

Frequently Asked Questions: H.R. 2, the Medicare Access and CHIP Reauthorization Act (MACRA)

When MACRA was signed into law on April 16, 2015, it ended the years of uncertainty physicians and Medicare beneficiaries faced from the flawed Sustainable Growth Rate (SGR). The overwhelming bipartisan support for the measure is a testament to the advocacy and hard work of the medical community and its physician members. While this a victory we must celebrate, MACRA is not the bill ASCRS would have written, and we will continue to advocate for additional legislative and regulatory solutions.

Due to the far-reaching impacts of the law, many physicians have questions, and we have collected several of these frequently asked to develop this document.

If you have additional questions, please feel free to contact ASCRS•ASOA Government Relations at a 703-591-2220 or visit the [Medicare Physician Payment Reform Resource Center on the ASCRS website](#).

What is Included in MACRA and Where Can I Find More Information?

Specifically, MACRA:

- Permanently repeals the SGR and replaces it with five years of annual 0.5% positive payment updates from 2015 through 2019;
- Prevents CMS from transitioning all 10- and 90-day global codes to 0-day codes;
- Provides a 0% update for 2020 through 2025, and for 2026 and beyond, physicians remaining in fee-for-service receive a 0.25% annual update, while alternative payment model (APM) participants receive a 0.75% update;
- Preserves a fee-for-service option;
- For physicians opting to stay in fee-for-service, creates a new quality improvement program, the Merit-Based Incentive Payment System (MIPS);
- Starting in 2019, the MIPS consolidates the Physician Quality Reporting System (PQRS), EHR/Meaningful Use, and the Value-Based Payment Modifier (VBPM), sunsets the individual penalties associated with those programs and adds an additional category for clinical practice improvement activities;
- Physicians participating in MIPS will receive a composite score based on their performance and will receive a bonus payment, no payment adjustment, or penalty depending on pre-set performance thresholds; (See additional below for additional details on the MIPS.)
- Possible MIPS bonus payments up to three times the amount of penalties range from 12% to 27%, with additional bonus payments available for exceptional performance;
- Provides 5% annual bonus payment for 2019-2024 for physicians successfully participating in eligible APMs such as ACOs or medical homes and encourages physicians to develop and submit new APMs and exempts physicians who receive a significant portion of revenues from an APM from participating in MIPS;
- Provides \$15 million a year for five years for quality measure development, and
- Includes a provision stating that quality program standards do not set standard of care in medical liability.

More information about MACRA, including the bill text, a section-by-section summary and ASCRS Issue Briefs is available on the ASCRS website at the [Medicare Physician Payment Reform Resource Center](#). This page will be continuously updated as new information is available.

What is the Merit-Based Incentive Payment System (MIPS)?

The MIPS will consolidate the three existing quality reporting programs (Physician Quality Reporting System, EHR Meaningful Use and Value-Based Payment Modifier) into one program, adding an additional category on clinical practice improvement activities. Existing penalties associated with these programs are sunset in 2019. Payments to eligible professionals will be adjusted based on performance in the MIPS beginning in 2019. MIPS will assess the performance of eligible professionals based on four categories: quality, resource use, meaningful use and clinical practice improvement activities. Eligible professionals will receive a composite score of zero to one hundred based on their performance in these categories. Each eligible professional's composite score will be compared to a performance threshold, which will be the mean or median of all composite performance scores for all MIPS eligible professionals during a prior period. Eligible professionals will receive a positive, negative, or neutral payment adjustment based on their composite score. Additional information regarding the MIPS program is available in the [ASCRS Issue Brief](#). Details of this program will be developed through rulemaking. ASCRS will continue to provide feedback to CMS on their proposals and policies to administer this program.

Does MACRA Preserve 10- and 90-Day Global Surgical Codes?

Yes, it includes a provision to prevent CMS from proceeding with its policy to transition all 10- and 90-day global codes to 0-day codes in 2017 and 2018. It permits CMS to conduct testing on a small sample with a possible withholding penalty. ASCRS and others in the surgical and specialty community advocated strongly to ensure that MACRA include this provision to prevent CMS from proceeding. Independent analysis predicted that ophthalmology would be the hardest hit specialty if global surgical codes had been eliminated.

How Much Can I Receive as a Bonus from MIPS? How Much are Penalties Associated with MIPS?

A physician's bonus or payment adjustment is based upon his or her MIPS composite score. Beginning in 2019, MIPS participants can earn a 4% bonus with the potential to receive as much as three times the penalty cap for that year, in addition to a 10% in bonus for "exceptional" performers. Penalties for 2019 are capped at -4%. Bonus and penalty levels increase for the years following 2019 with 15% bonus and -5% penalty for 2020 and a 21% bonus and -7% penalty in 2021. Additional details will be determined through the rulemaking process. **It is important to remember that under the pre-existing law, potential penalties would have been -11% in 2019 and the only bonus potential was from the Value-Based Payment Modifier. PQRS and Meaningful Use are now only punitive and bonus payments associated with these programs are no longer available.**

What are the Requirements, Measures, Thresholds, etc for the MIPS Composite Score?

Most of the details for the MIPS program will be developed through the rulemaking process. ASCRS will continue to provide feedback to CMS on their proposals and policies to administer this program. Congress provided the framework for the MIPS program, and we will advocate to ensure that CMS follows lawmakers' intent and ophthalmology's perspective is incorporated into the final policy.

Are there Any Provisions in MACRA that ASCRS•ASOA Opposes?

This law represents a compromise between several different Congressional committees and stakeholders—including ASCRS•ASOA. As such, it is not the bill we would have written, but is significantly better than other Medicare physician payment reform proposals, and most importantly, ends the constant threat of deep cuts to physician payments from the SGR. While the MIPS program reflects ASCRS•ASOA and the medical community's advocacy to streamline and make current quality

reporting programs more flexible, physician participation in the program will still be significant and will require continued advocacy to ensure the program recognizes the need for meaningful quality measures for specialists. In addition, there is nothing to preclude further legislation in the future, should more reforms be necessary. **ASCRS•ASOA will continue to advocate for higher updates in the future, since it will be less expensive to increase payments from the positive baseline MACRA provides, rather than preventing the significant cuts that were threatened from the SGR.**

Does MACRA Include Any Liability Protection for Physicians

Yes, MACRA contains a provision similar to the Standard of Care Protection Act to protect physicians by preventing quality program standards and measures—such as PQRS or MIPS—from being used as a standard or duty of care in medical liability cases.

Does MACRA Include Private Contracting?

Physicians who choose to opt out of Medicare to engage in private contracting could elect to renew their status automatically and not be required to renew their opt-out status every two years.

Does MACRA Mandate Physician Participation in Maintenance of Certification (MOC)?

No, there is nothing in the law mandating MOC, nor does it penalize physicians for not participating in MOC.

Are MIPS quality standards to be based solely on input from certification boards, such as the American Board of Medical Specialties (ABMS)?

No, in fact, MACRA requires that the Secretary of Health and Human Services (HHS) get input from a wide variety of stakeholders on the selection of quality measures, including “relevant eligible professional organizations and other relevant stakeholders, including state and national medical societies.” In addition, MACRA lists “clinical or surgical checklists and practice assessments related to maintaining certification” (not the maintenance of certification itself) as just one of the examples of the type of clinical practice improvement activities for the required category of “patient safety and practice assessment” activities. However, there are five categories to choose from, and the Secretary can add more categories, in consultation with “stakeholders.”

Will I Be Permitted to Remain in Fee-for-Service?

Yes, MACRA preserves the fee-for-service option and stipulates that participation in alternative payment models (APMs) is voluntary. Physicians opting to remain in fee-for-service must participate in the MIPS program; for 2019 and 2020, physicians participating in APMs and receiving at least 25% of revenues through the APM are exempt from MIPS.

For additional information, please contact ASCRS Government Relations at 703-591-2220.