



Taking MACRA to the Limit Successful Best Practices in Quality Reporting

nThrive Speakers Bureau // Sample Presentation





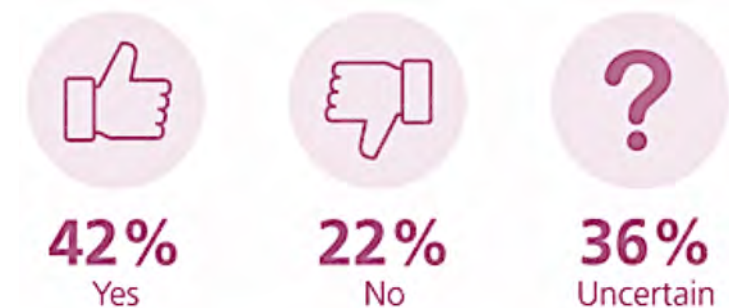
Agenda

- MERIT-BASED INCENTIVE PAYMENT SYSTEM
The what and how of MIPS
- ADVANCED ALTERNATIVE PAYMENT MODELS
A collective overview of APMs
- THE UNTOLD MACRA STORY
I'm from the government and I'm here to help
- SUMMARY
Putting things in perspective
- QUESTIONS AND ANSWERS
Please feel welcome to ask questions throughout the presentation

Alternative Payment Models are the Future

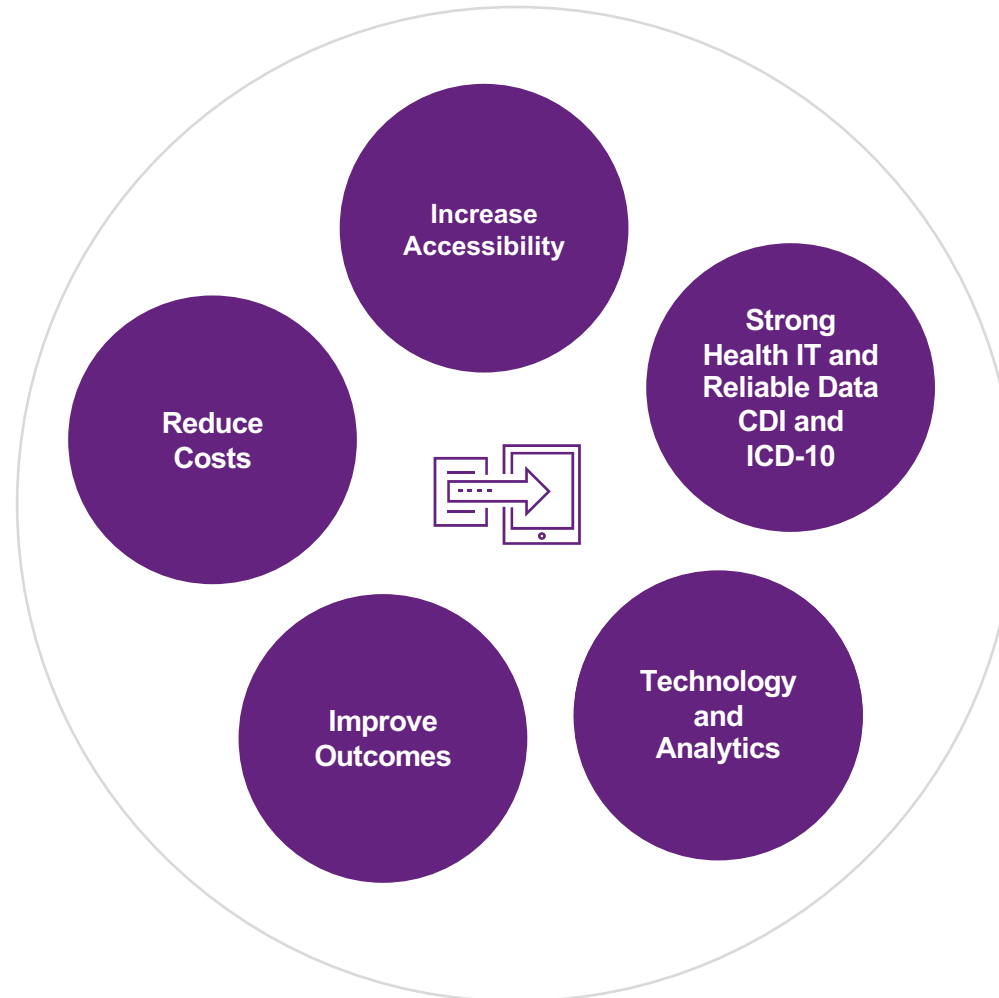
In a survey of the NEJM Catalyst Insights Council in July 2018, 42% of respondents say they think value-based reimbursement models will be the primary revenue model for U.S. health care.

Cautious optimism that Value-based reimbursement will become the primary revenue model in the U.S.

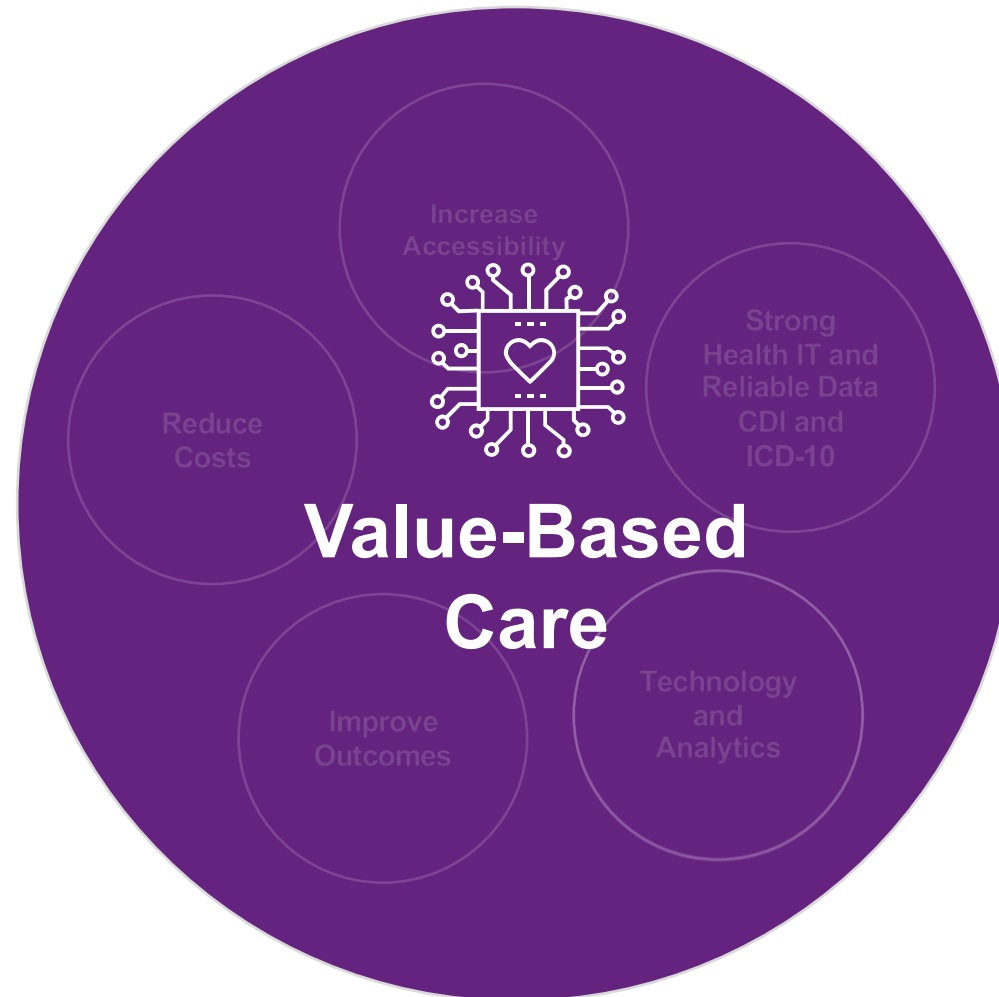


Base: 552 (multiple responses) NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

2020 Solutions!



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Quality Measure Determination

TRUE or FALSE?

Quality measures with the highest performance scores are definitely the best measures to submit to Medicare.

- For MIPS, true best-measures are those that earn you the highest number of points! I.e. where the performance score is considerably better than the given measure's benchmark aka threshold aka national average.
- Additionally, “topped out” measures have an average score of about 100% and will award you maximum points.

Quality Measure Determination

FALSE

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