# **WelchAllyn**°



Improving the Metrics that Matter MACRA, Welch Allyn and You



# What is MACRA?

MACRA represents a shift away from traditional fee-for-service measurements, focusing instead on value and outcomes.



#### Requirements<sup>2</sup>

To qualify for this track, physicians must participate in an advanced APM entity, a payment model with a specific amount of downside financial risk

 Must meet certain thresholds for revenue at risk, or a patient count tied to one of several qualifying downside risk models<sup>2</sup>

## Requirements<sup>2</sup>

Default track for practices not meeting APM track requirements

- Must bill Medicare more than \$30,000 annually and
- Must provide care to more than 100 Medicare patients

### **Impact**

APM participants will qualify for an annual bonus of 5% of Part B professional services payments from 2019-2024.

- Participants will receive higher updates to fee-for-service Medicare rates than MIPS participants.
- Given the stringent requirements, CMS expects most providers will NOT qualify for the APM track.

## Impact

MIPS participants will be measured on a sliding scale of bonuses and penalties ranging from 4% in 2019 to 9% starting in 2022.



<sup>&</sup>lt;sup>1</sup> Health Care Industry Committee, The Advisory Board Company, Medicare Access and CHIP Reauthorization Act (MACRA), 2016

<sup>&</sup>lt;sup>2</sup> View full requirements at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html.



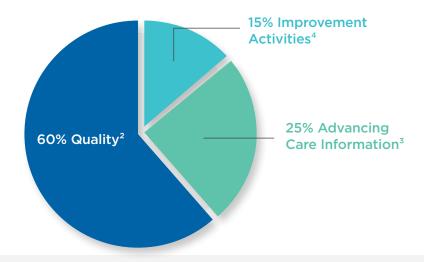
The Medicare Access and CHIP Reauthorization Act (MACRA) is federal legislation that was signed into law in 2015 establishing new ways to pay physicians for caring for Medicare beneficiaries. Starting in 2017, Medicare providers will be measured against MACRA's Quality Payment Program. These new requirements will impact reimbursement in 2019.1



# Approximately 88-95% of participants will fall into the MIPS track within MACRA.

MIPS combines parts of existing quality and value programs into one comprehensive merit-based payment system. Providers under MIPS will be measured on:

- · Quality of care
- Clinical improvement activities
- · Advancing care information through EHR use
- Cost/resource use (will be measured in future years)



<sup>&</sup>lt;sup>1</sup> Health Care Industry Committee, The Advisory Board Company, Medicare Access and CHIP Reauthorization Act (MACRA), 2016

<sup>&</sup>lt;sup>2</sup> Report up to six quality measures, including an outcome measure, for a minimum of 90 days. Learn more at https://qpp.cms.gov/measures/performance.

<sup>3</sup> Attest that you completed up to 4 improvement activities for a minimum of 90 days. Learn more at https://qpp.cms.gov/measures/performance.

<sup>&</sup>lt;sup>4</sup> Fulfill the five required measures (optionally up to nine) for a minimum of 90 days. Learn more at https://qpp.cms.gov/measures/performance.

### Here are just a few ways Welch Allyn solutions can help you comply with MIPS requirements.

Welch Allyn Product	MIPS Category	MIPS Measurements	How Can We Help?
RetinaVue™ Network	Quality	Diabetes: Eye Exam, DM-7 (NQF 0055)	Achieve patient compliance rates of up to 90% for diabetic retinal (eye) exams in just 12 months¹  • Simple and affordable technology enables diabetic retinal exams in primary care settings  • Expert diagnostic report from board-certified ophthalmologist is returned in one business day
Welch Allyn Home™ Hypertension Program	Quality	Controlling Blood Pressure, HTN-2 (NQF 0018)	SureBP* technology to help monitor and manage hypertension in the home, including full connectivity back to the practice, which can help get patients to target blood pressure  • Home blood pressure measurement, communication and clinical support have been shown in clinical studies to reduce systolic blood pressure by up to 20 points²
		Hypertension: Improvement in Blood Pressure	
		Adult Kidney Disease: Blood Pressure Management	
Connex® Spot Monitor	Quality	Hypertension: Improvement in Blood Pressure	SureBP technology and blood pressure averaging can help providers improve performance by:  Providing decision support for accurate identification and management of hypertensives  Reducing the risk of white coat hypertension, which can reduce unnecessary medication prescribed and help providers focus care on patients who truly need it
		Controlling High Blood Pressure, HTN-2 (NQF 0018)	
		Preventative Care and Screening: Screening for High Blood Pressure and Follow-up Documented	
		Adult Kidney Disease: Blood Pressure Management	
		Preventative Care and Screening: Body Mass Index	Screen patients easily in the office by entering height and weight on the device to calculate BMI in Office Profile  Benchmark BMI as part of the care plan and document progress during each in-office visit to measure outcome
ABPM 7100 Ambulatory Blood Pressure Monitor	Quality	Hypertension: Improvement in Blood Pressure	24-hour blood pressure monitor designed to help avoid the effects of white coat hypertension, take accurate sleep readings and tailor drug therapy regimes to your individual patient's needs
		Controlling Blood Pressure, HTN-2 (NQF 0018)	
SpiroPerfect® PC- Based Spirometer	Quality	Medication Management for People with Asthma (NQF: 1799)	Fast, reliable pre- and post-bronchodilator, FVC, SVC and MVV testing with automatic interpretation and reversibility analysis
		Use of Spirometry Testing in the Assessment and Diagnosis of COPD (NQF: 0091)	

Use of product or service **MEETS** criteria

Use of product or service **SUPPORTS PROGRESS** toward criteria

# Contact your Welch Allyn representative to get started today.

1 Garg S, Jani PD, Kshirsagar AV, King B, Chaum E. Telemedicine and Retinal Images for Improving Diabetic Retinopathy Evaluation. Arch Intern Med. 2012; Oct 1: 1-2.

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<sup>&</sup>lt;sup>2</sup> Effectiveness of Home Blood Pressure Monitoring, Web Communication, and Pharmacist Care on Hypertension Control: A Randomized Controlled Trial, JAMA. 2008;299(24):2857-2867. doi:10.1001/jama.299.24.2857