

## PROGRAM UPDATE



**March 14, 2016**

### **New FAQs on Public Health Reporting Requirements**

On February 25<sup>th</sup>, the Centers for Medicare and Medicaid Services published frequently asked questions (FAQs) related to the public health reporting objectives. These FAQs provide information on:

- When a provider can register their intent to report to a registry
- What a provider should do if they did not previously intend to report to a public health objective
- Alternate exclusions available

Review the [Public Health Reporting FAQs](#) to learn more.

### **New Tipsheets for Meaningful Use 2016**

As previously reported, CMS released a final rule for Meaningful Use 2015-2017 as well as Stage 3 in October 2015. The rule specifies the new requirements that eligible providers (EPs), eligible hospitals (EHs) and critical access hospitals (CAHs) must meet to successfully attest to Meaningful Use.

The final rule outlines changes to the objectives of Stages 1 and 2 to align with Stage 3, which focuses on the advanced use of EHRs. The changes intend to reduce the confusion related to the incentive program. Redundant, duplicative and topped out measures have been removed. Starting in 2015, all EPs, EHs and CAHs will attest to a single set of objectives.

The [2016 tipsheet for EPs](#) and the [2016 tipsheet for EHs and CAHs](#) will provide detailed information that can assist in planning for the program year.

### **What is MACRA?**

The new buzzword in healthcare seems to be MACRA. What is it and who does it affect?

On April 16, 2015, President Obama signed in to law the Medicare Access and CHIP Reauthorization Act or MACRA. MACRA is known as the “doc fix” bill because of its financial effect on how providers are paid by Medicare. MACRA repealed the Sustainable Growth Rate (SGR) formula that has created uncertainty in Medicare payments to physicians for over a decade.

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In addition to the end of SGR, the new law outlines a path from traditional fee-for-service to rewarding value over volume through two payment tracks: Merit-Based Incentive Payment System (MIPS) and Alternate Payment Models (APMs).

MACRA also adds two years of funding for CHIP, a federal-state program that provides insurance for low-income children whose families earn too much money to qualify for Medicaid.

### **Merit-Based Incentive Payment System**

MIPS consolidates three current programs: the EHR Incentive Programs/Meaningful Use, Physician Quality Reporting System (PQRS) and Value Based Payment Modifier (VBPM) into one quality program.

MIPS will evaluate four performance categories: Quality, Resource Use, Clinical Practice Improvement Categories and Meaningful Use of certified EHR technology. An eligible professional's (EP) performance score will be used to determine if the EP receives a positive, negative or no payment adjustment. MIPS provides an opportunity for providers to receive incentives based on care that works towards the Triple Aim-better care for individuals, better health for populations and reduction of per-capita costs.

### **Alternative Payment Models**

MACRA promotes the development of an eligible professional's participation in APMs, which create a payment incentive program for qualifying participants. According to CMS: "APMs are new approaches to paying for medical care through Medicare that incentivize quality and value." Accountable Care Organizations, Patient Centered Medical Homes and bundled payment models are examples of APMs.

For more information, visit the [CMS MACRA information page](#).

#### **Did You Know??**

Per CMS, as of 2014, a majority of office-based physicians have adopted electronic health records (EHRs). By the end of 2014, about 8 in 10 (83%) of office-based physicians had adopted an EHR. Since 2008, adoption of EHRs has nearly doubled, from 42% to 83%. Between 2013 and 2014, adoption has grown by 6%.

### **REMINDER! Colorado Medicaid Registration and Attestation Site**

The CMS modifications to the incentive program necessitate system updates to the Colorado Registration & Attestation (R&A) site. The site is currently closed for all registrations, AIU, and attestations. The R&A is currently scheduled to open **Spring 2016** for EPs and **Fall 2016** for EHs for the 2015 program year (opening

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date to be announced soon). There will be a 60-day attestation window once the R&A is open to accept 2015 attestations.

Additionally, again due to the program changes, the 2015 program year eligibility workbooks required updating. The workbooks will be published on the CORHIO website as soon as they are available. Please refer to this newsletter or the CORHIO website <http://www.corhio.org/expertise/meaningful-use> for up-to-date information.

### **Medicaid Program Point of Contact and Partnerships**

The Department of Healthcare Policy and Finance (the Department) has partnered with CORHIO to provide program coordination and assist with provider communications and outreach regarding the Medicaid EHR Incentive Program. The Medicaid EHR Incentive Program Coordinator will be the central point of contact for Eligible Professionals, Eligible Hospitals, partners and other interested parties on requirements and processes. Inquiries regarding the Medicaid EHR Incentive Program can be sent to [MedicaidEHR@corhio.org](mailto:MedicaidEHR@corhio.org) or 720.285.3232.

Xerox has been contracted by the Department to manage the Provider Outreach Page and to provide the Colorado R&A System, including the web portal through which eligible providers and eligible hospitals can register and attest to receive the EHR incentive payments.