

# Highlights of Medicare Access and CHIP Reauthorization Act of 2015

## ❖ Consolidates Medicare Quality Programs

### ➤ **Beginning in 2019, the new Merit-Based Incentive Payment System (MIPS) will become the only Medicare quality reporting program**

- Current penalties under the Physician Quality Reporting System, Electronic Health Records/Meaningful Use, and the Value-Based Payment Modifier will end at the close of 2018
- New Composite Score (0-100) will be based on 4 categories - Quality (30%), Resource Use (30%), Meaningful Use (25%), Clinical Practice Improvement Activities (15%)
- Establishes maximum bonuses and penalties - additional bonus pool of funds for top performers
- Exemptions for alternative payment model participation and few Medicare patients
- Group practices can report via Qualified Clinical Data Registries (QCDRs); beginning in 2016, the Medicare Access and CHIP Reauthorization Act of 2015 allows group practices to report via QCDR and encourages eligible professionals to use these registries for MIPS reporting; QCDRs will also have access to Medicare claims data to inform and assist their activities
- Participation in clinical data registries, Maintenance of Certification (MOC) programs, and other clinical improvement activities are recognized in the new MIPS

### ➤ **Sets Priorities and Funding for Measure Development**

- From 2015 to 2019 a total of \$75 million could go to physicians, physician groups, and the Physician Consortium for Performance Improvement; new evidence-based measures can be adopted without endorsement from National Quality Forum, and measures must be developed in close collaboration with physicians and other stakeholders (specialty societies develop quality measures)

### ➤ **Encourages Care Management for Individuals with Chronic Care Needs**

### ➤ **Access to Information on Physicians and Expanded Data Availability**

- The Centers for Medicare and Medicaid Services (CMS) will publish quality, utilization, resource use and payment data on Physician Compare

### ➤ **Other Provisions**

- Requires electronic health record interoperability by 2018
- Systems and devices can exchange data, interpret that shared data, and be understood by the user
- Boosts physician fees in rural areas of the country through 2017
- Preserves the current 10-day and 90-day global periods for more than 4000 surgical service codes that CMS had planned to unbundle
- Allows CMS to use the “probe and educate” program to access compliance
- Physicians who opt out of Medicare to privately contract no longer need to renew their opt-out status every 2 years

## **❖ Medicare Access and CHIP Reauthorization Act of 2015 Implementation Milestones**

### **➤ 2016**

- Issue proposed and final regulations for alternative payment model and MIPS
- Availability of technical assistant funds for practices

### **➤ 2017**

- Collection of global surgery code data

### **➤ 2018**

- Electronic health record interoperability

### **➤ 2019**

- MIPS and alternative payment model bonuses and penalties imposed

## **❖ Total Costs**

### **➤ \$210 billion**

- \$70 billion offset by a variety of provider cuts and increased beneficiary cost-sharing
- \$140 billion not offset