

MACRA Resources for Post-acute Care Providers

The Quality Payment Program (QPP) mandated by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) began on Jan. 1, 2017. The QPP, which is applicable to physicians and certain other advanced practitioners beginning in 2019, creates a new system for clinician payment and quality reporting (known as the Merit-based Incentive Payment System, or MIPS) and provides an optional track for clinicians to earn incentives for participation in certain advanced alternative payment models (APMs). More information on the MACRA as well as other QPP-related resources are available at www.aha.org/MACRA.

MACRA represents a major shift in how clinicians are evaluated and paid, and providers of all types—inpatient, outpatient and post-acute—will feel the effects of this shift. Providers who employ their clinicians will be influenced directly, as payments for clinician services could experience up to an 18 percent swing—as much as a 9 percent penalty or bonus starting in 2022. In addition, clinicians may need assistance in complying with reporting requirements. This could involve leveraging existing data resources or investing in new IT capabilities, engaging in care management activities, coordinating billing, and updating operations to align with newly finalized regulations.

But even if a provider does not employ its clinicians, we anticipate that MACRA will have far-reaching indirect effects as well. MACRA encourages an enhanced focus on coordinated care, which increases the importance of collaboration across care settings and brings post-acute care (PAC) more into the spotlight. The MIPS's advancing care information requirements will make electronic health record (EHR) interoperability a priority, especially as clinicians will need to be able to transfer quality information. Finally, APMs will seek efficient and cost-effective partners, including PAC providers who can ensure that acute patients are discharged and cared for smoothly after their procedures.

Because MACRA will have both direct and indirect effects on PAC providers who employ or may be working with affiliated groups, the AHA developed four PAC-specific resources to help find measures that align work your organization is already doing with MACRA's requirements.

MACRA for Post-acute Care Providers On-demand Webinar

Download our [on-demand webinar](#) for an in-depth look at how MACRA will affect PAC providers. In this recording, AHA staff explains the basics of the MACRA, potential future changes to the Act, and other relevant issues PAC providers should consider. You also can download the [presentation slides](#) for your own use and access the resources described below.

MIPS Quality Reporting Program Crosswalk

Clinicians in the MIPS track are required to report on six quality measures, including an outcome measure, for a minimum of 90 days. CMS has a list of more than 270 quality measures from which to choose. However, most measures are procedural or more generally relevant to the acute-care setting. To help providers figure out what MIPS measures are most relevant to PAC settings – and, therefore, may be most feasible for PAC providers to report– we cross-referenced the measures on CMS’s list with those included in each post-acute care setting’s Quality Reporting Program. The [MIPS Quality Reporting Program Crosswalk](#) lists MIPS measures that may draw upon data already collected for the PAC quality reporting programs, and thus could be more easily reported as part of the MIPS.

Qualified Clinical Data Registry List

Clinicians have several options for how they report quality data. One options is a qualified clinical data registry (QCDR), a CMS-approved reporting mechanism that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in care. These QCDRs also complete the collection and submission of quality measure data on behalf of eligible professionals. In addition, QCDRs are often specialty-specific and collect data that is frequently more robust than what is required by CMS; they sometimes provide quality improvement tools like performance comparisons to national benchmarks. Clinicians who already report the QPP data to these registries automatically fulfill the MIPS reporting requirements.

CMS compiled a list of registries qualified for MIPS reporting; from this list, AHA culled [a list of QCDRs](#) that support reporting of the MIPS measures and/or specialties most relevant for post-acute providers. This database shows information on how to contact the registry, the MIPS measures supported, and the services offered and cost of using the registry.

Choosing to Participate in an APM: A Discussion Guide

As providers move from fee-for-service toward fee-for-value, many organizations are exploring APMs that reward high-quality and efficient care. This means that acute care providers will likely be interested in partnering with post-acute care providers, as clinicians are increasingly responsible for the long-term health of their patients. However, participating in an APM might not be the right decision for your organization.

Our [APM Discussion Guide](#) will help your organization review the benefits, risks and other major organizational considerations related to joining these models. Use the questions provided to start the conversation with your organization’s leadership about whether to make the move toward value.