Quality Improvement Services

Helping medical practices navigate new regulations and prepare for value-based payment models

Keeping up with the changes in healthcare sometimes seems like an impossible task — especially with changes to payer reimbursements, new clinical guidelines and evolving Advanced Payment Model (APM) objectives.

OUR QUALITY IMPROVEMENT TEAM CAN HELP YOU:

- **Understand new programs, like the Quality Payment Program (QPP) including Advanced Payment Models (APMs) and Merit-based Incentive Payment System (MIPS), and how they affect your practice**

- **Attest to Promoting Interoperability**

- **Prepare for audits**

- **Collect and submit clinical quality data on behalf of eligible healthcare practices through the Center for Medicare and Medicaid Service's (CMS) Qualified Registry**

- **Report for the quality category Electronic Clinical Quality Measures (eCQM) by utilizing clinical care documents**

- **Assist practices participating in CMS programs like Primary Care First (PCF)**

- **Switch EHR platforms**

- **Earn medical home recognition**

- **Obtain telehealth assistance**

- **Participate in grant opportunities**

ADVANTAGES OF WORKING WITH OUR QUALIFIED EXPERTS:

- **Earn incentives and avoid payment adjustments**

- **Relieve stress and resource constraints by getting hands-on support from experts**

- **Reduce the administrative burden of participating in value-based incentive programs**

- **Improve office productivity by optimizing EHR use**

- **Improve reimbursements and the integrity of data**

- **Give practices bi-directional status for their Promoting Interoperability measure to support transitions of care**

"On paper, [Promoting Interoperability] sounds so overwhelming. As a full-time advanced practice nurse, I thought how will I manage this? But, by working with Contexture and carefully going over the objectives, we realized that we were already capturing a lot of the data that is needed for Promoting Interoperability. The best part was looking at the data and feeling really positive about the quality of care that we're giving our patients."

Tricia Lipinski
Family Nurse Practitioner, St. Luke's Medical Center

"Contexture's Quality Improvement team has been really helpful in explaining the purpose of Hierarchical Condition Category (HCC) coding, why it's important to their specialties, how they should be coding and what's important specifically for them."

Melissa Johnson
Director of Nursing, Boulder Medical Center

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QI Service Tiers/ CMS Qualified Registry

Service	Features
Hierarchical Condition Category Risk Coding	Payments are underscoring the importance of risk adjustment and offering compensation for practices able to make up for the extra costs associated with high-risk enrollees. Hierarchical Condition Category (HCC) coding is a risk-adjusted model originally designed to estimate future healthcare costs for patients. Risk adjustment could positively impact your overall cost measure score. Our QI team can help you code correctly to increase reimbursements and ensure adequate documentation to support coding.
Process Improvement Coaching Services	We offer Process Improvement Coaching Services to optimize the benefits of programs like Primary Care First (PCF) and other value-based models. Contexture recommends adding the HCC Risk Coding package and/or the eCQM package to support additional needs associated with value-based care.
Quality Payment Program Reporting Support	The Quality Payment Program (QPP) is one of several programs that intends to change the way Medicare reimburses healthcare providers by moving toward value over volume. Our QPP Reporting Support service is aimed at quality improvement support and guidance on reporting specifications. As a CMS-defined Qualified Registry for the QPP program, we can also aggregate, calculate, validate and submit measures on the client's behalf with a separate fee.
Electronic Clinical Quality Measures Reporting	Electronic Clinical Quality Measures (eCQMs) help measure and track the quality of healthcare services that eligible professionals and hospitals provide — as generated by a provider's electronic health record (EHR). Contexture's QI team can help practices meet the ever-changing criteria in eCQM reporting to improve reimbursements and patient care.
CMS Qualified Registry	For the past four years, Contexture was approved by the Center for Medicare and Medicaid Services (CMS) as a Qualified Registry (QR). This designation allows the health information exchange (HIE) to collect and submit clinical quality data on behalf of eligible healthcare practices.

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