

MACRA changes government approach to doctor payment

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Physician participation in APMs is being encouraged with advanced alternative payment entity bonuses. However, all special-interest groups have sought changes and raised questions; limited evidence is available to support payment based on patient outcomes.

"MACRA and the rules implementing it create a payment system for physicians that will accelerate Medicare's transition from fee-for-service payment untethered to any accountability to [payment](#) based on performance metrics, patient experience, [patient outcomes](#), and public health improvement," according to the report. "But years of complex implementation lie ahead."

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(HealthDay)—Implementation of the Medicare Access and CHIP Reauthorization Act (MACRA) has made fundamental changes to the government's approach to physician payment, according to a March 27 policy brief published in *Health Affairs*.

The policy brief addresses the core provisions of MACRA and issues relating to the change in the way Medicare will pay clinicians.

The new approach pays providers based on the quality, value, and results of care delivered, and not for individual services. The final rules create two tracks: the Merit-based Incentive Payment System (MIPS) and the Alternative Payment Model (APM); 90 to 95 percent of Medicare Part B billings will be subject to the new payment system. As part of MIPS, an estimated \$3 billion will be provided in positive payment adjustments from 2019 to 2025. Several levels of alternative payment organizations have been created, which require practices to take on some level of financial risk for patient outcomes.

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