Host: Welcome to EyeTalks Radio, a podcast program from the American Society of Ophthalmic Administrators, the premier organization dedicated to educating practice management staff in the field of ophthalmology. EyeTalks Radio features rich content from ASOA resources and periodic interviews with experienced practice administrators and subject matter experts on topics of interest to those managing the business side of ophthalmology. ASOA provides this syndicated content as an additional convenient way for members to consume the information they need when they want it, how they want it.

Bill Koch: Hello, I’m Bill Koch, Administrative Director of Texas Retina Associates in Dallas, Texas. I’m president-elect of the American Society of Ophthalmic Administrators. I’ll be your host for this episode of EyeTalks Radio, where we will discuss MACRA, the Medicare Access and CHIP Reauthorization Act, and how it affects those who run the business side of ophthalmology, as well as physicians in their practice.

The burdens of regulatory compliance and keeping up with the changing landscape of Medicare payments is enough to make your head spin. Most of us do not have time to read the 2,000 plus page statutes and the information that comes from CMS isn’t always ophthalmology specific. Thankfully, we can rely on the advocacy and guidance of our professional association and the ASCRS/ASOA staff to boil all of this information down for us so we understand how it matters to us and what we need to do to comply. Even then
it is a heavy lift to understand it all, so ASCRS and ASOA are working to provide this information in several ways to help ensure members’ success.

Today we’re talking with the Nancey McCann, ASCRS/ASOA Director of Government Relations to provide a basic overview of MACRA. Nancey is Director of Government Relations for the American Society of Cataract and Refractive Surgery, representing more than 9,000 member ophthalmologists who specialize in cataract and refractive surgery. Ms. McCann is responsible for development, implementation and coordination of the ASCRS Government Relations program, which encompasses regulatory and legislative affairs, grassroots advocacy and eyePAC, the society’s political action committee. She has served in this capacity since 1993. Ms. McCann has served as co chair of the Patient Access Coalition, a coalition of 100 national organizations representing consumers and providers and is actively involved in the Alliance of Specialty Medicine, a coalition of 13 medical specialty organizations representing more than 100,000 providers. She also has participated in two charitable cataract surgery missions in Haiti and Guatemala with Senator Rand Paul in conjunction with the ASCRS Foundation and the Moran Eye Center. Nancey, welcome and thank you for taking time to talk with us today.

Nancey McCann: Thanks, Bill, I appreciate it. I’m happy to do this and I feel it’s very important that we educate our members regarding MACRA. And our job is really to not only educate, but to help our members so that they can take advantage of the bonuses that are available and avoid the penalties.

Bill Koch: Thank you, Nancey. I absolutely agree; as a member I appreciate your efforts. Let’s get right down to the basics of MACRA. For those of you who are not familiar with this law, what is MACRA?
Nancey McCann: So I think, Bill, as you already stated, MACRA does stand for the Medicare Access and CHIP Reauthorization Act. And CHIP is the children’s health program. And this was enacted in April of 2015. MACRA did repeal the Sustainable Growth Rate formula and replaced it with this so-called value based reimbursement system, which is now referred to as the Quality Payment Program. And really this program offers two pathways for participation. So you have the Merit-based Incentive Payment System, which is MIPS, and that is if you remain in fee for service. Or your other pathway is advanced Alternative Payment Models, which are referred to as APMs.

Bill Koch: Of the two major pathways for MACRA compliance, MIPS and advanced APMs, which one is right for most ophthalmic practices in 2017 and why?

Nancey McCann: Well, definitely MIPS. The majority of our members will be on that path. They participate in Medicare through the fee for service system. And there really are no Advanced Payment Models for ophthalmology at this time. We have to keep in mind that the Medicare shared savings Track 1 ACOs, which are Alternative Payment Models, per se, do not qualify under this new law. So in the future there could be some models, but for right now the pathway for the majority of ophthalmologists will definitely be MIPS.

Bill Koch: Interesting. Could you outline the components of MIPS under MACRA?

Nancey McCann: Sure, first, administrators and physicians need to understand that MACRA did sunset the penalties of the prior quality reporting programs. So that’s PQRS, the Value-based Payment Modifier and Meaningful Use. And actually those penalties sunset in 2018. But it took those programs and incorporated them into this new MIPS program. So in addition to those three components, they did add the Improvement Activities category. So you actually have four categories: the Quality component, which was formerly known as PQRS, the
Resource Use, which was formerly the Value-based Payment Modifier, and Advancing Care Information, which was formerly Meaningful Use, and then you have the Improvement Activities, which is the new component.

**Bill Koch:** How does MACRA affect Medicare payments for ophthalmologists, optometrists and in our practices?

**Nancey McCann:** So if you remain in fee for service, and the majority of our members will be doing so, this began in 2015 and runs through 2018. Physicians do receive a 0.5% payment update to the conversion factor automatically. Then beginning in 2020 through 2025, the update will be zero percent. After that those in that Alternative Payment Model pathway will get a 0.5% update and those that remain in fee for service your update will be 0.25%. But in addition, as we already talked about, fee for service participants will be subjected to MIPS. So you’ll go the MIPS path. And this does include penalties and bonuses depending on your level of participation. Those participating in the Alternative Payment Models—and remember, that’s really not for ophthalmology, at least not in the near future—will get a five percent bonus payment each year for six years.

**Bill Koch:** So I keep hearing that 2019 payments will depend on what practices and physicians do in 2017. What is required of my practice in 2017? When does MACRA really start?

**Nancey McCann:** So under MACRA and this new Quality Payment Program, CMS requires physicians to submit data through the MIPS program beginning in 2017. And so this reporting will impact payments in 2019. Again, that has been the way it’s been with the current programs. There’s always this two year look-back, if you will. But then following advocacy from ASCRS and ASOA and really the entire medical community, we were all unified on this, CMS is offering this
flexible performance period option, they call it “Pick Your Pace,” in 2017 in this first reporting year to allow practices to ramp up their participation. So in my mind there is no reason why any practice or any physician should be penalized at least in this first year.

Bill Koch: So what does “Pick Your Pace” in 2017 mean?

Nancey McCann: So basically the government is using 2017 to allow practices to begin participating. And they’re really going to require a very minimum level of participation to avoid a payment cut, which is a penalty, and then offering a small bonus payment for those practices who participate at a higher level and meet these additional requirements. It’s important to note, particularly for ophthalmology, that there is an exceptional performance category, which is funded with new money. And I think that ophthalmology is really well positioned to actually get that exceptional performance category; particularly those members who have been successful in the PQRS and EMR Meaningful Use programs. And ASCRS and the medical community will also be lobbying for 2018 to be another ramp up year, if you will. If you go back to the statute, it was clear that we could have a transition period of up to two years into MACRA, and so we are fairly confident that we will be successful.

Bill Koch: So what happens if a practice does nothing?

Nancey McCann: Well if a practice does not report even one measure or one activity, and I’m going to go through all of the options, but the minimum is one measure on one patient or one activity, improvement activity, he or she will receive the full negative 4% penalty or adjustment for Medicare payments in 2019.

Bill Koch: What happens if the practice and the physician do everything required under the Quality Payment Program in 2017? What's the best bonus I could get?
Nancey McCann: There is not an easy answer to that question. We don’t really know. Under MIPS your bonus will depend on your scoring. And that’s a subject for another podcast altogether. Because CMS has established this “Pick Your Pace” in the first year, and they’ve made it so easy to avoid the penalty, no one really knows what those bonus payments will be because it’s based on this budget neutral system. So we don’t know how much money will be available from those who have not participated to distribute as bonuses. And again, in addition there is this exceptional category, which in the statute says a potential for a 10% bonus. And there was additional money set aside for this.

So we, and that is ASCRS and ASOA, offer guides to understand how your MIPS score will be calculated. And we’ll help practices determine their level of participation and make decisions based on their practice type, their workflow and other factors. The MIPS guides are available on the MACRA Implementation Center that we’ve created. We have a website that’s dedicated to MACRA, and that’s www.ascrs.org/macracenter. It’s difficult to explain all that MIPS entails in a one hour podcast or a webinar, but ASCRS and ASOA have many resources that go more in-depth and I encourage you to register, in addition to this, for the ASOA On Tour in Chicago, which will be held February 24th to 25th. This is a two day, actual program that is dedicated just to MACRA and goes through all of the components of the MIPS program, talks about Alternative Payment Models, involves a panel of administrators from different size practices to share what they’re doing in their practices. We have a panel of EMR companies and many, many other opportunities for networking and learning from other practices and other administrators.

Bill Koch: So what are the minimum requirements that will allow practices to avoid a penalty in 2019?
Nancey McCann: So to avoid that 4% penalty, and remember that’s for your payment in 2019, beginning January 1, 2017, providers can choose to report either one quality measure for one patient, and you don’t have to meet the benchmark, or one improvement activity or the required base measures for Advancing Care Information. And if I was a practice and I looked at those options, I would definitely do one of the first two. The required base measures for Advancing Care I think is a little bit heavier lift, although not really difficult. And again, I’m going to emphasize there is no reason why anyone should get a penalty in 2019 based on 2017.

Bill Koch: And what do we have to do in 2017 to earn a bonus in 2019?

Nancey McCann: So to be eligible for a small bonus and also avoid the penalty, providers can choose to report for at least 90 days, so you have a minimum of 90 days to get a small bonus, two or more quality measures on at least one patient, and again you don’t have to meet the measure benchmarks, or more than one improvement activity or the required base measures and additional performance measures for the Advancing Care. Again, I would do one of the first two and not go into the Advancing Care Information category.

Bill Koch: What if I ignore MACRA, MIPS and EPMs? Can I still see Medicare patients and get paid?

Nancey McCann: Yes, you can still see Medicare patients, but you're going to receive that 4% penalty on your Medicare allowed charges.

Bill Koch: The 2017 reporting year for MACRA began January 1, 2017. Is it too late to get started? And if not, at what point will it be too late?
Nancey McCann: So it’s not too late. To be eligible under MIPS practices have to begin reporting for a minimum of 90 days. So that means the last possible time to begin reporting will be October 2, 2017. But I don’t recommend putting it off to the last minute. You can really succeed in 2017 fairly easily and actually get some small bonus payments, and perhaps the exceptional performance category.

Bill Koch: Some practices don’t have an EHR and some doctors, the practices want to avoid adopting EHR because of the expense or because they believe it interferes with patient interaction. Without an EHR can we still comply with MACRA?

Nancey McCann: Well you can do that going down the road, but definitely in 2017, because remember all you have to report on is one patient, one quality measure; don’t have to do it through an EHR or through a registry, or one improvement activity, which is through attestation. So you can do that and you avoid the penalty. Going forward, however, EHR is one of the components and represents about 25% of your composite score. So clearly you will have a lower score, per se, but we don’t know what that’s going to be across the country. And because you're going to be compared on a threshold basis to every physician provider, and I would suspect that probably still about 50% of the physicians in this country are not on EHR. And so that will sort of level the playing field, if you will. In addition, this is not an all or nothing type of program, so you will get credit for it. And so you absolutely can participate if you do not have EHR.

Bill Koch: What advice would you give to the practice who has not done anything to comply with MACRA in 2017?
Nancey McCann: So again, and I’m going to keep emphasizing this, I would encourage everyone to avoid the penalty by reporting on the one quality measure for one patient, one improvement activity or the base objectives under the ACI component.

Bill Koch: What advice would you give to the practice who has been reporting PQRS and outcome measures and want to begin efforts to comply with MACRA under MIPS in 2017 and maximize their payment for 2019?

Nancey McCann: I would go for the exceptional category. And as I mentioned, ophthalmology is well positioned for that. We have a lot of measures in the quality component, which makes up 60% of your composite score, and the majority of them are outcomes measures. You get bonus points for outcome measures. You get bonus points for reporting it through an EHR or through a registry. And so if you really want to go for it, I would go for the exceptional category. And again, it’s a minimum of 90 days, so you don’t have to do more than 90 days, but the more you do clearly probably the better your score will be and you can do it up to a year.

Bill Koch: If a practice was using the IRIS registry for PQRS reporting, will MIPS reporting also be available through IRIS?

Nancey McCann: Well absolutely it will be, but I encourage you to directly contact the AAO if you have any questions, because ASCRS, per se, and ASOA are not involved in the registry. We did develop the cataract template for the registry, but I encourage you to contact the academy for additional information on the IRIS registry.

Bill Koch: In October 2016 CMS released the final rule on the Quality Payment Program, which includes MIPS and APMs. So does that mean there will be no more
edits or changes to the rule? And if not, what should practices look out for from CMS in the future on MACRA?

Nancey McCann: So ASCRS did submit comments on the final rule, which did include recommended changes. And each year CMS will publish a proposed rule for the next year’s performance period. So we will have an opportunity to provide comment and hopefully get changes, if needed. We were successful in getting significant changes to the proposed MACRA rule for 2017.

Bill Koch: I’ve heard some say that with the election of a republican president and republican majorities in the house and senate, the Affordable Care Act, ACA, will be repealed and that MACRA will go away, so I shouldn’t worry about it. Is there any truth to that?

Nancey McCann: No, there isn’t any truth to that. It is highly unlikely that MACRA will be repealed since it passed with overwhelming bipartisan support. And actually, it was written by a republican congressman who is a physician, Michael Burgess, who is now the chairman of the health subcommittee in Energy and Commerce. The efforts to tie physician payments to quality and value metrics are bipartisan. So it’s also important to remember that MACRA was not part of the ACA. It was a totally separate piece of legislation. The ACA was enacted way before MACRA. And any attempts to repeal the ACA will not impact MACRA. And you do have to recognize that if you repealed MACRA, you would go back to the underlying law, which was the SGR, and which also were the quality reporting programs of PQRS and EMR and Value-based Payment, which actually has significant penalties; more so than MACRA. So regardless, ASCRS and ASOA will continue to advocate for changes to the MACRA policy to reduce the regulatory burden on our members and help them be successful in the program.
Bill Koch: What resources does ASCRS/ASOA offer members to help them understand the requirements of MACRA?

Nancey McCann: So the ASCRS and ASOA MACRA Center website, as I mentioned before, does contain many resources and guides specific to ophthalmic practices. So that includes and all access Digital Pass: Diving into the Details of MACRA that includes nine on-demand sessions that go in-depth into each part of MACRA, available through the ASOA Media Center. We have these MIPS category guides from the final rule. And that covers all of the components, the Quality component, Advancing Care, the Improvement Activities and Resource Use guides. We also have a great deal of support and offer support from the ASCRS and ASOA Government Relations staff for members. We are creating our MACRA hotline, which members can call and get their questions answered. Allison Madson from our staff does speak to members every day trying to help them with MACRA to figure out what works best for their practice. And our next podcast on understanding the MIPS pathway is another resource as well.

Bill Koch: Do you see anything in that crystal ball of yours that gives you any indication of what ophthalmic practices should expect to come down the pike for 2018?

Nancey McCann: Well we expect 2018 to continue to be a transition year. We’re going to push for that. And as I said, the entire medical community is united in that ask. And I think we will be successful. And for the Resource Use category to remain at zero percent, which is another ask that we had of CMS for this year and they did change from the proposed rule to the final rule, and we’re going to ask for that as well for 2018.

Bill Koch: Thank you, Nancey. This has been a great conversation and very informative. I’m confident our listeners will find that you’ve given them some valuable
information and know where to go for further details and information to guide them in implementing MACRA in their practices. I’d also like to mention that ASCRS/ASOA offers its members an exclusive opportunity to consult directly with Government Relations staff. So if after reading all of the information in the MACRA Center you still have questions, feel free to call or email ASCRS Government Relations staff member Allison Madson or Jillian Winans. Not a member of ASOA? Learn about the benefits of membership at www.asoa.org.

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Host: Thank you for listening to EyeTalks Radio, a podcast production of the American Society of Ophthalmic Administrators.

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