

Medicare Access and CHIP Reauthorization Act of 2015

	Past	Present
Annual fee-for-service update for physician services	<ul style="list-style-type: none"> • 21.2% SGR cut takes effect April 1, 2015. • Future SGR cuts could exceed 25%. 	Annual update of: <ul style="list-style-type: none"> • 0% January–June 2015 • 0.5% per year during July 2015–19 • 0% in 2020–25 • 2026 & beyond: 1% for APM* participants; 0.5% for all others.
Pay for performance/quality reporting programs	<p>PQRS + MU + VBM Maximum Total Penalties</p> <ul style="list-style-type: none"> • 2015: 4.5% • 2016: 6% • 2017: 9% • 2018: 10% or more • 2019: 11% or more • 2020: 11% or more <p>PQRS: Physician Quality Reporting System MU: EHR incentive program/meaningful use VBM: Value-based payment modifier</p>	<p>Merit-based Incentive Payment System (MIPS) Maximum Penalties & Bonuses (on top of fee-for-service payments)</p> <ul style="list-style-type: none"> • 2015–18: PQRS, MU, VBM continue. • 2019: 4% • 2020: 5% • 2021: 7% • 2022 & after: 9% <p>All physicians could earn a bonus if they meet MIPS quality standards. Extra bonus (up to 10%) for exceptional performance. MIPS replaces PQRS, MU, and VBM with more accurate assessment and scoring, flexibility, predictability; abandons current VBM model requiring penalties to equal bonuses.</p>
EHR meaningful use (MU)	No clear timeline or enforcement tools to achieve electronic health record (EHR) interoperability.	MU measures count 25% in MIPS. Interoperability is a goal by 2018; secretary may adjust penalties and/or decertify EHRs if this is not achieved.
*Alternative payment models (APMs)	No guaranteed payment update or bonus for physician participation in medical homes, accountable care organizations (ACOs), or other existing APMs. Limited support to develop new payment models.	APM participation remains voluntary. 5% bonus payments for 2019–24 for successful participation in eligible models instead of MIPS, with enhanced updates after 2026. \$20 million per year (2016–20) in technical assistance for small practices to develop new models or participate in MIPS.
Quality measure development funding	None.	\$15 million per year (2015–19) for measure development.
Liability protections	No protections.	Quality program standards do not set standard of care in medical liability actions.
Opting out of Medicare	Renew status every two years or face serious consequences.	Status continues indefinitely; no need to renew every two years.