



# **virence** MIPS Authorization: PY2018

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[virencehealth.com](http://virencehealth.com)

# MIPS Authorization: PY2018

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# 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

Authorization Workflows

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

A screenshot of the GE Clinical Quality Reporting web application. The top navigation bar is dark grey with the GE logo and the text "Clinical Quality Reporting" and "You have 1 active session". Below this is a light grey navigation bar with tabs: "MIPS", "Dashboard", "Configuration", "Insight", "MQIC" (highlighted in blue), and "Business Intelligence". Under the "MQIC" tab, there are three sub-tabs: "QSS" (highlighted in blue), "Submission Confirmation", and "Re-Identify". The main content area shows the "Quality Submission Services" section. It includes a "Select Program" dropdown menu with "2018 MIPS" selected. To the right of the dropdown is a blue "Edit" button and the text "Status: Enrolled". The MQIC# 3445 is displayed in the top right corner of the content area.

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

# Preparing for MIPS Authorization





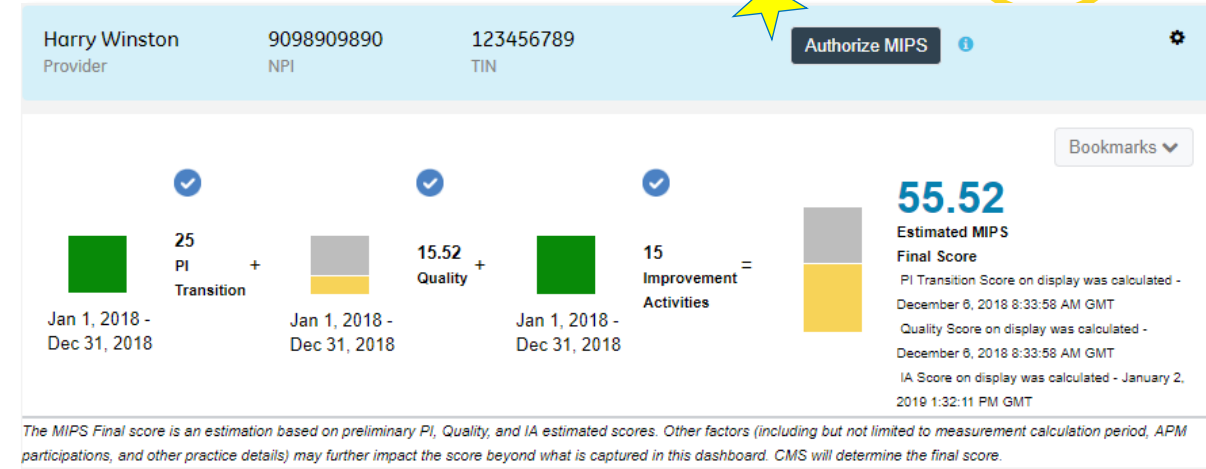
# What is Authorization?



- 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 25<sup>th</sup> – 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*
<input type="checkbox"/>	1775474283000650	Winston, Harry	9098909890	123456789	hkeadeo@aboglobal.net	Completed	2019-01-02	Pl. Quality, IA

Show 10 entries

Showing 1 to 1

▼ MIPS Group Enrollment

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

Add MIPS Group Bulk Update Group Performance Category

	Tax ID (TIN)*	Locations of Care(LOC)	MIPS Performance Categories*	Clinicians Count	Edit	Delete	Active	Inactive
<input type="checkbox"/>	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

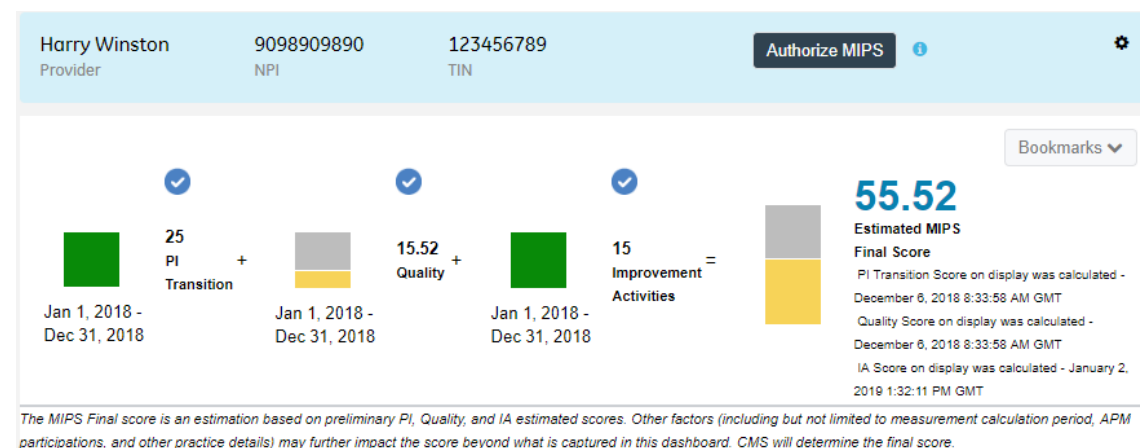
Quality report range calculated is January 1 – December 31, 2018

PI is calculated for a minimum of 90 days\*. **October 3<sup>rd</sup> 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.

PI

Quality Measures

Improvement Activities

PI Transition

PI

PI Score Breakdown

Previous Calculations

Report Range

Year

Jan 1, 2018 - Dec 31, 2018

50  
PI Base  
Score

+ 7  
PI Performance  
Score

+ 10  
PI Bonus  
Score

= 67  
Preliminary PI  
(Max of 100)

16.75  
Points

Preliminary Contribution Towards  
MIPS Composite Score  
Measures Last Calculated - January 1, 2019 2:04:04  
PM GMT

Bonus Measures

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

Improvement Activities

Activities: Select a Subcategory

Search:

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			

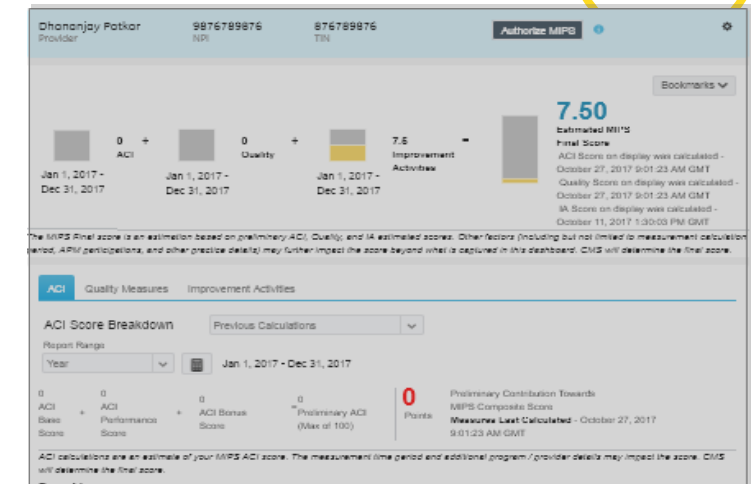


# PI: Prevention of Information Blocking Attestation



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 <span>2</span>	<span>3</span> Yes	✓
ONC Direct Review Attestation <span>i</span>	Yes	✓
ONC-ACB Surveillance Attestation (Optional) <span>i</span>	Yes	✓

Secure Messaging ⓘ	NA	NA	NA	0%	0
Medication Reconciliation ⓘ	NA	NA	NA	0%	0
Immunization Registry Reporting ⓘ	NA	NA	NA	No	0
* Weighted measure. Contributes 2x Points towards ACI score					
Bonus Measures					
Measure Name	Performance			Points	
Additional Public Health Reporting	No			0	
- Specialized Registry Reporting ⓘ	No				
- Syndromic Surveillance Reporting ⓘ	No				
Report Improvement activities using CEHRT ⓘ	No			0	
Submission Measures					
Attestation Statement	Response				
Prevention of Information Blocking Attestation ⓘ	Yes			✓	
ONC Direct Review Attestation ⓘ	Yes			✓	
ONC-ACB Surveillance Attestation (Optional) ⓘ	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.

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

The screenshot shows the 'Quality Measures' section of a dashboard. At the top, there's a 'Quality Score Breakdown' section with a dropdown for 'Previous Calculations' and a 'Report Range' of 'Jan 1, 2018 - Dec 31, 2018'. Below this, a calculation is shown: 15 Points Earned + 1 Measure Bonus + 6 CEHRT Bonus = 22 Total Points / 60 Total Possible = 36.67% Preliminary Quality Score (Max of 100%) X 50 Quality Category Weight = 18.33 Points. A note indicates this is a 'Preliminary Contribution Towards MIPS Composite Score' and 'Measures Last Calculated - December 31, 2018 12:36:01 PM GMT'. Below the calculation, a table titled 'Clinical Quality Measures' is shown with columns: Sel, CMS #, Measure Name, Type, Score%, Points, Benchmark, and Decile. A red circle with the number '1' is next to the first row of the table.

Sel	CMS #	Measure Name	Type	Score%	Points	Benchmark	Decile
<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

The screenshot shows the 'Measurement Settings' configuration page. A modal titled 'Select Clinical Quality Measures' is open, showing a list of measures for 'Armstrong, Taylor'. The modal has a search bar and a list of measures with checkboxes. A red circle with the number '2' is next to the modal title.

#	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

# 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 web application. At the top, there are tabs for 'PI', 'Quality Measures', and 'Improvement Activities'. Below the tabs, there's a section for 'Improvement Activities Score Breakdown' with a dropdown for 'Previous Calculations'. A 'Report Range' section shows a date range from 'Jan 1, 2018 - Dec 31, 2018'. A calculation summary shows: 20 High Weight Activity Score + 20 Medium Weight Activity Score + 0 Additional Program Participation Score = 40 Preliminary Improvement Activities Score (Max of 40). To the right, it says '15 Points Preliminary Contribution Towards MIPS Composite Score Measures Last Calculated - January 2, 2019 1:32:11 PM GMT'. Below this is a link for 'Standard weighting and points' and a disclaimer. The main section is titled 'Improvement Activities' and contains a search bar and a table. Callout 1 points to the search bar. Callout 2 points to the 'Calculate' button (a calculator icon). Callout 3 points to the table of activities.

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

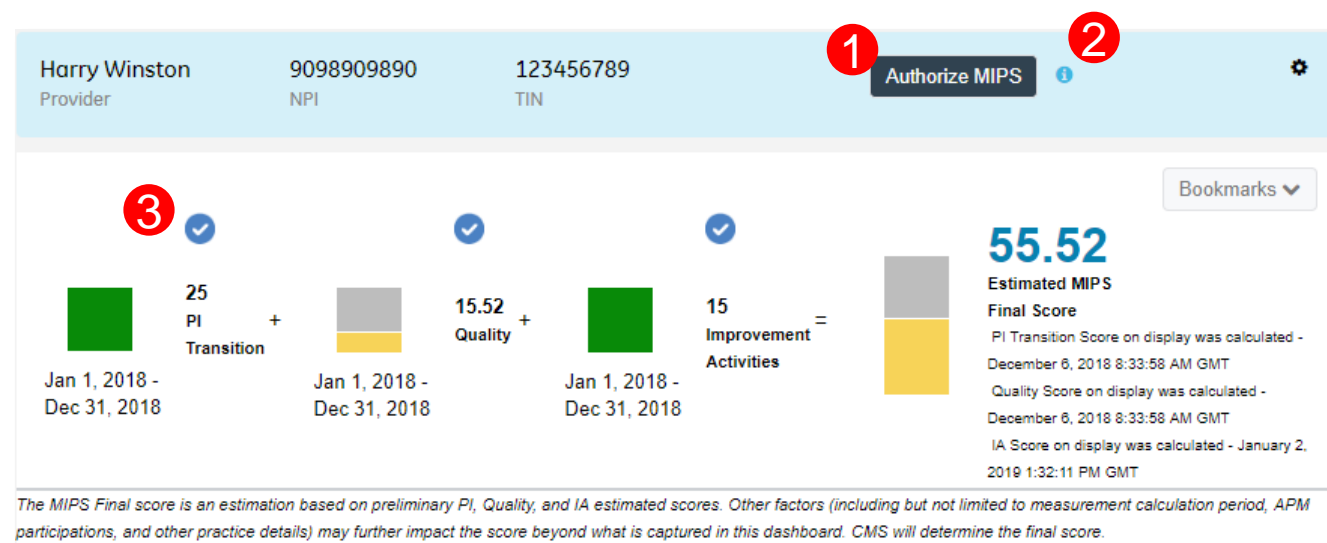




# When authorization opens ...

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

# 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 application window titled "MIPS Authorization Warnings and Restrictions". It contains a header section with clinician information, a table of warnings and restrictions, and a footer with summary and action buttons. Numbered callouts (1-7) highlight specific features: 1 points to the title bar, 2 to the table header, 3 to the table body, 4 to the "Authorize MIPS" button, 5 to the search input, 6 to the "Download" button, and 7 to the "Provider Last" column header.

**1** MIPS Authorization Warnings and Restrictions

Clinician Name : Harry Winston  
NPI :  
TIN : 123456789

**2** **3** **5** Search:  **6** Download

<b>7</b> 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.

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

**4** Authorize MIPS Cancel

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: <input type="text"/> <span>Download</span>				
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.				
<span>Authorize MIPS</span> <span>Cancel</span>				

# 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

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

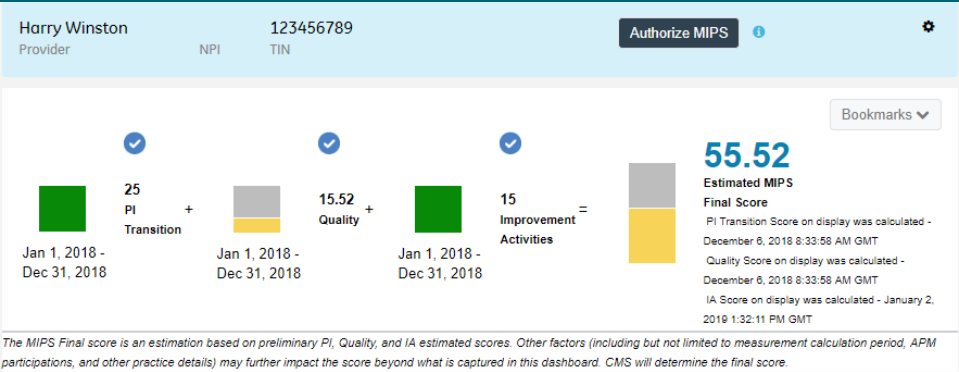
Cancel

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

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

- 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 MIPSCancel

# 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 Workflow1346336801134667878  
Clinician NameNPI 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 MIPSCancel

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

Leslie Smith1346633333989898989  
Clinician NameNPI 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 Winston1467417105123456789  
ProviderNPI TIN

Authorize MIPS

Authorization Completed January 7, 2019

Bookmarks

0PI TransitionJan 1, 2018 - Dec 31, 2018

15.52QualityJan 1, 2018 - Dec 31, 2018

15Improvement ActivitiesJan 1, 2018 - Dec 31, 2018

30.52Estimated 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**

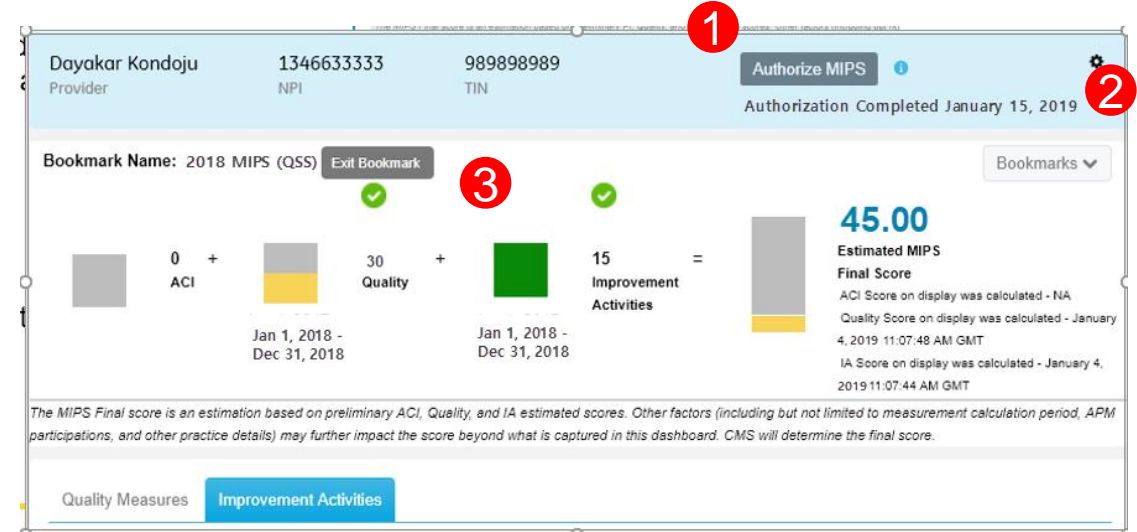


# Post Authorization Changes



## 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

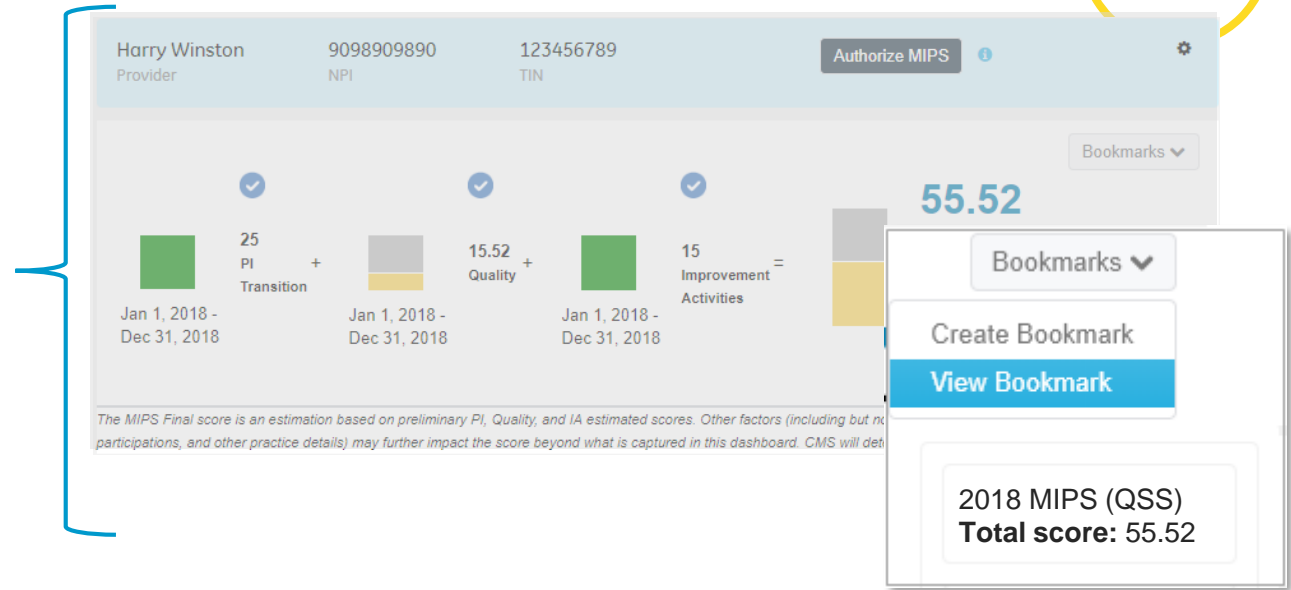
A screenshot of a 'Clinician List' interface. It shows a table of clinicians with their names and authorization status. A red circle '4' highlights the authorization status and date stamp for 'Clark, John - Authorized 15-Jan-2019'. The table also includes a 'MIPS Group' column and buttons for 'Update Selected Clinicians', 'Remove Selection', 'Include Clinician', and 'Exclude Clinician'. The table lists the following clinicians: Millennium Health System - MHS, Clark, John - Authorized 15-Jan-2019, Star, Tony - Authorized 15-Jan-2019, and Workflows, MeasuresUpgrade - Authorized 15-Jan-2019.

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

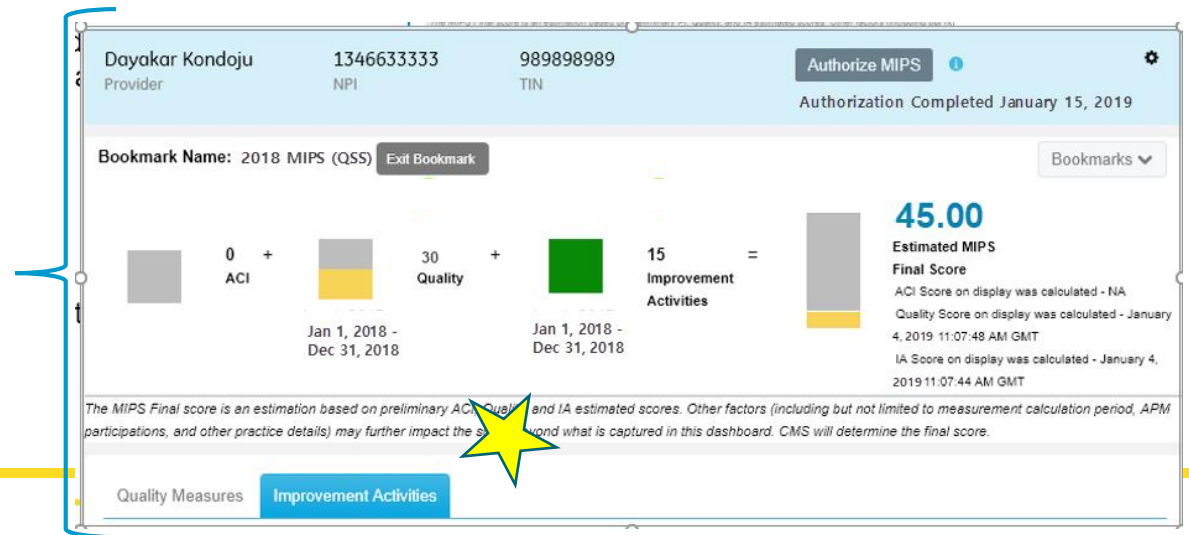


# MIPS System Bookmarks

- 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.



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



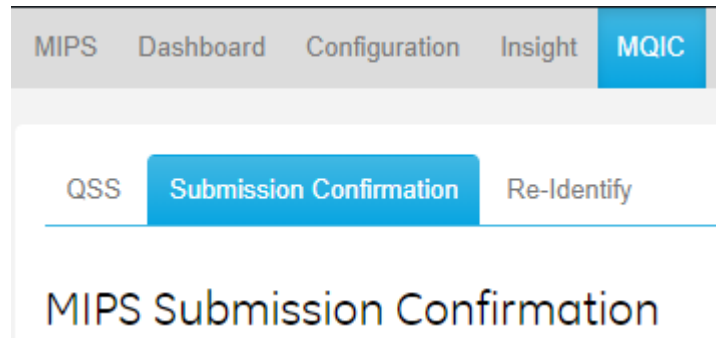
# QSS Submission Confirmation



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.

MIPS Submission Confirmation

Search:  [Copy](#) [CSV](#) [PDF](#)

Program Year	Program Name	Participation	Provider Name	NPI	TIN	Performance Categories	Submission Confirmation #
2017	MIPS	Group	MIPS-GROUP-TIN.123456789	NULL	123456789	ACI Quality IA	0235222f-c5bd-42ea-8006-ab8f3ec0890
2017	MIPS	Individual	Mark Simpson	222222222	987654321	Quality	025227c0-e932-4698-b7cb-d1d966ea076a

Showing 1 to 2 of 2 entries

[First](#) [Previous](#) [1](#) [Next](#) [Last](#)

CPC+ Submission Confirmation

Search:  [Copy](#) [CSV](#) [PDF](#)

Program Year	Program Name	Practice Name	Practice ID	TIN	Submission Confirmation #
2017	CPC+	CPC Plus - Eastside Clinic - T21234	T21234	666666666	0221d0f5-0a5d-44b7-92f6-bc6a750ee73e

# 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](mailto: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 25<sup>th</sup> – March 15<sup>th</sup>, 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

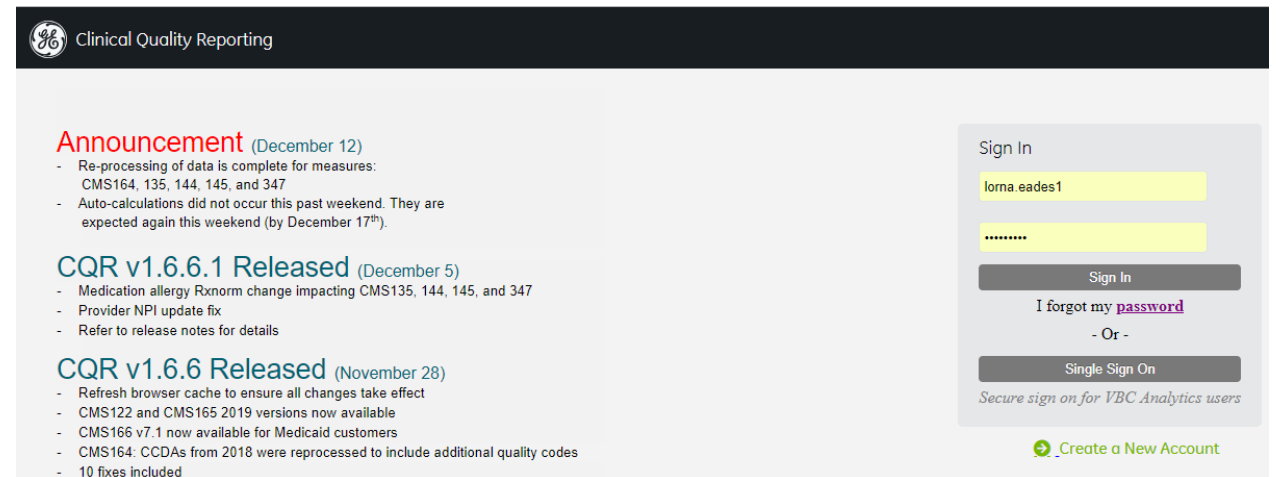
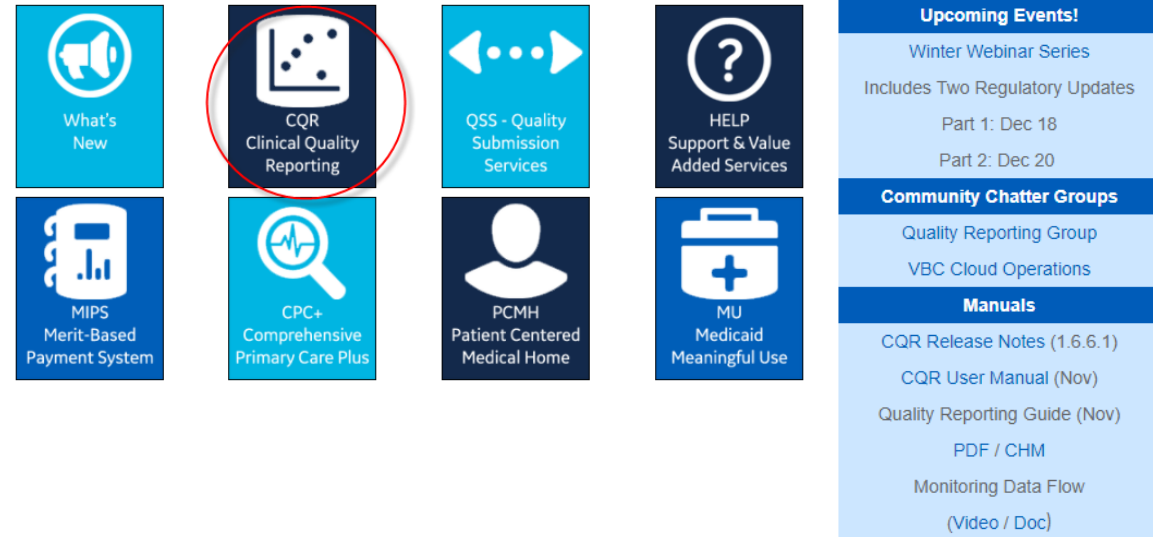
## Community Chatter Groups

- Announcements
- Q&A posts

## CQR Login Screen announcements

## Clinical Support Teams

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



# Quality Reporting on the Customer Portal



<https://digital.gehealthcare.com>



## CPS Quality Reporting

A central hub for all quality reporting programs supported by GE.

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

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

**Milestones!**

**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

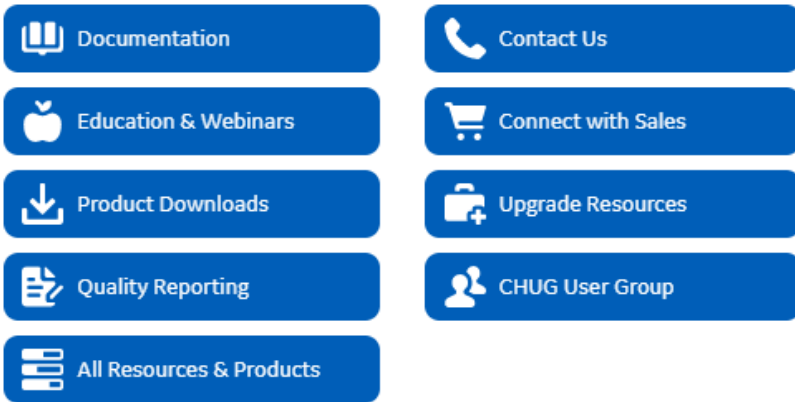
**Manuals**  
[CQR Release Notes \(1.6.6.1\)](#)  
[CQR User Manual \(Nov\)](#)  
[Quality Reporting Guide \(Nov\)](#)  
[PDF / CHM](#)  
[Monitoring Data Flow \(Video / Doc\)](#)



# Subscribe to Community Chatter Groups



## Resources



1 - 9 of 9 Results

## MY COMMUNITIES

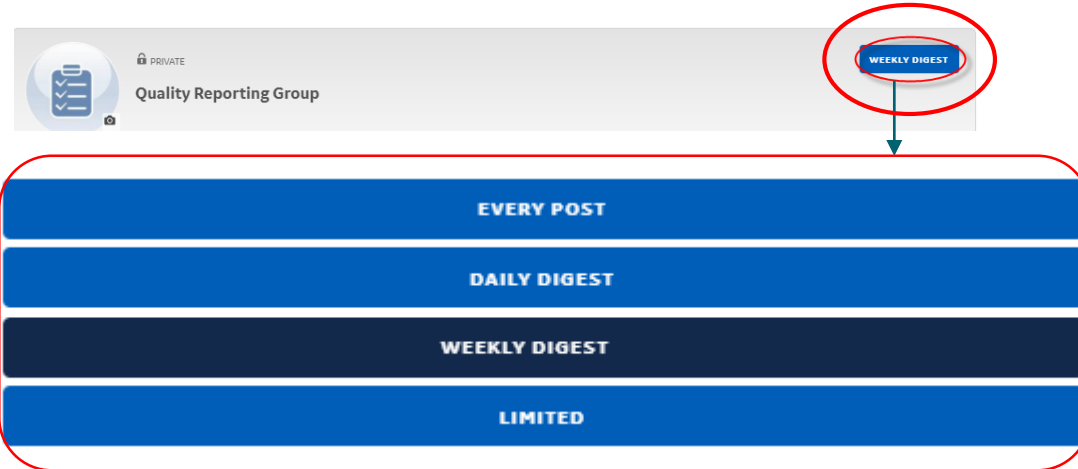
### AVAILABLE COMMUNITIES

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

## 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.



## 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](#)

A screenshot of the Quality Payment Program website. The header includes the "Quality Payment PROGRAM" logo on the left and navigation links for "MIPS", "APMs", and "About" on the right. The main content area features a large image of an elderly woman and a doctor smiling at each other. Overlaid on this image is the text: "Modernizing Medicare to provide better care and smarter spending for a healthier America." To the right of the image is a teal sidebar with the heading "Check your participation status" and a form to "Enter your National Provider Identifier (NPI) number" with a "Check NPI" button. Below the image, the section "What's the Quality Payment Program?" is followed by a paragraph explaining the program's purpose and a detailed paragraph about the MACRA Act and its impact on Medicare payment cliffs.

Quality Payment PROGRAM

MIPS  
Merit-based Incentive  
Payment System

APMs  
Alternative Payment  
Models

About  
The Quality  
Payment Program

Modernizing Medicare to provide better care and smarter spending for a healthier America.

Check your participation status

Enter your National Provider Identifier (NPI) number

NPI Number  Check NPI

### What's the Quality Payment Program?

The Quality Payment Program improves Medicare by helping you focus on care quality and the one thing that matters most – making patients healthier.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate formula, which threatened clinicians participating in Medicare with potential payment cliffs for 13 years. If you participate in Medicare Part B, you are part of the dedicated team of clinicians who serve more than 55 million of the country's most vulnerable Americans, and the Quality Payment Program will provide new tools and resources to help you give your patients the best possible care. You can choose how you want to participate based on your practice size, specialty, location, or patient population.

**Thank You!**

