MACRA changes will affect Medicare Part B reimbursement for eligible clinicians

Dear providers:

Last year, we informed you about the Medicare Access and CHIP Reauthorization Act of 2015, also known as MACRA.

As you may already know, eligible clinicians will see a radical shift in how Medicare pays them for services they provide to beneficiaries under MACRA.

To help you stay informed, we have created a MACRA resource center on the intranet and at the UA College of Medicine website. This resource center will include educational resources, important updates and information about what Banner Health is doing to prepare.

Please note, you will also be getting email updates if any action is required from you.

How does MACRA work?

MACRA ends the Sustainable Growth Rate (SGR) formula for determining Medicare (part B) payments for services, and creates a new framework for rewarding health care clinicians on quality, value and cost.

MACRA creates two new payment tracks that more closely align Medicare reimbursements to quality and outcomes:
Advanced Alternative Payment Models (APMs)

- Advanced APMs are two-sided, risk-based care coordination models that require use of a certified electronic health record (EHR), require entities to bear more than nominal monetary losses and base payments on quality.

- APM entities who achieve certain levels of Advanced APM participation (25%) are eligible for a 5 percent lump sum incentive payment on their annual Medicare reimbursement and higher PFS updates.

Merit-based Incentive Payment System (MIPS)

- MIPS consolidates Meaningful Use, PQRS and the Value Based Modifier under one quality payment program with four components:
  1. Quality (formerly known as PQRS)
  2. Resource use (formerly known as value-based modifier)
  3. Advancing care information (EHRs - formerly known as meaningful use)

  Each of these categories are weighted and have a formula for scoring.

- In MIPS, clinicians will receive positive or negative (or neutral) payment adjustments based on their performance relative to that of their peers.
- MIPS has prescriptive requirements, however clinicians can report, and be scored, for each of the four categories as a group (i.e. Taxpayer Identification Number or TIN) or on an individual basis.

  Every eligible clinician will receive a payment adjustment through MIPS. Eligible clinicians not meeting the required thresholds for APMs will not receive an incentive payment.

  You may already be asking yourself which payment track you fall into. If you are an employed physician that will be affected, please visit the MACRA resource center to see which payment track you fall under. You can also access the MACRA resource center through the UA College of Medicine website.
Want to learn more about MACRA?

Educate yourself on MACRA through the following resources:

- [Banner Health MACRA resource center](#)
- [UA College of Medicine MACRA resource center](#)
- Centers for Medicare and Medicaid Services (CMS)
- [Quality Payment Program](#)

Questions?

Questions can be submitted to [MACRAquestions@bannerhealth.com](mailto:MACRAquestions@bannerhealth.com)

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