

Need a quick rundown of the MACRA final rule? We've got you covered. Here is a brief summary of the top eight things you need to know.

1. More physicians will be exempt from MIPS. Eligible clinicians or groups who do not exceed \$30,000 of billed Medicare Part B allowed charges or 100 Part B-enrolled Medicare beneficiaries in 2017 will be excluded from MIPS.

CMS notes that the same low-volume threshold will apply to both individual MIPS eligible clinicians and groups because groups have the option to elect to report at an individual or group level. Therefore, to stay under the threshold, it may be advantageous for some practices to report individually.

Not sure if you'll fall under the threshold? You may want to consider fulfilling one of the reporting requirements listed below to ensure you'll avoid a 4% penalty.

2. Reporting on even one quality measure for a single patient in 2017 is enough to avoid a 4% Medicare Part-B payment penalty in 2019. You can also avoid the penalty by choosing to report a single improvement activity or reporting the four required measures in the advancing care information performance category. In other words, the only physicians that will be penalized in 2019 are those that do not to report any performance data.

3. Reporting more data means more opportunities for bonuses. Clinicians and groups that report more than the minimum can improve their MIPS composite score and earn bonuses on a sliding scale. Clinicians and groups that achieve a MIPS composite score of at least 70 are eligible for additional bonuses.

4. The reporting requirements under MIPS will increase in future years. While CMS has stated that it envisions a transition period of at least two years, the minimum requirements to avoid penalties under MIPS will almost certainly increase in the next performance period. By reporting as much data as possible, clinicians and groups can prepare themselves for the increased reporting requirements that are sure to come.

5. You don't have to begin on January 1st. Clinicians and groups who report for at least 90 continuous days in any of the three performance categories (i.e. quality, improvement activities, and advancing care information) will be eligible for potential bonuses.

6. The four components of the MIPS composite score have been reweighted. The resource use (i.e. cost) component of MIPS will now be weighted at 0% in the first year of the program. While the cost component of MIPS previously comprised only 10% of the score, many physicians had

concerns about the attribution and scoring methodologies in place for this measure. Now, in the first year of the program, quality will be weighted at 60% of the composite score, advancing care information will be weighted at 25% and improvement activities will be weighted at 15%.

So, what's the mean? If you're looking to maximize your composite score in the first year of the program, focus on the quality performance category. At 60% of the overall score, these measures will have a greater impact on your MIPS composite score than all other requirements combined.

7. The reporting requirements needed to fully participate in MIPS have been modestly reduced. Provided below is an illustration of the requirements you will need to fulfill in each category for a chance at full credit. You can see all of the reporting measures by visiting this newly designed [webpage from CMS](#).
8. It's still not perfect. Physicians can still be penalized if they fail to report any data. In addition, the limited requirements that are in place for the first year of the program are only temporary. Still, the final rule is a huge improvement over the proposed rule that preceded it. 