



How to Improve MACRA Reimbursement ... with EHR Supplements

Rudimentary EHR reporting drives penalty avoidance strategy

Our client was a group with over 70 TINs and nearly 600 ECs reporting MIPS data. While the EHR was certified, its MIPS reporting was limited to providing individual level (no group) scores. Further, the EHR could not create the QRDA3 files necessary for electronic submission to CMS. We were only able to get PDF and CSV based reports.

Given the EHR constraints, the client's MACRA team elected to avoid penalties by submitting the minimal data necessary - CPIA Group Level measures. This strategy eliminated penalties, as well as positive adjustments. As the submission deadline approached, we began evaluating alternative strategies that could drive some positive revenue adjustments.

Data Acquisition Plan

We loaded ACI (PI) and CQM data from each provider and measure into MACRA Monitor via CSV upload. Since MACRA Monitor had the ability to aggregate group scores, we could analyze each TIN on group vs individual scores, which showed that many TINs would achieve better financial results under group reporting. However, while CMS allows our third-party software to aggregate group data for ACI (PI), they require that CQM aggregation to be done by the EHR or Registry.

We decided to submit all providers as individuals. Our projections showed that this strategy would generate upwards of \$300k in MACRA positive adjustments and would be well worth the effort.

TIN Alignment to QPP and PECOS

The EHR MACRA reports provided some level of assigning ECs to TINs as of submission date. However, CMS required EC alignment as of the QPP cutoff date, which was different.

In this case, MACRA Monitor was able to validate and re-align providers using a unique API to PECOS, which is the definitive source for EC and TIN associations. In this way, we were able to avoid submission-time rejections.

Getting around the lack of EHR QRDA3

Of course, submitting hundreds of provider data by hand would be onerous. And since the EHR could not generate submission data in the technology format CMS requires, the only option seemed to be manual data entry of each CPIA, ACI and CQM measure, for each individual physician. MACRA Monitor simply converted all EHR data to the streaming API format specified by CMS, so that each TIN could be submitted automatically.

Post-submission CMS response analysis

Within minutes after submission, CMS provided automated acknowledgements. And a few days later, when CMS published "preliminary" score results, we automatically received those scores and were able to compare them to expected results. This "near real time" automated feedback positions us to analyze any discrepancies and provide timely notification of any disputes to CMS during the July / August Review and Correction Cycle. The net result was an increase in MACRA adjustments of almost \$320,000 ... with very little effort on part of the client's MACRA team, beyond running standard reports from their EHR.