

Mid-South Pulmonary & Sleep Specialists Earns Positive Adjustment Over \$54k

THE CHALLENGE

“QP services has really been a very valuable product for our practice.”

Teresa Golden, Practice Manager at Mid-South Pulmonary & Sleep Specialists, has seen the practice grow tremendously over the years while continuing to remain an independent practice. In the current medical industry, that’s an anomaly because a group of their size is most often purchased by a hospital or large equity firm. In their situation, the physicians own the practice, meaning they must run a very lean organization.

Mid-South sees approximately 26,000 to 30,000 outpatient visits a year, and the hospital visits equate to about 82,000 visits a year. In addition to all of that outstanding work, they’re also responsible for reporting to MIPS (Merit-based Incentive Payment System), which can be a huge burden.

Housing more than 40 providers, they no longer qualify for small practice benefits under MIPS, such as bonus points or Promoting Interoperability (PI) reweighting. This means their MIPS scores must be near-perfect to avoid penalties. Golden realized they either had to hire additional staffing to help monitor MIPS or reach out to NextGen Healthcare for help.

“I did a financial analysis, and it became very apparent that it would be easier and more beneficial to reach out to NextGen [Healthcare], to look at their QP Services. And that’s what we’ve done, and we’ve been quite successful over the years,” said Golden.

THE SOLUTION

NextGen Healthcare Quality Program (QP) Services provides tailored assistance to help practices find the most effective solutions for regulatory reporting and achieving measurable success. QP Services provides guidance on all four categories of traditional MIPS, APMs, and the new MVPs: Quality, Cost, Improvement Activities, and Promoting Interoperability. They accomplish this with monthly check-in calls, custom reports—including treatment opportunity reports—and by teaching staff exactly how to meet measure performance with workflow reviews. The QP team guides practices through the entire submission process, including the preparation for submission and making sure audit binders are complete. They provide feedback reviews, cost data analysis, audit assistance, regulatory updates, monthly newsletters, and check eligibility twice a year, providing screenshots from CMS tools to clarify which providers must report.

“Jeannelle keeps us on track every month. I could not do it without her. We have been very fortunate keeping a positive adjustment throughout the years,” said Golden.

Jeannelle Allen, QP Specialist at NextGen Healthcare, emphasized that team success with MIPS begins with education. While not everyone in a medical practice needs to be a MIPS expert, it’s important that all staff understand its significance and the data requirements for CMS (Centers for Medicare & Medicaid Services). Proper documentation in patient charts is essential to earn performance credit, making education a foundational step.

CLIENT PROFILE

Mid-South Pulmonary & Sleep Specialists, P.C.

Background: Mid-South Pulmonary & Sleep Specialists in Memphis, TN specializes in the treatment of lung disorders such as asthma, COPD, influenza, pneumonia, lung cancer, and tuberculosis, as well as nearly 84 sleep disorders in infants children, adolescents, and adults. They also staff Intensivists to provide Critical Care services at seven Memphis-area hospitals.

Motto: Breathe Easy, Sleep Well.

NEXTGEN HEALTHCARE SOLUTION

- Quality Programs (QP) Services

HIGHLIGHTS

\$54K

Earned a positive adjustment over \$54,000 (2023)



Avoided a penalty of \$360,000 (2023)



“We’re able to review the charts and the workflows and identify what we need to improve upon to increase our MIPS performance.”

Teresa Golden
Practice Manager
Mid-South Pulmonary & Sleep Specialists

“We try and educate our staff from the front desk all the way through our clinical department, as well as our physicians, and this helps put everyone at ease,” said Golden. “We’re able to review the charts and the workflows and identify what we need to improve upon to increase our MIPS performance.”

Golden finds Improvement Activities (IAs) to be the easiest MIPS category. On monthly QP calls, they review and select IAs that fit their workflow. The QP team provides documentation, which Golden includes in her MIPS binder.

“As long as we stay on top of it monthly and I am able to monitor the reports and the treatment opportunities, it allows our staff to go back and correct things that they have missed or overlooked, allowing them to fix it themselves without it being punitive in any way, it helps to reinforce the need going forward,” said Golden.

The QP team also offers workflow workshops for many common measures. These can be excellent tools to print out and give to staff. It tells them the exact steps to document for workflows.

Treatment opportunity reports help identify gaps, but proactive workflow reviews are more effective than reactive fixes. One example involved low electronic prescribing rates. Despite mandates, some providers still used handwritten prescriptions out of habit. Once educated, compliance improved dramatically.

“Had I not had my treatment opportunity report in the middle of the year or earlier in the year, then I wouldn’t have had the opportunity to fix it. It dramatically improved because the physicians were educated as to the logic behind it,” said Golden.

Each QP call includes a checklist, benchmarking tool, and PI reports. Golden uses the checklist to track monthly priorities and build her audit binder. The benchmarking tool ranks measures by performance, highlights capped or inverse measures, and shows projected points. The tool’s color coding and ranking make it easy to identify areas needing improvement and ensure they stay on track for a strong quality score.

“The quality benchmarking tool puts the measures I’m tracking in one place ranked from the highest performing to the lowest performing,” said Golden.

After each monthly call, a QP specialist sends a tailored recap email—often including treatment opportunity and Promoting Interoperability (PI) reports—that helps practices identify missed documentation, track performance, and stay organized. These reports highlight key metrics like exclusions, registry requirements, and areas for improvement, with the PI category requiring 180 consecutive days of data. While the structure of the check-ins remains consistent, they’re customized to each practice’s needs, skipping irrelevant sections not applicable, all with the goal of driving continuous improvement.

THE IMPACT

In the final steps of the MIPS submission process, a QP specialist prepares a detailed checklist covering every aspect of the anticipated submission and ensures all supporting documentation is included in the audit binder. The specialist runs final reports, configures the Health Quality Measures (HQM) system, generates submission files, and schedules a walkthrough call. On submission day, they verify the data against final reports, and the user simply clicks “Approve and Submit.” Afterward, the specialist saves the submission IDs and sends a final recap email for audit records.

“She [Jeannelle] makes sure that my audit binder has everything in it that I need in the event of an audit so that I can go back and provide that information. She tells me exactly where to click, what to put in each section, and what to enter in everything throughout the complete submission,” said Golden.

The Total Per Capita Cost (TPCC) dashboard, which simplifies complex cost data from MIPS feedback reports, breaks down key metrics like patient attribution, spending by category, and risk scores, and compares them across years. The data is also compiled into a comprehensive final report—a Word document format preferred by many practices for sharing with leadership. The goal is to make the data clear, actionable, and easy to present.

The success clients have seen of their QP’s collaborative approach is notable: clients have earned over \$6 million in incentives and avoided more than \$20 million in penalties in a single reporting year. Clients consistently score 2–4% higher than the national average, with about one-third achieving perfect MIPS scores.

“In 2023, my practice earned a positive adjustment of over \$54,000. But more importantly, we avoided a penalty of \$360,000,” said Golden.

NextGen Healthcare’s Quality Programs (QP) team is available to help practices successfully manage MIPS reporting. Practices can get started by contacting the help desk, their account manager, or emailing the QP team directly. Once enrolled, a QP specialist will begin working with the practice to:

- Review individual reporting requirements
- Select the most appropriate MIPS measures
- Track performance monthly using the quality benchmarking tool and Promoting Interoperability (PI) report
- Optimize workflows for efficiency
- Provide ongoing support, including troubleshooting errors, missed opportunities, and other practice-specific needs

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Practice Manager

Mid-South Pulmonary & Sleep Specialists

HOW CAN WE HELP YOU?

Partner with us at **855-510-6398** or **results@nextgen.com**