***MACRA, MIPS, AAPMs and the New Alphabet Soup of Medicare Payment: What ASE members Need to Know***

CMS has released its [**proposed rule**](https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-10032.pdf) implementing the Merit-Based Incentive Payment System (MIPS) and the Alternative Payment Models (APMs). These new payment systems, now being referred to by CMS as the “Quality Payment Program,” are required by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the same law that repealed the sustainable growth rate (SGR) methodology. The proposed rule is almost 1,000 pages; a shorter summary is available on the CMS [website; and the rule may change based on public comment. So for now,](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/NPRM-QPP-Fact-Sheet.pdf) what do you REALLY need to know?

* Fundamentally, virtually all ASE members who do not derive substantial practice revenue from a risk-bearing ACO will be subject to a new Merit-based Incentive Payment System beginning in 2019.
* By law, the program must be budget neutral, so reductions in payment for those who score poorly will fund the incentives of those who score highly. CMS projects that cardiology will do very well as a specialty and that large practices generally will do much better than smaller practices.
* Under MIPS, in 2019 Medicare payment for your services could go up or down by up to 4% depending on MIPS score. By 2022, the amount at risk (up and down) increases to 9%.
* An individual can receive either an individual or a group score.
* MIPS scores for 2019 will depend on performance in 2017.
* Special—and more lenient—rules would apply to “non-patient-facing” physicians, defined as those with 25 or fewer “patient-facing” encounters in the year (e.g. clinic visits).
* If you are not exempt from any of the MIPS categories, fifty percent (50%) of your MIPS score in 2019 will be based on whether you successfully report six quality measures, at least one of which must be a “cross cutting” measure and at least one of which must be an “outcomes” measure.
* Twenty five percent (25%) of your MIPS score in 2019 will depend on your performance in a category called “Advancing Care Information,” which is basically the old Electronic Health Record “Meaningful Use” (MU) program updated and made a bit more flexible. (See the CMS [**website**](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Advancing-Care-Information-Fact-Sheet.pdf).) Non-patient facing physicians are essentially automatically exempt from this category and if a majority (50 percent or more) of your outpatient encounters occur in a location where you have no control over the health IT decisions of the facility (e.g. a hospital), you could apply for a hardship exception. The other MIPS categories are re-weighted if you are exempt.
* Fifteen percent (15%) of your MIPS score in 2019 will depend on your performance in a new “Clinical Practice Improvement Activity” (CPIA) category, and will require that you attest that you performed 3-6 CPIAs (2 CPIAs for non-patient facing physicians), that are chosen from a list of 90, for at least 90 days in 2017.
* Ten percent (10%) of your MIPS score in 2019 will depend on your performance in the cost/resource use category. Beneficiaries are not likely to be assigned to non-patient-facing physicians for this category; however, under this category CMS will be tracking resource use for a number of cardiovascular “episodes” so those ASE members who provide patient-facing services may receive a score. The other three MIPS performance categories will receive greater weight for physicians who are not scored on the cost/resource use category.

 **Attachment A: Proposed MIPS Quality Measures Relevant To Radiation Oncologists**

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**Attachment B: CPIAs Relevant to Radiation Oncologists**

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