The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the formula funding which threatened clinicians participating in Medicare with potential payment cliffs for 13 years. The new the Quality Payment Program provides tools and resources to help you give your patients the best possible care and you the opportunity to earn greater incentives.

**Wait! They changed how we’ll get paid?**

MACRA replaced a patchwork collection of reporting programs with a single system where Medicare physicians and clinicians can be rewarded for better care.

The Merit-based Incentive Payment System (MIPS) is the payment pathway in which UNT Health is participating.

Clinicians, including DOs, MD, PAs, NPs, CNS & CRNAs, can qualify for increased reimbursement rates beginning in 2019!

### Clinician Scoring

Each clinician earns a score based on performance in four categories. The composite score ranges from 0-100, and the higher the score, the higher the incentive!

- **QUALITY** makes up 60% of the composite score
- **IMPROVEMENT ACTIVITIES** make up 15% of the composite score
- **ADVANCING CARE INFORMATION** (meaningful use) makes up 25% of the composite score
- **COST OF CARE** isn’t used in the 2017 calculations, but will be in following years

#### UNT Health’s Selected Measures

We’ve crunched the numbers and selected the following measures for UNT Health’s 2017 Reporting. We are doing great in some and others need more work.

- **Diabetes: HbA1c Poor Control**
  - Goal: ≥99.76%; Current: 39.37%

- **Documentation of Current Medications in Record**
  - Goal: ≥99.76%; Current: 59.5%

- **Use of High Risk Medications in the Elderly**
  - Goal: 0%; Current: 11.53%

- **Weight Assessment and Counseling in Children/Adolescents**
  - Goal: ≥34.95%; Current: 97.39%

- **Childhood Immunization Status**
  - Goal: ≥41.67%; Current: 33.14%

- **Antidepressant Medication Management**
  - Goal: 80.63%; Current: 94.98%

Where we are

- Remaining to Goal

- Where we are

### INCREASING INCENTIVES

Beginning in 2019 incentive or penalty adjustments are made to clinicians’ Medicare Part B payment based on data reported two years earlier. The closer goal, the higher the adjustment rate.

<table>
<thead>
<tr>
<th>Year</th>
<th>Maximum Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>4%</td>
</tr>
<tr>
<td>2020</td>
<td>5%</td>
</tr>
<tr>
<td>2021</td>
<td>7%</td>
</tr>
<tr>
<td>2022</td>
<td>9%</td>
</tr>
<tr>
<td>Beyond 2022</td>
<td>± 2.5%</td>
</tr>
</tbody>
</table>

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