is PTAC's Role in Fostering the Development of APMs? (March 2018) A good primer on the MIPS process in Washington, DC

Quality Payment Program Year 2 / Final Rule Overview (pdf)

Information

Vascular Quality Initiative Resource Library - Search under "Quality Improvement" and "Regulatory Guidelines."

CMS Resource Library A trove of background information, documents and downloads

Featured Articles

Monthly topics published in the *Journal of Vascular Surgery* and *JVS-Venous and Lymphatic Disorders*

MACRA

- Preparing for the outpatient treatment of venous disease under MACRA
- The five things we all need to know about MACRA and alternative payment systems to compete and flourish
- ACA repeal will not affect MACRA

QPP

- Accessing your Quality Payment Program feedback reports
- Quality Payment Program compliance and vein center accreditation
- Quality Payment Program year 2
- Cost measurement and payment implications in the Quality Payment Program
- The vascular surgeon's roadmap to success in the Quality Payment Program
- Medicare's new quality payment program for physicians: An overview

APMs

- The MIPS APM scoring standard
- What is an Advanced Alternative Payment Model?

MIPS

- A solo practitioner's experience with MIPS
- MIPS cost measures for 2018
- The MIPS APM scoring standard
- MIPS: Clinical practice improvement activities
- How to submit a MIPS quality measure if you are not participating in an approved registry
- Avoid the 4% penalty: Pace yourself into MIPS by October 2, 2017
- There is still time to avoid the 4% CMS payment penalty

- MIPS: Clinical practice improvement activities

Other Articles

- Meaningful incentive payment system scoring
- Utilization, patency, and complications associated with vascular access for hemodialysis in the United States
- Patient satisfaction and chronic illness are predictors of postendovascular aneurysm repair surveillance compliance
- Variability in hospital costs for carotid artery revascularization
- Where evidence, ethics, and professionalism converge
- Cost measurement in the meaningful incentive payment system?
- Use and impact of patient relationship modifiers on cost measurement
- Field testing for the critical limb ischemia cost measure
- Constructing cost measures for critical limb ischemia?
- Utilizing registries to meet Medicare reimbursement requirement

VQI webinars:

- MIPS/MACRA (July 27, 2017) Excellent step-by-step information for those just getting started.
- Preparing Your Practice for Medicare's New Quality Payment Program MIPS/MACRA: Quality Reporting Made Easy (Dec. 15, 2016) [Slides / audio; YouTube]

Acronym List

- **MACRA**—Medicare Access & CHIP Reauthorization Act
- **PQRS**—Physician Qualified Reporting System
- **QPP**—Quality Payment Program (synonymous with MIPS)
- **MIPS**—Merit-Based Incentive Payment Model
- Components of MIPS 2019
 - **ACI**—25%--Advancing Care Information
 - For 2019, this is now **PI**-Promoting Interoperability
 - **[CP]IA**—15%--Clinical Practice Improvement Activities—CP was dropped in 2019.
 - **Quality**-45%--Can report through
 - Claims
 - Registry
 - HER
 - QCDR—Qualified Clinical Data Registry (e.g. VQI)
 - **Cost**-15%
- **APM**—Alternative Payment Model
- **MIPS-CS**—MIPS Composite Score
- **CEHRT**—Certified Electronic Health Record Technology
- **PCMH**—Patient-Centered Medical Home
- **QP**—Qualifying APM participant in an Advanced APM
- **EP**—Enrolled Provider
- **ONC Health IT**—Office of the National Coordinator for health IT
- **DRG**: Diagnosis Related Group—how hospitals are paid for a particular diagnosis
- **ACO**-Accountable Care Organization
- **API**-Application Programming Interface
- **ASC**- Ambulatory Surgery Center
- **CAHPS**-Consumer Assessment of Healthcare Provider and Systems

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Published on Society for Vascular Surgery (<https://vascular.org>)

- **CMS**-Centers for Medicare and Medicaid Services
- **HPSA**-Health Professional Shortage Area
- **IVD**-Ischemic Vascular Disease
- **MSPB**-Medicare Spending per Beneficiary
- **MSSP**- Medicare Shared Savings Program
- **NPI**-National Provider Identifier
- **TIN**-Taxpayer Identifier Number
- **TPCC**-Total per Capita Costs