



## HIE OPTIMIZATION IS SMART, SAFE & VITAL

- IMPROVE REFERRAL PATHWAYS.
- IMPROVE ENTIRE REFERRAL NETWORK.
- OPTIMIZE YOUR EHR.
- IMPROVE PI SCORE.
- MEET & EXCEED COMPLIANCE BENCHMARKS & TARGETS.
- MAXIMIZE REIMBURSEMENT.
- NO ADDITIONAL WORKLOAD.
- NO STAFFING REQUIREMENTS.
- BEST-IN-CLASS PROFESSIONAL SERVICE.
- AND MORE.



## Live Well A.P.S., Inc. — Who We Are

**We subscribe to the motto — In an environment of government “incentivized” regulations, superior business intelligence is the ONLY way to triumph.**

We are a contracted agency and facilitator for leading experts that specialize in the processes of MIPS (QPP & MACRA), RAF Compliance, Health Information Exchange, and Patient Outreach Optimization for financial ROI.

Together we support thousands of independent and hospital-based physicians & clinicians, multi-TIN, Medicare Advantage plan providers, and ACO and Advanced APM members. And we deliver **Maximum Value** with vital CMS program guidance and the most effective and innovative clinical and non-clinical business solutions that improve compliance, patient attribution, reimbursement, and efficiency. In addition, streamline costs and reduce hassles.

### NQS Health Information Exchange (HIE) Requirements for Sharing, Receipt, and Use of Digital Data Could Have a Serious Impact on Reimbursement

**For TINs that utilize an Ambulatory Certified EHR, proactive steps must be taken NOW to meet CMS’s National Quality Strategy (NQS) compliance requirements.**

Health Information Exchange (HIE) Optimization is a vital and proactive solution for all payor classes (Medicare, Medicare Advantage, ACO and Advanced APM members, Medicare Shared Savings Plans (MSSP), Medicaid, Commercial – Insured and Employer Self-Funded Plans, and other Risk Based Reimbursement Plans).

#### Compliance is Now Incentivized

Though most TINs and their IT departments did a good job with HIE in the past, due to complexity and the failure of HIE and EHR vendors to provide TINs and their providers with the proper expertise, tools, and/or training, most are **NOT** meeting NQS requirement benchmarks and targets.

Administrators even boast about their robust IT. Unfortunately, too many are still apathetic about actions needed because up until now NQS requirements have not amounted to any significant increase in revenue. This has now changed.

So, now when ownership, boards, and/or stakeholders ask why your TIN’s reimbursement has been reduced or why you failed to increase reimbursement, and no one can explain why or do anything about it, ignorance or apathy will not be an accepted excuse. **Don’t let this to happen to you!**

#### NQS Requirements

The NQS advances electronic health information exchange and streamlines





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cumbersome health care processes by establishing standardized requirements across the industry. These rules reflect the deep collaboration between CMS and ONC to ensure that providers and payers adopt common, open-industry standards to advance interoperability and industry innovation.

It develops and expands the requirements for sharing, receipt, and use of digital data, including digital Quality Measures, across CMS Quality and Value-Based programs. And to transition to all digital Quality Measures and digital data collection by 2030 to reduce burdens and enable timely availability of quality data.

### Failing to Optimize Will Cost You a Lot of Money

You are required to share and have access to patient data and compile and collect data for use in treating patients. But what makes this difficult is the goal post is moved every year and the NQS will make it more difficult for TINs to navigate compliance, which will subject them to the penalty of lower reimbursement.

To ensure you avoid the penalty and continue to improve reimbursement, you must make the commitment to optimize your EHR and improve your Referral Network pathways. If you don't, this oversight will cost you a lot of money. In addition, to avoid non-compliance, you must use the NQS requirements as part of your broader strategy around interoperability and patient engagement/outreach.

While the NQS requirements present significant challenges, they also provide an impetus to gather new levels of clinical data. And if you're looking to do more than check the box, it will allow you to turn your compliance into a competitive advantage by developing new services in line with Value-Based Care such as CCM, RPM, and more.

### Must Know for MIPS Eligible

The PI Category Weight is worth 25% of your TIN or ACOs Final MIPS Score and requires a minimum of any continuous 90-day reporting period during the calendar year. Under certain circumstances, CMS will reweight the PI Category to 0% and the 25% would be added to other MIPS Category Weights.

The last day to start a minimum 90-day reporting period to attest to PI is October 1<sup>st</sup>. So, you need to start optimization as early in the year as possible or you risk failing on PI, and therefore fail in maximizing the payment adjustment under the QPP & MACRA in the PAY.

### Take the Next Step

In a 30-minute Zoom call, we'll talk about how our platform will enhance your EHR and help you achieve the most effective referral pathways to exchange clinical data, which will help you meet NQS requirements, and improve your PI score and your entire Referral Network.







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Log onto our **HIE Optimization** webpage and complete our Mutual NCND and email it to: [support@livewellaps.com](mailto:support@livewellaps.com). Then reserve a Zoom call with us. On our Calendly page, complete the required fields and when asked purpose of call click: **HIE Optimization**.

