



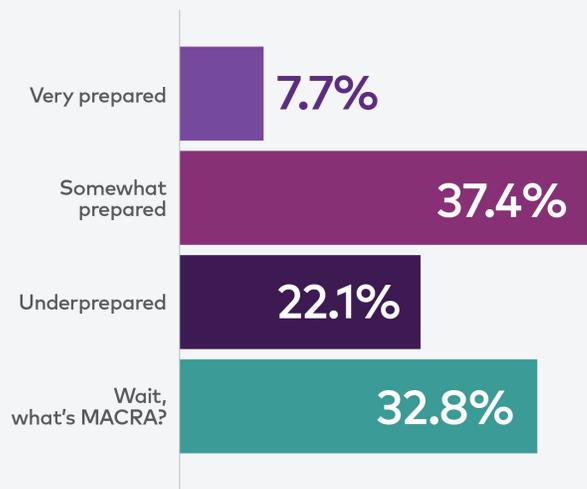
A recap of the past two weeks of health policy news could be boiled down accordingly: ACA, ACA; does anyone have an ACA replacement plan?; ACA; Health and Human Services Secretary confirmation hearings; but seriously, what is happening with the ACA?

So you'd be forgiven if, while following the constant news updates, you forgot that 2017 brought not just a new president but also a new physician performance program: MACRA. In fact, in a live poll conducted during an athenahealth webinar about the ACA last month, a third of the more than 250 participants said they hadn't even heard of MACRA.

For the unacquainted, MACRA is the Medicare Access and CHIP Reauthorization Act of 2015. It is a significant law designed to reform the way Medicare pays physicians (though hospital inpatient payment is not impacted).

It creates a new Quality Payment Program, or QPP, by consolidating existing Medicare pay-for-performance programs: Meaningful Use, the Physician Quality Reporting System, and the Value-Based Modifier program. And it pushes clinicians toward participation in alternative payment models like accountable care organizations.

How prepared are you for MACRA?



SAMPLE: 262 surveyed respondents, January 2017.
SOURCE: athenahealth

MACRA is absolutely, positively, completely separate legislation from the ACA. In fact, while the ACA has always been the subject of constant partisan strife, MACRA was passed with enormous bipartisan support. No one in DC is talking about repealing MACRA. Rep. Tom Price, the nominee for Secretary

of Health and Human Services, has indicated that if confirmed, he will continue to implement MACRA's shift to value-based care, to the benefit of clinicians and patients.

When uncertainty surrounds government action, it is easy to throw up your hands and wait it out. Clinicians have patients to care for, and their attention is rightly focused there instead of on trying to read the DC tea leaves.

Indeed, the decision to stay on the sidelines while the ACA debate shakes out is a reasonable one, but only as long as you don't forget MACRA in the process.

That's because ignoring MACRA in 2017 will result in a four percent cut to a provider's 2019 Medicare reimbursement. When you consider the leniency that the Centers for Medicare and Medicaid Services implemented for 2017 performance — providers need only submit a minimal amount of performance data to avoid the payment penalty — avoiding the new program or waiting for changes that aren't going to come is not likely a winning strategy.

The savviest of policy wonks may at this point be wondering about the ACA and alternative payment models, or APMs, that can yield a five percent bonus payment under the QPP. It is true that all of the APMs that currently qualify for that bonus were created by the ACA.

But here it is important to remember that the ACA repeal that Congress is working toward is far from a full repeal. It will leave much of the original legislation intact, including the provisions that create APMs. There has been some talk in Congress about possible changes to APMs as part of a replacement plan, but those changes will likely be things that make APM participation easier for a broader group of clinicians.

There is a lot of chaos and uncertainty emanating from our nation's capital these days. But some things remain certain, including the inexorable shift to value-based reimbursement. To MACRA or not to MACRA? That should not remotely be a question you are asking if you are a provider that bills Medicare Part B.

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