



What Is Quality Reporting and Why Should You Care?

Because it is important to the financial health of your practice.

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Quality reporting is the process of reporting quality metrics to a third party such as CMS or a private payor. Quality reporting has often been tied to pay-for-performance programs. There are many health plans that offer pay-for-performance programs and reporting to these programs is similar in nature to participation in the CMS MIPS program. The big question is “How do I find out if I can achieve additional payments by reporting quality to private carriers as well as reporting to CMS?”

Your first step would be to visit the Bridges to Excellence website (<http://www.bridgestoexcellence.org/>). On the home page is a section with the text “Earn additional income via health insurance payor, employer incentives, and reliable performance measurement.” Many of the pay-for-performance programs by many insurance carriers are managed by the Bridges to Excellence program. As you peruse the website you will see that Aetna, Health

Care Services Corp, Superior Health of Texas, and United HealthCare are just four of the insurance carriers that use Bridges to Excellence for their pay-for-performance plans.

This website will give you a sense of how these pay-for-perfor-

mance plans available and if there are any that are applicable to podiatry. If there is a program that is available to your practice, you then want to get the details on how to participate in the plan. Very often, this will require that you submit reports to the

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mance programs work. The next step would be to reach out to the carriers that represent a significant amount of income to your practice. It is important to remember that these incentive programs are usually based upon a percentage of monies paid to your office and often have a minimum patient threshold. You want to spend your time and effort in the areas that are most likely to improve your bottom line.

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insurance payor. The next step is to determine how much participation in the plan is worth to your practice’s bottom line, and finally you need to determine how much effort is required to participate in the plan.

The amount of effort can be mitigated if your EHR program has tools to generate the reports you need. The process of determination of the amount of work necessary starts with a call to your EHR vendor. Provide

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your vendor with the specifications of the file that the insurance carrier needs and see if your system can already produce the files necessary.

doctors who are in the networks and the quality scores for doctors who are applying to join the networks. Companies such as United Healthcare, Blue Cross, and others 'sell' their networks as part of the pitch when get-

CMS and achieve a high-quality score.

The bottom line is that quality reporting is important to the financial health of your practice. CMS has both incentives and penalties depending upon your MIPS participation, and your quality score can have a positive or negative effect on your reimbursement from other payors and possibly even an impact upon your participation status with these carriers. **PM**

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If it cannot, you want to determine if the EHR can be updated to produce the reports. If the EHR cannot produce the reports, you will probably have to go through a manual process to generate the information the insurance company will need to provide you with an incentive payment.

Many of the major insurance carriers are watching the CMS—Medicare quality reporting scores for the

ting large employers to offer health insurance plans to their employees. Part of the presentation is based upon the quality of the doctors who are 'in network'. As a result, they are looking for third party verification to demonstrate the quality of their networks. Even if you are not participating in MIPS due to a low Medicare volume, it is still in your best interest to report your quality experience to



Dr. Michael Brody has presented webinars for the e-Health initiative (www.ehealthinitiative.org/) and is active in the EMR workgroup of the New York E Health Collaborative (www.nyehealth.org/). He has provided consulting services to physicians for the implementation of EHR software and to EHR vendors to assist in making their products more compatible with CCHIT and HIPAA guidelines. Dr. Brody is a member of AAPPm.
