

How Does the Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) Affect Future Reimbursement?

Georgia Society of Clinical Oncology
2016 Annual Spring Administrator's Association
Business of Oncology Meeting

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Learning Objectives

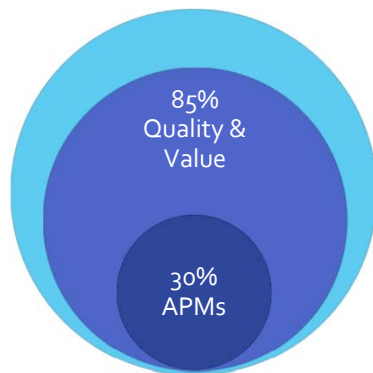
- Major provisions of MACRA
- Projecting future revenues
- MIPS vs. APMs
- Immediate steps to prepare
- Will MACRA survive?

What is MACRA?

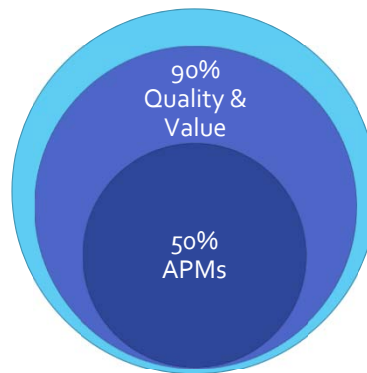
- Public law, signed April 16, 2015
- SGR “fix”
- Set MPFS updates in perpetuity
- Sunsets Meaningful Use, PQRS, and VBM
- Creates Merit-based Incentive Payment System
- Incentivizes Alternative Payment Models

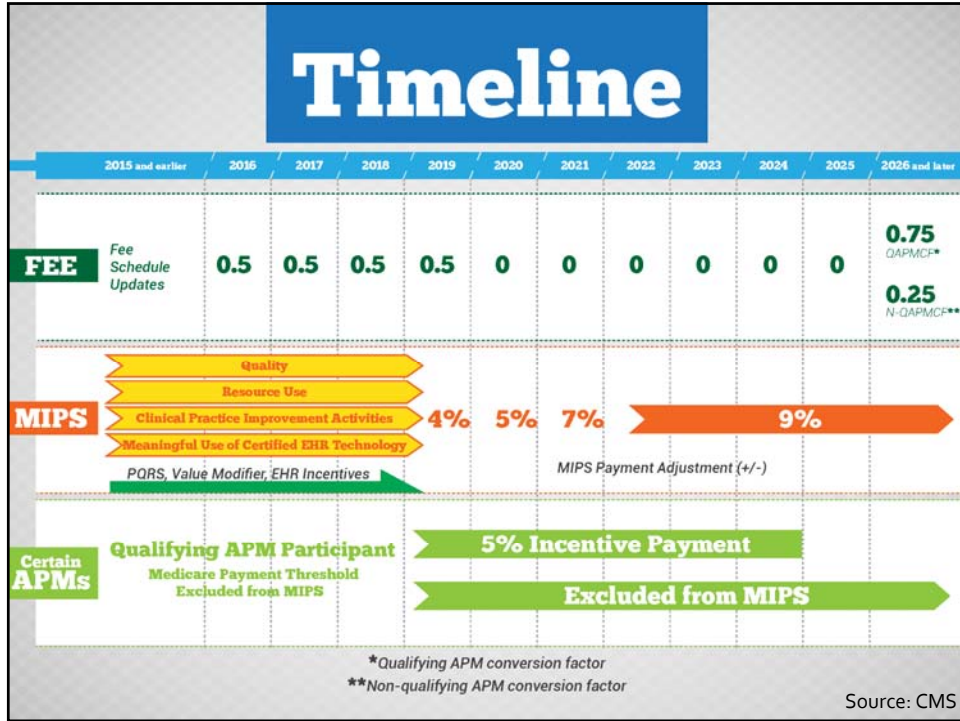
HHS Goals

2016 Targets

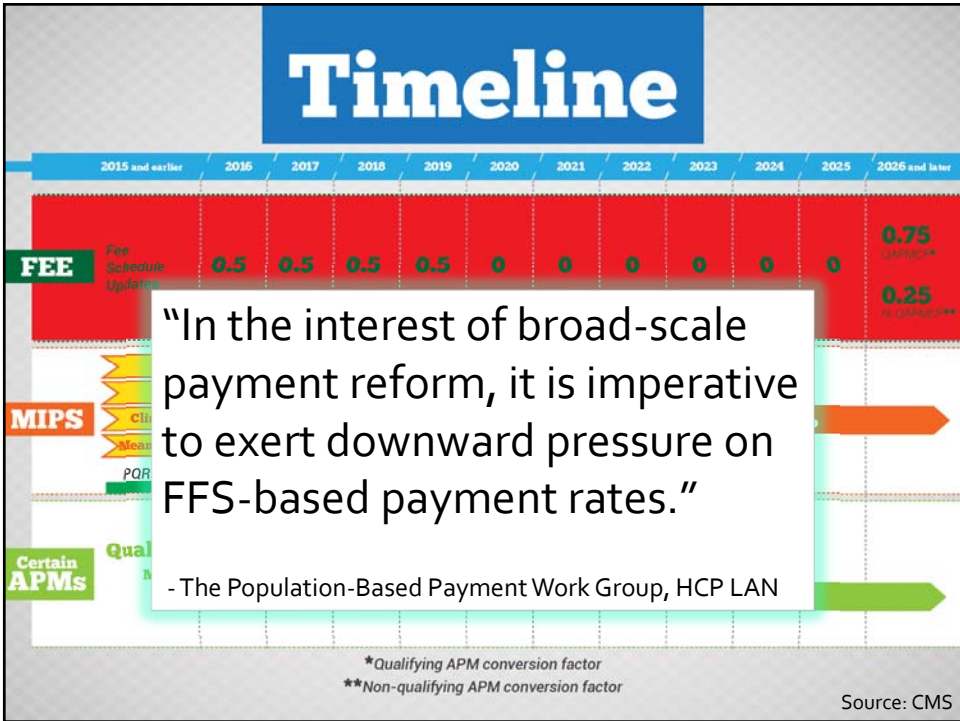


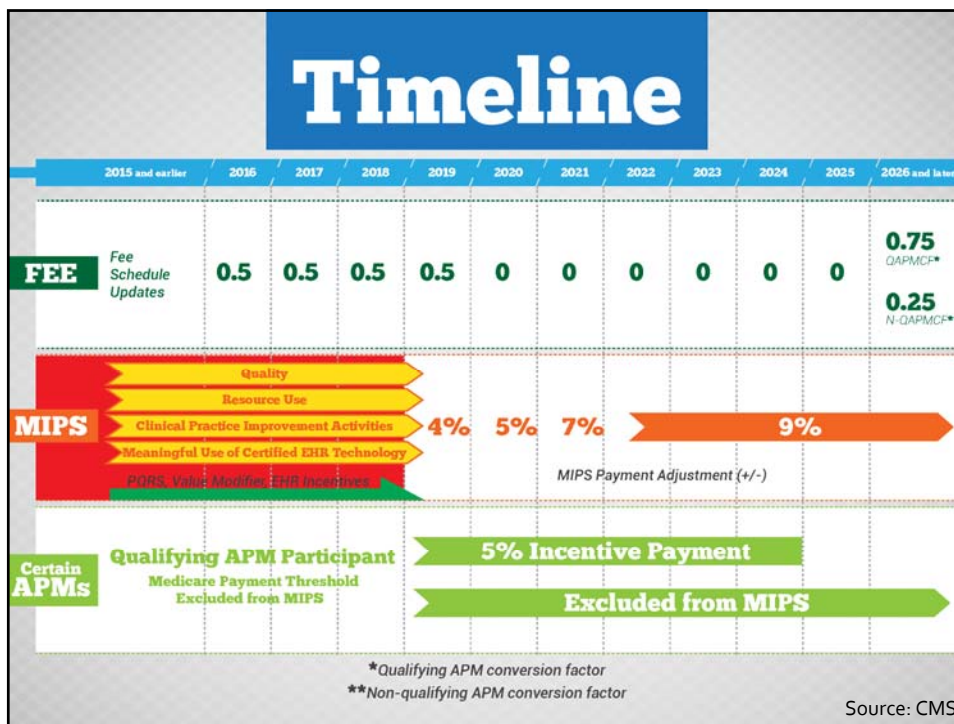
2018 Targets





		2016	2017	2018	2019	2020	2021
Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)	Conversion Factor Update	+0.5%	+0.5%	+0.5%	+0.5%	0%	0%
Protecting Access to Medicare Act of 2014 (PAMA)	Misvalued Codes		-0.5%	-0.5%	-0.5%	-0.5%	0%
Achieving a Better Life Experience Act of 2014 (ABLE)	Misvalued Codes	-1.0%					
Actual		-0.3%					

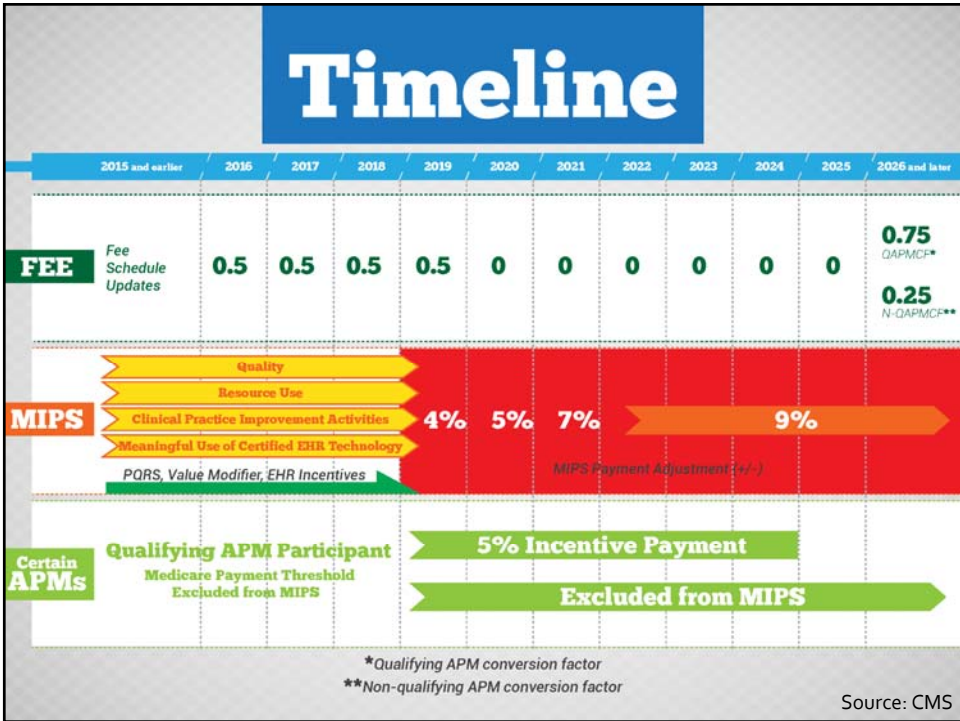
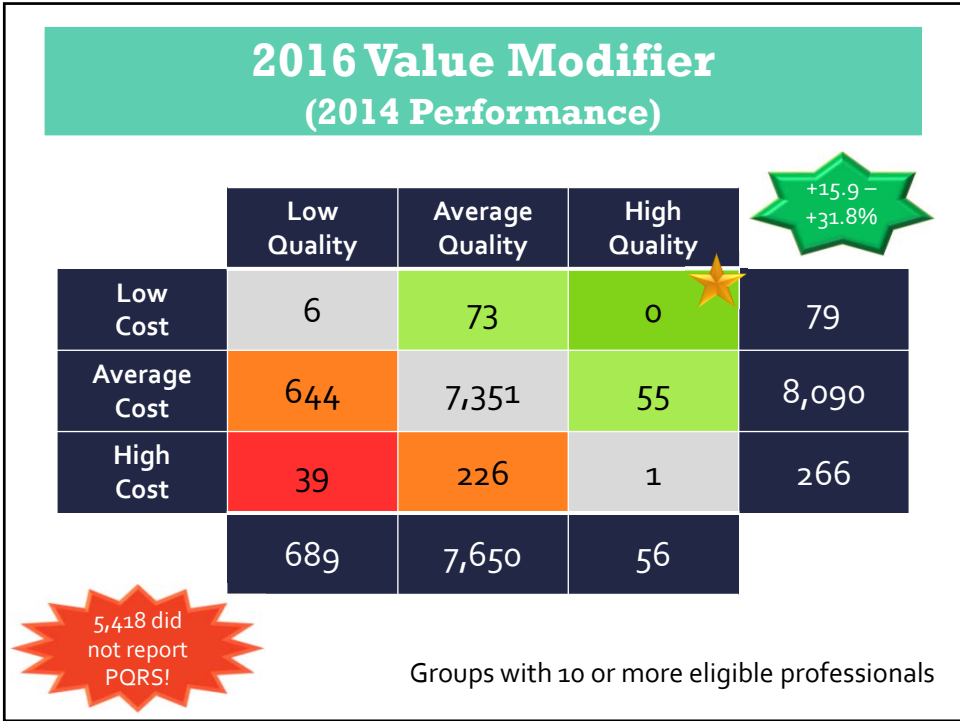


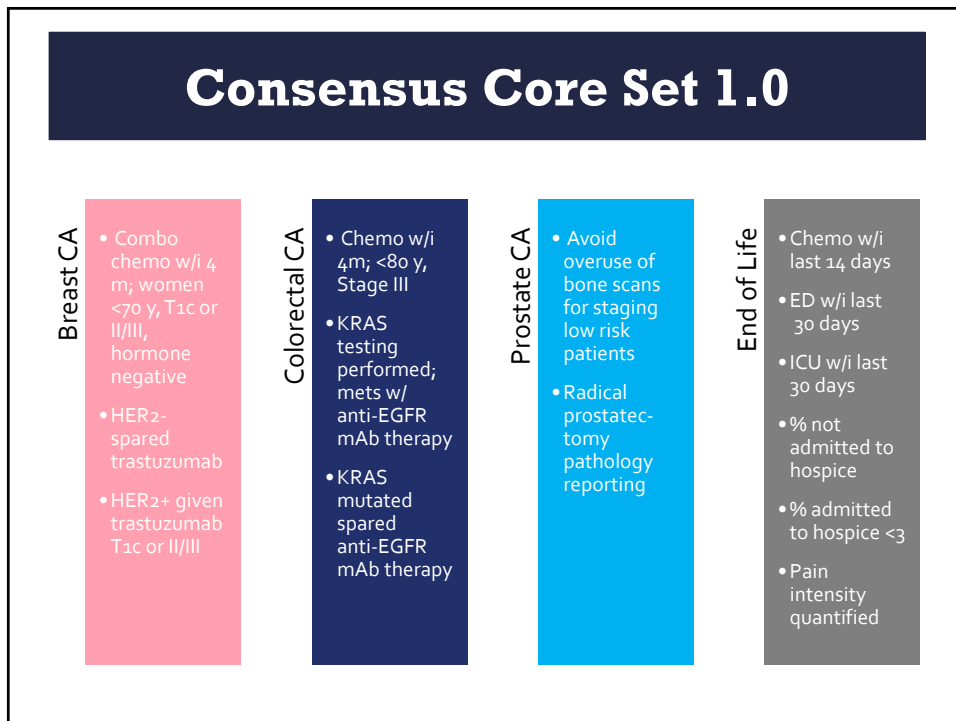
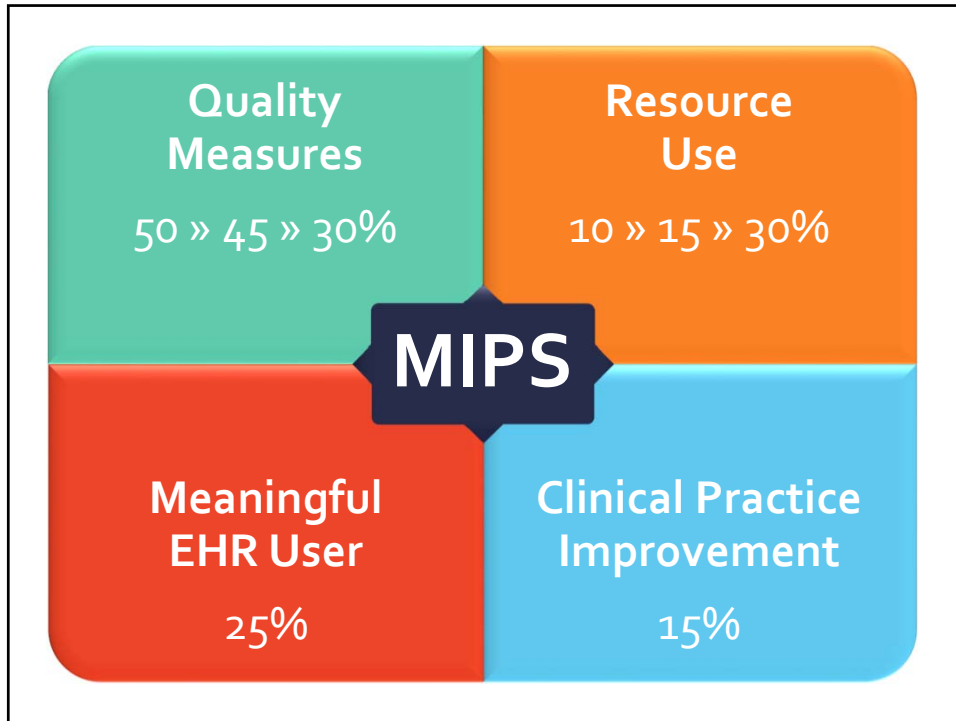


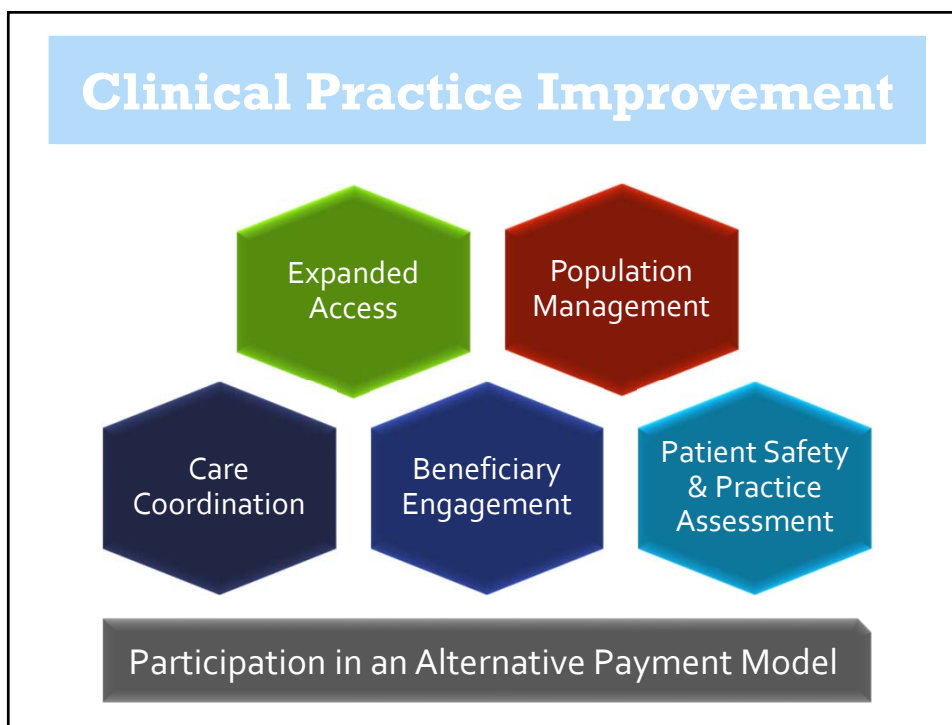
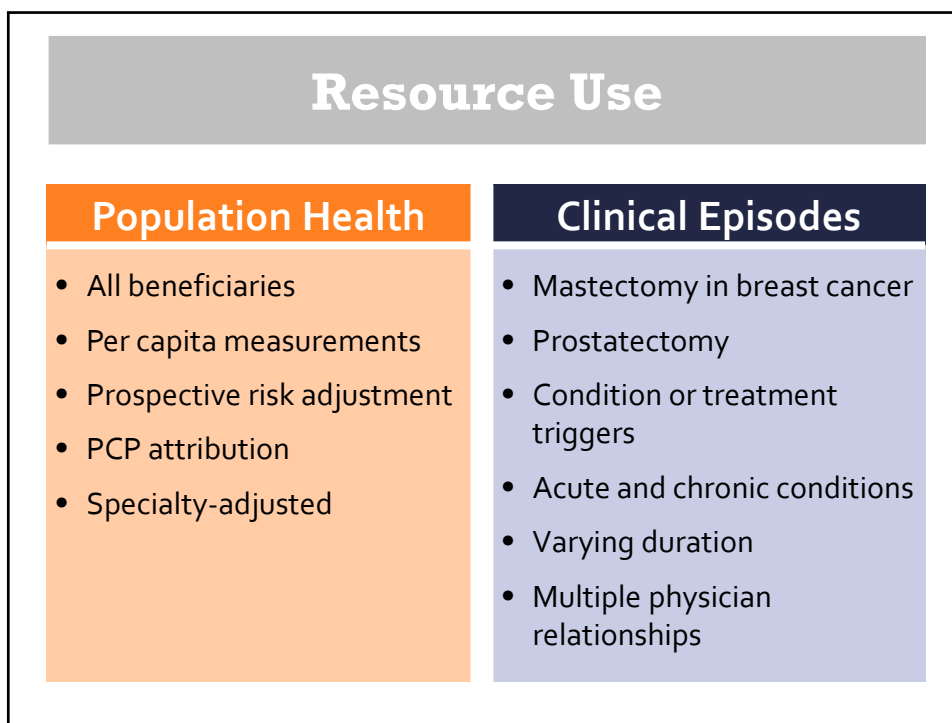
Existing Programs

	2016	2017	2018
Meaningful Use	-2% Penalty	-3% Penalty	-3% Penalty
PQRS	-2% Penalty + VBM Penalty	-2% Penalty + VBM Penalty	-2% Penalty + VBM Penalty
Value-Based Modifier	2014 Performance <u>PQRS Reporters:</u> 100+: -2% to 2x* 10-99: -0% to 2x* <u>Non-Reporters:</u> 100+: -2% 10-99: -2%	2015 Performance <u>PQRS Reporters:</u> 10+: -4% to 4x* 1-9: -0% to 2x* <u>Non-Reporters:</u> 10+: -4% 1-9: -2%	2016 Performance <u>PQRS Reporters:</u> 10+: -4% to 4x* 1-9: -2% to 2x* <u>Non-Reporters:</u> 100: -4% 1-9: -2%

* Additional 1x available for groups with average risk score in top 25%

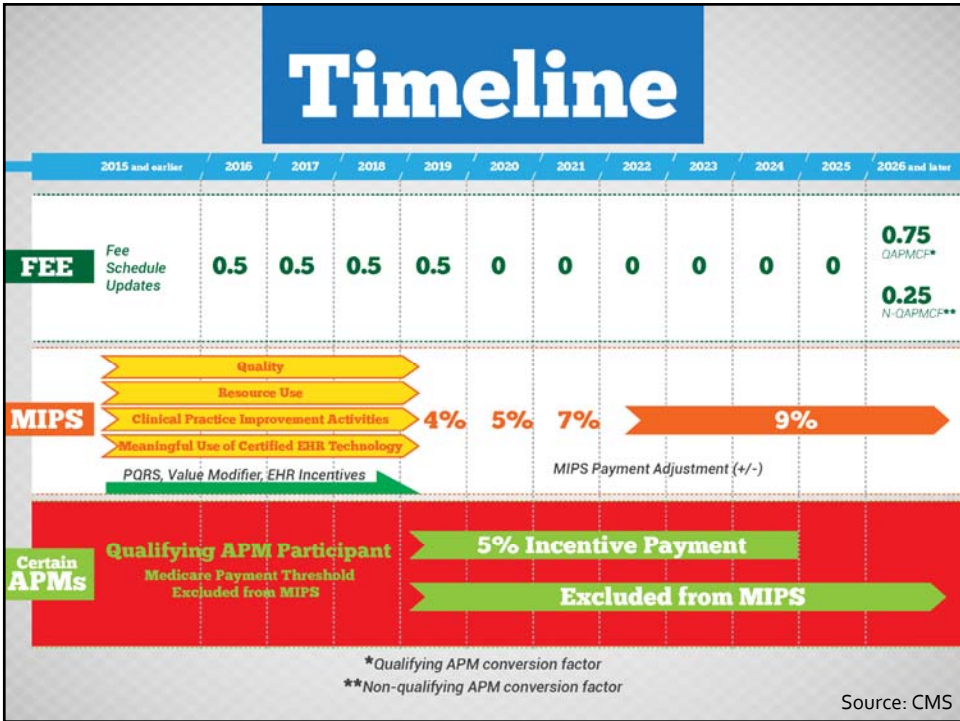






MIPS: What we Know

- “Incentive to Report”
 - i.e. lowest potential score for not reporting.
- EHR meaningful use will be incorporated.
- Value-based payment modifier will be incorporated.
- Rewards certification as a medical home.
- Encourages participation in an alternative payment model.
- Scaling factor capped at 3 times that of negative adjustments.
- Exceptional performance, 2019-2024: up to +10% / \$500 m
- Public reporting.



Alternative Payment Models

- Section 1899 shared savings program.
- Section 1115A: OCM? Yes Innovation Award? No
- 1866C and other demonstration projects.

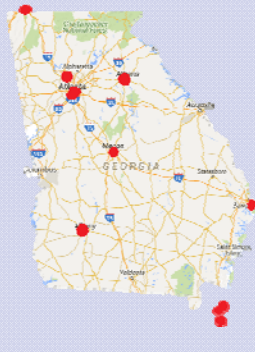
APM Participant	Partially Qualifying	Qualifying
Minimum 50% score on clinical practice improvement score	MIPS optional	MIPS excluded
	2019-2020: 20%	5% incentive
	2021-2022: 40%	2019-2020: 25%
	2023+: 50%	2021-2022: 50%
		2023+: 75%

Alternative Payment Models

Oncology Care Model

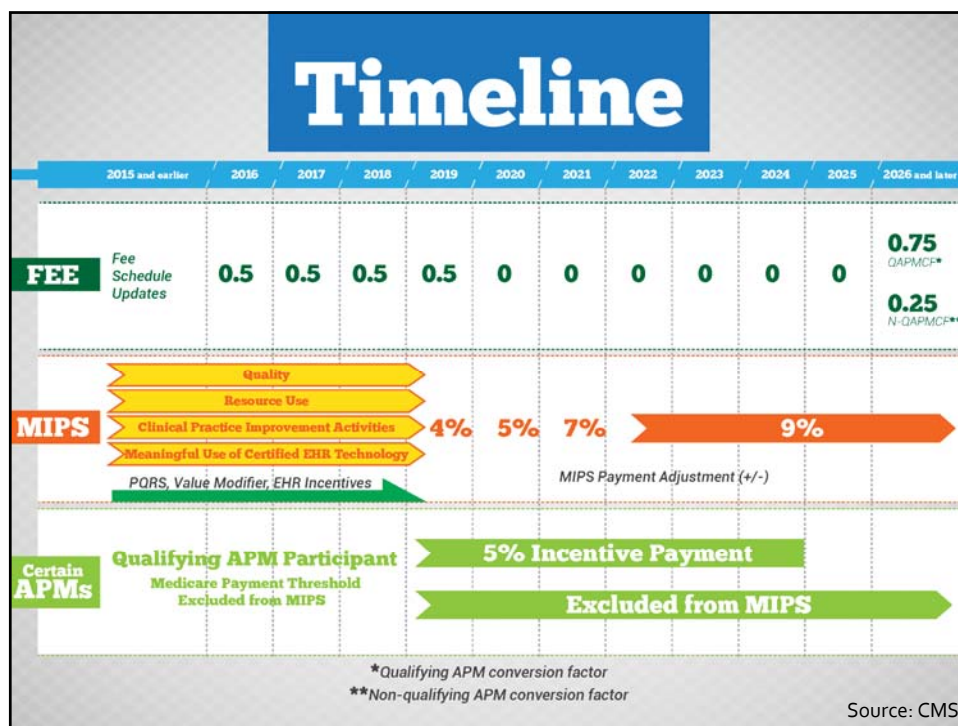
- Oncology Specific
- Greatest Chance to Achieve Qualifying Status
- Administrative Burden
- Limits on Business Opportunities

MSSP ACO



Next Generation ACO

- Different Participation Levels
- Split-TIN
- Multiple Payment Models
- Accepting New Applications in Spring 2016



Immediate Steps to Prepare

- Avoid 2018 penalties – PQRS, MU, VBM.
- Invest in an EHR that supports your quality & practice improvement efforts.
- Investigate quality reporting options.
- Review your Quality & Resource Use Report.
- Explore ACO opportunities.
- Follow the HCP LAN (Health Care Payment Learning & Action Network).
- Comment on RFIs & proposed rules.

