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

Do you want to take your practice to the next level by taking advantage of new value-based programs and incentives? CORHIO’s Transformation Support Services can help you with changes to payer reimbursements, new clinical guidelines, evolving incentive program rules, and more.

OUR TEAM CAN PROVIDE ASSISTANCE WITH:

- Understanding programs, like the Quality Payment Program (QPP) including Alternative Payment Models (APMs) and Merit-based Incentive Payment System (MIPS), and how they affect your practice
- Increasing reimbursements with improved coding
- Becoming an NCQA-Certified Patient-Centered Medical Home
- Improving and reporting electronic clinical quality measures
- Selecting a new EHR system, migrating to a new system, or optimizing your current system
- Participating in Colorado grant opportunities to improve health information exchange and quality reporting for your practice

ADVANTAGES OF WORKING WITH OUR KNOWLEDGEABLE TEAM OF QUALIFIED EXPERTS:

- Stay up-to-date on pertinent changes to programs and new opportunities, such as grants
- Earn incentives and avoid negative payment adjustments
- Relieve stress and resource constraints by getting hands-on support from experts
- Improve office productivity by optimizing EHR use
- Receive accurate guidance on medical home certification by our team of NCQA Patient-Centered Medical Home Certified Content Experts

“Our providers have nothing but good things to say about Lauren’s (coding) training. They tell me they can’t document what they don’t know – they are not coders – so providing the top codes to use in the problem list was really helpful for them. Our providers are seeing complex patients but their documentation does not always reflect that. This training really showed us how we can improve our documentation by using the MEAT method.”

Crystal Kechter
EHR Project Support Manager
San Luis Valley Health

“CORHIO’s interactive PCMH tool is invaluable – I can’t say enough about the value it’s brought to us and our ability to manage the application using it. It tells us what the standards are, gives us an opportunity to input feedback on where we are at in the process and scores us based on the assessment so we know where we stand. I can't imagine pursuing PCMH recognition without it.”

Michael Garcia
Project Manager (former)
Metro Community Provider Network
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<th>TRANSFORMATION SERVICES</th>
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| Quality Reporting and Value-based Care | • Guidance on training staff how to document quality measures accurately to ensure best quality scores possible  
• Assistance with reviewing, selecting, and reporting clinical quality measures to earn incentives and avoid negative payment adjustments  
• Assessment of your patient volume and determining the amount of incentives you can earn and/or penalties you may incur  
• Review of your EHR reports and measures to optimize for quality reporting  
• Ideas on optimizing Health Information Exchange for improved provider communications and referrals, clinical decision-making and participation in reimbursement programs |
| Coding for Improved Reimbursements | • Practice education sessions for clinical, coding and billing staff (versioned for primary care and specialists as needed)  
• Chart reviews to look for coding opportunities to increase reimbursements  
• Helpful reference materials to use when coding  
• Follow-up sessions to address specific questions and review other advanced payment models your practice could be participating in |
| Federal Incentive Programs and Colorado Grant Programs | • Guidance on proper electronic record system documentation, reporting, and attestation  
• Data validation and scoring assistance to maximize incentive payments  
• Direction on completing a security risk assessment  
• Ideas and guidance to prepare for audits |
| EHR Adoption, Replacement and Optimization | • Guidance on EHR vendor contract negotiations and recommendations for contract inclusions and disclosures that help avoid unexpected fees  
• Best practices to optimize use of your existing system, including recommendations for staff workflow and appropriate clinical documentation that aligns with incentive program objectives, clinical quality measures, QPP/MIPS, and other programs |
| Medical Home Recognition | • Hands-on assistance from NCQA Certified Content Experts to simplify the process of becoming PCMH recognized  
• Discuss opportunities for any potential changes in your practice’s reimbursements from payers |