

DATA Integrity & Compliance BLOG

MACRA Participation is Voluntary...Sort Of

by Laura Lovett CPC, CPOC, CPMA, CPC-I, CANPC, CEMC

MACRA (Medicare Access and CHIP Reauthorization Act) is the legislation that was introduced to replace the not sustainable SGR (Medicare Sustainable Growth Rate). It is said to be simpler than the current PQRS (Physician Quality Reporting System) but this remains to be seen and clearly shows the relativity of the word "simpler." Since the rule was finalized and the options for reporting have been published many offices are scrambling to get ready in time for January 1, 2017. The real question is, why isn't *everyone* scrambling to get ready? Maybe it's because the word "voluntary" is misleading some?

What does voluntary mean? In colloquial speech, it means you can do something or not, no harm no foul either way. Per the official definition provided by Google, it is "done, given, or acting of one's own free will" with synonyms of "optional, elective, noncompulsory" to name a few. In the context of MACRA though, voluntary doesn't quite live up to this definition or the colloquial intent of the word. While it is true you don't have to participate, it is also true you don't have to submit any bills for any of your services; no submission of bills, no revenue, essentially no business. So the fact is clear, you have to bill for your services to remain in business (and you deal with Medicare), making participation in MACRA most assuredly not voluntary.

What happens to those providers who don't participate in 2017? In 2019, they will get a reduction of fees of 4% from Medicare. So if you are good with making 4% less than you are today in the next 2 years, MACRA is totally voluntary. If you are not good with it (and really no one should be), you need to be able to hit the ground running come January. Why January, when there are options for "test" and "partial year" participation? In September 2016, CMS published a blog post stating that "choosing one of these options would **ensure*** you do not receive a negative payment adjustment in 2019." In reading the official published information on www.qpp.cms.gov it states in regards to the "test" option "if you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you **can*** avoid a downward payment adjustment." Ensure is a much stronger and definitive word than can. Since we won't find out how successful the reporting is in 2017 until 2019, it is imperative to completely understand the reporting requirements and to fully participate for the full year, in order to give your practice the best possible outcome in 2019. Keep in mind, MACRA is budget neutral; this means they aren't adding any money to cover the positive payment adjustments. The success of some is dependent on the failure of others. The negative payment adjustments for some providers will be what fund the positive payment adjustments for others.

If you would like some help navigating options for participation, the consultants at The Rybar Group would be more than happy to help. Please give us a call or send us an email so we can start the discussion today!

**Emphasis added by author, not present in source text.*



3150 Owen Road, Fenton, MI 48430 • Phone: 810.750.6822 / Fax: 810.750.6733 • www.therybargroup.com