2017 is a pivotal year for clinicians participating in Medicare regulatory programs. MACRA legislation replaces the Medicare Meaningful Use program and PQRS with the Quality Payment Program (QPP). To ease the transition, CMS offers three options; Test, Partial or Full. The ‘test option’ allows you to submit a minimum amount of data.

The test option is a good thing, right? Sort of. There are penalties in 2017 for qualifying clinicians who do nothing in 2017 and you do want to be sure you are sending the right data to meet the test option requirements. And the test option may not adequately prepare you for the 2018-reporting year when the negative payment adjustment increases to 5%. Here’s the small practice guide to making the most of your transition year and prepare for 2018. If your practice isn’t fully participating, you could get as much as a 5% negative payment adjustment on 2020’s Medicare Part B claims.1

It would be like if a college allowed students to spend the first semester of the school year exploring any classes they wanted. No grades on homework—just as a learning opportunity. Then, once students found the best classes for their unique needs, the real coursework would begin. Students could receive perfect grades in their final classes even if they’d spent a good portion of the year auditing classes like “Learning from YouTube” and “The Physics of Star Trek,” which actually exist, by the way.2
So, yeah, this is a big deal. And luckily for you, there are lots of resources out there to help you learn more about the Quality Payment Program and the MIPS and APM tracks. The age-old adage to “think big, but start small” applies beautifully here. The ultimate goal for your practice is to make sure you meet the MACRA regulatory commitments. But achieving this requires many small acts of preparation.

As CMS states in the mission statement of its 2016 Quality Payment Program, the objective of MACRA is that “in working together, everyone can benefit.” To make sure you do indeed benefit, and get the reimbursements you deserve, here are some essential elements to consider and prepare for.

**A good EHR simplifies your processes and makes it easier for small practices to get reimbursements.**

First of all, EHR use will be MACRA-mandated in 2018. But this isn't merely a regulatory issue. A good EHR simplifies your processes and makes it easier for small practices to get reimbursements. That may sound like a tall order, and you may have been frustrated by EHR limitations in the past, but today’s top EHR software is light-years better than some of these earlier versions.

For example, AdvancedEHR lets you apply code sets to your note fields, map fields to corresponding quality measures, generate reports of measure specifications for better tracking, share patient data through a HIPAA-compliant population health management tool and create customizable health plans based on parameter-based triggers and factors. So, basically everything except cook your breakfast.
Despite this being a transitional year for MACRA’s Quality Payment Program, don’t approach 2017 like a kid approaches summer vacation. There is still work to be done so that you can find the right strategy for your practice. It’s more like summer break and you’re a schoolteacher—sure, a lot of the normal burdens are off your plate, but you still need to prepare your lesson plans in time for the upcoming school year.

To gear up for 2018, select realistic measures that have optimal weighting and will be sustainable in the years to come. This is your time to identify needs and find solutions. Reach out to other practices and learn what’s working for them. Leave no stone unturned as you seek the right options for your practice.

Just like a teenager at a family reunion, you totally need to get online. That’s where it’s at. Start with the “Resource Library” section under “About” on the Quality Payment Program (QPP) website. You can access it by clicking here. You’ll find information on MIPS participation and documents listing suggestions and resources specifically geared for small practices.

If you’ve got questions concerning details for any of the MIPS Performance Categories, this is the place to look. All these resources are available to help reduce your burden and improve your reimbursements, so be sure to take advantage of what’s available.

As part of the Medicare Access and CHIP Reauthorization Act of 2015 (otherwise known as your new friend, MACRA), assistance is provided specifically for small practices as they participate in the Quality Payment Program.

There are local organizations throughout the country that can help you with things like navigating MIPS requirements, deciding whether or not to join an APM, and even technical assistance. Their assistance is available at no charge if you’re eligible.

As a resource to you, all the recommended organizations’ contact info is listed below. On the QPP website you can view a map that shows which of them are in your area.5
MIPS Resource Companies

Altarum
qppinfo@altarum.org

Alliant GMCF
qppsupport@alliantquality.org

Healthcentric Advisors
neqppsurs@healthcentricadvisors.org

Health Services Advisory Group
hsagqppsupport@hsag.com
(844) 472-4227

TMF
qpp-surs@tmf.org

Network for Regional Healthcare Improvement

UT, OR, NV
qpp@healthinsight.org

MT, WY, AK
qualitypaymenthelp@mpqhf.org

Quality Insights (WVMI)
qpp-surs@qualityinsights.org
(877) 497-5065

QSource
techassist@qsource.org

Telligen
qpp-surs@telligen.com
(844) 358-4021

IPRO
(866) 333-4702

NY
ny-qppsupport@atlanticquality.org

DC
dc-qppsupport@atlanticquality.org

MD
md-qppsupport@atlanticquality.org

VA
va-qppsupport@atlanticquality.org
For Small, Underserved, & Rural Support of 15 or fewer clinicians:

For larger practices of more than 15 clinicians:
Add a little strategy to your health IT investments.

It can be overwhelming to decide which technology to acquire for your practice. Small practices in particular are often structured so that the lion’s share of the focus goes to patient care. As it should. The results — better patient outcomes — speak for themselves. But that just means you may not have the luxury of testing out all the different tech options before buying them. You need to be informed and judicious in your purchases.

The best approach is to look past the bells and whistles offered by different tech solutions and identify the products that can help your MACRA strategy and make your life easier. Ask yourself, “Will this purchase simplify our processes? Will it be easy to implement?”

AdvancedMD offers a full suite of patient experience software designed to boost clinical outcomes through increased patient engagement, satisfaction and retention. These products are in perfect harmony with your dedication to stellar patient care. And they’ll boost patient satisfaction by helping your patients schedule appointments, request prescription renewals, fill out consent forms, pay outstanding balances and view clinical summaries and lab results.
Conclusion

Your goal: reimbursements. Your task: making the most of this year so you’re prepared for a future of MACRA success. The good news is that your brand of patient-first care is exactly what MACRA was always intended for.7 Keep doing what you do best and you’ll get favorable reimbursements.

At the same time, data management matters more now than ever. If you can integrate all your office software and let your EHR do most of the grunt work, you’ll be able to focus on treating patients while your technology does the rest.

That’s what Dr. Patrick Conway, acting Principal Deputy Administrator and Chief Medical Officer for CMS, envisions. “Reducing burden and improving how we measure performance supports clinicians in doing what they do best — caring for their patients,” he said in a press release last year.8

To learn more about the technology options available to small practices, contact AdvancedMD today. We support your patient-centric approach to healthcare and offer EHR, medical billing, and patient experience software that can simplify your processes and put your patients front and center.

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