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CMS releases MACRA rule proposal

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The U.S. Department of Health and Human Services unveiled a <u>proposed rule</u> tackling the initial implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

According to an HHS <u>announcement</u> accompanying the rule, the primary aim is to simplify and streamline the existing patchwork of <u>value-based payment models that have increasingly replaced the traditional fee-for-service system</u> via a new framework dubbed the Quality Payment Program. This structure provides doctors with two paths for compliance:

- The Merit-based Incentive Payment System (MIPS), which scores clinicians on four performance categories based on flexible measures and activities chosen by physicians based upon their specialty, a move that reportedly addresses concerns voiced in feedback from roughly 6,300 practitioners.
- Advanced Alternative Payment Models (APMs), including the Comprehensive Primary Care Plus and Next Generation ACO models, among others.

The Centers for Medicare & Medicaid Services expects most providers to opt for the MIPS track initially, according to CMS Acting Principal Deputy Administrator and Chief Medical Officer Patrick Conway, M.D., who spoke on a conference call announcing the rule.

Participation in Advanced Alternative Payment models would exempt doctors from MIPS reporting requirements while also qualifying them for financial bonuses in exchange for taking on the risks related with providing "coordinated, high-quality care," according to CMS. The agency expects both the number of physicians participating in this track and the number of payment models available to grow over time.

CMS also reports that doctors will have the flexibility to switch among various components of the Quality Payment Program as dictated by the needs of their patients or their practices.

Stay tuned for additional details from FiercePracticeManagement tomorrow.

To learn more:

- read the announcement
- here's the proposed rule

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