



How MACRA Monitor increases MIPS Revenue for Accountable Care Organizations

MACRA Monitor and ACOs

An ACO's founding clinic realized that poor-scoring independent clinic members would reduce the founder's MACRA reimbursement. The MACRA Program Manager introduced MACRA Monitor's Concierge with all other ACO member organizations to ensure that 100% of ACO member clinics were properly registered into the QPP submission system, produced the appropriate reports from their EHR, met eligibility thresholds, and helped successfully attest. Along the way, the ACO and its member clinics documented principles to follow for upcoming reporting years.

Principle 1: Create a Holistic ACO View

ACOs are designed to give coordinated high-quality care to Medicare patients. But since MACRA is not a part of ACO core business, ACO reporting does not support MACRA scoring, or financial impact.

Before utilizing MACRA Monitor, our ACO clients were virtually blind on MACRA scoring:

- ACI (now PI) was a function of each member clinic and not reported to the ACO;
- CQM (for MACRA purposes) was unavailable throughout the year;
- The ACO had no tools to calculate or communicate MACRA composite or financial scores.

Principle 2: Empower ACO Managers for submission Compliance

Any clinic that failed to submit ACI data would reduce everyone's scores. Since each clinic was responsible for their own annual submission, the ACO had no visibility into this process. MACRA Monitor, with Concierge service, and CMS APIs improved:

- Eligibility tracking
- Ensuring proper PECOS/QPP TIN alignment
- EIDM registration compliance
- MIPS submission assistance (*automated in 2018!*)

With this assistance the ACO achieved clinic submission compliance of 100%.

Principle 3: Concise Education

Revenue increases with compliance, and compliance increases with knowledge. In the first of our bi-weekly meetings with each community clinic, we delivered concise training on "here is what you need to do" ... and then we measured those items for compliance

We didn't go beyond that level of education, unless questions came up. Throughout the year, our Concierge kept founding clinics, community clinics and the ACO up-to-speed with crisp answers, supported with irrefutable citations from direct CMS sources.

Principle 4: Peer pressure

One obstacle is that ACO staff could not compel independent clinics to provide MACRA data.

Our solution was peer level reporting to all ACO members during bi-weekly meetings. These reports showed how each clinic's current MIPS scores contributed to the ACO overall score, with "actual" and "target" financial implication on for each clinic. The result was that each organization could clearly see their impact on their own reimbursement, as well as their impact on everyone else's reimbursement.