



Welcome to the Quality Reporting webinar

Dial in: 1-866-546-4138

Access ID: 673 8505#



This session is being recorded



To ask a question during the session, please utilize the Q&A area. Set the “to” field to “All Panelists”



Telephone lines will remain muted for the duration of the session



Slides and the video will be posted to the Quality Reporting communities

CPS: <https://engage.gehealthcare.com/community/en/cps/quality-reporting-community>

CEMR: <https://engage.gehealthcare.com/community/en/emr/quality-reporting-community>

Session start time: 1:00 PM EDT



MIPS 2017: QSS Enrollment

October 23, 2017

Confidential. Not to be copied, distributed, or reproduced without prior approval.



MIPS 2017: QSS Enrollment

October 23, 2017

Confidential. Not to be copied, reproduced, or distributed without prior approval.

CAUTION CONCERNING FORWARD-LOOKING STATEMENTS:

This document contains "forward-looking statements" – that is, statements related to future events that by their nature address matters that are, to different degrees, uncertain. For details on the uncertainties that may cause our actual future results to be materially different than those expressed in our forward-looking statements, see <http://www.ge.com/investor-relations/disclaimer-caution-concerning-forwardlooking-statements> as well as our annual reports on Form 10-K and quarterly reports on Form 10-Q. We do not undertake to update our forward-looking statements. This document also includes certain forward-looking projected financial information that is based on current estimates and forecasts. Actual results could differ materially. [to total risk-weighted assets.]

NON-GAAP FINANCIAL MEASURES:

In this document, we sometimes use information derived from consolidated financial data but not presented in our financial statements prepared in accordance with U.S. generally accepted accounting principles (GAAP). Certain of these data are considered "non-GAAP financial measures" under the U.S. Securities and Exchange Commission rules. These non-GAAP financial measures supplement our GAAP disclosures and should not be considered an alternative to the GAAP measure. The reasons we use these non-GAAP financial measures and the reconciliations to their most directly comparable GAAP financial measures are posted to the investor relations section of our website at www.ge.com. [We use non-GAAP financial measures including the following:

- Operating earnings and EPS, which is earnings from continuing operations excluding non-service-related pension costs of our principal pension plans.
- GE Industrial operating & Verticals earnings and EPS, which is operating earnings of our industrial businesses and the GE Capital businesses that we expect to retain.
- GE Industrial & Verticals revenues, which is revenue of our industrial businesses and the GE Capital businesses that we expect to retain.
- Industrial segment organic revenue, which is the sum of revenue from all of our industrial segments less the effects of acquisitions/dispositions and currency exchange.
- Industrial segment organic operating profit, which is the sum of segment profit from all of our industrial segments less the effects of acquisitions/dispositions and currency exchange.
- Industrial cash flows from operating activities (Industrial CFOA), which is GE's cash flow from operating activities excluding dividends received from GE Capital.
- Capital ending net investment (ENI), excluding liquidity, which is a measure we use to measure the size of our Capital segment.
- GE Capital Tier 1 Common ratio estimate is a ratio of equity

MIPS 2017: QSS Enrollment

Presenter



Lorna Eades
Lead Business Analyst

Agenda

- QSS Enrollment
- Q&A

Time investment: 45 minutes



NOTE:

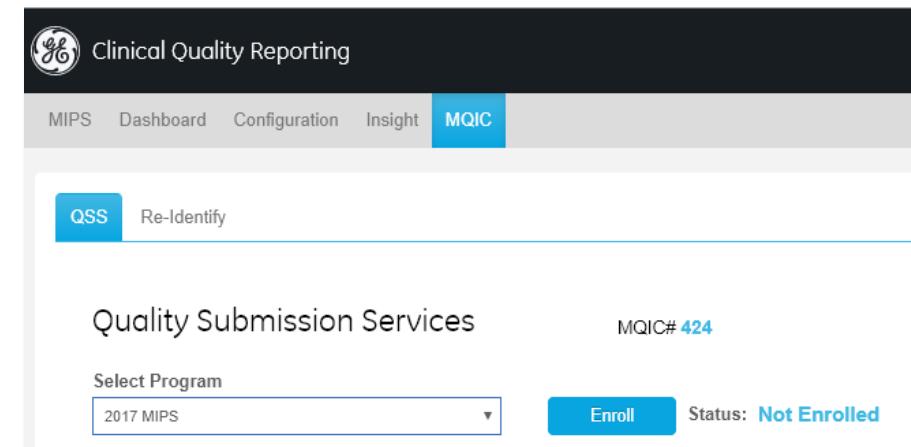
Confidential. Not to be copied, distributed, or reproduced without prior approval.

MIPS Quality Submission Services



MIPS Quality Submission Services (QSS)

- MIPS Enrollment opens **Tuesday, October 24, 2017 after the upgrade Tuesday evening**
- GE Healthcare will submit MIPS data directly to CMS on your behalf for clinician(s) or MIPS Group(s)
- Reporting Method: Electronic Health Record (EHR) reporting option
- MQIC membership required
- Submission data is bookmarked, a benefit that gives participants the ability to view clinician or MIPS Group results historically, including patient lists associated with each measure
- Confirmation of submission will be provided for your records



QSS Order & Invoice

- **QSS Fees for clinicians participating individually or in a MIPS Group**

ACI Only (Improvement Activity optional)	\$300 / clinician
Quality Only (Improvement Activity optional)	\$300 / clinician
ACI & Quality (Improvement Activity optional)	\$500 / clinician

- **GE Direct customers**

The sales team will generate a QSS order **two weeks after enrollment**.

For MIPS Groups, organizations will have **10 business days** to determine the clinician count for the MIPS group and if any clinicians need to be excluded. The QSS order will be sent 2 weeks after enrollment.

Sign and return the order within one week of receipt

A hold will be placed on your organization's ability to authorize pending return of the order.

- **VAR customers**

Contact your VAR for your billing process

- **Final Invoice**

Individual: Based on clinicians authorized

Group: Fee is assessed for the build, configuration, on-demand calculation and submission of the MIPS group

When the MIPS Group is created, charges are incurred.

Based on the higher number of clinicians in the 'Clinician Count' at creation, inactivation, termination or submission

Sent Q2 2018

Clinician's excluded from the MIPS Group are NOT included in the count for the order or invoice.



Quality Reporting Community



Quality Reporting Communities

CPS Quality Reporting Community

CEMR Quality Reporting Community

 **GE Quality Submission Services (QSS)** Version 31

Created by [David Fox](#) on Apr 18, 2017 10:14 PM. Last modified by [Timothy Pierce](#) on Oct 12, 2017 7:25 AM.

QSS is a GE service where we submit quality data to CMS for enrolled customers on their behalf. We use the EHR Reporting method.

2017 QSS Enrollment:

[MIPS Individual & Group](#)

- MIPS enrollment is expected to be from October 24, 2017 until January 12, 2018.
- Supports individual & group MIPS submissions to CMS by GE.
- Supports group reporting on the MIPS and legacy Dashboard. CQR without QSS MIPS enrollment only allows individual provider reporting.*

[CPC +](#)

- CPC+ enrollment closed on June 30, 2017.

2017 QSS Pricing:**

[MIPS Individual/Group Submissions & Group Reporting*](#)

- ACI Only (Improvement Activity optional) - \$300 / provider
- Quality Only (Improvement Activity optional) - \$300 / provider
- ACI & Quality (Improvement Activity optional) - \$500 / provider

[CPC +](#)

- \$500 / provider

QRDA files:

[Individual](#)

- Quality: QRDA files are available for download on the legacy Dashboard tab
- ACI & IA: QRDA files will only be available to GE to submit via QSS enrollment

[Group](#)

- QRDA files will only be available to GE to submit via QSS enrollment

* Enrollment in QSS allows for access to group reporting and for the ability to authorize GE to submit your data to CMS. One price for access to both. If you don't want GE to submit your data but you want access to group reporting, you can choose to NOT authorize GE to submit but still retain access to group reporting capabilities. Invoicing for access to group reporting is based on the creation of a group vs. the submission.

** Stated pricing is for GE Direct customers. Value-Added Reseller pricing may be different.

Document / Link	Description	Updated
2017 CPC+	GE Comprehensive Primary Care Plus (CPC+) QSS enrollment period closed on June 30, 2017.	July 2017
MIPS 2017 Checklist	Comprehensive timeline and list of tasks for success with MIPS, and optionally QSS, in 2017. Includes a high level one page summary and detailed explanations of the steps on subsequent pages.	Sep 2017
MQIC FAQ and Agreement	MQIC is a consortium of GE Centricity users who contribute their de-identified CPS data for research & analytic's. Participation in MQIC is a pre-requisite of our Quality Submission Service (QSS). If you've completed this agreement previously, there is no need to complete it a second time and you should have access to the MQIC tab in CQR.	Nov 2016
SOP Report	SOP Report to assist with confirming current SOP code assignments in your insurance file. This report may be downloaded and imported into CPS.	Sep 2017
2016 FAQs	PQRS FAQ : Q&A regarding the CMS PQRS 2016 program QSS FAQ : Q&A regarding our Quality Submission Services program for 2016 reporting SOP FAQ : Q&A regarding the population of CPS EMR Source of Payment (SOP) codes for use with PQRS	2016
Webinars	QSS 2016 What's New, SOP and VBM	2016

[Home](#) | [Requirements & Timelines](#) | [Clinical Quality Reporting](#) | [GE Quality Submission Services](#) | [CMS Resources & Alerts](#)
[Merit-Based Incentive Payment System](#) | [Advanced Alternative Payment Model](#) | [Medicaid Meaningful Use](#) | [GE Healthcare Services](#)

632 Views | Categories: QSS | Tags: [\(edit\)](#)



Stay On Track: 2017 MIPS Checklist

CPS Quality Reporting Community

CEMR Quality Reporting Community

Check frequently or

Follow 

TIMEFRAME		TASKS
<p>What can I be doing now?</p>		<p><u>Preparation</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Install CQR<input type="checkbox"/> Upgrade to desired service pack and/or third party versions<input type="checkbox"/> Keep up-to-date on the monthly Knowledgebase releases<input type="checkbox"/> Monitor CQR ingestion<input type="checkbox"/> Assign/Confirm Source of Payment (SOP) codes for all insurance carriers <p><u>Learn about MIPS</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Research MIPS<input type="checkbox"/> Confirm Eligible Clinicians<input type="checkbox"/> Pick Your Pace for Participation <p><u>Choose Measures</u></p> <ul style="list-style-type: none"><input type="checkbox"/> ACI Performance and Bonus Measures<input type="checkbox"/> Quality Measures<input type="checkbox"/> Improvement Activities<input type="checkbox"/> Regularly monitor measures in CQR
<p>By June 30, 2017</p>		<ul style="list-style-type: none"><input type="checkbox"/> Investigate and Choose your MIPS submission method
<p>By July 1, 2017</p>		<ul style="list-style-type: none"><input type="checkbox"/> If necessary, file for 2016 Meaningful Use Hardship (standard application)
<p>Fall 2017</p>		<p>CMS will send 2016 PQRS feedback reports and make Quality Resource and Usage Reports (QRUR) available</p> <p>Deadline for submitting requests for an Informal Review of 2016 PQRS and Value Modifier results</p>
<p>Oct 1, 2017</p>		<ul style="list-style-type: none"><input type="checkbox"/> If necessary, file for 2016 Meaningful Use Hardship (first-time EPs that <u>never</u> attested for MU but will in 2017 for MIPS)
<p>Oct 2, 2017</p>		<ul style="list-style-type: none"><input type="checkbox"/> Deadline to start your reporting period if you want to report a minimum of 90 days
<p>Oct 24, 2017 to Jan 12, 2018</p>		<p><u>If using QSS, Enroll: Automated Process in CQR</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Enroll by submitting QSS Agreement from CQR<input type="checkbox"/> Sign and return the QSS Contract Order to sales (requires manual submission)
<p>Jan 1, 2018</p>		<ul style="list-style-type: none"><input type="checkbox"/> Install CPS 12.3 or CEMR 9.12 for 2015 edition CEHRT, currently required for the full 2018 reporting year (proposed rule allowing flexibility <u>for some</u> is pending finalization in Oct or Nov timeframe)
<p>Jan 8, 2018 to Mar 2, 2018</p>		<p><u>If using QSS, Authorize Submission</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Enter/Validate provider information in CQR and request consent forms<input type="checkbox"/> Select measures and Authorize provider(s) and/or group<input type="checkbox"/> Confirm completion of authorizations<input type="checkbox"/> Receive confirmation email from GE Healthcare and validate provider list<input type="checkbox"/> Attest with CMS (either via QSS or alternative)
<p>By Mar 31, 2018</p>		
<p>Jan 1, 2019</p>		<p>CMS positive or negative adjustments start</p>
<p>Request Help</p>		<p>GE Healthcare Services (CPS, CEMR, Quality Payment Program) Service Center: 1-866-288-8292, QPP@cms.hhs.gov</p>
<p>2016 FAQs</p>		<p>PQRS FAQ: Q&A regarding our Quality Submission Services program for 2016 reporting</p> <p>QSS FAQ: Q&A regarding our Quality Submission Services program for 2016 reporting</p> <p>SOP FAQ: Q&A regarding the population of CPS EMR Source of Payment (SOP) codes for use with PQRS</p>
<p>Webinars</p>		<p>QSS 2016 What's New, SOP and VBM</p>
		<p>2016</p>

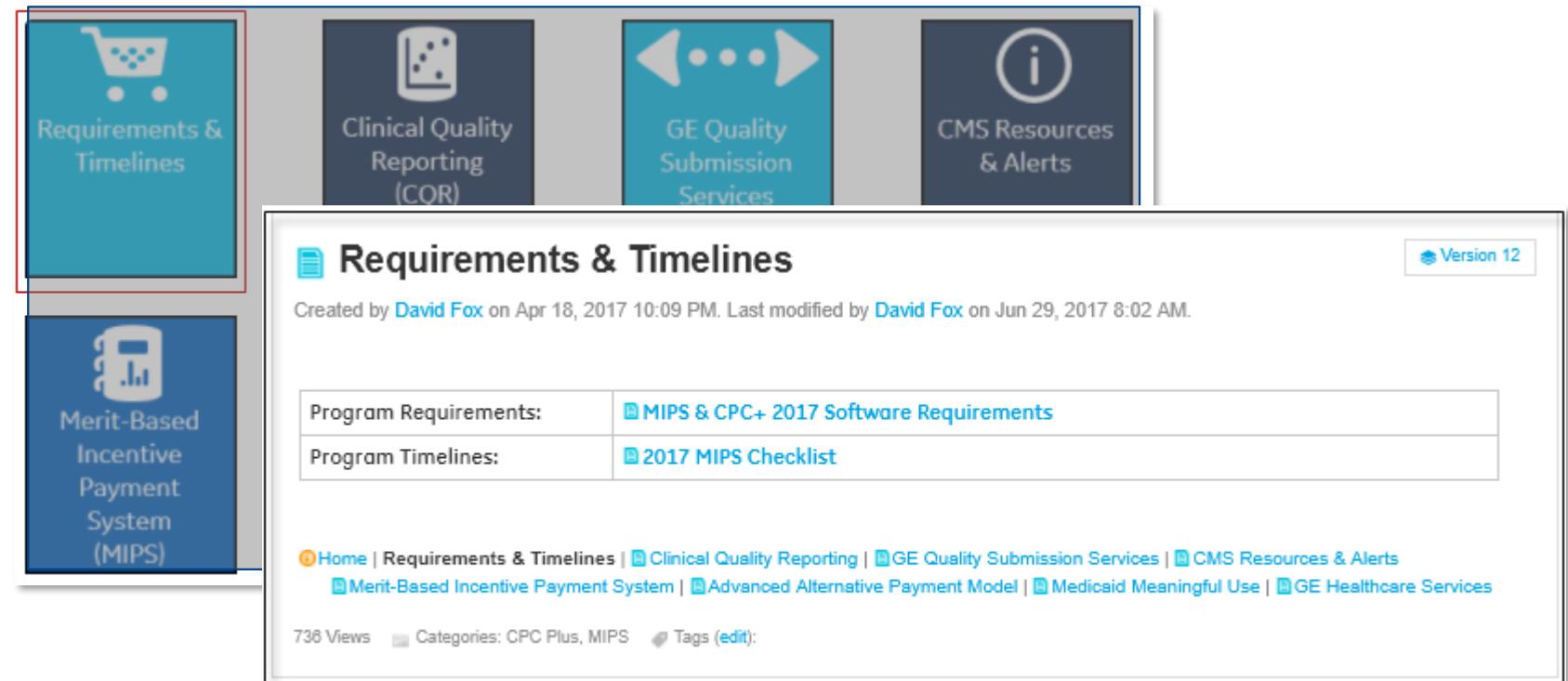


QSS Pre-Work: Technical Preparation



Technical Preparation

- Contract with GE Healthcare or your Value Added Reseller, if CQR is not installed
- Upgrade service pack - reference software requirement documents
- Update to latest monthly Knowledge Base (KB)
- Monitor CQR



The image shows a software interface with a navigation bar at the top and a detailed view of the 'Requirements & Timelines' section below.

Navigation Bar:

- Requirements & Timelines (highlighted with a red border)
- Clinical Quality Reporting (CQR)
- GE Quality Submission Services
- CMS Resources & Alerts

Requirements & Timelines Section:

Version 12

Created by [David Fox](#) on Apr 18, 2017 10:09 PM. Last modified by [David Fox](#) on Jun 29, 2017 8:02 AM.

Program Requirements:	MIPS & CPC+ 2017 Software Requirements
Program Timelines:	2017 MIPS Checklist

[Home](#) | [Requirements & Timelines](#) | [Clinical Quality Reporting](#) | [GE Quality Submission Services](#) | [CMS Resources & Alerts](#)
[Merit-Based Incentive Payment System](#) | [Advanced Alternative Payment Model](#) | [Medicaid Meaningful Use](#) | [GE Healthcare Services](#)

738 Views Categories: CPC Plus, MIPS Tags (edit):



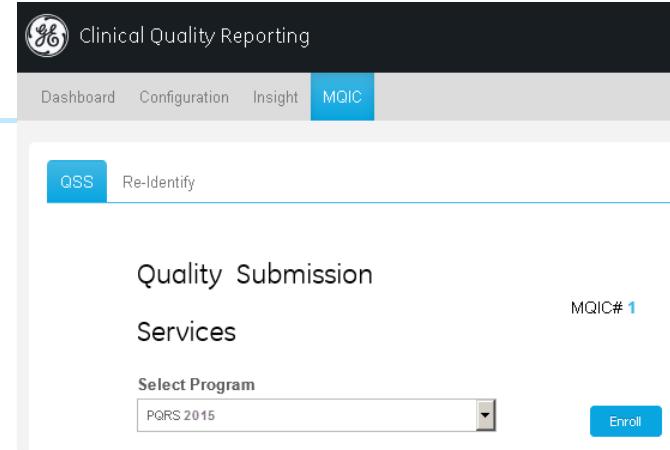
QSS Pre-Work: MQIC Membership



Join the MQIC Consortium

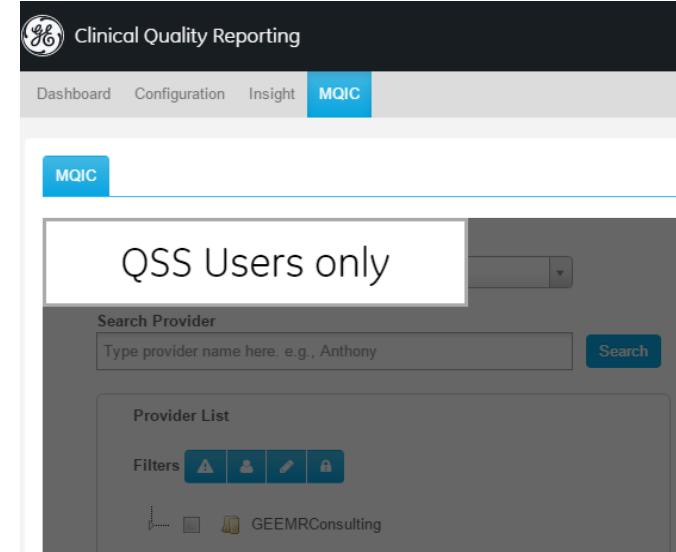
- New MQIC Agreement is not required each year.
- Member or Program Admin role required
- Navigate to the Quality Reporting Community > QSS to access the MQIC FAQ and Agreement.
- Sign agreement and deliver to GE Healthcare per instructions in FAQ.

MQIC Membership



The screenshot shows the GE Clinical Quality Reporting interface. The top navigation bar includes the GE logo, Clinical Quality Reporting, Dashboard, Configuration, Insight, and MQIC (which is highlighted in blue). Below the navigation is a sub-navigation bar with QSS and Re-Identify. The main content area is titled "Quality Submission Services" and includes "MQIC# 1". A "Select Program" dropdown is set to "PQRS 2015", and a "Enroll" button is visible.

No MQIC Membership



The screenshot shows the GE Clinical Quality Reporting interface. The top navigation bar includes the GE logo, Clinical Quality Reporting, Dashboard, Configuration, Insight, and MQIC (which is highlighted in blue). Below the navigation is a sub-navigation bar with MQIC (highlighted in blue). The main content area is titled "QSS Users only". A "Search Provider" input field contains "Type provider name here. e.g., Anthony" and a "Search" button. Below the search is a "Provider List" section with a "Filters" button and a "GEEMRConsulting" entry.



QSS PreWork: Source of Payment (SOP) Codes



Source of Payment (SOP) Codes

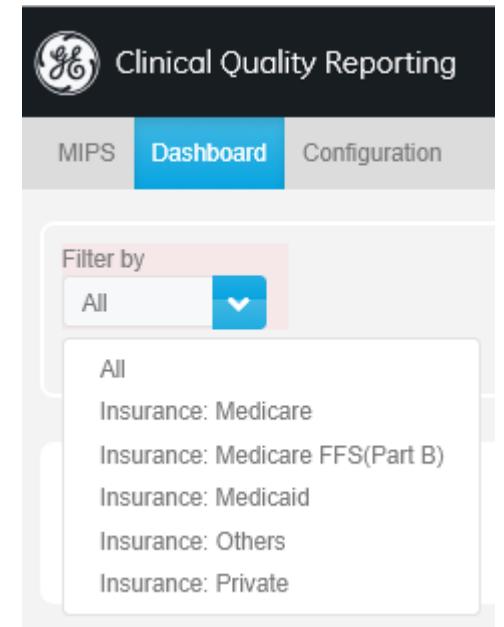
- SOP Codes required for MIPS reporting
- SOP Codes are standardized indicators of the type of financing structure used by payers: Medicare, Medicare Part B, Medicaid, Private, Others
- Facilitate consistent comparison of payer data
- CMS requests data for all payers in MIPS submissions
- [GE Resources in the Quality Reporting Community](#)
 - SOP Report: Confirms existing SOP code assignments
 - GE SOP FAQ

2017 MIPS Checklist	
TIMEFRAME	TASKS
What can I be doing now?	<p>(Please note this checklist is posted on the Quality Reporting Community (CPS, CEMR))</p> <p><u>Preparation</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Install CQR<input type="checkbox"/> Upgrade to desired service pack and/or third party versions<input type="checkbox"/> Keep up-to-date on the monthly Knowledgebase releases<input type="checkbox"/> Monitor CQR ingestion<input type="checkbox"/> Assign/Confirm Source of Payment (SOP) codes for all insurance carriers



Source of Payment (SOP) Codes & MIPS 2017

- 2017 MIPS *Minimum* Requirement:
ONE Medicare Part B Patient in the Denominator of ONE Measure
- Steps
 - Enter SOP Codes in CPS/ CEMR
 - **SP13 or higher** – SOP codes automatically sent to CQR
 - **SP12 or earlier** - SOP codes are only sent with patient data to CQR beginning with the date the SOP is applied to an insurance carrier/plan in CPS or EMR. Office visits that occur prior to SOP code mapping would not have an SOP Code associated with the patient's insurance carrier/plan. Reference SOP Code FAQ.
 - Navigate to the legacy dashboard
 - Filter: Medicare FFS (Part B)



QSS Pre-Work: Quality Measure Selection



Quality Measure Selection

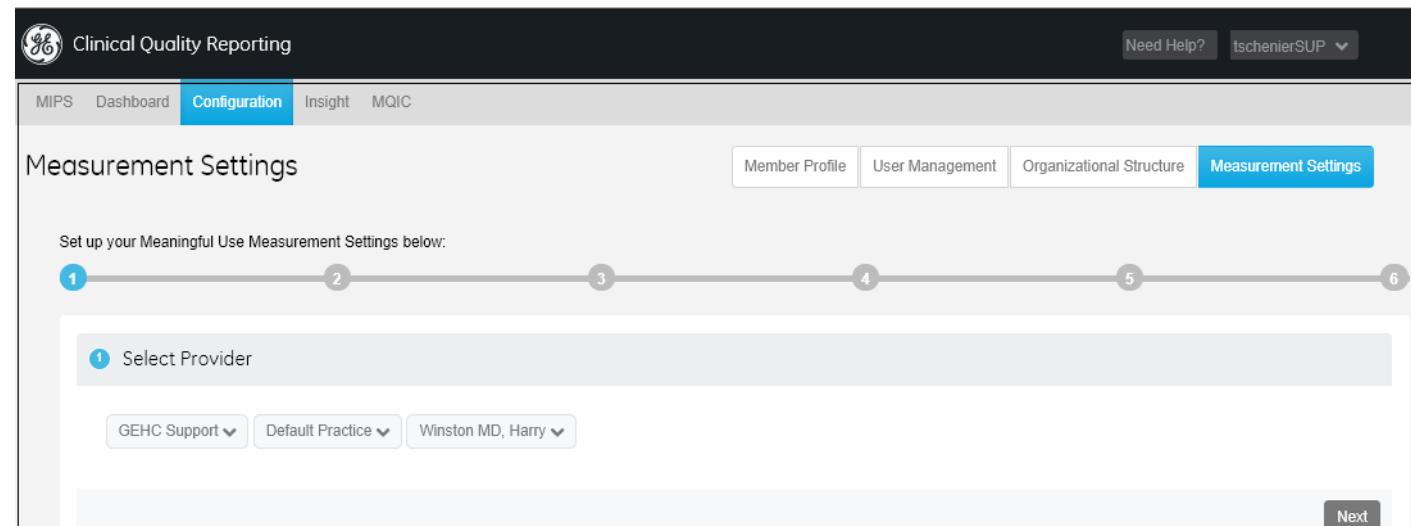
Prepare for Authorization in January 2018 by selecting Quality measures for submission now

All quality measures in the dashboard submitted. You can choose to:

1. Submit all measures & CMS will score the 6 highest measures .
2. Select specific measures submitted to CMS

Member or Clinical Admin role

Configuration > Measurement Settings to select the Quality measures in the dashboard.



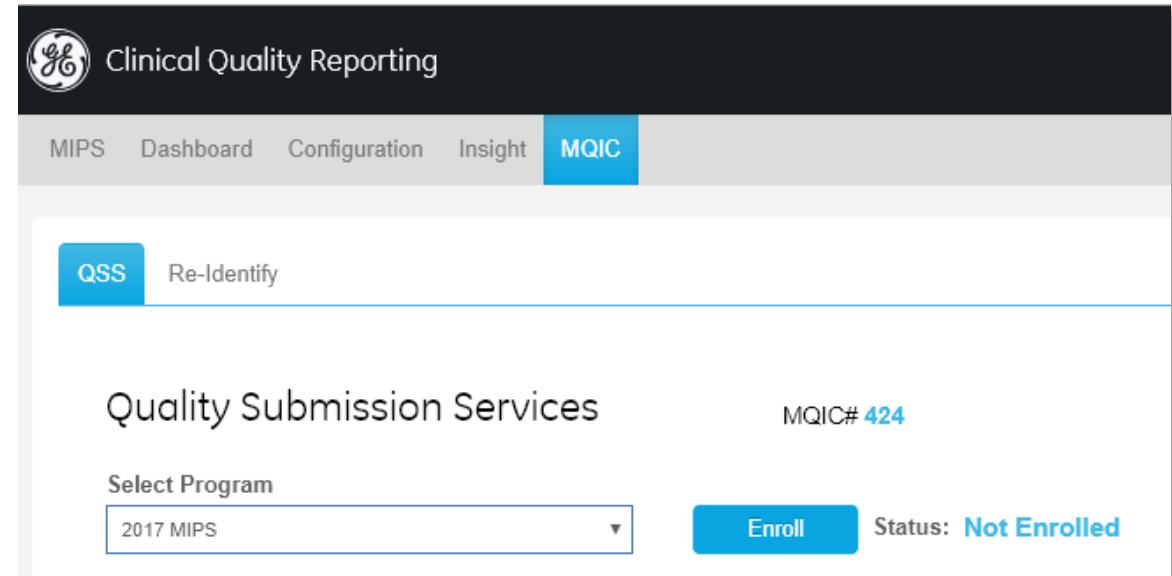
MIPS Enrollment for Clinicians Participating Individually & as a Group



Select Program

Begin your program enrollment by selecting the 2017 MIPS program

- Select the MQIC > QSS tabs
- Access available for the Member and Program Admin roles
- Select Program: 2017 MIPS
- Select 'Enroll'



IMPORTANT!

MIPS Group Practices

MIPS group practices must enroll through QSS to enable group calculations for eCQMs required for MIPS groups

PQRS GPRO

Cannot be used to calculate for a 2017 MIPS group



Complete Organization and Contact Information

1. CQR Registration Name

- Prepopulates based on CQR registration

2. Organization Name

- Provide alternate organization name used

3. Address

- Prepopulates based on CQR registration

4. First & Last Name

- Primary contact name

5. Phone

- Primary contact phone number

6. Email

- Primary contact email address
- QSS agreement sent to this address

Quality Submission Services
MQIC# 424

Enroll in 2017 MIPS

Organization Information

CQR Registration Name
AbigaleHospital

Organization Name (Alternate)

Address
5th Street
Kansas
KS
01234

Primary Contact Information

First Name*

Last Name*

Phone*

Email*

* Asterisk indicates mandatory field

Submit QSS Agreement

One QSS Agreement per organization

QSS Agreement is sent to the email address of the person designated as the primary contact

QSS agreement may be forwarded to another person for signing

Workflow:

- Select 'Send Agreement'
- Watch for the agreement in your email
- Follow the DocuSign workflow to review, sign and submit the agreement

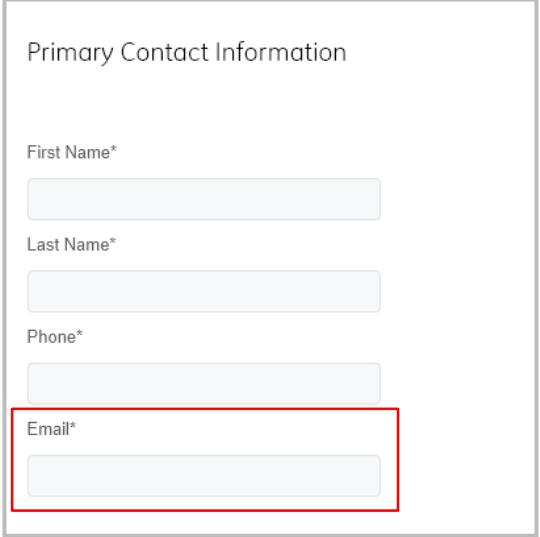
Primary Contact Information

First Name*

Last Name*

Phone*

Email*



Submit Agreement

A MIPS QSS agreement must be submitted in order to enroll clinicians participating individually and create a MIPS group. The agreement will be emailed to the Primary Contact and access will be granted within 3 hours after the agreement is signed. Once the agreement is processed and the status is 'QSS Agreement Signed', select the 'Complete Registration' button and enter clinician information and create MIPS groups.

Send Agreement

NOTE: The QSS Agreement must be signed before enrolling clinicians or creating MIPS groups

Electronic Signatures



Confidential. Not to be copied, distributed, or reproduced without prior approval.



Electronic Signatures

- **QSS Agreement** required for each organization
 - Required for enrollment
 - Must be signed electronically
 - May be forwarded
 - Open and read the agreement without obligation to sign
 - New QSS Agreement required each year
- **Clinician consent form** required for each participating clinician
 - Required for individual or group participation
 - Must be signed electronically
 - MIPS clinician consent forms will apply to subsequent MIPS program years
 - Consent forms from previous programs ie. PQRS cannot be used for MIPS

Reminders and Expiration

5 Days: 1st reminder is sent

3 Days: Subsequent reminders are sent every 3 days

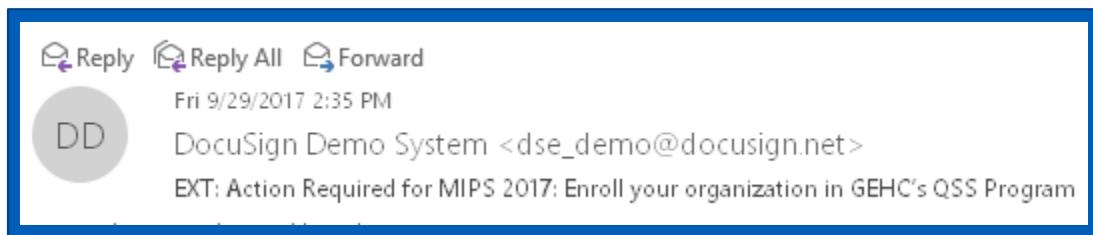
30 Days: Document expires



DocuSign

After a document is sent....

- Monitor your email
- **QSS Agreement:** sent to the primary contact
- **Provider Consent:** sent to provider's email address
- Look for this subject line in your email:



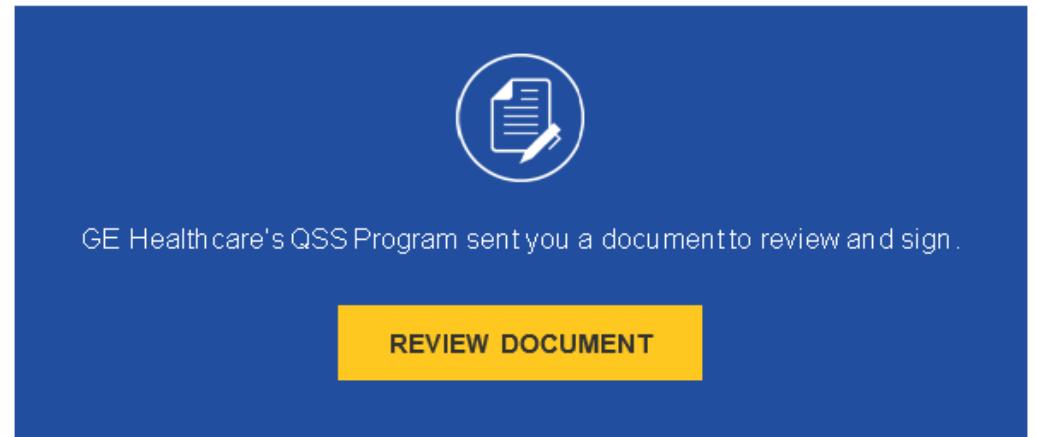
Reply Reply All Forward

Fri 9/29/2017 2:35 PM

DocuSign Demo System <dse_demo@docsign.net>

EXT: Action Required for MIPS 2017: Enroll your organization in GEHC's QSS Program

- Select 'Review Document'



GE Healthcare's QSS Program sent you a document to review and sign.

REVIEW DOCUMENT

GE Healthcare's QSS Program

qss.program@ge.com

GE Healthcare's Quality Submission Services (QSS) program for MIPS 2017 requires that your organization sign a QSS agreement (one agreement per participating organization). Please allow approximately 3 hours for access to Clinician information in CQR's MQIC tab after this agreement is submitted. The QSS agreement must be submitted before program enrollment closes. Enrollment information may be found on the Quality Reporting Community.

Powered by **DocuSign**

NOTE: QSS.Program@GE.com is an unmonitored email box.

DocuSign Workflow

- Agree to use electronic records and signatures
- Select 'Continue'
- 'Other Actions' provide additional options
 - Finish Later
 - Assign to Someone Else
 - Decline to Sign

Please Review & Act on These Documents

 GE Healthcare's QSS Program
GE Healthcare - Ambulatory Practice Solutions

GE Healthcare's Quality Submission Services (QSS) program for MIPS 2017 requires that your organization sign a QSS agreement (one agreement per participating organization). Please allow approximately 3 hours for access to Clinician information in CQR's MQIC tab after this agreement is submitted. The QSS agreement must be submitted before program enrollment closes. Enrollment information may be found on the Quality Reporting Community.
[View Less](#)

Powered by  DocuSign

Please review the documents below.

CONTINUE OTHER ACTIONS ▾

Finish Later
Assign to Someone Else
Decline to Sign
Help & Support
About DocuSign
View History
View Certificate (PDF)
Session Information

DocuSign Envelope ID: 9E73112A-1211-4D1B-B13B-FDC8C597F47F

QUALITY SUBMISSION SERVICES
Merit-Based Incentive Payment System (MIPS)
AGREEMENT: 2017 Program Year

This agreement for participation in the Quality Submission Services (QSS) is dated as of the last signature date indicated below the "Agreement", by and between the entity or individual identified as "Medical Quality Improvement Consortium (MQIC) Member" in the space below ("MQIC

Electronic Signatures: QSS Agreement

Enter your title & Select 'Sign'



General Electric Company,
by and through its GE Healthcare
division
Name: _____

Signature: Kathryn Digital signature information
Title: Abbey

Address: _____

Date: _____

QSS Participating Organization

Name: Harry Winston



Signature: _____

Title: Program Manager

Organization Name: GEEMRConsulting

Organization Address: _____

6860 Dallas Parkway

Plano

TX

75024

MQIC Member Number: 9998

Date: October 25, 2017 | 06:23 PDT

Select 'Adopt and Sign'

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name*

Initials*

Select Style

PREVIEW



By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

REMEMBER TO SELECT

FINISH

TO SEND THE COMPLETED DOCUMENT

Electronic Signatures: Clinician Consent Form

Select 'Adopt and Sign'

Adopt Your Signature

Confirm your name, initials, and signature.

Full Name	Initials
Harry Winston	HW

Select Style

PREVIEW

DocuSigned by:
Harry Winston
2556365B661D466...

DS HW

Change Style

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN **CANCEL**

REMEMBER TO SELECT

FINISH

TO SEND THE COMPLETED DOCUMENT

After signing a document electronically

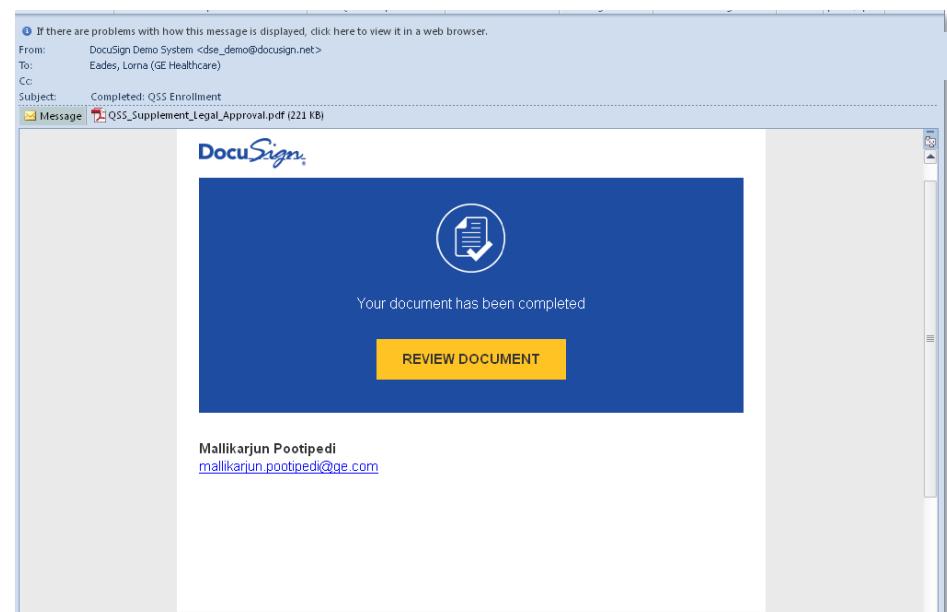
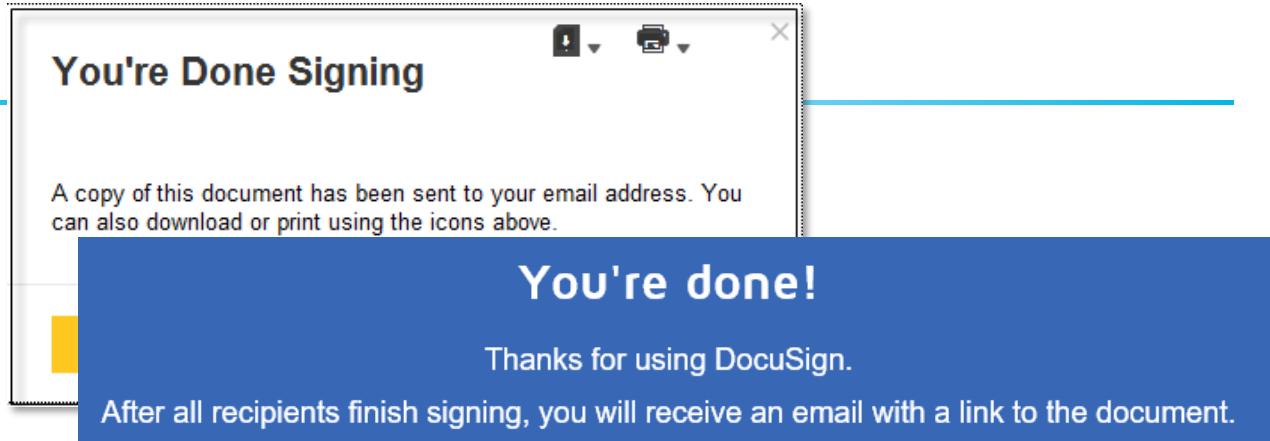
Look for confirmation messages & emails

- You're Done Signing
- Completed: QSS Enrollment

Options:

- Print the document
- Download the document

QSS Agreement and Clinician consent forms are automatically emailed as an attachment



After the QSS Agreement is Signed



Access to enroll as individual clinicians or MIPS Groups

Individual Eligible Clinician Enrollment

MIPS Group Enrollment

Enrollment Summary

The screenshot displays the GE Clinical Quality Reporting interface with two main sections: 'Individual Eligible Clinician Enrollment' and 'MIPS Group Enrollment'.

Individual Eligible Clinician Enrollment: This section is shown in a red box. It includes a 'Quality Submission Services' section with a 'Select Program' dropdown set to '2017 MIPS', a 'Complete Enrollment' button, and a status message 'Status: QSS Agreement Signed'. Below this is an 'Organization Information' section with fields for 'CQR Registration Name' (EnrollMIPS2017 Clinic) and 'Organization Name (Alternate)'. The 'Address' field contains '22 Junc Street, 44 Avenue, New York, NY 41571'.

MIPS Group Enrollment: This section is also shown in a red box. It includes a 'Primary Contact Information' section with fields for 'First Name*' (mmmm), 'Last Name*' (ddddddd), 'Phone*' (3333333333), and 'Email*' (krushikesh.gawde@ciustech.com). Below this is an 'Individual Eligible Clinician Enrollment' section with a table for 'Estimated Clinicians' and 'MIPS Performance Categories'. The table shows two rows: one for '2' clinicians in 'ACI, Quality, IA' categories, and another for '20' clinicians in 'ACI' categories. Buttons for 'Add Row', 'Delete Row', 'Delete', 'Cancel', and 'Save' are present. A note states: 'Groups may be edited until authorization. The higher number of clinicians in the 'Clinician Count' field during enrollment or at submission will be considered final for invoicing purposes.'

Enrollment Summary: This section is shown in a red box at the bottom.



Enroll Individual Clinicians



Individual Eligible Clinician (EC) Enrollment

- **Workflow**

1. Enter estimated number of clinicians
2. Select MIPS Performance Categories
3. Save
4. Look for confirmation enrollment saved successfully
5. 'Add a row' if individual ECs are participating in different performance categories

Estimated Clinicians*	MIPS Performance Categories*	
2	Quality	Delete
4	ACI, Quality, IA	Delete

Cancel Save

- 'Improvement Activities' option can only be selected in combination with ACI, Quality or both
- Look for 'Information' buttons for guidance
- Performance categories cannot be selected more than once

'Estimated Clinician' is used to generate the QSS order.

Performance Categories must be selected per clinician later in enrollment & will be the only categories available for authorization

MIPS Performance Categories*

ACI

Advancing Care Information

Quality

Improvement Activities

OK Cancel

Cancel Save

Enroll & Create MIPS Groups



QSS Pre-Work: MIPS Groups: Location ID (LOCID)



MIPS Groups: Location ID (LOCID)

What is LOCID?

- Each location of care in CPS/ CEMR has a unique identifier, only visible via the database.
- Some practices may be missing a LOCID

Why does it matter?

- Practices in CQR are the foundation for building a MIPS Group and associating clinician encounters to the group for calculations and measure results.
- A practice without a LOCID will not have clinicians in the MIPS Group and cannot be configured to create a MIPS Group.

What can I do?

- Validate each practice in CQR that will be used for a MIPS Group has a LOCID
 - Configuration > Organizational Structure
- If the Location ID is missing for a practice, you'll need to import practices from CPS/ CEMR to CQR, which will include the LOCID.
- Instructions in the Quality Reporting Community >CQR User Manual.
Search '[Importing Practices from CPS/ CEMR to CQR](#)'

This step is required before
creating a MIPS Group!

System > Locations Of Care		
Location	Abbrev	
Eastside Clinic	EAST	New...
Eastside Cardiology	E CARDIO	Change...
Eastside Internal Medicine	E IM	Move...
Eastside Obstetrics and Gynecology	E OB GYN	Make Obsolete...
Eastside Pediatrics	E PEDS	
Eastside Family Practice	FP	
Nancy's Clinic	Nancy	
Nancy's OB	NancyOB	
PugetSoundHealth	PSH	
PSH Cardiology	PCHCar	
PSH InternalMedicine	PSH IM	
PSH Cancer Care	PSHCC	
PSH FamilyPractice	PSHFP	

Enterprises + Practices + Providers +

► CPSPartners ► Eastside Pediatrics - no providers

E PEDS

Update Practice

Practice Name: Eastside Pediatrics

Location Id: 1225648303001060

[Cancel](#) [Update](#)



Location ID (LOCID) Resources



C Clinical Quality Reporting (CQR)

Created by [David Fox](#) on Apr 18, 2017 10:13 PM. Last modified by [Mark Williams](#) on Oct 3, 2017 8:16 AM.

Version 57

Document / Link	Description	Updated
Go To Centricity CQR Page	Centricity™ Clinical Quality Reporting (CQR) is GE Healthcare's cloud-based reporting solution for CMS Quality Reporting programs for customers using Centricity™ Practice Solution 12.0 and 12.2 which is ONC-ACB 2014 Edition Certified for Modified Stage 2 Meaningful Use and MIPS 2017 ACI transition objectives and Quality measures. CQR supports the CMS EHR Reporting method. This page contains CQR status updates, release notes and other CQR product information.	
CQR User Manual	The purpose of this manual is to help you navigate and understand the features and functionality provided by GE's Centricity Clinical Quality Reporting (CQR) portal.	Oct 2017
CQR Release Notes	Refer to the Release Notes for details on current and previous versions of CQR.	Oct v1.5.16
CQR Release Webinars	1.5.14 & 1.5.15 (Enhancements & Fixes), 1.5.12 (COM Updates), 1.5.11 (MIPS Quality Dashboard), 1.5.10 (MIPS ACI Dashboard), 1.5.9 (CPC+)	June 2017
Quality Reporting Guide PDF format Help format (.chm)	A comprehensive guide on how GE supports CMS Quality Reporting programs. This is our primary source for knowledge on each of the measures we support, including the software, setup and workflows necessary to meet the measures. Note: This guide is updated frequently. Please refer to this site for the latest updates.	Oct 2017
Monitoring Quality Reporting Data Video Document	Video: An 11 minute session to review monitoring data flow from your Centricity application to CQR including troubleshooting tips. Document: A comprehensive guide on how your CPS data flows to CQR and how to monitor the flow of data from your EMR, through the JMX-console and QIE, and then to CQR for ingestion. Learn how to find errors and identify which ones are important to act upon.	Nov 2016 Jan 2015
Import Locations of Care Clinical Kit	Clinical Kit Report for importing locations of care (CQR practices) from CPS to CQR. Import practice instructions will be located in 1.5.15 release notes and September version of the CQR User Manual that should be posted no later than September 6. Clinical Kit Report - Locations of Care List For CQR - CPS.zip Steps for Installing Import Practice Clinical Kit Report	Sep 2017
Data Resend Instructions	For customers on CPS 12.0.13 or higher and with an identified need to resend data to CQR, this document includes the steps to perform a resend.	July 2017
CQR Security Certificates	CQR Security Certificate Communication (Revised with new timeline) Letter sent to all CQR Accounts (Member Admin Contacts). New CQR Security Certificates Download certificates. CQR Security (PIL) Certificate Expiration Instructions Instructions for installing the new certificates.	Aug 2017
MUActivityLog Web Services Reference Guide	GE Healthcare's Centricity™ solutions include web services that write patient events—such as an electronic patient referral event—to a Meaningful Use activity log for compliance purposes. The APIs that record these events are grouped within MUActivityLog and must be properly configured to log patient events as intended. This document describes how to access the APIs within MUActivityLog and how they are configured to write to the MU activity log as events occur.	Mar 2017



QSS Pre-Work: MIPS Groups: Tax ID

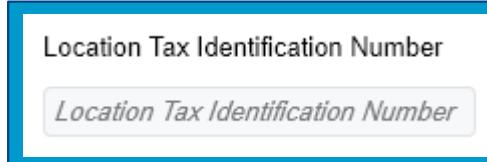


MIPS Groups: Associate a Tax ID to each practice

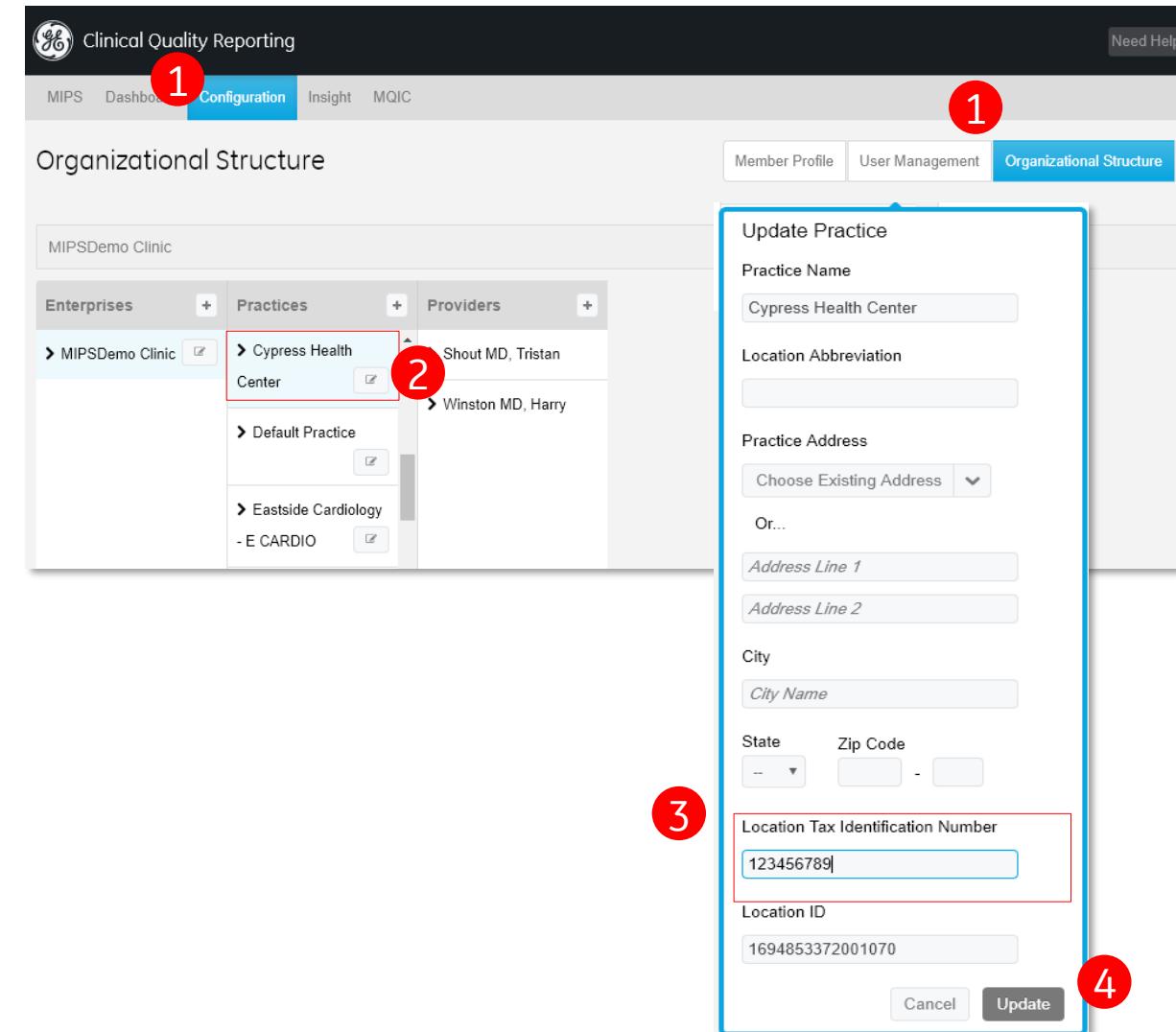
Tax ID required for any practice used to create a MIPS Group.

Member or Practice Admin role required

Steps

1. Navigate to Configuration > Organizational Structure
2. Find a practice and select the 'Edit' icon 
3. Enter the Tax ID / TIN here: 
4. Select 'Update'

This step is required before creating a MIPS Group!



MIPS Groups: What if my practice does not have a Tax ID (TIN)?

1. The MIPS Group is created during enrollment.

1

MIPS Group Enrollment

Groups may be edited until authorization. The higher number of clinicians in the 'Clinician Count' field during enrollment or at submission will be considered final for invoicing purposes.

Add MIPS Group Bulk Update Group Performance Category

Tax ID (TIN)* Locations of Care(LOC) MIPS Performance Categories* Clinicians Count Edit Delete Active Inactive

No data available in table

Showing 0 to 0 of 0 entries

First Previous Next Last

2. A CQR practice must have a Tax ID entered prior to enrollment so that it can be used to create a MIPS Group.

Navigate to Configuration > Organizational Structure
Select a practice
Edit
Enter the Tax ID
Select 'Update'

3. If a practice is not associated with a Tax ID (TIN) prior to creating a MIPS Group, then there will not be an option to select a TIN in the dropdown shown here.

2

Update Practice

Practice Name: Cypress Health Center

Location Abbreviation:

Practice Address: Choose Existing Address

Or...
Address Line 1:
Address Line 2:

City: City Name

State: Zip Code:

Location Tax Identification Number:

Location ID:

Cancel Update

3

Add or Edit MIPS Group

Select Tax ID (TIN)*:

Select MIPS Performance Categories*:

Clinician Count:

Locations of Care Associated w/ TIN:

Save Cancel



Create a MIPS Group



Enroll & Create a MIPS Group

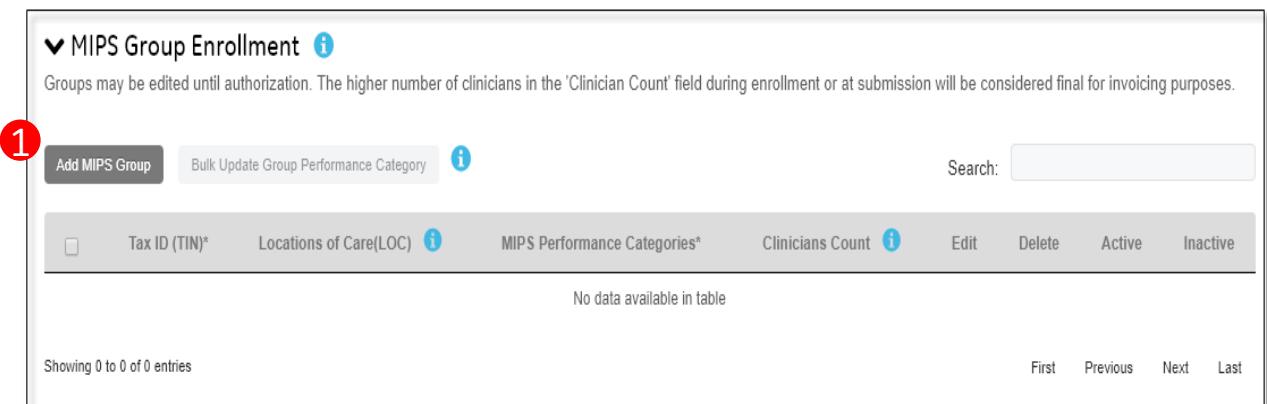
Workflow

Assumes each practice in a MIPS Group has a LOCID & Tax ID

1. Expand MIPS Group & Select 'Add MIPS Group'
2. Select a Tax ID associated w/ MIPS Group
3. Locations of Care associated with the TIN will populate here.
4. Select MIPS Performance Categories
5. The Clinician Count populates automatically and is based on the number of clinician's with an encounter at a location(s) of care associated with the MIPS Group.
6. Save your selections
7. Look for confirmation that the MIPS Group was added successfully

About MIPS Groups:

- Clinicians included in the MIPS Group will display after the group is created
- CQR access is based on roles and privileges. After creating a MIPS Group, make sure the appropriate users have access to the new MIPS Group!



MIPS Group Enrollment

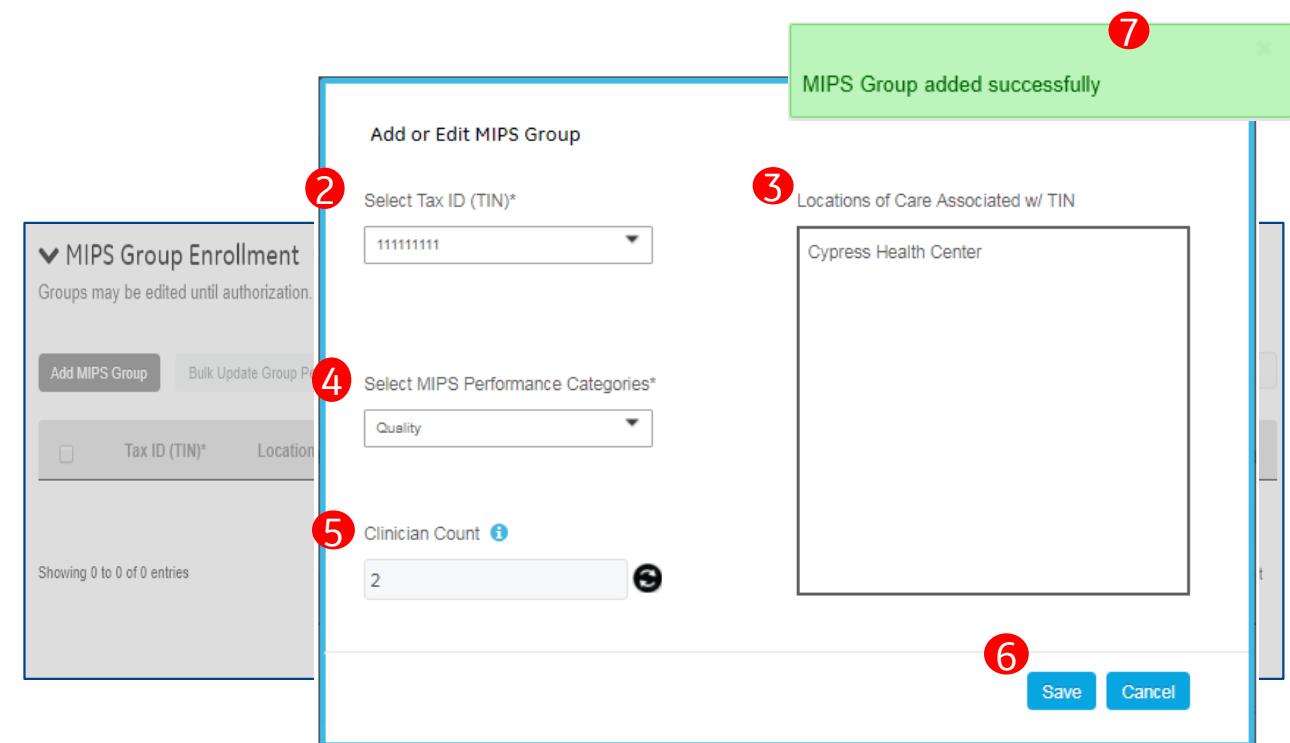
Groups may be edited until authorization. The higher number of clinicians in the 'Clinician Count' field during enrollment or at submission will be considered final for invoicing purposes.

Add MIPS Group Bulk Update Group Performance Category Search:

	Tax ID (TIN)*	Locations of Care(LOC)	MIPS Performance Categories*	Clinicians Count	Edit	Delete	Active	Inactive
No data available in table								

Showing 0 to 0 of 0 entries

First Previous Next Last



MIPS Group Enrollment

Groups may be edited until authorization.

Add MIPS Group Bulk Update Group Performance Category

Search:

	Tax ID (TIN)*	Locations of Care(LOC)	MIPS Performance Categories*	Clinicians Count	Edit	Delete	Active	Inactive
No data available in table								

Add or Edit MIPS Group

2 Select Tax ID (TIN)*

3 Locations of Care Associated w/ TIN

4 Select MIPS Performance Categories*

5 Clinician Count

6 Save Cancel

7 MIPS Group added successfully



MIPS Group fees assessed when the MIPS Group is created. Submission is included.

MIPS Group: Excluding Clinicians



Who is exempt from participating in MIPS?

1. Clinician types who are not included in the definition of a MIPS eligible clinician are exempt from participating in MIPS and may be eligible for an exclusion.

2. If a clinician is eligible for one of three exclusions, then the clinician would be exempt from participating in MIPS.

1	Clinicians who enroll in Medicare for the first time during a MIPS performance period are exempt from reporting on measures and activities for MIPS until the following performance period.
2	Qualifying APM Participants (QPs) are not considered MIPS clinicians and are exempt from MIPS participation. Partial QPs who do not report on measures and activities that are required to be reported under MIPS for a given performance period in a year are not considered a MIPS clinician and are exempt from MIPS participation.
3	A MIPS clinician or group that does not exceed the low-volume threshold (has Medicare Part B billing charges less than or equal to \$30,000 or provides care for 100 or fewer Part B-enrolled Medicare beneficiaries) is exempt from MIPS participation for the performance period with respect to a year.

https://qpp.cms.gov/docs/QPP_Group_Participation_in_MIPS_2017.pdf



Confidential. Not to be copied, distributed, or reproduced without prior approval.



Assessment, Scoring, and Payment Adjustment: Groups with Clinicians that Do Not Meet the Definition of a MIPS Clinician



1. Clinician types who are not included in the definition of a MIPS eligible clinician are exempt from participating in MIPS and may be eligible for an exclusion.

2017 MIPS eligible clinicians: Doctors of Medicine, Doctors of Osteopathy, Chiropractors, Dentists, Optometrists, Podiatrists, Nurse Practitioners, Physician Assistants, Certified Registered Nurse Anesthetists, and Clinical Nurse Specialists.

“Individual clinicians who do not meet the definition of a MIPS clinician during the first two years of MIPS—such as physical and occupational therapists, clinical social workers, and others—are not MIPS eligible and are not required to participate in MIPS. However, they may voluntarily report measures and activities for MIPS. Clinicians who are not MIPS eligible who voluntarily report for MIPS at the individual level will not receive a MIPS payment adjustment.

Groups participating at the group level may voluntarily include such clinicians in its aggregated data that will be reported for measure and activities under MIPS. Groups participating at the group level that voluntarily include clinicians who do not meet the definition of a MIPS clinician will have their performance assessed and scored across the TIN; however, those clinicians will not receive a MIPS payment adjustment regardless of their MIPS voluntary participation.”

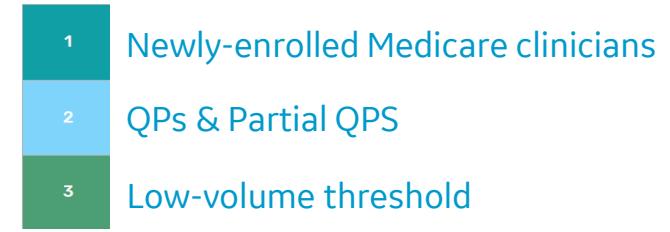
https://qpp.cms.gov/docs/QPP_Group_Participation_in_MIPS_2017.pdf

Contact CMS to determine a clinician’s eligibility for exclusion @ 866-288-8292

Customer is responsible for any consequences of excluding a clinician from a MIPS Group.

Assessment, Scoring, and Payment Adjustment: Groups with Clinicians Exempt from MIPS Due to an Exclusion

2. If a clinician is eligible for one of three exclusions, then the clinician would be exempt from participating in MIPS.



Assessment, Scoring and the MIPS payment adjustment will apply differently at the group level in relation to each exclusion circumstance.

1. Newly-enrolled Medicare clinicians are determined at the individual NPI level and clinicians should be **included** in the MIPS Group.
2. QPs and Partial QPs are determined at the individual NPI level and clinicians should be **included** in the MIPS Group.

“Groups participating at the group level that include new Medicare-enrolled clinicians, or QPs or Partial QPs, would have the MIPS payment adjustment only apply to the Medicare Part B allowable charges pertaining to the group’s MIPS clinicians and the MIPS payment adjustment would not apply to such clinicians excluded from MIPS based on these two types of exclusions. Any individual (NPI) excluded from MIPS because they are identified as new Medicare-enrolled, or a QP would not receive a MIPS payment adjustment, regardless of their MIPS participation. Partial QPs would have the opportunity to decide whether they wish to be subject to a MIPS payment adjustment, which could be positive or negative.”

3. The low-volume threshold exclusion is determined at the individual (TIN/NPI) level for individual participation and at the group (TIN) level for group participation. A clinician participating as a group, would be subject to the low-volume threshold as a group and not as an individual.

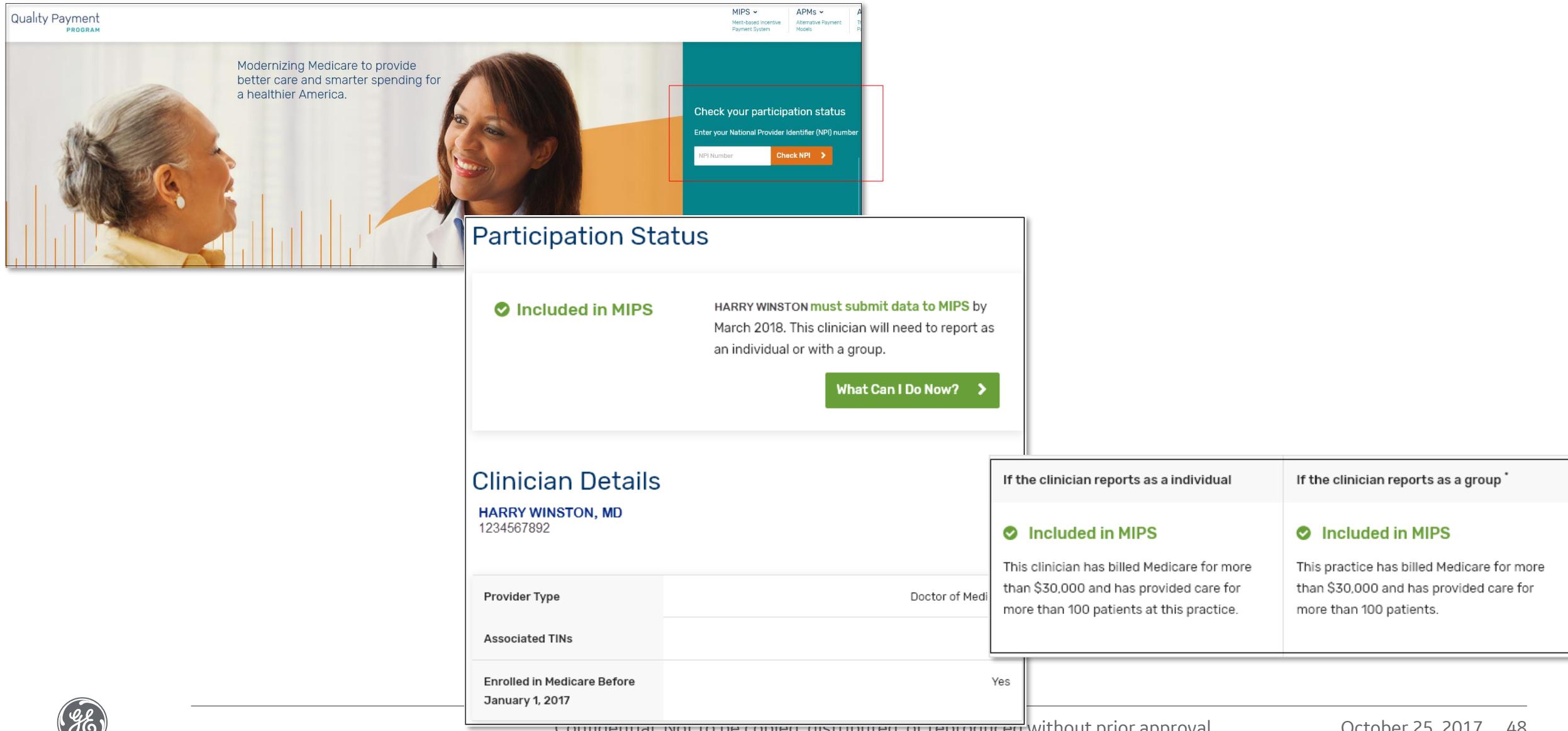
“The low-volume threshold is different from the other two exclusions because it is not determined solely based on the individual NPI status. It is based on both the TIN/NPI (to determine an exclusion at the individual level) and TIN (to determine an exclusion at the group level) status. For group-level participation, the group, as a whole, is assessed to determine if the group (TIN) exceeds the low-volume threshold. Thus, clinicians (TIN/NPI) who do not exceed the low-volume threshold at the individual participation level and would otherwise be excluded from MIPS participation at the individual level, will be required to participate in MIPS at the group level if such clinicians are part of a group participating at the group level that exceeds the low-volume threshold.”

https://qpp.cms.gov/docs/QPP_Group_Participation_in_MIPS_2017.pdf

Contact CMS to determine a clinician’s eligibility for exclusion @ 866-288-8292

Customer is responsible for any consequences of excluding a clinician from a MIPS Group.

Check your clinician's participation status @ <https://qpp.cms.gov/>



The screenshot shows the Quality Payment Program website. At the top, there is a banner with a photo of a doctor and a patient, and the text: "Modernizing Medicare to provide better care and smarter spending for a healthier America." Below the banner, there are navigation links for "MIPS", "APMs", and "Alternative Payment Models". A call-to-action box with a red border contains the text "Check your participation status" and a form to "Enter your National Provider Identifier (NPI) number".

Participation Status

Included in MIPS

HARRY WINSTON must submit data to MIPS by March 2018. This clinician will need to report as an individual or with a group.

What Can I Do Now? >

Clinician Details

HARRY WINSTON, MD
1234567892

Provider Type	Doctor of Medi
Associated TINs	
Enrolled in Medicare Before January 1, 2017	Yes

If the clinician reports as a individual

Included in MIPS

This clinician has billed Medicare for more than \$30,000 and has provided care for more than 100 patients at this practice.

If the clinician reports as a group *

Included in MIPS

This practice has billed Medicare for more than \$30,000 and has provided care for more than 100 patients.

GE

Confidential. Not to be copied, distributed, or reproduced without prior approval.

October 25, 2017 48

MIPS Group: Exclusion Workflow

Configure the MIPS Group clinicians within two weeks of enrollment.
QSS orders are sent 10 business days after enrollment.

Workflow

1. Select clinician(s)
2. Select 'Exclude Clinician'
3. Popup window displays
4. Select an exclusion
5. Select 'Exclude Clinician'
6. Alert confirms exclusion

Excluded clinician's data will not be included in the group's calculations or submission. for authorization.
Contact CMS for determination of a clinician's eligibility for exclusion from the MIPS Group.

Clinician List

MIPS Group 2

- MIPS-GROUP-TIN-3333333333
- MIPS-GROUP-TIN-5555555555
- Clark, John - *Missing NPI, Missing TIN, Consent Form Sent (Expired)* 1
- MIPS-GROUP-TIN, 5555555555
- Shout MD, Tristan - *Consent Form Received*
- Winston MD, Harry - *Consent Form Received*

3 6 Clinician excluded successfully from MIPS Group

MIPS Group Enrollment

Select an exclusion option:

Exclude Clinician

4 By selecting 'Exclude Clinician', I acknowledge that I am excluding the clinician from the MIPS group and understand the clinician's data will not be included in the group's calculations or submission. GE Healthcare is not responsible for any consequences of excluding the clinician from the MIPS group. You are responsible for compliance with applicable reporting requirements. Contact CMS for determination of a provider's eligibility for exclusion from the MIPS group.

Clinician is a test clinician in CPS/CEMR.

ALWAYS RECALCULATE after clinicians are excluded or included in a MIPS Group

Indicators a Clinician is Excluded

Clinician List

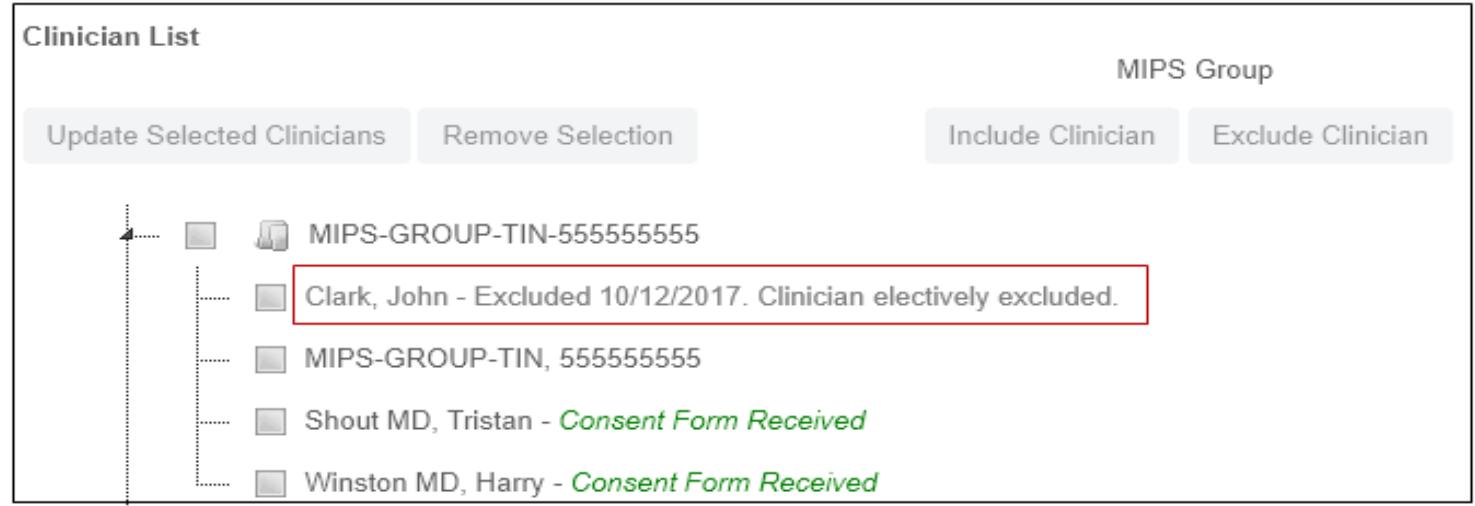
- Excluded w/ date stamp
- Includes reason for exclusion

Clinician List

MIPS Group

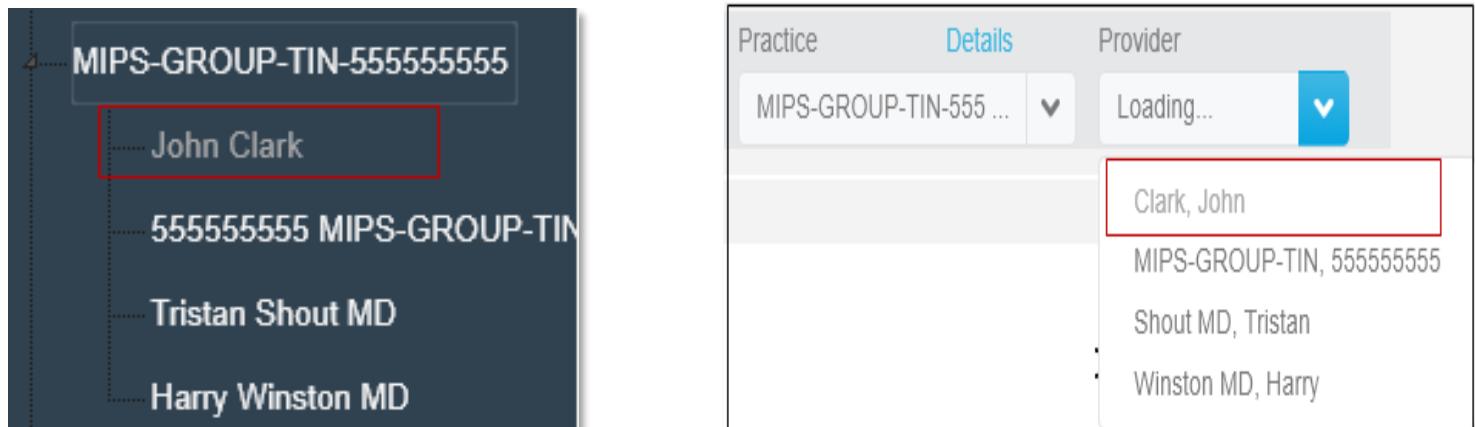
Update Selected Clinicians Remove Selection Include Clinician Exclude Clinician

- MIPS-GROUP-TIN-5555555555
- Clark, John - Excluded 10/12/2017. Clinician electively excluded.
- MIPS-GROUP-TIN, 5555555555
- Shout MD, Tristan - *Consent Form Received*
- Winston MD, Harry - *Consent Form Received*



MIPS & Legacy Dashboards

- Excluded clinician indicated with lighter font



Practice	Details	Provider
MIPS-GROUP-TIN-555 ...	Loading...	
	Clark, John	
	MIPS-GROUP-TIN, 5555555555	
	Shout MD, Tristan	
	Winston MD, Harry	



Include Clinician (Previously Excluded)

Only available for clinicians in a MIPS Group

Workflow

1. Select excluded clinician(s)
2. Select 'Include Clinician'
3. Alert confirms successful inclusion

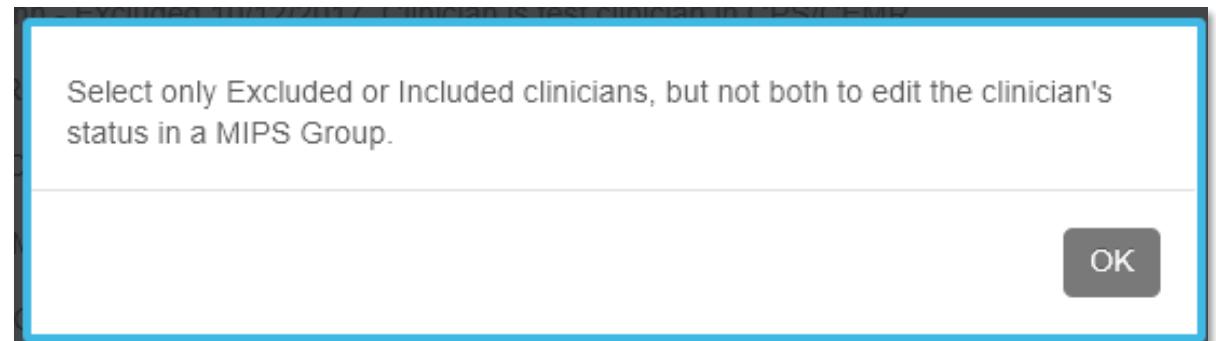
The screenshot shows a 'Clinician List' interface. At the top right, there are buttons for 'MIPS Group', 'Include Clinician' (which is highlighted with a red border and a red '2' in a circle), and 'Exclude Clinician'. Below this, a list of clinicians is shown with a checkbox next to each name. The first item in the list has a red '1' in a circle above it. The list includes:

- Clark, John - Excluded 10/13/2017. Clinician electively excluded.
- MIPS-GROUP-TIN, 555555555
- Shout MD, Tristan - *Consent Form Received*
- Winston MD, Harry - *Consent Form Received*

A green box at the top right of the interface area contains the text 'Clinician included successfully in MIPS Group' with a red '3' in a circle above it.

Restriction

- Select only excluded or included clinicians



ALWAYS RECALCULATE after clinicians are excluded or included in a MIPS Group

Enrollment Summary & Status



Confidential. Not to be copied, distributed, or reproduced without prior approval.

Enrollment Summary

- Real time
- Summary of individual and group enrollment

1. Clinicians

Breakdown of clinicians participating as individuals and in a MIPS Group

2. Performance Categories

Breakdown of clinician participation in performance categories by individual and MIPS Group

- Clinicians excluded from a MIPS group are decremented from the count

The screenshot shows the Clinical Quality Reporting (CQR) interface. At the top, the navigation bar includes 'MIPS', 'Dashboard', 'Configuration', 'Insight', and 'MOIC' (which is highlighted). Below the navigation, there are tabs for 'QSS' and 'Re-Identify'. The main content area is titled 'Enrollment Summary' (marked with a red circle 1). It displays three data points: 'Total estimated Individual Eligible Clinicians' (2), 'Total enrolled Group Clinicians' (10), and 'Total' (12). To the right, a table titled 'Performance Categories' (marked with a red circle 2) shows the distribution of clinicians across different performance categories. The table has columns for 'Categories', 'Individual', and 'Group'. The data is as follows:

Categories	Individual	Group
ACI, Quality & IA	2	2
ACI		6
ACI, Quality		2
Total	2	10

Below the summary, there is a data entry form for 'Estimated Clinicians' and 'MIPS Performance Categories'. The 'Estimated Clinicians' section shows values of 2 and 20, with buttons for 'Delete' and 'Save'. The 'MIPS Performance Categories' section shows 'ACI, Quality, IA' and 'ACI' with corresponding dropdown menus and 'Delete' buttons. At the bottom, there is a note about 'MIPS Group Enrollment' and a red box highlighting the 'Enrollment Summary' section.



Status: Not Enrolled

Clinical Quality Reporting

MIPS Dashboard Configuration Insight **MQIC**

QSS Re-Identify

Quality Submission Services **MQIC# 2709**

Select Program
2017 MIPS

Enroll Status: **Not Enrolled**



Clinical Quality Reporting

MIPS Dashboard Configuration Insight **MQIC**

Need Help? MattQC_0517

QSS Re-Identify

Quality Submission Services **MQIC# 2709**

Enroll in 2017 MIPS

Organization Information

CQR Registration Name
Ariana Hospital

Organization Name (Alternate)

Address
5th Avenue
Kansas
KS
12345

Primary Contact Information

First Name*
Last Name*
Phone*
Email*

Cancel **Save**

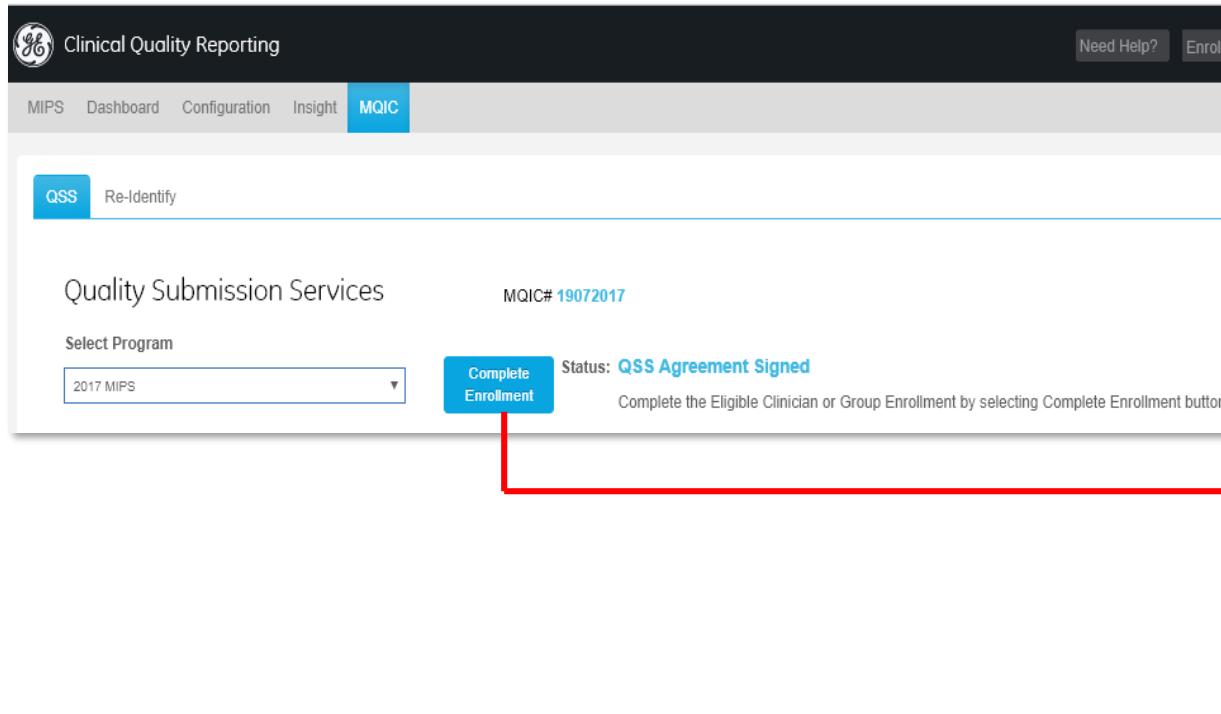
Submit Agreement

A MIPS QSS agreement must be submitted in order to enroll clinicians participating individually and create a MIPS group. The agreement will be emailed to the Primary Contact and access will be granted within 3 hours after the agreement is signed. Once the agreement is processed and the status is 'QSS Agreement Signed', select the 'Complete Registration' button and enter clinician information and create MIPS groups.

Send Agreement



Status: QSS Agreement Signed



Clinical Quality Reporting

Need Help? EnrollM

MIPS Dashboard Configuration Insight MQIC

QSS Re-Identify

Quality Submission Services

MQIC# 19072017

Select Program

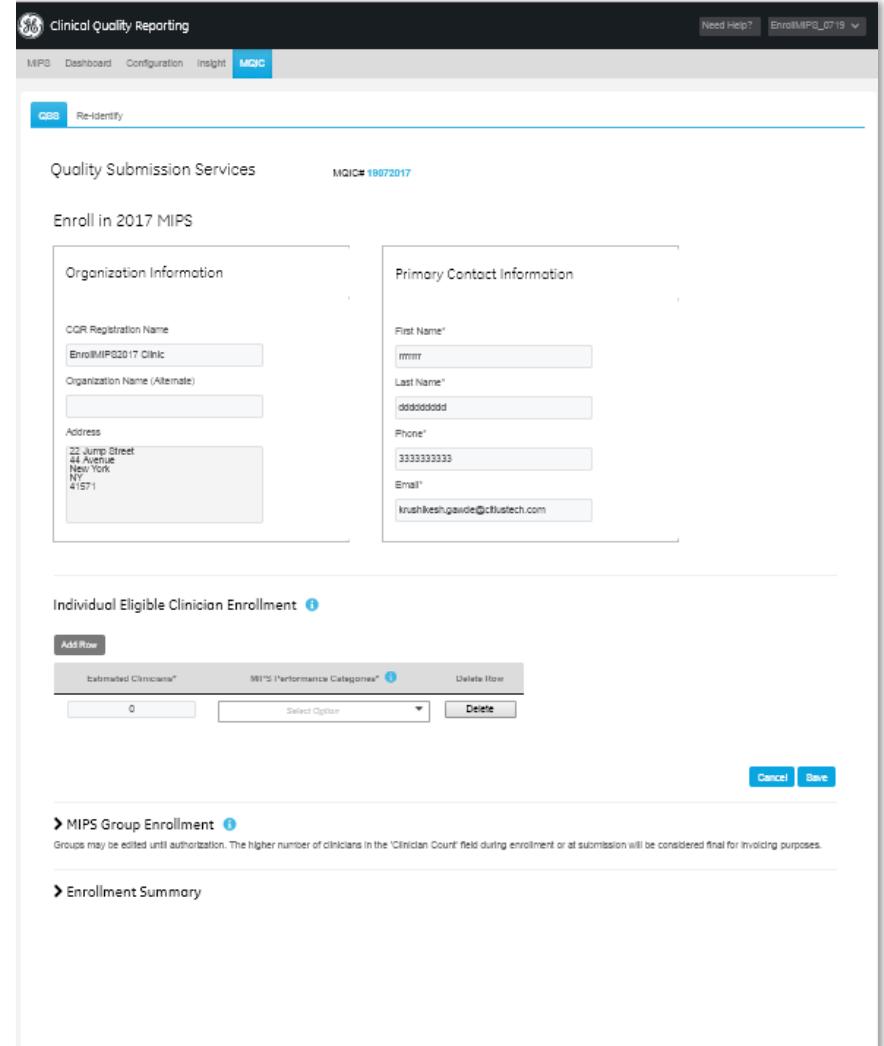
2017 MIPS

Status: **QSS Agreement Signed**

Complete the Eligible Clinician or Group Enrollment by selecting Complete Enrollment button.

Complete Enrollment

A red arrow points from the 'Complete Enrollment' button on the left to the 'Complete the Eligible Clinician or Group Enrollment by selecting Complete Enrollment button.' text on the right.



Clinical Quality Reporting

Need Help? EnrollMIPS_0719

MIPS Dashboard Configuration Insight MQIC

QSS Re-Identify

Quality Submission Services MQIC# 19072017

Enroll in 2017 MIPS

Organization Information

CCR Registration Name: EnrollMIPS2017 Clinic

Organization Name (Alternate):

Address: 22 Jump Street, 1st Avenue, New York, NY 41571

Primary Contact Information

First Name*: mmmr

Last Name*: dddddd

Phone*: 3333333333

Email*: krushikesh.gawde@ctustech.com

Individual Eligible Clinician Enrollment

Add Row

Estimated Clinicians*	MIPS Performance Categories*	Delete Row
0	Select Option	Delete

Cancel **Save**

► MIPS Group Enrollment Groups may be edited until authorization. The higher number of clinicians in the 'Clinician Count' field during enrollment or at submission will be considered final for invoicing purposes.

► Enrollment Summary



Status: Enrolled

 Clinical Quality Reporting

MIPS Dashboard Configuration Insight **MQIC**

QSS Re-Identify

Quality Submission Services **MQIC# 19072017**

Select Program: 2017 MIPS

Search Provider: Type provider name here. e.g., Anthony

Search

Clinician List

Update Selected Clinicians Remove Selection MIPS Group

Include Clinician Exclude Clinician



EnrollMIPS2017 Clinic

 Clinical Quality Reporting

MIPS Dashboard Configuration Insight **MQIC**

QSS Re-Identify

Quality Submission Services **MQIC# 19072017**

Enroll in 2017 MIPS

Organization Information

COR Registration Name: EnrollMIPS2017 Clinic

Organization Name (Alternate):

Address: 22 Jump Street, 44 Avenue, New York, NY 41571

Primary Contact Information

First Name: mmm

Last Name: dddddd

Phone: 3333333333

Email: krushikesh.gawde@ctiustech.com

Individual Eligible Clinician Enrollment

Add Row

Estimated Clinician*	MIPS Performance Categories*	Delete Row
0	Select Option	Delete

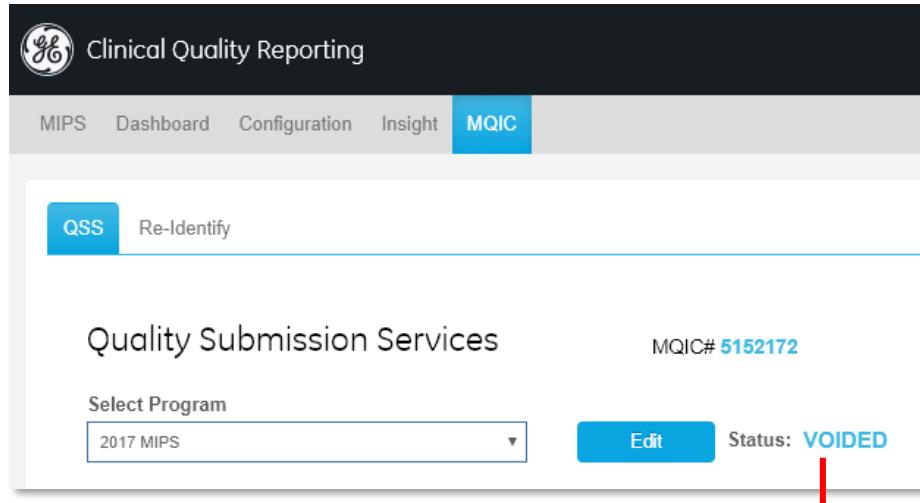
MIPS Group Enrollment
Groups may be edited until authorization. The higher number of clinicians in the 'Clinician Count' field during enrollment or at submission will be considered final for invoicing purposes.

Enrollment Summary

Cancel Save



Status: Voided



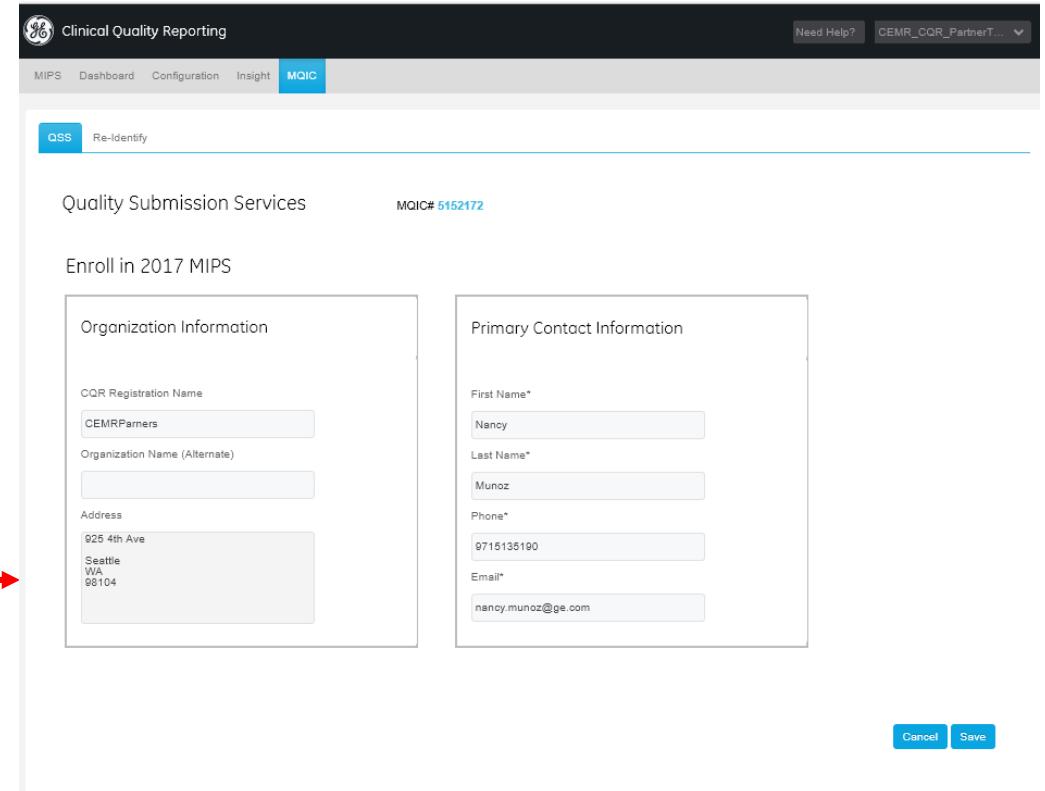
Clinical Quality Reporting

MIPS Dashboard Configuration Insight **MQIC**

QSS Re-Identify

Quality Submission Services **MQIC# 5152172**

Select Program: 2017 MIPS **Edit** Status: **VOIDED**



Clinical Quality Reporting

MIPS Dashboard Configuration Insight **MQIC**

QSS Re-Identify

Quality Submission Services **MQIC# 5152172**

Enroll in 2017 MIPS

Organization Information

CQR Registration Name: CEMRPartners
Organization Name (Alternate):
Address: 925 4th Ave
Seattle
WA
98104

Primary Contact Information

First Name*: Nancy
Last Name*: Munoz
Phone*: 9715135190
Email*: nancy.munoz@ge.com

Cancel **Save**

QSS Agreement has expired.
Select Edit and Unenroll.
Resend the QSS Agreement



Clinician List



Confidential. Not to be copied, distributed, or reproduced without prior approval.

Clinician List

After QSS Agreement is submitted, allow 3 hours for processing

Clinician List

- Displays clinician by practice or MIPS Group
- Identifies clinician status
 - Consent Form *Consent Form Sent (Pending)*
Consent Form Received
 - NPI *Missing NPI*
 - TIN *Missing TIN*

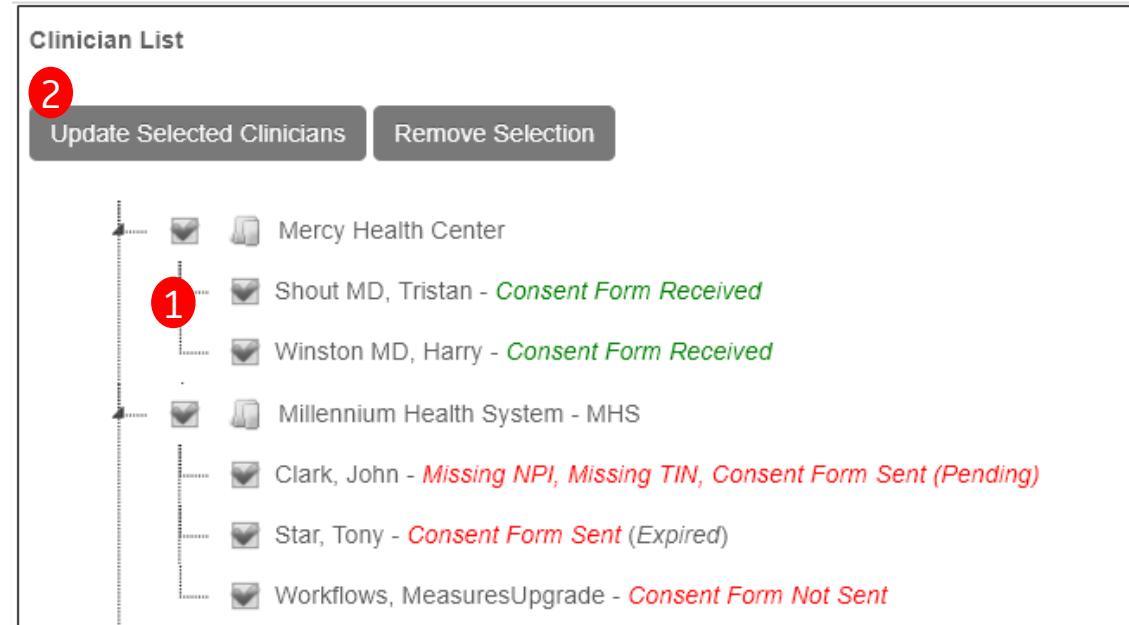
Workflow

1. Select clinicians that you want to take action on
2. Select “Update Selected Clinicians”

Recommended Practice

Work with small groups of clinicians

Start consent form and data entry asap after enrollment



A provider with no ‘red warning messages’ next to their name has met prerequisites

Update Individual Clinicians

Update Clinicians
A maximum of 50 clinicians may be selected for any bulk updates.

Source Provider Id	Clinician Name	NPI	Tax ID	Email	Consent Status	Date	MIPS Performance Categories*
<input checked="" type="checkbox"/> 1694853372001150	Tristan,Shout MD	5469871233	364837434	sudhakar.yarasu@ge.com	Completed	2017-09-14	<input type="button" value="Select Option"/>
<input checked="" type="checkbox"/> 1225652472001060	Harry,Winston MD	7043591522	734637824	lorna.eades@ge.com	Completed	2017-10-10	<input type="button" value="ACI"/>
<input type="checkbox"/> 1789949731324960222	John,Clark	3256987451	356985214	atish.gurumurthi@ge.com	Pending	2017-10-12	<input type="button" value="Select Option"/>

1. Clinician search
2. Headers sort ascending & descending
3. Inline editing of NPI and Tax ID
4. Inline entry of clinician email address
5. Current consent form status
6. MIPS Performance Category
Selection for individual clinicians. Manage MIPS Groups performance category selection in Group Enrollment
7. Bulk Update Tax Ids
Update multiple clinician Tax Id at once
8. Send Consent
Send multiple consent forms at the same time
9. Bulk Update Performance Categories
Update multiple clinician performance categories at the same time.

Update Provider Details

Provider's Given Name
Jerry

Provider's Family Name
Adcock

National Provider Id
National Provider Id

Tax Identification Number
Tax Identification Number

Provider Id
1745227298839130

Data Source Id
42

Provider's Email
Provider's Email

'Update Clinician' here and in Configuration are linked. Changes made to one, will be reflected in the other.

Bulk Updates

Multi – clinician update of the Tax ID, Send Consent and MIPS Performance Category (Individual Clinician)

Workflow

1. Use the checkbox to select clinicians.
2. Select 'Bulk Update Tax IDs' & enter the Tax ID
3. Select 'Send Consent'
4. Select 'Bulk Update Performance Categories', make selection

MIPS Groups

- Performance categories for clinicians in a MIPS Group must be updated as a group in Group enrollment.

The screenshot illustrates the GE HealthCare clinical update interface. At the top, a modal window titled 'Tax Identification Number' (step 2) is open, prompting for a Tax ID. Below it, a larger window titled 'Bulk Update MIPS Performance Category' (step 4) lists performance categories: Advancing Care Information (ACI), Quality, and Improvement Activities (IA). The 'ACI' option is selected. The main interface shows a table of clinicians (step 1) with columns for Source Provider Id, Clinician Name, NPI, Tax ID, Email, Consent Status, Date, and MIPS Performance Categories. The 'Bulk Update Tax Ids' button (step 2) is highlighted. The 'Send Consent' button (step 3) is also visible. The 'Bulk Update Performance Categories' button (step 4) is highlighted with a red circle.

Source Provider Id	Clinician Name	NPI	Tax ID	Email	Consent Status	Date	MIPS Performance Categories*
1694853372001150	Tristan,Shout MD	5469871233	364837434	sudhakar.yarasu@ge.com	Completed	2017-09-14	Select Option
1225652472001060	Harry,Winston MD	7043591522	734637824	lorna.eades@ge.com	Completed	2017-10-10	ACI
1789949731324960111	Tony,Star	1111111111	121212121	Tony.Star@mail.com	Expired Resend	2017-10-13	ACI



Clinicians that appear in multiple locations in the org structure

- **Clinician List**

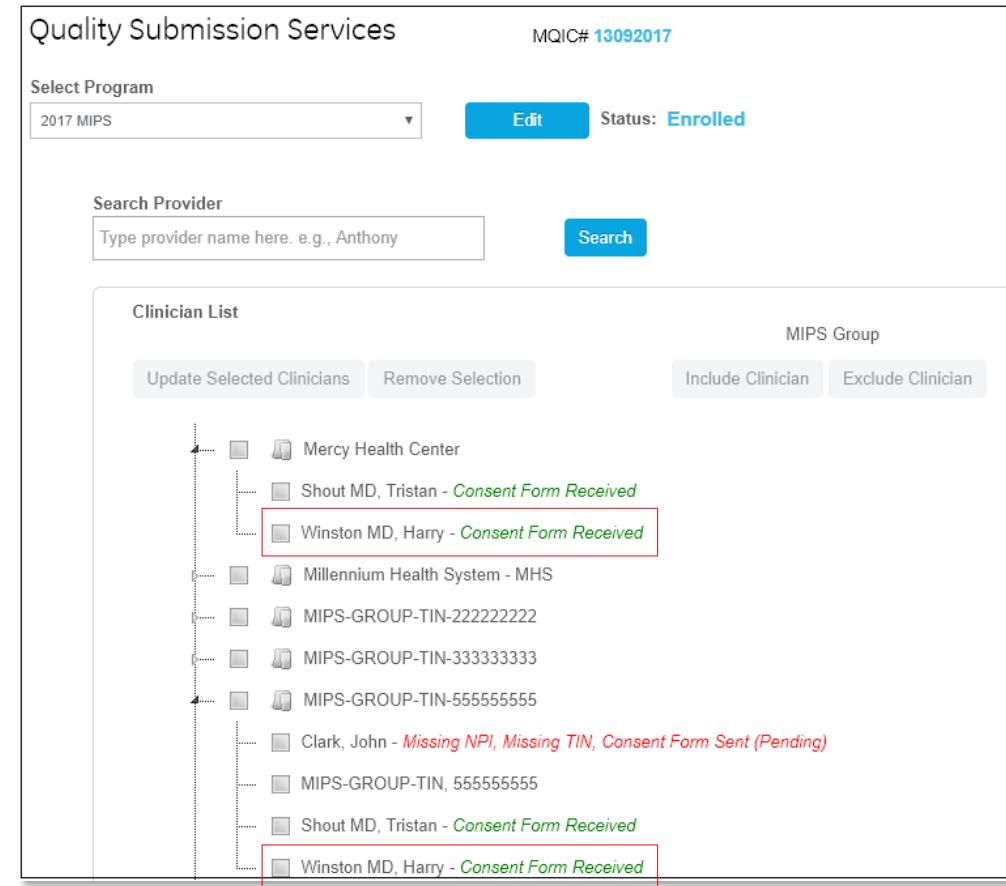
The same clinician may appear in multiple standard practices and a MIPS Group

- **Consent Form**

Once the consent form is signed, it will show as '*Consent Form Received*' for the clinician in all practices.

- **NPI & TIN**

A clinician's NPI & TIN status will display the same information across all practices or a MIPS Group that includes the clinician.



The screenshot shows the 'Quality Submission Services' interface with the MQIC# 13092017. The 'Select Program' dropdown is set to '2017 MIPS'. The 'Status' is 'Enrolled'. The 'Edit' button is highlighted in blue. The 'Search Provider' field contains 'Type provider name here. e.g., Anthony' and the 'Search' button is blue. The 'Clinician List' section shows a hierarchical tree structure. The root node is 'Mercy Health Center'. Below it are 'Shout MD, Tristan - *Consent Form Received*' and 'Winston MD, Harry - *Consent Form Received*', both of which are highlighted with red boxes. The tree then branches into 'Millennium Health System - MHS', 'MIPS-GROUP-TIN-222222222', 'MIPS-GROUP-TIN-333333333', 'MIPS-GROUP-TIN-555555555', 'Clark, John - *Missing NPI, Missing TIN, Consent Form Sent (Pending)*', 'MIPS-GROUP-TIN, 555555555', 'Shout MD, Tristan - *Consent Form Received*', and 'Winston MD, Harry - *Consent Form Received*', all of which are also highlighted with red boxes. There are buttons for 'Update Selected Clinicians', 'Remove Selection', 'Include Clinician', and 'Exclude Clinician'.

Provider Consent Status

Send: Consent form has not been sent
Select 'Send'

Completed: Consent form signed

Pending: Consent form emailed, but not signed

Expired: 30 day shelf life passed
Select 'Resend'

Rejected: Clinician declined signing consent form
Select 'Resend'

Undeliverable: Email could not reach the intended recipient mailbox (invalid email address)

Blank: NPI, TIN, or email address is blank & required to send a consent form.

Update Clinicians
A maximum of 50 clinicians may be selected for any bulk updates.

Search: Bulk Update Tax Ids Send Consent Bulk Update Performance Categories

	Source Provider Id	Clinician Name	NPI	Tax ID	Email	Consent Status	Date	MIPS Performance Categories*
<input type="checkbox"/>	169485372001150	Tristan,Shout MD	5469871233	364837434	sudhakaryarasu@ge.com	Rejected Contact provider Resend	2017-09-14	ACI
<input type="checkbox"/>	1225652472001060	Harry,Winston MD	7043591522	734637824	lorna.eades@ge.com	Completed	2017-10-10	ACI
<input type="checkbox"/>	1789949731324960222	John,Clark	1231231231	121212121	atish.gurumurthi@ge.com	Expired Resend	2017-10-02	ACI
<input type="checkbox"/>	1789949731324960111	Tony,Star	1111111111	121212121	Tony.Star@gmail.com	Pending	2017-10-11	ACI
<input type="checkbox"/>	1789949731324960	MeasuresUpgrade,Workflows	6985632145	111111111	MeasureUpgrade@ge.com	Send		Select Option

[Close](#) [Save](#)



Resources



Confidential. Not to be copied, distributed, or reproduced without prior approval.

Clinical Quality Reporting

CQR User Manual

- Information for navigating CQR

Quality Reporting Guide

- Guidance for the measures

Quality Reporting Community

- Announcements
- Webinars
- Release Notes
- Discussion Board

CQR Login Screen announcements

- System Down time – releases & security patches
- Links to QR Community & Release Notes
- Other notifications

Clinical Support Teams

- 888-436-8491 (Option 2, Option 3)

CPS Quality Reporting Community in Centricity Practice Solution

CPS Quality Reporting Community

[Overview](#) [Content](#) [People](#) [Subspaces and Projects](#) [Calendar](#)

[Share](#) [Follow](#)

Reports

CPS Quality Reporting Community

A hub for sharing information and promoting peer collaboration on CMS Quality Reporting programs.
Check out the GE Healthcare Services link for customer-specific service offerings.

What's New:

October

[CMS: Hurricane Waivers, 2016 PQRS Appeals](#)

MIPS: [Medication Reconciliation Checklist](#)

CPC+: [CPC+ Roster of Patients Report](#)

CQR: [v1.5.16 Release Notes](#), [1.5.16 Webinar & Slides](#), [User Manual](#), Quality Reporting Guide: [PDF](#) / [CHM](#)

September

[MIPS: Measure Checklists: HIE, Provide Patient Access, Secure Electronic Messaging and CMS 50](#)

QSS: Source of Payment [SOP Report](#)

[MIPS: CMS Audit Documentation Suggestions - ACI & IA](#)

[Medicaid: Final Rule \(Yr 2018 Medicare Hospital IPPS Final Rule\)](#)

CQR: [Steps for Installing Import Practice Clinical Kit Report](#)



Milestones!

October 24

QSS Enrollment Starts

December 1

2016 PQRS Appeal

Upcoming Events!

October 16

[CQR 1.5.17 Release Preview](#)

October 23

[MIPS Submission Enrollment](#)

Manuals

[CQR Release Notes \(1.5.16\)](#)

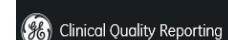
[CQR User Manual \(Oct\)](#)

Quality Reporting Guide (Oct)

[PDF](#) / [CHM](#)

Monitoring Data Flow

[Video](#) / [Doc](#)



CQR 1.5.16 Released

- Your browser cache will likely need to be cleared to see new features!

- Includes new MIPS Improvement Activity tab.

Note: Only 90+ day periods count. Use Calculation Now button to immediately refresh results.

- Includes fix for CMS 142 and 146.

- Refer to Release Notes ([CPS](#), [CEMR](#)) and [Webinar](#) for complete release content.

Sign In

tschenierSUP

.....

Sign In

Forgot your [password](#)?

[Create a New Account](#)

Centricity Services Portal Documentation

Release Notes (1.5.16) [CPS](#), [CEMR](#)

User Manual (Oct) [CPS](#), [CEMR](#)

Quality Reporting Guide (Oct) [CPS](#) [CHM](#) or [PDF](#), [CEMR](#) [CHM](#) or [PDF](#)

Monitoring Quality Reporting Data Flow: [Video](#)

Quality Reporting Community: Central hub for sharing information regarding MIPS, CPC+, QSS, etc. [CPS](#), [CEMR](#)



Quality Reporting Communities

CPS Quality Reporting Community

CEMR Quality Reporting Community

GE Quality Submission Services (QSS)

Created by [David Fox](#) on Apr 18, 2017 10:14 PM. Last modified by [Timothy Pierce](#) on Oct 12, 2017 7:25 AM.

Version 31

QSS is a GE service where we submit quality data to CMS for enrolled customers on their behalf. We use the EHR Reporting method.

2017 QSS Enrollment:

MIPS Individual & Group

- MIPS enrollment is expected to be from October 24, 2017 until January 12, 2018.
- Supports individual & group MIPS submissions to CMS by GE.
- Supports group reporting on the MIPS and legacy Dashboard. CQR without QSS MIPS enrollment only allows individual provider reporting.*

CPC +

- CPC+ enrollment closed on June 30, 2017.

2017 QSS Pricing:**

MIPS Individual/Group Submissions & Group Reporting*

- ACI Only (Improvement Activity optional) - \$300 / provider
- Quality Only (Improvement Activity optional) - \$300 / provider
- ACI & Quality (Improvement Activity optional) - \$500 / provider

CPC +

- \$500 / provider

QRDA files:

Individual

- Quality: QRDA files are available for download on the legacy Dashboard tab
- ACI & IA: QRDA files will only be available to GE to submit via QSS enrollment

Group

- QRDA files will only be available to GE to submit via QSS enrollment

* Enrollment in QSS allows for access to group reporting and for the ability to authorize GE to submit your data to CMS. One price for access to both. If you don't want GE to submit your data but you want access to group reporting, you can choose to NOT authorize GE to submit but still retain access to group reporting capabilities. Invoicing for access to group reporting is based on the creation of a group vs. the submission.

** Stated pricing is for GE Direct customers. Value-Added Reseller pricing may be different.

Document / Link	Description	Updated
2017 CPC+	GE Comprehensive Primary Care Plus (CPC+) QSS enrollment period closed on June 30, 2017.	July 2017
MIPS 2017 Checklist	Comprehensive timeline and list of tasks for success with MIPS, in 2017. Includes a high level one page summary and detailed explanations of the steps on subsequent pages.	Sep 2017
MQIC FAQ and Agreement	MQIC is a consortium of GE Centricity users who contribute their de-identified CPS data for research & analytic's. Participation in MQIC is a pre-requisite of our Quality Submission Service (QSS). If you've completed this agreement previously, there is no need to complete it a second time and you should have access to the MQIC tab in CQR.	Nov 2016
SOP Report	SOP Report to assist with confirming current SOP code assignments in your insurance file. This report may be downloaded and imported into CPS.	Sep 2017
2016 FAQs	PQRS FAQ : Q&A regarding the CMS PQRS 2016 program QSS FAQ : Q&A regarding our Quality Submission Services program for 2016 reporting SOP FAQ : Q&A regarding the population of CPS EMR Source of Payment (SOP) codes for use with PQRS	2016
Webinars	QSS 2016 What's New, SOP and VBM	2016

[Home](#) | [Requirements & Timelines](#) | [Clinical Quality Reporting](#) | [GE Quality Submission Services](#) | [CMS Resources & Alerts](#)
[Merit-Based Incentive Payment System](#) | [Advanced Alternative Payment Model](#) | [Medicaid Meaningful Use](#) | [GE Healthcare Services](#)

632 Views Categories: QSS Tags: [\(edit\)](#)



Stay On Track: 2017 MIPS Checklist

[CPS Quality Reporting Community](#)

[CEMR Quality Reporting Community](#)

Check back frequently or

Follow 

2017 MIPS Checklist

TIMEFRAME	TASKS
What can I be doing now?	<p><u>Preparation</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Install CQR<input type="checkbox"/> Upgrade to desired service pack and/or third party versions<input type="checkbox"/> Keep up-to-date on the monthly Knowledgebase releases<input type="checkbox"/> Monitor CQR ingestion<input type="checkbox"/> Assign/Confirm Source of Payment (SOP) codes for all insurance carriers <p><u>Learn about MIPS</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Research MIPS<input type="checkbox"/> Confirm Eligible Clinicians<input type="checkbox"/> Pick Your Pace for Participation <p><u>Choose Measures</u></p> <ul style="list-style-type: none"><input type="checkbox"/> ACI Performance and Bonus Measures<input type="checkbox"/> Quality Measures<input type="checkbox"/> Improvement Activities<input type="checkbox"/> Regularly monitor measures in CQR
By June 30, 2017	<ul style="list-style-type: none"><input type="checkbox"/> Investigate and Choose your MIPS submission method
By July 1, 2017	<ul style="list-style-type: none"><input type="checkbox"/> If necessary, file for 2016 Meaningful Use Hardship (standard application)
Fall 2017	CMS will send 2016 PQRS feedback reports and make Quality Resource and Usage Reports (QRUR) available Deadline for submitting requests for an Informal Review of 2016 PQRS and Value Modifier results
Oct 1, 2017	<ul style="list-style-type: none"><input type="checkbox"/> If necessary, file for 2016 Meaningful Use Hardship (first-time EPs that <u>never</u> attested for MU but will in 2017 for MIPS)
Oct 2, 2017	<ul style="list-style-type: none"><input type="checkbox"/> Deadline to start your reporting period if you want to report a minimum of 90 days
Oct 24, 2017 to Jan 12, 2018	<p><u>If using QSS, Enroll: Automated Process in CQR</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Enroll by submitting QSS Agreement from CQR<input type="checkbox"/> Sign and return the QSS Contract Order to sales (requires manual submission)
Jan 1, 2018	<ul style="list-style-type: none"><input type="checkbox"/> Install CPS 12.3 or CEMR 9.12 for 2015 edition CEHRT, currently required for the full 2018 reporting year (proposed rule allowing flexibility <u>for some</u> is pending finalization in Oct or Nov timeframe)
Jan 8, 2018 to Mar 2, 2018	<p><u>If using QSS, Authorize Submission</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Enter/Validate provider information in CQR and request consent forms<input type="checkbox"/> Select measures and Authorize provider(s) and/or group<input type="checkbox"/> Confirm completion of authorizations<input type="checkbox"/> Receive confirmation email from GE Healthcare and validate provider list
By Mar 31, 2018	<ul style="list-style-type: none"><input type="checkbox"/> Attest with CMS (either via QSS or alternative)
Jan 1, 2019	CMS positive or negative adjustments start
Request Help	GE Healthcare Services (CPS , CEMR), Quality Payment Program Service Center: 1-866-288-8292, QPP@cms.hhs.gov



Questions?

Note: This session is being recorded and will be posted to the Quality Reporting communities.

