

Quality Care Partners' MSO services provide organizations with the strategies, staffing and processes necessary to develop value-based, affordable care and drive real healthcare transformation.

We bring innovation, experience and resources to help drive performance in outcomes-focused and value-based reimbursement models

Quality Care Partners' MSO is designed to allow independent providers to maintain 100% control of their practice while optimizing operating efficiencies, and enhancing the care they provide. QCP's MSO model allows you to provide services in a more efficient and cost-effective manner.

Our services can be used to achieve these goals by utilizing QCP for business management and financial functions.

There are many ways that QCP can be utilized to assist your practice to become more efficient with the goals of functional improvement and lower costs.

For more information call Quality Care Partners at 740-455-5199 ext. 1126 and ask to speak to our Provider Education Specialist.



QCP

Management
Services Organization



Clinical

Transition Calls

Assist providers in the patient care process by reaching out to beneficiaries as they transition through various levels of inpatient care to home. Calls will assess understanding and compliance of medications, confirmation of follow up appointment and testing, social determinants of care and referrals to care management when appropriate. Schedule necessary follow up appointments and coordinate where necessary, transportation for compliance with visit.

Wellness Coding Capture Consultation

Assess opportunities for coding capture & documentation required to optimize preventative screening activities for patient improved care and practice revenue enhancement. Consultations to include templates, documentation workflows for EMR and clearinghouse review to ensure CPT II capture is being received by payor.

Care Coordination Implementation

Assessment of practice opportunities for development and/or enhancement of care coordination program to meet demands of value-based contracts. Provide playbook for implementation, workflow templates, staffing recommendations and coding necessary to improve practice revenue for value-based contracts.

Provide staff and/or framework related to identification of high-risk patients, assessment of chronic disease education needs, social determinant assessment and referrals to improve access to necessary care and reduction of overall spend.

Education

CPT, ICD & HCC Coding Consultation

Conduct chart reviews for the appropriateness of procedure documentation and diagnosis coding at the highest specificity in compliance with AMA/CMS guidelines to allow for capture of risk and revenue to practice. Provide one-on-one education tips and summary for each provider audited.

Quality Metric Capture and Coding Education

Education and training related to value-based payor specific contract measures, collection of resources available to practice and reporting of clinical quality and efficiency measures.

E&M Coding Training

Educational training on AMA E&M Coding guidelines provided by Certified Coder(s). Review capture of coding and documentation guidance to ensure ongoing compliance using one-on-one point of care assessments, retrospective review and/or virtual methods.

Compliance Training/HIPAA, OIG, OSHA

Provide staff training necessary to meet mandatory OSHA, HIPAA and OIG requirements. Provide onsite office assessment of compliance procedures and assist in development of processes/procedures where necessary.

HCC Training

Provide certified risk-based coding consultation and training related to the highest specificity of diagnosis capture to improve overall risk score of practice and improve revenue capture related to risk based contracting strategies.

Administrative

Delegated Credentialing

Provide all necessary information to allow efficient and timely payor credentialing with third party entities to expedite practice revenue cycle management.

MIPS/MACRA Guidance

Provider MIPS regulatory guidance to include but not be limited to: Aid provider in determining MIPS eligibility, provide guidance for specialty specific metric selection, review and assist in development of documentation requirements, data collection and reporting.

General Office Admin

Assess operational inefficiencies and provide consultative services for improved patient and revenue cycle management.



740.455.5199

www.QualityCarePartners.com