MACRA

Acronyms to Familarize Yourself With

ACO **Accountable Care Organization**: A group of providers who give coordinated care and chronic care management and, thereby, improve the quality of care patients receive. An organization's payment is tied to achieving health care quality goals an outcomes that result in cost savings.

APM **Alternative Payment Model**: APMs provide new ways to pay health care providers for the care they give Medicare beneficiaries. Accountable Care Organizations (ACOs), Patient Centered Medical Homes, and bundled-payment models are some examples of APMs.

AAPM **Advanced Alternative Payment Model**: A CMS Innovation Model that will pay providers for services based on quality, outcomes and cost-containment. The model provides a 5% annual bonus payment to physicians who are participating in alternative payment models, and it potentially exempts them from participating in the new Merit-Based Incentive Payment System.

CAHPS **Consumer Assessment of Healthcare Providers and Systems**: A survey tool for measuring patient satisfaction with services and care delivered by provider.

CCM **Chronic Care Management**: Services furnished to Medicare beneficiaries having multiple (two or more) chronic conditions that are expected to last at least 12 months or until the death of the patient as well as place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. Providers manage illness through screenings; check-ups; monitoring and coordinating treatment; and patient education. The goal is to improve quality of life while reducing health care costs by preventing or minimizing the effects of disease.

CPI **Clinical Practice Improvement**: One of four performance categories under the Merit-Based Incentive Payment System (MIPS). CPI categories include expanded practice access, population management, care coordination, beneficiary engagement, patient safety, practice assessment, and participation in an Alternative Payment Model (APM).

GPRO **Group Practice Reporting Option**: Group practices participating in PQRS GPRO that satisfactorily report data on PQRS measures for a particular reporting period may avoid a negative PQRS payment adjustment equal to a specified percentage of the group practice's total estimated Medicare Part B Physician Fee Schedule (MPFS)-allowed charges for covered professional services furnished during the reporting period.

HIE **Health Information Exchange**: Electronic movement of health-related data and information among organizations according to agreed standards, protocols and other criteria.

HISP **Health Information Service Provider**: Service that enables providers to share patient health information across a secure network.

MACRA **Medicare Access and CHIP Reauthorization Act**: Legislation that replaced the standard growth rate (SGR) with an alternative set of predictable, annual baseline payment increases and two potential payment tracks from which all providers must choose. The goal is for CMS to pay for quality and value rather than volume (fee-for-service). Providers will choose between MIPS and AAPM. The choice of program (MIPS or AAPM) and performance will determine reimbursement rates for 2019 and future years.

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QUESTIONS ABOUT MACRA?
Contact your GLPTN Quality Improvement Advisor (QIA)

Great Lakes Practice Transformation Network

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MSPB **Medicare Spending per Beneficiary**: One of the performance measures used to determine the Value-Based Incentive Payment Adjustment for a hospital, and to determine the Value-Based Payment Modifier (VBPM) for a physician practice.

MIPS **Merit-based Incentive Payment System**: A Medicare pay-for-performance system for physicians created by MACRA that is to be implemented beginning in 2019. MIPS consolidates several existing Medicare reporting programs: the Electronic Health Record (EHR) Incentive program, the Physician Quality Reporting System (PQRS) program, and the Value-Based Payment Modifier (VBPM) program.

MSSP **Medicare Shared Savings/ACO Program**: Payment program established by the Affordable Care Act in which providers can voluntarily choose to participate if they meet the qualifications for an ACO established in the statute and in CMS regulations.

PCMH / PCSP **Patient Centered Medical Home**: Primary care practice/specialty practice that is structured and operated consistent with a set of established principles. A care delivery model whereby patient treatment is coordinated through the primary care physician to ensure patients receive the necessary care when and where they need it, and in a manner the patient can understand.

PQRS **Physician Quality Reporting Program**: Reporting program that encourages individual providers and group practices to report information on the quality of their care to CMS. Data will be publicly available on Physician Compare.

PTN **Practice Transformation Network**: Peer-based learning networks designed to coach, mentor and assist clinicians in developing core competencies specific to practice transformation. This approach allows clinician practices to become actively engaged in the transformation and ensures collaboration among a broad community of practices that creates, promotes, and sustains learning and improvement throughout the health care system.

QCDR **Qualified Clinical Data Registry**: Reporting mechanism for PQRS. Completes collection and submission of PQRS measures data on behalf of the provider or group.

QRUR **Quality Resource Utilization Report**: CMS produced report for practice groups to enable them to compare quality measures and cost measures for their attributed patients to other physician practices.

SAN **Support and Alignment Networks**: SANs will provide a system for workforce development utilizing national and regional professional associations and public-private partnerships that currently are working in practice transformation efforts.

TCM **Transitional Care Management**: Physician or other qualifying clinician care-management services for a patient following a discharge from a hospital, skilled nursing facility, certified mental health center, outpatient observation or partial hospitalization stay.

VBPM **Value Based Payment Modifier**: The Value Modifier provides for differential payment to a physician or group of physicians under the Medicare Physician Fee Schedule (PFS) based upon the quality of care furnished compared to the cost of care during a performance period.

Great Lakes PTN