



What Psychiatrists Need to Know About...

MACRA

With the release last month of the government's final rule on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), reform of the Medicare payment system will soon be a reality, and APA wants to help participating members navigate this landmark transformation of the way physicians are paid for their services.

The move to "value-based payment"—reimbursing physicians on the basis of the quality and value of services they provide rather than the volume—has a long history, and APA members who are already participating in Medicare quality reporting programs may find the new system under MACRA not as different as they might imagine.

Still, the shift to value-based payment has gathered momentum, and MACRA, which replaces the flawed sustainable growth rate formula, represents a major commitment by the government to a new basis for paying physicians. Some quality reporting requirements under MACRA will begin as early as January 1, 2017, and physicians who don't comply could incur automatic penalties while missing out on possible incentives.

The new reforms apply only to physicians receiving Medicare payments and—crucially—only to those who see 100 or more Medicare patients enrolled in Part B. However, the value-based payment arrangements being embraced by

the federal government are expected to be adopted in the private insurance market eventually, so even physicians who are not Medicare participants may want to follow them closely.

For that reason, APA is developing a variety of tools, including a web-based toolkit and webinar series, to make this transition as easy as possible. *Psychiatric News* and other APA communication channels will alert members as new items become available.

What should impacted members do to prepare for the reforms? First, they need to choose to be paid under one of two payment paths established under MACRA—the Merit-Based Incentive Payment System (MIPS) or Alternative Payment Models (APMs).

Importantly, however, there is a third option: decline to report under either MIPS or APMs and simply accept the penalties. It's important to understand that depending on their resources, Medicare patient load, and other factors, members may find that accepting the penalties may not be a bad option. APA administration is available to help members determine what course is best for them.

For those psychiatrists who are seeing a sufficient number of Medicare patients to be included in the new reforms and who choose one of the two new payment pathways, here's a brief breakdown:

MIPS: MIPS combines portions of three existing quality programs -- Meaningful Use, the Physician Quality Reporting System, and the Value-Based Payment Modifier. MIPS also adds a new category of Clinical Practice Improvement Activities. Physicians will receive payment adjustments based on measures of quality, resource use, advancing care information (the designation for use of electronic health records), and clinical practice improvement.

APMs: Physicians participating in accountable care organizations, networks of clinicians receiving bundled payment arrangements, or medical homes can choose to be paid under the APM option. Those who do so are exempted from MIPS and may receive more favorable financial incentives, including a 5 percent lump-sum bonus payment.

APA members who choose one of the two new pathways will be required to focus on quality and track and manage patient information in a new way while coordinating with other clinicians. To help members understand these new policies and available options, the Association will post new and updated materials on its Payment Reform and Quality Reporting site: www.psychiatry.org/MACRA

The APA MACRA Toolkit, now in development, may include the following resources:

- MACRA 101 Primer.
- Decision tree to help psychiatrists choose their payment pathway.
- Checklist and timelines to get ready for MIPS.
- Detailed information on MIPS reporting categories: advancing care information (use of EHRs), quality, resource use, and advancing care.
- Clinical practice improvement activities and resource use.
- Frequently asked questions.
- Special considerations and assistance for multisite practitioners and small and solo practices.
- Additional APA and other resources to help members prepare.

APA is also launching a webinar series to walk members through the nuts and bolts of these Medicare changes, including information on how they can be successful quality reporters and how to use the data to inform clinical practice. The webinar series can be viewed live or on demand on the APA Learning Center. Here are the tentative dates for the webinars:

- **Quality 101 Reporting:** This has already been recorded and is available now.
- **Final Rule Overview:** November 16, 2016
- **MIPS Quality Category:** November 30, 2016
- **MIPS Advancing Care Information Category:** December 7, 2016

- **MIPS Clinical Practice Improvement Activities Category:** December 14, 2016
- **Alternative Payment Models:** January 18, 2017

APA CEO and Medical Director Saul Levin, M.D., M.P.A., urges members to take advantage of APA's help. "The Medicare payment reforms in MACRA are upon us, and members may feel understandably apprehensive. That's why APA exists—to help its members. Our expert staff are here to guide members in navigating these reforms and making this transition as smooth and simple as possible. I urge members to go to our website and learn about the resources we are creating for you."

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