

MACRA Preparation Tips from 7 Healthcare Rockstars for 2018

Like the iconic folk anthem "The Times They Are-a-Changin'", one of Rolling Stone's greatest hits, the healthcare industry is going through seismic change. The slant is on quality patient care and pristine documentation. On compliance and raising the bar. The dizzyingly long and complex [MACRA rules](#) have forced healthcare providers to pause and reimagine their existing processes.

Here is a quick round-up of the #1 tips shared by healthcare experts. Well, when in doubt turn to the experts.

Andy Salvitt, Former CMS Acting Administrator



Bio: Andrew M. "Andy" Slavitt is a former Acting Administrator of the Centers for Medicare and Medicaid Services (CMS). Over his career, Andy has shaped some of the most important initiatives in health care impacting millions of Americans. He has served in a

number of leadership and board capacities in public, private and non-profit organizations in health care.

If there's an opportunity in the community to participate in something like a health home or a team based model like an ACO, explore that option.

If you are using a certified EHR keep using it. The program requires it

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Physicians have the opportunity to get appropriately rewarded for things that they're probably doing already in their practices which are described in the law as Clinical Practice Improvement Measures. [Learn more about the quality measures and decide which ones work best](#)

John Halamka, CIO of Harvard Medical School



Bio: John Halamka is chief information officer and dean for technology at Harvard Medical School who writes at Life as a Healthcare CIO, his wildly popular healthcare blog. He serves as the Chief Information Officer of the Beth Israel Deaconess Medical Center. He is also the

Chair of the US Healthcare Information Technology Standards Panel (HITSP), and a practicing Emergency Physician.

For the period Jan. 1, 2017 to Dec. 31, 2017 (yes, it's a full year, not 90 days), clinicians must:

- a. Use a 2014 or 2015 Edition certified EHR.
- b. Report on either eight Stage 2 or six Stage 3 Advancing Care Information objectives and measures.
- c. Attest to their cooperation in good faith with the surveillance and ONC direct review of their EHR.
- d. Attest to their support for health information exchange and the prevention of information blocking.

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Justin Barnes, Executive Board Advisor, iHealth innovations



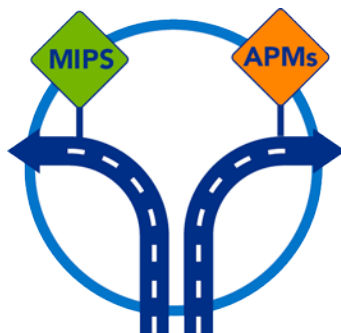
Bio: As a healthcare innovation & services strategist, Justin serves in executive/ board advisory positions where he assists organizations with growth strategy and leadership. Mr. Barnes is also the host of healthcare's most popular weekly syndicated radio show “This Just In” on Healthcare

Radio and Business Radio X.

Begin by implementing clinical, financial, and administrative best practices. Establish and manage specialty-specific key performance indicators with an emphasis on [optimizing revenue](#).

If you [have seen reduced cash flow because of too many denials](#), get on top of it immediately. [Understand your current appeal success rate and be tenacious in your appeals](#).

You may not realize this, but 33% of providers don't use [analytics to identify root causes](#). Manage this information better, and you can expect revenue to improve as well.



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Molly MacHarris, CCSQ Program Lead, CMS



Bio: Molly MacHarris is a program lead in the Center for Clinical Standards and Quality (CCSQ) at CMS. She is the lead for the Merit-Based Incentive Payment System (MIPS) program that was recently authorized under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

When we talk about quality under MIPS, in a lot of ways, it's very similar to the program that is ending, the PQRS Program.

When we talk about costs, it's very similar to the resource use or cost-measurement side of the Value Modifier Program.

And when we talk about the Advancing Care Information performance category that really [deals with the usage of electronic health records](#), it is similar to the Meaningful Use Program. If you have any experience in these programs that are ending, it shouldn't be completely unfamiliar

Charles Saunders, CEO of Integra Connect



Bio: Charles Saunders is Chief Executive Officer at Integra Connect. Dr. Saunders received his MD from Johns Hopkins University and BS in Biology from University of Southern California (USC).

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To maximize clinical and [financial returns under MACRA](#), these practices will need a combination of comprehensive technology designed for their needs, process improvements and dramatic cultural change with new skillsets such as care management and navigation at the core.

Kim Dues, Regional Director, TX



Bio: Kim Dues is a [multi-certified coding and revenue cycle management expert](#) with 20+ years of experience in the field. She is an active member of AAPC and is the regional director of [BillingParadise's Texas office](#).

I think that [there needs to be an echo through the canyon that says documentation, documentation.](#)

If you are using PQRS measures and you are closely monitoring your EOBs which you have to monitor your EOBs for Medicare, there's a treasure trove of information in there.

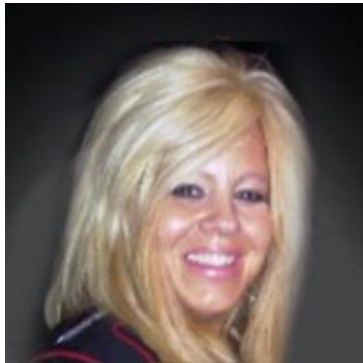
Read your dunning messages on the bottom of your EOB. And if you don't understand one of those messages then you go to your local Mac and then you'll be able to read up on it. You need to have somebody monitoring the EHR, monitoring your PQRS measures and how they are collecting.



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Holly Cassano, Regional Director, FL



Bio: Holly works for BillingParadise as one of its Regional Directors of RCM, Risk Adjustment and Quality & Client Services. She was invited by the AAPC to be one of 7 people in 2014, to help develop The CRC National Credential & Exam. She authored the ABC's of

HCC's in 2011, which has been utilized as a baseline tool for HCC Capture by many in the industry. She authored the Risk Adjustment course original content for Coding Certification CCO.

2017 is the year to determine your MIPS eligibility as we said. And CMS has designated 2017 as a transition year which will allow the small practice providers to be exempt from the MIPS payment adjustments, that will be applied in 2019.

This is the year to review the requirements for MIPS eligible providers and the exemption criteria in order to be able to determine if the practice should take action this year in order to [bypass a 4% negative payment adjustment in 2019](#).

You really need to document all your patient encounters. All patient encounters must be documented in whatever EHR your practice uses.



Understand your current appeal success rate and be tenacious in

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Final words...

We searched the net, listened to happening webinars and got in touch with experts to compile this list. If you liked our post and found the information useful please share it out. And, yes, if you know of someone who needs [MIPS support](#) share this post or better still ask them to call on our free MIPS helpline 888 571 9069.

Read More: <https://www.billingparadise.com/blog/7-healthcare-subject-matter-experts-macra-advice/>



1-888-571-9069



info@billingparadise.com