



MACRA OPTIMIZATION IS SMART, SAFE & VITAL

- MANAGES COMPLEX SUBMISSION STRATEGIES.
- POWERFUL DASHBOARD.
- CMS DATA RECONCILIATION.
- CQM REGISTRY (OPTIONAL).
- SECURITY RISK ASSESSMENT.
- VERIFY QPP PAYMENT ADJUSTMENT IS ACCURATE.
- MAXIMIZE PAYMENT ADJUSTMENT IN THE NEXT PAY.
- VERIFY ACO OR VENDOR IS MEETING 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.

For MIPS Eligible TINs, Physicians, and Clinicians— Payment Adjustments Under the QPP & MACRA Have Begun

Up until 2022, the QPP & MACRA was just a compliance checkbox issue and a nuisance. But now all MIPS eligible TINs, physicians, and clinicians receive a positive or negative payment adjustment on their Medicare Part B claims submissions. And it is estimated that up to \$3.6 billion will be redistributed to 2022 top MIPS performers in 2024.

MACRA requirements make up of thousands of pages of regulations in the Federal Registry and are a very complicated beast and no small task to manage or optimize. And the CMS **National Quality Strategy (NQS)** is adding even more complexity.

Though most TINs did a good job meeting Quality Measures in the past, due to apathy, complexity, and the failure of vendors to provide TINs and their providers with the proper, expertise and tools, many are being penalized or missing the opportunity to qualify for the maximum adjustment of 9%.

Administrators even boast about their Quality Scores and robust QA audit teams and provider education. However, they are still apathetic about verification and actions needed because up until now the 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 received a negative adjustment, or failed to maximize the payment adjustment under the QPP & MACRA, and no one can explain why or do anything about it, ignorance or apathy will not be an accepted excuse. **Don't let this happen to you!**





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The MACRA Optimization Cycle

Optimization consists of a 9-step process that can only be achieved with an **Active** or **On-Going Program** that follows a regiment of extract, report, analyze, plan, and act for each quarter or month. And only by taking each step can you earn exceptional Category Weights and a Final MIPS score that will qualify for the maximum payment adjustment in the next PAY.

MACRA is much more than a year-end submission exercise or a periodic measure calculation. You can't improve performance by looking at your metrics after the year is over. And simply making numbers available a couple times a year only improves things a little.

At times your Category Weights and MIPS score may not be complete and/or accurate. And while some solutions can be applied retroactively, many require that coders or physicians change the way they describe things, or even change physician behavior.

Many so-called MIPS or MACRA experts' (vendors) give lip service to CMS quarterly or monthly requirement of integration and feedback. They get by with a dashboard that clients can look at any time. Such a passive approach is **NOT** reliable. The fact is – a dashboard is the least reliable of all.

What Else is Required

For TINs with fewer than 100 physicians & clinicians, it should be enough to run reports from your EHR quarterly, post them to a standalone MACRA database for performance analysis, and discuss shortfalls against targets. For complex multi-TIN organizations, MACRA Optimization steps need to be done monthly.

Sophisticated program analytics is required because raw MACRA data doesn't mean a lot to TIN management, physicians, or clinicians. By adding the financial impact, this creates a clear frame of reference. And once CMS publishes their Physician Compare content, the MACRA team should study the impact of public scores on the flow of new patients.

Many mid-to-large sized TINs may need at least one person with the expertise, time, and resources (including access to external expertise) to maintain or achieve the highest performance status.

If you're an ACO member or already working with a MACRA or MIPS vendor or Registry, you still need an independent 3rd party review of their work to ensure they're following up on all requirements. Because you can't afford to find out if they're not after the fact.

Eligible Clinician Payment Adjustment

Eligible physicians and clinicians (ECs) that are paid on a fee-for-service system or offered a bonus based on the number of patients they see or the quality of care they provide can earn more on Medicare Part B claims submissions under the QPP & MACRA.

Since qualifying for the maximum payment adjustment requires ECs and their TINs to coordinate their data, optimize CQM, PI, IA, and Cost, and file a





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supplemental MIPS submission both as a TIN and individual ECs (CMS will choose the higher scores), you should not depend upon your TIN or ACO to maximize your qualification status.

We request your help in scheduling a 15-30-minute Zoom call with your decision makers (Ownership, Managing Partner(s), CFO, and/or Controller).

Payment Adjustment Remittance Verification

You need to verify the payment adjustment on each claim you submit because it will not be easy to identify and will require a bit of calculation to show if it's correct. It will show as a dollar amount on your Remittance Advices, but to determine if it is accurate you will need to convert it to a percentage and compare it to the expected percent for the submitting physician, which will not appear on your Remittance Advices.

The Payment Adjustment Remittance Verification pulls the expected percent from the CMS / QPP database and compares that value to the value calculated on your Remittance Advices.

MIPS Category Weights Data Analysis

Maximizing your payment adjustment begins with the **MIPS Category Weights Data Analysis**.

To determine the best course of action, we must first find out where you are hitting and where you are missing. We will utilize publicly available CMS data, and data you supply us from your QPP Detailed Final Report, ACO, Electronic Medical Records (EHR) system, Practice Management System, and/or other manual sources.

The process will take a little time and effort on your part, but we help make this as simple as possible for you. You should expect to spend an hour or two working with us to extract the data points required. The research, analysis, and final report effort will take several manhours to complete. Within two business days, we will be ready to discuss the analysis finding and recommendations with your decision makers.

Take the Next Step

In a 15-30-minute Zoom call, we'll talk about our **MIPS Category Weights Data Analysis**, which will value verify your payment adjustment on up to 100 of your recent claims submissions and identify the steps you'll need to take to maximize your payment adjustment in the next PAY.

Log onto our **MACRA Optimization** webpage and complete our Mutual NCND and email it to: 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: **MACRA Optimization**.

