



MACRA IMPLEMENTATION

Urologists support efforts to reform Medicare provider reimbursement methodologies and encourage vigorous Congressional oversight to ensure that the intent of this endeavor is realized and preserved.

BACKGROUND

In April 2015, Congress passed, and the president signed into law, the Medicare Access and CHIP Reauthorization Act (P.L. 114-10). MACRA replaced the flawed sustainable growth rate (SGR) formula with the Quality Payment Program (QPP), which represents a new, more streamlined approach to paying providers for the value and quality of their care through the Merit-based Incentive Payment System (MIPS) and other alternative payment models (APMs). In October 2016, the Centers for Medicare & Medicaid Services (CMS) issued a final rule on QPP implementation, taking effect January 1, 2017.

REQUESTS

To ensure the QPP is implemented fairly and in a way that will not hinder our ability to care for patients, urologists urge lawmakers to make the following requests of CMS:

- (1) Remove the all-or-nothing compliance requirement from the base score of the Advancing Care Information (ACI) performance category.**

CMS claims that ACI moves away from the all-or-nothing meaningful use measurement standard. While the QPP adopts a more flexible scoring methodology for meaningful use by allowing physicians to choose measures that reflect how they use certified EHR technology (CEHRT) in their day-to-day practices for the ACI performance score, the base score still requires physicians to report data on mandatory measures, or fail the ACI performance category all together (25% of the total composite score). In this respect, the ACI category is still an all-or-nothing standard.

- (2) Maintain the 90-day ACI reporting requirement beyond the 2017 and 2018 performance periods.**

Having to attest to a full year electronic health record (EHR) reporting period will limit the time that physicians spend on providing high quality patient care. Also, physicians typically need several months to test new software updates after installation to ensure programs are operating properly. In such cases, a full year reporting period may force many physicians to seek a hardship exception, whereas a shorter 90-day reporting period would allow physicians to familiarize themselves with new EHR installations and still be able to meet the reporting period compliance requirement.

- (3) Make adoption of 2015 Edition CEHRT voluntary.**

For the 2017 QPP performance period, physicians have the option to use EHR technology certified to the 2014 or 2015 Edition, or a combination of both 2014 and 2015 Editions. Starting in 2018, physicians are required to use only the 2015 Edition CEHRT. Very few vendor products meet the 2015 certification criteria required for approval by the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. Mandating use of EHR technology certified to the 2015 Edition CEHRT by 2018 may unfairly subject physicians to financial penalties under the QPP or force them to file for hardship exceptions due to unavailable vendor products.