

Measure, Improve, and Get Paid for Your Clinical Performance



Clinical Performance Measures are an Increasingly Important Part of Revenue...

- Many payers and government entities provide substantial payments related to improvements in HEDIS clinical quality metrics, which vary by payer and state
- Additional revenue streams are developing that are not tied to a fee for service model, such as health homes, Chronic Care Management, CPC+, telemedicine, etc.
- HRSA awards performance grants for improved UDS quality and access measures
- Other programs, such as Ryan White and Title X, include payments to providers based on outlined quality measures



...But Clinics are Not Prepared for This

- Information on patient encounters in EHRs are stored in unstructured and customized free-text, checkbox, and drop down fields, and scanned documents. This data is lost in performance measures produced by EHRs and population management tools
- Many providers have multiple different EHRs and are not able to properly aggregate and report on clinical performance holistically
- Clinics lack data on patients that payers auto-enroll at their clinics, but who have never actually had an appointment at their assigned clinic - payers include these patients when determining incentive payments
- Most clinics are either underpaid from performance incentive programs because they under-report their own clinical performance, or spend a lot time and money doing manual workarounds and chart reviews

↓ 30%

average percentage HEDIS measures are underreported

Measure and Analyze Your Clinic's Performance

- Unlike your EHR, Mediquire uses our Natural Language Processing to take into account all information from free-text, checkbox, drop-down fields, and scanned documents
- We surface all performance measures to front line staff and clinic leadership, broken down provider-by-provider and over time
- Drill down into specific measures to examine and audit care gaps
- We work to incorporate data from your payers on enrolled patients to make sure all enrolled patients are showing up in the clinic's measures

Improve Your Clinic's Performance

- Empower providers with the real-time Task Manager showing which patients are coming in that day, what care gaps exist for those patients based on their payer and relevant grant programs, and the procedures needed to address the gaps
- Enable care coordinators to quickly identify at-risk populations with our Intelligent Registry, so they know which patients they need to get into the clinic to address known care gaps

TODAY'S PATIENT SCHEDULE			31 Appointments 72 Care Gaps Identified
TIME	PATIENT	DOB	CARE GAPS
▶ 8:00am	Jeffreys, Don	02/15/1971	2
▶ 8:30am	O'Malley, Sandra	05/12/1959	2
▼ 9:00am	Makong, Sanrita	05/09/1960	3
Allergies Penicillins	Vitals BMI : 41 BP : 160/100 Last Encounter Date 08/01/2015	Actions Needed Breast Cancer Screening: Mammogram Cervical Cancer Screening: Cervical Cytology Hypertension: Blood Pressure Reading	

Get Paid For Your Performance

- Our Pay-4-Performance Dashboard allows you to see the gap in your actual clinical performance as compared to the documentation as you need to report it to your payers in order to get full incentive payments. This allows you to easily identify and close these "Documentation Gaps", so you don't under-report performance and miss out on full payment
- For FQHCs, we power full real-time UDS reporting to HRSA requires to receive their grant funding, making expensive, time consuming manual chart reviews unnecessary

PERFORMANCE INCENTIVE PROGRAM DETAILS					
Measure	Provider Performance	HEDIS Documentation	Benchmark Goal	Incentive Achieved	Incentive Maximum
Adolescent Well-Care Visit	55%	21%	95%	\$9,947	\$45,000
Annual Dental Visit	39%	27%	95%	\$12,789	\$45,000
Breast Cancer Screening	31%	8%	75%	\$3,733	\$35,000
Cervical Cancer Screening	45%	13%	50%	\$12,870	\$49,500
Blood Pressure HTN	47%	34%	60%	\$13,250	\$53,000
Hemoglobin A1c Testing	74%	20%	95%	\$11,095	\$31,000
Aggregate Results	49%	20%	95%	\$63,685	\$258,500