provation®

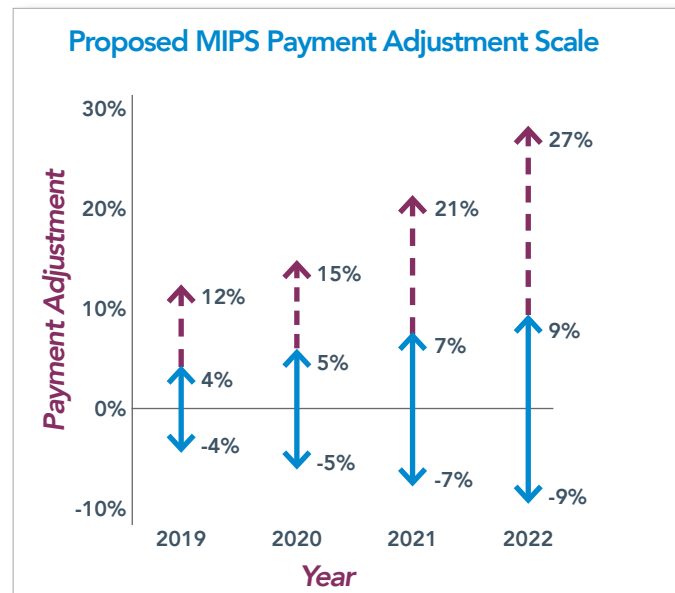# Optimizing Reimbursement with Provation® MD

Anticipating MACRA

Healthcare reimbursement is undergoing a seismic shift from quantity to quality. Under the rule, when MACRA takes effect on January 1, 2019, Medicare Part B providers and likely the facilities where they practice will need to meet new standards for data collection, submission, validation and publication. What's important to note is that MACRA requires providers to begin capturing data in 2017, leaving little time to prepare. In short, these mandates take effect well before the law does.

Data reporting period began in 2017	2017	2018	2019	MACRA takes effect January 1, 2019

Transitioning to a Value-Based Payment System

With the passage of MACRA, CMS is moving further from the traditional fee-for-service model and transitioning to the Merit-Based Incentive Payment System (MIPS). The new model determines payment across four key areas: Quality, Resource Use, Clinical Practice Improvement and Health IT Use. Aspects of the current programs—Meaningful Use (MU), Physician Quality Reporting System (PQRS) and Value-Based Payment Modifier (VBPM)—will be built into the new payment track.

Under MIPS, a provider's score will be based on their medical group's collective performance, or individual performance for solo practitioners, which CMS will translate into a payment adjustment. As the chart indicates, penalties for low performers will reach 9% in 2022, while bonuses for high performers will reach 9% or higher.

Proposed MIPS Payment Adjustment Scale

Year	Bonus (high performers)	Bonus cap	Base	Penalty
2019	4%	12%		-4%
2020	5%	15%		-5%
2021	7%	21%		-7%
2022	9%	27%		-9%

Capturing Quality Data with Provation MD

The biggest driver of reimbursement—and compliance with MACRA—is accurate, timely documentation. For GI procedures, which can involve up to 200 elements, relying on dictation or other software tools often results in incomplete, inaccurate reporting. As the market leader in GI procedure documentation software, Provation MD eliminates this issue by capturing quality data up front and generating coder-ready procedure notes as soon as the report is finalized.

Streamlining Submission Through GIQuIC

Provation MD streamlines the submission process by producing registry-ready procedure notes and integrating with GIQuIC, the leading GI registry. Providers who participate in GIQuIC submit all GI procedure data to a single registry, simplifying PQRS compliance requirements and qualifying them for payment adjustment bonuses. Currently, hundreds of Provation MD customer sites use this tool to submit their data, accounting for the majority of GIQuIC data.

Provation MD Gastroenterology

- Improves documentation compliance to meet quality requirements
- Stays current with the latest clinical quality measures and guidelines
- Automatically generates appropriate CPT® and ICD-10 diagnosis codes
- Reduces time-consuming backand-forth between coding teams and physicians
- Accelerates revenue cycle and helps improve reimbursement accuracy

As a certified GIQuIC vendor, Provation MD:

☑	☑	☑	☑	☑
Simplifies PQRS reporting to avoid 2–4% payment reduction	**Satisfies MU "Specialized Registry Reporting" objectives**	**Integrates quality and compliance into the documentation workflow**	**Improves accuracy and completeness of registry data**	**Sets a new standard of efficiency for registry submissions**

Supporting Data Collection at the Facility Level

Provation MD also simplifies "Endoscopy/Polyp Surveillance" data capture and reporting for ambulatory surgery centers (ASCs) and hospitals. Currently, the Ambulatory Surgical Center Quality Reporting (ASCQR) program requires ASCs to submit data for ASC-9 and ASC-10. The Hospital Outpatient Quality Reporting (OQR) program requires documentation for OP-29 and OP-30. By simplifying compliance with GI-specific CMS quality reporting requirements, Provation MD helps facilities avoid potential payment reductions.

As CMS finalized data reporting requirements for hospitals and ASCs, Provation MD will continue to evolve to help facilities stay compliant, avoid penalties and optimize all appropriate reimbursement.