

Quality Submission Services (QSS) FAQ

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QSS Program Information

Q: What is Quality Submission Services (QSS)?

QSS provides for additional services and features beyond those available at no charge within Clinical Quality Reporting (CQR).

MIPS Submissions

athenahealth will submit MIPS data directly to CMS on the behalf of those that enroll. Submitted results will be archived in a permanent QSS bookmark, including patient lists. CQR will also store the CMS submission batch number as proof of the successful submission. This service is intended to reduce the administrative burden of submissions and audits.

- **MIPS Individual Clinicians**
Customers can enroll individual clinicians for our submission services.
- **MIPS Group Reporting**
Customers can enroll MIPS Groups where CQR will aggregate the data, display results on our MIPS and Dashboard tabs, and allow for athenahealth submissions. For customers that want access to group results but don't want athenahealth to submit for them, the option exists to not authorize results. The authorization process begins in January and is the final customer step before athenahealth can initiate a submission. Without provider authorization, athenahealth will not submit any data. For more information reference our [MIPS and CPC+ Group FAQ](#).

CPC+ Practice Results and Submissions

For those that have been accepted by CMS into their CPC+ Alternative Payment Model (APM) program and enroll in our QSS CPC+ program, we will allow for the creation of groups in CQR based on the physical sites enrolled with CMS for CPC+. Customers can then monitor their CPC+ results throughout the year and authorize athenahealth to submit their results when ready. CPC+ site QRDA's are only available for athenahealth QSS submissions. For more information reference our [MIPS and CPC+ Group FAQ](#).

Q: What are the fees for QSS?

MIPS and CPC+ fees will be posted on our Customer Portal Quality Reporting QSS resource page ([CPS](#), [CEMR](#)) when available each year.

Note: Charges are incurred for access to group results, regardless of whether submissions are ever authorized. MIPS Group QRDA's are only available to QSS participants.

Q: Where do I access QSS?

QSS is accessed on the MQIC tab in CQR.

Q: When can I access QSS?

MIPS and CPC+ enrollment periods will be kept up-to-date on our Customer Portal Quality Reporting QSS resource page ([CPS](#), [CEMR](#)).

Q: What if I miss the QSS enrollment deadline?

Please contact athenahealth Support at 888-436-8491 (Option 2, Option3) or your Value Added Reseller to request an extension. If the extension is granted, a signed EMR Consulting quote for four hours to assist in the enrollment process is required, where one hour will be billed at a minimum and additional hours will be billed as used.

Q: What quality measure collection type does QSS support?

QSS supports electronic clinical quality measures (eCQMs). We automate the electronic submission of a QRDA III file for submissions.

Note: If a TIN is associated with an Accountable Care Organization (ACO), CMS will expect associated performance categories to be submitted by the ACO and will reject any attempt to submit the same performance category from QSS.

Q: What is MQIC and do I have to be an MQIC member to participate in QSS?

MQIC stands for Medical Quality Improvement Consortium, and yes, MQIC membership is required to participate in QSS. MQIC members agree to contribute de-identified data for purposes of secondary use in clinical research in exchange for access to value-added features and benefits. There is no additional charge to participate in MQIC.

An MQIC FAQ explaining the program and an agreement for becoming a member may be found on the Service Portal CQR Page or Quality Reporting Community. Contact Centricity Clinical Support at 888-436-8491 (Option 2, Option3) for return instructions.

- MQIC [FAQ](#)
- MQIC [Agreement](#)

Q: Where can I find additional information on QSS?

The Centricity Customer Portal is our central hub for sharing information with customers: <https://centricity.athenahealth.com>.

- Links to our Quality Reporting page : ([CPS](#), [CEMR](#))
- Links to our QSS page : ([CPS](#), [CEMR](#))

For additional information not addressed by the above, customers should contact our athenahealth Support at 888-436-8491 (Option 2, Option 3) or their Value Added Reseller.

QSS Preparation

Q: What can I be doing to prepare to participate in QSS?

Reference either of these sources:

- [MIPS Checklist](#) for a full timeline and list of tasks
- QSS MIPS and CPC+ Enrollment webinars are posted on our QSS pages ([CPS](#), [CEMR](#))

Q: If I already signed an MQIC agreement in previous years do I have to sign again?

No, an MQIC agreement only needs to be signed once. If you are unsure if you are a current MQIC member, one way to confirm is to login to CQR and see if you have access to the MQIC tab. If a message appears that says “MQIC Members Only” you are not a current member. You must be a Member or Program Admin in CQR to have access. Only one MQIC agreement is required per CQR account. As noted, if you have access to the MQIC tab in CQR you are covered.

Or you may contact Clinical Support at 888-436-8491 (Option 2, Option3) or your Value Added Reseller for assistance in confirming whether your organization has an existing MQIC agreement.

Q: If I signed a QSS agreement last year do I need to sign another one this year?

Yes, QSS agreements are required to participate every year. Only one QSS agreement is required per CQR account and that agreement will be available electronically within CQR when QSS enrollment opens.

Q: If I signed a QSS clinician consent form last year do I need to sign another one this year?

No, once signed by a clinician they will apply to future years until CMS rule changes warrant.

Q: What software is required to participate?

Reference our Software Requirements section on our MIPS and CPC+ pages.

- MIPS ([CPS](#), [CEMR](#))
- CPC+ ([CPS](#), [CEMR](#))

If planning to create a MIPS Group or CPC+ practice, reference our [MIPS and CPC+ Group FAQ](#).

Q: Can I cancel QSS after I've completed enrollment?

Yes, you may choose the unenroll button by navigating to the MQIC tab in CQR, choosing Edit enrollment and scrolling to the bottom of the page.

For clinicians participating as individual clinicians, we only bill for clinicians that completed the authorize results step that kicks off the submission.

For customers that create a MIPS Group or CPC+ practice, it is not possible to cancel billing, as fees are based on access to aggregated group data, which occurs immediately following the creation of Group(s) during enrollment.

Please review the QSS Agreement that was signed during enrollment for full details of our terms.

QSS Submissions

Q: Which measures are submitted to CMS?

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

Q: Can I use our test environment to generate reports for QSS?

No. Our QSS program only accepts production data for submissions.

Q: Is it possible to request CMS to stop our participation after our submission has been received by CMS?

No. CMS has stated that "there is no way to delete or disregard a previously entered EHR submission."

Q: Can a clinician submit using more than one reporting methodology?

CMS accepts one reporting methodology per performance category (Quality, ACI, Improvement Activity, or Cost).

Q: Can a clinician have more than one file submitted?

Yes, if a clinician submits two individual files with the same TIN/NPI, CMS will process the last file received. You'll need to contact Clinical Support at 888-436-8491 (Option 2, Option3) or your Value Added Reseller to request previously authorized results to be unauthorized before authorizing new results to be submitted.

If the provider has two different TIN/NPI combinations, then both files will be accepted. If a clinician submits under both a MIPS Group and as an individual, CMS will use the submission with the better results between the individual and group submission. For more information, reference our [MIPS and CPC+ Group FAQ](#).

Q: If a clinician practices under two different TINs, does the provider have to report data for both TINs?

The data for both TINs should be reported. Currently, only a single NPI/TIN combination can be calculated per clinician in CQR. However, dual TINs can be managed if the clinician is set up in the EMR with two different naming conventions, locations of care & logins; each associated with a separate TIN in CQR. The clinician's data would display separately per TIN in CQR.

As an example, Harry Winston sees patients under a group TIN at West Health, TIN 1, and under their individual TIN at East Health, TIN 2. Harry Winston could create logins in the EMR for HWinston West & HWinston East, and log into the EMR with the user name associated with the location/TIN he is practicing at. This workflow would allow Harry Winston to report under TIN 1 as an individual or as part of a MIPS Group and under TIN 2 as an individual.

Q: What if I miss the QSS authorization deadline?

Please contact Clinical Support at 888-436-8491 (Option 2, Option3) or your Value Added Reseller to request an extension. If the extension is granted, a signed EMR Consulting quote for four hours to assist in the authorization process is required, where one hour will be billed at a minimum and additional hours will be billed as used.

Document Changes

May 20, 2019	Initial 2019 version
Oct 16, 2019	Updated links to reference athenahealth customer portal