



Case Study

Expertise helps specialty practice reach perfect MIPS score

AmerisourceBergen

The challenge

A large specialty practice in the Southeast with multiple locations was dealing with gathering data from the many practices that had been acquired over the last decade. The practices were not using one electronic medical record system (EMR), but rather several of them with data entry fields that were not consistent across all fields when the EMR data was merged.

Data collection was a chore and the multiple EMRs made it more difficult to interpret their practice's performance data as a whole. The practice's internal team did not have the time nor resources to dive into understanding the specific issues with data points and analyze workflow processes which could not be totally consistent across all locations, as the clinical staff had to work within their current EMRs.

What was even more challenging was identifying any potential technical issues – often beyond their control. As an example, one EMR was misidentifying in-office administered injections as electronic prescriptions, thus lowering the numerator for MIPS reporting. On deeper dive, it was discovered that it was not a provider or clinical staff issue, but rather a technical issue with the EMR that required a modification across the entire EMR platform.

"The difference in 2022 for achieving a perfect score – persistence. We looked at and focused on the details – and focusing on the lowest performing providers to understand if it was a technical issue or a process issue made all the difference."

The complexity of the disparate data and reporting was too complex for the practice to consider itself. Yet, with all the challenges the large practice faced across their multiple locations with gathering data for their Merit-Based Incentive Payment System (MIPS) submissions to CMS, they consistently achieved a positive adjustment. In 2022, the practice achieved a perfect MIPS score – resulting in an 8.25 percent positive adjustment for 2024 reimbursements under CMS.





“Having the (MIPS Consulting) team involved offered a lot of resources we wouldn’t necessarily have internally.”

The solution

The practice realized early on that they did not have the time or resources to keep up with the ever-changing requirements for performance submissions under MIPS. With the number of locations, the number of eligible clinicians and the support at each practice location, whether in staffing or the capabilities of the EMRs, the administrators decided to contract out the process for reporting for CMS – initially under meaningful use, and later under the Quality Payment Program.

The practice entered into a contract with MIPS consulting team – at least five years ago, per their current chief medical officer.

The MIPS team works hand in hand with the practice to analyze data from the beginning of the year to the end. That data is compared to similar specialty practices in both size, regional area, and specific specialty to ensure that the eligible clinicians required to report are meeting benchmarks. Under this contract, the consulting team and the practice administration met monthly to discuss what the team was seeing in data, identifying potential issues and suggesting those opportunities to make improvements. At one point they met weekly and biweekly when significant education and adjustments needed to be made

As this practice was already achieving higher standards and receiving performance scores which led them to exceptional performers, many of the opportunities for improvement came from making small adjustments to workflow processes. As the medical officer noted, in some of the smaller practices, the office may not have had the additional support staff for clinical providers or have on-site technology support to help identify issues with systems or processes. The consulting team, with

their years of experience in both small and large practices, understood what might be happening in those locations and could suggest a change in process to help a provider adjust to meet their numbers.

The monthly reporting with this practice has helped to quickly address issues. The medical officer also noted that the practice was never able to get reportable and actionable data out of their specialty registry, especially with their volume of patients, so the consulting team was actually able to help with reporting back some actionable items for the registry to reconcile the data better.

In addition, the practice leaned on the MIPS consulting team for their knowledge in choosing the right measures for their clinical team and understanding what was possible to achieve. There were some measures that would not be attainable, and others which would have created too intensive a workflow for staff. The consulting team was able to identify the most productive for their size of practice and specialty. While some measures previously chosen were now “topped out,” the practice had the ability to select measures which gave them more opportunities to increase their scores across the four performance measures. Less relevant and resource intensive measures were replaced with more relevant measures for the specialty.

The consulting team also helped the leadership team in how they should communicate with and educate their clinical teams and providers – to help them understand how data impacted their performance scores and how the workflow processes would help them achieve their best possible scores.

The results

With significant internal work and attention to detail, including choosing the appropriate measures, the practice received a perfect MIPS performance score in 2022. Their numbers had always been exceptional, but this was the most productive year. The perfect score earned them a positive adjustment of 8.25 percent added to their reimbursement from CMS in 2024. With the number of patients in their practice, that positive adjustment makes a significant impact on their annual revenue.

The goal for this practice is 100 percent performance score going forward. While they should be gratified for being an exceptional performer, the medical director notes that they will continue to be persistent and focus on the details.

With the focus on value-based care as a reimbursement model, payments for care delivery are now tied to the quality of care and rewarded to practice for their efficiency and

effectiveness. Partnering with the MIPS consulting team has provided the practice with expertise invaluable to their success in their performance submissions, and ultimately greater value for their financial health and delivery of clinical care to their patients.

The MIPS Consulting team has worked with a number of specialty practices on various levels initially for Meaningful Use attestation, and later, MIPS submissions. Their years of expertise and knowledge of current requirements allow them to partner with practices to identify the most efficient performance measures, work with practices to analyze data and provide actionable information and help with the submission process when necessary.

To start a conversation with how the team can partner with your practice, reach out at info@intrinsiq.com.



Specialty practice in the Southeast



Multiple locations, with 100 clinical providers, including physicians and advanced practice providers



Patients are both men and women treated with conditions related to this specialty, along with cancer care. Number of new patients annually: 60,000+



Multiple electronic medical records systems (EMRs) which due to version variation, adds up to six different systems

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