

The Medicare Access and CHIP Reauthorization Act of 2015 (**MACRA**) is a federal law that establishes a new way to pay physicians who treat Medicare patients, revising the Balanced Budget Act of 1997. Simply put, MACRA repeals the sustainable growth rate — a series of Congressional fixes responsible for adjusting Medicare expenditures and provider reimbursement — and authorizes Health and Human Services (HHS) to implement value-based initiatives aimed at improving care access for Medicare and CHIP beneficiaries.

Chief among MACRA's major provisions is the Quality Payment Program, which aims to streamline various quality reporting programs under a single one. The new program comprises one of two paths for eligible clinicians: the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).

Find out your participation status in MIPS:

- Participation notification letters from CMS notified clinicians of their MIPS status. The letter informed clinicians whether or not they, or the individuals in their group, are exempt from MIPS. It called on clinicians to review the information and determine whether they plan to participate as a group or individually. See a [sample letter](#) on the education page of qpp.cms.gov.
- This [interactive tool](#) on the CMS Quality Payment Program website can determine whether or not you should participate in the MIPS track of the Quality Payment Program in 2017, and link you to relevant resources.
- This [participation fact sheet](#) outlines who can participate now, who's exempt, and next steps. If you are not in the program in 2017, you can participate voluntarily and you will not be subject to payment adjustments.
- This article, [8 Ways to Know if You Should Participate in the Quality Payment Program](#), comes from CMS
- For the latest information, visit the [Quality Payment Program website](#). The Quality Payment Program Service Center may be reached at 1-866-288-8292 (TTY 1-877-715- 6222), Monday through Friday, 8:00 a.m.-8:00 p.m. ET or via email at QPP@cms.hhs.gov.

Latest Updates from the Centers for Medicare & Medicaid Services:

- [Alternative Payment Models \(APMs\) in the Quality Payment Program](#)– Includes a comprehensive list of all APMs operated by CMS, including Advanced APMs and MIPS APMs for the Quality Payment Program.
- [Support for Small Practices](#) – Contains contact information for the local, experienced organizations that will help clinicians in small and rural practices participate in the Quality Payment Program.

Additional CMS Resources:

- [Final Rule](#)
- [Executive Summary](#)
- [Quality Payment Program Fact Sheet](#)
- [Quality Payment Program: Key Objectives](#)
- [Small Practice Fact Sheet](#)
- [Where to Find Help](#)
- [Comprehensive List of APMs](#)
- [How to Design an APM](#)
- [Learn More About Improvement Activities and APMs](#)
- [APMs: Medicaid Models and All-Payer Models](#)
- [Delivery System Reform: Paying for What Works \(Video\)](#)
- [Webinars](#)