CitiusTech Primer

Five Steps to Ride the MACRA Wave:

How healthcare organizations can gauge 2017 MACRA readiness

As the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) compliance milestones for 2017 approach, eligible healthcare organizations need to proceed in their preparations and thoroughly assess their current readiness. CitiusTech works with clients to complete the five steps to successfully ride the MACRA wave.

MACRA 101

MACRA repeals the sustainable growth rate (SGR) formula and creates a new approach to payment for eligible Medicare providers or groups, called the Quality Payment Program (QPP). This program rewards the delivery of high-quality patient care through two avenues: Advanced Alternative Payment Models (Advanced APMs) and the Merit-based Incentive Payment System (MIPS). CMS intends everyone to transition from MIPS to APM eventually.

In 2017, providers can pick their own pace from three options for participation in the QPP: 1) test the QPP by submitting a minimum data set with no payment adjustments; 2) participate in the QPP for part of the calendar year with 90 days of data for potential neutral or positive payment adjustments; or 3) participate in the QPP for the full year to receive positive payment adjustments. Payment adjustments are applied two years after the Performance Year.

Providers submit data for three categories: Quality, Advancing Care Information (ACI), and Improvement Activities (IA). CMS uses claims data to assess the Cost category. Although cost is not weighted in 2017, it will be in 2018, so it should be included in the planning process. The graph on the right summarizes how each category is weighted through 2020 and beyond.

Category	2017	2018	2019	2020 Onwards	Overall change
Quality	60%	50%	30%	30%	↓
Cost	0%	10%	30%	30%	↑
ACI	25%	25%	25%	25%	↔
IA	155	15%	15%	15%	↔

5 Steps to Ride the MACRA Wave

Step 1: Educate key stakeholders

Confusion persists about MACRA and what it means to provider organizations. It's critical to begin the process by educating internal stakeholders – executive leadership, clinicians, and the IT team – about the positive outcomes as well as the challenges associated with MACRA.

Step 2: Evaluate Quality, ACI & IA Readiness

Determine your current status by evaluating the measures across all four categories collectively. With a focus on the Quality measures, identify your highest performing areas under the current framework, Physician Quality Reporting System (PQRS) or Meaningful Use (MU). At the same time, provider organizations need to understand the changing landscape in the transition from MU to ACI along with the specific requirements for IA. Identify from among the ACI and IA measures those that will be the best-suited to your organization and workflows under the new program. Building upon the workflows and reporting that are already performing well will give you a leg up in the new program. For example, if organizations report to public health registries, they can qualify for bonus IA points. With the right mix of

Quality, ACI and IA measures identified, you can map out your data gathering and reporting process.

Step 3: Evaluate Resource Use/Cost Readiness

Although Cost is not counted in 2017, it will be weighted in 2018, so it's wise to include it in your data gathering workflows and reporting process. In addition, the Cost performance category weight will gradually increase, and CMS will assess eligible clinicians on a broader set of resource use measures. In similar fashion to Step 2, begin by evaluating your Quality and Resource Use Reports (QRUR) score to determine your best targets for the four episode-based measures in the new program.

Step 4: Determine Submission Method

There are many submission options available, so organizations need to determine which method best suits the organization's needs and workflow processes for each category. Provider organizations will submit for most categories by attestation, Qualified Clinical Data Registry (QCDR), EHR or CMS Web Interface. The Cost category is evaluated by administrative claims and no provider submission is required. Keep in mind that the minimum reporting period is 90 days with a minimum of 50 percent Medicare members for submission via attestation, Qualified Clinical Data Registry (QCDR), administrative claims or EHR. For groups of 25 or more who want to submit data via CMS Web Interface, the minimum reporting period is one year, with samples of beneficiaries pre-populated into the web interface. The registration deadline for this option is June 30, 2017.

Step 5: Estimate MACRA Score

Estimate your Quality, Cost, ACI and IA scores, which provide the opportunity to assess the impact and identify opportunities for adjustment and improvement before submission. Remember to include the Cost category in preparation for weightage beginning in 2018, even though it will not be counted in 2017.

Conclusion

In addition to being complex, MACRA will proceed to full effect over time, which adds to the ongoing confusion and anxiety for healthcare organizations. Contact CitiusTech – a trusted partner with deep healthcare experience – for consulting, data integration and MIPS reporting services that will help you maximize performance scores.

About CitiusTech

CitiusTech is a specialist provider of healthcare technology services and solutions to medical technology companies, providers, payers and life sciences organizations. CitiusTech's services and solutions include healthcare software development, healthcare interoperability, regulatory compliance, BI/analytics, consumer engagement, care coordination and population health management. CitiusTech helps customers accelerate innovation in healthcare through a number of solutions and accelerators for clinical quality reporting, big data, cloud computing, mobile health and predictive analytics. With cutting-edge technology expertise, world-class service quality and a global resource base, CitiusTech consistently delivers best-in-class solutions and an unmatched cost advantage to healthcare clients.