MACRA AND THE QPP: HOW INTERSYSTEMS PRODUCTS CAN HELP

What is MACRA?

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

MACRA replaced the Sustainable Growth Rate formula and simplified the incentive programs associated with the Medicare Physician Fee schedule. CMS named the new payment system under MACRA the Quality Payment Program (QPP), offering providers two paths to earn value-based payments.

Who is eligible?

Clinicians who bill professional services under Medicare Part B (Physician Services)

- Physicians, physician assistants (PAs), nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, physical therapists, occupational therapists, qualified speech-language pathologists, qualified audiologists, clinical psychologists, registered dietitian or nutrition professionals, and groups that bill under Part B
- Excludes physicians in practice settings that do not meet certain billing or encounter threshold for Part B Medicare service

What are providers' options for participation?

There are two tracks for participation under the QPP

- Merit-based Incentive Payment System (MIPS)
- Alternative Payment Models which include Advanced Alternative Payment Models (A-APMs)

How will I know if I need to participate in MIPS?

If you are eligible and **DO NOTHING in 2020**, you will receive a 9% reduction in your Medicare payments in 2022.

How can InterSystems products help me meet the criteria under the QPP?

Which of the two tracks you participate in (MIPS or A-APMs) will determine how an InterSystems solution can assist.

InterSystems®
Creative data technology

MIPS	Advanced Alternative Payment Models
The MIPS program requires clinician performance in four categories, each with a weighted percentage. Quality (45%), Promoting Interoperability (25%), Improvement Activities (15%), and Cost (15%). The physician or practice final score is called the MIPS composite performance score (CPS). This score is normalized against all other participating providers and determines the payment adjustments – either positive or negative – to the physician's fee schedule.	Providers enrolled in the following A-APMs in 2020 will be eligible for a 5% bonus to their fee schedule in 2022. • Bundled Payments for Care Improvement Advanced Model • NextGeneration ACO Model • Medicare Shared Savings Program (MSSP) Track 2 & 3, Level E of the Basic track, the ENHANCED track • Comprehensive ESRD Care Model (LDO arrang ment and Non LDO two-sided risk arrangement) • Medicare Accountable Care Organization (ACO) Track 1+ Model • Comprehensive Primary Care Plus (CPC+) • Oncology Care Model (two-sided risk) • Comprehensive Care for Joint Replacement Model (Track 1 – CEHRT) • Vermont Medicare ACO Initiative (as part of the All-Payer ACO Model) • Maryland Total Cost of Care Model (Care Redesign Program and Primary Care Program)
Quality. Reporting on selected quality measures will count for 45% of the CPS in 2020, and replaced the physician quality reporting system (PQRS). Use data aggregated by InterSystems HealthShare® to feed your quality reporting system to submit to CMS. Use InterSystems Health Insight to create quality measures to track performance	Using HealthShare, you can aggregate clinical data from all sources needed to create quality measures, or use the data to feed certified measure submitters. HealthShare can identify gaps in care, or notify providers of an inpatient or ED admission to help improve quality measures. Through HealthShare Personal Community, patients can complete forms required as part of certain quality measures.
Promoting Interoperability (PI): Replaces Meaningful Use. This category accounts for 25% of the CPS. Both HealthShare Unified Care Record and Personal Community meet the 2015 Edition EHR Certification Criteria for certain measures. Providers can get credit for PI by using HealthShare for the following objectives: Provider to Patient Exchange, and Public Health and Clinical Data Exchange. **Provider to Patient Exchange** • Provide Patient Electronic Access to their Health Information **Public Health and Clinical Data Exchange** • Transmission to Immunization Registries • Transmission to public health agencies — syndromic surveillance	All A-APMs require that participants use Certified Electronic Health Record Technology (CEHRT). Our Personal Community product meets 2015 CEHRT criteria. Personal Community enables patients to access information about their encounters, or receive important educational content. The Unified Care Record can support important public health measures.
Clinical Practice Improvement. These activities represent 15% of the CPS. A number of the MIPS improvement activities will involve active sharing of information. Some of these activities, such as practice improvements for bilateral exchange of patient information, could be satisfied using HealthShare Unified Care Record.	To achieve the quality and cost improvements anticipated under A-APMs, network providers need to improve practices across all care settings. A key activity includes the use of care managers who need access to comprehensive health records to help patients navigate their care transitions. HealthShare Care Community allows providers, care managers and others to track and manage patient care plans across multiple care settings.
Cost. Cost will count as 15% of the MIPS composite score in 2020. Activities that can reduce overall cost, such as using Admission, Discharge, and Transfer (ADT) alerts to reduce ER and Inpatient readmissions, will help control cost over the long term. Health and care organizations hoping to improve cost efficiencies can use HealthShare to look at clinical data, beyond claims, for where interventions can be most impactful.	CMS provides cost data to practices participating in an A-APM to compare against target spending benchmarks. The HealthShare platform has powerful tools, such as Health Insight and smart programs, to help manage cost. A 2014 JAMIA article found that accessing patient information in the HIE system in the 30 days after discharge reduced the odds of readmission by 57%. The estimated annual savings in the sample from averted readmissions was $605,000.

**Consult CHPL for information on certified products and versions of HealthShare.*