

Primary Care & MIPS

How to Thrive Under MACRA's Quality Payment Program



With the right strategic planning and expertise in place, primary care groups can thrive within MACRA's Quality Payment Program MIPS path.

First-year reporting flexibilities cemented by the MACRA final rule make the inaugural reporting year an ideal time for clinicians to build a strong foundation for future success under the new Medicare reimbursement program. As clinicians prepare for reporting under MIPS, establishing specialty-specific expertise on financial, clinical and technical objectives can help practices thrive rather than just survive in the new value-based care landscape.

4 Tenets to MIPS Success

Financial, clinical, and technical optimization and the right staff expertise will be critical to thriving in value-based care. Practices can begin building a solid foundation for success by optimizing existing revenue streams to secure funds that may serve the practice elsewhere under MIPS.



Financial: Optimize revenue capture, particularly in the areas of coding and denial management.



Clinical: Streamline provider workflow, documentation and care coordination objectives.



Technical: Customize EHR resources based on your specific quality measures and specialty KPIs.



Staff: Ensure the right expertise is in place to understand MIPS deliverables and execute.

Primary Care Practice Resources

The average internal medicine, OB/GYN, pediatric, or family practice can easily qualify for incentives under MIPS, but many lack the internal expertise and resources needed to implement an effective strategy while maintaining patient care. Proactive leadership and expert partnerships are essential to executing under MIPS. Find the right partners to make sure you set your practice up to thrive. iHealth offers the expertise that can help get your primary care practice there.

"Care providers that intentionally and deliberately engage with new payment and care delivery models will have more opportunity in the future than they have today."

-Justin T. Barnes, Partner, iHealth Innovations

To learn more about how your primary care practice can successfully prepare for and thrive under MIPS, visit <http://iHealthInnovations.com/ihealth-webinars>



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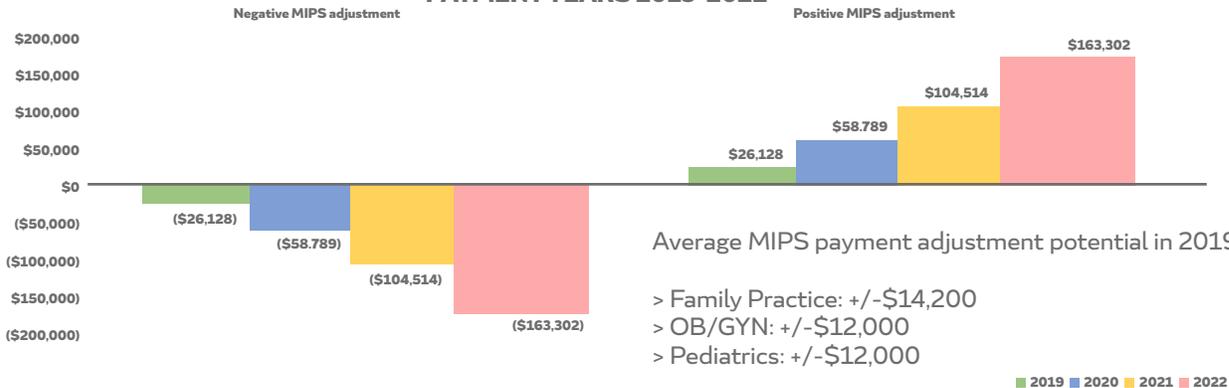
Building a Strong Foundation for Value-Based Care Success



\$26,100 +

Under MIPS, the estimated average payment adjustment potential for a 7-clinician internal medicine practice in 2019 first-year reimbursement alone.

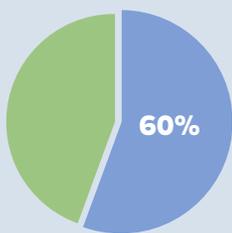
CUMULATIVE ESTIMATED PAYMENT ADJUSTMENT (PER PRACTICE): PAYMENT YEARS 2019-2022+



Primary Care Reporting Requirements—3 MIPS Performance Categories

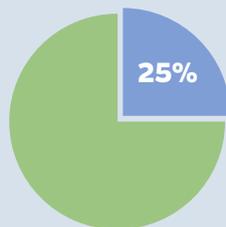
A single composite score on a scale of 0-100 will determine Medicare incentive or penalty payments for physicians under MIPS. That score is derived from 3 weighted reporting categories for the 2017 reporting period, which will impact 2019 Medicare payments. Clinicians will need to meet the following requirements in the 2017 MIPS reporting period:

Quality



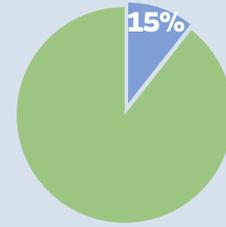
6 quality measures, including 1 outcome measure if applicable. If no outcome measure is available, select any high-priority measure.

Advancing Care Information (ACI)



Minimum of 4 ACI base measures for 2014 CEHRT, 5 base measures for 2015 CEHRT.

Improvement Activities (IA)



Any combination of 4 medium-weighted or 2 high-weighted or 1 high-weighted and 2 medium-weighted activities.

of specialty-specific measures included in MACRA Final Rule



37
Internal
Medicine

55
Family
Practice

24
OB/GYN

18
Pediatrics



For more details on how to Thrive under MACRA's Quality Payment Program, visit <http://www.iHealthInnovations.com/wrap>