



MIPS Authorization: PY2018

January 2019

virencehealth.com



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Centricity Practice Solution v. 12.0 EHR Module and Centricity EMR v 9.10 are ONC 2014 Edition compliant and have been certified by Drummond Group in accordance with certifiable action criteria. Centricity Practice Solution v. 12.3 EHR Module and Centricity EMR v. 9.12 are ONC 2015 Edition compliant and have been certified by Drummond Group in accordance with certifiable action criteria. For additional certification and transparency information, visit www.gehealthcare.com/certifications.

MIPS Authorization: PY2018

Presenters



Laura Wagner
Senior Project Manager



Lorna Eades
Lead Business Analyst

Agenda

MIPS and Quality Submission Services

MIPS Reporting Requirements

Preparing for MIPS Authorization

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Post Authorization

Closing Reminders

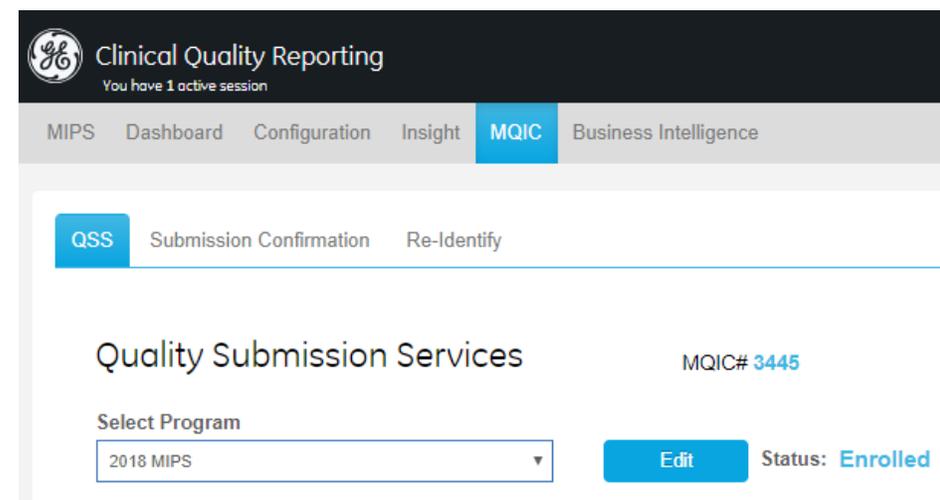
Resources

MIPS and Quality Submission Services



MIPS Quality Submission Services (QSS)

- Virence will submit individual clinician and MIPS group practice data directly to CMS on your behalf
- Reporting Method: Electronic Health Record (EHR) reporting option
- Submission data is bookmarked, a benefit that gives participants the ability to view MIPS submission results historically, including patient lists associated with each measure.
- Confirmation of submission will be provided



Authorization: January 25 – March 15, 2019

MIPS Reporting Requirements



MIPS Category	Percentage of Final MIPS Score	Maximum Possible Points	Reporting
Refer to QPP for full program details at https://qpp.cms.gov/			
Quality	50%	60 points	<ul style="list-style-type: none"> • 12-month reporting period • Report a minimum of 6 measures for maximum points. Clinicians can report from 1–6 measures, however scoring will be impacted. • Minimum of one Outcome or High Priority measure for maximum points
Promoting Interoperability (PI)	25%	100 points	<ul style="list-style-type: none"> • 90-day minimum reporting period • This category is made up of base, performance and bonus scores for a maximum score of 100 points. <p><i>Transition & Non-Transition Year</i></p> <ul style="list-style-type: none"> • Base Score (50%): report all measures to receive the 50 point base score. Clinicians earn either all 50 points or 0 points. • Performance Score (50%): based on performance for measures with a numerator / denominator • Attestation Statements: A ‘Yes’ response is required for the first two statements in order to earn a score for the PI performance category. A ‘Yes’ response to the third statement is optional. • Bonus Score <i>Transition Year</i> <ul style="list-style-type: none"> • Up to 10 points for attesting to certain Improvement Activities • 5 points for attesting to more than one public health registry • Bonus Score <i>Non-Transition Year</i> <ul style="list-style-type: none"> • Up to 10 points for attesting to certain Improvement Activities • 5 points for attesting to more than one public health registry • 10 points for reporting using only 2015 CEHRT
Improvement Activities (IA)	15%	40 points	<ul style="list-style-type: none"> • 90-day minimum reporting period • Attest ‘Yes’ to an activity that meets the 90-day* requirement to earn a maximum score of 40 points. • Each medium-weighted activity is worth 10 points. • Each high-weighted activity is worth 20 points. <p style="text-align: right;">*Some Improvement Activities are 60 days or 6 months</p>

Preparing for MIPS Authorization



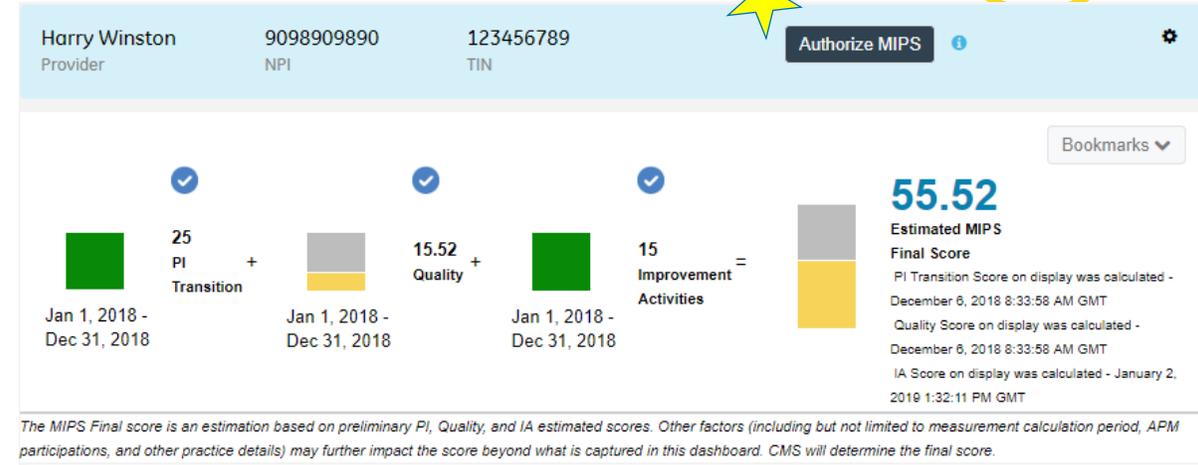
What is Authorization?



- When the 'Authorize MIPS' button is selected, you are indicating your approval of the current **measure selections** and **measurement periods** for submission to CMS.
- All measures configured, measure scores and the measurement period chosen for each performance category authorized will be submitted to CMS.
- All performance categories selected are authorized at once.

★ Simple, and as fast as the click of a button, but authorization is **final!**

- Fees for submission will be assessed for the individual clinician at authorization.
- **MIPS group practice** - fees are assessed when the group practice is created and includes the build, configuration, on-demand calculations and submission of the MIPS Group practice data. **Fees are assessed regardless of submission.**



Authorization Dates: January 25th – March 15, 2019

Virence will not submit MIPS individual or group data to CMS unless it is authorized.

Clinician Readiness: what does it look like?



Clinician List

Clinician Consent Form Signed

- Electronic consent forms only
- One consent form per individual clinician
- One consent form per clinician in a group

Clinician has an NPI & TIN entered

A MIPS clinician consent form signed in PY2017 will be accepted for PY2018

Clinician List

Update Selected Clinicians Remove Selection

- GEHC Support
 - Default Practice
 - Eastside Cardiology - E CARDIO
 - Campos, Tomeka - *Consent Form Sent (Pending)*
 - Chan, Pat - *Consent Form Sent (Pending)*
 - Man, Yvonne - *Missing TIN, Consent Form Not Sent*
 - Nickum, Tammy - *Missing NPI, Consent Form Not Sent*

Clinician List

Update Selected Clinicians Remove Selection

- GEHC Support
 - Default Practice
 - Eastside Cardiology - E CARDIO
 - Campos, Tomeka - *Consent Form Received*
 - Chan, Pat - *Consent Form Received*
 - Man, Yvonne - *Consent Form Received*
 - Nickum, Tammy - *Consent Form Received*

Performance Category Selected

- Individual – Update Clinician workflow
- Group – MIPS Enrollment workflow

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*
1775474283000650	Winston, Harry	9098909890	123456789	hkeades@sboglobal.net	Completed	2019-01-02	PI, Quality, IA

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
786789878	Millennium Health System	ACI, Quality, IA	1			10/15/2018	



MIPS Authorization Checklist

Before ‘authorizing’ a MIPS clinician or group practice, verify:

- ✓ Individual clinician & MIPS group practice TIN
- ✓ Correct clinicians are included in the MIPS group practice
- ✓ Each clinician’s NPI
- ✓ Each clinician has signed a consent form
- ✓ Report ranges calculated meet requirements

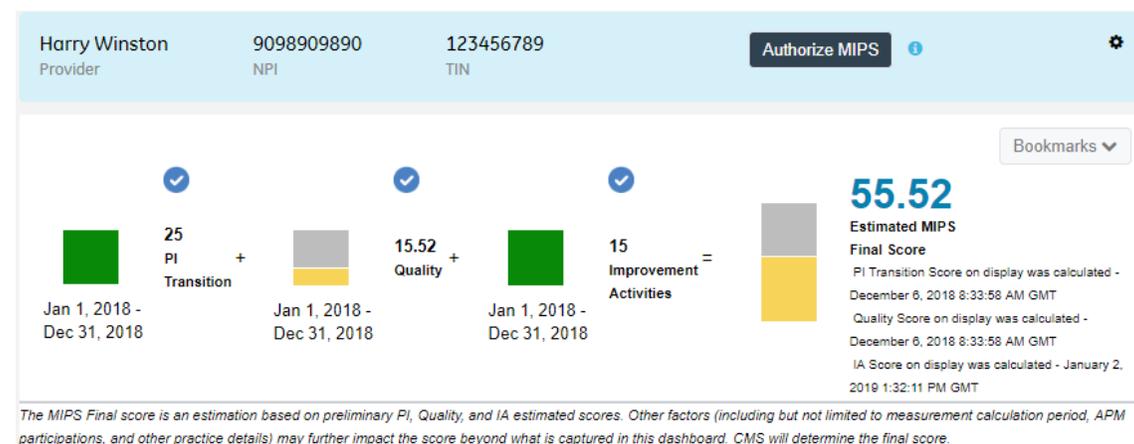
Quality report range calculated is January 1 – December 31, 2018

PI is calculated for a minimum of 90 days*. **October 3rd is the last 90 day reporting period in 2018.**

Improvement Activities have a minimum 90 day reporting period. The reporting period for some IA measures vary.*

- ✓ Measure selection & results are reviewed

Reminder: All quality measures in the MIPS dashboard are submitted and may be posted on Physician Compare if the measure has a national benchmark.



Promoting Interoperability (PI)



- **PI Transition vs. PI**

The selection made at the time of authorization is the data submitted to CMS and included in the bookmark.

- **Authorizing PI only**

Reminder if authorizing PI only: to secure any expected PI bonus points derived from 'Reporting Improvement Activities Using CEHRT', make sure to submit IA through the method of your choice.

- **The Promoting Interoperability (PI) Score may change at authorization**

Caution: The dashboard display of the PI Bonus related to IA only reflects the first selection of IA. Any subsequent changes to IA might not accurately be reflected in the dashboard PI bonus display. You are encouraged to carefully review the selections prior to authorization. The Improvement Activities selected at the time of authorization will be submitted and CMS will determine if the activities are CEHRT bonus eligible.

The screenshot shows the Virence dashboard with the 'PI' tab selected. The 'PI Transition' button is highlighted with a red box. The 'PI Score Breakdown' section shows a calculation: 50 PI Base Score + 7 PI Performance Score + 10 PI Bonus Score = 67 Preliminary PI (Max of 100). A large '16.75' points is displayed as the 'Preliminary Contribution Towards MIPS Composite Score'. The 'Bonus Measures' table is shown below, with the 'Report improvement activities using CEHRT' row highlighted in red. The 'Improvement Activities' table at the bottom also has the 'PI Bonus' column highlighted in red.

Measure Name	Performance	Points
Additional Public Health Reporting	Yes	5
- Specialized Registry Reporting ⓘ	Yes	
- Syndromic Surveillance Reporting ⓘ	No	
Report improvement activities using CEHRT ⓘ	Yes	10

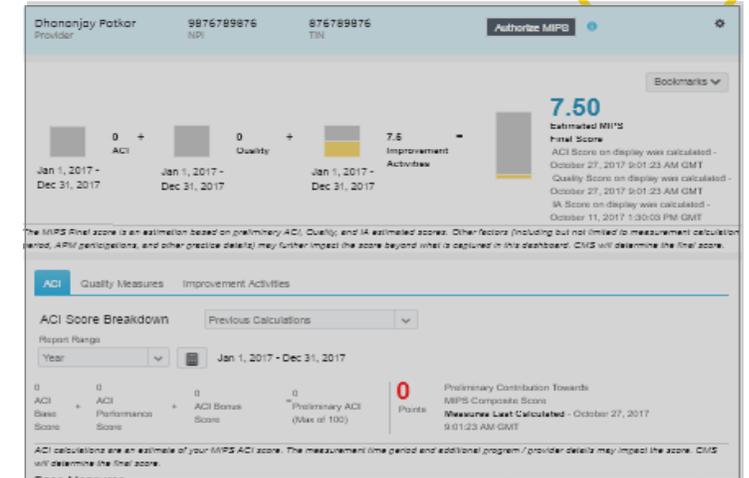
Activity ID	Activity Name	Subcategory	Points	Effective Date	End Date	PI Bonus
IA_PSPA_29	Consulting AUC ...	Patient Safe...	20	Sep 10, 2018	📅	Yes
IA_PSPA_9	Completion of t...	Patient Safe...	10	Jul 10, 2018	📅	
IA_PSPA_8	Use of Patient ...	Patient Safe...	10	Jan 1, 2018	📅	
IA_PSPA_7	Use of QCDR dat...	Patient Safe...	10	📅	📅	

PI: Prevention of Information Blocking Attestation



MACRA and QPP require MIPS eligible clinicians to show they have not knowingly or willfully limited or restricted compatibility or interoperability of their CEHRT by attesting to three statements about how they implement and use CEHRT.

- Applies to individuals and groups reporting Promoting Interoperability (PI)
- First two statements require a 'Yes' response to earn a PI score
- Third statement is optional
- Authorization restricted unless a response provided



Steps to attest

1. Scroll to the bottom of the PI tab
2. Information buttons provide CMS descriptions of the attestation
3. In the 'Response' column, toggle to 'Yes' (required for the first two statements). The third attestation statement is optional.

Submission Measures

Attestation Statement	Response
Prevention of Information Blocking Attestation i	Yes ✓
ONC Direct Review Attestation i	Yes ✓
ONC-ACB Surveillance Attestation (Optional) i	Yes ✓

Bonus Measures

Measure Name	Performance	Points
Additional Public Health Reporting	No	0
- Specialized Registry Reporting i	No	0
- Syndromic Surveillance Reporting i	No	0
Report improvement activities using CEHRT i	No	0

Submission Measures

Attestation Statement	Response
Prevention of Information Blocking Attestation i	Yes ✓
ONC Direct Review Attestation i	Yes ✓
ONC-ACB Surveillance Attestation (Optional) i	Yes ✓

Quality Measure Selection

1. Every 2018 quality measure displayed in the dashboard will be submitted at authorization. The six measures checked are used to calculate the MIPS score, but all measures will be submitted.
2. You can choose to
 - Submit all measures & CMS will score the 6 highest measures.
 - You can be selective about the measures submitted to CMS by navigating to Configuration > Measurement Settings and selecting specific measures. **Remember to recalculate after measure reconfiguration.**

Reminder: Measures selected for submission will be publicly reported on [Physician Compare](#), if the measure has a national benchmark. Physician Compare is a website designed to help consumers make informed choices about the health care they receive through Medicare.

ACI Quality Measures Improvement Activities

Quality Score Breakdown Previous Calculations

Report Range: Year Jan 1, 2018 - Dec 31, 2018

15 Points Earned Quality Measures + 1 Measure Bonus Points + 6 CEHRT Bonus Points = 22 Total Points / 60 Total Possible Points = 36.67% Preliminary Quality Score (Max of 100%) x 50 Quality Category Weight = **18.33** Points

Preliminary Contribution Towards MIPS Composite Score
Measures Last Calculated - December 31, 2018 12:36:01 PM GMT

Quality calculations are an estimate of your MIPS Quality score. The measurement time period and additional program / provider details may impact the score. CMS will determine the final score, which may include the All-Cause Hospital Readmission Measure.

Clinical Quality Measures Search: Update Quality Score

	Sel	CMS #	Measure Name	Type	Score%	Points	Benchmark	Decile
1	<input checked="" type="checkbox"/>	69v6	Preventive Care...	Process	8.33	3	NA	NA
	<input checked="" type="checkbox"/>	68v7	Documentation o...	Process	10.81	3	NA	NA
	<input checked="" type="checkbox"/>	56v6	Functional Stat...	Process	0	0	-	-
	<input checked="" type="checkbox"/>	156v6	Use of High-Ris...	Process	25	3	NA	NA
	<input checked="" type="checkbox"/>	138v6	Preventive Care...	Process	100	3	NA	NA
	<input checked="" type="checkbox"/>	122v6	Diabetes: Hemog...	ITM Outcome	100	3	NA	NA

Clinical Quality Reporting

MIPS Dashboard Configuration Insight MQIC

Measurement Settings Member Profile User Management Organizational Structure Measurement Settings

Set up your Meaningful Use Measurement Settings below:

1 Select Provider

Select Enterprise

2 Select Clinical Quality Measures

Armstrong, Taylor

	#	Measure
<input checked="" type="checkbox"/>	CMS2	Preventive Care and Screening: Screening for Depression and Follow-Up Plan Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen
<input checked="" type="checkbox"/>	CMS22	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated

Quality measures that are obsolete for PY2018 but display in the MIPS dashboard at **authorization** are:

- excluded from the QRDA at submission
- excluded from the system-created bookmark

Improvement Activities



Previously, the selection of Improvement Activities (IA) was limited to a maximum of 40 points.

Now, there is no limitation on the number of Improvement Activities that may be selected. The check boxes and 'Save Selections' button have been removed from Improvement Activities.

New Workflow

1. Enter an 'Effective Date' or a date range for an Improvement Activity
2. Calculate
3. Selected Improvement Activities will display at the top

The screenshot shows the 'Improvement Activities' section of a software interface. At the top, there are tabs for 'PI', 'Quality Measures', and 'Improvement Activities'. Below the tabs, there is a section for 'Improvement Activities Score Breakdown' with a dropdown menu for 'Previous Calculations'. A red circle with the number '2' is placed over the 'Report Range' section, which includes a 'Year' dropdown and a calendar icon, with the date range 'Jan 1, 2018 - Dec 31, 2018' displayed. To the right of this section, a summary box shows '15 Points' and 'Preliminary Contribution Towards MIPS Composite Score Measures Last Calculated - January 2, 2019 1:32:11 PM GMT'. Below the score breakdown, there is a section for 'Standard weighting and points' with a link and a disclaimer: 'Improvement Activity calculations are an estimate of your MIPS Improvement Activities score. The measurement time period and additional program / provider details may impact the score. CMS will determine the final score.' The main section is titled 'Improvement Activities' and features a search bar and a dropdown menu for 'Activities: Select a Subcategory'. A red circle with the number '1' is placed over the search bar. Below this is a table of activities with columns for Activity ID, Activity Name, Subcategory, Points, Effective Date, End Date, and PI Bonus. A red circle with the number '3' is placed over the first row of the table. The table contains the following data:

Activity ID	Activity Name	Subcategory	Points	Effective Date	End Date	PI Bonus
IA_PSPA_29	Consulting AUC ...	Patient Safe...	20	Sep 10, 2018		Yes
IA_PSPA_9	Completion of t...	Patient Safe...	10	Jul 10, 2018		
IA_PSPA_8	Use of Patient ...	Patient Safe...	10	Jan 1, 2018		
IA_PSPA_7	Use of QCDR dat...	Patient Safe...	10			

Each Improvement Activity's Effective & End dates must span at least 90 days of the calculated report range*.

MIPS Authorization Workflows

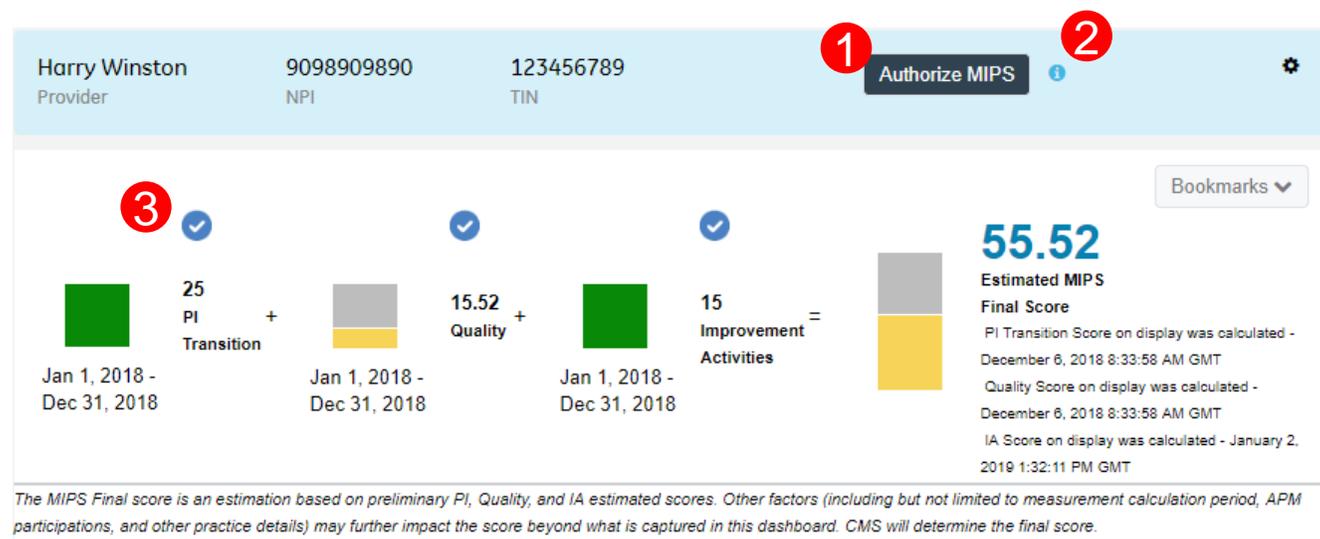


When authorization opens ...

An organization enrolled in QSS will see all of the authorization features for an individual clinician and MIPS group practice when authorization opens on **Friday January 25, 2019**

1. The 'Authorize MIPS' button will display in the banner
2. Information button provides helpful guidance
3. Blue checkmarks indicate the MIPS categories selected for authorization

Member or Clinical Admin roles required for authorization



Harry Winston
Provider

9098909890
NPI

123456789
TIN

1 Authorize MIPS **2**

3 ✓

25
PI
Transition

Jan 1, 2018 -
Dec 31, 2018

+

15.52
Quality

Jan 1, 2018 -
Dec 31, 2018

+

15
Improvement
Activities

Jan 1, 2018 -
Dec 31, 2018

=

55.52
Estimated MIPS
Final Score

PI Transition Score on display was calculated -
December 6, 2018 8:33:58 AM GMT

Quality Score on display was calculated -
December 6, 2018 8:33:58 AM GMT

IA Score on display was calculated - January 2,
2019 1:32:11 PM GMT

The MIPS Final score is an estimation based on preliminary PI, Quality, and IA estimated scores. Other factors (including but not limited to measurement calculation period, APM participations, and other practice details) may further impact the score beyond what is captured in this dashboard. CMS will determine the final score.

MIPS Authorization Warnings and Restrictions



At the point of authorization, warning or restriction messages will display to alert users of potential issues with the authorization.

1. MIPS Clinician or group practice, NPI/ TIN
2. Warnings / Restrictions
 - **Warning:** authorization is not restricted; Recommended that warnings are reviewed.
 - **Restrictions:** Errors must be corrected in order to proceed with authorization.
3. Message with directions to resolve the issue
4. Authorization button is inactive for any restriction
5. Search feature
6. List may be downloaded as a CSV file
7. Column headers may be sorted ascending or descending

The screenshot shows a web interface titled "MIPS Authorization Warnings and Restrictions". At the top left, it displays "Clinician Name : Harry Winston", "NPI :", and "TIN : 123456789". A search bar and a "Download" button are on the right. Below is a table with columns: "Provider Last", "Provider First", "Warning/Restriction", "Category", and "Message". The table contains two rows: one for a "Restriction" (NPI missing) and one for a "Warning" (various reporting requirements). At the bottom, there are "Restrictions:" and "Warnings:" sections, and "Authorize MIPS" and "Cancel" buttons.

Provider Last	Provider First	Warning/Restriction	Category	Message
Winston	Harry	Restriction	General	Authorization is restricted. Winston, Harry does not have a NPI number. Navigate to Organizational Structure screen or MIPS enrollment to add the NPI.
Winston	Harry	Warning	PI	Warning: 'Specialized Registry Reporting', 'Syndromic Surveillance Reporting', 'Security Risk Analysis', 'Immunization Registry Reporting', 'Report improvement activities using CEHRT', 'Prevention of Information Blocking Attestation', 'ONC Direct Review Attestation', 'ONC-ACB Surveillance Attestation (Optional)' will be submitted with a denominator of 0.

Carefully review all warning messages!

New Authorization Warnings & Restrictions



General updates were made to MIPS authorization warnings and restrictions for PY2018 and new authorization warnings were added to provide guidance.

- **Authorizing PI only**

To secure any expected PI bonus points derived from 'Reporting Improvement Activities Using CEHRT', make sure to submit IA through the method of your choice.

- **Date ranges for Improvement Activities must overlap 90 days with the calculated date range to earn IA points.**

The IA score may change at the point of authorization if an activity's 'Effective' and 'End' dates do not overlap at least 90 days with the date range calculated at authorization.

- **Duplicate NPI / TIN combinations**

New warning to alert users about clinicians that have the same NPI / TIN combination.

MIPS Authorization Warnings and Restrictions

Clinician Name : Harry Winston
NPI : 1386910396
TIN : 123456789

Search: [Download](#)

Provider Last	Provider First	Warning/Restriction	Category	Message
Winston	Harry	Warning	General	Authorization is restricted. Rodriguez, Michelle; Winston, Harry have the same NPI. Review and correct the clinician's NPI before proceeding with authorization.
Winston	Harry	Warning	PI	Warning: 'Specialized Registry Reporting', 'Syndromic Surveillance Reporting', 'Security Risk Analysis', 'Immunization Registry Reporting', 'Report improvement activities using CEHRT', 'Prevention of Information Blocking Attestation', 'ONC Direct Review Attestation', 'ONC-ACB Surveillance Attestation (Optional)' will be submitted with a denominator of 0.

Restrictions: Authorization cannot be completed until errors are corrected.
Warnings: Authorization is not restricted.

[Authorize MIPS](#) [Cancel](#)

MIPS Estimated Scores Display during Authorization



The estimated category scores and final MIPS scores are now included for clinicians and MIPS groups during the final step of the authorization workflow.

MIPS Authorization X

E2EMeasure Workflow 1346336801 134667878
Clinician Name NPI TIN

Authorization is final. The following selections have been made and will be submitted to CMS.

Performance Categories	Estimated Scores	Reporting Range
PI	25	Jan 1, 2018 - Dec 31, 2018
Quality	17.5	Jan 1, 2018 - Dec 31, 2018
IA	7.5	Jan 1, 2018 - Dec 31, 2018
Estimated Total	50	

Please confirm performance categories, date ranges, and measure selections before authorization. Select 'Authorize MIPS' to proceed or 'Cancel' to return to the dashboard without authorizing the MIPS clinician or group practice.

All Quality measures displayed in the dashboard will be submitted to CMS for the MIPS clinician or group practice. To reconfigure your Quality measure selection, navigate to 'Measurement Settings' and recalculate the MIPS clinician or group practice.

Verify category scores and report ranges before authorizing

Authorization Workflow: Individuals and Groups



1. Confirm the measures and results you want to submit to CMS for each performance category, then select the 'Authorize MIPS' button.



2. Warning and Restriction messages may display. Restrictions messages must be addressed to proceed.

MIPS Authorization Warnings and Restrictions

Clinician Name : Harry Winston
NPI : 1366910396
TIN : 123456789

Provider Last	Provider First	Warning/Restriction	Category	Message
Winston	Harry	Warning	General	Authorization is restricted. Rodriguez, Michelle, Winston, Harry have the same NPI. Review and correct the clinician's NPI before proceeding with authorization.
Winston	Harry	Warning	PI	Warning 'Specialized Registry Reporting', 'Syndromic Surveillance Reporting', 'Security Risk Analysis', 'Immunization Registry Reporting', 'Report improvement activities using CEHRT', 'Prevention of Information Blocking Attestation', 'ONC Direct Review Attestation', 'ONC-ACB Surveillance Attestation (Optional)' will be submitted with a denominator of 0.

Restrictions: Authorization cannot be completed until errors are corrected.
Warnings: Authorization is not restricted.

Authorize MIPS Cancel

3. If there are warnings, but no restrictions, a confirmation message that you have reviewed all of the warnings will display. Check the box and select the 'Authorize MIPS' button.

Select cancel to return to the MIPS dashboard without authorizing the clinician or MIPS group.

If there are no warnings, this message will not display.

I confirm that I have read the warnings and understand the impact on my submission. I agree to proceed with authorization.

Authorize MIPS Cancel

Authorization Workflow: Individuals and Groups



3. Next, a confirmation message displays the performance categories, scores and date ranges. Verify the submission information, then select 'Authorize MIPS' to proceed.

Select cancel to return to the MIPS dashboard without authorizing the clinician or MIPS group.

MIPS Authorization

E2EMeasure Workflow 1346336801 134667878
Clinician Name NPI TIN

Authorization is final. The following selections have been made and will be submitted to CMS.

Performance Categories	Estimated Scores	Reporting Range
PI	25	Jan 1, 2018 - Dec 31, 2018
Quality	17.5	Jan 1, 2018 - Dec 31, 2018
IA	7.5	Jan 1, 2018 - Dec 31, 2018
Estimated Total	50	

Please confirm performance categories, date ranges, and measure selections before authorization. Select 'Authorize MIPS' to proceed or 'Cancel' to return to the dashboard without authorizing the MIPS clinician or group practice.

All Quality measures displayed in the dashboard will be submitted to CMS for the MIPS clinician or group practice. To reconfigure your Quality measure selection, navigate to 'Measurement Settings' and recalculate the MIPS clinician or group practice.

Authorize MIPS **Cancel**

4. A message confirming the authorization was completed displays. Select 'Close'.

Leslie Smith 1346633333 989898989
Clinician Name NPI TIN

MIPS authorization was completed. The following selections were made and will be submitted to CMS.

Quality	Jan 1, 2017 - Dec 31, 2018
IA	Jan 1, 2017 - Dec 31, 2018

A bookmark of the authorized data was created and confirmation of submission will be provided after the data has been submitted.

Close

5. A green checkmark appears over the selected performance categories authorized and 'Authorization Completed' with a date stamp displays below the button.

Harry Winston 1467417105 123456789
Provider NPI TIN

Authorize MIPS **Authorization Completed January 7, 2019**

Bookmarks

0 PI Transition Jan 1, 2018 - Dec 31, 2018	+	15.52 Quality Jan 1, 2018 - Dec 31, 2018	+	15 Improvement Activities Jan 1, 2018 - Dec 31, 2018	=	30.52 Estimated MIPS Final Score
---	---	--	---	---	---	---

PI Transition Score on display was calculated - January 7, 2019 1:33:52 AM GMT
Quality Score on display was calculated - January 7, 2019 1:33:52 AM GMT
IA Score on display was calculated - January 2, 2019 1:32:11 PM GMT

The MIPS Final score is an estimation based on preliminary PI, Quality, and IA estimated scores. Other factors (including but not limited to measurement calculation period, APM participations, and other practice details) may further impact the score beyond what is captured in this dashboard. CMS will determine the final score.

Post Authorization



Post Authorization Changes



Dashboard

1. Authorization button is inactive
2. Authorization Completed w/ date stamp
3. Green checkmark  indicates a performance category was authorized

Provider List

4. MIPS clinician and practice displays authorization status with date stamp

All authorization features in the dashboard will expire after the MIPS reporting period ends on April 1, 2019

MIPS System Bookmarks



- A system generated bookmark is automatically created for each MIPS clinician and group practice that is authorized.
- Includes drill down to patient level data and available for potential CMS audits
- System created bookmarks cannot be edited or deleted.
- System created bookmarks end with (QSS) so they are easily distinguished from manually created bookmarks.

Harry Winston
Provider
9098909890
NPI
123456789
TIN
Authorize MIPS

Bookmarks

55.52

25 PI Transition + 15.52 Quality + 15 Improvement Activities =

Jan 1, 2018 - Dec 31, 2018

Bookmarks

Create Bookmark

View Bookmark

2018 MIPS (QSS)
Total score: 55.52

The MIPS Final score is an estimation based on preliminary PI, Quality, and IA estimated scores. Other factors (including but not limited to measurement calculation period, APM participations, and other practice details) may further impact the score beyond what is captured in this dashboard. CMS will determine the final score.



Only the performance category authorized is visible in the system bookmark view.

Dayakar Kondoju
Provider
1346633333
NPI
989898989
TIN
Authorize MIPS

Authorization Completed January 15, 2019

Bookmark Name: 2018 MIPS (QSS) Exit Bookmark

Bookmarks

45.00

Estimated MIPS Final Score

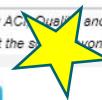
0 ACI + 30 Quality + 15 Improvement Activities =

Jan 1, 2018 - Dec 31, 2018

ACI Score on display was calculated - NA
Quality Score on display was calculated - January 4, 2019 11:07:48 AM GMT
IA Score on display was calculated - January 4, 2019 11:07:44 AM GMT

The MIPS Final score is an estimation based on preliminary ACI, Quality, and IA estimated scores. Other factors (including but not limited to measurement calculation period, APM participations, and other practice details) may further impact the score beyond what is captured in this dashboard. CMS will determine the final score.

Quality Measures Improvement Activities



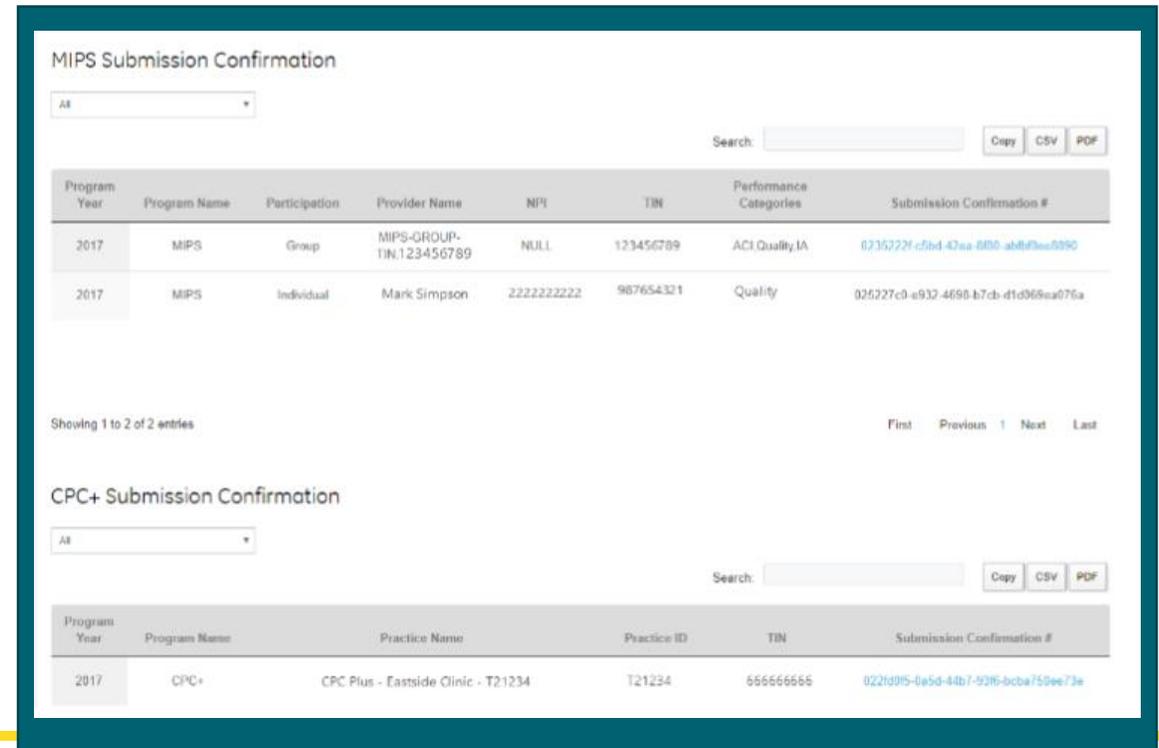
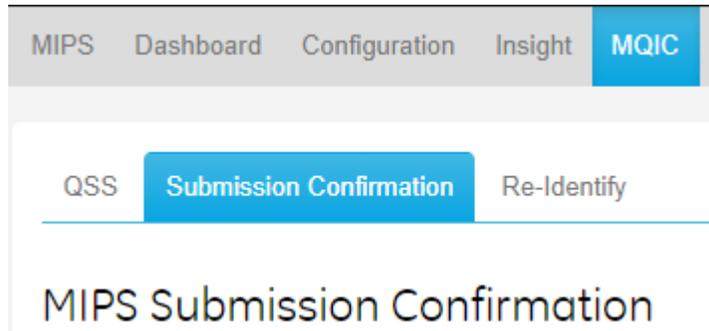
QSS Submission Confirmation



The MIPS Submission Confirmation feature provides key submission information in a single convenient location in the MQIC tab for those QSS participants whose data is submitted to CMS by Virence.

This feature replaces the submission confirmation email. Virence submission of MIPS data simplifies your work with the automated submission confirmation and bookmark features, making it easy to access historical program data for record-keeping and auditing purposes.

Select MQIC > Submission Confirmation tab



Members are strongly urged to review this information prior to the submission deadline and should contact support or VAR if there are concerns.

Closing Reminders



QSS Order & Invoice



MIPS Options for Individual Clinicians & Groups

- PI Only (Improvement Activity optional)
- Quality Only (Improvement Activity optional)
- PI & Quality (Improvement Activity optional)

Virence Direct customers

- Refer to your QSS order for pricing
- Confirm that the QSS order for MIPS was signed and returned. If you are unsure, contact the sales team at Inside.Sales@med.ge.com
- A hold will be placed on your organization's ability to authorize pending return of the QSS order for MIPS.

Final Invoice

- Individual: Based on the clinicians authorized
- MIPS Group:
 - Fees assessed for the build, configuration, on-demand calculation and submission of the MIPS group
 - Charges are incurred when the MIPS Group is created, regardless of submission by Virence
 - Fees are based on the clinician count **ten days after** the MIPS group is created. This gives members time to configure the group practice with the correct clinicians before the clinician count is calculated for billing.
- Sent Q2 2019

VAR customers

- Contact your VAR for pricing and billing process

Managing Authorization

- Return the QSS order
- Complete all pre-work prior to authorization
- Validate all clinician information before authorization including:
 - Clinician NPI & TIN
 - Group TIN and clinicians included in the MIPS group practice
- Validate the date range for each performance category
- Review measure selection & results
- Be mindful of program timelines
- Remember authorization is final
- Verify that all clinicians and MIPS groups have been authorized using these indicators:
 - Green checkmarks over performance categories authorized in the MIPS tab
 - Authorized text with date stamp in the 'Provider List'
 - Submission confirmation



Authorization: January 25th – March 15th, 2019

Quality Reporting Resources



Clinical Quality Reporting



CQR User Manual

- Information for navigating CQR

Quality Reporting Guide

- Guidance for the measures

Quality Reporting Community

- Central hub for quality reporting
- Documentation
- Webinars

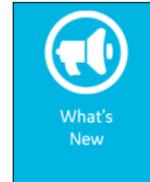
Community Chatter Groups

- Announcements
- Q&A posts

CQR Login Screen announcements

Clinical Support Teams

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



What's New



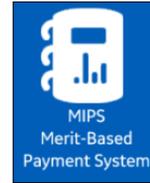
CQR
Clinical Quality Reporting



QSS - Quality Submission Services



HELP
Support & Value Added Services



MIPS
Merit-Based Payment System



CPC+
Comprehensive Primary Care Plus



PCMH
Patient Centered Medical Home



MU
Medicaid Meaningful Use

Upcoming Events!
Winter Webinar Series
Includes Two Regulatory Updates
Part 1: Dec 18
Part 2: Dec 20
Community Chatter Groups
Quality Reporting Group
VBC Cloud Operations
Manuals
CQR Release Notes (1.6.6.1)
CQR User Manual (Nov)
Quality Reporting Guide (Nov)
PDF / CHM
Monitoring Data Flow
(Video / Doc)

Clinical Quality Reporting

Announcement (December 12)

- Re-processing of data is complete for measures: CMS164, 135, 144, 145, and 347
- Auto-calculations did not occur this past weekend. They are expected again this weekend (by December 17th).

CQR v1.6.6.1 Released (December 5)

- Medication allergy Rxnorm change impacting CMS135, 144, 145, and 347
- Provider NPI update fix
- Refer to release notes for details

CQR v1.6.6 Released (November 28)

- Refresh browser cache to ensure all changes take effect
- CMS122 and CMS165 2019 versions now available
- CMS166 v7.1 now available for Medicaid customers
- CMS164: CCDAs from 2018 were reprocessed to include additional quality codes
- 10 fixes included

Sign In

lorne.eades1

.....

Sign In

I forgot my [password](#)

- Or -

Single Sign On

Secure sign on for VBC Analytics users

[Create a New Account](#)

Quality Reporting on the Customer Portal



https://digital.gehealthcare.com

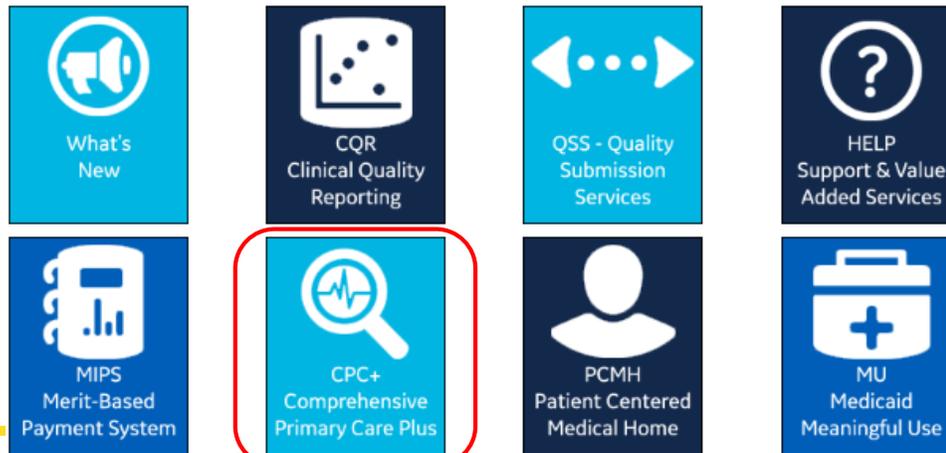


Centricity Practice Solution > All Resources & Products > CPS Quality Reporting | Home

If you want to receive Quality Reporting updates, please join the Quality Reporting Community Chatter Group. You can join by going to AVAILABLE COMMUNITIES on the Community Product Page and using the JOIN button(s).

What's New In December
CQR: 1.6.6.1 Release Notes
CMS communication: Final 2018 MIPS Eligibility Status, new QPP resources, and Physician Compare Preview

What's New In November
CQR: 1.6.6 Release Notes, Preview Recording & Slides, User Manual, and Quality Reporting Guide
CMS QPP Year Three (2019) Final Rule Overview Webinar on Nov 15, 2108
CMS Year 3 (2019) QPP Final Rule was published on Nov 1, 2018: Communication
2019 Promoting Interoperability - Summary of Measure Changes



Milestones!

Upcoming Events!
Winter Webinar Series
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Subscribe to Community Chatter Groups



Resources

- Documentation
- Contact Us
- Education & Webinars
- Connect with Sales
- Product Downloads
- Upgrade Resources
- Quality Reporting
- CHUG User Group
- All Resources & Products

1 - 9 of 9 Results

MY COMMUNITIES

AVAILABLE COMMUNITIES

NAME	LAST POST	MEMBERS	ACTION
Centricity Customer Communications	2018-04-05	173	UNJOIN
Centricity Practice Solution	2018-03-19	174	UNJOIN
CPS Product Downloads	2018-04-02	146	UNJOIN
eRX Network Status	2018-04-05	140	JOIN
Quality Reporting Group	2018-04-02	165	JOIN
VBC Cloud Operations	2018-03-19	87	JOIN

Community Chatter Groups:

Quality Reporting Group for quality reporting updates. Allows for customer questions.

VBC Cloud Operations for CQR status, i.e. new release and maintenance down time. Meant for push only communication.

Quality Reporting Group

WEEKLY DIGEST

EVERY POST

DAILY DIGEST

WEEKLY DIGEST

LIMITED

Recent Content

New 2018 ACI Software Requirement Documentat

Mar 30, 2018, Group: [Quality Reporting Group](#)

Quality Payment Program (QPP) Support



Support: 866-288-8292

QPP Website: [QPP Website](#)

The screenshot shows the Quality Payment Program website. At the top left, it says "Quality Payment PROGRAM". On the right, there are navigation links for "MIPS" (Medicare-based Incentive Payment System), "APMs" (Alternative Payment Models), and "About" (The Quality Payment Program). The main content area features a photograph of an elderly woman and a doctor smiling at each other. Text overlaying the photo reads: "Modernizing Medicare to provide better care and smarter spending for a healthier America." To the right of the photo is a teal sidebar with the heading "Check your participation status" and a form to "Enter your National Provider Identifier (NPI) number". The form includes an input field for the NPI number and a "Check NPI" button. Below the photo, the section "What's the Quality Payment Program?" is followed by a paragraph explaining that the program improves Medicare by focusing on care quality and making patients healthier. A final paragraph details the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), noting that it ended the Sustainable Growth Rate formula and that participating in Medicare Part B offers resources to provide better care to vulnerable Americans.

Thank You!

