MACRA-nym	Short For	Definition	Relationship to MACRA/QPP
ACA or PPACA	(Patient Protection) Affordable Care Act	Also known as Obamacare, this 2010 legislation attempts to reform the healthcare system by providing more Americans with affordable, quality health insurance.	MACRA builds on the principles set by the ACA by tying Medicare reimbursements to quality of care or value through alternative payment models.
ACO	Accountable Care Organization	Healthcare payment mechanism that creates incentives for providers to work together to treat an individual patient across care settings — including doctor's offices, hospitals & long-term care facilities.	MACRA provides incentive payments for participating in certain types of APMs where clinicians accept both risk & reward for providing care.
ACI	Advancing Care Information	ACI streamlines measures & emphasizes interoperability, information exchange & security measures. For this category, clinicians must use certified EHR technology.	ACI replaces Meaningful Use as one of the four performance categories under MIPS.
APM	Alternative Payment Model	A new Medicare payment approach designed to incentivize the adoption of payment models that move away from reimbursement models that reward for each service provided (fee-for-service).	MACRA provides a 5% annual lump sum payment to clinicians who participate in qualified APMs.
CAH	Critical Access Hospital	A subset of rural hospitals that meet special criteria (e.g., limited size & shorter average length of stay) to receive cost-based reimbursement from CMS.	CAHs do not participate in QPP, but they will remain subject to the current EHR incentive requirements. However, eligible clinicians within CAHs that bill Medicare Part B services are eligible
CEHRT	Certified Electronic Health Record Technology	Standards for structured data EHRs must comply with (e.g., systems are secure, maintain confidentially & able to share information) to participate in the EHR Incentive Program.	The various quality reporting programs, including the EHR Incentive Program, are streamlined & replaced by MIPS.
CHIP	Children's Health Insurance Program	Provides free or low-cost health coverage to children of families that earn too much money to qualify for Medicaid.	MACRA extends CHIP for 2 more years.
CMMI	Centers for Medicare & Medicaid Innovation	Created by the ACA to test & develop new payment & service delivery models (e.g., ACOs,	The Quality Payment Program provides financial incentives for participation in these

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		PCMHs) that improve the quality of care for Medicare & Medicaid.	models.
CMS	Centers for Medicare & Medicaid Services	Federal agency within the Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.	Over the next few years, CMS will implement MACRA to reward providers for delivering value over volume & encourage the shift toward alternative payment methodologies.
CPC or CPCI	Comprehensive Primary Care (Initiative)	A CMMI payment model that assists physician practices with becoming primary care medical homes to deliver higher value care.	Certain CMMI payment models have potential to become be a qualifying APM under the Quality Payment Program (QPP).
CPI or CPIA	Clinical Practice Improvement (Activities)	An activity that improves clinical practice or care delivery & likely results in improved outcomes (e.g., population management, care coordination, beneficiary engagement).	One of the four performance categories under MIPS.
CPS	Composite Performance Score	A composite score based on performance in each of the four MIPS categories.	Under MIPS, the CPS (on a scale of 0-100) will be used to differentiate between the strongest & weakest performers.
CQM(s)	Clinical Quality Measures	Mechanism for measuring & tracking the quality of healthcare services against nationally recognized standards.	CMS incentive programs use quality measure data to direct financial rewards or penalties to providers based on performance.
eCQM(s)	electronic Clinical Quality Measures	Clinical quality measures that are reported directly from the electronic health record (EHR) to CMS for the EHR Incentive Program.	The QPP aligns the advancing care information category with the quality category to allow eCQm submission for both.
EC	Eligible Clinicians	Refers to Medicare Part B clinicians eligible to participate in MIPS — includes physicians, physician assistants, nurse practitioners, clinical nurse specialist & certified registered nurse anesthetists.	MIPS is one of two payment paths under the Quality Payment Program.
FFS	Fee-for-Service	A service delivery system where	MACRA supports CMS' efforts

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		healthcare providers are paid for each service separately (e.g., office visit, test, or procedure). Traditional Medicare Part B is based on FFS payments	to move away from FFS reimbursement towards value-based payments.
FQHC	Federally Qualified Health Clinics	A subset of rural health clinics that meet special criteria to receive cost-based reimbursement from CMS.	Currently exempt from reporting to MIPS because they are paid differently under Medicare.
MACRA	Medicare Access and CHIP Reauthorization Act of 2015	Repeals the sustainable growth rate (SGR) & creates two payment paths (MIPS & APM) for provider reimbursement under one larger name, the Quality Payment Program (QPP).	Revolutionizes Medicare physician reimbursement & signals the government's continued desire to improve patient care, reduce costs & move toward a value-based payment system.
MIPS	Merit-Based Incentive Payment System	The new fee-for-service payment system that bases annual payment updates on performance in four categories (quality, resource use, advancing care information& clinical practice improvement activities).	One of two paths for participation in the Quality Payment Program.
MU	Meaningful Use	A CMS quality reporting program that determines if eligible professionals are actively engaged in the use of certified EHR technology.	MIPS streamlines & replaces various quality reporting programs, including Meaningful Use.
MSSP	Medicare Shared Savings Program	A CMS payment model rewarding ACOs that lower their healthcare costs while meeting performance standards on quality of care.	APMs are one of two paths for participation in the Quality Payment Program.
PCMH	Patient-Centered Medical Home	A healthcare delivery mechanism that coordinates all patient treatment through a primary physician practice.	The Quality Payment Program provides financial incentives for participation in PCMHs.
PQRS	Physician Quality Reporting System	A CMS quality reporting program that uses incentive payments to encourages eligible professionals to report quality measure data.	MIPS streamlines & replaces various quality reporting programs, including PQRS. PQRS falls into the quality performance category under MIPS
PTN	Practice Transformation Network	Peer-based learning networks that provide assistance to thousands of clinicians in all 50 states to improve	PTNs are a key support for clinicians preparing for payment changes under

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		care coordination & quality.	MACRA.
QCDR	Qualified Clinical Data Registry	CMS-approved entity that either collects & submits PQRS quality measures data or is half of eligible clinicians	QCDRs are an acceptable method of submission for three performance categories
QIO	Quality Improvement Organizations	A group of healthcare quality experts organized to improve the quality of care delivered to people with Medicare.	MACRA allocates $20M/year for QIOs & RECs to provide QPP technical assistance to small practices.
QP	Qualifying Alternative Payment Model Participant	QPs are physicians & providers who have a certain percentage of their patients or payments through and eligible APM	An eligible clinician who meets the advanced payment threshold or advanced patient threshold will receive an APM incentive bonus
QPP	Quality Payment Program	The single unified payment framework derived from MACRA legislation that incentivizes providers to transition for fee-for-service to value-based care, linking quality & value to payment	Consists of two paths, MIPS & APMs, which together comprise the QPP.
SGR	Sustainable Growth Rate	A means for CMS to regulate spending on Medicare physician services. For several years, the SGR recommended drastic cuts for Medicare physicians, which caused Congress to step in with temporary fixes.	MACRA repealed the SGR reimbursement formula.
REC	Regional Extension Center	An organization that received federal funding to assist healthcare providers with implementation of EHR technology.	MACRA allocates $20M/year for RECs & Quality Improvement Organizations to provide QPP technical assistance to small practices.
TCPI	Transforming Clinical Practice Initiative	A CMS initiative to support clinician practices through collaborative & peer-based learning networks that facilitate practice transformation.	Participation will better position clinicians to meet and succeed under delivery system reform efforts, including the QPP.
TIN	Tax Identification Number	A nine-digit number the IRS assigns to organizations.	Used by CMS incentive programs to identify an eligible clinician or group.

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VM or VBM	Value-Based Payment Modifier	A CMS quality reporting program that uses performance on specified quality & cost measures to determine physician reimbursement under Medicare.	MIPS streamlines & replaces various quality reporting programs, including, VM.