

# MACRA AND ITS EFFECT ON MEANINGFUL USE REQUIREMENTS

## What is MACRA?

On April 27, 2016 Centers for Medicare and Medicaid Services (CMS) released the CMS proposed rule to implement major Medicare physician payment reform provisions included in the Medicare Access and CHIP Reauthorization Act (MACRA). MACRA essentially accomplishes the following:

- Ends the Sustainable Growth Rate (SGR) formula for determining Medicare payments for health care providers' services.
- Replaces a patchwork system of Medicare reporting programs: Physician Quality Reporting System (PQRS); Value-Based Modifier (VBM) Program, and Medicare Electronic Health Record (EHR) incentive program)
- Creates a Quality Payment Program (QPP) that allows a choice between two paths that link quality to payments: the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models.

## What has happened to the Meaningful Use Requirements?

Meaningful Use requirements are folded under one of the four performance categories of MIPS, the Advancing Care Information category. The other three categories include Quality, Cost and Clinical Practice Improvement Activities.

In the Advancing Care category, clinicians choose to report customizable Meaningful Use measures that reflect how they use technology in their day-to-day practice, with a particular emphasis on interoperability and information exchange. Unlike the existing reporting program, this category would not require all-or-nothing EHR measurement or redundant quality reporting.

Although the EHR Meaningful Use requirements are largely retained in the Advancing Care Information performance category, the CPOE usage reporting will become one of a number of alternatives that physicians can use to satisfy the requirement for this performance category.

## How Does MACRA Affect Medical Assistants?

The current Meaningful Use requirements call for use of credentialed medical assistants to enter medication, radiology, and laboratory orders into the Electronic Health Record (EHR). Because the MACRA rule is in a proposed state, US Department of Health and Human Services officials have made it clear that Meaningful Use requirements remain in effect as written. Thus, providers must continue to meet the full intent of the Meaningful Use requirements to avoid Medicare penalties.

Moreover, MIPS eligibility only applies to Medicare physicians already participating in Meaningful Use and other quality reporting programs, not hospitals or Medicaid providers. These providers would still have to meet the full menu of Meaningful Use objectives, even if they also participate in the MIPS payment system to fulfill Medicare requirements.

## What Happens Now?

Final MACRA rules are anticipated to be published in late 2016 or early 2017. Until then, the current law requires that providers continue to measure Meaningful Use under the existing set of standards.

For more information see <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program.html>

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