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## SETMA: MACRA and MIPS – October 3, 2016

SETMA has prepared twelve documents on MACRA and MIPS. The following link is an attempt to integrate these documents into:

1. An explanation of MACRA and MIPS.
2. An evaluation of SETMA'S performance on the four components of MIPS for 2014 and 2015.
3. A plan for improving SETMA's 2017 MIPS performance in preparation for CMS' calculation of SETMA's payment modifier for 2019 based on 2017 data which will be aggregated by CMS in 2018.

### [The Requirements of the Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\)](#)

#### **Tools for improvement:**

[Outpatient Infusion Center for Intravenous Antibiotic Therapy and Other Meds](#) -- tool for decreasing rates of admissions and cost of care in 2017.

[SETMA's Merit-Based Incentive Payment System \(MIPS\) Quality Metric Tool Tutorial](#) -- EMR tool for increasing quality performance on MIPS quality measures in 2017 and in each year thereafter. These quality measures will change from year to year which will require the updating of this tool each year.

The new payment model will be based on a healthcare provider's or a practice's "**composite performance score**" (CPS). This score will be made up of the following percentages in the first year:

- **Quality (50%)** – An extension of PQRI, then PQRS and ultimately MIPS Quality Metrics, coupled with rates of admissions for certain conditions.
- **Resource Use (10%)** – The total beneficiary cost of care benchmarked against similar practices
- **Advanced care information (25%)** – Meaningful Use of a certified EMR
- **Clinical Practice Improvement Activity (15%)** – Patient-Centered Medical Home recognition at the highest level, i.e. NCQA TIER III PC-MH fulfills this category 100%

Ultimately, at some point in time, it is expected that each of these four categories will have equal weight in the calculation of the “composite performance score.”

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