

3 Essential Steps Auditors Should Take to Prepare for MACRA

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Preparing for MACRA is Easier Than You Think

Prepare for MACRA

It's crucial for auditors to take the necessary steps to prepare for the Medicare Access and CHIP Reauthorization act, or MACRA. The program became effective this year and will influence how we audit for correct coding and documentation. But don't worry, while it might seem overwhelming to take it all in, preparing for MACRA is easier than you think and you can get where you need to be in just a few easy steps.

The Medicare Access and CHIP Reauthorization Act (MACRA)

The Medicare Access and CHIP Reauthorization Act (MACRA) of April 2015 will not only significantly change physician reimbursement, it will also change how we audit for correct coding and documentation. This program shifts the focus from the volume of documentation to meet a specific level of service to the provider's performance of quality improvement activities and disease management and prevention. The program

became effective in 2017 under what Centers for Medicare and Medicaid (CMS) called a "transition year" for reporting data and will affect physician payment starting in 2019.

New Payment Programs

CMS created two new payment programs: The Merit-Based Incentive Payment System (MIPS) and the advanced Alternative Payment Models (APM) for which providers can earn payment updates. Eligible physicians can choose which program to participate in.

The MIPS program is a consolidation of the Physician Quality Reporting System (PQRS), Value-Based Payment Modifier (Value Modifier), and the Medicare Electronic Health Record Incentive Program (AKA the Meaningful Use Program) into one new payment incentive model. Not only will the MIPS program carry forward performance measures for quality, resource use and advanced care information, CMS added an additional component: Clinical Practice Improvement Activities.

Advanced APM is a new approach that rewards participating physicians for providing high quality and cost-effective patient care. While the quality performance measures are similar to MIPS, those physicians participating in advanced APMs can earn bonus payments in exchange for taking a risk.



3 Simple Ways to Prepare for MACRA

As Auditors, you may be feeling a bit intimidated and outside of your comfort zone. But no need to worry, there are a few super simple ways to prepare for MACRA.

1

MASTER MACRA:

Take time to learn all you can about the MACRA program and how it will affect the payment systems in healthcare. You need to become an expert in the industry. Once you have this knowledge, you'll understand the full impact MACRA will have on your physicians. All physicians, physician assistants, nurse practitioners, clinical nurse specialists and nurse anesthetist will be impacted in some form as the fee-for-service payment system is replaced with a system of rewards for Quality Payment Programs. In addition to having a thorough understanding of MACRA, auditors need to keep up with the 2018 proposed rules. For example, did you know that CMS proposed adding bonus points to the MIPS scoring methodology for small practices with 1 to 15 physicians? Knowing this may impact the decisions your practice makes today.



"You need to become an expert in the industry."

2

REVIEW PHYSICIAN'S PERFORMANCE:

Review each of your physician's performance in PQRS and Meaningful Use to prepare for MIPS. Performing this review is necessary to identify gaps in the physician's documentation as well as gaps in your EHR system. It's important to note, MIPS will weigh a physician's performance in all four areas: Quality, Advanced Care Information (EHR meaningful use), Clinical Practice Improvement Activities, and Cost/Recourse. This composite score will be used to determine their reimbursement rate. If a physician's score falls below CMS' performance threshold, they will see a 4% payment reduction in 2019 and potentially up to a 9% reduction by 2022 and subsequent years. Identifying these gaps now will allow time to implement corrections.



"It's important to note, MIPS will weigh a physician's performance in four areas."

3

SHARE YOUR KNOWLEDGE.

John Locke once said, “The improvement of understanding is for two ends, first, our own increase of knowledge; secondly, to enable us to deliver that knowledge to others.” Accurate coding and documentation is vital to ensure correct reimbursement under any payment model. With the growing impact on Medicare reimbursement and quality payment programs, we can all agree that there needs to be a shift from CPT® coding to a greater focus on ICD-10-CM code selection for higher level of specificity, accuracy and documentation compliance. Auditors can use their knowledge and expertise to assist physicians and staff in understanding the connection with ICD-10-CM coding guidelines and the various measure requirements for MACRA.

For example, hypertensive heart failure and kidney disease used to have separate guidelines for each. Previously, coders had to code these conditions separately and could not assume that hypertensive kidney disease had a cause and effect relationship without the provider explicitly stating it. The Centers

for Disease Control and Prevention, estimates that about 7 out of 10 people with chronic heart failure also have high blood pressure. And, apparently, this was a high enough occurrence rate that the rules of assumption in clinical documentation for these two conditions changed in the 2017 ICD-10-CM guidelines. The guideline now states that when the alphabetic index includes the word “with” it is not necessary for the provider to link the conditions together in the documentation. A coder can now make the clinical assumption with combination codes and code to a higher level of specificity. For example, hypertensive heart with chronic kidney disease codes: I13.10 – I13.12 and N18.1-N18.4, N18.9 which will have a direct impact on reimbursement.



MACRA is Here to Stay

MACRA is not a fad that will go away anytime soon. Per CMS, clinicians who participate in Medicare provide services to over 55 million patients with disabilities. This number is growing and many feel it's not sustainable under the current payment model. The Quality Payment Program was designed to provide better care to patients and smarter spending. As auditors, we need to become experts in MACRA and lead this movement by helping our physicians and staff make important changes to their documentation, coding and billing practices.



"As auditors, we need to become experts in MACRA."



AUTHOR BIO

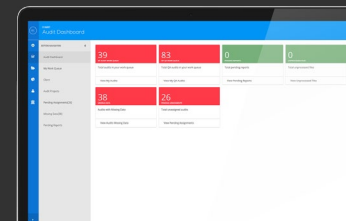
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Stephani has over 20 years experience in the healthcare industry. Stephani has worked in a variety of settings including Hospital, Long-term care, large multi- specialty physician practices and Electronic Health Record software design and development. Stephani was also a part owner of a consulting company for many years providing services in best practices for physician practice management services including coding, billing, and revenue cycle management audits. Stephani has extensive experience in audit and compliance and is responsible for your overall project performance and client satisfaction.

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