



Improving MIPS Quality is not just about Medicare reimbursement. It's also about getting new patients.

Strategies driven by financial analysis - "just the facts"

We recently worked with a specialist who bills over \$700k per year to Medicare B and had followed a 2017 strategy of penalty avoidance. While this strategy eliminated a penalty of \$28,000 last year, it failed to generate cash, and resulted in a quality score under 50%. Analyzing three separate strategies, the provider's 2018 planned reimbursement moved to a positive \$10,000 and a quality score of over 80%. But perhaps the most important dimension to increasing MIPS score was the potential impact of public reporting of Quality Scores into "find a doctor" websites.

Reputation Management

Money was not the only motivation. Google searches for "find a physician near me" returns sites like WebMD, Yelp and Healthgrades which currently rely on anecdotes and surveys to evaluate physicians on a "number of stars" rating system. Soon, these sites can include MIPS Quality scores from Physician Compare. Our provider was concerned about how her 50% score would impact new patient flow, when compared to other specialists with higher public "quality ratings".

The best "pick six"

Last year's submission included six CQMs directly generated by the provider's EHR. But since the EHR only produced general measures, the first three scored well, but the rest of the top six scores had poor performance on protocols outside the provider's normal patient interactions.

Specialty Templates

The first alternative strategy evaluated performance with specialty templates from CMS. In this case, the template contained four specialty measures, reducing the Quality denominator to 40 points, rather than the standard 60 points. This alone improved overall quality score, but did not add enough to increase reimbursement.

Specialty Registry Measures

The best quality score ended up coming from using data from the provider's specialty society. Although this approach required 6 measures rather than the 4 from using an EHR-based template, all six measures were in the provider's sweet spot and scored well.

Since we were able to monetize the results of each alternative, the provider was able to evaluate the cost of specialty-based submission against the costs of other alternatives. Even with additional out of pocket expense for the specialty registry, we generated positive cash flow – and will be able to post compelling quality scores to public websites, protecting the providers reputation among potential new patients.

Balancing cost, Medicare and reputation

Health care professionals are aware of the strengths and weaknesses of CQM reporting. But in 2019, public MIPS Quality scores makes it easier for patients to view these results when selecting physicians.

Balancing cost, reimbursement and reputation becomes critical in 2019. This demands tools not part of normal provider operations that enable important new analyses, improve reimbursement, and protect the flow of new patients. See MACRA Monitor for great options!