

The Medicare Access and CHIP Reauthorization Act (MACRA) is a government-mandated quality payment program (QPP) that establishes a new payment system for clinicians who treat Medicare patients. The new program is part of an industry shift to value-based reimbursement and consolidates previously government-mandated programs like, Meaningful Use (MU), Physician Quality Reporting System (PQRS) and the Value-Based Payment Modifier.

1. Determine if You're an Eligible Participant

Clinicians who care for more than 100 Medicare patients or bill more than 30,000 Medicare Part B dollars are considered eligible clinicians and must participate in one of two payment tracks. This includes physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists. Clinicians who do not meet the aforementioned criteria or those participating in the Medicare program for the first time are exempt from the QPP in 2017.

2. Choose Your Track & Know Your Reimbursement Potential

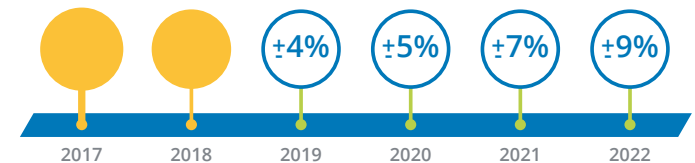
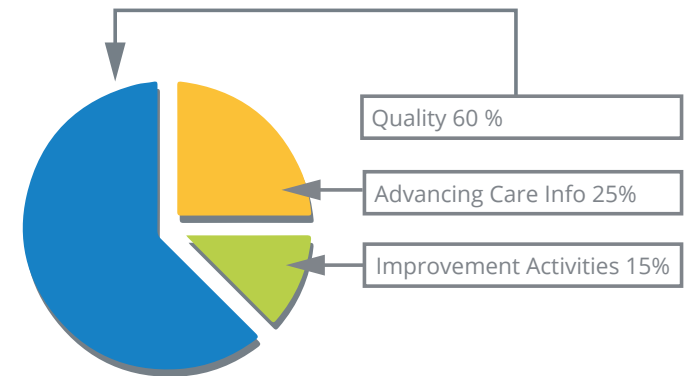
OPTION 1: The Merit-Based Incentive Payment System (MIPS)

The majority of clinicians will be a MIPS participant. With MIPS, clinicians submit data in four performance categories including quality, improvement activities, advancing care information and cost*.

**Cost category data will be collected in 2017 but only 2018 data will determine your payment adjustment.*

OPTION 2: The Advanced Alternative Payment Model (APM)

Only a small group of clinicians will meet the threshold to participate as an Advance Alternative Payment Model (APM). In this track, clinicians who receive 25 percent of Medicare payments or see 20 percent Medicare patients through an Advanced APM are exempt from MIPS and may receive a 5 percent incentive payment. For more information about this track or for a full list of Advanced APM models please visit the QPP website.



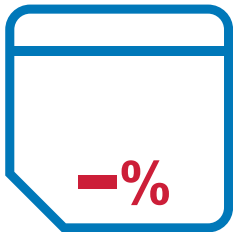
MIPS Continued: Reimbursement Potential

The data received in 2017 will determine positive, negative or neutral payment adjustments that kick in starting 2019. Adjustments will max out at 4 percent the first year and later, as the program matures, grow to 9 percent and beyond.

3. Submit Something!

Ideally, clinicians should begin collecting performance data starting January 1, 2017 and report for the full performance period. However, CMS has named 2017 as a transition year, while offering some flexibility in reporting and performance for MIPS participants. Choose a reporting pace that best suits you, but remember, clinicians who don't submit anything will receive a negative payment adjustment.

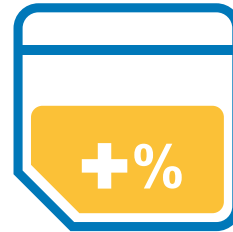
Don't submit any data and receive a negative four percent payment adjustment.



Report some data to avoid any negative payment adjustments.



Submit data for half of the year to avoid a negative adjustment with the potential to earn a small adjustment.



Submit for the full year to earn a positive payment adjustment.

