

**Centricity™ Clinical Quality Reporting v1.6x**

# **Clinical Quality Reporting User Manual**

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## **Company Address**

VVC Holding Corp.  
311 Arsenal Street  
Watertown, MA 02472

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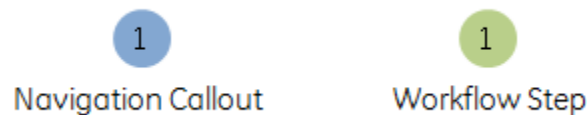
# Introduction

The purpose of this manual is to help you navigate and understand the features and functionality provided by the Centricity Clinical Quality Reporting (CQR) portal. CQR is the cloud-based reporting solution for the Objectives and Clinical Quality Measures.

The target audience for this manual is any user of CQR. The manual is broken down by work area, with a focus on first identifying the layout of the work area, and then explaining the common user workflows that are contained therein.

## Navigating the manual

In order to more easily navigate through this manual, use the Bookmark function to jump to the specific section or workflow in which you are interested.



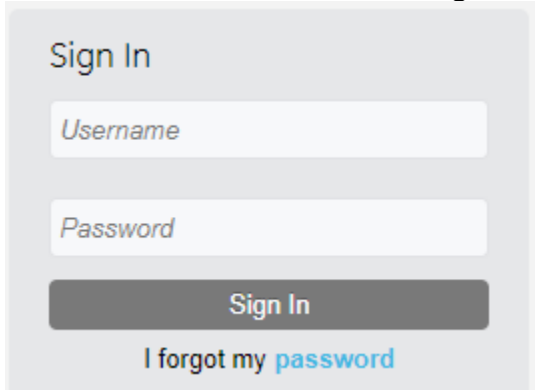
As you proceed through the manual, images describing CQR's layout will contain blue Navigation Callout dots where appropriate. Conversely, images that are intended to help orient you during a given workflow will sometimes have green Workflow Step dots. Note that not all workflow steps will have an accompanying image.

For more information on specific Quality or Objective measures, please refer to the *Quality Reporting Guide*, which can be downloaded from the Customer Portal: <https://centricity.athenahealth.com>. Choose Community, then Quality Reporting resource button.

For more information about the Quality Submission Services (QSS) program, please refer to the QSS page from the Customer Portal.

## Signing in to CQR

After you are registered as a CQR user, you can sign in to CQR by entering your Username and Password. Click **Sign In** to continue to CQR.

A screenshot of the CQR Sign In interface. It features a light gray background with the text "Sign In" at the top. Below this are two white input fields: the first is labeled "Username" and the second is labeled "Password". Under the password field is a dark gray button with the text "Sign In" in white. At the bottom of the form is a blue link that says "I forgot my password".

## Alternate sign in to CQR for VBC Analytics users

CQR allows VBC Analytics users who are also Active Directory customers to sign in to CQR using Single Sign On (SSO) functionality.

### Organization-level Prerequisites

Currently, certain member level prerequisites must be met in order to utilize SSO functionality. Member organizations must:

- Be an active VBC Analytics member with one or more domain names defined.
- Have an Active Directory that is synced/replicated to Azure.

### User-level prerequisites

Once the organization-level prerequisites are met, each user must either

- Have an Azure Active Directory synced email address that is associated with an existing CQR user.

OR

- Create a new user via the "Create A New Account" link on the CQR landing page. A new user must have an email associated with the organization's Active Directory.

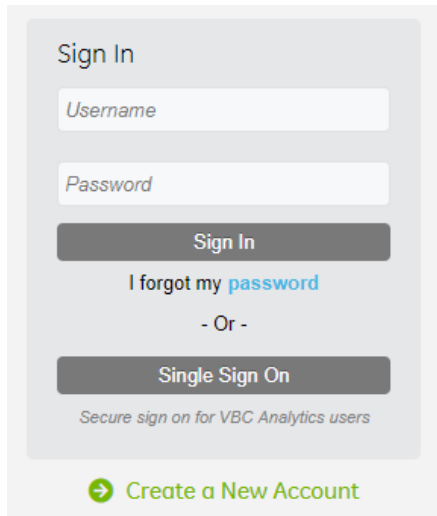
**Note:** Existing users will have the same privileges as before when they log in via SSO.

### Single Sign On for VBC Analytics users

VBC Analytics users can sign in to CQR through the **Single Sign On** button, which brings them to the AD authentication page.

**Note:** Existing CQR customers can still sign in as usual with the Username and Password fields.





Sign In

**Sign In**

[I forgot my password](#)

- Or -

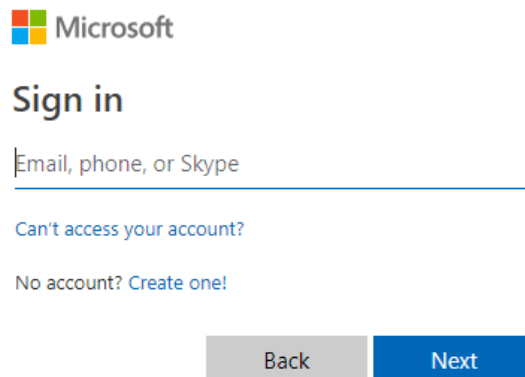
**Single Sign On**


Secure sign on for VBC Analytics users

[➔ Create a New Account](#)

- Click **Single Sign On** to login.

The Active Directory Authentication (ADA) window appears.



 Microsoft

**Sign in**

[Can't access your account?](#)

No account? [Create one!](#)

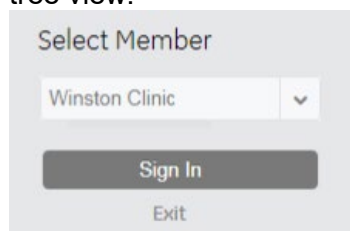
**Back** **Next**

- Enter your Sign In credential and click **Next**.

ADA customers will be taken to a generic or custom authentication screen.

After authentication:

- Users associated with a single member will be redirected back to the default CQR > MIPS tab for that member.
- Users associated with multiple members will be redirected to a new "Select Member" screen. Select a member from the dropdown list (See the following section, "Selecting a member"). Click **Sign In**. The user will be logged into the selected member's CQR > MIPS tab. The selected member name displays on the provider tree view.



Select Member

▼

**Sign In**

[Exit](#)

## **Selecting a member**

A user associated with multiple members can select from the organizations with which the authenticated email is associated (the email used when the user logs in were originally set up).

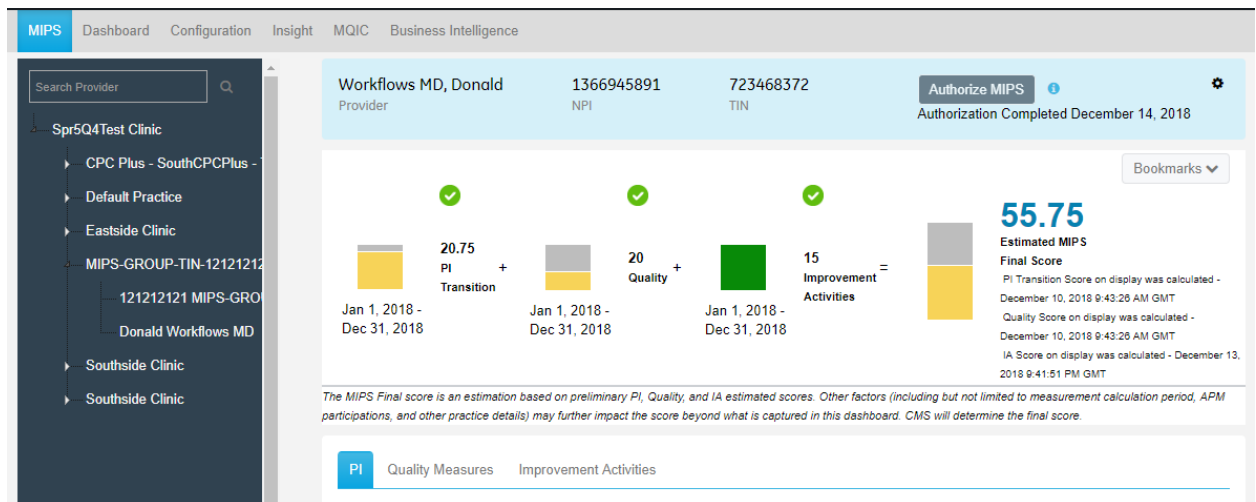
- Hovering the cursor over an organization shows the user name associated with that organization.
- If the user has multiple user names associated with the same organization, that organization appears in the list multiple times. Hovering the cursor over each shows the user name that will be used if that option is selected.

# CQR tabs: MIPS, Dashboard, Configuration, Insight, and MQIC

The Clinical Quality Reporting (CQR) portal has five main tabs. The following sections of this manual provide detailed information about each tab's layout and the common related workflows. The tabs that users can access depend on their permissions. Starting in year 2017, the **MIPS** tab was introduced for eligible clinicians who participate in the CMS Merit-based Incentive Payment System (MIPS) program. With MIPS, the Promoting Interoperability (PI) or PI Transition Objectives and Measures are used by Eligible Clinicians (EC) to earn a performance-based payment adjustment to their Medicare payment.

- **MIPS Tab** – Allows you to view the scores for eligible clinicians who participate in the MIPS program. The PI Objectives and Measures, the Clinical Quality Measures, and the Improvement Activities are shown.
- **Dashboard Tab** - Shows measure results by provider for measures chosen in the Configuration Tab for the PI Objectives or Stage 3 of the Meaningful Use Objectives, and Clinical Quality Measures. Measure results for the PI objectives and Quality measures appear on both the Dashboard tab and MIPS tab when the Calculate Now button is selected from either tab.
- **Configuration Tab** - Allows authorized users to update user settings and permissions, organizational structure, and select measures.
- **Insight Tab** - Allows you to drill down into your organization's provider and patient data in CQR, primarily to troubleshoot measure results. Other CQR status capabilities are included.
- **MQIC Tab** – Medical Quality Improvement Consortium (MQIC). Allows you to register for, and manage, your Quality Submission Services (QSS) account.

# MIPS Tab: Merit-based Incentive Payment System



The MIPS – PI tab displays the Promoting Interoperability (PI) scores for providers who participate in the MIPS program. The MIPS –Quality Measures tab displays the Clinical Quality Measures scores. The Improvement Activities tab displays Improvement Activities in which the clinicians have engaged.

## Configure PI and Quality Measures

Before accessing the MIPS tab, participants in the MIPS program must first select their stage of Program Participation to one or more programs on the Configuration > Measurement Settings tab.

- Medicaid PI – Modified Stage 2 - (Displays on the Dashboard Tab)
- Medicaid PI – Stage 3 - (Displays on the Dashboard Tab)
- MIPS PI Transition (CPS 12.0 / CEMR 9.8 or higher) - (Displays on the MIPS Tab)
- MIPS PI (CPS 12.3 / CEMR 9.12 or higher) - (Displays on the MIPS Tab)

Program Participation

2 Stages Selected

- ☐ Medicaid PI - Modified Stage 2
- ☒ Medicaid PI - Stage 3
- ☐ MIPS PI Transition (CPS 12.0 / CEMR 9.8 or higher)
- ☒ MIPS PI (CPS 12.3 / CEMR 9.12 or higher)

## Setting up the MIPS tab for a provider:

1. Log in to the CQR Web site as Member or Practice Administrator.
2. Click the **Configuration** tab.
3. Select Measurement Settings.
4. Under **Select Provider**, select an **Enterprise**, **Site**, and **Practice** where relevant, then select a **Provider**.
5. Click **Next**.

2 Provider Details

Winston, Harry

Automatically calculate measures every week. (Applicable only for Individual provider.)

☒ Current Year

Program Participation

MIPS PI (CPS 12.3 / CEMR 9.12 or higher)

☐ Medicaid PI - Modified Stage 2

☐ Medicaid PI - Stage 3

☐ MIPS PI Transition (CPS 12.0 / CEMR 9.8 or higher)

☒ MIPS PI (CPS 12.3 / CEMR 9.12 or higher)

Back

- Note.** Only "MIPS PI" measures are available in 2019.
6. Under Provider Details, from Program Participation, select **MIPS PI (CPS 12.3 / CEMR 9.12 or higher)**.
- Note.** If you also participate in the **Medicaid PI – Stage 3** program(s), select the corresponding check box(es). The configured measures' results will display on the Dashboard tab.
7. (Optional) If you want the measures to be calculated automatically for a provider, select the Current Year check box. (By default, the Current Year check box is selected.) Calculations are performed weekly, as indicated by **Automatically calculate measures every week**.
- Note.** These auto-calculations are typically available by Monday morning each week.
8. Click Next.
  9. If you also selected the **Medicaid PI – Stage 3** program, review and confirm measures to display for the program, and click **Next**.
  10. Select the applicable PI Measures.
- Note.** We advise that participants select all PI measures for inclusion in the MIPS tab.

3
Review Required Objective Measures

Winston, Harry

<input checked="" type="checkbox"/>	#	Measure
MIPS PI (CPS 12.3 / CEMR 9.12 or higher)		
<input checked="" type="checkbox"/>	PL_EP_1	e-Prescribing At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.
<input checked="" type="checkbox"/>	PL_HIE_1	Support Electronic Referral Loops By Sending Health Information For at least one transition of care or referral to a provider of care other than a MIPS eligible clinician, the MIPS eligible clinician creates a summary of care record using CEHRT, and electronically exchanges the summary of care record.
<input checked="" type="checkbox"/>	PL_HIE_4	Support Electronic Referral Loops By Receiving and Incorporating Health Information For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.
<input checked="" type="checkbox"/>	PL_PEA_1	Provide Patients Electronic Access to Their Health Information For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).

11. Click Next.

12. Continue selecting Clinical Quality Measures as applicable.

**Note.** CQMs not applicable to MIPS (even if selected in Measurement Settings) will not display on the MIPS - Quality Measures tab. Please refer to the *Quality Reporting Guide* to see the list of CQMs not applicable to MIPS.

13. Under **Confirmation & Summary**, review the measures selected/required, and click **Save** to save your settings.

## 2019 PI Objectives and Measures

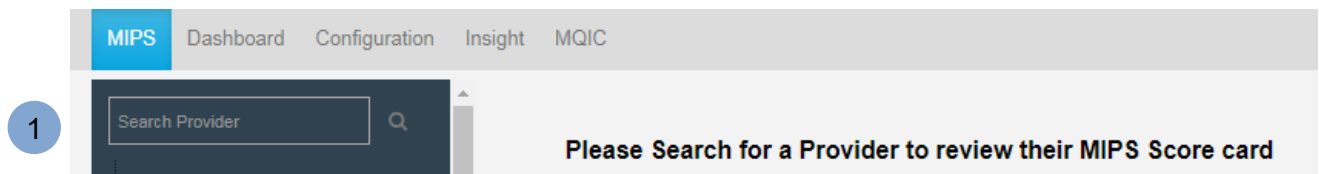
### Performance measures

- Security Risk Analysis (PI\_PPHI\_1)
- e-Prescribing (PI\_EP\_1)
- Support Electronic Referral Loops by Sending Health Information (PI\_HIE\_4)
- Support Electronic Referral Loops by Receiving and Incorporating Health Information (PI\_HIE\_1)
- Provide Patients Electronic Access to Their Health Information (PI\_PEA\_1)

### Public Health Reporting

- Immunization Registry Reporting (PI\_PHCDRR\_1)
- Syndromic Surveillance Reporting (PI\_PHCDRR\_2)
- Electronic Case Reporting (PI\_PHCDRR\_3)
- Public Health Registry Reporting (PI\_PHCDRR\_4)
- Clinical Data Registry Reporting (PI\_PHCDRR\_5)

## Provider Search and Selection



- 1 The Search pane on the left side allows you to search for a provider.

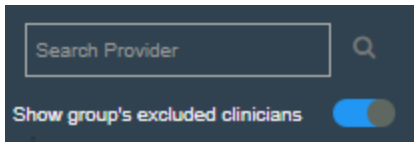
### Searching for a provider

To search for a provider, do one of the following:

- **Search Provider field** - Enter a text string for part of the provider's first or last name. Matched names display in the popup results box. Select the provider name. The provider's measure results display on the MIPS tab automatically.

**Note.** Search is not case sensitive and matches strings against first name or last name.

- **Provider tree view** - To view a list of all providers, click the triangle next to the practice name to expand the view and display the providers. Select the provider.
- **Show group's excluded clinicians** - You can show or hide the excluded clinicians in a group practice by clicking this toggle switch to "Show", as indicated with a blue toggle. (The toggle defaults to 'Hide'.) Selections made on the MIPS tab reflects consistently across all provider views of a MIPS or CPC+ group in CQR, except for the QSS Provider List on the MQIC tab.



The “Show group’s excluded clinicians”:

- Only displays if the member has created a MIPS or CPC+ group practice and the user has access to the group practice.
- Defaults to hide excluded providers in a group.
- Show / Hide selection in the MIPS tab is reflected in the Dashboard, Organizational Structure, and Measurement Settings tabs but not the MQIC tab.
- Excluded providers appear in lighter gray font than included providers when the 'show' option is selected.
- The Show / Hide toggle selection is static. The display of excluded providers depends on the user’s latest selection.
- The Show / Hide toggle button is at user level. Each user can set their own preferences.

## Selecting a provider

When you select a provider from the tree view, the MIPS tab will display results for the Jan-1 to Dec-31 measurement period of the current year. However, during the attestation period, the default will show the prior year-to-date calculation. Please note that auto-calculations typically do not change to a new reporting year until after the Q1 reporting season.

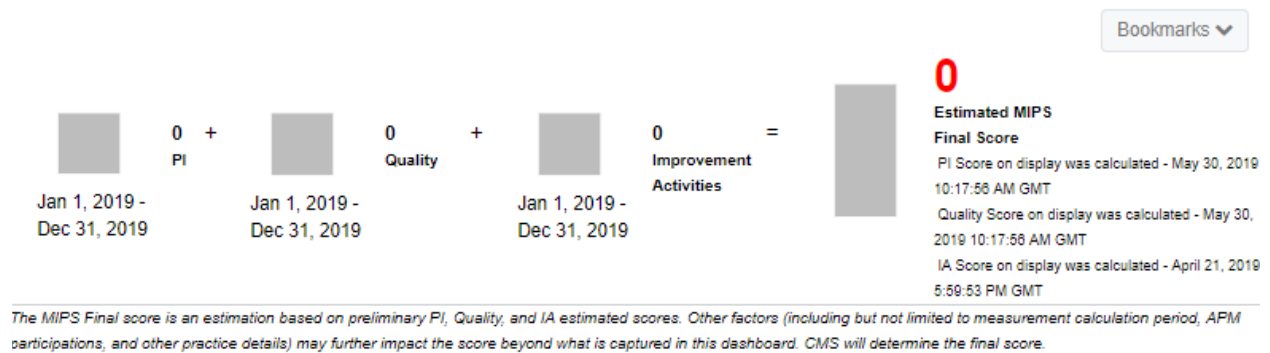
## Provider Details

Harry Winston Provider	1629234034 NPI	224498765 TIN	
---------------------------	-------------------	------------------	---

The Provider Details pane displays the Provider name, NPI, and TIN.



## MIPS Final Score pane



The MIPS Final Score pane displays the provider's estimated MIPS Final Score.

- **PI Score** – Indicates the Preliminary PI Score multiplied by a factor of 0.25 (or 25% of the total MIPS score). The bar graph displays in yellow and changes to green when 100% of possible points is achieved. The date below the graph is the Report Date Range.

Examples:

If the provider achieves the PI score = 25 points, then the graph turns green.

If the provider achieves the PI score > 0 & < 25 points, then the graph will be a combination of yellow/gray indicating the percentage level.

If the provider achieves the PI score = 0 points, then the graph will be gray.

- **Quality Score** – Indicates the Preliminary Quality Score multiplied by the Quality Category Weight (45% for the 2019 program year). The bar graph displays in yellow and changes to green when 100% of possible points is achieved. The date below the graph is the Report Date Range.

Examples:

If the provider achieves the Quality score = 45 points, then the graph turns green.

If the provider achieves the Quality score > 0 & < 45 points, then the graph will be a combination of yellow/gray indicating the percentage level.

If the provider achieves the Quality score = 0 points, then the graph will be gray.

- **Improvement Activities Score** – Indicates the Improvement Activities Score. The maximum score is 15 points.

Examples:

If the provider achieves the Improvement Activities score = 15 points, then the graph turns green.

If the provider achieves the Improvement Activities score > 0 & < 15 points, then the graph will be a combination of yellow/gray indicating the percentage level.

If the provider achieves the Improvement Activities score = 0 points, then the graph will be gray.

- **Estimated MIPS Final Score** – Indicates the combined sum of the PI, Quality, and IA scores.

Examples:

If the provider achieves the Final score = 100 points (max score), then the graph will be displayed with green.

If the provider achieves the Final score = or > 75 points, then the graph will be displayed with green/gray combination.

If the provider achieves the Final score > 0 & < 75 points, then the graph will be displayed with yellow/ gray combination.

If the provider achieves the Final score = 0 points, then the graph will be gray.

- **PI Score on display was calculated** – Indicates the date and time of last calculation for PI Score.
- **Quality Score on display was calculated** – Indicates the date and time of last calculation for Quality Score.
- **IA Score on display was calculated** – Indicates the date and time of last calculation for Improvement Activities Score.

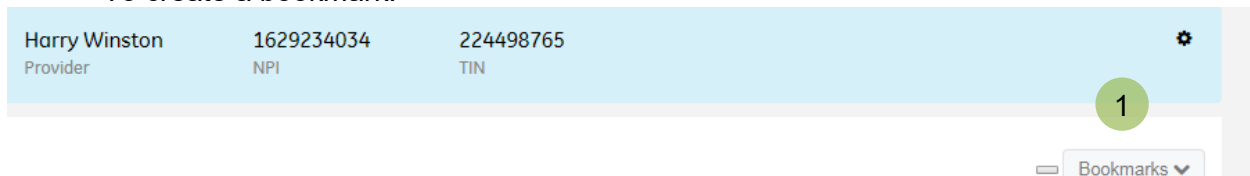
**Note.** If you hover the cursor over a graph, the corresponding tool tip for the graph displays detailed description for the graph.

**Note.** These scores and percentages are based on a standard (non-reweighted) scoring, which is the default scoring for all MIPS clinicians in CQR. For more information on reweighting, see [“Additional Program Details”](#) in this user manual.

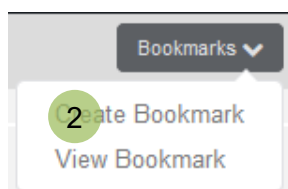
## Using Bookmarks for MIPS Measure Results

You can use bookmarks to save historical calculation results for internal archiving or CMS audits, and display on the MIPS tab.

To create a bookmark:



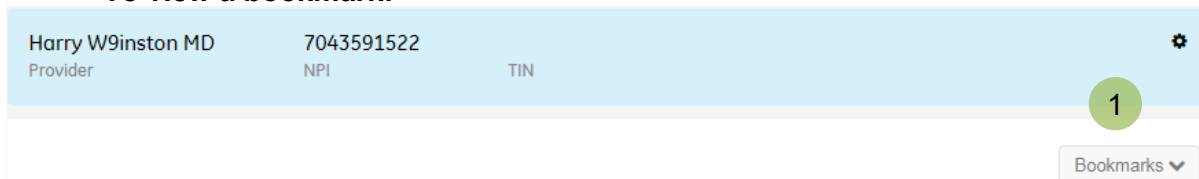
1. Click Bookmarks.



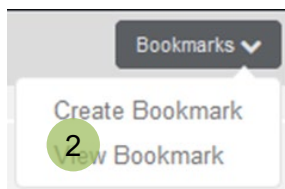
2. Select Create Bookmark.

3. Enter a name for the new bookmark. Note that there is a 30 character limit. Alphanumeric and some special characters may be used, including the following: hyphen, period, underscore, plus sign, and comma.  
**Note:** Bookmarks that are manually created cannot have the text “QSS” included as part of the name. “QSS” is reserved for system-created bookmarks only.
4. Click **Save**. A message indicates that the bookmark was created successfully.
5. Click **Back to MIPS** to return to the MIPS tab.  
**Note:** Existing bookmarks cannot be duplicated. For example, you cannot create two separate bookmarks with the same provider and the same reporting period.

#### To view a bookmark:



1. Click Bookmarks.



2. Select View Bookmark.
3. Select a bookmark from the list. The measure calculation for the bookmark displays on the MIPS tab.

#### To edit or delete a bookmark:

1. Click Bookmarks and select View Bookmark.
2. Click the pencil icon on a bookmark from the list.
3. Do one of the following:
  - Edit the name of the bookmark and click **Save**. A message indicates that the bookmark was edited successfully. Click **Back to MIPS**.
  - Click **Delete bookmark**. Confirm that you really want to delete the bookmark and click **Yes**. A message indicates that the bookmark was deleted successfully. Click **Back to MIPS**.

**Note:** Bookmarks that were created through the QSS program cannot be edited or deleted.

**Note:** Each provider can have a maximum of 15 bookmarks.

## PI Score Breakdown pane

The PI Score Breakdown pane displays the provider's estimated PI Score Breakdown. You can either select a previous calculation to view, or select a report range to view and then calculate the results.

- **Previous Calculations** – Select one of up to 10 previous calculations for measure results with the score points associated with the calculation. Calculations previously generated from the Dashboard tab are included in the list of previous calculations. By default, the Year-To-Date (YTD) calculation is shown at the top (first). The next 10 calculations are displayed in descending order from the most recent to the oldest.

**Note.** When you make a selection from previous calculations, you can click **Calculate Now** again to update the result for the indicated period. The calculation will be saved and will be reflected in the Previous Calculations list. This functionality differs from the Bookmark functionality, which saves a static picture that cannot be recalculated.

- **Report Range** – Select a report range to view: Month, Quarter, Contiguous 90 days, or Year.
- **Calculate Now (calculator) icon** – To get the latest results or populate the PI dashboard for the first time, click **Calculate Now** icon to the right of the Report Range date. This submits a request for the latest data to be re-calculated and displayed on the dashboard. It could take up to 24 hours before you see results.
- **PI Performance Score** – Indicates the sum of all points from the Performance Measures table.
- **PI Bonus Score** – Indicates the estimated PI score bonus eligibility for the provider. PI Bonus points are based on a combination of (1) direct attestation of participation in one or more public health or clinical data registries, and (2) attestation to one or more Improvement Activities requiring CEHRT in the Improvement Activities tab (see those Improvement Activities with a “Yes” in the PI Bonus column).
- **Preliminary PI** – Indicates the Total points from the Base and Performance Scores.









- **Preliminary Contribution Towards MIPS Composite Score** – Indicates the Preliminary PI Score multiplied by a factor of 0.25 (or 25% of the total MIPS score). The maximum score for PI is 25 points. **Measures Last Calculated** displays the date and time of last calculation.

**Note.** These scores and percentages are based on a standard (non-reweighted) scoring, which is the default scoring for all MIPS clinicians in CQR. For more information on reweighting, see [“Additional Program Details”](#) in this user manual.

## 2019 PI Objectives and Measures

### Performance Measures

#### Performance Measures

Measure Name	Num	Den	Unmet	Performance	Exclusion	Weight	Points	Pass
Security Risk Analysis 	NA	NA	NA	<input type="button" value="No"/> <input checked="" type="button" value="Yes"/>	NA	NA	NA	
e-Prescribing 	0	0	0	0%	1 selected	0	0	<input type="button" value="Excluded"/>
Support Electronic Referral Loops By Sending Health Information 	0	0	0	0%	None	20	0	
Support Electronic Referral Loops By Receiving and Incorporating Health Information 	0	0	0	0%	2 selected	0	0	<input type="button" value="Excluded"/>
Provide Patients Electronic Access to Their Health Information 	NA	NA	NA	0%	NA	40	0	

The Performance Measures pane displays the following measures:

- Security Risk Analysis
  - Click on “**Yes**” or “**No**” in the Performance column to update your status for scoring.
- e-Prescribing
- Support Electronic Referral Loops by Sending Health Information
- Support Electronic Referral Loops by Receiving and Incorporating Health Information
- Provide Patients Electronic Access to Their Health Information

**Note:** For customers who do not upgrade to either version CPS 12.3 or CEMR 9.12, these two measures will receive a zero score, which will result in a zero PI score.

- Support Electronic Referral Loops by Receiving and Incorporating Health Information

- Provide Patients Electronic Access to Their Health Information

Click a measure name to display the measure's CMS specification on a new browser tab.

Put the cursor over the blue info icon  to display the popup measure description.

The Numerator, Denominator, and Unmet columns display clickable results that allow you to view the respective patient lists for each measure. Click a number in a column to display the patient list. Click the number again to close the list.

The Performance column displays the percentage achieved for the measure. This number is used to derive the decile, and thus the final score, for the measure.

The Exclusion column displays either "NA" or "None" by default.

"NA" displays when a measure is not configured, or if it is configured, when there is no eligible exclusion for the measure.

If "None" displays for the measure, click **None** to display the Exclusion dialog. Click **Yes** to indicate that there is a measure Exclusion.

Exclusion Id	Exclusion Description	Claim Exclusion
PL_LVPP_1	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.	<input type="button" value="No"/> <input type="button" value="Yes"/>

Selecting Yes displays "1 selected" or "2 selected" on the Exclusion column, depending on if there is 1 or 2 exclusions claimed for the measure.

The Weight column displays the weight (contribution towards 100) of each measure.

The Points column displays the number of points that will be added to your Preliminary PI score. Points are determined by converting the Performance rates to deciles.

The Pass column displays a green check mark to indicate a measure has passed.

Numerator must have value of 1 or greater, or they must have an exclusion for the measure. "Excluded" displays if an exclusion was selected from the Exclusion column.

A red X mark indicates a failure to satisfy the measure and will result in a zero score for the entire PI category.

A measure will only fail if the below criteria are met:

- There is a numerator value of zero for that measure, AND
- A valid exclusion was not claimed for that measure.

## Public Health (and Clinical Data Exchange) Reporting

Users must satisfy the Public Health Reporting requirements to receive a PI score.

### Public Health Reporting

Measure Name	Performance	Exclusion	Weight	Points	Pass
Public Health and Clinical Data Exchange ⓘ	0/2	0/2	10	0	✖
- Immunization Registry Reporting ⓘ	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2+	None			
- Syndromic Surveillance Reporting ⓘ	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2+	None			
- Electronic Case Reporting ⓘ	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2+	None			
- Public Health Registry Reporting ⓘ	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2+	None			
- Clinical Data Registry Reporting ⓘ	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2+	None			

- Immunization Registry Reporting
- Syndromic Surveillance Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting

Click a measure name to display the measure's CMS specification on a new browser tab.

Put the cursor over the blue info icon ⓘ to display the popup measure description.

Click on **0**, **1**, or **2+** in the Performance column to update your status for scoring.

- Select "0" under the Performance column for a Public Health Reporting measure to attest No to participating in any registries of that type.
- Select "1" under the Performance column for a Public Health Reporting measure to attest Yes to participating in one registry of that type.
- Select "2+" under the Performance column for a Public Health Reporting measure to attest Yes to participating in two or more registries of that type.

The Exclusion column displays "None" by default. Click **None** to display the Exclusion dialog. Click **Yes** to indicate that there is a measure Exclusion.

Exclusion Id	Exclusion Description	Claim Exclusion
PI_PHCDRR_1_EX_1	Any MIPS eligible clinician who does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period.	<input type="button" value="No"/> <input type="button" value="Yes"/>
PI_PHCDRR_1_EX_3	Any MIPS eligible clinician who operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.	<input type="button" value="No"/> <input type="button" value="Yes"/>
PI_PHCDRR_1_EX_2	Any MIPS eligible clinician who operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period.	<input type="button" value="No"/> <input type="button" value="Yes"/>

Selecting Yes displays “1 selected”, “2 selected” or “3 selected” on the Exclusion column, depending on if there are 1, 2, or 3 exclusions claimed for the measure.

The Weight column displays a weight of either 0 or 10 (contribution towards 100) of each measure. The default value is 10.

The Points column displays either 0 or 10 of points that will be added to your Preliminary PI score. The default value is 0.

The Pass column displays a green check mark to indicate the objective has passed. See below for guidance on how to pass the Public Health Reporting objective. “Excluded” displays if two or more measures have exclusions selected in the Exclusion column. A red X mark indicates a failure to satisfy the objective and will result in a zero score for the entire PI category.

### Passing the Public Health Reporting Objective

To pass this Objective, and receive 10 points towards your PI score, complete one of the following:

- Attest to a Performance rate of at least 2/2, or
- Attest to a Performance rate of 1/2 and a measure exclusion rate of 1/2.

To exclude this Objective, and reweigh its 10 points to the Provide Patients Electronic Access to Their Health Information measure, complete the following:

- Attest to measure exclusion rate of at least 2/2

Select a performance value of "1" or "2+" for an individual Public Health measure to increment the performance total by 1 or 2, respectively.

Select one or more exclusions for individual Public Health Measure to increment the Exclusion total by 1.

**Note:** A 2/2 Performance score will always result in a pass, superseding any exclusions that have been claimed.









## How Are Measures Scored?

Beginning in 2019, CMS has simplified how the Promoting Interoperability score is calculated.

- Each measure is scored by multiplying the performance rate (calculated from the Numerator and Denominator) by the Weight of the measure.
  - Failure to submit a Numerator of at least one for a performance measure or to claim an exclusion will result in a zero being earned for both that measure and the overall Promoting Interoperability performance category.
  - If an exclusion is claimed, the following will happen:
    - CQR will reduce the Weight and Points value for the measure to zero.
    - A zero numerator value will no longer block the provider from receiving a PI category score.
    - CMS will reweigh this and one or more other Performance measures upon submission, which will result in a different final PI score from the one shown in the MIPS dashboard. CMS will determine the final score.
- The Public Health and Clinical Data Exchange measures will be awarded full points if:
  - A “1” is submitted for two or more registries, or
  - A “2+” is submitted for one or more registries, or
  - A “1” and a separate Exclusion is submitted for two different measures.
  - If two exclusions are claimed, the points for Public Health Reporting will be reallocated to the Provide Patients Electronic Access to Their Health Information measure.

## Attestation Statements for the PI Performance Category

Attestation Statements for the PI Performance Category

Attestation Statement	Response	Status
Prevention of Information Blocking Attestation 	<input type="button" value="No"/> <input checked="" type="button" value="Yes"/>	
ONC Direct Review Attestation 	<input type="button" value="No"/> <input checked="" type="button" value="Yes"/>	
ONC-ACB Surveillance Attestation (Optional) 	<input type="button" value="No"/> <input checked="" type="button" value="Yes"/>	

MIPS eligible clinicians are required to show that they have not knowingly or willfully limited or restricted the compatibility or interoperability of their certified electronic health record technology (CEHRT) by attesting to three statements about how they implement and use CEHRT. These statements are collectively called “Prevention of Information Blocking Attestation”.

The statements apply to individual clinicians and groups. By default, the Response column indicates “No” for each statement. The first and second statements require a “Yes” response to earn an PI score. The third statement is optional. Authorization is restricted unless responses are provided.

The Attestation Statements pane displays three attestations:

- **Prevention of Information Blocking Attestation**

I have not knowingly and willfully taken action to limit or restrict the interoperability of certified EHR technology. I have responded to requests to retrieve or exchange information-including requests from patients and other health care providers regardless of the requestor's affiliation or technology. I have implemented appropriate standards and processes to ensure that certified EHR technology was connected in accordance with applicable law and standards, allowed patients timely access to their electronic health information; and supported exchange of electronic health information with other health care providers.


- **ONC Direct Review Attestation**

I have (1) acknowledged the requirement to cooperate in good faith with ONC direct review of health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; AND (2) if requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program, as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.

- **ONC-ACB Surveillance Attestation (Optional)**

I have (1) Acknowledged the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and (2) if requested, cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.

**To attest for each statement:**

1. Put the cursor over the blue info icon  to display and read the popup attestation description.
2. On the Response column, click **Yes**. The Status column displays a green check mark for confirmation.  
**Note:** The first and second statements are required to indicate “Yes” for attestation. The third statement is optional.

For more information about “Prevention of Information Blocking Attestation”, click this link for the fact sheet on CMS.gov:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/ACI-Information-Blocking-fact-sheet.pdf>

## Quality Score Breakdown pane

PI
Quality Measures
Improvement Activities

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Quality Score Breakdown
Previous Calculations

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

18	0	6	24	60	40.00%	50	<b>20</b> Points Preliminary Contribution Towards MIPS Composite Score <b>Measures Last Calculated -</b> December 10, 2018 9:43:26 AM GMT
Points Earned:	Measure	+ CEHRT	= Total	/ Total	= Preliminary	X Quality	
Quality	Bonus	Bonus	Points	Possible	Quality Score	Category	
Measures	Points	Points	Points	Points	(Max of 100%)	Weight	

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.

Click the **MIPS>Quality Measures** tab to view the Quality Score Breakdown pane. This pane displays the provider's estimated Quality Score Breakdown. You can either select a previous calculation to view, or select a report range to view and then calculate the results.

- Previous Calculations** – Select one of up to 10 previous calculations for measure results with the score points associated with the calculation. Calculations previously generated from the Dashboard tab are included in the list of previous calculations. By default, the Year-To-Date (YTD) calculation is shown at the top (first). The next 10 calculations are displayed in descending order from the most recent to the oldest.

**Note.** When you make a selection from previous calculations, you can click **Calculate Now** again to update the result for the indicated period. The calculation will be saved and will be reflected in the Previous Calculations list. This functionality differs from the Bookmark functionality, which saves a static picture that cannot be recalculated.

- Report Range** – Select a report range to view: Month, Quarter, Contiguous 90 days, or Year.
- Calculate Now (calculator) icon** – To get the latest results or populate the Quality Measures dashboard for the first time, click **Calculate Now** icon to the right of the Quality Report Range date. This submits a request for the measures in the dashboard to be re-calculated and the latest data displayed on the dashboard. It could take up to 24 hours before you see results.

### Quality Measure Selection Workflow

Select 6 Quality measures, then click the **Save Selected Measures** button. Selecting this button will trigger the score to update.

The default view in the Quality Measure table is for the selected measures to display first.

## Alerts

Several alerts are in place to help you with measure selection based on the scoring rules for the program year. There are three categories of alerts: Restrictive, Warning, and Confirmation.

- *Restrictive*: Alerts you that you have either selected too many or too few measures for scoring. Six measures should be selected.
- *Warning*: Alerts you that the measures selected do not meet the minimum requirements and additional points may be earned with a different measure selection.
- *Confirmation*: Alerts you that your measure selection is in the process of updating the estimated Quality Score and may take a few seconds to display.

## Quality Score Points

- **Points Earned: Quality Measures** – Points earned based on the measure performance of the six clinical quality measures selected.
- **Measure Bonus Points** – Bonus points earned for High Priority measures after the requirement for the first Outcome or High Priority measure is met.
- **CEHRT Bonus Points** – Bonus points earned for each measure reported using “end-to-end” CEHRT.
- **Total Points** – Sum of the Points Earned + Measure Bonus Points + CEHRT Bonus Points.
- **Total Possible Points** – Total possible points for the Quality component of MIPS. For solo practices or practices with 15 or less, the total possible points = 60. Practices with 16 or more who meet the case volume of 200 cases have 70 possible points because the All-Cause Hospital Readmission measure is applied.

**Note.** The All-Cause Hospital Readmission measure is a claims-based measure calculated by CMS, and not included in the Quality score in CQR.

- **Preliminary Quality Score** – Total Points divided by Total Possible Points resulting in a score displayed as a percentage.
- **Quality Category Weight** – The percentage of the Quality category contributing to the MIPS Composite score.
- **Preliminary Contribution Towards MIPS Composite Score** – The maximum allowable score is 60 points. Eligible clinicians with bonus points whose scores may be higher than 100 points will receive a maximum preliminary score of 60 points. The Preliminary Quality Score is multiplied by the Quality Category Weight to generate the Preliminary Contribution Towards MIPS Composite Score.

**Measures Last Calculated** displays the date and time of last calculation.

**Note.** These scores and percentages are based on a standard (non-reweighted) scoring, which is the default scoring for all MIPS clinicians in CQR. For more information on reweighting, see [“Additional Program Details”](#) in this user manual.

## Clinical Quality Measures

*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:

Save Selected Measures

	Sel	CMS #	Measure Name	Type	Score%	Points	Benchmark	Decile
	<input type="checkbox"/>	117v6	Childhood Immun...	Process	0	0	-	-
	<input type="checkbox"/>	122v7	Diabetes: Hemog...	ITM Outcome	0	0	-	-
	<input type="checkbox"/>	124v6	Cervical Cancer...	Process	0	0	-	-

The Clinical Quality Measures table displays the measures configured for the provider. Click the column header to sort the column data in ascending or descending order. A blue up (ascending) or down (descending) arrow on a column header indicates data is sorted by that column. The default sort is the Select column so that the selected measures always display first.

**Search** – Enter the first few numbers or letters to search for a measure. The table displays measures that match the characters entered in the Search field.

**Save Selected Measures** – Click this button to save and update the 6 CQMs that you selected from the table. The Quality score is updated for the measures selected.

**Sel (Select)**—Select the check box for exactly 6 measures to determine the Eligible Clinician's optimal measure selection and highest potential Quality score. Once you select the 6 measures, click **Save Selected Measures** to view the resulting Quality score. Choose different combinations of measures to compare scores and determine which combination results in the highest potential Quality score.

**CMS #** – Indicates the CMS number for the measure.

- Click the measure number to display the CMS measure specification on a new browser tab.
- Orange exclamation point triangle icon – Indicates a high priority measure.

**Measure Name** – Indicates the measure name.

- Put the cursor over the measure name to display the full measure name in a popup.
- Put the cursor over the blue info icon to display the measure description.

**Type** – Indicates each measures type in CQR: ITM (Intermediate) Outcome, Outcome, Process.

**Score** – Eligible Clinician's or practice's performance for a measure and expressed as a percentage.

**Points** – Points earned based on the Eligible Clinician's performance for a measure.

**Benchmark** - Indicates the benchmark data range for the measure. The Eligible Clinician's performance score falls between two numeric values called a benchmark. Each measure will have multiple benchmarks that are unique for that measure and may change each year. Some measures may not have a benchmark.

Example: Benchmark

	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Benchmark	66.67 - 72.91	72.92 - 78.12	78.13 - 82.26	82.27 - 86.12	86.13 - 89.95	89.96 - 93.32	93.33 - 96.63	>= 96.64

The following is a list of CQMs supported in CQR that have no benchmarks (Benchmark = N):

- CMS56 Functional Status Assessment for Total Hip Replacement
- CMS90 Functional Status Assessment for Complex Chronic Conditions
- CMS136 ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- CMS158 Pregnant Women that had HBsAG Testing
- CMS159 Depression Remission at Twelve Months
- CMS169 Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use

**Note.** Click this link to download the full list of benchmarks published by CMS:  
[https://qpp.cms.gov/docs/QPP\\_Quality\\_Benchmarks\\_Overview.zip](https://qpp.cms.gov/docs/QPP_Quality_Benchmarks_Overview.zip)

**Decile** - Indicates the decile data range for the measure. Points for the measure are assigned based on which decile range the performance data is located. Partial points are assigned within deciles.

Decile	Points Non-Inverse Measures
Below 3	3
3	3 - 3.9
4	4 - 4.9
5	5 - 5.9
6	6 - 6.9
7	7 - 7.9
8	8 - 8.9
9	9 - 9.9
10	10

*\*For inverse measures, the order would be reversed. Where Decile 1 starts with the highest value and decile 10 has the lowest value.*

**Benchmarks** and their corresponding **Decile** values appear in the MIPS –Quality Measures tab table when the Benchmark =Y for the measure and the performance score (% calculated) falls in the ranges published for benchmarks & decile. For example, for measure CMS127, if the measure performance score is 15%, it falls in between 14.13 - 23.25, which is the ‘first’ Benchmark and Decile range of 3-3.9. The same will be displayed in the table. But for the same measure, if the measure performance score is 13.9%, then this value is outside (lesser than) the first benchmark range of 14.13 - 23.25, so the benchmark and its decile value display as NA.

The benchmark and decile display as NA under the following scenarios:

- There are no measure results available for the measure after the calculation is completed (IP=0, Den=0, Num =0, etc.).
- The performance score (%) falls outside the categorized ranges for benchmarks and their corresponding decile values as published by CMS (For example, CMS 127 mentioned above).
- When there are no benchmark values published for the measures by CMS. (Measures with benchmarks=N as listed above).

**CPC+** - Indicates the group number for the CPC+ measure. Measures that belong to the year 2017 measurement period indicates group 1, 2, or 3. Measures that belong to the year 2018 measurement period indicates group 1 or 2. Measures that belong to the year 2019 measurement period do not use group numbers.

**Note.** The CPC+ column displays only when a CPC+ practice is selected.

	Sel ▼	CMS #	Measure Name ⬆	Type ⬆	Score% ⬆	Points ⬆	Benchmark	Decile	CPC+ ⬆
	<input checked="" type="checkbox"/>	166v6	Use of Imaging ...	Process	100	10	100	10	3

**Green plus / red minus circle icon** – Click the green plus circle icon to open the row that displays the calculation results for the measure. Click the red minus circle icon to close the row.

	Sel ▼	CMS #	Measure Name ⬆	Type ⬆	Score% ⬆	Points ⬆	Benchmark	Decile
	<input checked="" type="checkbox"/>	166v6	Use of Imaging ...	Process	100	10	100	10

- “Higher Score Indicates Better Quality” displays for the first column. “Lower Score Indicates Better Quality” displays for inverse measures.
- Initial Population (IP), Denominator (Den), Numerator Met (Num Met), Unmet, Denominator Exclusion (Den Excl), Exception (Except), and Error Count (Error Ct) values display for the measure.



	Sel ▾	CMS #	Measure Name ▴▾	Type ▴▾	Score% ▴▾	Points ▴▾	Benchmark	Decile		
	<input checked="" type="checkbox"/>	166v6 ⚠	Use of Imaging ... ⓘ	Process	100	10	100	10		
Higher Score Indicates Better Quality				IP	Den	Num Met	Unmet	Den Excl	Except	Error Ct
				20	20	20	0	0	0	0

Click the value (other than 0) that displays for a column to open the measure's list of patients and display patient details for patient data included in the calculation. Clicking the hyperlinked value a second time will close the patient listing.

	Sel	CMS #	Measure Name	Type	Score%	Points	Benchmark	Decile
	<input checked="" type="checkbox"/>	166v6	Use of Imaging Stu...	Process	100	10	100	10

Higher Score Indicates Better Quality	IP	Den	Num Met	Unmet	Den Excl	Except	Error Ct
	20	20	20	0	0	0	0

Initial Patient Pop

Search:

Copy

CSV

PDF

Patient ID	Event Count	Age	Gender	First Name	Last Name	Birthdate
1806247808122610	1	21	F	NonInvMet81	Measure81	1996-01-01
1806247808222610	1	21	F	NonInvMet82	Measure82	1996-01-01
1806247808322610	1	21	F	NonInvMet83	Measure83	1996-01-01


## Improvement Activities Score Breakdown pane

PI   Quality Measures   **Improvement Activities**

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Improvement Activities Score Breakdown   Previous Calculations   ▾

Report Range

Year   ▾    Jan 1, 2018 - Dec 31, 2018

20		20		0		40
High Weight	+	Medium Weight	+	Additional Program	=	Preliminary Improvement
Activity Score		Activity Score		Participation Score		Activities Score (Max of 40)

**15** Points   Preliminary Contribution Towards  
MIPS Composite Score  
**Measures Last Calculated - February**  
22, 2018 6:43:31 AM GMT

✓ Standard weighting and points

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 Improvement Activities (IA) category is worth 15 points towards the final MIPS score. Each individual activity is worth either 10 or 20 points. Eligible Clinicians can earn up to 40 points in the IA category. To receive points for an Improvement Activity, you must indicate an Effective Date that allows for a minimum of 90 days overlap with the chosen reporting period.

Click the **MIPS> Improvement Activities** tab to view the Improvement Activities Score Breakdown pane. This pane displays the provider's estimated Improvement Activities Score Breakdown. You can either select a previous calculation to view, or select a report range to view and then calculate the results.

- **Previous Calculations** – Select one of up to 10 previous calculations for activity results with the score points associated with the calculation. By default, the Year-To-Date (YTD) calculation is shown at the top (first). The next 10 calculations are displayed in descending order from the most recent to the oldest.

**Note.** When you make a selection from previous calculations, you can click **Calculate Now** again to update the result for the indicated period. The calculation will be saved and will be reflected in the Previous Calculations list. This functionality differs from the Bookmark functionality, which saves a static picture that cannot be recalculated.

- **Report Range** – Select a report range to view: Month, Quarter, Contiguous 90 days, or Year.
- **Calculate Now (calculator) icon** – To get the latest results or populate the IA dashboard for the first time, click **Calculate Now** icon to the right of the Report Range date. This submits a request to immediately calculate the points for any selected Improvement Activity that has 90 continuous days in the selected reporting period.
- **High Weight Activity Score** – Indicates the sum of all high weight activity points from the Improvement Activities table.
- **Medium Weight Activity Score** – Indicates the sum of all medium weight activity points from the Improvement Activities table.

- **Additional Program Participation Score** – Indicates the additional points that the provider is eligible for due to participation in one or more designated programs outside of MIPS (such as PCMH or certain APMs). See the section, [“Additional Program Details”](#) for details.
- **Preliminary Improvement Activities Score** – Indicates the Total points from the High and Medium Weight Activity Scores. The maximum score is 40 points.
- **Preliminary Contribution Towards MIPS Composite Score** – Indicates the Preliminary IA Score. The maximum score for IA is 15 points. **Measures Last Calculated** displays the date and time of last calculation.

**Note.** These scores and percentages are based on a standard (non-reweighted) scoring, which is the default scoring for all MIPS clinicians in CQR. For more information on reweighting, see [“Additional Program Details”](#) in this user manual.

## Improvement Activities

### Improvement Activities

Activities:  Search:

Activity ID	Activity Name	Subcategory	Points	Effective Date	End Date
<a href="#">IA_PSPA_9</a>	Completion of t...	Patient Safe...	10		
<a href="#">IA_PSPA_8</a>	Use of Patient ...	Patient Safe...	10		
<a href="#">IA_PSPA_7</a>	Use of QCDR dat...	Patient Safe...	10		
<a href="#">IA_PSPA_6</a>	Consultation of...	Patient Safe...	20		
<a href="#">IA_PSPA_5</a>	Annual registra...	Patient Safe...	10		

The Improvement Activities (IA) table displays the activities available for the provider. Click the column header to sort the column data in ascending or descending order. A blue up (ascending) or down (descending) arrow on a column header indicates data is sorted by that column.

**Note:** You must recalculate whenever a change is made to the Activities table in order for your changes to be reflected in the IA and MIPS roll-up scores. Roll-up scores will always reflect the last calculated IA score, even though the Activities table may show additional entries.

**Activities** –Select one or more subcategories to filter the activities and click **OK**. The table displays activities that match the subcategories selected in the Activities field.

**Search** – Enter the first few numbers or letters to search for an activity. The table displays activities that match the characters entered in the Search field. You may search for characters present in any of the displayed columns.

Click **Calculate Now** icon to get the activity results immediately. Choose different combinations of activities to compare scores and determine which combination results in the highest potential IA score.

**Activity ID** – Click the hyperlinked Activity ID to display the activity's CMS specification on a new browser tab.

**Activity Name** – Put the cursor over the activity name to display the full activity name in a popup.

**Subcategory** – Indicates the subcategory for the activity. Put the cursor over the subcategory name to display the full subcategory name in a popup.

**Points** – High Weight Activity = 20 points. Medium Weight Activity = 10 points.

**Effective Date** – Click the calendar icon to enter the Effective Date for the activity. You can also enter the End Date if applicable. Once a date has been entered, you can change the date by clicking it. The activity must be continuous for at least 90 days.

**End Date** – (Optional) Click the calendar icon to enter the End Date for the activity. You can also enter the Effective Date if applicable. Once a date has been entered, you can change the date by clicking it.

#### Improvement Activities

Activities:  Search:

Activity ID	Activity Name	Subcategory	Points	Effective Date	End Date
IA_PCMH	PCMH Attestatio...	N/A	40	Jan 1, 2019	
IA_PCMH	PCMH Attestatio...	N/A	40	Jan 1, 2019	

**PCMH** - PCMH tracking has moved to the Activities list under the Improvement Activities tab. Scroll through the list or type “PCMH” into the Search box and enter your Effective Date, or date of eligibility, on the “IA\_PCMH” row. In the above example the provider has been eligible all year, so an Effective Date of January 1st with no End Date was entered.

#### Additional Program Details

Harry Winston	1629234034	224498765	
Provider	NPI	TIN	

The **IA Reweighting** categories can impact both your Improvement Activities score and your overall PI/Quality/IA weighting. If multiple categories apply, you may choose one at your discretion.

To indicate participation in one of these programs:

1. Click the gear button on the right side of the Provider Details pane to open the Additional Program Details dialog box.
2. Choose the appropriate category under the IA Reweighting Categories and click **Save**.

Additional Program Details

### IA Reweighting Categories

The below categories can impact both your Improvement Activities score and your overall PI/Quality/IA weighting. If multiple categories apply, you may choose one at your discretion.

☒ Standard weighting and points

☐ MIPS APM Participant

view list of eligible MIPS APMs

Select a MIPS APM...

☐ Other APM Participant

view list of eligible APMs

### IA Scoring Adjustments [More Info](#)

☐ Clinician is located in a rural area or HPSA

☐ Non-patient facing clinician

☐ 15 or fewer Eligible Clinicians in Group

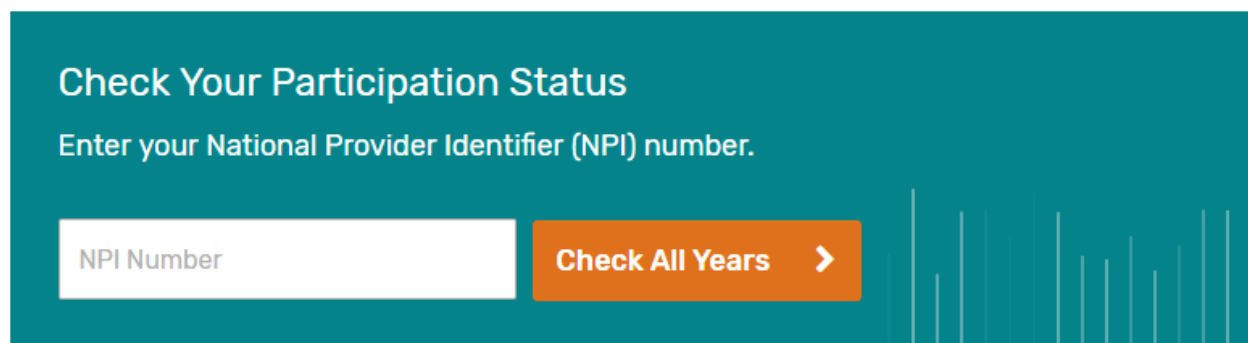
*Only Bookmarks will maintain a prior year's reweighting ratios. Otherwise all calculations, regardless of year, will reflect the current year's estimated reweighting standards. Note that the scores shown in CQR are provided as an estimate only, and can vary substantially from the scores calculated by CMS. CMS will determine the final score.*

Cancel
Save

- Standard weighting and Points** – This is the default category weight setting for MIPS. Choose this option if you are not eligible for any of the other IA Reweighting Categories.
- MIPS APM Participant** – Participants in one or more MIPS APMs will receive a full Improvement Activities category score and therefore will not need to submit additional Improvement Activities information. Pick this option if you are an eligible MIPS APM participant.
- Other APM Participant** – Participants in one or more APMs (but no MIPS APMs) will receive a 50% bonus towards their Improvement Activities category score. Pick this option if you are eligible for an APM other than MIPS APM.
- Clinician is located in a rural area or HPSA** – Clinicians located in a rural area or HPSA will receive 20 points for each medium-weight activity and 40 points for each high-weight activity selected. For more information, visit [qpp.cms.gov](http://qpp.cms.gov).
- Non-patient facing clinician** – Non-patient facing clinicians will receive 20 points for each medium-weight activity and 40 points for each high-weight activity selected. For more information, visit [qpp.cms.gov](http://qpp.cms.gov).

- **15 or fewer Eligible Clinicians in Group** – Participants with 15 or fewer Eligible Clinicians in their group will receive 20 points for each medium-weight activity and 40 points for each high-weight activity selected. Additionally, these participants will be eligible for a small practice bonus of:
  - 5 points towards their final MIPS score (year 2018).
  - 6 points towards their final Quality score (year 2019).
- For more information, visit [qpp.cms.gov](https://qpp.cms.gov). If you select this option, the Estimated MIPS Final Score will indicate “Small Practice Bonus is Active”.

**Note:** CMS has a Participation Status tool that can be used to verify APM and other statuses based on a clinician's NPI. To access this tool, go to <https://qpp.cms.gov/participation-lookup/about?py=2018#> and enter a valid NPI into the "Check Your Participation Status" box.

The image shows a teal-colored web interface for the "Check Your Participation Status" tool. At the top, the title "Check Your Participation Status" is displayed in white. Below it, a subtitle reads "Enter your National Provider Identifier (NPI) number." There is a white input field with the placeholder text "NPI Number". To the right of the input field is an orange button with the text "Check All Years" and a white right-pointing arrow. The background of the teal area features a subtle pattern of vertical white lines of varying heights on the right side.

## Printing a page from the MIPS Tab

If you try to print a page when viewing a provider's PI, Quality Measure, or IA scores on the MIPS tab, the default Print Preview and its printout does not show a full page rendition of the page.

As a workaround, use a Chrome browser to change the Print Settings so that the full page appears on the printout.

To print a full page for a provider's measure scores:

1. Right-click on the page and click **Print**.
2. Change the setting of each field as indicated here:
  - Destination = Microsoft XPS Document Writer
  - Layout = **Landscape**
  - Select more settings > Paper Size = **Tabloid**
3. Click **Print**.

The screenshot shows the Chrome Print dialog box. At the top, it says "Print" and "Total: 2 sheets of paper". Below this are "Print" and "Cancel" buttons. The settings section includes:

- Destination:** Microsoft XPS Document Writer, with a "Change..." button.
- Pages:** Radio buttons for "All" (selected) and "e.g. 1-5, 8, 11-13".
- Layout:** A dropdown menu set to "Landscape".
- Color:** A dropdown menu set to "Color".
- Paper size:** A dropdown menu set to "Tabloid".

## Dashboard Tab

The screenshot shows the 'Dashboard' tab in a software interface. At the top, there are navigation tabs: 'MIPS', 'Dashboard' (highlighted), 'Configuration', 'Insight', and 'MQIC'. On the right, there are buttons for 'Bookmarks' and 'Download Reports'. Below the navigation, a filter bar contains several dropdown menus: 'Filter by' (set to 'All'), 'Enterprise' (set to 'GEInd7'), 'Practice' (set to 'Cypress Health Cen ...'), 'Provider' (set to 'Shout MD, Tristan'), and 'Report Range' (set to 'Year'). To the right of these is a date range 'Jan 1, 2017 - Dec 31, 2017' and a 'Calculate Now' icon. Below the filter bar, the 'Summary' section shows a green checkmark with '0' and a red warning triangle with '52'. The 'Measures' section has a legend for 'Met' (green), 'Unmet' (red), and 'Exclusion' (grey). It lists 'Health Information Exchange (ACI\_TRANS\_HIE\_1)' with a version number 'Version 1'. Below this, it says 'No results'. Numbered callouts are present: '1' points to the 'Filter by' dropdown, '2' points to the 'Calculate Now' icon, and '3' points to the 'Download Reports' button.

The Dashboard Tab shows the indicated provider's Objective and Clinical Quality Measure progress. The measures that display on the Dashboard depend on the settings configured by your Member and Clinical Administrator. You can change the selections as necessary in the Configuration Tab.

- 1 **Settings:** Filter by, Enterprise, Practice, Provider, Report Range.
  - **Filter by** - Select this insurance filter to filter the quality measures by payer type including All, Medicare, Medicare Part B, Medicaid, Private or Other. In order for the insurance filter to work, Source of Payment (SOP) codes must be assigned to the insurance carrier in Centricity Practice Management, or if you are using a different practice management system, these codes are assigned in Centricity EMR. The insurance filter will filter for the one year report range only.
  - **Enterprise** – Select an organization name from the list that you have been granted access.
  - **Practice** – Select a medical practice available within the Enterprise that you selected and have access.
  - **Provider** – Select the provider located under Practice.
  - **Report Range** – Select a Report Range to view.
- 2 **Calculate Now** (calculator) icon – To get the latest measure results, click Calculate Now icon to the right of the Report Range date. This submits a request for the latest data to be re-calculated and displayed on the Dashboard. Requests are entered into a queue to be processed. It may take up to 24 hours before you see results. See the section on auto-calculations to learn whether you are configured to receive automatic weekly calculations. If you are, you may choose the YTD reporting period for a calculation that was updated within the last week.
- 3 **Download Reports** button – You can download either QRDA-I and III Reports or Group Measure Summary Report.



## **QRDA-I and III Reports**

From the Dashboard you can download a zip file containing QRDA-I and QRDA-III files. The QRDA zip file contains QRDA-I.zip (all patient files), QRDAIII.xml file, and a readme.txt that lists measures and associated patient IDs. You can choose to save the QRDA files for future audit purposes. Use the readme.txt to see whether the patient met IPP criteria and to cross-check with the patient files in the QRDA-I.zip file.

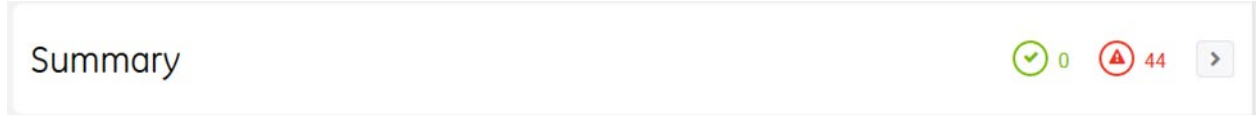
The QRDA-III file includes all measures shown on the dashboard. The QRDA-I zip file contains a file for every patient in the IPP of any quality measures on the dashboard. If all measures show 'No Results' or no quality measures are chosen, then no QRDA-I file is generated. If obsolete measures have been selected in measurement settings for calculation, they are included in the file. CMS will not accept QRDA files with obsolete measures. If the purpose of the QRDA file is for submission to CMS, first remove obsolete measures in measurement settings and request a new calculation.

QRDA files submitted directly to CMS through the Quality Submission Service (QSS) are not available for download. Results submitted through QSS can be viewed on the MIPS dashboard with a bookmark ending in (QSS).

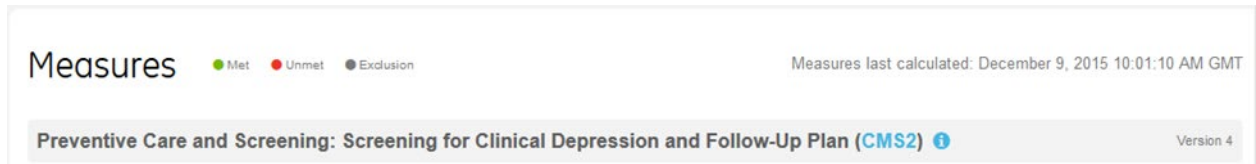
## **Group Measure Summary Excel**

The Group Measure Summary Report generates a single report in Excel spreadsheet format for all providers with measure calculation results for the measurement period. The spreadsheet contains a Summary sheet and a sheet for each measure that contains results for providers meeting the measure. The Summary sheet summarizes provider level results, such as the number and list of selected measures, measurement period, measures met, and measures met for Medicare patients. Each measure sheet contains measure summary results at the provider level for the measurement period.

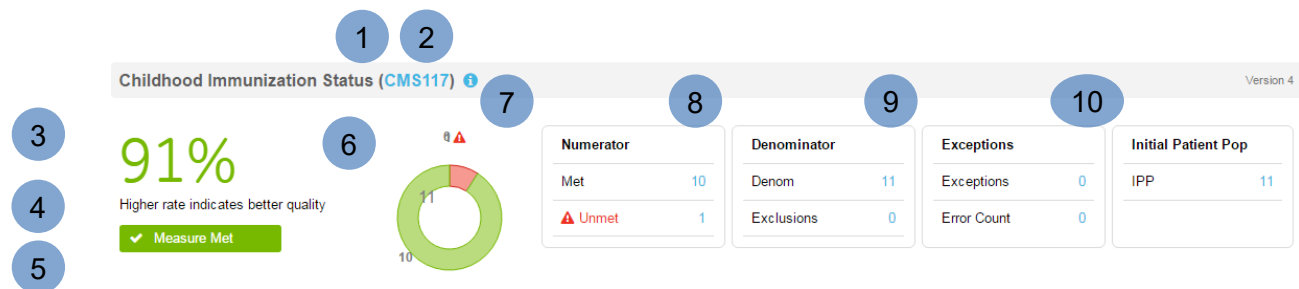
## Dashboard tab: Summary and Measures panes



Clicking the right arrow button on the Summary bar expands the Summary pane and displays the total number of objective and quality measures selected for this provider.

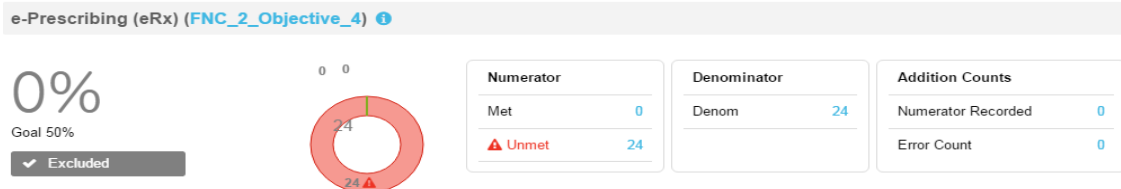


The Measures pane displays graphical and numeric progress for the selected measures.



- 1 **Detailed emeasure information** - Click the blue measure number (such as CMS117) to access detailed information about the measure in a new tab, including description, relevant term definitions, CMS guidance, numerator and denominator. For Clinical Quality Measures (CQM), scroll to the Table of Contents area to see detailed information about how CQR calculates the measure. Note that the information provided here is taken directly from the Centers for Medicare & Medicaid Services (CMS). The measure calculations follow the CMS specifications.
- 2 **Measure description** – Move the cursor over the blue info icon to display the measure description.
- 3 **Percentage** – Displays a green percentage to indicate the measure has met or exceeded the percentage required, or a red percentage to indicate the measure did not meet the percentage required.
- 4 **Goal** – Indicates the percentage to be met for an Objective measure. Inverse Clinical Quality Measures display the message, “Lower rate indicates better quality” below the Percentage met for the measures. The rest of the CQMs display the message, “Higher rate indicates better quality”.
- 5 **Measure Met/Unmet** – Displays a green Measure Met bar to indicate the measure met the percentage required, or a red Measure Unmet bar to indicate the measure is unmet.
- 6 **Circle graph** – Displays a circle graph representation of the percentage met and unmet.

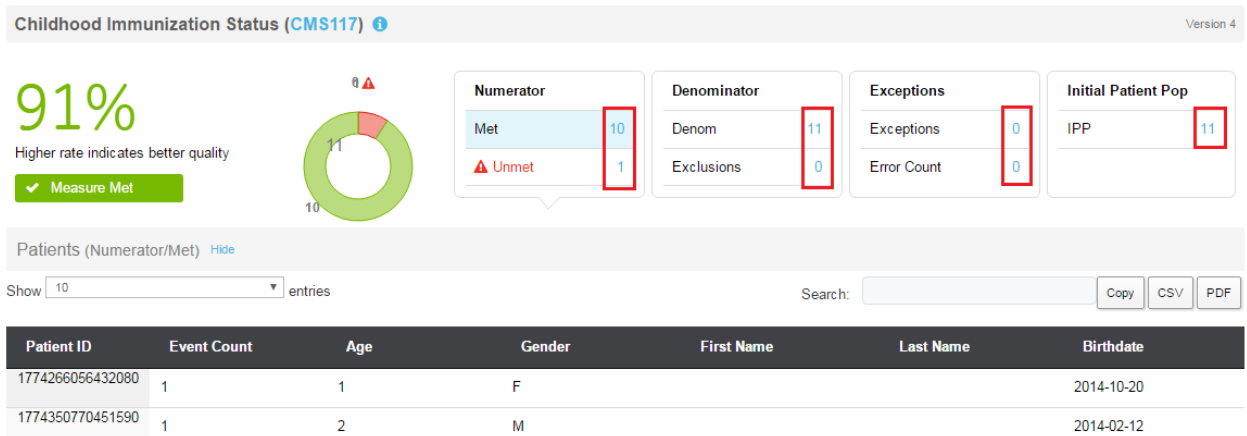
- 7 **Numerator:** Numerator is a subset of the denominator for whom a process or outcome of care occurs.
- 8 **Denominator:** Denominator is a subset of the initial patient population. In some eMeasures the denominator may be the same as the initial patient population.



A measure that displays in the dashboard as “Excluded” indicates the denominator is below the measure threshold, and the Eligible Clinician is excluded from the measure. The dashboard indicates “Excluded” for the measure, and the performance percentage is 0%, both in the color gray. Two objectives have an exclusion threshold: Objective 4 ePrescribing (eRx) and Objective 5 Health Information Exchange (TOC).

**Addition Counts:** This column displays values for *Numerator Recorded* and *Error Count*. *Numerator Recorded* is the patient count for patients that meet numerator conditions but does not meet denominator conditions. The *Error Count* is the count of patients seen by the provider at some time in the past with calculations that did not complete within the calculation timeout period. Those patients may or may not meet the IPP criteria. If the Error Count is greater than 0, it indicates that the performance rate may be inaccurate.

- 9 **Exceptions:** Patients who satisfy the requirements to make it into the denominator, but can be excluded (reason will vary by measure): Exceptions, Error Count.
- 10 **Initial Patient Pop:** The initial patient population is defined as the group of patients the performance measure is designed to address.



**Patient details** - Click any number in the Numerator, Denominator, Exceptions, or Initial Patient Pop sections to display patient details for patient data included in the calculation. Click Hide to close the details.

## Dashboard Workflows

### Generating a measure results report

Filter by: All | Enterprise: GEInd7 | Practice: Cypress Health Cen ... | Provider: Shout MD, Tristan | Report Range: Year | Jan 1, 2017 - Dec 31, 2017

1

1. Click the **Calculate Now** icon to the right of the Report Range date to generate a new calculation for the measures.

### Viewing Meaningful Use and Clinical Quality Measure report progress

**Note.** For best results, use Google Chrome or Firefox when accessing the Dashboard. When you log into your account for the first time, the Dashboard for provider associated with your account displays on the Dashboard Getting Started page. You must set up your view. The next time you log in, the view you set for the provider Dashboard will display until you change it.

1 | Filter by: All | Enterprise: Skywalkers0817 | Practice: Jeffrey Feldman M.D. | Provider: hovenga, julian | 2 | Report Range: Quarter

1. For **Filter by**, select this insurance filter to filter the quality measures by payer type including All, Medicare, Medicare Part B, Medicaid, Private or Other. In order for the insurance filter to work, Source of Payment (SOP) codes must be assigned to the insurance carrier in Centricity Practice Management, or if you are using a different practice management system, these codes are assigned in Centricity EMR. The insurance filter will filter for the one year report range only.

**Note.** Use this feature if you want to filter measures to display Medicare FFS (Part B) patients to assist in choosing which measures to report. Changing the Filter by selection does not affect measure calculations.

Filter Option	Source of Payment code
<b>Medicare</b>	SOP code begins with 1
<b>Medicare FFS</b>	SOP code is 121 (this is a subgroup of Medicare)
<b>Medicaid</b>	SOP code begins with 2
<b>Private</b>	SOP code begins with: 5 - Private health insurance 6 - Blue Cross/Blue Shield
<b>Others</b>	SOP code begins with: 3 - Other Government 4 - Department of Corrections 7 - Managed Care Unspecified 8 - No Payment Listed 9 - Miscellaneous/Other

2. For **Report Range**, select a reporting period to view. If no results display, this reporting period has not been previously calculated. To get the latest results, click **Calculate Now** icon to the right of the Report Range date. This submits a request for the latest data to be re-calculated and displayed on the Dashboard. Requests are entered into a queue to be processed. It may take up to 24 hours before you see results. See the section on auto-calculations to learn whether you are configured to

receive automatic weekly calculations. If you are, you may choose the YTD reporting period for a calculation that was updated within the last week.

**Note.** All calculations displayed are based on UTC (Coordinated Universal Time). On the Insight tab, patient data is shown with EMR local time.


**Note.** Each Report Range represents a separate report. For example, if you select Year, you cannot drill down and see monthly results within the Year report.

Summary

0

44

3. In the **Summary** section, do the following:

- To see a detailed summary, click the  icon on the right.

**Note.** If you are accessing the Dashboard for the first time, the Stage and Year must be configured first in Measurement Settings by your Member Administrator before the calculations are processed.

Measures

Met

Unmet

Exclusion

Measures last calculated: December 9, 2015 10:01:10 AM GMT

Childhood Immunization Status (CMS117)

Version 3

0%

Higher rate indicates better quality

Measure Unmet

0

0

Numerator	
Met	0
Unmet	1

Denominator	
Denom	1
Exclusions	0

Exceptions	
Exceptions	0
Error Count	0

Initial Patient Pop	
IPP	1

4. To search for a particular measure, in the **Measures** section, scroll through or use browser search (**Ctrl-F**). Individual measure sections display graphical and numeric progress. For a selected measure, do the following to view specific details:
- Measure description** – Put the cursor over the blue info icon.
  - Detailed eMeasure information** - Click the blue measure report name (such as **CMS117**) to access detailed information about the measure in a new tab, including description, relevant term definitions, CMS guidance, numerator and denominator. For Clinical Quality Measures (CQM), scroll to the **Table of Contents** area detailed information in the e-specification to learn about how CQR calculates the measure. Note that the information provided here is taken directly from the Centers for Medicare & Medicaid Services (CMS). The measure calculations follow the CMS specifications.
  - Patient details** – Click a number in the **Numerator**, **Denominator**, **Exceptions**, or **Initial Patient Pop** sections to display details for patient data included in the calculation. Click **Hide** to close the details display.

Stratum 1: Patients age 13-17

Initial Patient Population 1



Patients (Numerator/Met) [Hide](#)

Show 10 entries Search:  [Copy](#) [CSV](#) [PDF](#)

Patient ID	Event Count	Age	Gender	First Name	Last Name	Birthdate
1796711378265950	1	18	F	Lindsey	Thompson	1998-06-02

Showing 1 to 1 of 1 entries

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

**4 Note.** Users may see a difference between the patient's age in the age range for a stratum and the drill down to 'Patient Details' within a measure. The Dashboard (Patient Detail) calculates age as real time, while the measure calculations compute a patient's age at the start of the measurement period. In this example, a patient is 17 years old at the start of the measurement period, so she displays in the 13 – 17 age stratum. The patient turns 18 during the measurement period, so her age in the drill down to 'Patient Details' displays as 18.

Patients (Initial Patient Pop/IPP) [Hide](#)

Show 10 entries Search:  [Copy](#) [CSV](#) [PDF](#)

Patient ID	Event Count	Age	Gender	First Name	Last Name	Birthdate
16489064887677201	1	3	M	Gilbert	Newton	2013-06-18

Showing 1 to 1 of 1 entries

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

5. To find a specific value in a **Patient** details list, enter a string in the **Search** field above the list to jump to a specific row/cell in long lists.
6. To copy or export Patient list contents, by the **Search** field, do one of the following:
  - Click **Copy** to save the entire table contents to the clipboard. Then open a word processing document or spreadsheet file and click **Paste**.
  - Click **CSV** and then select **Save As** to save the table contents to a .csv file. Then open a spreadsheet application and import the .CSV file and format as needed.
  - Click **PDF** and then select **Save As** to save the table contents as an Adobe Acrobat PDF file.

Adobe Acrobat must be installed on your system.

## Viewing supplemental documents to aid in interpreting measure results

Measures

● Met ● Unmet ● Exclusion

Measures last calculated: December 9, 2015 10:01:10 AM GMT

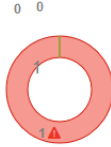
Childhood Immunization Status (CMS117) ⓘ

Version 3

0%

Higher rate indicates better quality

⚠ Measure Unmet



### Numerator

Met	0
⚠ Unmet	1

### Denominator

Denom	1
Exclusions	0

### Exceptions

Exceptions	0
Error Count	0

### Initial Patient Pop

IPP	1
-----	---

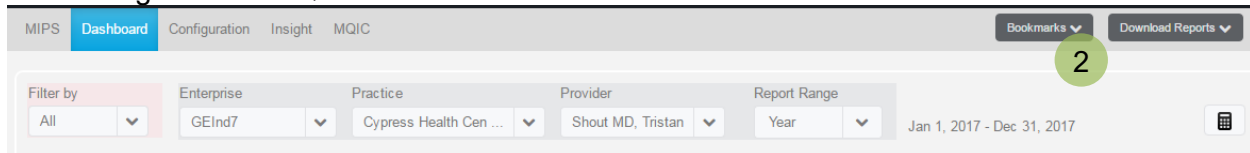
**Reading eSpecs** (looking up measure requirements) – Click the blue measure report name (such as CMS117) to access detailed information about the measure in a new tab, including description, relevant term definitions, CMS guidance, numerator and denominator. For Clinical Quality Measures (CQM), scroll to the Table of Contents area detailed information about how CQR calculates the measure.

**“info” icon** - Put the cursor over the blue info icon ⓘ to display the popup measure description.

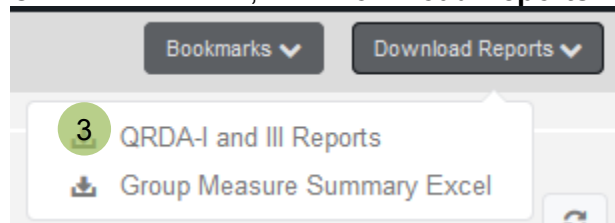
## Downloading QRDA-I and III Reports

From the Dashboard you can download a zip file containing QRDA-I and QRDA-III files. The QRDA zip file contains QRDA-I.zip (all patient files), QRDAIII.xml file, and a readme.txt that lists measures and associated patient IDs. You can choose to save the QRDA files for future audit purposes. Use the readme.txt to see whether the patient met IPP criteria and to cross-check with the patient files in the QRDA-I.zip file.

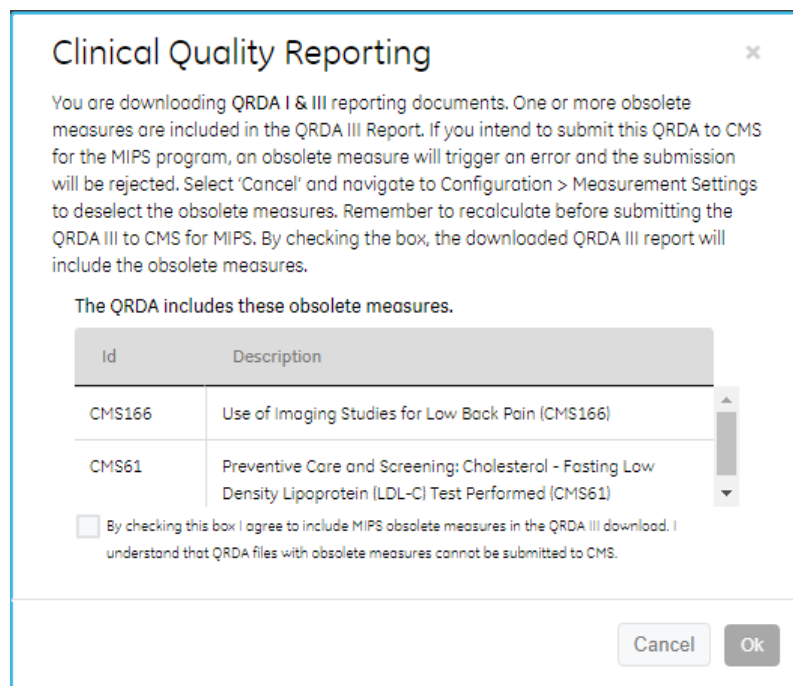
1. Log in to the CQR Web site as Member or Clinical Administrator.



2. On the Dashboard, click **Download Reports**.



3. Select QRDA-I and III Reports.



4. If an Alert window displays information regarding obsolete measures included in the QRDA III Report, you can either:

- Select the checkbox to indicate that you agree to include the obsolete measures.

Or

- Click **Cancel** and return to Measurement Settings to deselect the obsolete measures and recalculate.

The Alert window displays information regarding Protected Health Information (PHI).



5. Enter a password to protect your zipped documents during download. This same password will be used to open the zip file when it is downloaded.  
**Note.** The Windows Explorer “Extract All...” option cannot open password protected files. Use another zip extraction tool such as 7-Zip ([www.7-zip.org](http://www.7-zip.org)) to open your QRDA files.
6. Click **OK**.  
**Note.** These documents contain protected health information (PHI) that must be secured during transfer. When QRDA files are generated, you will be notified by three emails. The first email that you receive will contain the QRDA generation status with information about the QRDA files. Subsequently, you will receive two emails with download links sent to the account registered for your enterprise. One of the email sends the zipped QRDA-III report in XML format which is generated. A final email sends a link to all QRDA-I and III report files in a single zip.

To view a QRDA file using XML Notepad:

1. Download XML Notepad from this link:  
<https://github.com/Microsoft/XmlNotepad/wiki>. Follow the instructions for installation.
2. Download the CDA.xsl stylesheet from this link:  
[https://www.hl7.org/documentcenter/public\\_temp\\_3DFE1900-1C23-BA17-0C3C6E9DAF936662/wg/structure/CDA.xsl](https://www.hl7.org/documentcenter/public_temp_3DFE1900-1C23-BA17-0C3C6E9DAF936662/wg/structure/CDA.xsl)
3. Download and open the QRDA file in XML Notepad.
4. On the XSL Output tab, select the CDA.xsl stylesheet and click **Transform**.

**Note.** An alternative to XML Notepad is XSL Transformer (XSLT), which you can download from this link: <http://www.freeformatter.com/xsl-transformer.html>.

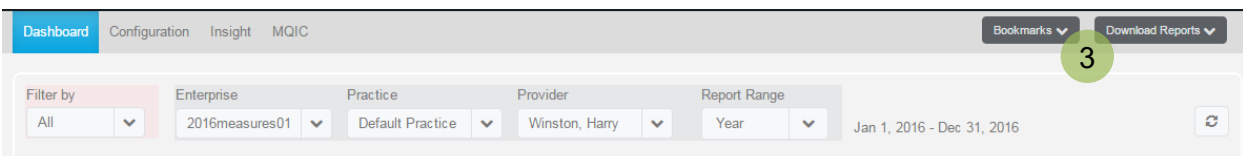
## Downloading Group Measure Summary Report

The **Group Measure Summary Report** generates a single report in Excel spreadsheet format for all providers with measure calculation results for the measurement period. The spreadsheet contains a Summary sheet and a sheet for each measure that contains results for providers meeting the measure. The Summary sheet summarizes provider level results, such as the number and list of mapped measures, measurement period, measures met, and measures met for Medicare patients. Each measure sheet contains measure summary results at the provider level for the measurement period.

**Note.** The spreadsheet includes only providers with performance results for the selected measurement period and the selected practice. Only providers who have the measure(s) selected and who have results will be included.

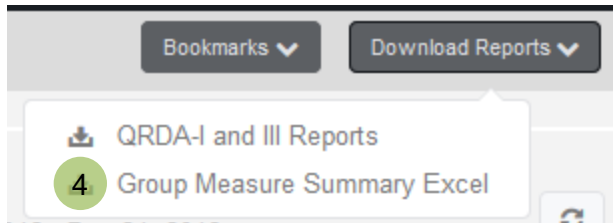
**Tip.** If you want to see results for all providers in your organization, create a Practice that includes all providers.

1. Log in to the CQR Web site as Member or Clinical Administrator.
2. On the Dashboard, select an Enterprise, Practice, Provider, and Report Range.



The screenshot shows the CQR Web site Dashboard. At the top, there are tabs for Dashboard, Configuration, Insight, and MQIC. On the right, there are buttons for Bookmarks and Download Reports. Below these, there is a filter section with dropdown menus for Enterprise (2016measures01), Practice (Default Practice), Provider (Winston, Harry), and Report Range (Year). The date range is set to Jan 1, 2016 - Dec 31, 2016. A green circle with the number 3 is overlaid on the 'Download Reports' button.

3. Click Download Reports.



4. Select **Group Measure Summary Excel**. A file is automatically downloaded.
5. Double-click the file link to open the file and then save to your desktop.

## Copying or exporting the list contents

Childhood Immunization Status (CMS117) Version 4

# 91%

Higher rate indicates better quality

Measure Met

Numerator	
Met	10
Unmet	1

Denominator	
Denom	11
Exclusions	0

Exceptions	
Exceptions	0
Error Count	0

Initial Patient Pop	
IPP	11

Patients (Numerator/Met) [Hide](#)

Show 10 entries

Search:

Copy CSV PDF

Patient ID	Event Count	Age	Gender	First Name	Last Name	Birthdate
1774266056432080	1	1	F			2014-10-20
1774350770451590	1	2	M			2014-02-12

To copy or export the list contents, by the Search field, do one of the following:

- Click **Copy** to save the entire table contents to the clipboard. Then open a word processing document or spreadsheet file and click **Paste**.
- Click **CSV** and then select **Save As** to save the table contents to a .csv file. Then open a spreadsheet application and import the .CSV file and format as needed.
- Click **PDF** and then select **Save As** to save the table contents as an Adobe Acrobat PDF file. (Adobe Acrobat must be installed on your system.)

## Using Bookmarks for Measure Results

You can use bookmarks to save measure calculations for internal archiving or CMS audits, and display on the Dashboard.

To create a bookmark:

Dashboard
Configuration
Insight
MQIC

Bookmarks ▼
Download Reports ▼

Filter by

Enterprise

Practice

Provider

Report Range

All ▼

2016measures01 ▼

Default Practice ▼

Winston, Harry ▼

Year ▼

Jan 1, 2016 - Dec 31, 2016

1

1. Click Bookmarks.

Bookmarks ▼

2 Create Bookmark

View Bookmark

2. Select Create Bookmark.

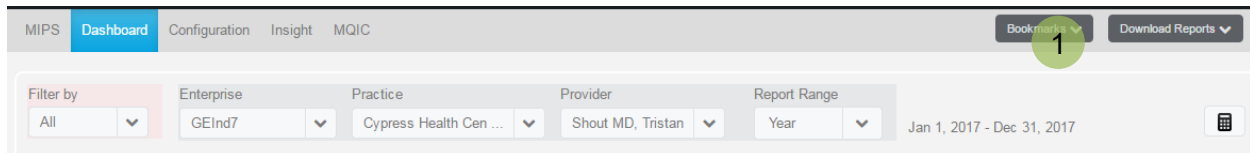
Create Bookmark
X

Back To Dashboard
Save

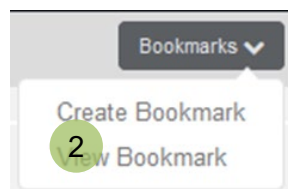
3. Enter a name for the new bookmark. Note that there is a 30 character limit. Alphanumeric and some special characters may be used, including the following: hyphen, period, underscore, plus sign, and comma.
4. Click **Save**. A message indicates that the bookmark was created successfully.
5. Click Back to Dashboard.

**Note:** Existing bookmarks cannot be duplicated. For example, you cannot create two separate bookmarks with the same provider and the same reporting period.

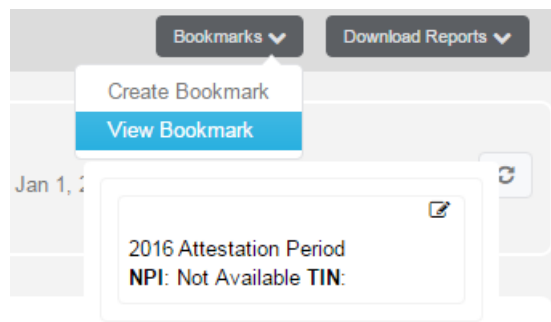
To view a bookmark:



1. Click Bookmarks.



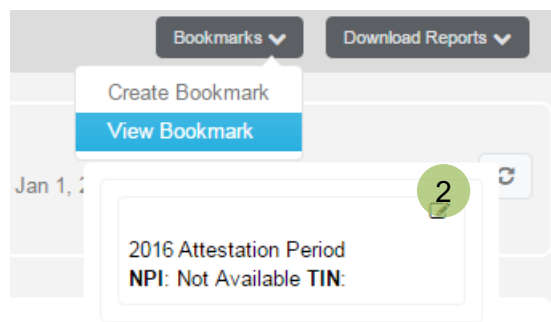
2. Select View Bookmark.



3. Select a bookmark from the list. The measure calculation for the bookmark displays on the Dashboard.

To edit or delete a bookmark:

1. Click Bookmarks and select View Bookmark.



2. Click the pencil icon on a bookmark from the list.
3. Do one of the following:

- Edit the name of the bookmark and click **Save**. A message indicates that the bookmark was edited successfully. Click **Back to Dashboard**.
- Click **Delete bookmark**. Confirm that you really want to delete the bookmark and click **Yes**. A message indicates that the bookmark was deleted successfully. Click **Back to Dashboard**.

**Note:** Bookmarks that were created through the QSS program cannot be edited or deleted.

**Note:** Each provider can have a maximum of 15 bookmarks.

# Configuration Tab: Member Profile, User Management, Organizational Structure, and Measurement Settings.

The Configuration Tab allows authorized users to update user settings and permissions, as well as organizational structure, and configure measures for a provider. The Configuration Tab has four sub-tabs: Member Profile, User Management, Organizational Structure, and Measurement Settings.

## Member Profile

The screenshot shows the 'Member Profile' form within the 'Configuration' tab. The form is divided into several sections for data entry. At the top, there are navigation tabs: 'Dashboard', 'Configuration' (selected), 'Insight', and 'MQIC'. Below these, the 'Member Profile' sub-tab is active, with other sub-tabs being 'User Management', 'Organizational Structure', and 'Measurement Settings'. The form fields are organized as follows: 'Organization\*' (text input with 'MockDHHospital'), 'Registration Id\*' (text input with 'MockDHHospital/RegId'), and 'Customer Type\*' (dropdown menu with 'GE Healthcare Direct' selected, highlighted by a blue circle with the number '1'). Below these are 'Address 1\*' (text input with 'address1'), 'Address 2' (text input with 'address2'), 'City\*' (text input with 'Seattle'), 'State\*' (dropdown menu with 'WA' selected), and 'Zip code\*' (text input with '98214'). At the bottom, there are 'GE Customer Id' (text input), 'GE Customer Short Name' (text input), and 'Comments' (text area). 'Cancel' and 'Save' buttons are located at the bottom right of the form.

The Member Profile tab displays your organization's registration information.

## Member Profile Workflow

### Changing an organization's customer type

- 1 Click the **Customer Type** dropdown field, select the appropriate type for the organization, and click **Save**. Customer type designates whom you are contracted with for support: direct or a Value-Added Reseller.

## User Management > Current Users

Dashboard Configuration Insight MQIC

User Management

Member Profile User Management Organizational Structure Measurement Settings

Current Users Pending Users 0 DIS User Management

Show 10 entries Search: Copy CSV PDF

Member Admin	Name	Username	Phone	Email	Actions
Yes	User	User	[REDACTED]	[REDACTED]@ge.com	Reset Password Edit Delete

The User Management > Current Users tab allows you to manage users in your organization. You can:

- Reset user passwords
- Delete users
- Assign user access, roles, and privileges

## User Management > Current Users Workflows

### Resetting a user password

A Member Administrator (MA) or User Administrator (UA) can reset passwords for users in the organization. When the user is selected from the table and clicks Reset Password, the user receives an email with a link. Other MAs or UAs will also get an email to notify them about the password reset for the user.

When the user receives the email with the link, the user clicks the Password Reset link and the Change Password dialog displays to allow the user to enter a new password and confirm it. The user must also select a security question and enter a security answer. When finished, the user clicks Submit and the password resets.

### Deleting a user

Select a user from the table and click **Delete**.

### Assigning User Access, Roles, and Privileges

CQR has the ability to assign access, roles, and privileges to users within an organization, which creates an added layer of security by limiting access to specific locations within CQR. Many different roles with specific privileges were created, and multiple roles may be assigned to a single user. Clinical, administrative, security, and program access can be granted or restricted based on the user's role in an organization. This granularity gives the Member Administrator (MA) and User Administrator (UA) complete control over a user's access and privileges in CQR.

To assign access and roles for a user:

1. Login as Member or User Administrator.
2. Click Configuration > User Management > Current Users.

3. Select a user from the table and click **Edit**. The Account Details dialog displays the name, email address, and phone number of the user. You can edit the user details as needed.

**Note:** Member Admins are unable to edit other Member Admins.

**Note:** When the email field is updated, a notification is sent to both the user's old and new email addresses.

The screenshot shows the 'User Management' interface with the 'Account Details' tab selected. The user being edited is 'Winston, Harry'. The form contains the following fields:

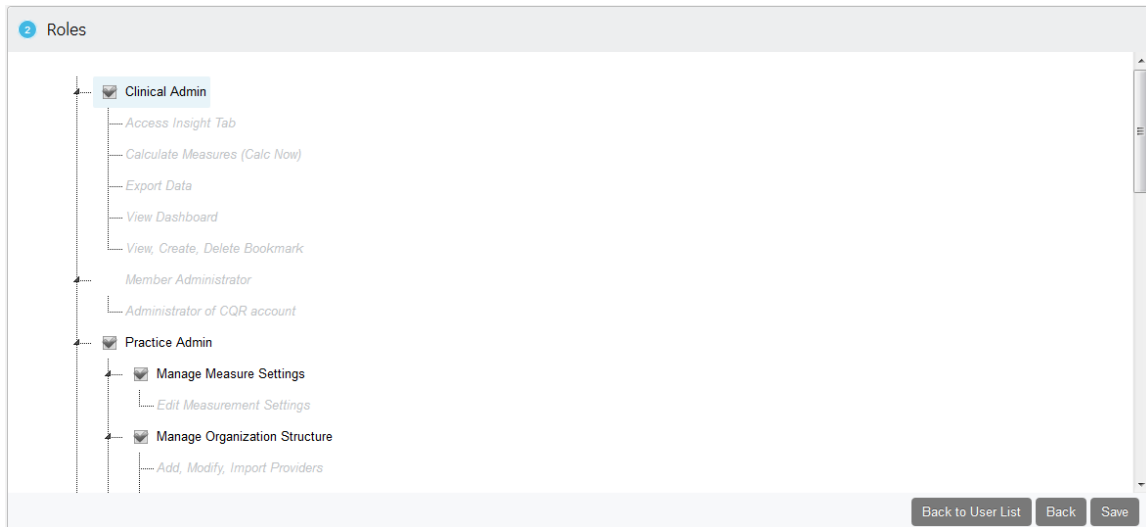
- First Name\***: Harry
- Last Name\***: Winston
- Email Address\***: hwinston@wclinic.com
- Phone Number\***: 3215551234
- Ext**: 0123

A note below the email field states: "When the email field is updated, a notification is sent to both the user's old and new email addresses. No further action is required to finalize the change."

At the bottom right of the 'Account Details' section are two buttons: 'Back to User List' and 'Next'. Below this section are two tabs: 'Access' and 'Roles'.

4. Click **Next**. The Access dialog displays the name of the user at the top.
5. From the Access dialog, select or deselect the practices a user may access. By default, all the practices are selected. Selecting an enterprise for the user allows him or her access to the entire enterprise.
6. Click **Next**. The Roles dialog displays the list of roles: Clinical Admin, Member Admin, Practice Admin, Program Admin, Provider, and User Admin. The provider role displays as inactive and can only be assigned at registration. Each role lists the privileges that can be accessed by the user. The Member Admin role displays as inactive and must be assigned by our Admin (from Support). For more details, please see the section, "More on Roles and Privileges." Existing roles for a user are indicated by check marks on the list.





7. Select one or more roles and privileges for the user. (At least one role is required for the user.)

Roles	Privilege	Navigation	Tasks
Clinical Admin	<ul style="list-style-type: none"> <li>Access Insight Tab (Patient Data and Calculation)</li> <li>Calculate Measures (Calc Now)</li> <li>Export Data</li> <li>View Dashboard</li> <li>View MIPS Dashboard</li> <li>View, Create, Delete Bookmarks</li> </ul>	Dashboard; Insight	Perform clinical tasks related to monitoring and managing a provider's measure results.
Member Administrator	<ul style="list-style-type: none"> <li>Administrator of CQR account</li> </ul>	All tabs	The Member Administrator role can be assigned only by our Administrator. An MA has full access in CQR, and the privileges for the MA have not changed.
Practice Admin	Manage Measure Setting <ul style="list-style-type: none"> <li>Edit Measurement Settings</li> </ul>	Configuration	Manage measurement settings, organization structure, and CQR registration
	Manage Organization Structure <ul style="list-style-type: none"> <li>Add, Modify, Import Providers</li> <li>Create Organization Structure</li> <li>Modify Organization Structure</li> <li>Move or Copy Providers</li> </ul>	Configuration	
	Manage Registration <ul style="list-style-type: none"> <li>Modify Member Profile</li> </ul>	Configuration	

Program Admin	<ul style="list-style-type: none"> <li>Authorize Providers</li> <li>Enroll in QSS</li> <li>Select Measures</li> <li>Send Provider Consent Forms</li> <li>Unenroll in QSS</li> </ul>	MQIC	Manage all activities related to the Quality Submission Service (QSS) program.
Provider	<ul style="list-style-type: none"> <li>View Bookmark</li> <li>View Own Dashboard</li> <li>View Own MIPS Dashboard</li> </ul>	Dashboard	View measure results. Note that the Provider role displays but can only be assigned at registration.
User Admin	Manage CQR Users <ul style="list-style-type: none"> <li>Approve new User</li> <li>Assign User Roles</li> <li>Delete User</li> <li>Grant User access to Practices</li> <li>Modify User</li> <li>Modify User Roles</li> <li>Receive automated emails related to roles</li> <li>Remove User Access to Practices</li> </ul>	Configuration	Manage access and privileges for users with which they share a practice.
	Manage Passwords <ul style="list-style-type: none"> <li>Receive email requests for Reset Password</li> <li>Reset Password</li> </ul>	Configuration	
	View CQR Users <ul style="list-style-type: none"> <li>View Users</li> <li>View User's Access &amp; Roles</li> </ul>	Configuration	

8. Click **Save**. A message indicates changes to the user's access and roles are saved.

9. Click **Close**.

After you assign access, roles, and privileges to a user, the user will see the changes the next time he or she logs into CQR.

#### Default Roles and Privileges

All existing CQR users will be given default roles based on whether they are standard user, Quality Champion, or Member Admin. The table below describes default privileges for the current CQR roles.

Current Roles	Default Roles & Privileges*
Standard user or Provider	Provider
Quality Champion	Clinical Admin Program Admin Manage Measure Settings
Member Admin	Full Access

**\*Note.** The Member Admin can edit each user's roles and privileges.

### More on Roles and Privileges

When a new user registers in CQR and is given the role of standard user or provider, a specific provider name is selected and permanently linked to that user. The "Provider" role cannot be removed for this user; however, additional access, roles and privileges may be added. The "Provider" role is read-only and must be assigned at registration. Users with a "Manage CQR Users" privilege can only see and take action on other users with which they share a practice. For example, Jane has a "Manage CQR User" role for Practice A. Lisa is a user with access to Practice A, and John is a user with access to Practice B. Jane can see and take action on Lisa, but not on John.

## User Management > Pending Users

Dashboard Configuration Insight MQIC

User Management Member Profile User Management Organizational Structure Measurement Settings

Current Users Pending Users 1 DIS User Management

Status	Name	Actions
N	Doe, Jane	Decline Accept

The User Management > Pending Users tab allows you to approve users in your organization who are waiting for access to CQR.

## User Management > Pending Users Workflow

### Approving user registrations

If you are a Member Administrator:

1. Access the CQR Web site, and (if necessary) click **Sign In** to log in to the site.

Dashboard Configuration Insight MQIC

User Management Member Profile User Management Organizational Structure Measurement Settings

Current Users Pending Users 1 DIS User Management

Status	Name	Actions
N	Doe, Jane	Decline Accept

2. Click the **Configuration** tab.
3. Select User Management.
4. Under **Pending Users**, select a user in the list and do the following:
  - Click the arrow icon by the name to view and confirm user details.
  - Click **Accept** or **Decline** to grant/refuse access. An email notification is automatically sent to the user.

On approval, the system sends a confirmation email to the registered user. This message contains a link the user can use to log in to the site and view their progress on Meaningful Use and Clinical Quality Measures configured for your organization.

## User Management > DIS User Management

The screenshot displays the 'User Management' section of a web application. At the top, there is a navigation bar with 'Dashboard', 'Configuration', 'Insight', and 'MQIC'. Below this, the 'User Management' title is followed by tabs for 'Member Profile', 'User Management' (which is active), 'Organizational Structure', and 'Measurement Settings'. Under the 'User Management' tab, there are sub-tabs for 'Current Users', 'Pending Users' (with a count of 0), and 'DIS User Management' (which is active). The main content area is titled '1 Ingestion Credentials' and contains a form with the following fields: 'Username\*' with a text input and a note '8-30 characters, numbers, underscores (\_), hyphen (-) & periods (.) allowed'; 'Password\*' with a text input and a note '8-32 characters with at least 1 lowercase, 1 uppercase, 1 number & 1 special character.'; and 'Password (Again)\*' with a text input. At the bottom left of the form is a checkbox labeled 'Show Password'.

The Data Ingestion Services (DIS) User Name and Password are used in your interface engine to securely access and deliver clinical data to the CQR Web site for use in clinical reporting. The password for this user does not expire in CQR. These credentials cannot be used to access the CQR Web site for a member.

## User Management > DIS User Management Workflow

### Creating or changing a DIS User and Password

1. Log in as the **Member Administrator** for the organization.

Dashboard **Configuration** Insight MQIC

User Management **3** Organizational Structure Measurement Settings

Current Users Pending Users **1** **DIS User Management** **4**

**1** Ingestion Credentials

Username\*

8-30 characters, numbers, underscores (\_), hyphen (-) & periods (.) allowed

Password\*

8-32 characters with at least 1 lowercase, 1 uppercase, 1 number & 1 special character.

☐ Show Password

Change your [password](#) ?

Back Register

2. Click the **Configuration** tab,
3. Select User Management.
4. Select **DIS User Management**.
 

**Note.** The user name defaults to the registration ID for the member organization of the logged in Member Administrator but can be changed. If you have already established a user name and password in the interface engine, make sure DIS credentials match.
5. Under **Ingestion Credentials** do the following:
  - **User Name** - Create (or change) a name consistent with the requirements listed below the field.
  - **Password** - Create (or change) a password consistent with strength requirements listed below the field and then re-enter the password.

**Note.** Check **Show Password** to see characters as they are entered.
6. Click **Register**. User is automatically created in the CQR database.

## Organizational Structure

Dashboard **Configuration** Insight MQIC

Organizational Structure **2** Member Profile **3** User Management **4** Organizational Structure Measurement Settings

GEEMRConsulting

**Enterprises** **4**

➤ GEEMRConsulting

The Organizational Structure tab allows you to add or configure enterprises, practices, and providers in your organization.

Typically, when the Clinical Quality Measures subscription runs, any new providers (and new patients) are queued and sent automatically to the CQR Web site. Then, when the

Objectives subscription runs, Meaningful Use data associated with the new provider or patient is sent to the web site and can be viewed. However, a new provider must register on the site to access their information. Use this feature when you need to manually update a provider's registration details.

**Note.** Organizing your Practices and Providers is beneficial to enable users to quickly and easily find the provider(s) they want to review. The organization of this area does not impact the provider's measure results.

## Definitions

**Enterprise** – The Organization Name entered when your account was originally registered is the name of your Enterprise on the CQR Web site. If you have a single location of care within your organization, all providers are listed under Default Practice directly under your Enterprise. Default Practice can be renamed. If you have multiple locations of care, you will see multiple practices with names based on your location names under your Enterprise. These labels can also be changed. You can optionally create additional Enterprises (with the same LicenseID/Enterprise ID). Or you can add Sites and Practices under your original Enterprise.

**Practice** – A named medical practice located under an Enterprise or Site (location). Practices based on your defined locations of care names are created by default during initial upload. All practice names are editable. If you only have one location of care but many providers, you can use this feature to create convenient sub-groups of providers.

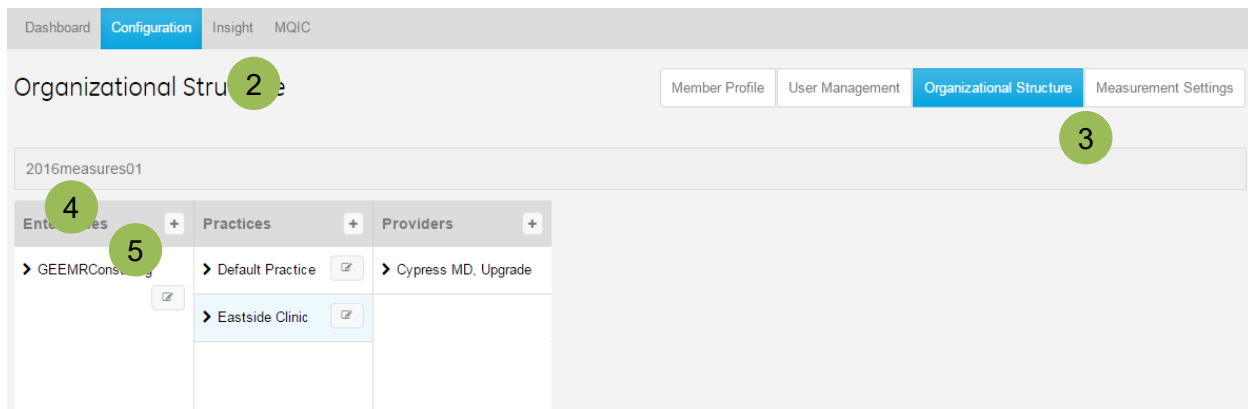
**Site** – A physical location (includes a name and address) created under an Enterprise that houses one or more Practices within your enterprise. You might use this features if you have multiple physical locations. To add providers to a site, you will create one or more practices under the site and move providers into the practices.

## Organizational Structure Workflows

### Adding and configuring an Enterprise

1. Log in to the CQR Web site using your **Member** or **Practice Administrator** login name and password.

**Note.** When accessing the site the first time from your confirmation email from CQR, you will see the **Get Started** page on the **CQR Dashboard** tab.



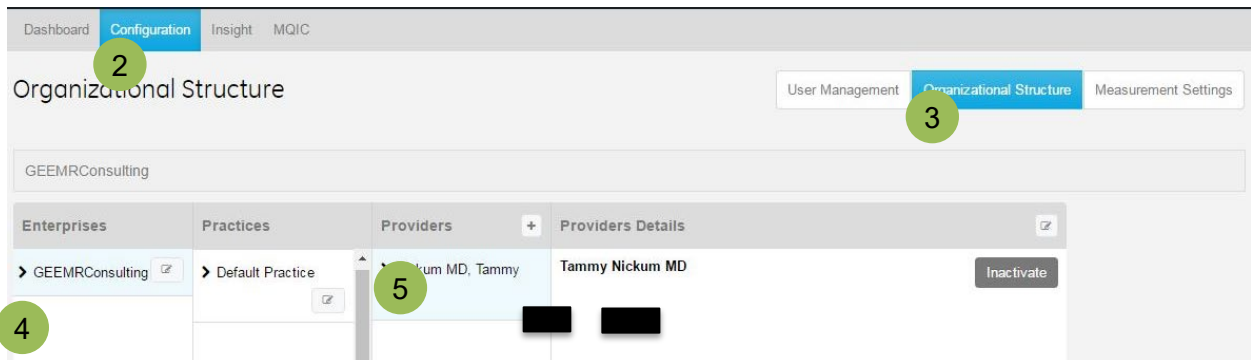
2. Click the **Configuration** tab.
3. Select **Organizational Structure**.
4. Under **Enterprises**, you will see the **Organization** name you created for your member/organization. Click this to see your **Default Practice** with your providers listed beneath.
5. Click the **Enterprises +** icon.

6. On the **Add Enterprise** window, Enter an **Enterprise Name** and then do the following:
  - Check **Includes Multiple Sites** to create one or more Sites (locations) under the enterprise. When only this option is checked, you can copy/move providers to each site created under the enterprise, but not to the enterprise.  
**Example:** Mason Family Practice (enterprise) with two sites (locations): Mason Family Practice South and Mason Family Practice West
  - Check **Includes Multiple Practices** to create one or more practices at a single location. When only this option is checked, you can add providers to each practice under the enterprise.  
**Example:** Mason Healthcare (enterprise) with two practices at the same location: Mason Family Practice, Mason Pediatric Medicine
  - Check both **Includes Multiple Sites** and **Includes Multiple Practices** to create multiple locations that each have more than one practice. When both options are checked, you can add providers to a practice, not at the site or enterprise level.  
**Example:** Mason Healthcare (enterprise) with two sites: Mason Healthcare South and Mason Healthcare East. Each site has two practices: Mason Family Practice and Mason Pediatric Medicine
7. Click **Add**. A new Enterprise with your LicenseID is created. Now you are ready to create sites and practices under this enterprise.

## Organizing Providers into Practices

After initial upload anyone who has worked with your patient charts in the past 5 years is included in the Provider list under your default practice or under multiple practices created automatically using home location of care names. You can remove a provider who is not reporting/attesting to shorten the list of providers/users associated with the practice, or copy/move providers to other practices.

1. Log in to the CQR Web site as Member or Practice Administrator.



2. Click the **Configuration** tab.
  3. Select **Organizational Structure**.
  4. Select your **Enterprise**, and select a **Practice** where you will add/change/move Providers.
- Note.** Previously uploaded providers are listed under your [**Enterprise Name**] > **Default\_Practice** or under multiple practices auto-created during initial upload using application location of care names. If you do not see Providers, make sure your Clinical Quality Measure Reporting subscription is properly configured and enabled in the EMR application.
5. Select a provider in the **Providers** list for the selected practice:
    - Click **Inactivate** to remove a provider who is not reporting/attesting.
    - To Move, Copy or Cancel, drag and drop the provider into another practice and do one of the following:
      - Click **Move** to move a provider from the current location to the new Practice.
      - Click **Copy** to add a provider to the new practice and leave them under their current practice. The provider is now listed in both locations.
      - Click **Cancel** to cancel the operation.

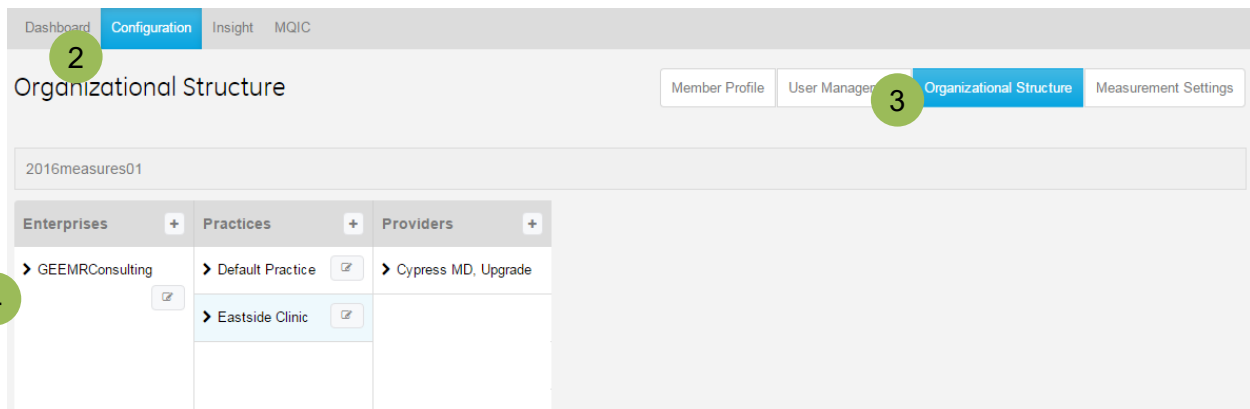
**Note.** We recommend you access the site with Google Chrome which supports scrolling in the provider list.

## Adding Practices and Sites

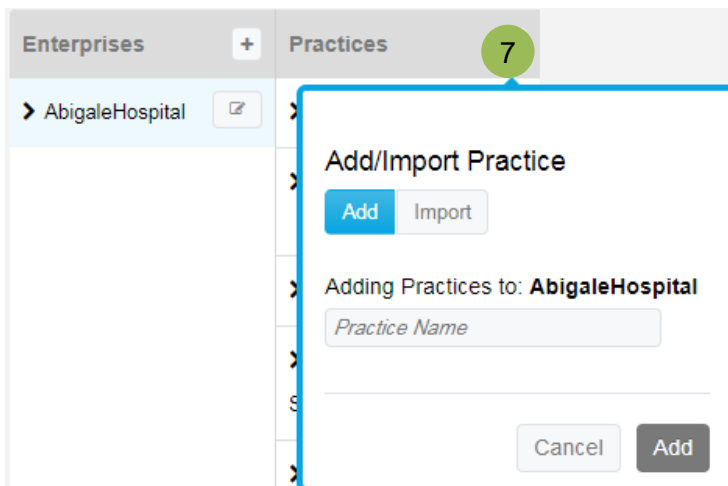
If you have a single location of care with many providers, you can use the *Practice* feature to organize providers into smaller manageable groups. For example, you can organize by practice or specialty, or in alphabetical sub-groups, such as A-F, G-M, and so on. This helps you quickly drill down to individual provider quality dashboards to view their progress. See the section below, "Organize providers in practices," to learn how to move or copy providers from one practice to another practice.

1. Log in to the CQR Web site using your **Member** or **Practice Administrator** login name and password.





2. Click the **Configuration** tab.
3. Select **Organizational Structure**.
4. Under **Enterprises**, you will see the **Organization** name you created for your member/organization. Click this to see your **Default Practice** with your providers listed beneath.
5. To add different site locations, select the **Enterprise** in the list and then click **Sites +**.
6. Enter a site **Name** and complete all **Address** fields, and then click **Add**. Repeat this step to add more sites.



7. To add separate practices under a site, select a **Site** in the list and then click **Practices +**.
8. Enter a practice **Name** and click **Add**. Repeat this step to add more practices to this site.
9. When you have created sites and practices, you are ready to add, copy, or move providers into them.

## Importing Practices from CPS/ CEMR to CQR

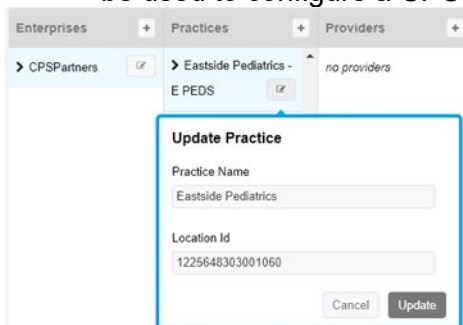
Users can import practices from CPS/ CEMR so that the organization structure in CQR mirrors the locations of care (LOC) in CPS/ CEMR. This feature will be especially helpful for CPC+ or MIPS Group participants who need to select multiple locations of care and aggregate the data for the selected locations of care at a practice or group level. Practices are typically created in CQR each time a new provider is imported. If a practice is not automatically created in CQR, or in instances where practices were manually added in CQR, it may be necessary to import the necessary practices from CPS/CEMR. Creating a CPC+ or MIPS Group practice occurs in the MQIC tab for those enrolled in Quality Submission Services (QSS). CPC+ is available now. MIPS Group enrollment will open later this year. In these instances, we recommend only importing the practices necessary to complete your configuration for these programs. In any circumstance, we also recommend importing a single practice, or small batch, initially to confirm the desired result before continuing with additional practices, and subsequently, importing in a phased manner.

**Note:** Practices in CQR cannot be deleted so restraint should be used when selecting practices for import.

### Location ID (LOCID)

Each location of care in CPS/ CEMR has a unique location ID, which will be imported with the LOC into CQR and display in the Organizational Structure, 'Update Practice' window.

- Only practices with a LOCID can be configured for a CPC+ or MIPS Group practice.
- Location IDs are imported from CPS/ CEMR and cannot be added manually in the 'Update Practice' window in CQR.
- The LOCID can be a 16-digit number or a 0.
- Practices that were manually created in CQR will not have a LOCID and cannot be used to configure a CPC+ or MIPS Group practice.



### Preparing to Import Practices

Take these steps to confirm that the organizational structure in CQR reflects the locations of care in CPS/ CEMR, so you can create a CPC+ or MIPS Group practice.

- Identify the practices in CQR that you expect to include in a CPC+ or MIPS Group practice.
- Confirm that each practice has a Location ID (LOCID).
  - Go to 'Organizational Structure' > Select the practice > Select 'Edit' > Look for a Location Id in the 'Update Practice' window.
- Any practices missing a Location Id will need to be imported.

## Import Considerations

- Importing a practice does not import the providers in the practice. Providers may be moved or copied into the newly imported practice or imported using the 'Import Provider' feature.
- A practice imported into CQR with the same practice name and LOCID as an existing practice in CQR will have no changes to the practice name in CQR.
- A practice imported into CQR with a different practice name (manually edited in CQR) and the same LOCID, will see the practice name updated to the imported practice name in CQR.

**Note:** This can be avoided by changing the practice name in the CSV file before importing the file into CQR.

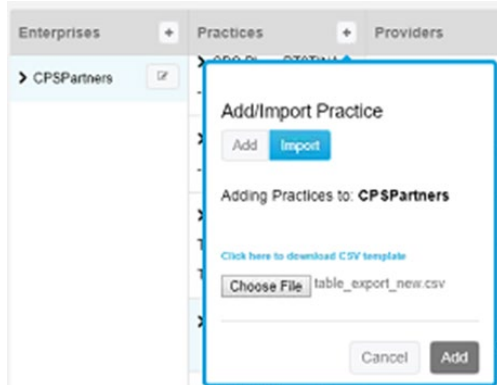
- A practice imported into CQR with a LOCID that does not match any LOCIDs in CQR, will import as a new practice with the practice name as it appears in the imported CSV file.
- A practice created manually in CQR will have no LOCID so there may be duplication in the organization structure after the import.
- The abbreviation field in the csv file will be appended to the practice name after the import practice workflow. For example, if practice name is 'Eastside' and the abbreviation is 'East', then the practice name will appear as Eastside – East after the import.
- Practices in CQR cannot be deleted, so only use the import feature when absolutely necessary.

## Steps to Import Practices

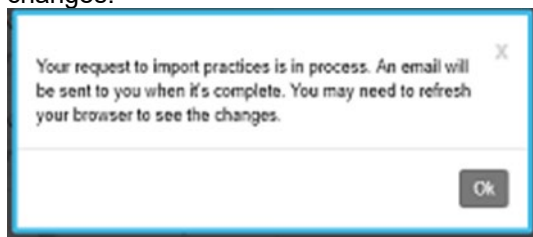
1. Obtain practice data from CPS or CEMR.
  - a. Use the query provided below. Save the results as a CSV file.

```
select NAME as "PRACTICE_NAME"  
, ABBREVNNAME as "ABBREVIATION"  
, LOCID as "LOC_ID"  
, coalesce(ADDRESS1,"") as "ADDRESS_LINE1"  
, coalesce(ADDRESS2,"") as "ADDRESS_LINE2"  
, coalesce(CITY,"") as "CITY"  
, coalesce(STATE,"") as "STATE"  
, coalesce(ZIP,"") as "POSTALCODE"  
, coalesce(COUNTRY,"") as "COUNTRY"  
from LOCREG
```

- b. Use a custom report kit that we've posted on the Customer Portal:  
<https://centricity.athenahealth.com> > Community > Quality Reporting > CQR. Save the results as a CSV file.
2. Log in as a **Member** or **Practice Administrator**.
  3. Click the **Configuration** tab.
  4. Select **Organizational Structure**.
  5. Select your **Enterprise**.
  6. Click the **+** button from the **Practices** banner.



7. Click **Import** on the Add/Import Practice window.
8. Download a blank CSV file template by clicking the link: *Click here to download CSV template*. Download and open this template. Enter the practice data for practices that you want to import using the results from the query shown above.
9. The query results should be copied and pasted into a blank CSV file template. The template, *ImportPractice.csv* contains the following headers: PRACTICE\_NAME, ABBREVIATION, LOC\_ID, ADDRESS\_LINE1, ADDRESS\_LINE2, CITY, STATE, POSTALCODE, and COUNTRY.  
**Note:** Use Notepad to open the csv file to view or modify content, otherwise Excel changes the format of the LOC\_ID and the file cannot be imported.  
**Note:** The practice name can be edited in the CSV file prior to importing the file if you prefer to keep the practice name as it appears in CQR. You can also change the practice name in CQR after importing.
10. Click **Choose File** and select the CSV file (for example, *ImportPractice.csv*) that you have entered with practice data. The filename displays next to the Choose File button.
11. Click **Add**. A message indicates, "Your request to import practices is in process. An email will be sent to you when it's complete. You may need to refresh your browser to see the changes."




12. Click **OK** to exit.
13. Review the confirmation email. Users who import a practice will receive an email to confirm the success or failure of the import. If the process was unsuccessful for a practice, the email will indicate the reason for the failure so that the user can correct the practice data in the CSV file and reimport the practice.
14. Verify that the practices were imported.

## Renaming a practice name to change the list order of practices

If you no longer want a practice to display on the list of practices, there's a workaround that allows you to move a practice further down in the list.

A practice cannot be deleted from the list of practices; however, you can rename it to change the list order. The practices are sorted alphabetically (from A to Z).

You can rename a practice so that it will be automatically sorted further down in the list.


1. Log in to the CQR Web site as **Member** or **Practice Administrator**.
2. Click the **Configuration** tab.
3. Select Organizational Structure.
4. Select the **Enterprise**, and select the **Practice** that you want to rename.
5. Click  (**Edit**).

### Update Practice

Practice Name

Location Abbreviation

Practice Address

Choose Existing Address 

Or...

Address Line 1

Address Line 2

City

City Name

State      Zip Code

-- ▾

-

Location Tax Identification Number

Location Tax Identification Number

Location ID

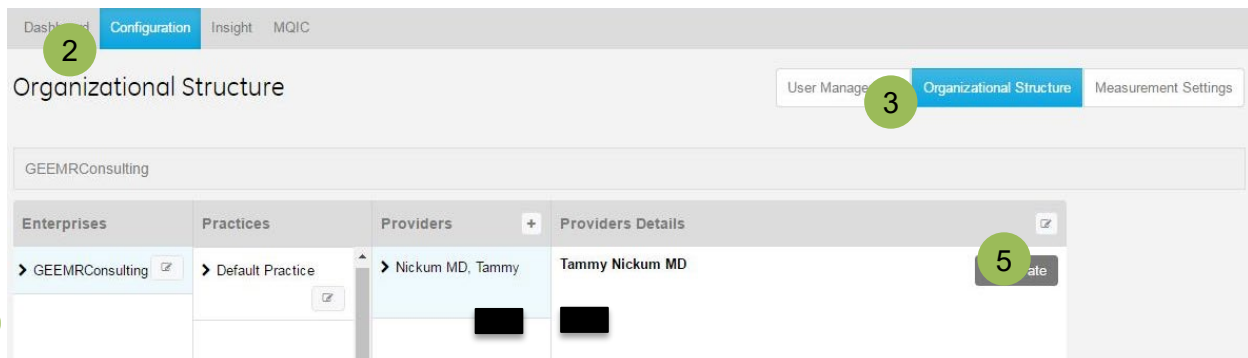
Location ID


6. Rename the Practice Name by adding the letter "Z" in front of the existing name. For example, "Z Practice Name". This change will result in the practice name being moved further down the list.
7. Click **Update**.

## Updating provider detail information

Typically, when the Clinical Quality Measures subscription runs, any new providers (and new patients) are queued and sent automatically to the CQR Web site. Then, when the Objective Measures subscription runs, measure data associated with the new provider or patient is sent to the Web site and can be viewed. However, a new provider must register on the site to access their information. Use this feature when you need to manually update a provider's details.

1. Log in to the CQR Web site as **Member** or **Practice Administrator**.



2. Click the **Configuration** tab.
3. Select **Organizational Structure**.
4. Select the single **Enterprise**, **Site**, or **Practice** where you want to manually update a provider.
5. In the **Providers** list, select a provider and do one of the following:
  - To update provider information, click  (**Edit**), update the information, and then click **Update**. To update the provider specialty, click **Refresh**. See the procedure, "Updating the specialty for a provider".
  - To inactivate a provider, select the provider name and click **Inactivate**. The provider will no longer be able to access the Web site and their provider reports.

## Updating the specialty for a provider

To update the provider specialty (taxonomy):

1. From the **Update Provider Details** window, make sure that the provider's NPI is entered. (NPI is required to import the specialty information).

**Update Provider Details**

Provider's Given Name  
Harry

Provider's Family Name  
Winston

National Provider Id  
1629234034

Specialty (Taxonomy) **Refresh**  
Family Medicine 207Q00000X

Tax Identification Number  
224498765

Provider Id  
1694449347770370

Data Source Id  
70

Provider's Email  
Provider's Email

Cancel Update

2. Click **Refresh**. The provider's specialty information is retrieved from the NPPES database.
3. Click **Import** to import the specialty or specialties found for the provider.
4. The **Update Provider Details** window displays the imported specialty or specialties and the taxonomy code(s).
5. Click **Update** to save.

## Measurement Settings

Dashboard Configuration Insight MQIC

Member Profile User Management Organizational Structure Measurement Settings

Set up your Meaningful Use Measurement Settings below:

1 6 2 3 4 5

1 Select Provider

Select Enterprise ▼

Next

The Measurement Settings tab allows you to configure the view that the provider sees on the Dashboard. You can:

- Select the enterprise, practice, and provider.
- Select which Program Participation to view and whether to automatically calculate measures weekly.
- Select the objective measures and clinical quality measures to display.

## Measurement Settings Workflow

### Setting up the Dashboard for a provider

Once a user is registered, they see their **Dashboard** when they log in. If you are accessing the Dashboard for the first time, the Program Participation must be configured first in **Measurement Settings** by your Member Administrator before calculations can be processed.

If you select *Modified Stage 2 or Stage 3*, the MU Objectives, Obsolete Measures, and CQMs will display.

If you select *MIPS*, only CQMs will display.

1. Log in to the CQR Web site as Member or Practice Administrator.



2. Click the **Configuration** tab.
3. Select **Measurement Settings**.
4. Under **Select Provider**, select an **Enterprise**, **Site**, and **Practice** where relevant, then select a **Provider**.
5. Click **Next**.

6. Under **Provider Details**, from Program Participation, select **Medicaid PI – Stage 3**. The configured measures' results will display only on the Dashboard tab.  
**Note.** If you also participate in the **MIPS – PI (CPS 12.3 / CEMR 9.12 or higher)** program, select its check box. For details on the MIPS PI program, see the section [“MIPS Tab: Merit-based Incentive Payment System”](#).
7. (Optional) If you want the measures to be calculated automatically for a provider, select the Current Year check box. (By default, the Current Year check box is selected.) Calculations are performed weekly, as indicated by **Automatically calculate measures every week**.
8. Click **Next**.  
**Note.** To return to a previous screen in Measurement Settings click **Back** at the bottom of each list. Click the browser Back button to return to the previous module you visited.
9. Review and confirm the following measures and check/uncheck a measure to display on the providers Dashboard:
  - Under **Review Required Objective Measures**, review and confirm measures to display for the program, then click **Next**.
  - If you also selected the **MIPS PI (CPS 12.3 / CEMR 9.12 or higher)** program, review and confirm measures to display for the program, and click **Next**.
  - If you want to display the Obsolete measures, under **Select Obsolete Measures**, review and confirm measures to display for the stage, and click **Next**.
  - Under **Select Clinical Quality Measures**, review and confirm measures to display for the stage, and click **Next**.

- Under **Confirmation & Summary**, review the measures selected/required for the stage, and click **Save** to save your settings.

## Selecting CPC+ Measures

Selecting Clinical Quality Measures (CQM) for a CPC+ practice has been streamlined on the Configuration>Measurement Settings tab. When a user selects a CPC+ practice from the Select Provider pane and clicks **Next**, the Select Clinical Quality Measures pane immediately displays, bypassing the *Provider Details*, *Obsolete*, and *Objective Measures* panes. CPC+ measures are labeled with their corresponding program years, such as 2018.

Once saved, the selected measures can be calculated on the MIPS>Quality Measures tab, and only the selected measures will display. This enhancement is important for CPC+ participants because all measures that display in the dashboard at authorization will be submitted to CMS, and this change allows CPC+ practices to select the measures submitted.

**Note:** The CPC+ measures that display in the MIPS tab are specific to the measure set for the current program year. Obsolete CPC+ measures from prior program years display in the Dashboard tab.

### Selecting measures for a CPC+ practice:

- Log in to the CQR Web site as Member or Practice Administrator.
- Click the **Configuration** tab.
- Select Measurement Settings.
- Under Select Provider, select an Enterprise, Practice, then select a Provider.

5. Click **Next**. CPC+ measures are labeled with their corresponding program years.

Select Clinical Quality Measures

CPC Plus, T2NY6219

<input checked="" type="checkbox"/>	#	Measure	
		CPC+ measures are labeled with their corresponding program years	
<input checked="" type="checkbox"/>	CMS2	2018 / 2019 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"/>	CMS50	2018 / 2019 Closing the Referral Loop: Receipt of Specialist Report Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred	
<input checked="" type="checkbox"/>	CMS122	2018 / 2019 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	

6. Click in the Search field and enter either **2018** or 2019 to show measures only for that year.
7. Select Clinical Quality Measures as applicable.
8. Click **Next**.
9. Under **Confirmation & Summary**, review the measures selected/required, and click **Save** to save your settings.
10. Recalculate the CPC+ practice to see the updates reflected on the Dashboard.

# Insight Tab: Patient Data, Calculation, Data Ingestion, and Data Sync

The Insight Tab allows you to drill down to the individual event details associated with your organization's providers and their patients. It provides information as to why a patient qualified or did not qualify for an Objective or Quality Measure. The Insight tab has four sub-tabs: Patient Data, Calculation, Data Ingestion, and Data Sync.

## Patient Data

Dashboard Configuration **Insight** MQIC

Member Insight Status

Patient Name/ID\* :

Enter Patient name/ID Search

Enter firstname,lastname/partial name/patientID

Patient Name	Patient ID	Birth Date	Gender	Last update date	Exclude/include patient from calculations
--------------	------------	------------	--------	------------------	---

On the Patient Data tab, you can exclude or include patients from the measure calculations on the Dashboard. For example, you may create test patients to test features and workflows that you would not want to be included in your Meaningful Use attestation results.

## Patient Data Workflows

### Excluding or including patients from measure calculations

On this screen you can exclude or include patients from measure calculations on the Dashboard. we recommend excluding all test patients so they are not included in your providers' calculations.

1. Log in as a Member or Clinical Administrator.
2. On the Insight tab, select Patient Data.
3. To search for patients, do one of the following in the **Patient Name/ID** field and click **Search**:
  - **Single patient or group of patients** - Enter a string for part of the patient's first or last name, or *firstname lastname*. Matched names display in the grid below.

**Note.** Search is not case sensitive and matches strings against first name or last name.

  - **Patient ID** - Enter the full or partial patient ID in the field.

The list returned includes patient name, patient ID, birth date, gender, and last update date.
4. Select a patient name that you want to exclude or include.
5. Click Exclude or Include.

A message asks if you are sure that you want to exclude or include the patient.
6. Click **OK** to confirm (or **Close** to cancel).

**Note.** The Exclude button changes to Include after you exclude a patient. Conversely, it changes from Include to Exclude after you include a patient.

After you exclude one or more patients, go to the Dashboard and recalculate the measures. Excluded patients will no longer appear on the Dashboard. Similarly, when you include one or more patients, go to the Dashboard and recalculate the measures. Included patients will re-appear on the Dashboard.

To copy or export the Patient Data list contents, by the Search field, do one of the following:

- Click **Copy** to save the entire table contents to the clipboard. Then open a word processing document or spreadsheet file and click **Paste**.
- Click **CSV** and then select **Save As** to save the table contents to a .csv file. Then open a spreadsheet application and import the .CSV file and format as needed.
- Click **PDF** and then select **Save As** to save the table contents as an Adobe Acrobat PDF file. (Adobe Acrobat must be installed on your system.)

### Excluding merged patients from measure calculations

**Situation:** When merging patients in CPS and CEMR, events recorded in MUActivityLog, such as patient portal registration or patient education, were not moved to the new merged patient.

**Update:** With the Service Pack 13 release, an Enable Merge Patient function will reassign the old patient's MUACTIONYLOG rows to the new merged patient, which triggers an export to CQR. The original patient will remain in the measure denominator in CQR until selected for exclusion from measure calculations. (See section above on including and excluding patients.) If you cannot identify the source patient to be excluded because their name and birthdate are the same, exclude patient with oldest updated date there. Alternatively, you may use the CPS/CEMR Inquiries feature to find the source patient that has a "MRG" prefix in the last name and select to send to CQR in the Activity field. In CQR, exclude the duplicate patient that has only a single entry in the QDM data for patient characteristics.

## Calculation

Dashboard Configuration **Insight** MQIC

Member Insight Status

Patient Data **Calculation** Data Ingestion

Provider calculation status for **GEEMRConsulting**

Total Provider count: **32**, Total Patient count: **162**

Provider Name\* :

Enter First or Last name or \*

Search

Provider Name	Patient Count	Last Patient (update date)	Calculation Count
---------------	---------------	----------------------------	-------------------

On the Calculation tab, you can search for a provider and then access current patient data received and measure calculation status. You can see the total number of providers and patients for the logged in member organization and view calculation information for a selected provider.

## Calculation Workflow

### Viewing calculation status for providers

On this screen you can see the total number of providers and patients for the logged in member organization and view calculation information for a selected provider.

1. Log in as a Member or Clinical Administrator.

Dashboard Configuration **Insight** MQIC

Member Insight Status

Patient Data **Calculation** Data Ingestion

Provider calculation status for **GEEMRConsulting**

Total Provider count: **35**, Total Patient count: **187**

Provider Name\* :

Search

Search: Copy CSV PDF

Provider Name	Patient Count	Last Patient (update date)	Calculation Count
H. Winston	1	2016-05-25	1

2. Click the **Insight** tab.
  3. Select Calculation.
  4. To search for providers, do the following in the **Provider Name** field:
    - **Single provider or group of providers** - Enter a string for part of the provider's first or last name. Matched names display in the grid below.
- Note.** Search is not case sensitive and matches strings against first name or last name.
- **All providers** - To view a list of all providers, enter \* (asterisk) in the field.

The list returned includes provider name, number of patients, date of the last recorded encounter with a patient in CQR, and the number of calculations done for the provider.

5. Select a provider name in the grid to view **Calculation Status** and **Patient** details in the grids below.

Calculation status for **Harry Winston**

Search:  Copy CSV PDF

Measure Period		Status	Calculated Time	Job ID
Start Date	End Date			
2016-01-01	2016-12-31	Available	2016-09-04 06:00:16.107	0

Showing 1 to 1 of 1 entries First Previous 1 Next Last

Patient list for **Harry Winston**

Search:  Copy CSV PDF

Patient Name	Patient ID	Birth Date	Gender	Last update date
Sansa Stark	1779613932086510	1998-01-01	F	2016-05-25

Showing 1 to 1 of 1 entries First Previous 1 Next Last

**Calculation Status** for the provider displays available and pending calculation jobs. For the measurement period, you can see when the last calculation was done, and whether results are available. For **Pending** jobs you see a Job ID, which indicates the calculation has not yet been completed.

**Patients List** on the right lists patients for whom measure data is available and calculated, including Patient ID, birthdate, gender, and date of last update, for identification purposes.

6. Select a **Patient Name** in the **Patient List** to see relevant patient data in the **Patient Quality Data Model** and **Patient Events** lists below.

Patient Quality Data Model list for **Sansa Stark**

Search:  Copy CSV PDF

Category (Data Type)	Code	Description
encounter, performed	C4 99304	n/a
patient characteristic	SNOMED CT 266927001	
patient characteristic payer	SOP 349	Other

Showing 1 to 3 of 3 entries First Previous 1 Next Last

Patient Events for **Sansa Stark**

Search:  Copy CSV PDF

Event Source	Event Date	Event Attributes
OFFICE_VISIT_SHARED_DENOMINATOR	Mon, 23 May 2016	Contributor= true SID= 1779615353089840
SEEN_BY_SHARED_DENOMINATOR	Mon, 23 May 2016	Contributor= true SID= 1779615353089840

Showing 1 to 2 of 2 entries First Previous 1 Next Last

The **Patient Quality Data Model** includes the **Data Type** under Category, such as a Laboratory Test result, a Medication order, an Active Diagnosis, and so on. The Code column also shows the relevant code for each data type, such as a LOINC, ICD, or SNOMED code. The Description column shows the code description. (Use the scroll bar at the bottom to view the other columns to the right of the display.) Start and end dates for the encounter when the data was recorded are also displayed. If applicable, Quantity and Unit of Measure are also displayed.

**Tip.** To determine whether a specific calculation is out of date because new patient data has arrived since the calculation, compare the **Last update date** timestamp for patient data in the **Patient List** grid with the **Calculated time** timestamp from the **Calculation Status** grid.

The **Patient Events** list displays the Event Source, Event Date, and Event Attributes, to help you analyze patient events associated with the patient's provider.

Patient Quality Data Model list for **Sansa Stark**

7 Search:  8 Copy CSV PDF

Category (Data Type)	Code	Description
encounter, performed	C4 99304	n/a
patient characteristic	SNOMED CT 266927001	
patient characteristic payer	SOP 349	Other

Showing 1 to 3 of 3 entries      First   Previous 1 Next   Last

Patient Events for **Sansa Stark**

7 Search:  8 Copy CSV PDF

Event Source	Event Date	Event Attributes
OFFICE_VISIT_SHARED_DENOMINATOR	Mon, 23 May 2016	Contributor= true SDID= 1779615353089840
SEEN_BY_SHARED_DENOMINATOR	Mon, 23 May 2016	Contributor= true SDID= 1779615353089840

Showing 1 to 2 of 2 entries      First   Previous 1 Next   Last

7. To find a specific value in **Provider**, **Calculation Status**, **Patient**, **Patient QDM** or **Patient Events** lists, enter a string in the **Search** field above the list to jump to a specific row/cell in long lists.
8. To copy or export complete table contents in **Provider**, **Calculation Status**, **Patient**, or **Patient QDM** lists, do one of the following:
  - Click **Copy** to save the entire table contents to the clipboard. Then open a word processing document or spreadsheet file and click **Paste**.
  - Click **CSV** and then select **Save As** to save the table contents to a .csv file. Then open a spreadsheet application and import the .CSV file and format as needed.
  - Click **PDF** and then select **Save As** to save the table contents as an Adobe Acrobat PDF file. To view, Adobe Acrobat must be installed on your system.



## Data Ingestion

Dashboard Configuration **Insight** MQIC

Member Insight Status Patient Data Calculation **Data Ingestion**

Data Ingestion status for: **GEEMRConsulting** Last received data: **2015-10-15 18:13:04.247** (285 days) Total patient count: **162** Toggle zoom

**Error** Show 10 entries Search: URL Timestamp System Functional Log No data available in table

**Unprocessed (Started but did not finish)** Show 10 entries Search: URL Timestamp No data available in table

On the Data Ingestion tab, you can view the progress of data ingestion, as CCDAs are sent from the application to the CQR Reporting Web site. You can see the date and time when the last data was received, and the number of patients.

**Note.** The date displayed for **Last received data** should be the current day's date. This indicates that CQR is receiving daily updates from your EMR.

## Data Ingestion Workflows

### Viewing data ingestion status for providers

On this screen you can see data ingestion status, the date and time when the last data was received, and the number of patients.

1. Log in as a Member Administrator.
2. On the Insight tab, select **Data Ingestion**.

You will see information about all data received for your organization, including the time the last data was received and the number of documents (i.e., CCDAs) received. **Error** information is listed on the left and **Unprocessed** documents are listed on the right.

### Viewing CCDA ingestion (arrival) rate

The **Volume** chart shows the number of successful CCDA documents processed over time by days and establishes an arrival or ingestion rate for the organization.

1. For **# Days**, enter the number of days (2 to 60) to display ingestion events.
2. Hover over a bar to see the number of documents processed on a given day.
3. Click the icon in the upper left corner to print or download this chart as an image or PDF format document.

### Viewing, filtering, or searching lists

1. In the **Show X Entries** list, select the number of messages to retrieve at one time. This saves time loading when there are many messages. You can scroll the list and click **Previous** or **Next** to retrieve and view the next set of messages.

2. **Search** for a specific message by entering a string; empty the field to return the default list view.
3. **Sort list.** Click a column heading to resort by fields.
4. **Expand grid view.** Click **Toggle Zoom** and then hover over a grid to expand it.
5. **Move a grid.** Click and select a grid and then drag and drop to change its position on the page.

#### **Viewing Unprocessed CCDAs**

- Click a URL link to review the CCDA (XML) document to see what patient information was sent.

## Data Sync

For VBC Analytics customers only, a new **Insight > Data Sync** tab has been added so that you can view recent Sync jobs.

Member Insight Status

Patient DataCalculationData Sync

Show between: 09/16/201809/17/2018Go

Patient Count

Search:

Date	Patient Count
2018/09/17	2079

Showing 1 to 1 of 1 entriesFirstPrevious1NextLast

Stats Summary

Search:

CopyCSVPDF

Date	ALLERGY	ASSESS	AUDIT_EVENT	AUDIT_EVENT_DETAIL	AUDIT_PROFILE	Activity
2018/09/16	45	40	50.3	37	33	0
2018/09/17	86	77	79	56	45	0

Showing 1 to 2 of 2 entriesFirstPrevious1NextLast

## Data Sync Workflows

On the Data Sync tab, you can view all of the recent Sync jobs with patient count on the Patient Count table. The default timespan is the last seven days.

- To change the range of dates, enter the begin and end dates on the **Show Between** fields, and click **Go**.

Patient Count	
Search: <input type="text"/>	
Date	Patient Count
2018/09/17	2079
Showing 1 to 1 of 1 entries      First   Previous   1   Next   Last	

On the Stats Summary grid, you can see the number of updates to the given tables for all sync dates included in the initial date range selection. The grid values indicate the number of updates (rows) for the given table for that particular Sync job. When an error occurs, that field will be highlighted in red and given an error count after a comma. The Date field associated with that entry will also show in red, to mitigate the need for scrolling.

- The grid has a search feature and the list may be copied or exported as a CSV or PDF.

Stats Summary						
Search: <input type="text"/>				Copy	CSV	PDF
Date	ALLERGY	ASSESS	AUDIT_EVENT	AUDIT_EVENT_DETAIL	AUDIT_PROFILE	Activity
2018/09/16	45	40	50, 3	37	33	0
2018/09/17	86	77	79	56	45	0
Showing 1 to 2 of 2 entries      First   Previous   1   Next   Last						

The Patient List shows the patients contained within the selected sync job, with some basic information to verify their identities.

- The table has a search feature and the list may be copied or exported as a CSV or PDF.

Search:

Patient Name	Patient ID	Date of Birth
2017_CMS125_SC5, DEN_EXCL_Left_Mastectomy	10003208	Feb 04 1956
2017_CMS125_SC8, NUM_MET_MAMO_LESS27MONTHS	10003209	Feb 03 1956
2017_CMS125_SC7, NUM_UNMET_GR_27MOS	10003215	Feb 04 1954
2017_CMS125_SC8, UNILATERAL	10003237	Feb 03 1956
2017_CMS125_SC9, DEN_EXCL_LEFTANDRIGHT_MASTACTOMY	10003291	Feb 01 1954

Showing 56 to 60 of 2,079 entries

[First](#) [Previous](#) [10](#) [11](#) [12](#) [13](#) [14](#) [Next](#) [Last](#)

# MQIC Tab: QSS, Submission Confirmation, and Re-Identify

The MQIC Tab allows you to register for, and manage, your Quality Submission Services (QSS) account. For more information about the Quality Submission Services (QSS) program, please refer to the QSS page on the Customer Portal: <https://centricity.athenahealth.com>.

The MQIC Tab has three sub-tabs: QSS, Submission Confirmation, and Re-Identify.

**QSS**

MIPSDashboardConfigurationInsightMQIC

QSSSubmission ConfirmationRe-Identify

## Quality Submission Services

Select Program

2018 CPC Plus

Search Provider

Type provider name here. e.g., Anthony

Provider List

Remove Selection

Q2Sprint4 Clinic

The MQIC > QSS tab is for MQIC users who have enrolled in our Quality Submission Service (QSS). On this tab, you can:

- Enroll in the QSS program.
- Email the QSS Agreement (required for enrollment).
- Email provider consent forms.
- Track the status of key program requirements for providers or group practices.
- Update provider TIN, NPI, and email addresses (required for enrollment).

## QSS Workflows for CPC+

### Enrolling in the Comprehensive Primary Care Plus (CPC+) program

We support the Comprehensive Primary Care Plus (CPC+) program through Quality Submission Services (QSS). Organizations accepted into the CPC+ program by CMS must enroll and sign a CPC+ agreement each year via QSS in order to create and access their CPC+ practices in the dashboard. MQIC membership is required. Fees are charged for this service at enrollment.

Practice site level reporting includes all patients who were seen at least once at the practice site location during the Performance Period (i.e., calendar year) by CPC+ clinicians (TIN/NPI) and who met the inclusion criteria for the Initial Population (IP)/Denominator.

**Note:** Existing group practices have a one-month grace period to enroll in the current year's QSS program year for CPC+. For example, if enrollment opens on May 25th, group calculations would be restricted on June 26th.

Once the grace period has expired, CPC+ group practices will receive a popup message when the calculation button is selected, which indicates that the existing group practice must enroll in the QSS program for the current program year to continue group calculations.

To enroll in the CPC Plus program, complete the following:

The screenshot shows the QSS interface with three tabs: QSS (selected), Submission Confirmation, and Re-Identify. Below the tabs, the text "Quality Submission Services" is displayed on the left and "MQIC# 28052018" on the right. Under "Select Program", a dropdown menu shows "2018 CPC Plus" with a downward arrow. To the right of the dropdown is a blue "Edit" button and the text "Status: Enrolled". Below this, there is a "Search Provider" section with a text input field containing the placeholder "Type provider name here. e.g., Anthony" and a blue "Search" button.

1. Log in as a Member or Program Administrator.
2. Click the **MQIC>QSS** tab.
3. For **Select Program**, select the CPC Plus program you are participating in (for example, select 2018 CPC Plus) and click **Enroll**.
4. Complete organization and primary contact information. Some information will prepopulate in the fields, and some fields will require you to enter information. Fields designated with an asterisk (\*) are mandatory.
5. Click **Save** to save your information.

6. In the Submit Agreement section, click **Send Agreement**. The QSS Agreement will be electronically sent to the primary contact identified for the program. Check the primary contact's email and sign and submit the QSS Agreement. **The QSS agreement must be signed before access to create and view the CPC+ practice is granted.**
7. Click **OK** to close the confirmation message.  
On the MQIC>QSS tab, the Status indicates "Form Sent".

QSS

Submission Confirmation

Re-Identify

---

Quality Submission Services

MQIC# 5122018

Select Program

2018 CPC Plus

Edit

Status: Form Sent

**Note:** Allow 3 hours for processing and access. When the enrollment process has completed successfully and you return to the MQIC>QSS tab, the Status indicates "QSS Agreement Signed".

QSS

Submission Confirmation

Re-Identify

---

Quality Submission Services

MQIC# 5122018

Select Program

2018 CPC Plus

Complete Enrollment

Status: QSS Agreement Signed

Complete CPC Plus enrollment by selecting the Complete Enrollment button.

### Creating a CPC+ Practice

**Note:** Access to create a CPC+ practice is not available until the QSS agreement is signed.

1. Click **Complete Enrollment**.
2. Click **Add Practice**. The Add or Edit CPC Plus Practice window appears.

Add or Edit CPC Plus Practice

CPC Plus Practice Name\*

CPC Plus Practice ID\*

Select Tax ID(TIN)\*

484848484

Location(Address)\*

20500 Nv Evergreen Pkwy OR 96106

Clinician Count : 4

CPC Plus Practice Provider List

Search:

Copy

CSV

PDF

<input type="checkbox"/>	Provider Name	NPI	Specialty	Excluded
<input type="checkbox"/>	MeasuresUpgrade, Workflows	1922501451	Behavior Technica...	
<input type="checkbox"/>	Nick, Rosen	1295238723	Nurse Practitioner...	
<input type="checkbox"/>	Cyril, Castagna	1740366152	Physical Therapist	
<input type="checkbox"/>	Darren, Perry	1073022687	Marriage & Family ...	

Showing 1 to 4 of 4 entries

First

Previous

1

Next

Last

Include Clinician

Exclude Clinician

Save

Cancel

3. Enter the practice name, practice ID, TIN, and location of care. The Track field entry is pre-selected based on CPC Plus Practice ID.
  - **CPC Plus Practice Name** –Enter the practice name provided during the CPC+



application process to CMS.

- **CPC Plus Practice ID** – Enter the CPC Plus Practice ID assigned to the practice by CPC+. CPC Plus Practice IDs use a standard format: T1OR1234. T1 or T2 indicates the Track number, two alpha characters indicate the CPC+ region, and the CPC Plus Practice ID ends with four unique numeric digits. Track1 or Track2 label appears under the CPC Plus Practice ID field when the ID is entered.
  - **Select Tax ID(TIN)** – Select the TIN for the practice. When the TIN is selected, all of the clinicians associated with the TIN's location(s) will display in the list. The CPC Plus Practice Provider List displays the clinicians who had an encounter at a location of care associated with the TIN selected for the CPC Plus Practice. All locations of care associated with the TIN will display in the "Location (Address)" dropdown. The user can further filter the provider list by selecting or unselecting the locations of care in the dropdown. The table columns display the clinician or group name, NPI, and specialty, and indicates "Yes" if excluded from the group. The table has a search feature and the list may be copied or exported as a CSV or PDF. You can also sort the list by clicking the column header. A clinician can be included or excluded by selecting the provider name and clicking the corresponding **Include Clinician** or **Exclude Clinician** button.
  - **Location(Address)** – Select one or more appropriate locations for the practice and click **OK**. For organizations with multiple CPC+ practices, a location of care can only be associated with one CPC+ practice. Note that locations that have been manually added or do not have a Location ID will not be available for selection.  
**Note:** Please refer to the sections [Location ID \(LOCID\)](#) and [Steps to Import Practices](#) for more information.
  - **Clinician Count** – Indicates the number of CPC+ providers included for this CPC+ practice, as shown from the table.
4. Click **Save**. A message indicates, "CPC Plus Practice details saved successfully."
  5. Click **Close**.

#### Editing a CPC+ Practice

1. Log in as a Member or Program Administrator.
2. Click the **MQIC>QSS** tab.
3. For **Select Program**, select the CPC Plus program you are participating in (for example, select 2018 CPC Plus) and click **Edit**.
4. From the table of practices, click the pencil icon in the **Edit** column next to the practice that you want to edit.
5. Update the fields as necessary.
6. Click **Save**. A message indicates, "CPC Plus Practice details saved successfully."
7. Click **Close**.

#### Deleting a CPC+ Practice

**Note:** Billing for CPC+ is based on access to CPC+ practice results in CQR. Deleting a practice does not prevent being billed for access.

1. Log in as a Member or Program Administrator.
2. Click the MQIC>QSS tab.
3. For **Select Program**, select the CPC Plus program you are participating in (for example, select 2018 CPC Plus) and click **Edit**.

4. From the table of practices, click the Trash icon in the Delete column next to the practice that you want to remove. A message indicates, "Are you sure you want to delete this practice?"
5. Click OK. A message indicates, "CPC Plus Practice deleted successfully."
6. Click **Close**.

#### Group Practices & Clinician Counts for QSS Orders

CPC+ group practices have a two-week window of time once the group practice is created or renewed to configure the clinicians in the group before a clinician count is calculated for billing purposes. As an example, if a group practice is created on July 12th, the first billing count of the clinicians in the group practice would be calculated on July 27th.


Clinician counts will continue to display automatically when a group practice is created or reconfigured. However, group configurations should be completed within the first two weeks to ensure an accurate clinician count.

### Updating Providers

After the QSS agreement is submitted, allow 3 hours for processing and access. The Provider List will display the newly created CPC+ practices and identify each provider's NPI status.

**Note:** The providers populate a CPC+ practice based on the provider having an encounter during the program year at a Location of Care (LOC) associated with the selected Tax ID number.

### Updating a CPC+ Practice Provider

1. Click the **Configuration** tab.
2. Select Organizational Structure.
3. Select the **CPC+ Practice**
4. Select a provider.
5. Click  (**Edit**) in Provider Details.
6. Add the NPI for the provider in the practice.
7. Click "Specialty (Taxonomy)" **Refresh**.
8. In the popup window, confirm the provider name and NPI are correct, then Click **Import**.
9. Click **Update**.

### CPC+ Provider List

The Provider List displays all of the providers in the CPC Plus practice including their NPI and exclusion status.

Group practices display based on program selection and will show as "Inactive" (italicized) until they are renewed for the current program year.

Clinical Quality Reporting

You have 1 active session

MIPS

Dashboard

Configuration

Insight

MQIC

Business Intelligence

QSS

Submission Confirmation

Re-Identify

Quality Submission Services

MQIC# 26032019

Select Program

2019 CPC Plus

Edit

Status: Enrolled

Search Provider

Type provider name here. e.g., Anthony

Search

Provider List

Remove Selection

New Enrollment Clinic

CPC Plus - CHC2019 - T1WA4567

CPC Plus - EastSide - T1OR9834

CPC Plus, T1OR9834

Chen, Devin - Excluded

Conn, Arlen - Missing NPI

Heiss, Charles - Missing NPI

Klein, Ernest - Missing NPI

Pierre, Sean - Missing NPI

Sanders, George

CPC Plus - MHS - T1OR8888

Cypress Health Center

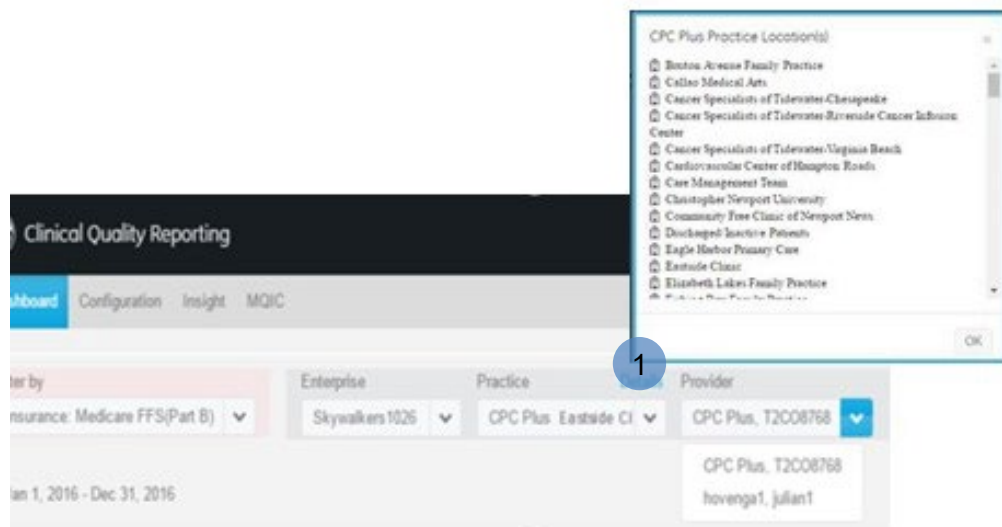
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## Measure Selection

The CPC+ measures are a pre-defined subset of the Clinical Quality Measures (CQM). Configure the Measurement Settings to include the CPC+ measures that you want to submit.

## Dashboard View

- 1 The 'Details' link will display the locations of care included in the CPC+ practice. Providers included in the CPC+ practice will display below the CPC+ 'Provider' in the Provider dropdown. Changes made in the CPC+ configuration are automatically shown.  
**Note:** The report range for a CPC+ practice should only be calculated for the 2018 or 2019 reporting year and not years prior to the program's inception.



## MIPS Tab view

If you are a CPC+ practice participant, only the Quality Measures tab displays on the MIPS tab view.

MIPS

Dashboard

Configuration

Insight

MQIC

Search Provider

Q

Show group's excluded clinicians

Enroll2019Test Clinic

CPC Plus - CHS - T2WA5432

T2WA5432 CPC Plus

Tristan Shout MD

CPC Plus - Eastside - T1NY6752

T1NY6752 CPC Plus

Raymond Brown

John Davenport

Charles Heiss

Sean Pierre

George Sanders

Brian Williams

CPC Plus - MHS - T2OR4563

CPC Plus - South - T2NY673

CPC Plus - Southside - T1WA

Cypress Health Center

Default Practice

Eastside Clinic

CPC Plus, T1NY6752

Provider

NPI

464646464

TIN

Authorize CPC+

Bookmarks

0

PI

Jan 1, 2019 - Dec 31, 2019

+

1.5

Quality

Jan 1, 2019 - Dec 31, 2019

+

0

Improvement Activities

Jan 1, 2019 - Dec 31, 2019

=

1.50

Estimated MIPS Final Score

PI Score on display was calculated - September 5, 2019 8:55:04 AM GMT

Quality Score on display was calculated - September 5, 2019 8:55:04 AM GMT

IA Score on display was calculated - NA

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.

Quality Measures

Quality Score Breakdown

Previous Calculations

Report Range

Year

Jan 1, 2019 - Dec 31, 2019

0

Points Earned: Quality Measures

+

0

Measure Bonus Points

+

2

CEHRT Bonus Points

+

0

Small Practice Bonus

=

2

Total Points

/

60

Total Possible Points

=

3.33%

Preliminary Quality Score (Max of 100%)

x

45

Quality Category Weight

=

1.5

Points

Preliminary Contribution Towards MIPS Composite Score

Measures Last Calculated - September 5, 2019 8:55:04 AM 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

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#### Renewing enrollment for a CPC+ practice

The new QSS 'Renew' feature will allow organizations that created a CPC+ group practice in a prior year to renew their group practice for the current program year. This will facilitate enrollment and eliminate the need to recreate an existing group practice, although some configuration may be required based on any group changes.

There are two sections in CPC+ Enrollment:

- 'Practices: Previous Program Years'
- 'Practices: Current Program Year 2019'

'Practices: Previous Program Years' includes all previously created group practices, which may be selected for renewal. Once a practice is renewed:

- the practice will display as inactive in "Practices: Previous Program Years"
- the practice will display as active in "Practices: Current Program Year 2019" and may be edited as needed.

If an organization does not have a group practice from the previous year, the 'Practices: Previous Program Year' option would not display.

1. Scroll down to the **CPC+ Enrollment** pane.

### CPC+ Enrollment

Complete information about your CPC Plus Practice(s)

**Note:** A location of care can only be associated with one CPC Plus practice.

▼ Practices: Previous Program Years

Renew CPC+ Practice

Search:

<input checked="" type="checkbox"/>	Tax ID (TIN)	CPC Plus Practice Name	CPC Plus Practice ID	Track	Provider Count	Location(s) of Care	Program Year	Active
<input checked="" type="checkbox"/>	484848484	CPC Plus - Millenium - T2OR6752	T2OR6752	Track2	4	Millennium Health System - MHS	2017	06/01/2018

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

Practices: Current Program Year 2018

Add Practice

Search:

Tax ID (TIN)	CPC Plus Practice Name	CPC Plus Practice ID	Track	Provider Count	Location(s) of Care	Active	Inactive	Edit	Delete
121212121	CPC Plus - CHC - T2OR7821	T2OR7821	Track2	2	Cypress Health Center	05/28/2018			
242424242	CPC Plus - Eastside - T2OR5632	T2OR5632	Track2	4	Eastside Clinic - EAST	05/29/2018			

Showing 1 to 2 of 2 entries

First Previous 1 Next Last

Total CPC Plus Provider Count

6

2. Select a **CPC+ practice** to renew.
3. Click **Renew CPC+ Practice** to renew a CPC+ practice.
4. Click **Renew** on the popup window that displays.



## Authorizing CPC+ Submission

For customers enrolled in the QSS program for CPC+, we will submit measure data to CMS on behalf of participating practices. The authorization feature described here is the final and most important step in the QSS process. It designates the practices, measures, and date ranges that will be submitted to CMS by us. If a CPC+ practice is not authorized, the data will not be submitted to CMS.

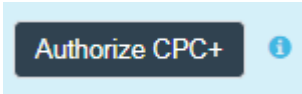
**Note:** Authorization is performed on the MIPS tab.

A blue check mark appears above the Quality category to indicate that it has been selected for submission.

Before authorization, confirm that the Quality category has the correct report range and measures selected. All Quality measures that display in the dashboard will be submitted to CMS.


If you don't want all CPC+ measures submitted, you can reconfigure your Quality Measures selection. Navigate to **Configuration > Measurement Settings**, and select the measures. After reconfiguration, recalculate the CPC+ practice.

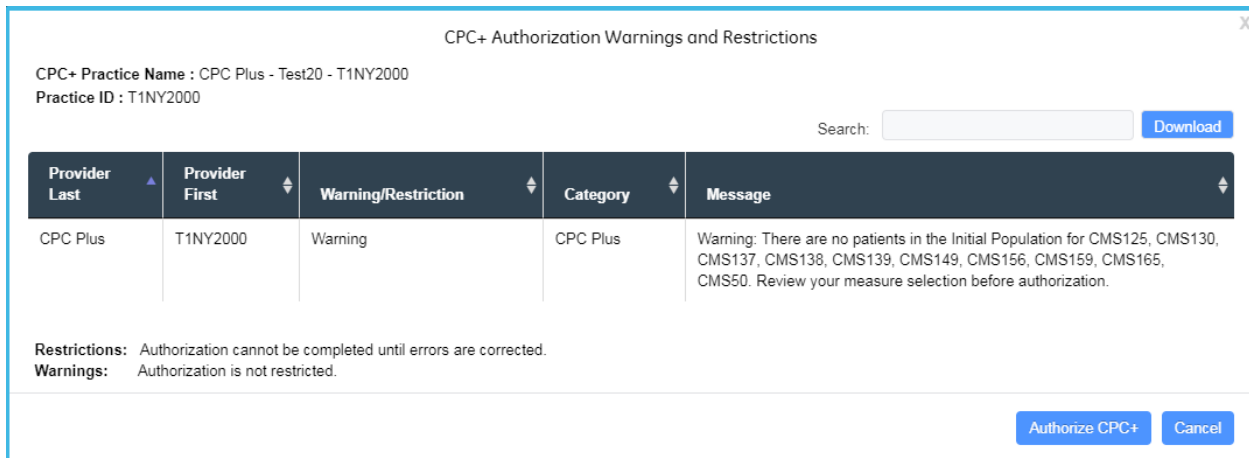
To authorize CPC+ submission:



1. From the **MIPS** tab, click **Authorize CPC+**.

The *CPC+ Authorization Warnings and Restrictions* window may appear and identifies potential issues with measure selection that may impact CPC+ scoring (Warnings) and severe problems that will interrupt authorization until corrected (Restrictions). Provider names, warnings vs restrictions, categories and messaging are identified for each. The list may be downloaded as a CSV file by clicking the **Download** button. It also includes a search feature and the ability to sort columns.

**Note.** Place the cursor over the blue info icon  to display important authorization information on a popup window.



CPC+ Authorization Warnings and Restrictions

CPC+ Practice Name : CPC Plus - Test20 - T1NY2000  
Practice ID : T1NY2000

Search:  **Download**

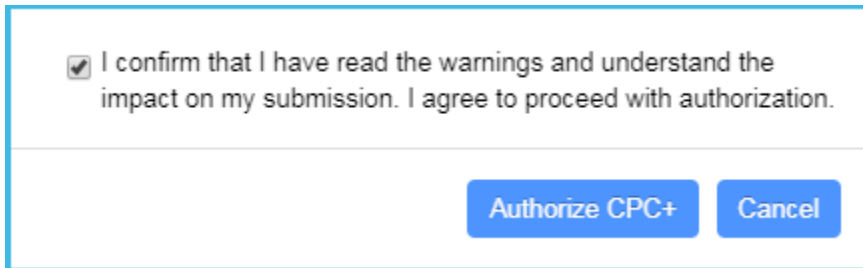
Provider Last	Provider First	Warning/Restriction	Category	Message
CPC Plus	T1NY2000	Warning	CPC Plus	Warning: There are no patients in the Initial Population for CMS125, CMS130, CMS137, CMS138, CMS139, CMS149, CMS156, CMS159, CMS165, CMS50. Review your measure selection before authorization.

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

**Authorize CPC+** **Cancel**

- If a restriction is indicated, then authorization cannot be completed. There are several types of restrictions and instructions are provided to resolve each. Click **Cancel** to exit and resolve any restriction.
- If a warning is indicated, then authorization can still be completed.

2. On the CPC+ Authorization Warnings and Restrictions window, click **Authorize CPC+**. An Acknowledgement window displays a message to confirm you have read and understood the circumstances for this submission.

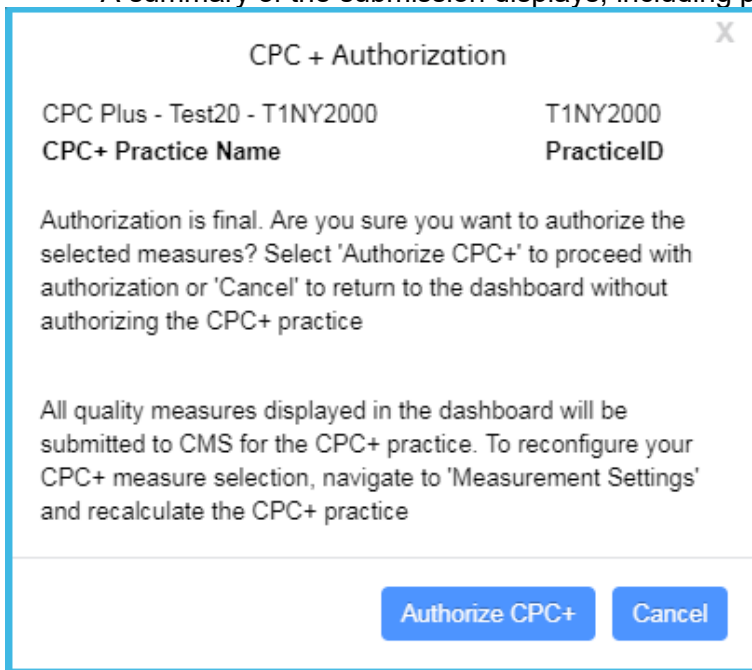


☒ I confirm that I have read the warnings and understand the impact on my submission. I agree to proceed with authorization.

**Authorize CPC+** **Cancel**

3. Check the box and click **Authorize CPC+** to continue.

A summary of the submission displays, including practice name and practice ID



**CPC + Authorization**

CPC Plus - Test20 - T1NY2000	T1NY2000
<b>CPC+ Practice Name</b>	<b>PracticeID</b>

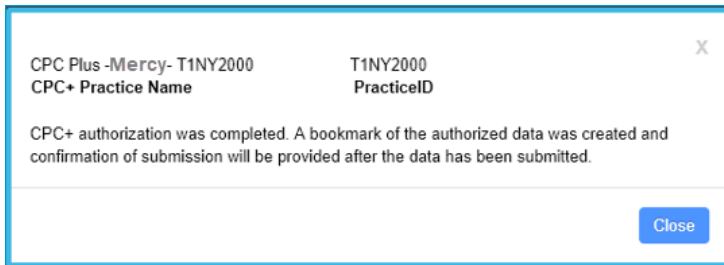
Authorization is final. Are you sure you want to authorize the selected measures? Select 'Authorize CPC+' to proceed with authorization or 'Cancel' to return to the dashboard without authorizing the CPC+ practice

All quality measures displayed in the dashboard will be submitted to CMS for the CPC+ practice. To reconfigure your CPC+ measure selection, navigate to 'Measurement Settings' and recalculate the CPC+ practice

**Authorize CPC+** **Cancel**

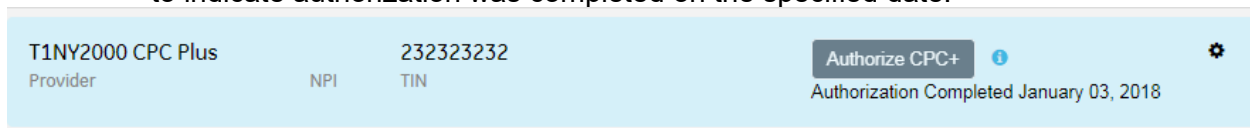
4. Do one of the following:
  - Click **Authorize CPC+** to continue with authorization.
  - Click **Cancel** to return to the dashboard without authorizing the CPC+ practice. Authorization is final and this is the last opportunity to cancel and make any edits to selections.

If you continue with authorization, a summary of the submitted data displays and indicates authorization was completed.



5. Click **Close**.

The check mark above the Quality category displays in the MIPS dashboard changes from blue to green to indicate that authorization was completed. The **Authorize CPC+** button becomes disabled and a message displays below the button to indicate authorization was completed on the specified date.



A system generated bookmark of the submission will automatically be created and labeled CPC+ 2019 (QSS).

After authorization, when you view the Clinician list on the **MQIC > QSS** tab, the date of the authorization displays.

When the reporting period ends, then the authorization features will no longer be available.

## Updating the clinicians listed in a CPC+ group practice

CPC Plus group practices are dynamically updated based on changes made to the providers in the group practice or to the group practice's configuration. These changes are reflected in the group's provider list and are immediate. The list below identifies the potential changes that may be made to a group practice and indicates that the change is immediate.

The provider list for CPC+ group practices is updated based on the following actions:

- Provider status changes from active to inactive and vice versa (Immediate)
- Provider is included or excluded from the group (Immediate)
- Locations of care (LOC) associated with the group practice are edited:
  - In the 'Add/Edit CPC Plus Group Practice' workflow (Immediate)
  - When the TIN of a LOC associated with the CPC Plus practice is edited from the Organizational Structure, it results in a change to the CPC Plus practice's configuration. In order for the changes made in the Organizational Structure to be reflected in the group practice, the user must navigate to the 'Add/Edit CPC Plus Group Practice' and manually select the newly added LOC or manually deselect the LOC that was removed through Organizational Structure (Immediate).

## QSS Workflows for MIPS

### Enrolling in the MIPS program

We support the MIPS submissions for both individual clinicians and groups through our Quality Submission Services (QSS). We will submit MIPS data to CMS on a customer's behalf if they choose to enroll in QSS and authorize us to submit. Customers that want access to aggregated group results without the submission service will still need to enroll in QSS, but may choose to skip the authorization step so we won't perform their submissions. There are fees associated with QSS.

MQIC Membership is required to access the MQIC tab. For more information, refer to our documentation on the Customer Portal at <https://centricity.athenahealth.com> > Community > Quality Reporting > QSS.

**Note:** Existing group practices have a one-month grace period to enroll in the current year's QSS program year for MIPS. For example, if enrollment opens on May 25th, group calculations would be restricted on June 26th.

Once the grace period has expired, MIPS group practices will receive a popup message when the calculation button is selected, which indicates that the existing group practice must enroll in the QSS program for the current program year to continue group calculations.

**To enroll in the MIPS program, complete the following:**

**QSS** Submission Confirmation Re-Identify

---

Quality Submission Services MQIC# 5152172

Select Program

2018 MIPS

Enroll

Status: Not Enrolled

1. Log in as a Member or Program Administrator.
2. Click the **MQIC>QSS** tab.
3. For **Select Program**, select the MIPS program you are participating in (for example, select 2018 MIPS) and click **Enroll**.
4. Complete organization and primary contact information. Some information will prepopulate in the fields, and some fields will require you to enter information. Fields designated with an asterisk (\*) are mandatory.
5. Click **Save** to save your information.
6. In the Submit Agreement section, click **Send Agreement**. The QSS Agreement will be electronically sent to the primary contact identified for the program. Check the primary contact's email and follow the DocuSign workflow to review, sign, and submit the QSS Agreement electronically. **The QSS agreement must be signed and processed before access is granted to enroll clinicians or create a MIPS group.**
7. Click **OK** to close the confirmation message.  
On the MQIC>QSS tab, the Status indicates "Form Sent".

**Note:** Allow 3 hours for processing and access. When the enrollment process has completed successfully and you return to the MQIC>QSS tab, the Status indicates "QSS Agreement Signed".

## Enrolling individual Eligible Clinicians

1. Log in as a Member or Program Administrator.
2. Click the **MQIC>QSS** tab.
3. For **Select Program**, select 2018 MIPS and click **Complete Enrollment**.

4. Scroll down to the **Individual Eligible Clinician Enrollment** pane.
5. Click **Add Row**.

6. Select one or more MIPS Performance Categories for submission and enter the estimated number of Eligible Clinicians (EC) and click **OK**.
7. Click **Save**.

To accommodate different performance category selections

1. Click **Add Row**.
2. Select one or more categories and click **OK**.
3. Enter the estimated number of clinicians.
4. Click **Save**.

## Enrolling MIPS Group

1. Scroll down to the **MIPS Group Enrollment** pane and click the right arrow next to it.
2. Click **Add MIPS Group** to create a MIPS Group.

### ▼ MIPS Group Enrollment i

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.

3. Select the Tax ID (TIN). All Locations of Care (LOC) Associated with the TIN display in the box below. If Locations of Care do not display after selecting a Tax ID, then first confirm that a Tax ID was assigned to all practices associated with the Tax ID selected. If the CQR practices have a Tax ID, then the CQR practices may be missing a LOCID. In this case, refer to 'Importing Practices from CPS/ CEMR to CQR'.

The MIPS Group Provider List displays the providers who belong to this group. The table columns display the clinician or group name, NPI, and specialty. The table has a search feature and the list may be copied or exported as a CSV or PDF. You can also sort the list by clicking the column header.

### Add or Edit MIPS Group

Select Tax ID (TIN)\*

Select MIPS Performance Categories\*

Locations of Care Associated w/ TIN

Clinician Count

### MIPS Group Provider List

Search:

Provider Name	NPI	Speciality
MeasuresUpgrade, Workflows	1922501451	Behavior Technician
Nick, Rosen	1295238723	Nurse Practitioner Neonatal, Critical Ca...
Darren, Perry	1073022687	Marriage & Family Therapist
Cyril, Castagna	1740366152	Physical Therapist

Showing 1 to 4 of 4 entries

First
Previous
1
Next
Last

- Select the MIPS Performance Categories and click **OK**.  
**Note:** The Clinician Count field automatically displays the number of clinicians with an encounter at a LOC associated with the selected TIN.
- Click **Save** to save the MIPS Group added.

<input type="checkbox"/>	Tax ID (TIN)*	Locations of Care(LOC)	Performance Categories*	Clinicians Count	Edit	Delete	Active	Inactive
<input checked="" type="checkbox"/>	242424242	Cypress Health Center	Quality, IA	2			04/10/2019	
<input checked="" type="checkbox"/>	464646464	Eastside Clinic	Quality	10			04/10/2019	
<input checked="" type="checkbox"/>	686868686	Multiple LOC	PI, IA	9			04/10/2019	

Showing 1 to 3 of 3 entries

First
Previous
1
Next
Last

After the clinician and MIPS Group enrollment is completed, the Status will be **Enrolled** and the button will be **Edit**.

QSS

Submission Confirmation

Re-Identify

## Quality Submission Services

MQIC# 9999

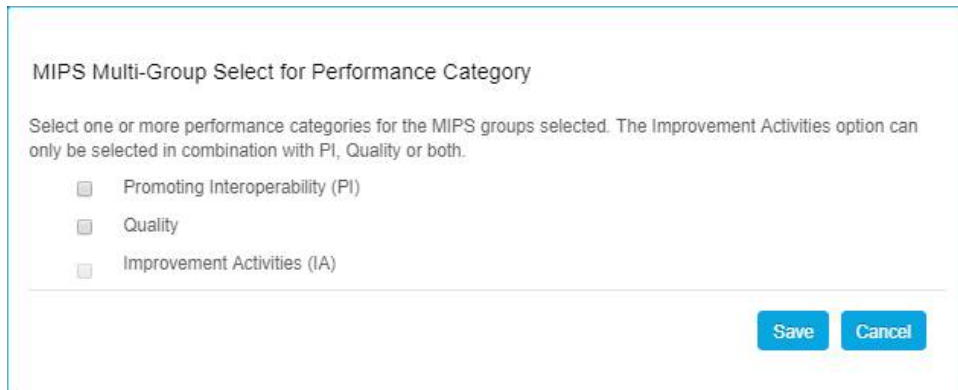
Select Program

Status: **Enrolled**



To bulk update a MIPS Group for Performance Category:

1. Select two or more MIPS Groups to edit the performance category for each group selected.
2. Click Bulk Update Group Performance Category:



The screenshot shows a dialog box titled "MIPS Multi-Group Select for Performance Category". Below the title is a text instruction: "Select one or more performance categories for the MIPS groups selected. The Improvement Activities option can only be selected in combination with PI, Quality or both." There are three checkboxes with labels: "Promoting Interoperability (PI)", "Quality", and "Improvement Activities (IA)". At the bottom right of the dialog box are two buttons: "Save" and "Cancel".

3. Select one or more performance categories for the MIPS groups selected.
4. Click **Save**.

## Renewing enrollment for a MIPS Group

The new QSS 'Renew' feature will allow organizations that created a MIPS group practice in a prior year to renew their group practice for the current program year. This will facilitate enrollment and eliminate the need to recreate an existing group practice, although some configuration may be required based on any group changes.

There are two sections in MIPS Enrollment:

- 'Practices: Previous Program Years'
- 'Practices: Current Program Year 2019'

'Practices: Previous Program Years' includes all previously created group practices, which may be selected for renewal. Once a practice is renewed:

- the practice will display as inactive in "Practices: Previous Program Years"
- the practice will display as active in "Practices: Current Program Year 2019" and may be edited as needed.

If an organization does not have a group practice from the previous year, the 'Practices: Previous Program Year' option would not display.

1. Scroll down to the **MIPS Group Enrollment** pane and click the right arrow next to it.

### ▼ 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.

#### ▼ Practices: Previous Program Year

<input type="checkbox"/>	Tax ID (TIN)*	Locations of Care(LOC) ⓘ	Performance Categories*	Clinicians Count ⓘ	Program Year	Active
<input checked="" type="checkbox"/>	333312345	Southside Clinic	PI, Quality, IA	4	2017	10/19/2017

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

#### Practices: Program Year (2018)

<input type="checkbox"/>	Tax ID (TIN)*	Locations of Care(LOC) ⓘ	Performance Categories*	Clinicians Count ⓘ	Edit	Delete	Active	Inactive
<input checked="" type="checkbox"/>	111112345	Eastside Clinic	PI	10			06/28/2018	
<input type="checkbox"/>	222212345	Northside Clinic	PI, Quality, IA	3			09/19/2018	09/19/2018

Showing 1 to 2 of 2 entries

First Previous 1 Next Last

2. Select a **MIPS Group** to renew.
3. Click **Renew MIPS Group** to renew a MIPS Group.
4. Click **Renew** on the popup window that displays.

### Viewing enrollment summary

Click the right arrow next to the Enrollment Summary pane to view the total number of individual and group clinicians enrolled, and the Performance categories in which they belong.

#### ▼ Enrollment Summary

##### Clinicians

Total estimated Individual Eligible Clinicians	2
Total enrolled Group Clinicians	1
Total	3

##### Performance Categories

Categories	Individual	Group
Quality	1	
PI, Quality	1	
Total	2	

### Group Practices & Clinician Counts for QSS Orders

MIPS group practices have a two-week window of time once the group practice is created or renewed to configure the clinicians in the group before a clinician count is calculated for billing purposes. As an example, if a group practice is created on July 12th, the first billing count of the clinicians in the group practice would be calculated on July 27th.

Clinician counts will continue to display automatically when a group practice is created or reconfigured. However, group configurations should be completed within the first two weeks to ensure an accurate clinician count.

## Updating Clinicians

The Clinician List will display the newly created MIPS groups. Group practices display based on program selection and will show as “Inactive” (italicized) until they are renewed for the current program year.

To manage the clinicians in the MIPS practice:

- Select the clinicians that you want to take action on and select **Update Selected Clinicians**.

A clinician with no ‘red warning messages’ next to the name has met all prerequisites for authorization.

### Quality Submission Services

MQIC# 19072017

Select Program

2017 MIPS

Edit

Status: Enrolled

Search Provider

Type provider name here. e.g., Anthony

Search

Clinician List

MIPS Group

Update Selected Clinicians

Remove Selection

Include Clinician

Exclude Clinician

- Eastside Pediatrics - E PEDS
- GPRO-TIN-11111111
- GPRO-TIN-22222222

- In the ‘Update Clinicians’ table, the NPI, TIN, email, and the MIPS Performance Categories may be edited.

Update Clinicians

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

Search:

Bulk Update Tax Ids

Send Consent

Bulk Update Performance Categories

<input checked="" type="checkbox"/>	Source Provider Id	Clinician Name	NPI	Tax ID	Email	Consent Status	Date	MIPS Performance Categories*
<input checked="" type="checkbox"/>	1225652472001060	Winston MD, Harry	1212121268	898975456	mallikarjun.pootipedi@g	Completed	2018-12-12	Quality
<input checked="" type="checkbox"/>	1789962707330520	Workflow, E2EMeasure						PI, Quality

- A ‘Bulk Update’ feature allows for a multi-clinician update of the TIN and MIPS Performance Categories.

**Note:** A maximum of 50 clinicians may be selected for multi-clinician updates.

- A clinician can be excluded from a MIPS Group. Select one or more clinicians from the list and click **Exclude Clinician**. Select one of the exclusion options and click **Exclude Clinician**.

## Clinician List

MIPS Group

Update Selected Clinicians

Remove Selection

Include Clinician

Exclude Clinician

- ☐ MIPS-GROUP-TIN-55555555
- ☒ Clark, John - *Consent Form Sent (Expired)*
- ☐ MIPS-GROUP-TIN, 55555555
- ☐ Shout MD, Tristan - Excluded 10/10/2017. Clinician electively excluded.
- ☒ Winston MD, Harry - *Consent Form Received*

### MIPS Group Enrollment

Select an exclusion option:

☐ Exclude Clinician

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

☐ Clinician is a test clinician in CPS/CEMR.

Cancel

Exclude Clinician

- An excluded clinician can be included back into a MIPS Group. Select one or more clinicians from the list and click **Include Clinician**.

## Clinician Consent Status

After you email a consent form to a clinician, the Consent Status column on the Update Clinician window will indicate one of the following event status, depending on the clinician's action:

- 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). Correct and save the new email address, then resend.
- Blank** – NPI, TIN, or email address is blank and required to send a consent form.

**Note:** A consent form that is sent to an incorrect but valid email address can be updated and resent to the clinician by the Program Administrator. Update the email address and click Save, and then select the Send link. A maximum of three attempts are allowed before you are restricted from sending additional consent forms to that clinician. On the fourth 'Send' attempt, you will receive 'Max Attempts Exceeded' message and a 4th consent form will not be sent. You will need to contact support, if a fourth consent form needs to be sent to the clinician.

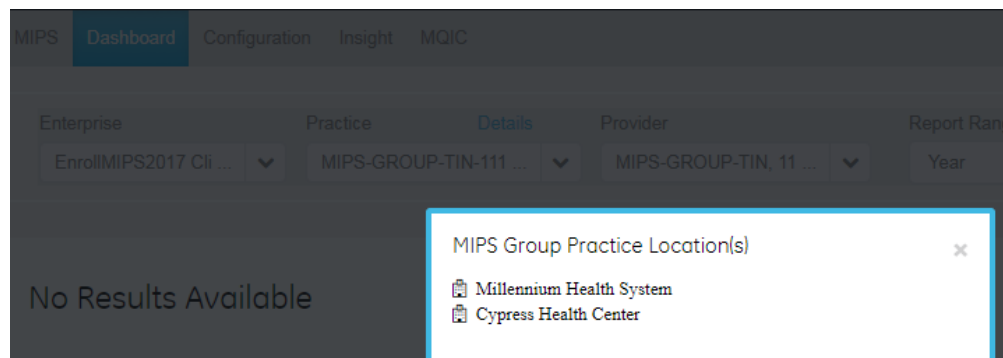
<input type="checkbox"/>	1789949722224960	Doe, John	1487157913	656567676	john.doe@ge.com	Max Attempts Exceeded
--------------------------	------------------	-----------	------------	-----------	-----------------	-----------------------

**Note:** A clinician that signed a consent form for a MIPS QSS program in a previous year does not need to resign a consent form to participate in subsequent years. The originally signed MIPS clinician consent form is perpetual unless program requirements necessitate modification of the consent form.

#### Dashboard View

The 'Details' link on the legacy Dashboard view will display the locations of care included in the MIPS Group practice. Clinicians included in the MIPS Group practice will display below the MIPS Group 'Provider' in the Provider dropdown. Changes made in the MIPS measure selections from **Configuration > Measurement Settings** are automatically shown.

**Note:** The report range for a MIPS Group practice should only be calculated for the 2018 or 2019 reporting year and not years prior to the program's inception.



## MIPS Tab view

If you are a MIPS Group practice participant, the MIPS tab view displays the tabs for the categories that were selected during enrollment.

For example, if Quality Measures and Improvement Activities were selected at enrollment, but not Promoting Interoperability, then only the Quality Measures and IA tabs displays.

Search Provider

Show group's excluded clinicians

Enroll2019Test Clinic

CPC Plus - CHS - T2WA5432

CPC Plus - Eastside - T1NY6

CPC Plus - MHS - T2OR4563

CPC Plus - South - T2NY873

CPC Plus - Southside - T1WA

Cypress Health Center

Default Practice

Eastside Clinic

Millennium Health System

MIPS-GROUP-TIN-24242424

MIPS-GROUP-TIN-46464646

MIPS-GROUP-TIN-68686868

Southside Clinic

Steven Bill

Donald Workflows MD

Donald Workflows MD

1366945891

242142354

Provider

NPI

TIN

Authorize MIPS

Unauthorized August 16, 2019

Bookmarks

0

PI

+

0

Quality

+

0

Improvement Activities

=

0

Estimated MIPS Final Score

Jan 1, 2019 - Dec 31, 2019

Jan 1, 2019 - Dec 31, 2019

Jan 1, 2019 - Dec 31, 2019

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.

Quality Measures

Improvement Activities

Quality Score Breakdown

Previous Calculations

Report Range

Year

Jan 1, 2019 - Dec 31, 2019

0

Points Earned:

+

0

Measure Bonus

+

0

CEHRT Bonus

+

0

Small Practice Bonus

=

0

Total Points

/

60

Total Possible Points

=

0.00%

Preliminary Quality Score (Max of 100%)

x

45

Quality Category Weight

=

0

Points

Preliminary Contribution Towards MIPS Composite Score

Measures Last Calculated - NA

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.

## Authorizing MIPS Submission

For customers enrolled in the QSS program for MIPS, we will submit measure data to CMS on behalf of participating clinicians and groups. The authorization feature described here is the final and most important step in the QSS process. It designates the clinicians and groups, performance categories, measures, and date ranges that will be submitted to CMS by us. If a clinician or MIPS group is not authorized, the data will not be submitted to CMS.

**Note:** Authorization is performed on the MIPS tab.

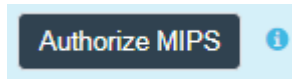
A blue check mark appears above a performance category to indicate that it has been selected for submission. Verify the PI, Quality Measures, and Improvement Activities performance categories. The performance category selection can be changed in the MIPS enrollment workflow.

All performance categories selected will be authorized simultaneously. Before authorization, confirm that each performance category has the correct report range and measures selected.

All measures displayed on the Quality tab will be submitted at authorization. The MIPS Selected field only controls the estimated score and not which measures are submitted.


To reconfigure your Quality Measures selection, navigate to **Configuration > Measurement Settings**, and select only the measures you want submitted. After reconfiguration, recalculate the MIPS clinician or group practice.

To authorize MIPS submission:



1. From the **MIPS** tab, click **Authorize MIPS**.

The *MIPS Authorization Warnings and Restrictions* window may appear and identifies potential issues with measure selection that may impact MIPS scoring (Warnings) and severe problems that will interrupt authorization until corrected (Restrictions). Provider names, warnings vs restrictions, categories and messaging are identified for each. The list may be downloaded to as a CSV file by clicking the **Download** button. It also includes a search feature and the ability to sort columns.

**Note.** Place the cursor over the blue info icon  to display important authorization information on a popup window.



MIPS Authorization Warnings and Restrictions

Clinician Name : E2EMeasure Workflow  
NPI : 9876789876  
TIN : 987656787

Provider Last	Provider First	Warning/Restriction	Category	Message
Workflow	E2EMeasure	Warning	QUALITY	Warning: Less than 6 Quality measures were selected for authorization. Review your measure selection before proceeding with authorization.
Workflow	E2EMeasure	Warning	QUALITY	Warning: A measure with a performance rate of 0 was selected and will only earn 3 points. Review your measure selection before proceeding with authorization.
Workflow	E2EMeasure	Warning	QUALITY	Warning: A measure selected has a 0 denominator and will not be scored. Review your measure selection before proceeding with authorization.
Workflow	E2EMeasure	Warning	QUALITY	Warning: A measure selected does not have a benchmark and will receive the base score of 3 points. Review your measure selection before proceeding with authorization.
Workflow	E2EMeasure	Warning	QUALITY	Warning: A measure selected does not have the case minimum of 20 denominator-eligible cases and will receive a score of 3. Review your measure selection before proceeding with authorization.

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

- If a restriction is indicated, then authorization cannot be completed. There are several types of restrictions and instructions are provided to resolve each. Click **Cancel** to exit and resolve any restriction.
  - If a warning is indicated, then authorization can still be completed.
2. On the MIPS Authorization Warnings and Restrictions window, click **Authorize MIPS**. An Acknowledgement window displays a message to confirm you have read and understood the circumstances for this submission.

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

3. Check the box and click **Authorize MIPS** to continue.

A summary of the submission displays, including clinician or group name, NPI, TIN, performance categories selected, estimated scores, and date ranges.

X

### MIPS Authorization

Donald Workflows MD  
Clinician Name

1366945891  
NPI

723468372  
TIN

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

Performance Categories	Estimated Scores	Reporting Range
PI	20.75	Jan 1, 2018 - Dec 31, 2018
Quality	20	Jan 1, 2018 - Dec 31, 2018
IA	15	Jan 1, 2018 - Dec 31, 2018
<b>Estimated Total</b>	<b>55.75</b>	

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. Do one of the following:

- Click **Authorize MIPS** to continue with authorization.
- Click **Cancel** to return to the dashboard without authorizing the MIPS clinician or group practice. Authorization is final and this is the last opportunity to cancel and make any edits to selections.

If you continue with authorization, a summary of the submitted data displays and indicates authorization was completed.

X

Dayakar Kondoju  
Clinician Name

1346633333  
NPI

989898989  
TIN

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

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

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

Close

5. Click **Close**.

The check marks above each performance category selected in the MIPS dashboard change from blue to green to indicate that authorization was completed. The **Authorize**

**MIPS** button becomes disabled and a message displays below the button to indicate authorization was completed on the specified date.

Donald Workflows MD  
Provider

1366945891  
NPI

878678657  
TIN

**Authorize MIPS** ⓘ ⚙️

Authorization Completed September 10, 2019

Bookmarks ▾

	0	+		11.92	+		15	=		<b>26.92</b>
Jan 1, 2019 - Dec 31, 2019	PI		Jan 1, 2019 - Dec 31, 2019	Quality		Jan 1, 2019 - Dec 31, 2019	Improvement Activities			Estimated MIPS Final Score

PI Score on display was calculated - August 23, 2019 4:17:43 AM GMT  
 Quality Score on display was calculated - August 23, 2019 4:17:43 AM GMT  
 IA Score on display was calculated - September 10, 2019 7:36:15 PM GMT

A system generated bookmark of the submission will automatically be created and labeled MIPS 2019 (QSS).

After authorization, when you view the Clinician list on the **MQIC > QSS** tab, the date of the authorization displays.

Clinician List

MIPS Group

Update Selected Clinicians Remove Selection Include Clinician Exclude Clinician

- ☒ Millennium Health System - MHS
  - ☒ Clark, John - *Authorized 13-Jan-2017*
  - ☒ Star, Tony - *Authorized 15-Jan-2017*
  - ☒ Workflows, MeasuresUpgrade - *Authorized 15-Jan-2017*

Authorization features only display for the program year being authorized. When the authorization period ends, the authorization features will no longer be visible.

## **Updating the clinicians listed in a MIPS group practice**

MIPS group practices are dynamically updated based on changes made to the providers in the group practice or to the group practice's configuration. These changes are reflected in the group's provider list and may be immediate or updated nightly. The list below identifies the potential changes that may be made to a group practice and whether the change is immediate or updated nightly.

The provider list for MIPS group practices is updated based on the following actions:

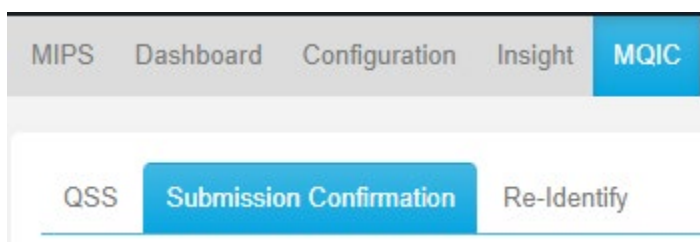
- Provider status changes from active to inactive and vice versa (Immediate)
- Provider is included or excluded from the group (Immediate)
- Locations of care (LOC) associated with the group practice are edited (Nightly)
- A provider has an encounter at a location of care associated with the group practice (Nightly)

## Submission Confirmation

The MIPS and CPC+ Submission Confirmation feature provides key submission information in a single convenient location in the MQIC tab for those QSS participants whose data was submitted in 2017 or later, to CMS by us.

This feature replaced the submission confirmation email beginning in Performance Year 2018. Our submission of MIPS and CPC+ 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.

The submission data that displays in the Submission Confirmation tab includes only the data submitted to CMS by us.



### MIPS Submission Confirmation Workflow

#### To view MIPS submission confirmation information:

1. Log in as a Member or Program Administrator.
2. Click the MQIC>Submission Confirmation tab.
3. Select the MIPS program year in which you participate (for example, select 2017).  
The table columns display the program year, program, participation, clinician or group name, NPI, TIN, performance categories, and submission confirmation number.  
The MIPS Submission Confirmation table has a search feature and the list may be copied or exported as a CSV or PDF.

MIPS Submission Confirmation

2017	Search: <input type="text"/>						Copy	CSV	PDF
Program Year	Program	Participation	Provider Name	NPI	TIN	Performance Categories	Submission Confirmation #		

A MIPS group submission confirmation number is also a link to a list of clinicians and NPIs included in the MIPS group submission.

The MIPS group clinician list may be copied or exported as a CSV or PDF. Note that the PDF option will not export with the group identifiers (Program & Year, TIN, Performance Categories).

## CPC+ Submission Confirmation Workflow

### To view CPC+ submission confirmation information:

1. Log in as a Member or Program Administrator.
2. Click the MQIC>Submission Confirmation tab.
3. Select the CPC+ program year in which you participate (for example, select 2017).  
The CPC+ Submission Confirmation table has a search feature and the list may be copied or exported as a CSV or PDF.

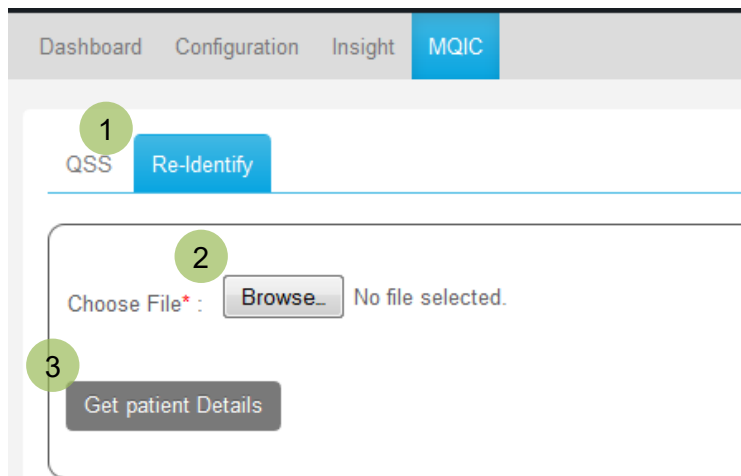
#### CPC+ Submission Confirmation

All	Search: <input type="text"/>					<a href="#">Copy</a>	<a href="#">CSV</a>	<a href="#">PDF</a>
Program Year	Program Name	Practice Name	Practice ID	TIN	Submission Confirmation #			
2017	CPC+	CPC Plus - Eastside Clinic - T21234	T21234	666666666	<a href="#">022fd0f5-0a5d-44b7-93f6-bcba750ee73e</a>			

The submission confirmation number is also a link to a list of clinicians and NPIs included in the CPC+ practice submission.

The CPC+ group clinician list may be copied, or exported as a CSV or PDF. Note that the PDF option will not export with the group identifiers (Program & Year, CPC+ Practice Name, Practice ID and TIN).

## Re-Identify



On the Re-Identify tab, you can re-identify patients by using a CSV file containing a list of encrypted patient IDs (EPIDs). The PHI information for these EPIDs displays on the Dashboard.

## Re-Identify Workflow

### Re-identifying patients from a list of encrypted patient IDs

On the **Re-Identify** tab, you can re-identify patients by using a CSV file containing a list of encrypted patient IDs (EPIDs). The PHI information for these EPIDs displays on the Dashboard.

**Note.** You must be logged in as a Member or Clinical Administrator to view and use the MQIC or Re-Identify tab.

To re-identify patients by using a CSV file:

1. Click **Re-Identify** tab.
2. Click **Browse**.
3. Select the CSV file containing a list of EPIDs and click **Open**. The filename appears next to the Browse button.
4. Click Get patient Details.

The following patient information displays on the Dashboard: Patient ID, patient name, date of birth, gender, and address.

**Note.** If one or more of the EPIDs is not valid, no patient information appears, and an error message and a list of invalid EPIDs display on the Dashboard.

To copy or export the Re-Identify Patient list contents, by the Search field, do one of the following:

- Click **Copy** to save the entire table contents to the clipboard. Then open a word processing document or spreadsheet file and click **Paste**.
- Click **CSV** and then select **Save As** to save the table contents to a .csv file. Then open a spreadsheet application and import the .CSV file and format as needed.

- Click **PDF** and then select **Save As** to save the table contents as an Adobe Acrobat PDF file. (Adobe Acrobat must be installed on your system.)



# Appendix

This Appendix contains reference content for:

- Year 2018 MIPS PI or PI Transition Objectives and Measures
- Year 2017 MIPS Quality Scoring

## Viewing the year 2018 PI or PI Transition Objectives and Measures

To view the year 2018 PI or PI Transition Objectives and Measures, select **PI > Report Range > any report range within 2018**.

The screenshot shows a navigation bar with three tabs: 'PI' (selected), 'Quality Measures', and 'Improvement Activities'. Below the tabs is a 'Report Range' section. It features a dropdown menu currently set to 'Year', with a calendar icon to its right. The dropdown menu is open, showing options: 'Month', 'Quarter', 'Contiguous 90 days', and 'Year' (which is highlighted in blue). To the right of the dropdown, the year '2018' is displayed.

- Click the **MIPS>PI Transition** tab to display the PI Transition Objectives and Measures.

The screenshot shows the same navigation bar as above, but the 'PI Transition' tab is now selected, and the 'PI' tab is unselected.

- Click the **MIPS>PI** tab to display the PI Objectives and Measures.

The screenshot shows the same navigation bar as above, but the 'PI' tab is now selected, and the 'PI Transition' tab is unselected.

## 2018 PI Transition Objectives and Measures

Base measures

- Protect Patient Health Information - Security Risk Analysis (PI\_TRANS\_PPHI\_1)
- Electronic Prescribing (PI\_TRANS\_EP\_1)
- Health Information Exchange (PI\_TRANS\_HIE\_1)
- Provide Patient Access (PI\_TRANS\_PEA\_1)

Performance measures

- Provide Patient Access\* (PI\_TRANS\_PEA\_1)

- View, Download or Transmit (PI\_TRANS\_PEA\_2)
- Patient-specific Education (PI\_TRANS\_PSE\_1)
- Secure Electronic Messaging (PI\_TRANS\_SM\_1)
- Health Information Exchange\* (PI\_TRANS\_HIE\_1)
- Medication Reconciliation (PI\_TRANS\_MR\_1)

\*Note that the *Provide Patient Access* and *Health Information Exchange* measures are both part of the Base and Performance measures. These two measures also have double the contribution opportunity as compared to the other performance measures.

#### Public Health (and Clinical Data Registry) Reporting

- Specialized Registry Reporting (PI\_TRANS\_PHCDRR\_3)
- Syndromic Surveillance Reporting (PI\_TRANS\_PHCDRR\_2)
- Immunization Registry Reporting (PI\_TRANS\_PHCDRR\_1)

#### Bonus Measures

- Additional Public Health Reporting:
- Report Improvement activities using CEHRT

## 2018 PI Objectives and Measures

#### Base measures

- Security Risk Analysis (PI\_PPHI\_1)
- Electronic Prescribing (PI\_EP\_1)
- Provide Patient Access (PI\_PEA\_1)
- Send a Summary of Care Record (PI\_HIE\_1)
- Request/Accept Summary of Care (PI\_HIE\_2)

#### Performance measures

- Provide Patient Access (PI\_PEA\_1)
- Patient-Specific Education (PI\_PSE\_1)
- View, Download or Transmit (VDT) (PI\_CCTPE\_1)
- Secure Messaging (PI\_CCTPE\_2)
- Patient-Generated Health Data (PI\_CCTPE\_3)
- Send a Summary of Care Record (PI\_HIE\_1)
- Request/Accept Summary of Care (PI\_HIE\_2)
- Clinical Information Reconciliation (PI\_HIE\_3)

#### Public Health Reporting

- Immunization Registry Reporting (PI\_PHCDRR\_1)
- Syndromic Surveillance Reporting (PI\_PHCDRR\_2)
- Electronic Case Reporting (PI\_PHCDRR\_3)
- Public Health Registry Reporting (PI\_PHCDRR\_4)
- Clinical Data Registry Reporting (PI\_PHCDRR\_5)

#### Bonus Measures









- Additional Public Health Reporting
- Report Improvement activities using CEHRT

- Report using only 2015 Edition CEHRT

## 2018 PI Transition Objectives and Measures

### Base Measures

Base Measures

Measure Name	Numerator	Denominator	Unmet	Performance	Pass
Security Risk Analysis 	NA	NA	NA	No Yes	
e-Prescribing 	2	2	0	100%	
Provide Patient Access 	5	17	12	29%	
Health Information Exchange 	2	2	0	100%	

The Base Measures pane displays the following measures:

- Security Risk Analysis

Click on “**Yes**” or “**No**” in the Performance column to update your status for scoring.

- e-Prescribing
- Provide Patient Access
- Health Information Exchange (HIE)

Click a measure name to display the measure’s CMS specification on a new browser tab.

Put the cursor over the blue info icon  to display the popup measure description.

- 1 The Numerator, Denominator, and Unmet columns display clickable results that allow you to view the respective patient lists for each measure. Click a number in a column to display the patient list. Click the number again to close the list.
- 2 The Performance column displays the percentage achieved for the measure. The exception is Security Risk Analysis, where you can click the Yes/No button to indicate whether you are attesting Yes or No for this measure.

#### Base Scoring:

- 3 The Pass column displays a green check mark to indicate a measure is either configured with a Yes attestation or has at least 1 in the Numerator. If all Pass fields are met (have a check mark), then the provider gets the full 50 Base points reflected in the PI Base score. A red X mark indicates a measure did not pass. If any Pass field is not met, then the provider gets a 0 for the Base score and will not be eligible for any PI points

(including earned Performance points). Providers with less than 100 permissible prescriptions or Transitions of Care for the reporting period will automatically receive a check mark for e-Prescribing and/or Health Information Exchange (HIE), even with 0 in the Numerator.

## Performance Measures

### Performance Measures

Measure Name	Numerator	Denominator	Unmet	Performance	Points
<a href="#">Provide Patient Access*</a> ⓘ	4	4	0	100%	20
<a href="#">Health Information Exchange*</a> ⓘ	26	26	0	100%	20
<a href="#">View, Download, or Transmit (VDT)</a> ⓘ	1	4	3	25%	3
<a href="#">Patient-Specific Education</a> ⓘ	1	2	1	50%	5
<a href="#">Secure Messaging</a> ⓘ	4	4	0	100%	10
<a href="#">Medication Reconciliation</a> ⓘ	1	4	3	25%	3

The Performance Measures pane displays the following measures:

- Provide Patient Access\*
- Health Information Exchange\*
- View, Download, or Transmit (VDT)
- Patient-Specific Education
- Secure Messaging
- Medication Reconciliation

Click a measure name to display the measure's CMS specification on a new browser tab.

Put the cursor over the blue info icon ⓘ to display the popup measure description.

1 The Numerator, Denominator, and Unmet columns display clickable results that allow you to view the respective patient lists for each measure. Click a number in a column to display the patient list. Click the number again to close the list.

2 The Performance column displays the percentage achieved for the measure. This number is used to derive the decile, and thus the final score, for the measure.

### Performance Scoring:

3 The Points column displays the number of points that will be added to your Preliminary PI score. Points are determined by converting the Performance rates to deciles. In the

case of the Provide Patient Access and Health Information Exchange measures, the decile values are doubled.

**Note.** Asterisks (\*) next to Provide Patient Access and Health Information Exchange measures indicates double contribution towards overall score.

## Public Health (and Clinical Data Registry) Reporting

Public Health Reporting		
Measure Name	Performance	Points
Public Health and Clinical Data Registry Reporting ⓘ	One	10
- Specialized Registry Reporting ⓘ	0 1 2+	
- Syndromic Surveillance Reporting ⓘ	0 1 2+	
- Immunization Registry Reporting ⓘ	0 1 2+	

- Specialized Registry Reporting
- Syndromic Surveillance Reporting
- Immunization Registry Reporting

Place the cursor over the blue info icon ⓘ to display the popup measure window.

Click on **0**, **1**, or **2+** in the Performance column to update your status for scoring.

- Select "0" under the Performance column for a Public Health Reporting measure to attest No to participating in any registries of that type. The Performance column indicates "No" and the Points column indicates "0".
- Select "1" under the Performance column for a Public Health Reporting measure to attest Yes to participating in one registry of that type. The Performance column indicates "One" and the Points column indicates "10".
- Select "2+" under the Performance column for a Public Health Reporting measure to attest Yes to participating in two or more registries of that type. The Performance column indicates "Multiple" and the Points column indicates "10".

## Bonus Measures

**Additional Public Health Reporting** – Selecting "1" on two or more of the Reporting measures, or selecting "2+" on at least one of the Reporting measures, earns a 5 point bonus towards the preliminary PI score.

**Report Improvement activities using CEHRT** - Attest to having completed at least one Improvement Activity that requires CEHRT. Earn a 10 point bonus towards the preliminary PI score by attesting to one or more Improvement Activities that require CEHRT.

## 2018 PI Objectives and Measures

### Base Measures

The Base Measures pane displays the following measures:

- Security Risk Analysis

Click on “**Yes**” or “**No**” in the Performance column to update your status for scoring.

- e-Prescribing
- Provide Patient Access
- Send a Summary of Care
- Request/Accept Summary of Care)

Click a measure name to display the measure’s CMS specification on a new browser tab.

Put the cursor over the blue info icon  to display the popup measure description.

### Performance Measures

The Performance Measures pane displays the following measures:

- Provide Patient Access
- Patient-Specific Education
- View, Download, or Transmit (VDT)
- Secure Messaging
- Patient-Generated Health Data
- Send a Summary of Care
- Request/Accept Summary of Care
- Clinical Information Reconciliation

Click a measure name to display the measure’s CMS specification on a new browser tab.

Put the cursor over the blue info icon  to display the popup measure description.

## Public Health (and Clinical Data Registry) Reporting

Public Health Reporting		
Measure Name	Performance	Points
Public Health and Clinical Data Registry Reporting ⓘ	One	10
- Immunization Registry Reporting ⓘ	0 1 2+	
- Syndromic Surveillance Reporting ⓘ	0 1 2+	
- Electronic Case Reporting ⓘ	0 1 2+	
- Public Health Registry Reporting ⓘ	0 1 2+	
- Clinical Data Registry Reporting ⓘ	0 1 2+	

- Immunization Registry Reporting
- Syndromic Surveillance Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting

Click a measure name to display the measure's CMS specification on a new browser tab.

Put the cursor over the blue info icon ⓘ to display the popup measure description.

Click on **0**, **1**, or **2+** in the Performance column to update your status for scoring.

- Select "0" under the Performance column for a Public Health Reporting measure to attest No to participating in any registries of that type. The Performance column indicates "No" and the Points column indicates "0".
- Select "1" under the Performance column for a Public Health Reporting measure to attest Yes to participating in one registry of that type. The Performance column indicates "One" and the Points column indicates "10".
- Select "2+" under the Performance column for a Public Health Reporting measure to attest Yes to participating in two or more registries of that type. The Performance column indicates "Multiple" and the Points column indicates "10".

### Bonus Measures

**Additional Public Health Reporting** – Selecting "1" on two or more of the Reporting measures, or selecting "2+" on at least one of the Reporting measures, earns a 5 point bonus towards the preliminary PI score.

**Report Improvement activities using CEHRT** - Attest to having completed at least one Improvement Activity that requires CEHRT. Earn a 10 point bonus towards the preliminary PI score by attesting to one or more Improvement Activities that require CEHRT.

**Report using only 2015 Edition CEHRT** – Click “**Yes**” in the Performance column if your PI performance period begins after you have installed the 2015 certified edition.

Click a measure name to display the measure’s CMS specification on a new browser tab.

Put the cursor over the blue info icon  to display the popup measure description.



## MIPS 2017 Quality Scoring (EHR Reporting Method)

MIPS Quality scoring can be complex, and there are many rules that determine the point value of a measure. This section will help you better understand MIPS Quality scoring and measure selection. Definitions and rules for general scoring, case minimum, and bonus points are included. Note that the Quality scores are estimated and CMS will determine the final Quality score.

### Clinical Quality Measure Points

- 6 CQMs and 1 population measure are scored. The 'All-Cause Hospital Readmission' (ACR) is the population measure and discussed later.
- Eligible Clinicians may earn 60 or 70 possible Quality points depending upon the practice size and whether the All-Cause Hospital Readmission measure is applied. Refer to the ACR information discussed later.
- In CQR, calculations will be based on 60 points and exclude the All-Cause Hospital Readmission measure, which is claims-based and will be calculated by CMS.
- One measure selected must be an Outcome measure. If no Outcome measures are selected, then a High Priority measure may be selected to meet the requirement.
- If an Outcome or High Priority measure is not reported, and it is determined that a high priority measure could have been reported, CMS would score the 5 measures with the highest performance rate on the 3-10 decile scale. The 6th measure's performance score would be replaced with a 0, because the clinician did not report on a required High Priority Measure.
- If an Eligible Clinician fails to submit a measure, then the EC would receive zero points for that measure.
- Each measure receives a score of between 3 - 10 points in 2017 based on the EC's measure result calculated against the measure benchmark and decile range.
- A Quality measure reported with a performance rate of 0 would receive the base 3 points for that measure for the 2017 "transition" program year.
- An Eligible Clinician cannot earn a preliminary quality score > 100%. If the amount of bonus points earned push the EC's score higher than 100%, then the score will be capped at 100%.
- An Eligible Clinician cannot earn a score > 60 points for the Quality category.
- A measure with a 0 denominator will not be scored.

### Case Minimum

- Each measure must have the required case minimum of 20 cases to be scored.
- The case minimum requires at least 20 denominator eligible patients that can be reported (numerator).

**Note.** A measure will receive a score of 3 if the case minimum is not met in 2017.

- If the case minimum is met, then a measure may receive a score up to and including 10 points.

### Data Completeness

- Each measure must meet the data completeness standard to be scored.
- Eligible clinicians must report on at least 50% of the patients that meet the measure's denominator requirement regardless of payer.
- Eligible clinicians whose measures are below the data completeness threshold of 50% would receive 3 points for submitting the measure.
- Centricity customers using Centricity CPS or CEMR, and also CQR, for the entire reporting period, and having calculated the data for the entire reporting period, can expect to meet the data completion requirement. The Centricity system is designed to capture 100% of the patients who meet the denominator.

### Bonus Points: General

- Overall, an EC can earn up to 20% in bonus points from the two bonus categories; 10% from Quality Bonus Points and 10% from "end-to-end" CEHRT Bonus Points.
- A measure with a 0 denominator will not be scored or earn Measure or CEHRT bonus points.

### Bonus Points for Additional High Priority Measure (Measure Bonus Points)

- 1 or 2 bonus points may be earned for each additional High Priority measure selected (after the required Outcome measure) with a cap of 10% of the total possible points.
- High Priority measures have a 'Measure Type' of Outcome, Appropriate Use, Efficiency, Care Coordination, Patient Safety, Patient Experience.
- An 'Intermediate Outcome' measure is considered an 'Outcome' measure and should be scored as such.
- 1 or 2 bonus points may be earned for each additional 'High Priority' measure above the 1 required measures Outcome or High Priority measure that is submitted and meets the necessary requirements.
  - 2 points are earned for additional Outcome or Patient Experience measures.
  - 1 point is earned for additional High Priority measures beyond the 1 required Outcome or High Priority measure.
- A measure may still receive 1 Measure Bonus Point if it does not have a benchmark.
- A measure that does not meet the case minimum cannot earn Measure Bonus Points.
- A measure must have a performance score > 0% to receive Measure Bonus Points.

## Bonus Points for “end-to-end” Electronic Health Record (EHR) Usage

- End-to-end CEHRT is defined as:
  - the use of CEHRT to record the measure’s demographic and clinical data elements.
  - measure data is exported and transmitted electronically per CMS standards.
  - the CEHRT system aggregates measure data, calculates measures, performs any filtering of measurement data, and data is submitted electronically to CMS per submission standards.

**Note.** Customers using CPS or EMR, and CQR can expect to meet the CEHRT criteria for the MIPS quality measures, and receive CEHRT bonus points for each quality measure selected, capped at 10% of the total possible points. Customers using other electronic submission methods may qualify for the bonus but should validate with their chosen submission method.

- 1 bonus point may be earned for each measure reported using CEHRT with a cap of 10% of the possible points.
- A measure may still receive 1 CEHRT bonus point if it does not have a benchmark.
- A measure may still receive 1 CEHRT bonus point if it does not meet the case minimum.
- A measure may still receive 1 CEHRT bonus point if the performance score is 0%.

## All Cause Hospital Readmission Measure (ACR)

- The All-Cause Hospital Readmission Measure is a claims-based measure and results are calculated by CMS. CQR will not include this measure in the Quality MIPS scoring.
- The ACR measure will not apply to solo practices or small groups (groups of 15 or less). These groups can earn 60 possible points: 10 points each for 6 CQMs.
- The ACR measure will apply to groups of 16 or more who meet the case volume of 200 cases. These groups can earn 70 possible points: 10 points each for 6 CQMs and 1 population measure.
- A group would be scored on the ACR measure even if it did not submit any quality measures, if it submitted in other performance categories. Otherwise, the group would not be scored on the readmission measure.

## Final Quality Scoring in CQR

Calculation: [Points earned on 6 Quality Measures] + [Measure Bonus Points] + [CEHRT Bonus Points] / [Maximum score of 60 or 70 Points] X [Category Weight of 60 Points] = Final Quality Score.