

Ring in the New Year With a New Practice Management Plan

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Written by medmonthly



For most doctors, the challenge is how to prepare in a sea of uncertainty. What legislation will be repealed, introduced, or revised? With the Affordable Care Act hanging in the balance and perpetual upheaval in Washington, D.C., no one can answer that question with certainty. What is true today may change next month, or even next week. Instead of fretting about the unknowns, focus on what you do know. The legislation and details may (almost certainly will) change, but it is apparent that some trends are here to stay. Most notably, the focus on improving value and upgrading technology.

Modern Medicine – High Tech, High Stress

Promoted as a dream come true for healthcare reform, EHR (electronic health records) have turned out to be a nightmare for doctors and patients alike. The concept is wonderful, but the implementation is not. Since the transition was incentivized in 2009, nine out of ten office-based doctors have taken the leap.

If we were to believe the hype and promises, medical treatment would be more efficient, and better coordinated than ever. Instead, we have a plethora of incompatible systems, endless confusion, and doctors spending nearly half of their time on data entry and other clerical work.

Although you might long for the days of simple paper files, there is no going back. The move to digitize everything is much bigger than partisan politics, or even the healthcare system. It is the way of the modern world, and even more so the way of the future.

Some industry experts are pushing to make usability and compatibility a priority. However, that hasn't happened yet, as any physician can attest. Until it does, the only practical option is moving forward, and making the best of available options.

If you aren't happy with your software, watch for better alternatives. The process of implementing your current system is probably something you don't want to repeat. However, technology is constantly evolving, and better options are likely to appear. You will be richly rewarded for the time and effort of changing systems, if the new one better meets your needs.

Most importantly, make an effort to educate yourself and your team. Learn what your current system will do, and how to use all of its features. Invest in staff training to ensure that your employees are proficient in the portions of the program that they need. You might find out that some of the software problems are actually user-error. Identify your specific needs by making note of which features are beneficial, and where the program is lacking. If the software is not satisfactory, keep shopping until you find a system that meets your needs.

FAST FACTS ABOUT MACRA in 2018



In November 2017, CMS (Centers for Medicare & Medicaid Services) issued a final ruling that updates MACRA (The Medicare Access and CHIP Reauthorization Act of 2015) regulations for the 2018 performance year.

WHAT'S NEW WITH MIPS



With no changes in criteria for the advanced APM (Alternative Payment Method) track, the MIPS (Merit-based Incentive Payment System) track will continue to be the default for most clinicians. Changes in the MIPS track include:



- Quality will comprise **50 percent** of the performance score for most practices in 2018 (a **10 percent decrease** from 2017's 60 percent)
- The threshold for penalty avoidance will increase to **15 points** in 2018
- **Bonus points** will be available for small practices treating qualified complex patient populations
- **Virtual groups** will allow smaller groups or individuals with multiple taxpayer ID numbers to participate as one group
- The low volume exemption will increase, excluding individual doctors with **200 or fewer beneficiaries**, or under **\$90,000** in qualified Part B payments
- Eligible practices may continue to use **2014-approved EHR (Electronic Health Records)** system, rather than a **2015-approved system**



TIPS TO PREPARE YOUR PRACTICE



- Work with, rather than against **MACRA**. The final ruling made it clear that it is here to stay.
- Learn as much as you can, and encourage your team to do the same. **CMS** has included many flexibilities and incentives; learn to maximize the benefits for your practice.

- Talk to your **EHR vendor**. If your system needs to be upgraded, schedule the transition sooner rather than later.
- Verify your status. If you are unsure of your participation, **CMS** provides an online tool that allows you to check your status by entering your National Provider Identifier in the online checker.
- Stay updated. The **2018 performance year** is still part of the transitional phase, expect more changes and don't be caught off guard.



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MACRA and HCPLAN Are Here to Stay

As the healthcare debate rages, one piece of legislation stands strong. MACRA (Medicare Access and CHIP Reauthorization Act) has enjoyed bi-partisan support since its inception, and therefore is unlikely face threat of repeal. This was made apparent in the 2017 final ruling, which was issued last November.

Although some reporting requirements were increased, the 2018 performance year is still part of the transitional period. Therefore, many of 2017's flexibilities will continue this year, and a few changes were made with the intention of easing the transition for physicians.

One of the most significant changes in the final ruling was an increase in minimum eligibility for the MIPS (Merit-Based Incentive Payment System) track, which is expected to exempt more than half a million physicians. If your practice is exempted by the new rule, you can also decline to have your information published in Medicare's public database, Physician Compare.

Individual doctors and small groups who do not qualify for the low-volume exemption can benefit from bonus points for reporting in one or more performance categories. Bonus points are also offered for practices that treat particularly complex patient populations.

Another change in the rule is designed to help doctors impacted by the catastrophic hurricanes of 2017 and other disasters. If your practice location is in a disaster or emergency area, declared by FEMA (Federal Emergency Management Agency), you are eligible to file a hardship application. Those who are unable to report due to natural disasters will not be penalized.

Some minor revisions have been made, but the structure and primary goal remain the same. This system is intended to tie payment to value and quality of care in the Medicare system. Therefore, any steps you can take to improve patient satisfaction or cut costs will better position your practice for success with MACRA.

Even if your practice does not accept Medicare payments, you are not excluded from the changes in American healthcare. Like MACRA, the Health Care Payment Learning and Action Network (HCPLAN) was introduced in 2015, with the goal of improving quality and affordability of medical care. However, HCPLAN is not restricted to Medicare. It is a collaboration of public, private, and non-profit sectors, with the specific mission of hastening the transition to alternative payment models (APM) across the healthcare system.

The 2017 year-end report from HCPLAN showed 29 percent of healthcare payments were made using APMs. That number is expected to nearly double in 2018, with a projected 50 percent APMs. Currently, commercial, Medicare, and Medicaid HCPLAN participants represent over 80 percent of covered Americans.

The takeaway is clear. No matter what your specialty is, or what types of payment you accept, there is no avoiding the implications of healthcare reform. However, you can stay ahead of the game by embracing technology and patient-centric philosophies.

About the Author:

Naren Arulrajah is President and CEO of Ekwa Marketing, a complete internet marketing company that focuses on SEO, social media, marketing education, and the online reputations of dentists and physicians. With a team of 180+ full time marketers, www.ekwa.com helps doctors who know where they want to go, get there by dominating their market and growing their business significantly year after year. If you have questions about marketing your practice online, call 855-598-3320 to speak one-on-one with Naren.