

North Mississippi Health Services takes MACRA to the limit, scoring maximum possible upside adjustment

NMHS leverages nThrive's Quality Payment Program (QPP) Registry to report 2017 MIPS data and gain maximum 2019 adjustment in Part B fee-for-service reimbursements

Business issue

Having a sizeable population of Medicare Part B patients, administrators at North Mississippi Health Services (NMHS) knew the likelihood of being impacted by MACRA was high. The organization set a goal to exceed performance and compliance thresholds in hopes of achieving both an upside adjustment as well as garnering a portion of the exceptional performance bonus available to high performing health systems.

Overview

Based in Tupelo, North Mississippi Health Services serves 24 counties in north Mississippi and northwest Alabama. Long dedicated to high-quality, cost-effective health care, the organization received the prestigious Malcolm Baldrige National Quality Award in 2012, with their flagship hospital initially awarded the designation in 2006.

Problem

As the health care industry shifts from volume-driven fee-for-service payment models to value-driven alternative payment models, providers are challenged to improve quality and tightly manage costs. Passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) has inspired a nationwide shift to value-based care in both the private and government sectors and has elevated the immediacy to make this transition. Effective in 2017, the Quality Payment Program, which carries out the MACRA law, required the nation's eligible clinicians to report quality data in the first quarter of 2018 based on their 2017 performance. For large physician organizations like NMHS, which have a sizeable population of Medicare Part B patients, the impact of MACRA's performance-based incentives or penalties is significant, making success mission critical.

With high Medicare Part B volume, NMHS leadership identified the need to incorporate value early and defined a multi-year strategy to facilitate their volume to value transition. Among the many paths forward, one was to meet the new QPP initiative's requirements. However, with limited



Faster/easier reporting through seamless data integration and standardization across all areas of the health system into a single dataset.

available measures for MIPS reporting – a problem for any Electronic Health Record (EHR) today – NMHS knew some of their best-performing measures would not be reportable. They knew they needed the guidance and expertise of a dedicated registry to take advantage of the expanded pool of measures available to registries and ensure their program's success.

Having partnered with nThrive for revenue cycle services since 2013, NMHS was familiar with our service and commitment to success. After participating in several nThrive-hosted MACRA strategy webinars to learn more about the new requirements, they were confident nThrive had the knowledge and expertise to deliver on their current value-based reimbursement needs.

Solution

NMHS engaged with the nThrive QPP Registry, leveraging analytics and accompanying advisory services. Through the engagement they gained the ability to consider hundreds of measures, thereby giving them the flexibility and competitive advantage necessary to compete and succeed under the new adjustment determination criteria.

nThrive worked closely with the NMHS information technology (IT) department to ensure that the implementation would not put undue stress on existing systems at NMHS and only require minimal IT engagement. To do this, nThrive modified their technology to accommodate pre-existing data export and import file formats at NMHS. nThrive was also able to modify its data output to better integrate with the NMHS systems, resulting in a more seamless experience.

"The MIPS reporting requirements were a medium in the range of difficulty," said Moshe Starkman, nThrive senior director of Value-Based Reimbursements. "We processed almost a dozen tax identification (ID) numbers representing hundreds of health care providers in the NMHS system. The data came from multiple sources and we submitted data for all three reportable MIPS categories: Quality, Advancing Care Information (now Promoting Interoperability) and Improvement Activities.



We're really happy with how smoothly the implementation has gone so far. We have peace of mind knowing nThrive Analytics is on top of QPP compliance for NMHS when it comes to MACRA requirements."

**SHELLEY MCARTHUR, MSN, RN, PERFORMANCE IMPROVEMENT
MANAGER, NORTH MISSISSIPPI MEDICAL CLINICS**

The modifications that we made to our registry to accommodate their unique circumstances enabled us to aggregate all the disparate data sources and satisfy the NMHS reporting requirements without any extraordinary effort on their part."

Value

In the first result report of 2018, NMHS achieved the maximum payment adjustment bonus available of just over **1.88 percent or an anticipated \$500,000+**. nThrive submitted data for more than 400 of NMHS' eligible clinicians and partnered with them to ensure their staff was trained and educated on how to succeed under MACRA now and in the future.

"Initially, we were uncertain whether our electronic medical record (EMR) systems could aggregate and accurately report performance data, or provide the ability to monitor or improve quality scores," McArthur said. "The level of specificity required by MACRA is what prompted us to partner with an external expert like nThrive.

"Because of the attentiveness and responsiveness on both sides, we were able to implement a seamless and successful process of data gathering, calculating and reporting on performance quickly and efficiently. Our immediate MIPS reporting needs were met faster than expected," she said.



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