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

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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:

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MIPS Quality Submission Services

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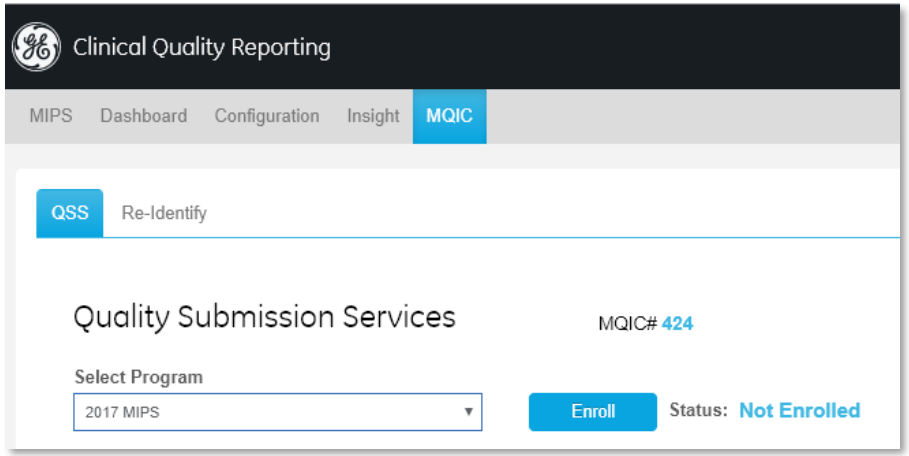
MIPS Quality Submission Services (QSS)

- 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

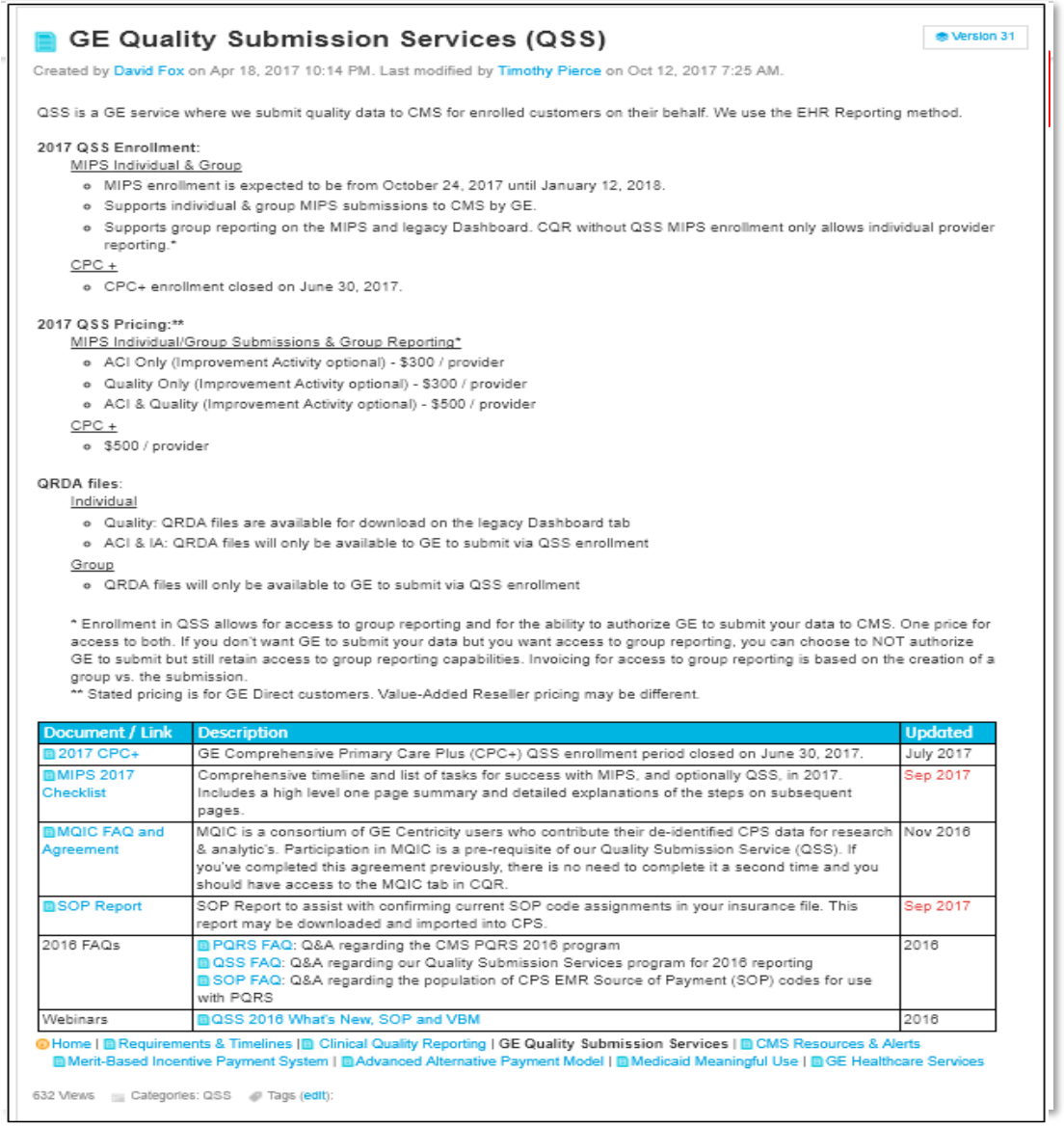
  Group: Fee is assessed for the build, configuration, on-demand calculation and submission of the MIPS group
  When the MIPS Group is created, charges are incurred.
  Based on the higher number of clinicians in the 'Clinician Count' at creation, inactivation, termination or submission
  Sent Q2 2018
  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

Document / Link	Description
2017 CPC+	GE Compre
MIPS 2017 Checklist	Comprehen Includes a h pages.
MQIC FAQ and Agreement	MQIC is a c & analytic's. you've comp should have
SOP Report	SOP Report report may b
2016 FAQs	PQRS FA 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
Webinars	QSS 2016 What's New, SOP and VBM — 2016

2017 MIPS Checklist

TIMEFRAME	TASKS (Please note this checklist is posted on the Quality Reporting Community (CPS, CEMR) and may be updated periodically.)
What can I be doing now?	Preparation ❑ Install CQR ❑ Upgrade to desired service pack and/or third party versions ❑ Keep up-to-date on the monthly Knowledgebase releases ❑ Monitor CQR ingestion ❑ Assign/Confirm Source of Payment (SOP) codes for all insurance carriers Learn about MIPS ❑ Research MIPS ❑ Confirm Eligible Clinicians ❑ Pick Your Pace for Participation Choose Measures ❑ ACI Performance and Bonus Measures ❑ Quality Measures ❑ Improvement Activities ❑ Regularly monitor measures in CQR
By June 30, 2017	❑ Investigate and Choose your MIPS submission method
By July 1, 2017	❑ 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	❑ If necessary, file for 2016 Meaningful Use Hardship (first-time EPs that never attested for MU but will in 2017 for MIPS)
Oct 2, 2017	❑ Deadline to start your reporting period if you want to report a minimum of 90 days
Oct 24, 2017 to Jan 12, 2018	If using QSS, Enroll: Automated Process in CQR ❑ Enroll by submitting QSS Agreement from CQR ❑ Sign and return the QSS Contract Order to sales (requires manual submission)
Jan 1, 2018	❑ Install CPS 12.3 or CEMR 9.12 for 2015 edition CEHRT, currently required for the full 2018 reporting year (proposed rule allowing flexibility for some is pending finalization in Oct or Nov timeframe)
Jan 8, 2018 to Mar 2, 2018	If using QSS, Authorize Submission ❑ Enter/Validate provider information in CQR and request consent forms ❑ Select measures and Authorize provider(s) and/or group ❑ Confirm completion of authorizations ❑ Receive confirmation email from GE Healthcare and validate provider list
By Mar 31, 2018	❑ 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

QSS Pre-Work: Technical Preparation

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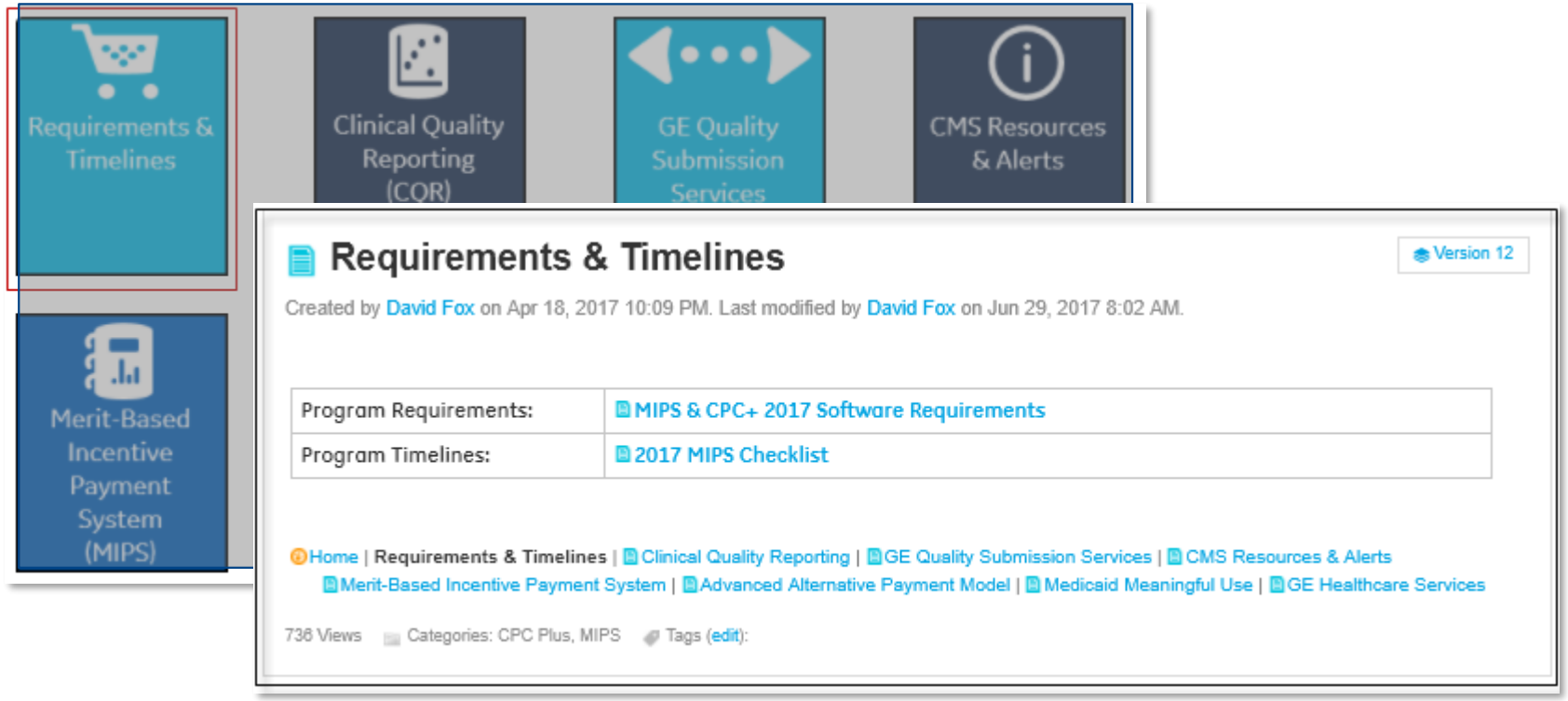
Technical Preparation

- 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



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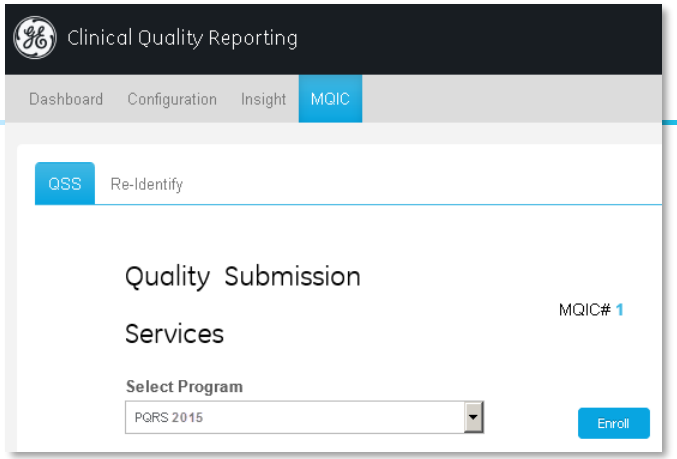
QSS Pre-Work: MQIC Membership

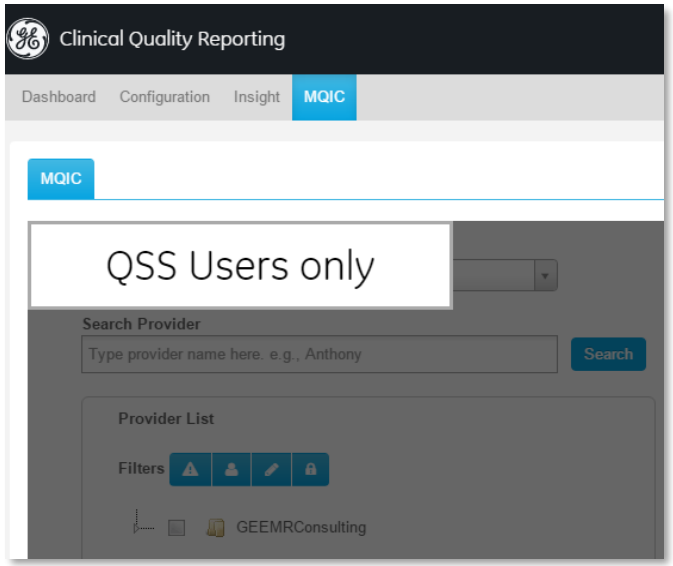
Join the MQIC Consortium

- 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



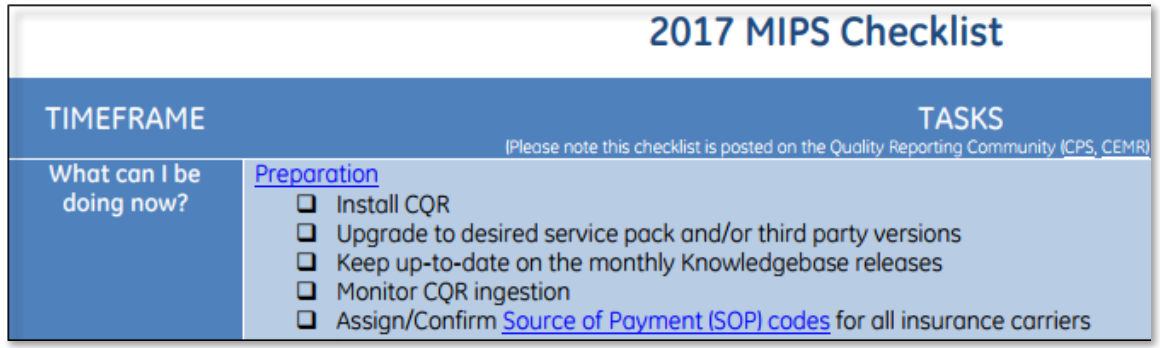
No MQIC Membership



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 (Please note this checklist is posted on the Quality Reporting Community (CPS, CEMR))
What can I be doing now?	Preparation ❑ Install CQR ❑ Upgrade to desired service pack and/or third party versions ❑ Keep up-to-date on the monthly Knowledgebase releases ❑ Monitor CQR ingestion ❑ Assign/Confirm Source of Payment (SOP) codes for all insurance carriers

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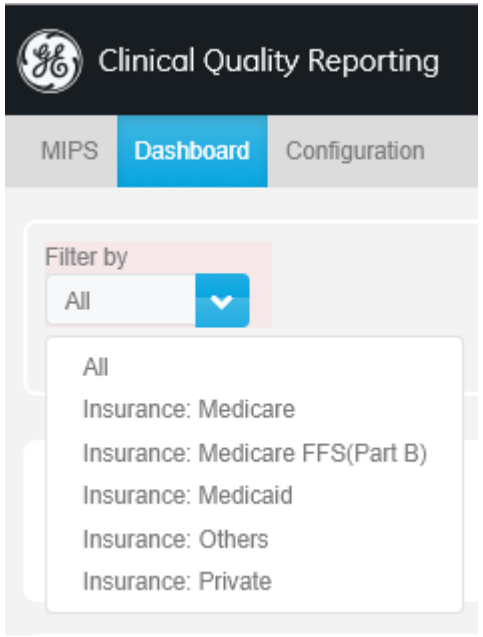
Source of Payment (SOP) Codes & MIPS 2017

- 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)



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QSS Pre-Work: Quality Measure Selection

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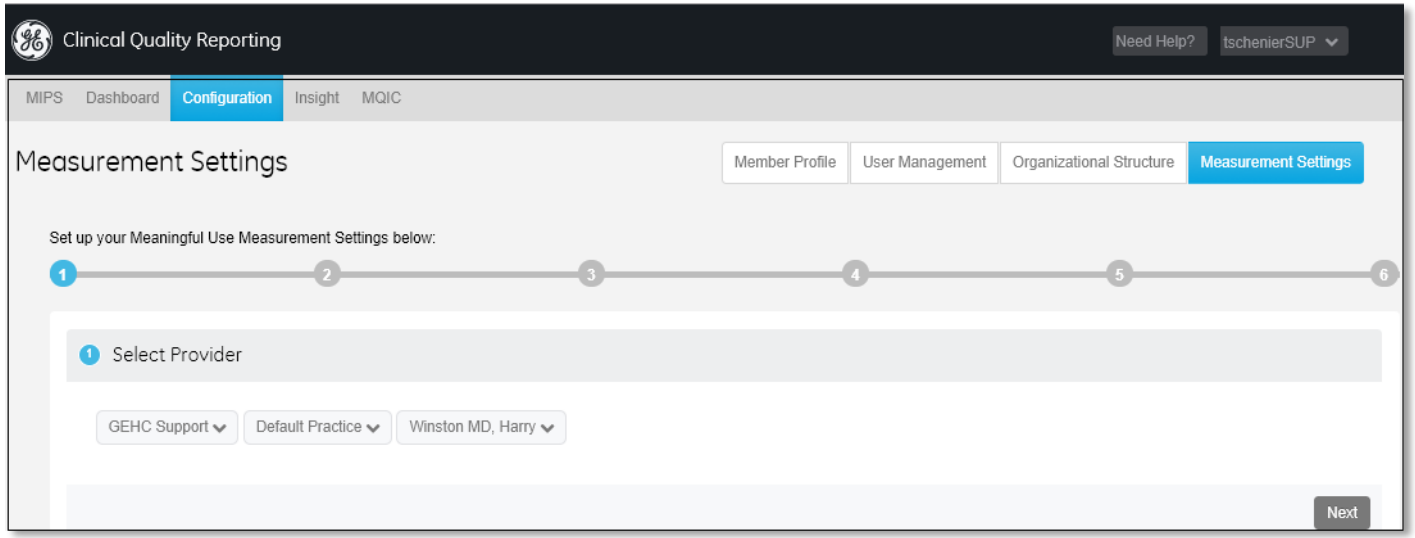
Quality Measure Selection

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.

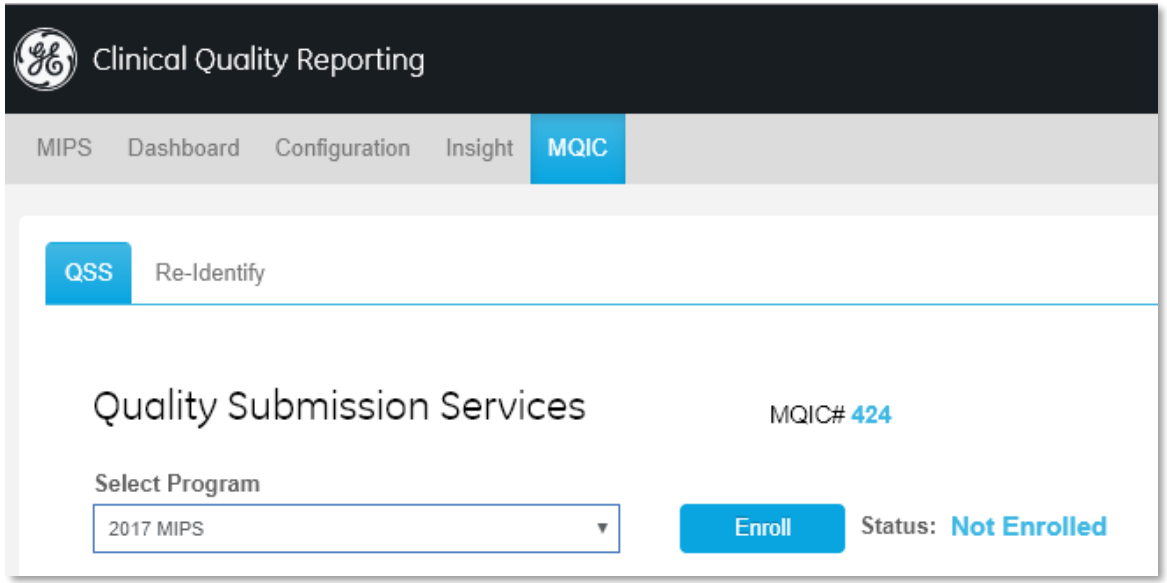


MIPS Enrollment for Clinicians Participating Individually & as a Group

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

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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

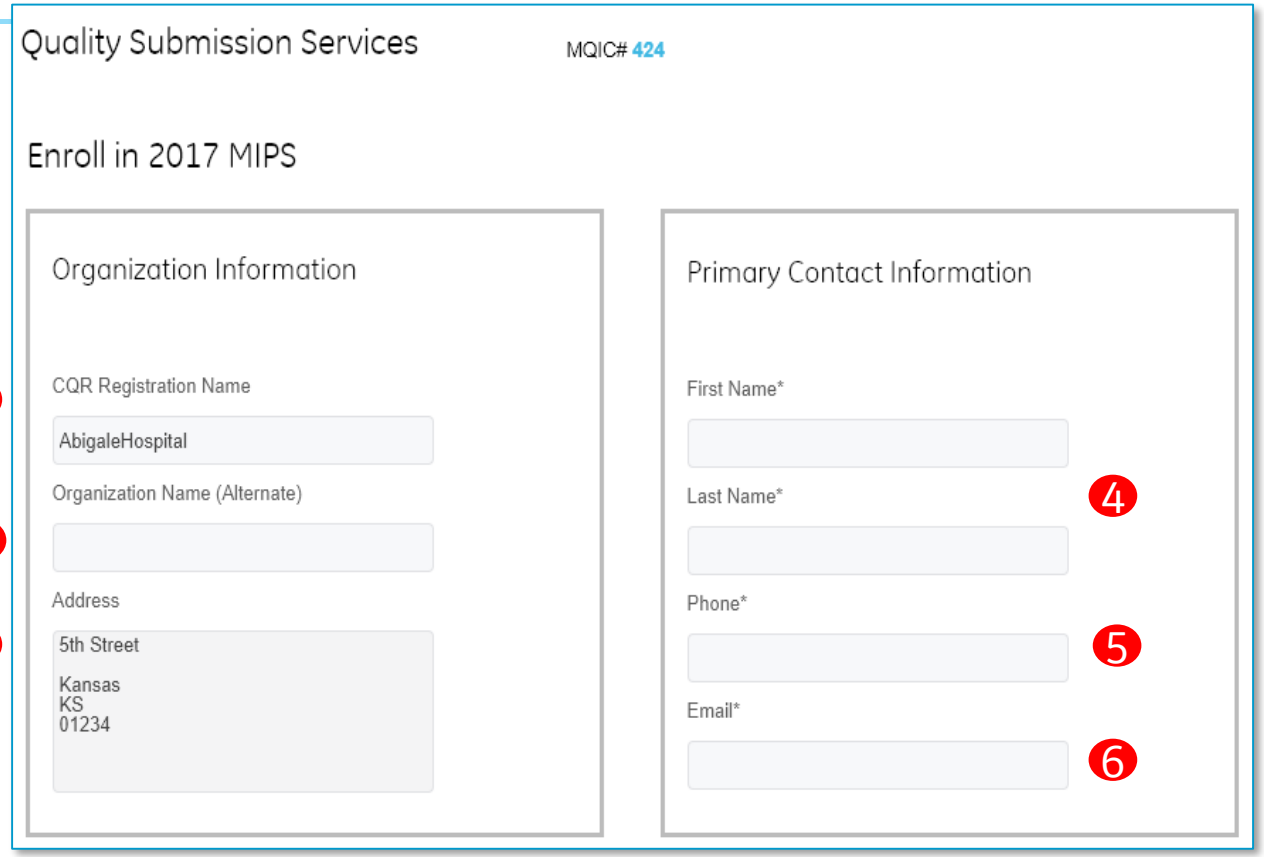
- Primary contact name

5. Phone

- Primary contact phone number

6. Email

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



* Asterisk indicates mandatory field

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Submit QSS Agreement

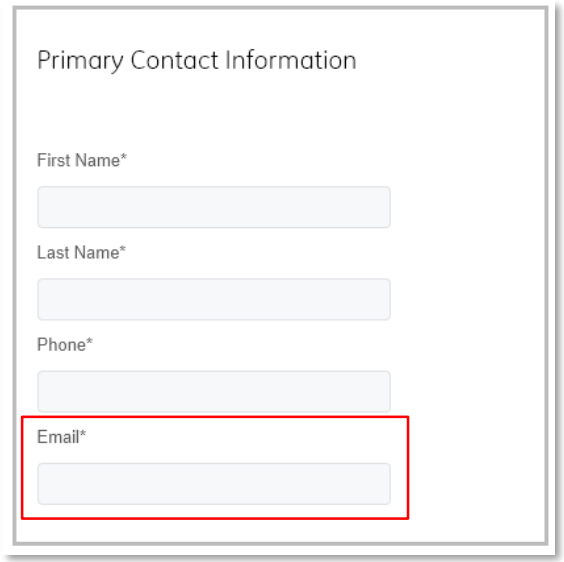
One QSS Agreement per organization

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



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

Electronic Signatures

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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

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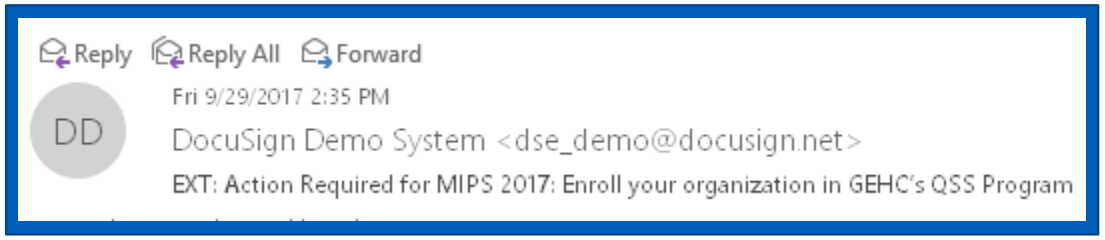
DocuSign

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:

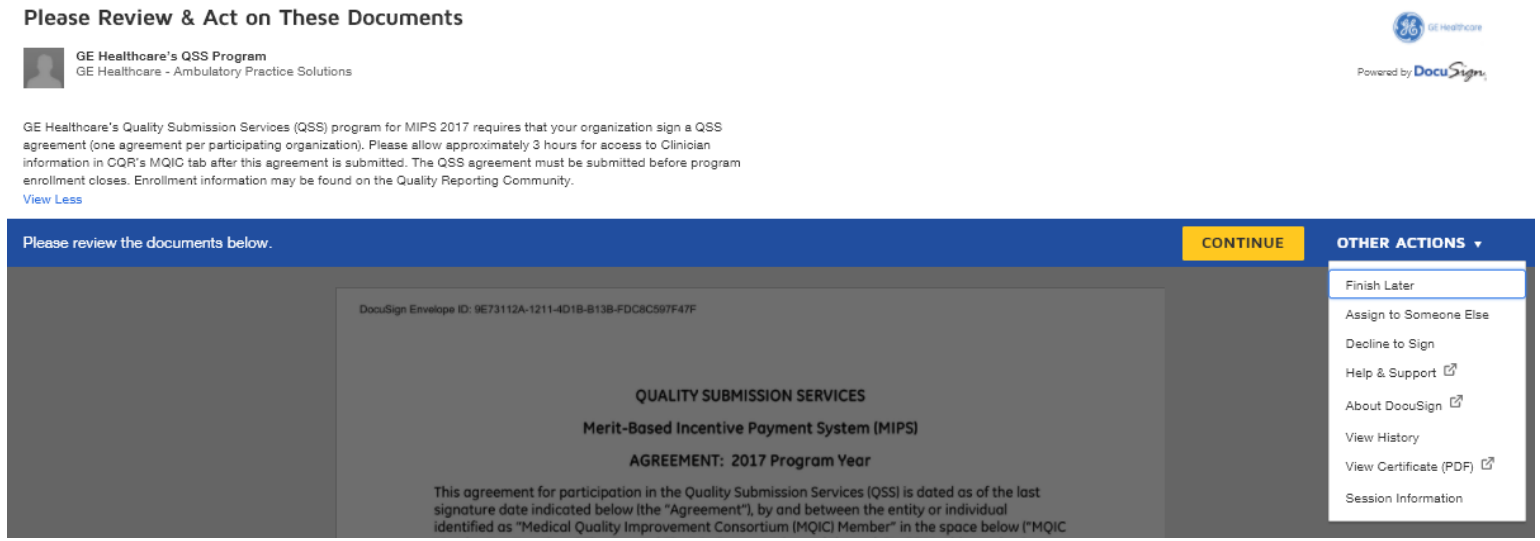


- Select 'Review Document'

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



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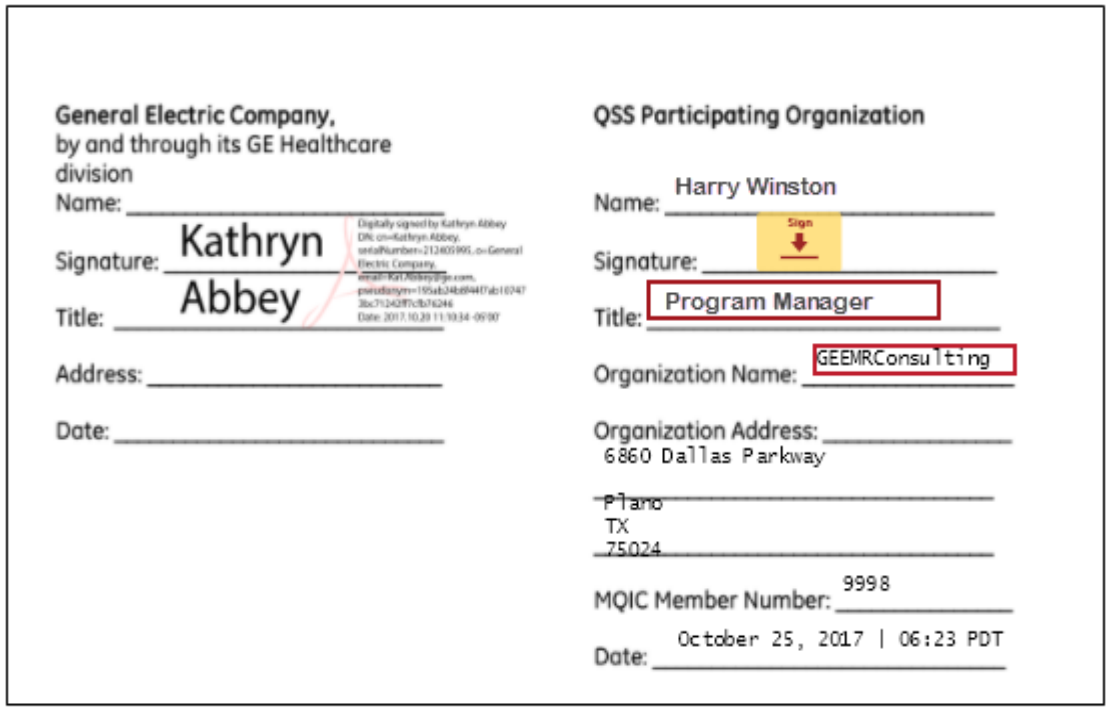
Electronic Signatures: QSS Agreement

Enter your title & Select 'Sign'

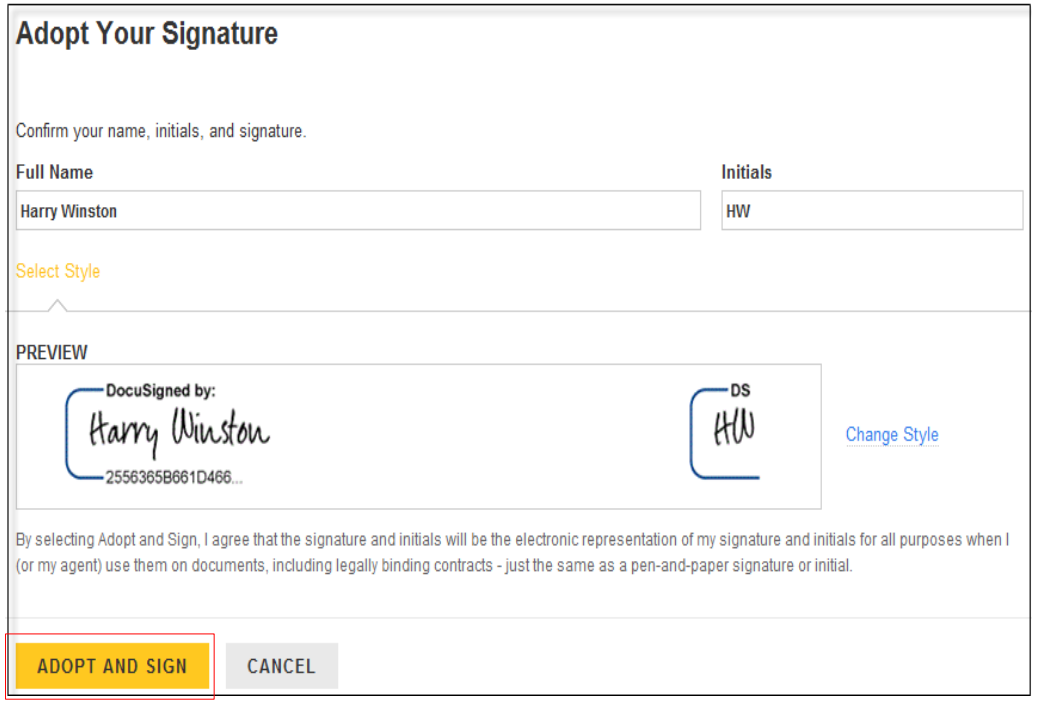


Select 'Adopt and Sign'

REMEMBER TO SELECT **FINISH** TO SEND THE COMPLETED DOCUMENT

Electronic Signatures: Clinician Consent Form

Select ‘Adopt and Sign’



REMEMBER TO SELECT **FINISH** TO SEND THE COMPLETED DOCUMENT

After signing a document electronically

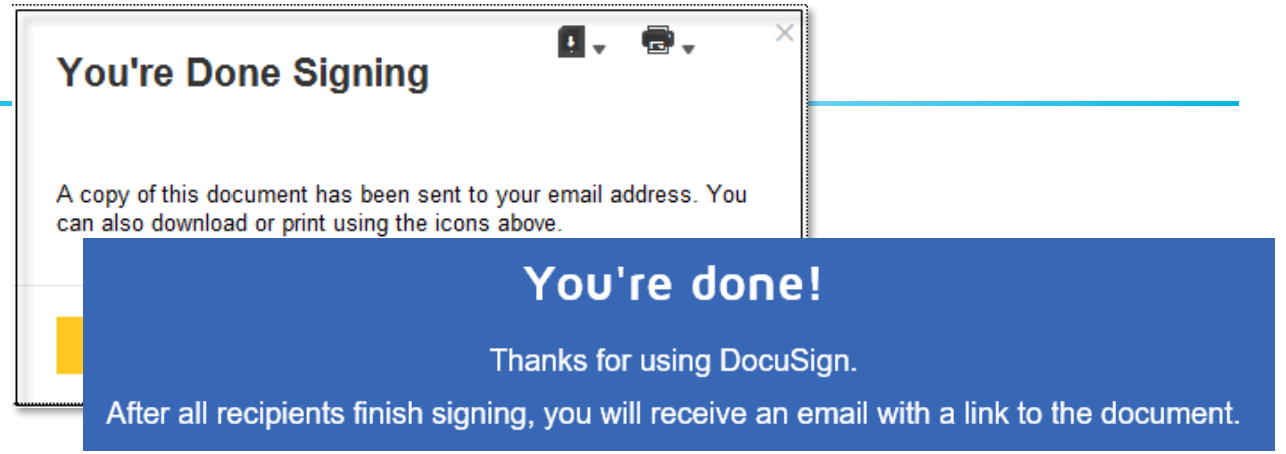
Look for confirmation messages & emails

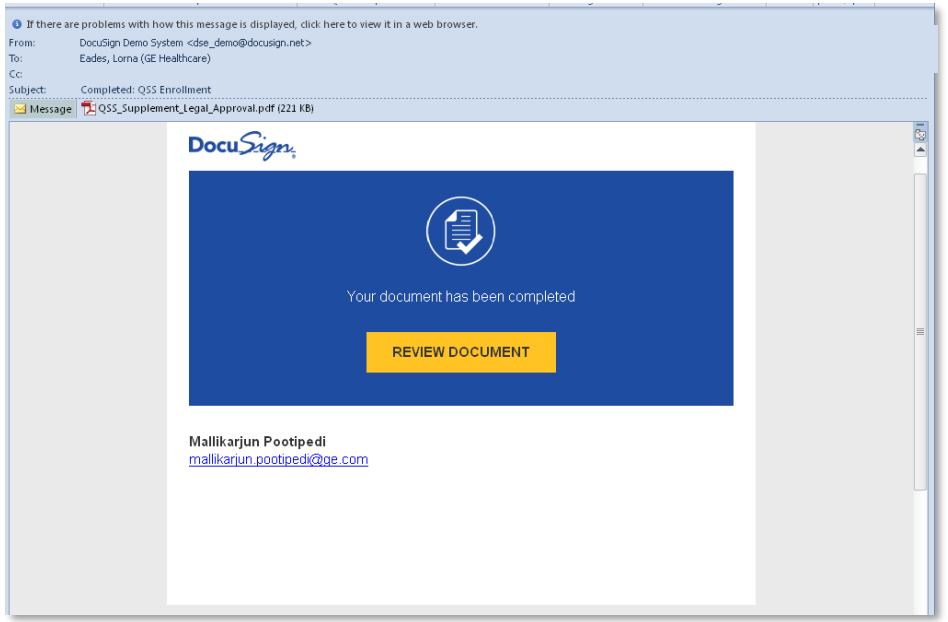
- You're Done Signing
- Completed: QSS Enrollment

Options:

- Print the document
- Download the document

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





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After the QSS Agreement is Signed

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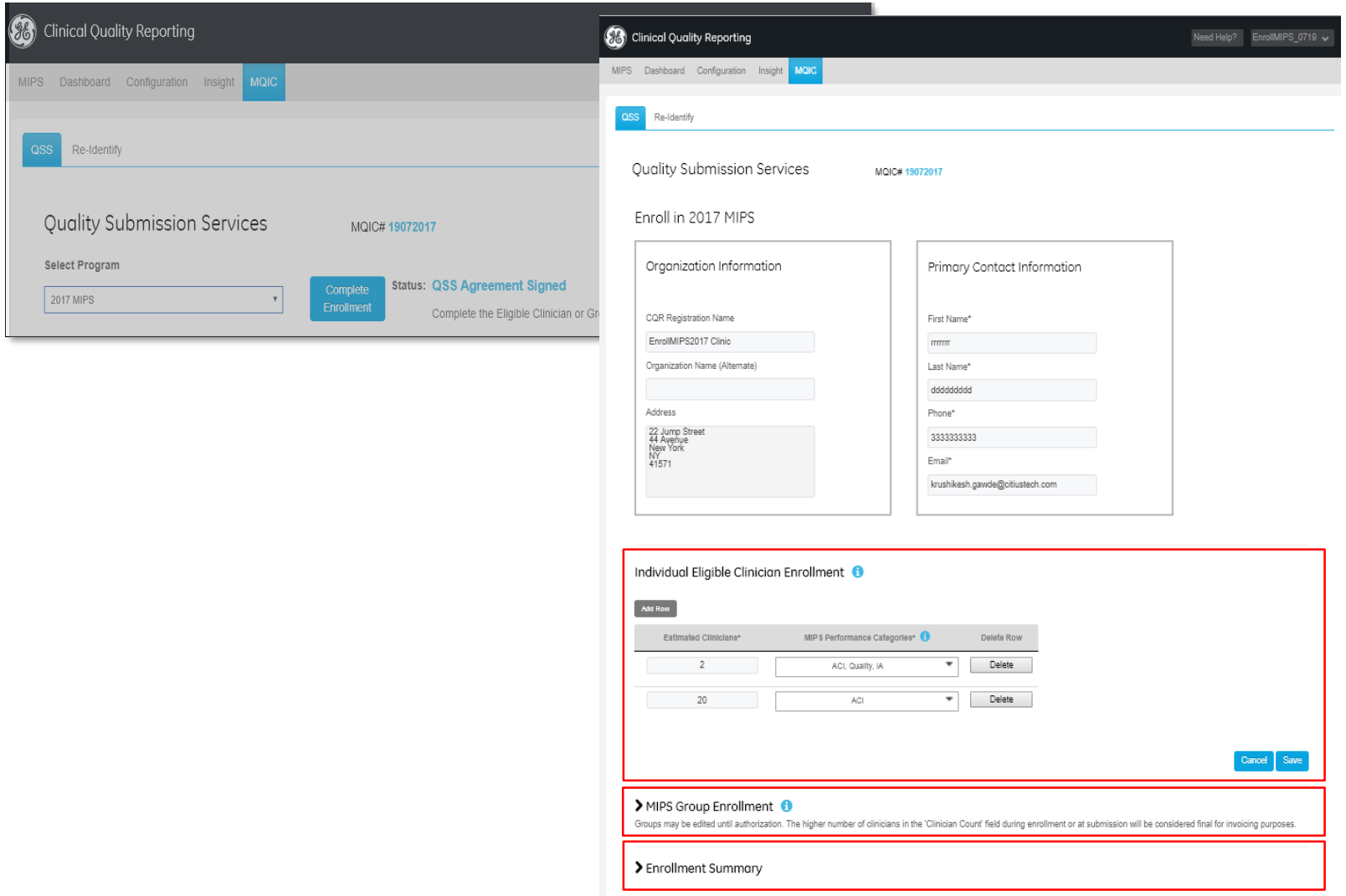
Access to enroll as individual clinicians or MIPS Groups

Individual Eligible Clinician Enrollment

MIPS Group Enrollment

Enrollment Summary



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Enroll Individual Clinicians

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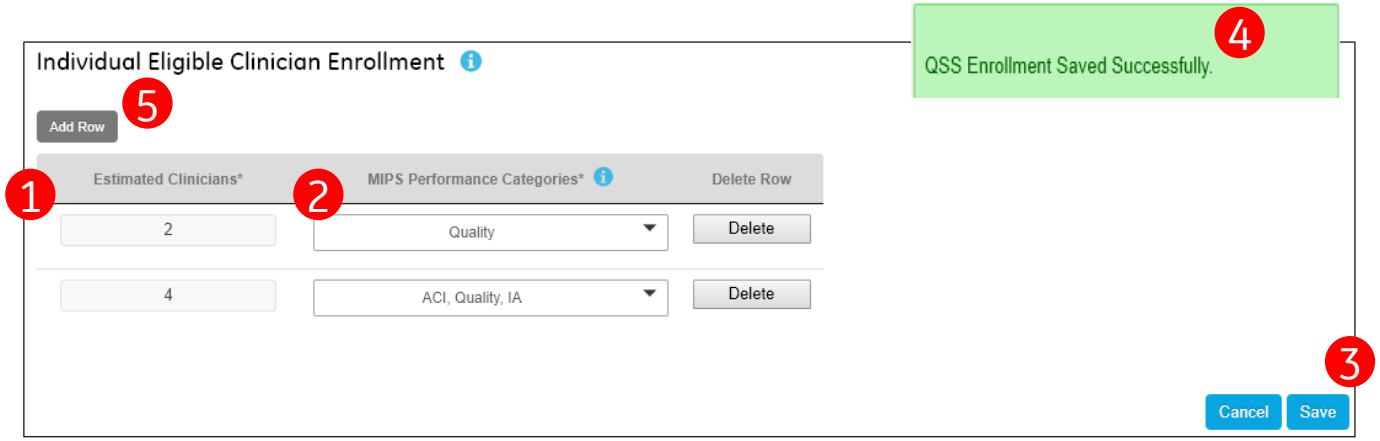
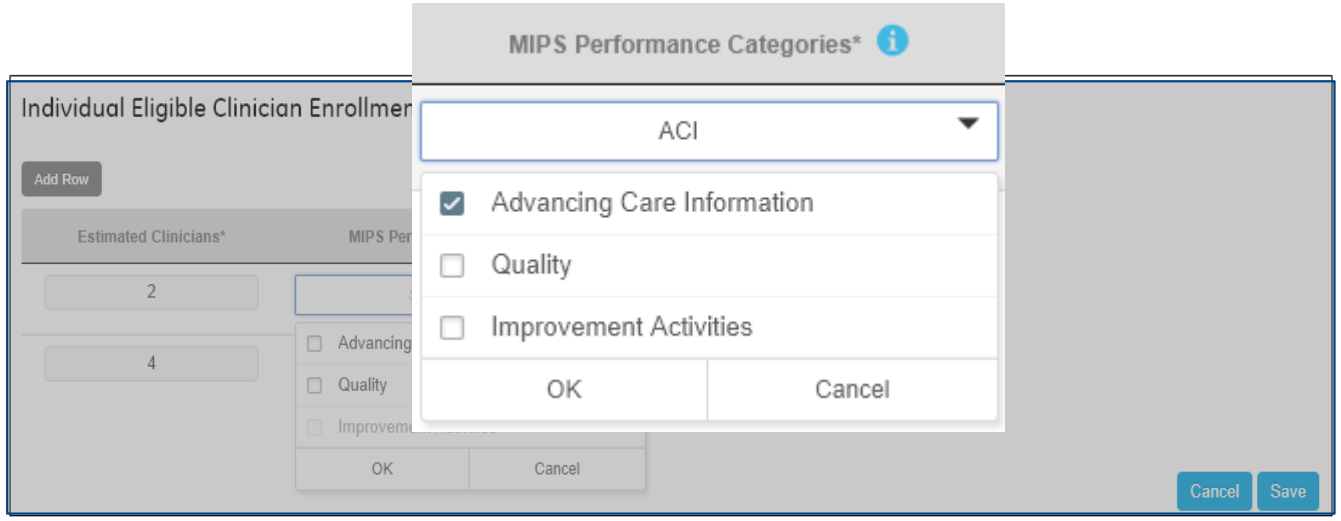
Individual Eligible Clinician (EC) Enrollment

- 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



- '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

Enroll & Create MIPS Groups

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

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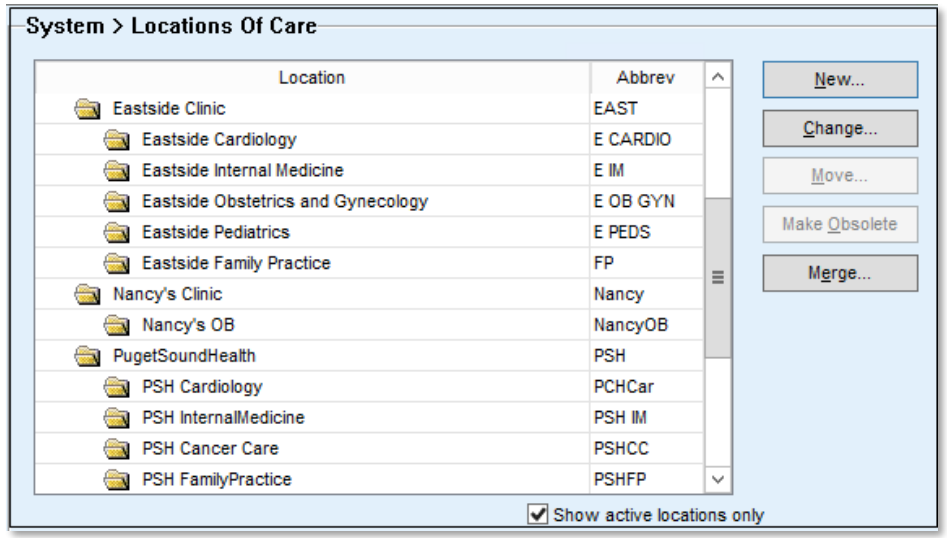
MIPS Groups: Location ID (LOCID)

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

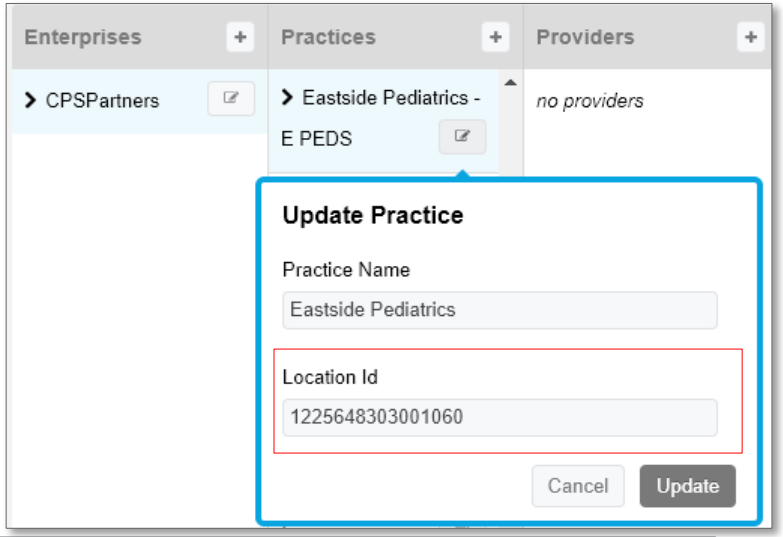
Why does it matter?

- 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!

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Location ID (LOCID) Resources

Clinical Quality Reporting (CQR)

Version 57

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

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 (CQM 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

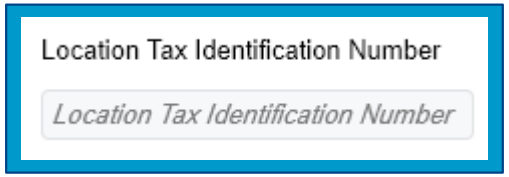
QSS Pre-Work:
MIPS Groups: Tax ID

MIPS Groups: Associate a Tax ID to each practice

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

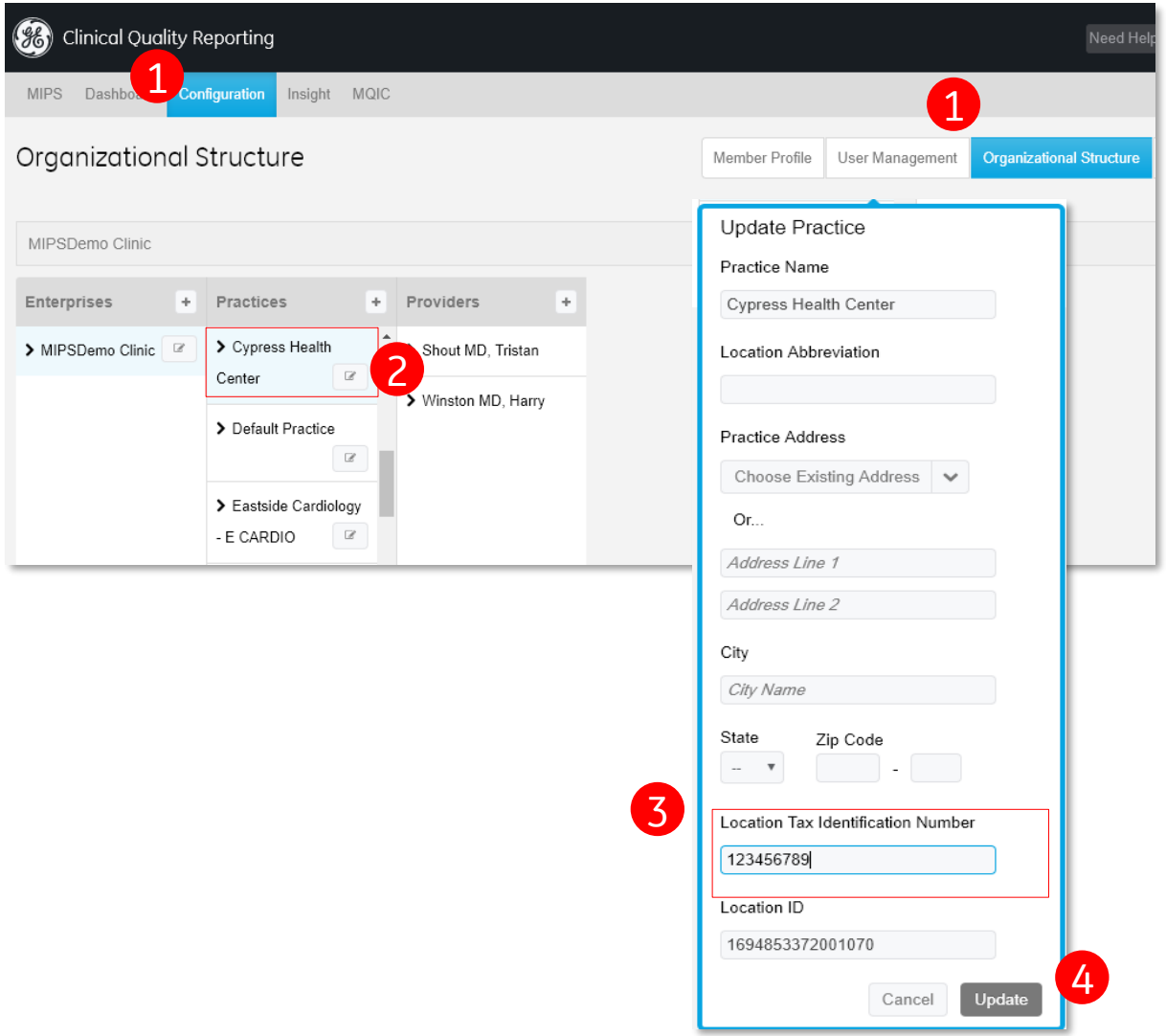
Member or Practice Admin role required

Steps

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

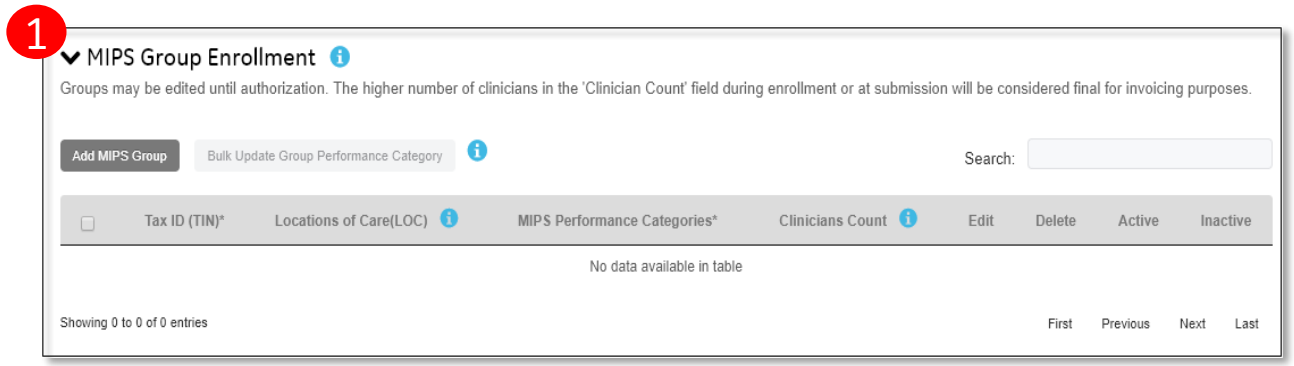
4. Select 'Update'

This step is required before creating a MIPS Group!



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

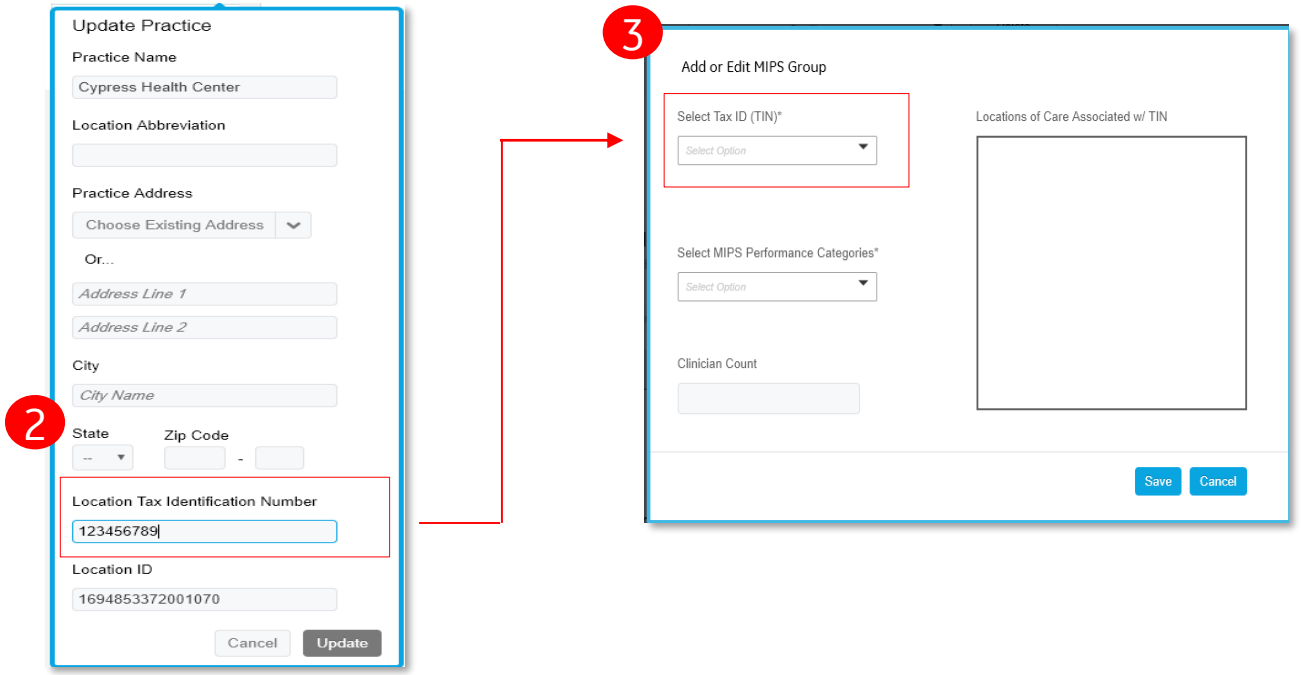
1. The MIPS Group is created during enrollment.



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.



Create a MIPS Group

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Enroll & Create a MIPS Group

Workflow

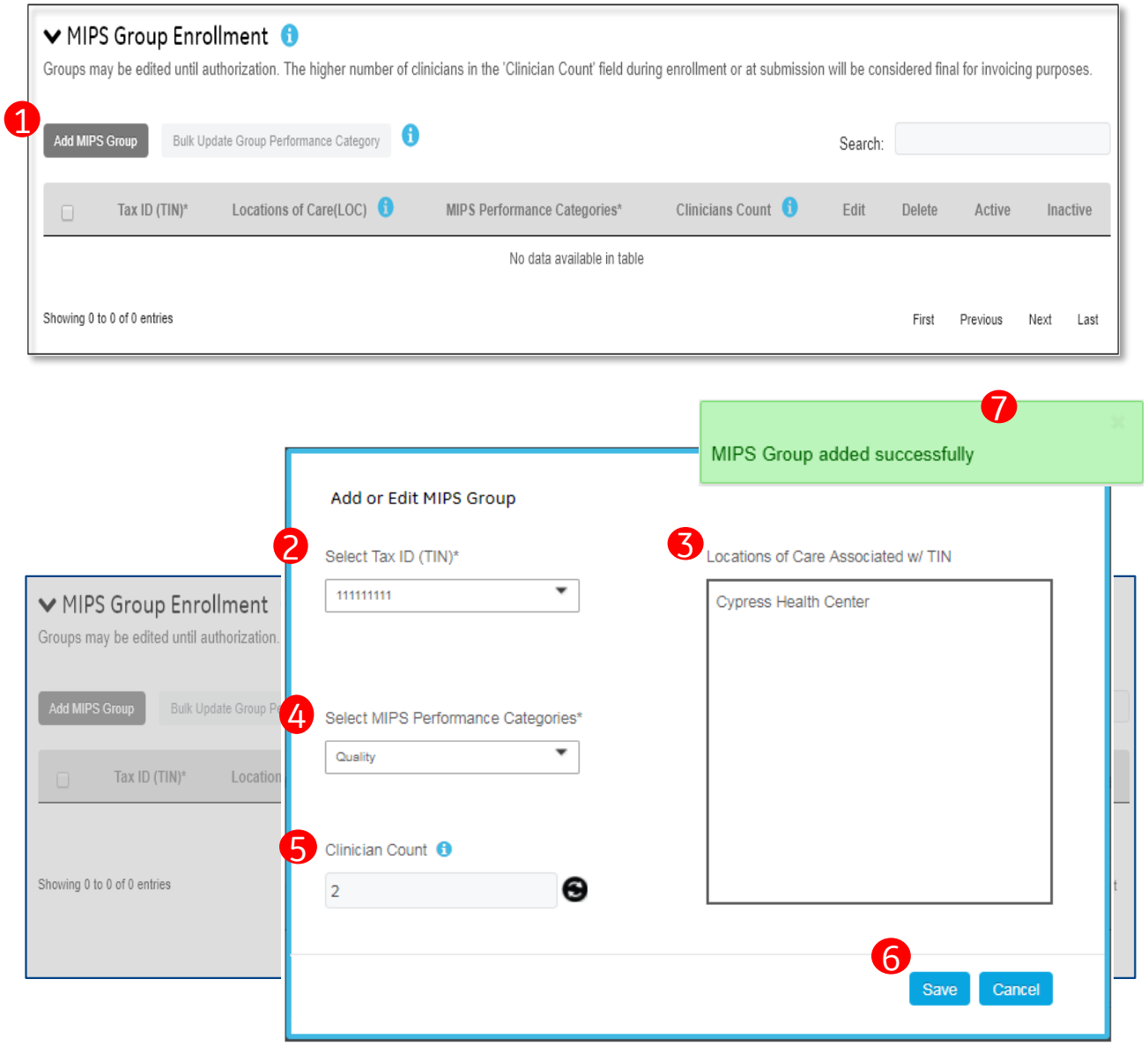
Assumes each practice in a MIPS Group has a LOCID & Tax ID

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



MIPS Group: Excluding Clinicians

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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

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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.

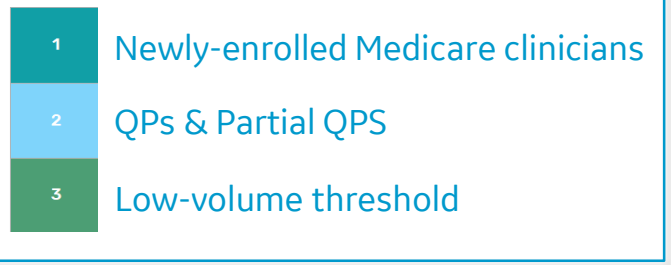
Groups participating at the group level may voluntarily include such clinicians in its aggregated data that will be reported for measure and activities under MIPS. Groups participating at the group level that voluntarily include clinicians who do not meet the definition of a MIPS clinician will have 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.

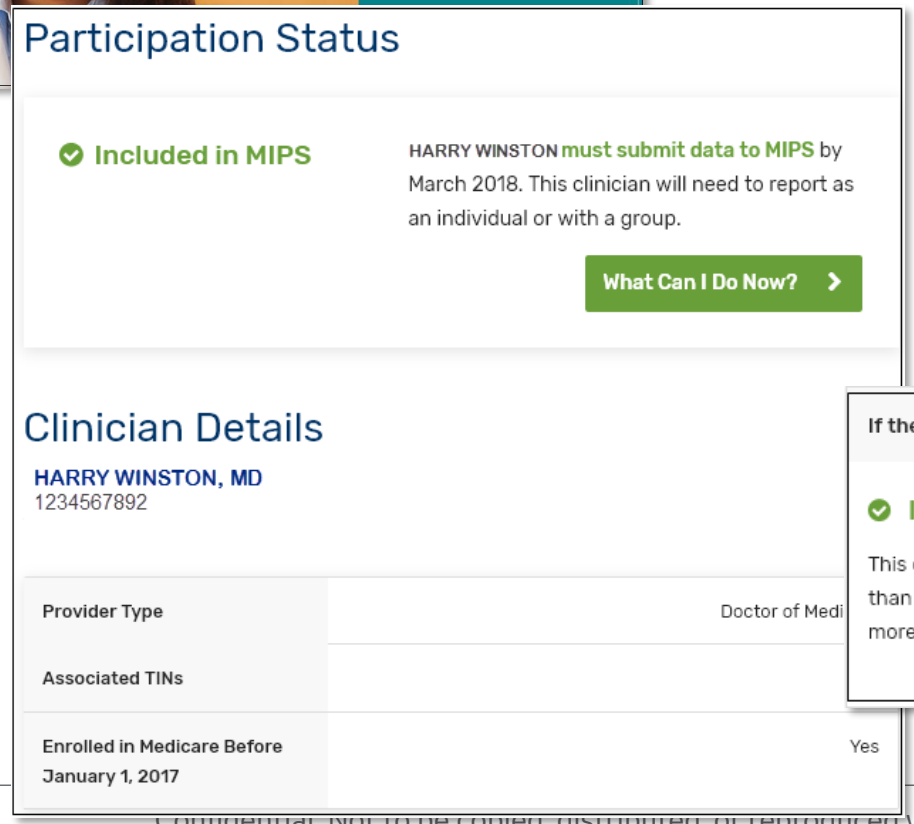
"The low-volume threshold is different from the other two exclusions because it is not determined solely based on the individual NPI status. It is based on both the TIN/NPI (to determine an exclusion at the individual level) and TIN (to determine an exclusion at the group level) status. For group-level 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."

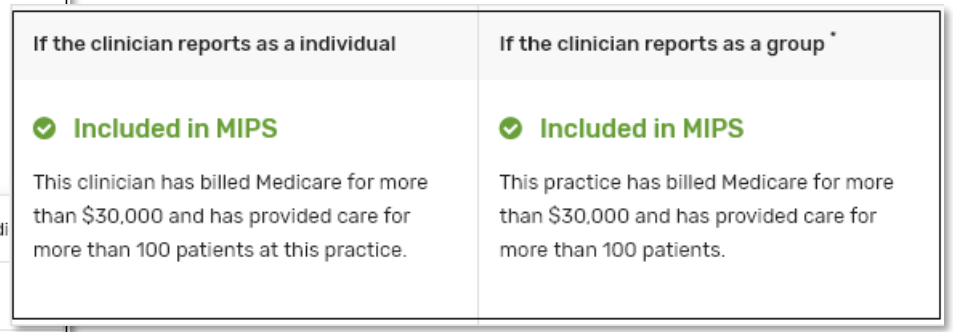
https://qpp.cms.gov/docs/QPP_Group_Participation_in_MIPS_2017.pdf

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/





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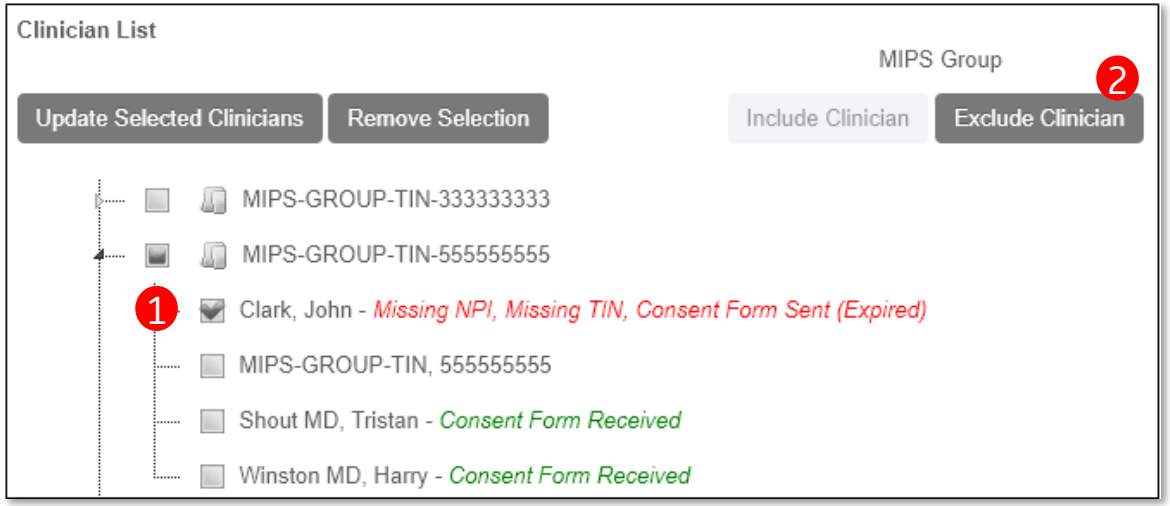
MIPS Group: Exclusion Workflow

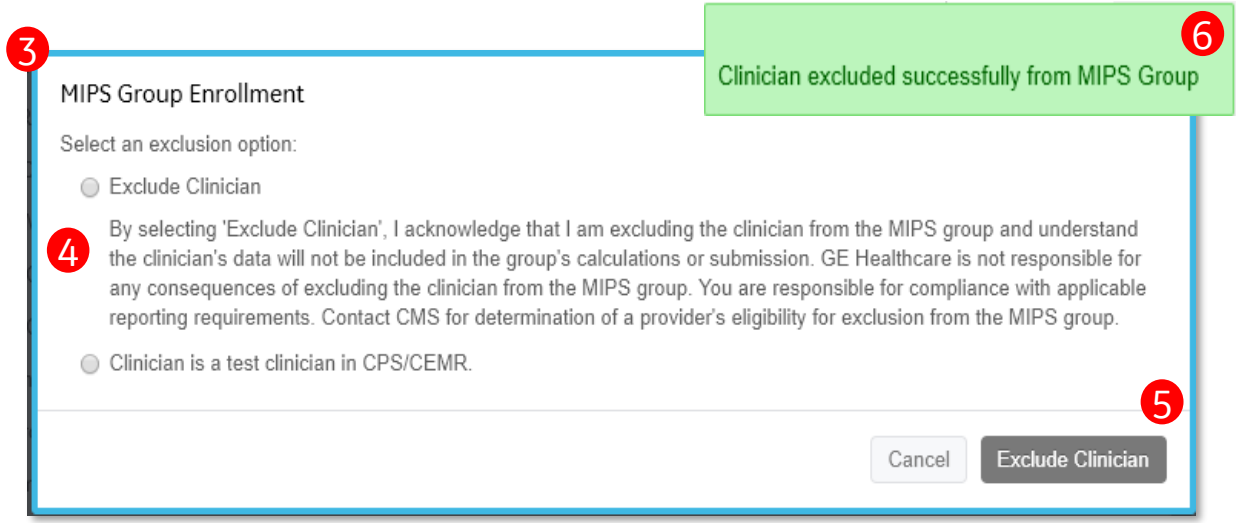
Configure the MIPS Group clinicians within two weeks of enrollment. QSS orders are sent 10 business days after enrollment.

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.





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

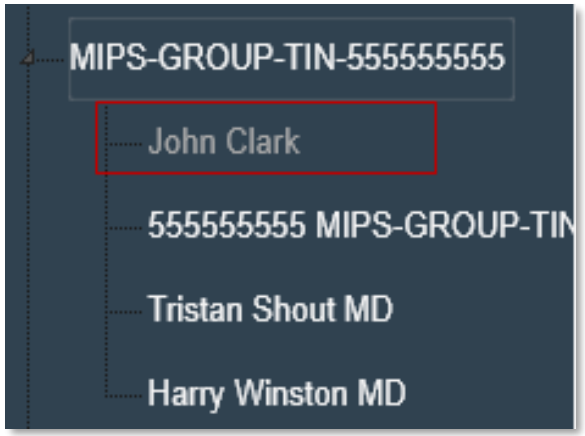
Indicators a Clinician is Excluded

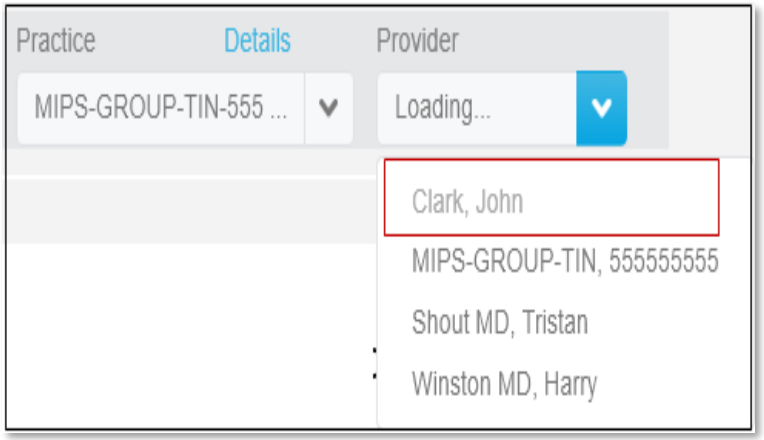
Clinician List

- Excluded w/ date stamp
- Includes reason for exclusion

MIPS & Legacy Dashboards

- Excluded clinician indicated with lighter font



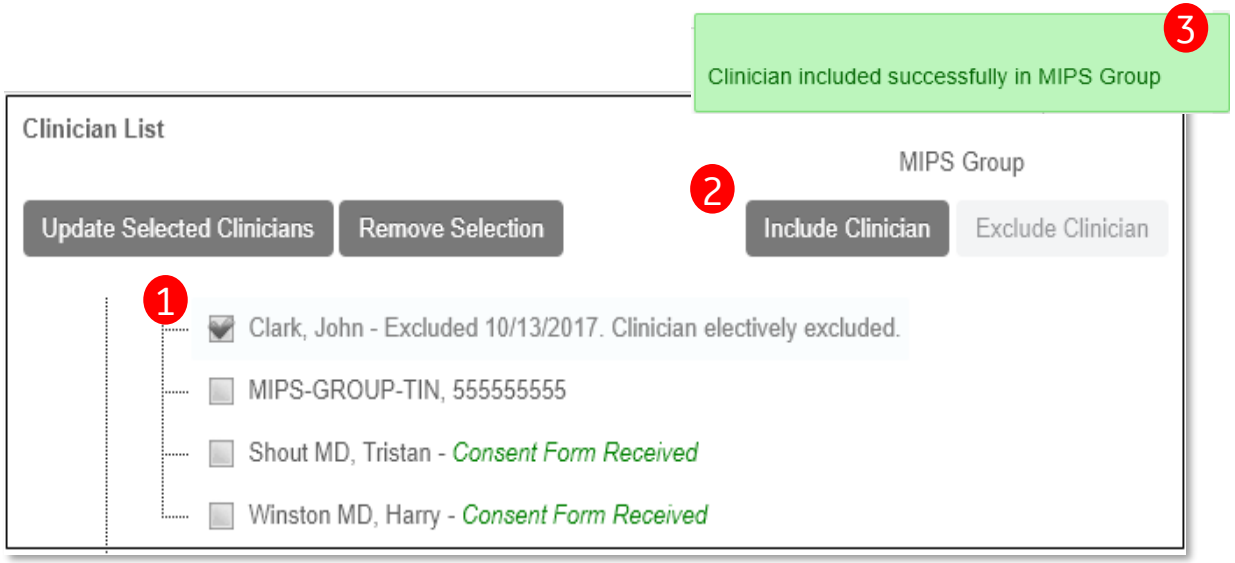


Include Clinician (Previously Excluded)

Only available for clinicians in a MIPS Group

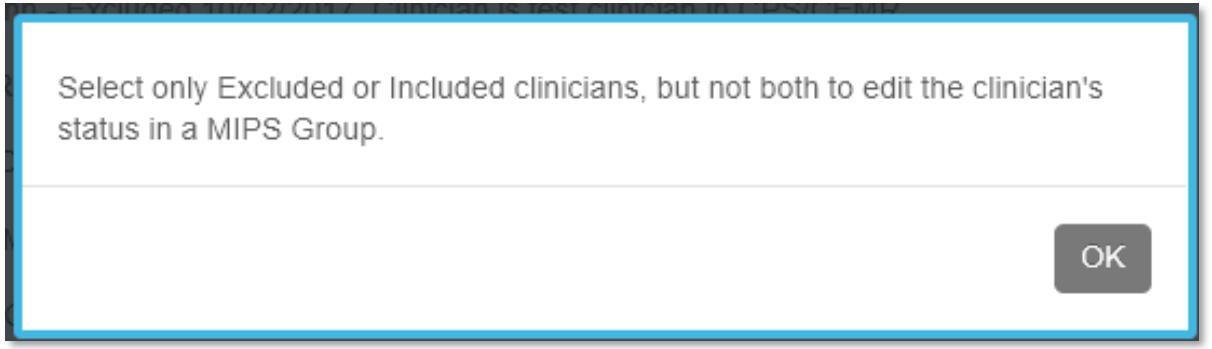
Workflow

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



Restriction

- Select only excluded or included clinicians



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

Enrollment Summary & Status

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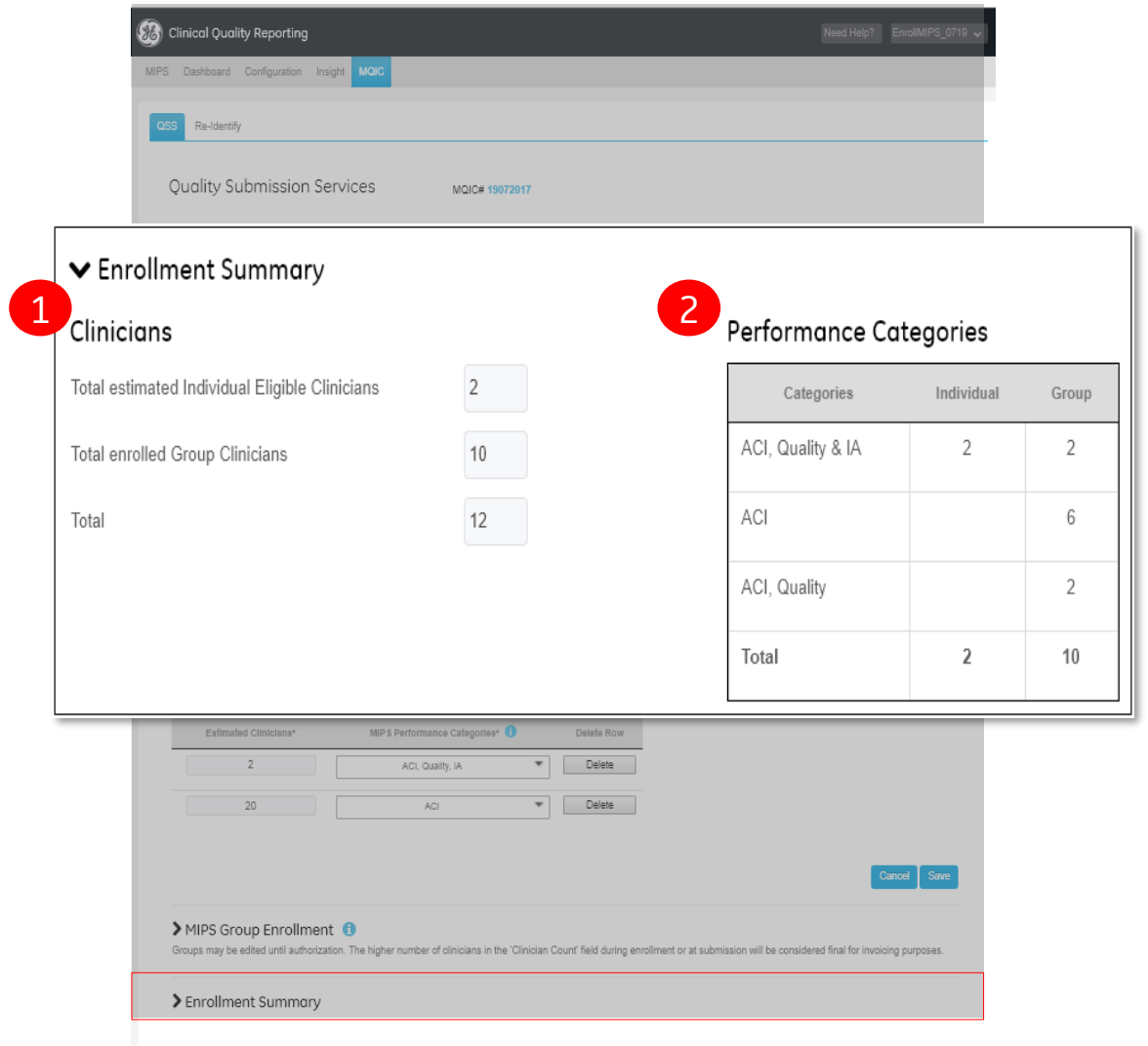
Enrollment Summary

- Real time
- Summary of individual and group enrollment

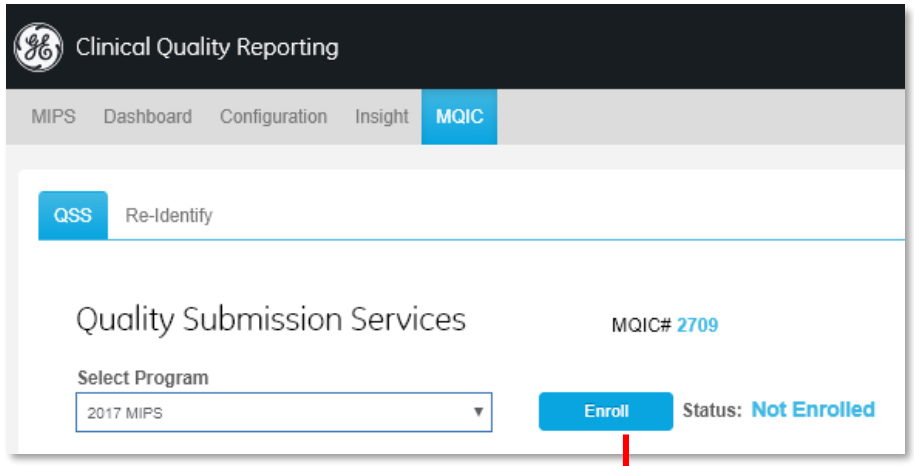
  1. Clinicians
  Breakdown of clinicians participating as individuals and in a MIPS Group

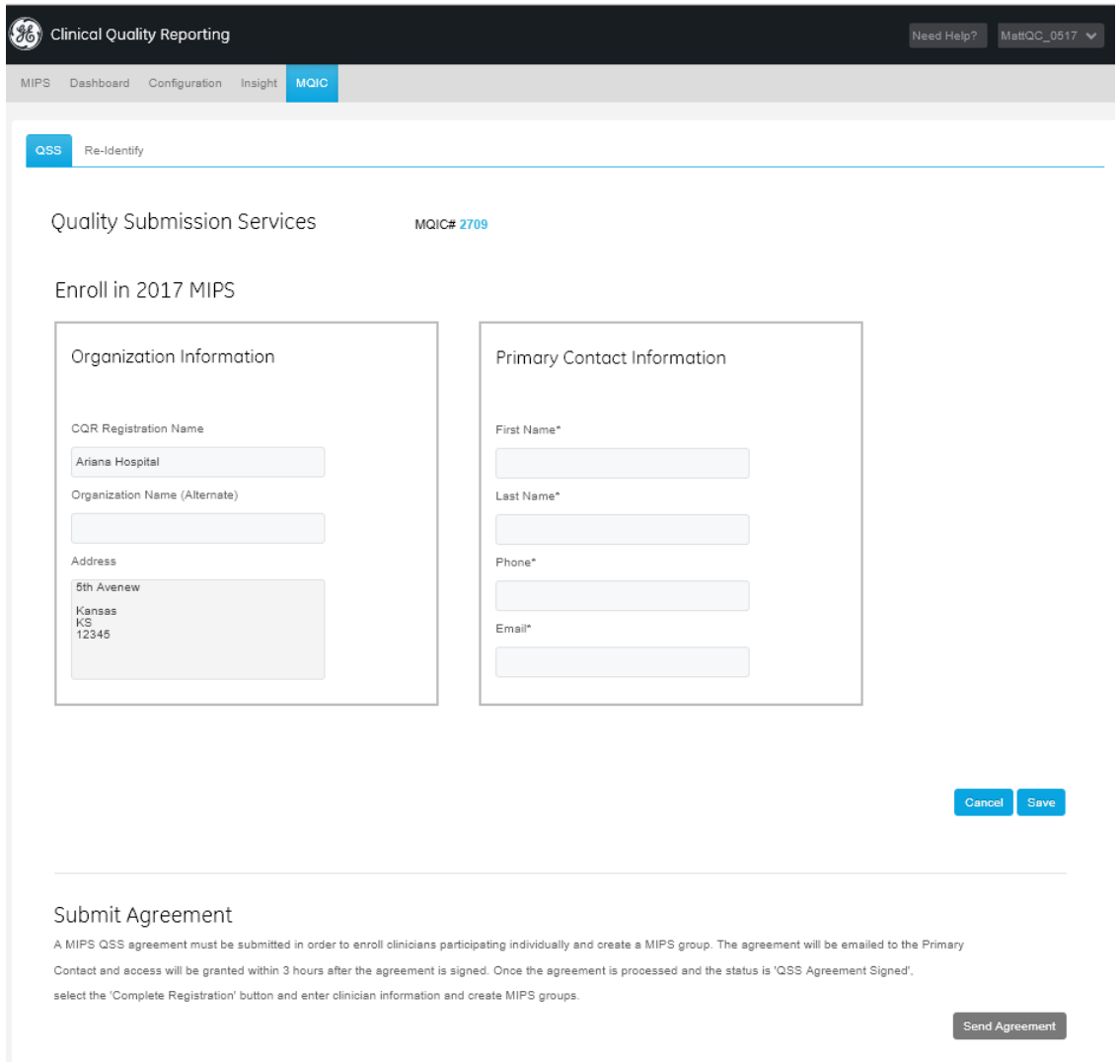
  2. Performance Categories
  Breakdown of clinician participation in performance categories by individual and MIPS Group

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

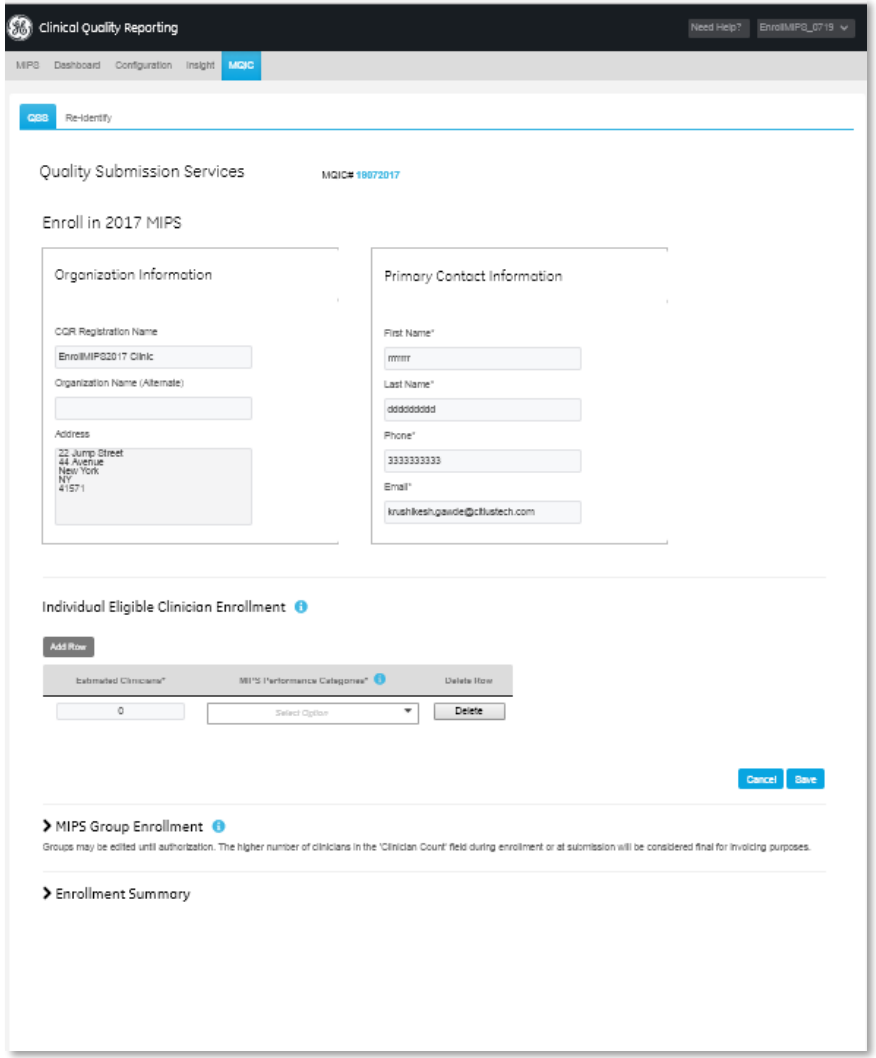


Status: Not Enrolled

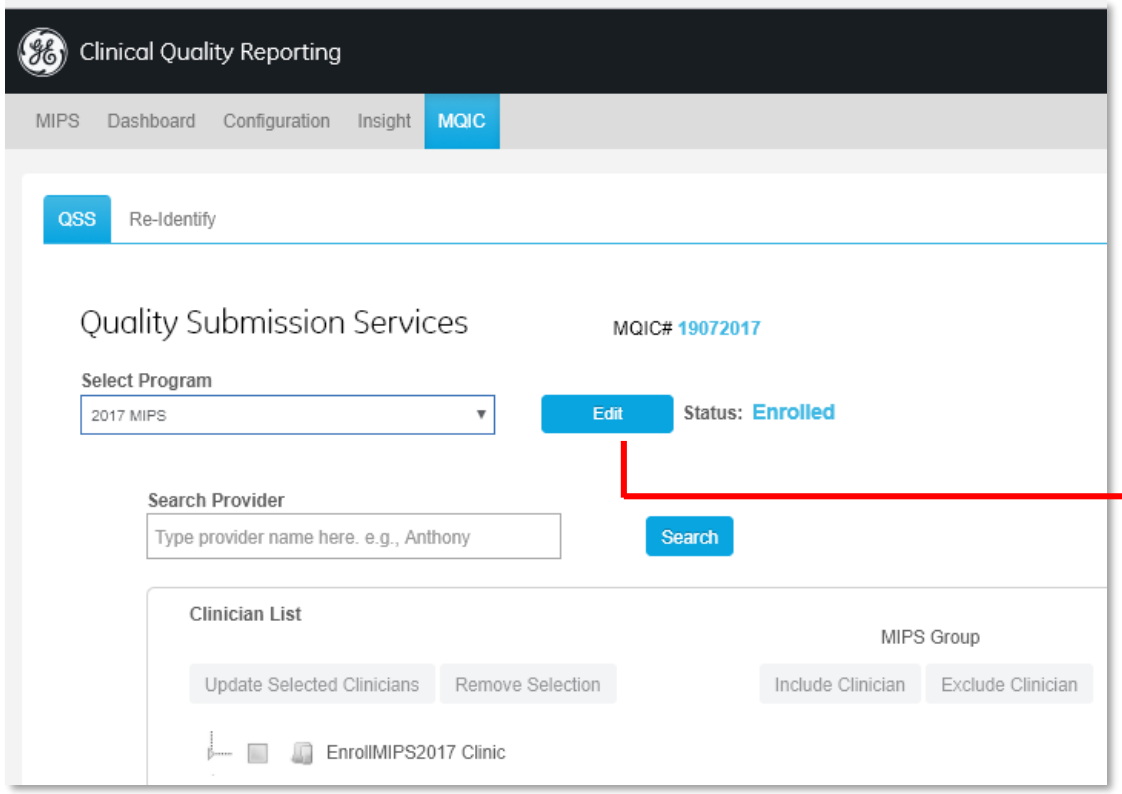


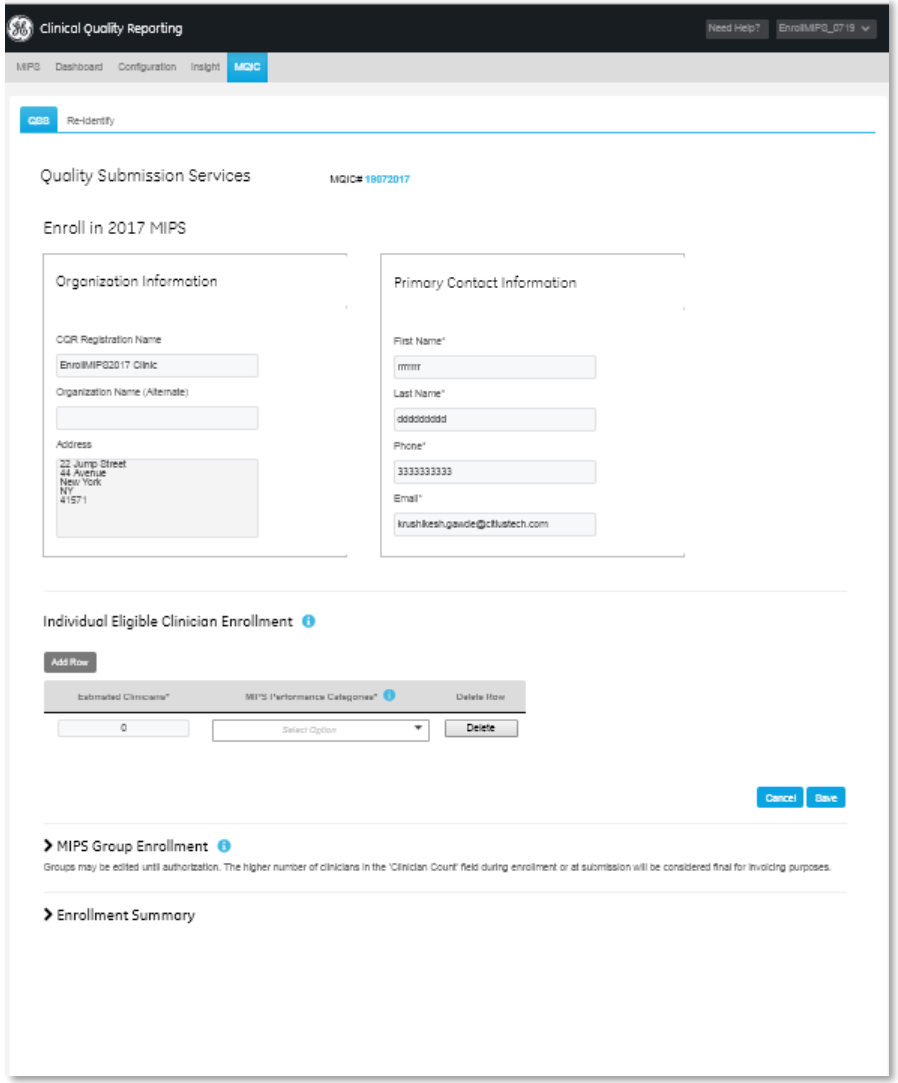


Status: QSS Agreement Signed

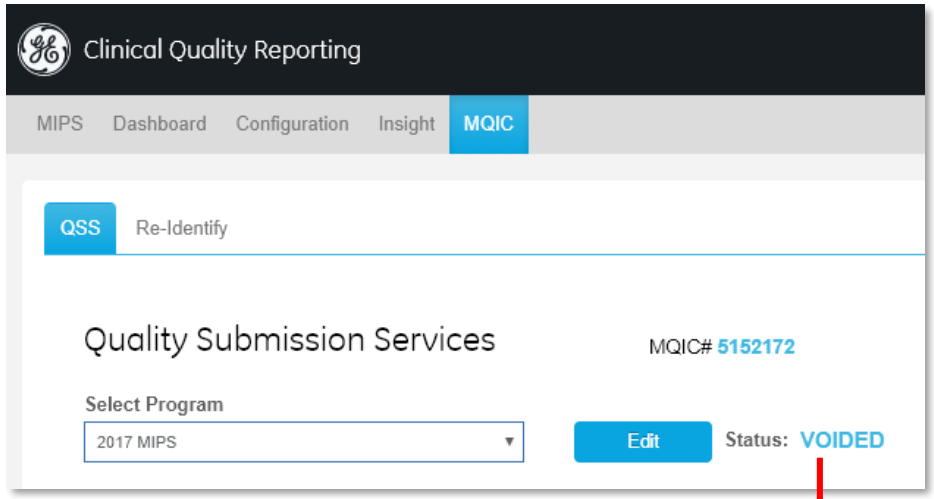


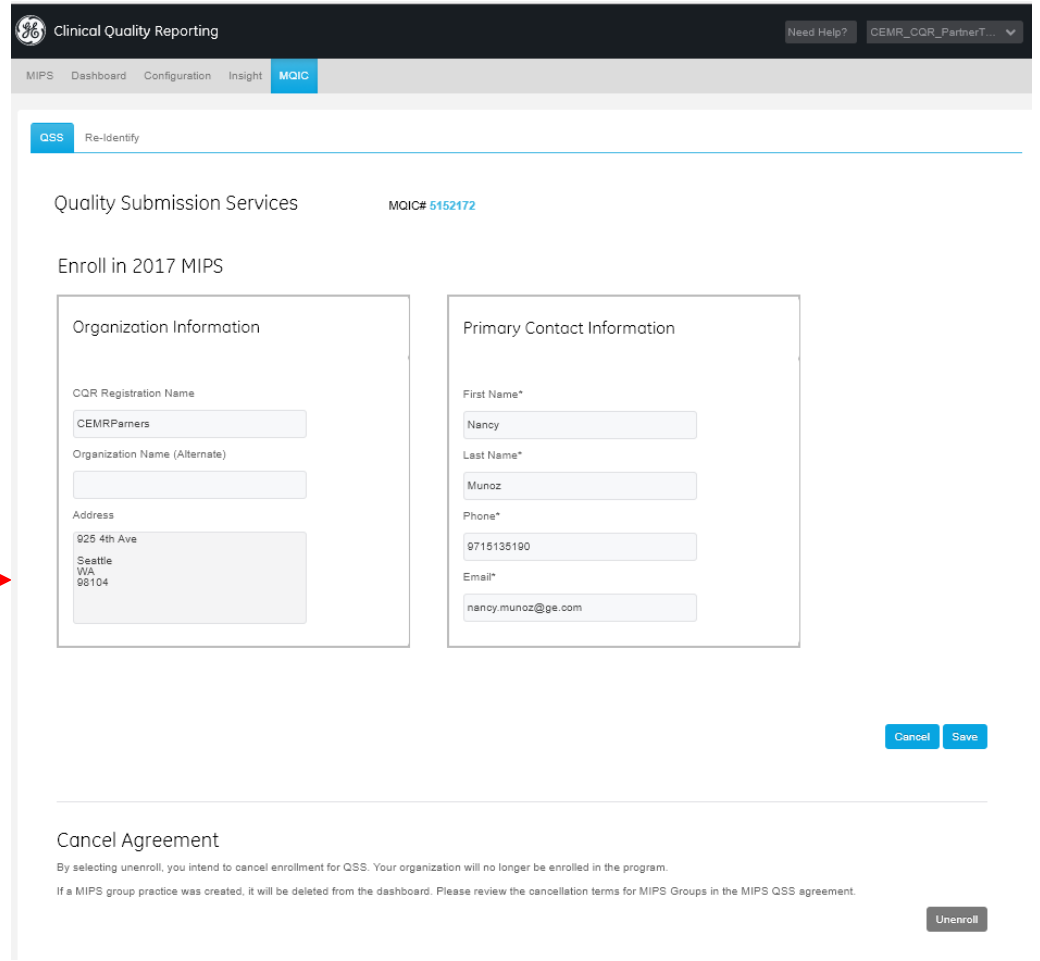
Status: Enrolled





Status: Voided





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

Clinician List

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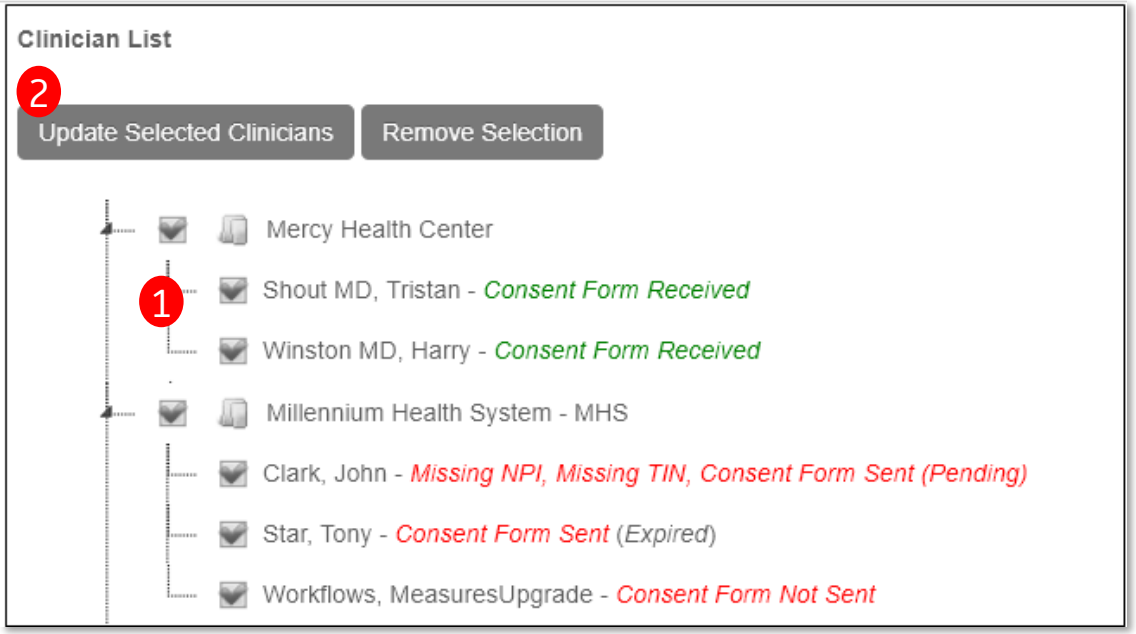
Clinician List

After QSS Agreement is submitted, allow 3 hours for processing

Clinician List

- Display's 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"

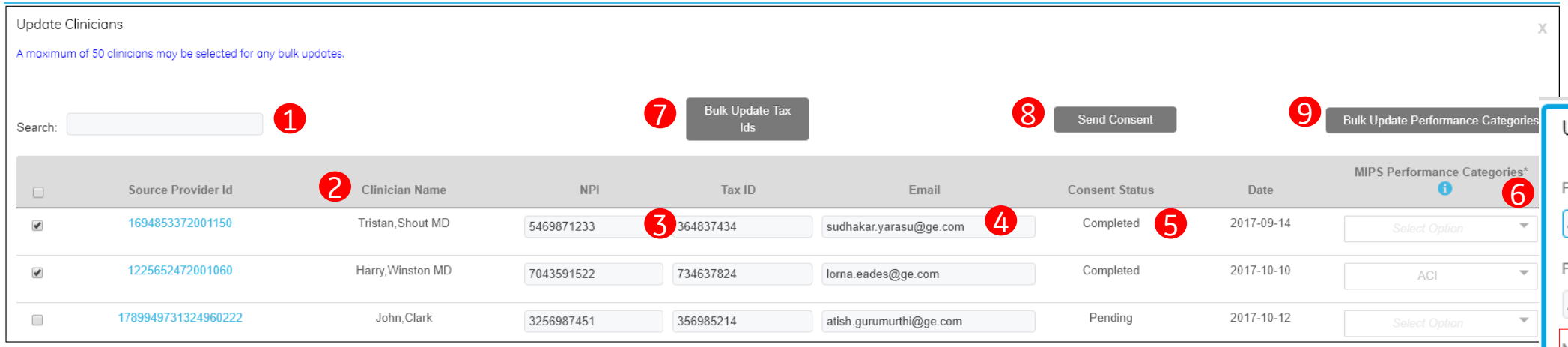
Recommended Practice

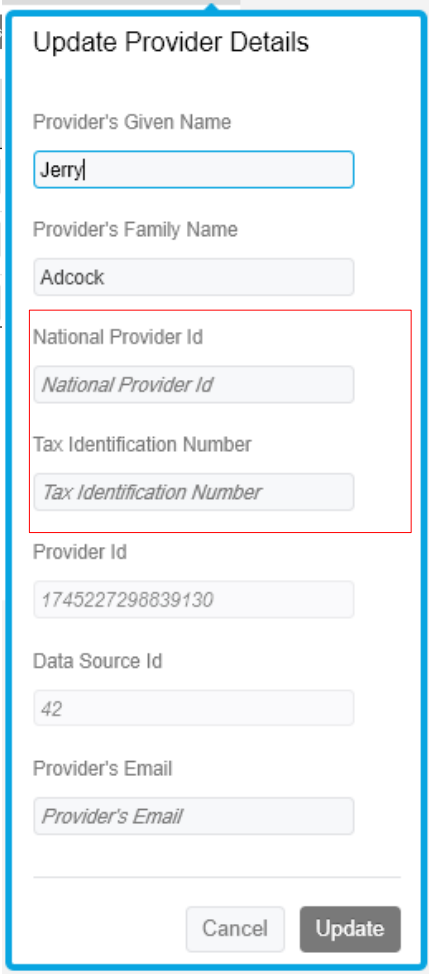
Work with small groups of clinicians

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





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

Bulk Updates

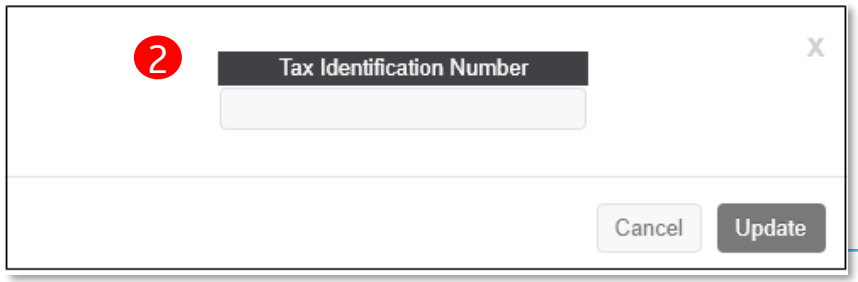
Multi – clinician update of the Tax ID, Send Consent and MIPS Performance Category (Individual Clinician)

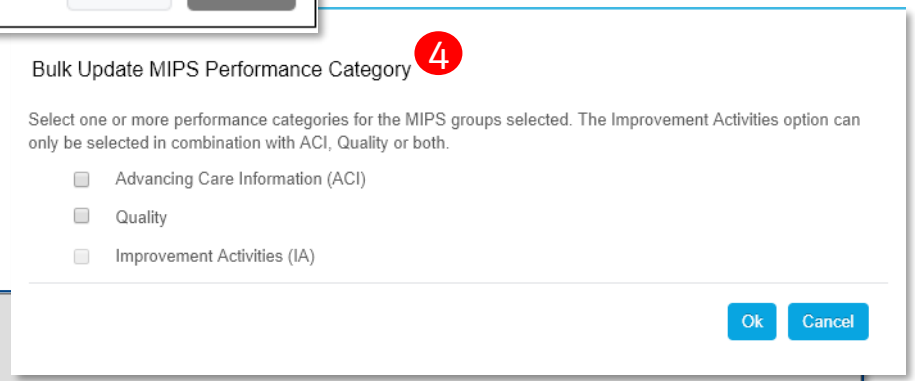
Workflow

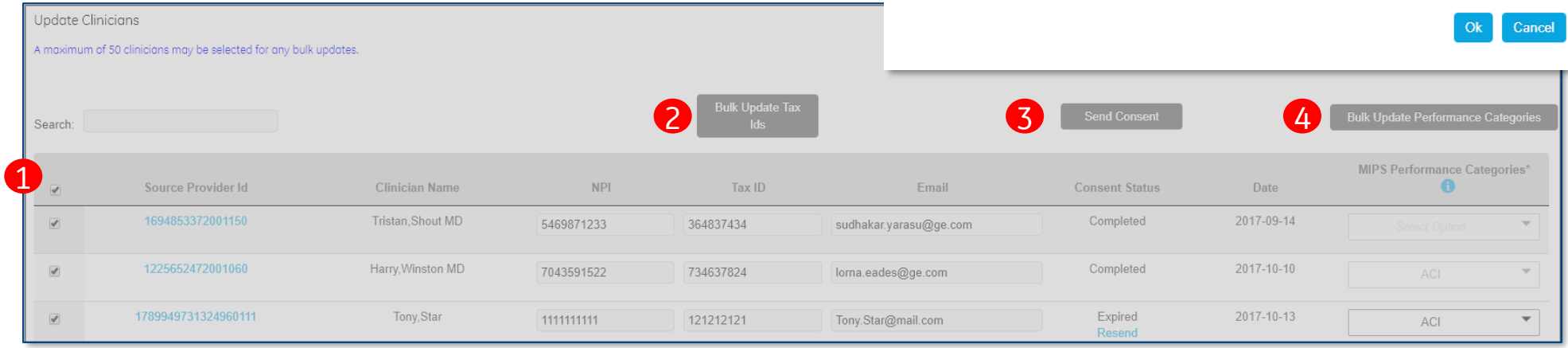
1. Use the checkbox to select clinicians.
2. Select ‘Bulk Update Tax IDs’ & enter the Tax ID
3. Select ‘Send Consent’
4. Select ‘Bulk Update Performance Categories’, make selection

MIPS Groups

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







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Clinicians that appear in multiple locations in the org structure

- Clinician List

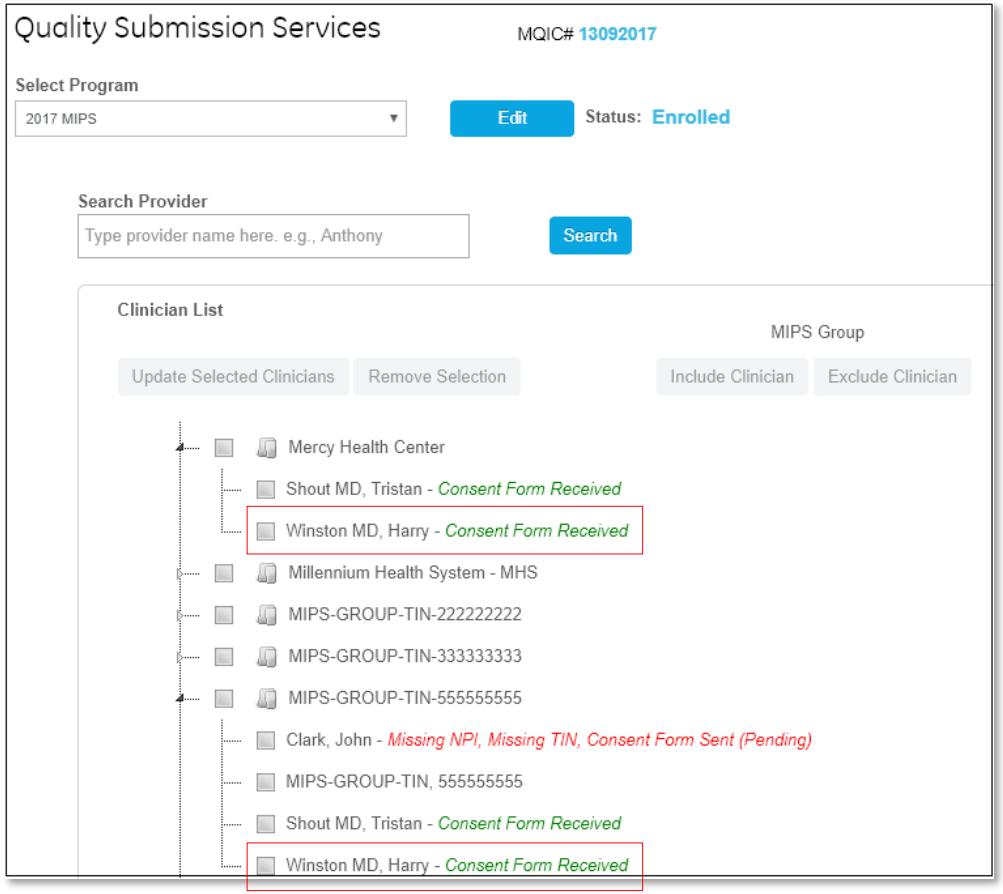
  The same clinician may appear in multiple standard practices and a MIPS Group

- 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.



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Provider Consent Status

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

Completed: Consent form signed

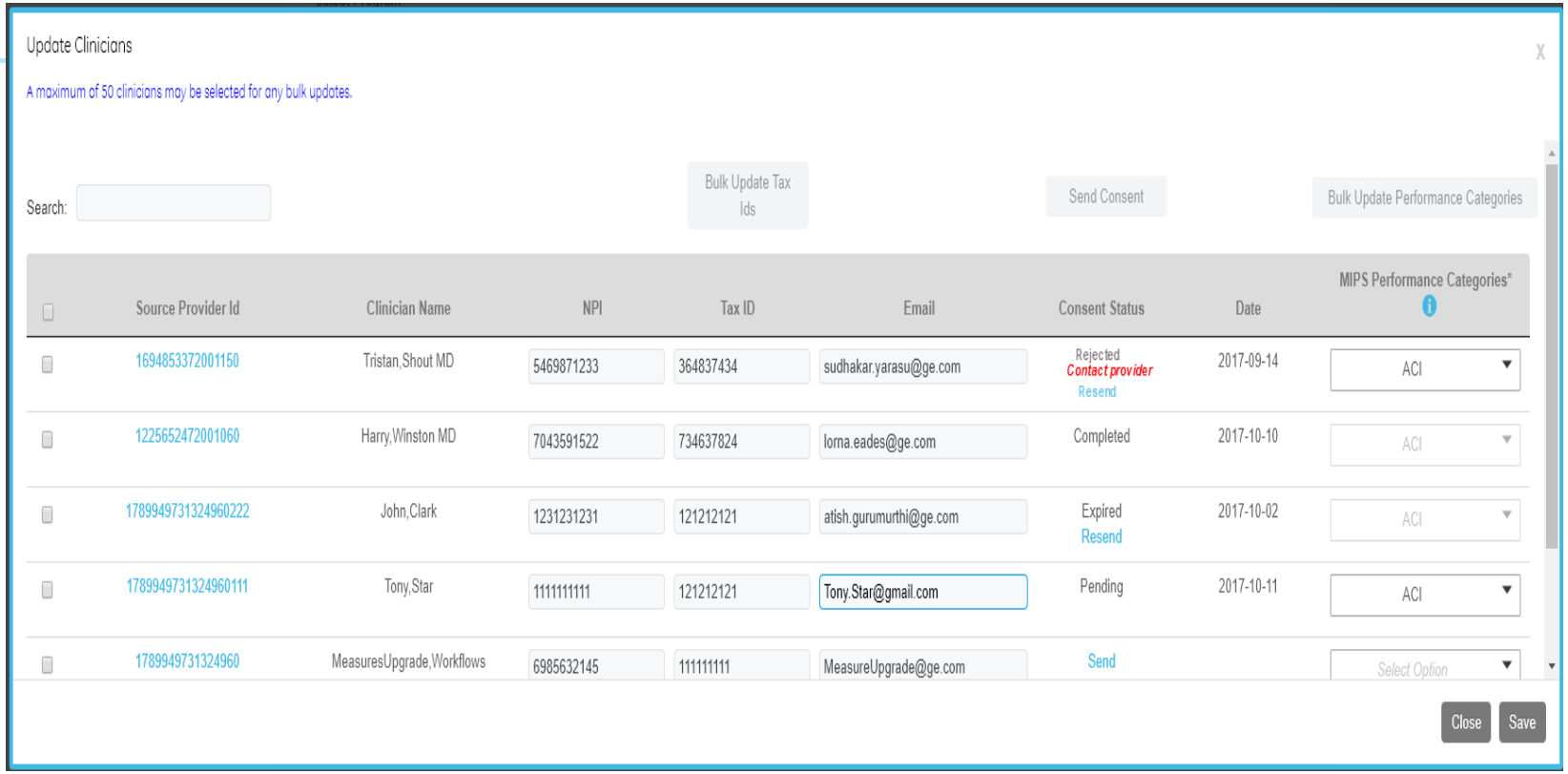
Pending: Consent form emailed, but not signed

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.



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Resources

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Clinical Quality Reporting

CQR User Manual

- Information for navigating CQR

Quality Reporting Guide

- Guidance for the measures

Quality Reporting Community

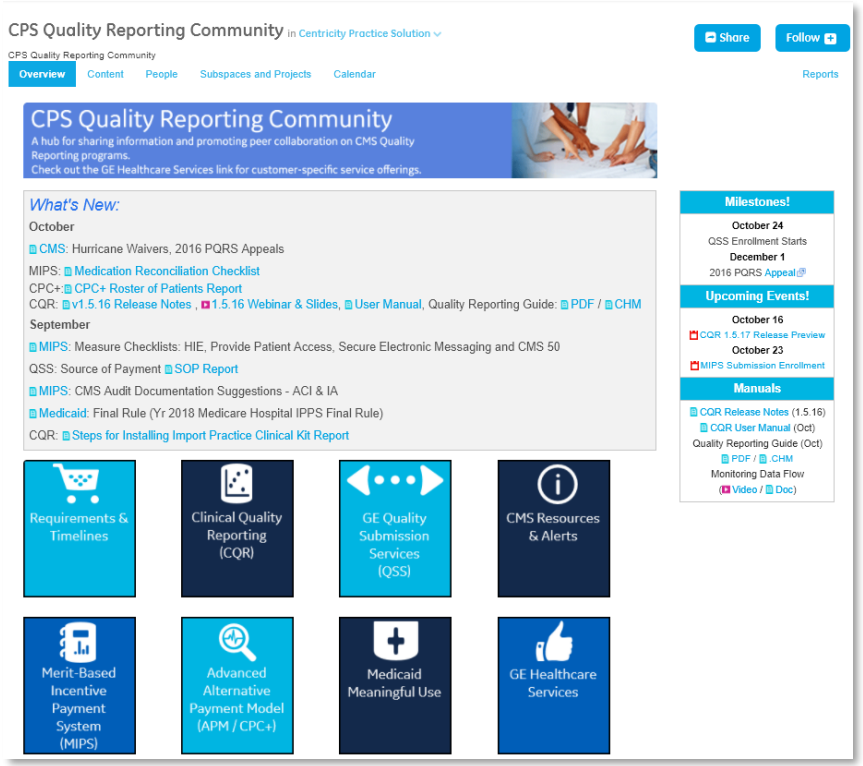
- Announcements
- Webinars
- Release Notes
- Discussion Board

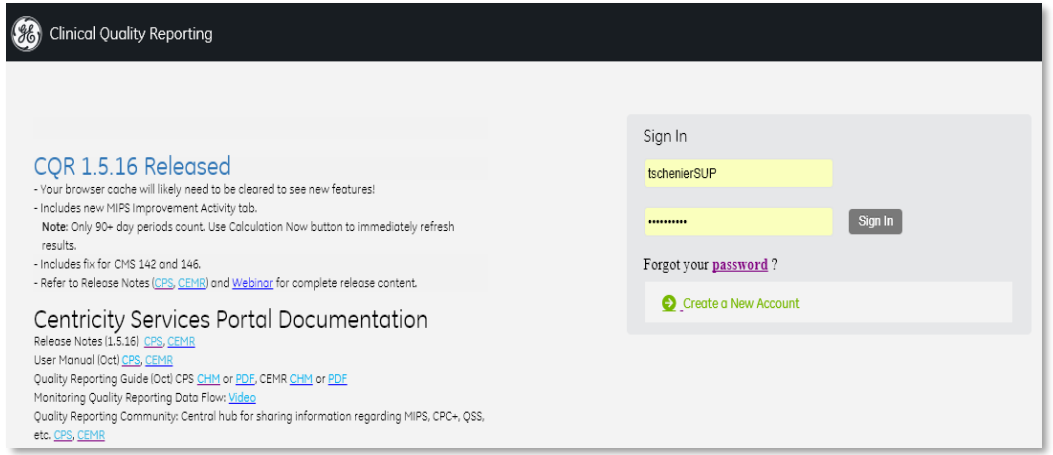
CQR Login Screen announcements

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

Clinical Support Teams

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





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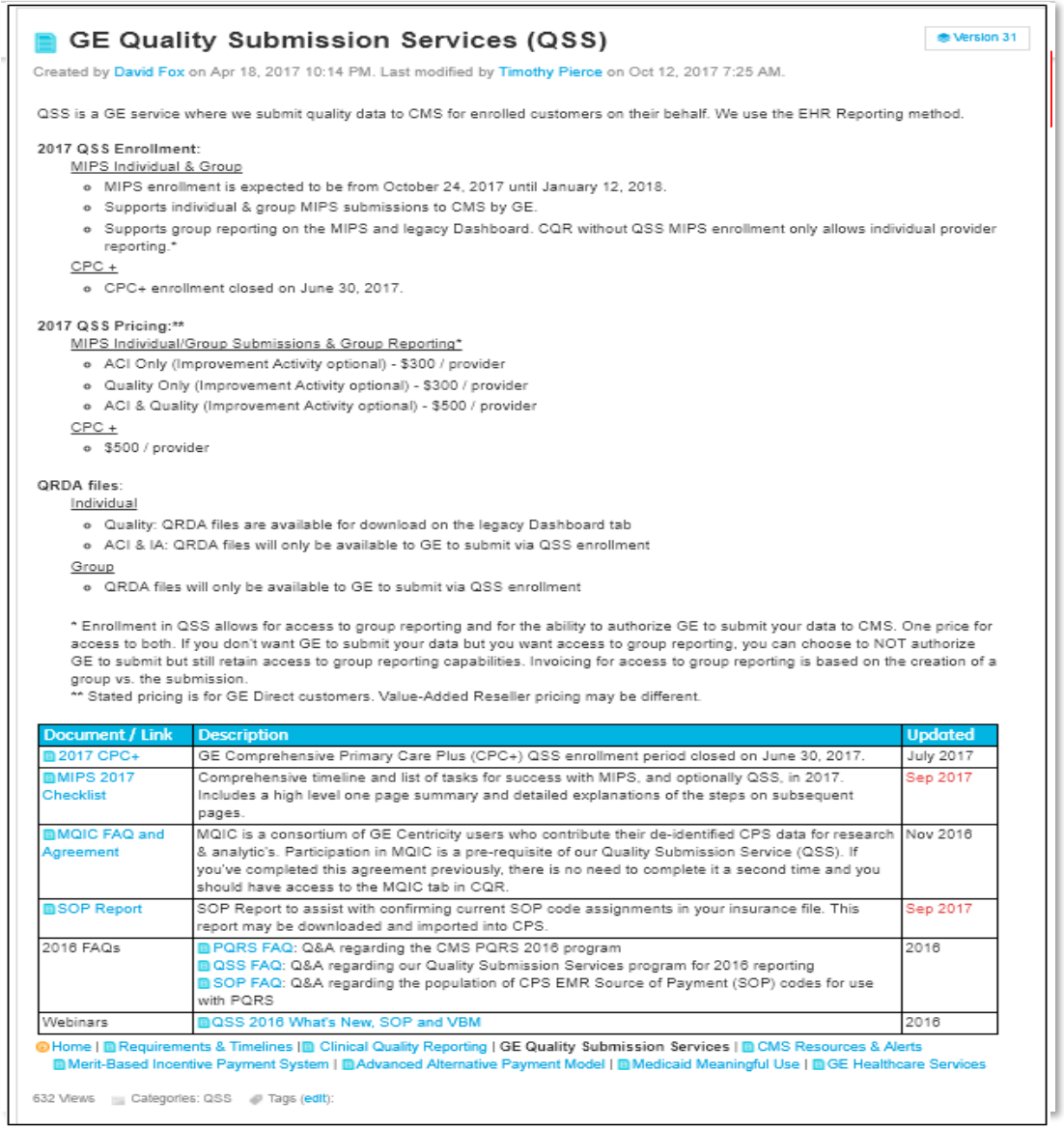
Quality Reporting Communities

[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 back frequently or Follow

2017 MIPS Checklist

TIMEFRAME	TASKS (Please note this checklist is posted on the Quality Reporting Community (CPS, CEMR) and may be updated periodically.)
What can I be doing now?	Preparation ❑ Install CQR ❑ Upgrade to desired service pack and/or third party versions ❑ Keep up-to-date on the monthly Knowledgebase releases ❑ Monitor CQR ingestion ❑ Assign/Confirm Source of Payment (SOP) codes for all insurance carriers Learn about MIPS ❑ Research MIPS ❑ Confirm Eligible Clinicians ❑ Pick Your Pace for Participation Choose Measures ❑ ACI Performance and Bonus Measures ❑ Quality Measures ❑ Improvement Activities ❑ Regularly monitor measures in CQR
By June 30, 2017	❑ Investigate and Choose your MIPS submission method
By July 1, 2017	❑ 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	❑ If necessary, file for 2016 Meaningful Use Hardship (first-time EPs that never attested for MU but will in 2017 for MIPS)
Oct 2, 2017	❑ Deadline to start your reporting period if you want to report a minimum of 90 days
Oct 24, 2017 to Jan 12, 2018	If using QSS, Enroll: Automated Process in CQR ❑ Enroll by submitting QSS Agreement from CQR ❑ Sign and return the QSS Contract Order to sales (requires manual submission)
Jan 1, 2018	❑ Install CPS 12.3 or CEMR 9.12 for 2015 edition CEHRT, currently required for the full 2018 reporting year (proposed rule allowing flexibility for some is pending finalization in Oct or Nov timeframe)
Jan 8, 2018 to Mar 2, 2018	If using QSS, Authorize Submission ❑ Enter/Validate provider information in CQR and request consent forms ❑ Select measures and Authorize provider(s) and/or group ❑ Confirm completion of authorizations ❑ Receive confirmation email from GE Healthcare and validate provider list
By Mar 31, 2018	❑ 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

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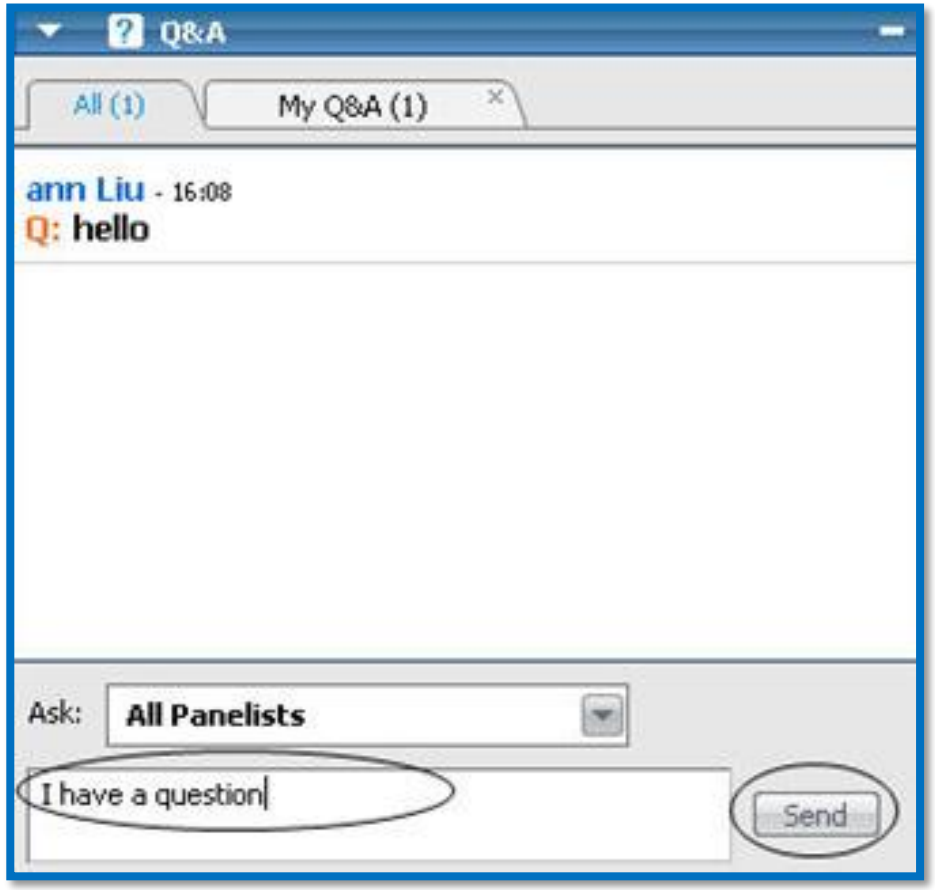
Questions?

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



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