

eMedApps.com

NextGen HQM and MIPS Submission

Inquiries may be submitted using the **Questions** window.

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eMedApps - About Us

eMedApps is a Healthcare Information Technology Services company providing practices, clinics and hospitals with a full range of services, as well as a suite of products designed to increase efficiency and facilitate communication.

- Founded in 1999
- Working as partner with NextGen since 2001
- Worked as subcontractor for NextGen
- Serving healthcare clients across USA
- Services and Products for NextGen clients



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About Our Presenter

About Our Presenter

Christina Ytterock (pronounced itt-er-ock)

Some of my Favorite Things:

- Greyhounds
- Concerts/Music
- Reading (favorite genre/horror)
- Travel
- New York City











NextGen HQM

Great NextGen HQM Resource Page





NextGen HQM Resources

- NextGen HQM Success Community Resource Page:
- https://www.community.nextgen.com/ng e/kA3330000008V7m?srPos=0&srKp=ka 3&lang=en_US
- Fantastic page!
- Includes, guides, recorded trainings, webinars/classes, troubleshooting tips, links to white papers and additional resources.





What is NextGen HQM

The NextGen HQM Reporting Module is a clinical data repository used for registry reporting of clinical outcomes and quality measure data.

After practices select specific incentive programs and measures, the reporting engine collects & extracts data from the report server to allow the generation of electronic reports.

NextGen HQM is an approved data submission vendor and has the ability to submit data for various performance based incentive programs including:

- MIPS
- Comprehensive Primary Care Plus
- Medicaid Promoting Interoperability
- Accountable Care Organization
- Clinical Quality Measures



Available HQM User Roles

Client Administrator:

Able to perform administration, configuration and reporting tasks. Needed to manage settings across practices

Multi-Client Administrator:

Specialized role with the ability to perform all the tasks of the client administrator for all clients in a group

Practice Administrator: Able to perform administration, configuration and reporting tasks for a select practice

Report Practice User:

Able to run and manage reports for the selected practices. Unable to modify or configure Report Provider User:

Able to run and manage reports for a single selected Provider. Unable to modify or configure Report User:

Able to run and manage reports for all practices/providers. Unable to modify or configure



Basic Navigation

Navigation and Resource/Support Links



Top Menu Bar:

Home – Navigate to the home page display

- Admin Administrative Function Menu
- Reports Menu of available reports for viewing/generation

Config – Configuration Menu

Bottom Menu Bar: NextGen.com Legal Notices Client Resources CMS

NextGen.com – Launches the NG website

Legal Notices – Displays terms/conditions, privacy policy and other information related to the use of NG software

Client Resources – Launches the success community login page

CMS – Displays the Centers for Medicare and Medicaid Services website



User Profile Access & Options

To access your user profile once you have logged into the HQM, select the profile icon.

Your User Profile includes basic information about you which you can view and access from the profile page. With the exception of your User name, other changes can be made to your profile such as password change.





User Role Email Subscription

Depending on your role, email subscription alerts for various system events are available for configuration. This provides you with the ability to monitor the status of your system.

Alerts Include:

Database Connection Error Disk Space Low Extract File Received Extract Job Behind Schedule Heart Beat Not Received Job Error Job Hang Reports Generated Service Stopped Running Transfer Error Transfer Hang



Subscribe/Unsubscribe to Alerts

Access your user profile and review the available alert types. A green check mark indicates any alerts you currently receive.

To unsubscribe, clear the check box and it will appear grayed out.



eMedApps.com

Home Page

- Once logged in, the home page will appear. You will see:
- Site name
- Data processing information
- NG system messages, custom messages or alerts
- Latest and favorite reports



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Job Status

Viewing your job status is super important as it breaks down your data processing showing when the last time data record extraction and upload was completed, if a job is in progress and also includes your last processed date.

- Green = completed
- Blue = executed (in progress)
- White = not started



This area also provides details on the date that the latest data was extracted and the number of days for the data delay.



Report Data/Information

- Information is pulled from a copy of Production and the data is usually one day behind the last processed date.
- It is important to ensure that your report server is getting refreshed on a daily basis so current clinical data is gathered and reporting is accurate.
- Typically the data delay is 14 days to allow for encounter completion/closure however, this can be adjusted by requesting the change through your NextGen HQM Analyst or NextGen HQM support ticket.



White Paper Search Feature

Did you know that you can access measure white papers from within the tool?

- White papers provide detailed information about each measure including workflows to meet the measure.
- Click the search button and start typing either a word or measure number to populate the associated white paper.



Q



White Paper Search Feature

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CMS 138V9 (NQF 0028E) TOBACCO USE SCREEN AND CESSATION 1 PROGRAM

DOCUMENTATION

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WHITE PAPER 2021 ECOM GROUP

Overview

Measure Name

CMS 138 v9: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Description

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user. Three rates are reported:

- Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months.
- Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention.
- Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user.



Configuration Overview

Configuration Menu

Configuration options and viewing can be accessed from the Config drop down menu.





HQM Basic Configuration for MIPS Reporting

Practices

- Providers
- Measures
- Promoting Interoperability
- Payer/Medicare Verification
- Test Patients



Correct Configuration Provides Accurate Reports

Practices Configuration

Practices Configuration

Configuration options allow you to:

- Enable/Disable practices
- Set the reporting credit for encounters
- Update the PHR (Personal Health Record) enabled date
- Set the practice TIN (Tax Identification Number)
- Manage locations/providers and places of service (POS)

Search by Prac	ctice				
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Enable/Disable Practices

Enable:

To enable practice participation select the Active checkbox for the practice

Disable:

To disable practice participation, clear the Active checkbox.

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Set the Credited Provider

Allows you to select up to 3 options for your practice.

- Provider on encounter
- Supervising gives credit to supervising Provider on encounter
- Rendering and Supervising gives credit to both

Supervising options might be applied/used in educational institutions or practices with supervising providers. When applied, supervising Providers are

given credit for the rendering providers work.

Rendering – gives credit to rendering **NOTE**: If supervising is selected as the default, but no supervising provider has been included on the encounter, the system will revert to rendering.



Update/View Personal Health Record (PHR) Enabled



NOTE: If PHR is not enabled, results will be zero for the Patient Electronic Access Measure unless each encounter and lab results are uploaded to the NG patient portal within 4 business days.

A green check mark indicates PHR is currently enabled and provides the date that PHR was enabled for the practice

If you see an X next to the date, this indicates that PHR was enabled previously but has since been disabled.

If the column is blank, PHR has never been enabled.

Date



Set the Practice Taxpayer Identification Number(s) (TIN)

- Note: Required for group reporting
- TIN column displays one the following:
 - Unavailable TIN is unavailable for selection
 - Unselected TIN is available but has not been selected
 - Number of TINS number of selected practiced TINS

Practice TIN	Location
Unselected	•
1 TIN	\$111111111
Unselected	907698938
2 TINs	Save
1 TIN	v







Practice Locations

Enable/Disable practice locations by clicking the locations icon **NOTE:** This information is pulled from File Maintenance

To Add locations select Active and a green checkbox appears.

To disable, clear the Active checkbox.







Providers Practice Configuration

NOTE: Provider information is pulled from your File Maintenance set up. This allows you to see all the Providers that have been configured. You also have the ability to enable/disable Providers in this area.

- To enable, select the Active checkbox
- To disable, clear the Active checkbox



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Cella, Lany		159456753	1995488891	
Culler, Edvorti		158456753	1989488952	
ExcudeGPRO Provider		854321987	1995456246	
James Jeosie		159496754	1999488868	
MU. Provider 1		123456789	1990408090	
MD, Prevaler2		123456790	1999408056	
MU, Pravidecii		159456753	1995488157	
Sendilli, John		159456754	1988467685	
				Ore



Places of Service

This area allows you to see all the locations/places of service that have been

configured.



You also have the ability to enable/disable Providers in this area.

- To enable, select the Active checkbox
- To disable, clear the Active checkbox

Place of Service	Code	Active
Pharmacy	121	1
Teleticality	.02	1
School	03	1
Homeless Shutter	04	1
indian Health Service Free-Standing Facility	05	1
indian Health Service Provider-Based Facility	00	1
Triber 638 Free-Standing Facility	07	2
Timel 636 Provider-Beeen Facility	00	2
Preconidad	00	2
ofixe		-



Provider Email, NPI & TIN

Configure Email, NPI & TIN

View Provider email addresses, NPI information and TIN information.

Review Provider verification status for each

Option to view unverified which will show Providers with unverified information

ACO Settings	
CPC+	
Exclude Test Patients	
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Verify TIN and NPI Information

Note: Both TIN and NPI information is pulled from your file maintenance set up. The verify NPI's selection checks the participating Providers against a database of verified NPI's.

The Verify/Override TIN's option allows you to either Verify the practice TIN(s) against a database of verified TIN's.

The Override and Verify option can be used if the information that is pulled from FM is incorrect/missing.

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Check Provider Participation Status

Did you know you can check a Providers MIPS participation status from the HQM tool?

- 1. To check, select the search link for the Provider $\ensuremath{\,^{\ensuremath{\mathbf{Q}}}}$
- 2. Once selected, you will be redirected to the CMS Participation Lookup Tool.
- 3. If a Providers participation status has been checked, the search icon populates with a check mark.

QPP Participation Status

Enter your 10-digit <u>National Provider Identifier (NPI)</u> I number to view your QPP participation status by performance year (PY).

 NPI Number
 Check All Years

 Want to check eligibility for all clinicians in a practice at once?

 View practice eligibility in our signed in experience



Measure Configuration

Measure Configuration

- Configuration Options Include:
- Adding/Removing Providers
- Adding/Removing Measures
- Updating/Changing the Reporting Period

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The MIPS program has a total of 4 categories that Providers are required to report on. The HQM tool allows submission of 3 out of the 4 including:

- Improvement Activities
- Promoting Interoperability
- Quality

The cost category is based on and calculated using submitted claim information.



Program/Practice Selection

Within the HQM, the 3 categories have programs to configuration based on either individual or group reporting.

• Select the applicable program from your available options. Programs are listed by year in descending order.

Note: if you do not see the appropriate year/program, contact your NG HQM specialist or open an HQM ticket to have the updated/correct program(s) added.

• Select a practice from the practice list if applicable. The system does default the practice automatically but if you have more than one practice in file maintenance, you will need to ensure you are configuring correctly correct.





Measure Configuration Features

- When configured, the Provider(s) for the selected practice will display.
- The Filter Providers Field allows you to narrow the list of Providers.
- The blue circle identifies how many measures have been assigned/added to each Provider.
- To view a list of measures, click on the Provider and assigned measures populate along with the configured reporting period.



Measure Configuration Features

- NPI status is indicated by the green background/check mark for verified. If unverified the status shows as a red background/X. ..
- To set/select/change the reporting period, click on the calendar icon. Additional functionality is available to allow your date range selection to be applied to an individual Provider or to the whole Provider group.

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01/01/21 - 03/31/21	
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1st Quarter	1/21	
2nd Quarter		
3rd Quarter		(
4th Quarter	ttestation	× ^)
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One Year	tion Blocking Attestation	×)
Custom >90 Days		

Adding Measures

- To begin, select the green + icon.
- The Adding Measures page appears.
- From here, Practice, Provider and Measure selection is completed.
- Measure descriptions are available by hovering over the measure description.
- Measure details such as high/med weight, inverse/high priority/outcome and specialty are visible as you are making selections.
- Selected measures will populate with a green check mark.

Measures Add, Remove	and Configure Measures
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Adding Measures

Mandatory measures including required self attestation measures for the Promoting Interoperability Category will display a star.

Provide Patients Electronic Access to Their Health Information (PI PEA 1)

Default

NextGen also provides additional

information when applicable such as CMS guidelines/notes regarding specific

measures.





Adding Measures

- When measure selections are complete, navigate to the Schedule section to select/set your program schedule.
- Click Complete! Add Measures message that appears.
- An additional adding measures message will populate while measures are being added.



Complete! Add Measures

Adding Measures



Deleting Measures - Individual

- Individual measure removal can be completed by navigating to a Provider and selecting the X below the Provider's name. The X option will remove all measures from the Provider.
- Make sure you really want to delete all measures. The system provides a prompt to confirm before deletion. This gives you the option to go back or move forward.
- Selecting the X will remove the measure(s) for the individual Provider.







Deleting Measures - Individual

You also have the option to review and delete specified measures instead of all measures from individual Providers.

Select (click on) a Provider and the list of configured measures populates.

To remove a measure or measures, select the X.

One Year 01/01/21 - 12/31/21	
Measures	
CMS 22v9 BP Screening and Follow Up	×
CMS 50v9 Closing Referral Loop	×
CMS 68v10 (NQF 0419e) Documentation of Current Medications in the Medical Record	×
CMS 69v9 (NQF 0421e) Preventive Care and Screening Body Mass Index (BMI) Screening and Follow-Up Plan	×
CMS 122v9 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	×

eMedApps.

Measure Deletion - Group



When it is necessary to remove specific measures from a group of Providers, the change grouping icon is available.

This feature allows you to view all configured measures and select a measure for removal from the dropdown.

When a measure selection is made, Providers with the selected measure assigned will populate.

The Red X option will remove the selected measure from all Providers.





2021 Quality Category Highlights

2021 Quality Category Highlights

40% of your final score	Full year of measure data	Over 200 available measures to select from	Select at least 6 measures for submission	Include 1 high priority and 1 outcome measure in your selections	Data must be reported on at least 70% of patients	Specialty Measure Sets available	20 case minimum
----------------------------	---------------------------------	---	--	--	---	---	--------------------

2021 Quality Bonus Points



Bonus points are available:

- Submit 2 or more outcome or high priority measures
- Use CEHRT to collect and meet end-to-end electronic reporting
- 6 bonus points are added to the category score for small practices
- 10 additional percentage points can be earned based on your improvement in the quality category from the previous year



CMS 2021 Quality

- Updated 2021 Quality Requirements Page
- https://qpp.cms.gov/mips/qualityrequirements
- Review 2021 CMS Quality fact sheets/resources/details
- Review 2021 Quality Measure Benchmarks to aid in your decision making process.

Quality Payment	Aladar MOS- Terrent Nation MOS- Material States and Alama Mose- Material States and Alama Mose-
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Promoting Interoperability Configuration

Promoting Interoperability Measures

For 2021, the PI category includes 4 required, 1 bonus and additional self attestation required, registry & exclusion measures needing configuration.

In the measure types section of the adding measures page you will see the option for Measures and Self-Attest Measures.

Measures Add, Remove and Configur	e Measures	
ADDING MEASURES FOR 2021 MEDICARE PI	ROUP	
Measure Types - Search		
Weasure types - bearch		



Self-Attest Measures

Any required measures are starred

Exclusion measures provide different options for selection when applicable to your Practice/Provider.

ONC Direct Review Attestation	ONC-ACB Surveillance Attestation (Optional) PI Objectives and Measures Pre-Attestation
Prevention of Information Blocking Attestation	Clinical Data Registry Reporting Public Health And Clinical Data Exchange Set Altestation
Clinical Data Registry Reporting Exclusion PI PHCDRR 5 EX 1	Clinical Data Registry Reporting ExclusionPI PHCDRR 5 EX 2
Public Health And Clinical Data Exclusinge	Public Health And Clinical Data Exchange
Set Attestation	Scif-Attestation
Clinical Data Registry Reporting Exclusion PI PHCDRR 5 EX 3	Clinical Data Registry Reporting for Multiple Registry Engagement
Public Health And Clinical Data Exchange	Public Health And Clinical Data Exchange
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Promoting Interoperability Settings

The selection of Promoting Interoperability from the config menu launches PI settings and allows you to configure the following:

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Promoting Interoperability	(PI) Settings Promoting Interspera	iolity Settings for Providers and Pro	offices
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Secure message categories – populate the check box for the category(s) you wish to include as part of a secure message.

Message Category	Bocura
Apportment Inquiry	2
Hatzisa	
niedkuz Necovis Necyanii	2
Yeav Admittation Requirite	2
Privaire gaestiters die only a mideel	2
Removal of Orgong Amelications	2

Business schedule – allows you to indicate the day's your practice is closed/non business days for the Provider to patient exchange objective.



Promoting Interoperability Settings

Practice exclusions are used If PHR is not enabled, this allows you to configure Summary of Care, CPOE, Secure Messaging & Patient electronic access exclusions such as lab results, X-ray etc.

Transition of care is used to specify the external systems and direct messaging addresses.



Description	Include
Settings for Summary Of Care HIE	
tilclude all orbers that have an actClass of 'SuRG'	
Include all orders that have an act/Gass of 'PT'	
lettings for CPOE Radiology	
Include all radiology orders that have an actClass of 'DIAGRAD'	0.00
lettings for CPOE Lab	
triclude order module data	-
Use KBM template order_ data	
mittede actitians Tillar	
include actiClass 'LAB'	
Include actSubClass 'PATH'	
Include actOses 'LAB OFFICE'	
letting for Secure Messaging	
triclude replies to an appointment request	1
Hickude replies to a refit request	1
Include bulk messages	1



2021 Promoting Interoperability Category Highlights

2021 Promoting Interoperability Category Highlights

PI category goal is to promote patient engagement and electronic exchange of information using certified health record technology

- 25% of your Final Score
- Single set of Objectives/Measures
- Required to use EHR that meets the 2015 CEHRT criteria, 2015 Cures Update certification criteria (or combination of both)
- 90 day reporting period
- Must provide your EHR's CMS identification code from the CHPL
- Must submit a yes answer to 3 self attestation measures including:
 - The Prevention of Information Blocking Attestation
 - ✤ The ONC Direct Review Attestation and
 - $\boldsymbol{\bigstar}$ The security risk analysis measure



Promoting Interoperability Category Scoring & Bonus Points

Bonus:

10 points are available for submitting a yes for the optional measure Query of Prescription Drug Monitoring (PDMP)

Scoring:

- CMS scores each measure by multiplying the performance rate (calculated from the numerator and denominator you submit) by the available points for the measure.
- The Public Health and Clinical Data Exchange measures are awarded full points if a "yes" is submitted for 2 registries or one "yes" and one exclusion.
- Submission is needed for all required measures (submit a "yes"/report at least 1 patient in the numerator, as applicable, or claim an exclusion) or you will earn a zero for the Promoting Interoperability performance category.
- If exclusions are claimed, the points for those measures will be reallocated to other measures.



CMS Promoting Interoperability

- Updated 2021 CMS Promoting Interoperability Page: <u>https://qpp.cms.gov/mips/promoting-</u> interoperability
- Check out the full CMS resource library to gain additional knowledge and review information related to categories, measures and objectives.







CMS Promoting Interoperability



Prepare, gather audit binder necessities & review the PI category criteria for each measure/objective.

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P. 186.3	Health Information Exchange IHE2189 Directional Eachange	The MPU sight district or propriest excitation, the techoical spacetry and excitations to support in Mi- directional networks are NUL from all patients; near the sight or sight excitation and its and patient rescord stored or maintained in their ENV, exceptions with their attentiation excitations.	Required cody () indexting its an entropy of the second PC/NE_1 and PC/NE_1	Tes	That establish the technical especies on worklown to request to be devolved escharge via a HE Sor at petensis seen by the eligible chinata and roung patients incode stored or material basis attractation etablished their attractation etablished their attractation etablished	A database separate as consensular that decrements consecuting resolution of security that decrements consecuting providing benefit information confidence data yields the working resolution and an expect that the first generated for that MMPS displays displays payment in a distribution by National Provides Marrier (MPS), distribution units, provides many, etc.), AMD/001 - Information (MPS), displays displays and the security provides Marrier (MPS), distribution, the security provides Marrier (MPS), display displays consider considerability participants of MMPS displays displays consider considerability participants of MMPS displays displays consider considerability participants and an extent decrement of the first of an extension of exchange assessing and considerability of an extension of exchange assessing and considerability of the data of an- mating and generalized in the first of the data of an- mating and generalized in the first of the data of the data distribution of the data of the data of the data of the distribution (CDPP) evolution considerability as consenting to be between discretation of the data of the data of the data of the distribution (CDPP) evolution constrainting a consention be MPPS display distribution (CDPP) evolution constrainting as consentions before discretations extended as the data of the data of the data of discretation evolution. The data of the data of the data of the distribution (CDPP) evolution constrainting as consentions be between discretation as data of the data of the data of the data of the data of the discretation as data of the data of the data of the data of the data of the data data of the data of the data of the data of the data of the data data of the data of the data of the data of the data of the data data of the data of the data of the data of the data of the data data of the data data of the data data of the data of the data data data data data data data dat
(RAC)	Provide Patients Electionic Access to Their Health Information	For at least one-unique patient reve by the MPES eligible effective action-autocities engineering of the second action autocities representational provided function actions to view collex, developed, and transmit bits or her fourble research the patient's health holonomation to available ensures the patient's health holonomation to available on the patient or patient activities of ensurementations)	Despeired.	Monus por Descenia el es	Provide the information becoming to grad among to the partner or their authorized they partner due to a state reproperties the in-done to view, download, and transmit their health information rules are papelinden of the patient's observe meeting the technical	Percentation of constraint evolution, and a discontinuous of these a qualitation of particles authorized experimental filter in general times a qualitation or particles authorized eroperative filter and general times and qualitation or particles authorized eroperative filter authorized times and authorized authorized authorized authorized authorized times authorized authorized authorized authorized authorized authorized authorized autho



Improvement Activity Configuration

Improvement Activities

NextGen usually releases the activities for selection later in the reporting year

Activities -

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18 APR is MWS Phylide Chemise Leadership to Cleanal State or CBPR

Descriptions of each Activity are available when hovering.

Measure selections are populated with a green check mark

IA ARE 7: Congressionity's Eye Econes W. HE 24: Proposal Nanigation Program In Advances Inside Easter of Beenfiquey Toppaganeer the second second 18 100H 10 Completion of Collidariative Care Management Transactive Program 18 EBBH 9: Universiting Micrited Use For Patientic units Co-assessing Conditions of Meetal Headth and · Hallannini al senii Patronad Genelika Rubshame Abasic and Waltubating Care Patients. · Mithamating and Mitanish Cardida COLUMN TWO IS NOT Contractory of Contractory Implement a Parlant Navipator Program that affairs and donon-hased resources and took its radius. 18 CC 19 Care transition documentation practice improvements Can Continuan evolution because a substances, utilizing a patient conferent and tears based approach. Severaple; avidance-based hair practices to improve case for patients to making keepital/polices laws stressful. Concernant of the and the recovery period mare suggestive by implementing quality improvement satisfies 18 CC 48: Primary Care Physician and Behavioral Health Educated Electronic Eachange of Information Inc. M.CC 17: Patient Nacigator Program Shared Fatarate · Care Constitution

Contraction of the

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14 AHE & Provide Schooline, Opportunities for New Classiani

-21

Activities are classified with High & Medium weight for guidance as you are making your selection(s)



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CMS Validation

Did you know that in 2020 CMS required Qualified Registries (NextGen) to "validate" that clients met specific IA's by validating the suggested documentation.

NextGen/HQM was able to auto validate some of the activities

- Other information needed to be provided on company letterhead for review/validation.
- Start preparing this documentation now!

Improvement Subcategory Name Activity ID		Activity Name	Auto-validated by HGM Information			
IA_PM_3	Population Management	RHC, IHS or FOHC quality improvement activities	Clients who are FQHC's and are configured for quality measure programs and are regularly running reports for review will quality for this measure.			
IA_FM_16	Population Management	Implementation of medication management practice improvements	Configures and has NUM for the MIPS COM 130 or eCOM CMS 68v9 measure Documentation of Current Medications in the Medicat Record			
IA_CC_1	Care Coordination	Implementation of use of specialist reports back to referring clinician or group to close referral loop	Configures and has NUM for the eCQM CMS 50x8 measure Closing the Referral Loop			
IA_CC_13	Care Coordination	Practice improvements for bilateral exchange of patient information	The use of MGShare and the sending of CODA's as a structured referral document - could allow having a NUIADEN for the Send Summary of Care measure to technically meet this ideal if also receiving CCDA's Having and using CareQuality (which functions as an HE) will meet this measure as well.			
IA_8E_4	Beneficiary Engagement	Engagement of patients through implementation of improvements in patient portal	Configures and has NUM results for 2020 Medicaid PI Secure Messaging Measure meets the and/or bld/incritional communication about medication changes and adherence.			



CMS 2021 Improvement Activity Category Highlights

CMS 2021 Improvement Activity Category Highlights

- 15% of your Final Score
- 90 day reporting period
- High-weighted activities receive 20 points and medium-weighted activities receive 10 points.
- To earn full credit you must submit one of the following combinations:
 - ✤ 2 high-weighted activities
 - ✤1 high-weighted activity and 2 medium-weighted activities or
 - ✤ 4 medium-weighted activities
 - If Special Status is applicable this allows you to receive double points for each high or medium weighted activity you submit.



CMS Improvement Activity

Updated 2021 Improvement Activity page:

https://qpp.cms.gov/mips/improvement-activities





Explore and View Details

Utilize <u>app.cms.gov</u> to explore, download and view details about each activity as you prepare to make/update improvement activity selections for 2021.

SCITIENT MARK	ACTIVITY DESCRIPTION	ACTIVITY IN	MAKA2mmaKT (mAKS	ACIDITY Willinums
	Provide 24/Taccess to MIPS eligible christians, groups, or care tears			
	for advice about argent and emergent care (e.g., MIPS eligible clinician			1
	and care team access to readical record, cross-coverage with access to			1
	inedical record, or protocel driven runse time with access to medical			
	record, that could include ane or racre of the fullowing - Equalized			
	operation as considerate with small mathing to the patient methods			
	affice unsits and urgent care). Use of alternatives to increase aspect to			
	care team by MRS eligible clinicians and groups, such as e-visits,			1
	phone visits, group visits, home visits and alternate locations (e.g.,			
Insuide 26/T Access to MRPS (Egglise Classicans or	senior centers and assisted itving center() and/or. Provision of same			1
Septem Who Have Real-Time Access to Patient's	day or next-day access to a consistent NSPS eligible clinician, group or			
Wertral Record		SA EPA.	Chroat dags Pretting Access-	Ho



Activity Weighting

Your List (0)

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Subcabegory Warne

Expanded Practice Access

eMedApps.com

CMS Improvement Activity

Prepare, gather audit binder necessities & review policies/procedures and the 2021 improvement activity category criteria for your selection(s)

11	Contra strates	Autors Name	Autority Description	Cashie	Digestrier & Validation Dassahintation
K EPA	Espanded Practice Access	Provide 24/7 Access to MIPS Eligible Constants of George Web Have Real-Time Access to Passor 2 Medical Recard	Provide 2017 arrers to MMP depute elements, groups, or out terms, to admix device space and ensurement are the results, eligible channes and are trans access to medical means from which ensures to medical resolution recent, or protocol distances are the which execute to medical resolution recent to evening and week next, which access to the patient medical recent from example, contribute with small patients to provide attenues to evening and week next, which access to the patient medical recent from example, contribute with small patients to provide attenues to even the evening and week next, which patients to provide attenues to even the evening and week sets with small patients to provide attenues to even the evening and week sets with small patients to provide attenues to even the evening and even to any to meet the patient week of attenuities with main termines (attenues to any to be), provide attenues to even the evening and the event to any to be with, engine weither of attenuities to be released (from terming), remine results, and extrant to be presenting, and/or any event events withing events, and any events of a constraint to MPE eligible instance of anome day or near day access to a constraint to MPE eligible instance of anome day or near day access to a constraint.	ilgt	Disputing reservoir partners receive to engine effect and whe work is an originated setting with the paid of reducting unseervoir or energineing rooms with. Sublation Documentations - Colores or of encourcement partners can possible antities of anomal burliness beaut through supramed partners beaut and by alights chickness with real-time access to partners releases beaut forced (DMI). In this partners beaute through engine to manifestion can be a structure up Capation factories and the origination of the following structures of a partners, standard business chicks and a partners where the structure of the following structures of a partners, standard business chicks and a partners in the structure of the structure of the structure of a partners, standard business chicks are a partners and structures of the structure of the structure of the structure of a partners, standard business chicks are a partners and structures and the structure of the structure of a partners, standard business chicks are partners and the structure in the structure of the structure of a partners of the structure partners and the partners are defined as hours the structure of a partners, structure and partners through the development of the structure structure of a partner of the structure partners and the partners are structure and the structure structure of the structure structure recent from UPE - A partner to constructure and unders attended at the constructure through the structure to the partners are structure and endowed the structure attended at the structure attended at the structure to the structure attended at the structure structure structure attended at the structure to the structure attended to the structure to structure attended to a structure to the structure attended to the structure structure attended to the structure to a structure attended to a structure to the structure attended to the structure attended to the structure structure attended to the structure attended to a structure to the structure a
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н, (ра ј	Expanded Prairies Access	Collection and use of patient superbases and sufficiention days on access:	Datheories of patient experience and ratiofaction data on second to care and development of as improvement plan, cach as confining stops far approving consumminations with patients to help anderstanding of topset access needs.	Medium	In the second se
1. IPA	Espandrel Praeiler Auters	Additional Ingeoversations encess as a revel of GNAGES TA	As a sead of Quality Insuration Weinesh Quality Ingenerated Organization inclusion assistance, professionance of additional antimities that Ingenese another to senderly a temperate and resolution (for sample, mercinese of too she deleties educated).	Holas	Deputations (19) Martings near neurophysics with Obting Taxon this New Col, Opting Supervised and Constraints (19) Well relevant an anistrate to company physics, and initiate implementation of new anistration, or one accordination. Statistical Information and the interview of the interview o
M.PA	Expanded Practice Access	Participation in User Teating of the Quality Paperst Program	None participation in the Gaulity Popular Program website testing is an activity for eligible elabolism who have worked with CMS to provide outstrative. Users, and responsive equal to improve the CMS duality Popular Program website through product some rooting that enhances activities and another testing product some rooting that enhances	Median	Departure - Help CME improve the content provided on the Quality Popular Program (QPP) which a Tablation Documentation. Evidence of acce participation and implementation of which testing for the QPP. Right- obscure must be welled on CME therefore for last de able to char at beat one of the characteristic descent and the section of the characteristic descent and the section of the section o



Additional Configuration

Edit Measure Goal Settings

This page allows you to set goals for measures and these goals appear on the Measure Goal report and Summary report.

You can set measure goals for a program or for individual measures in a program.

Igen HOME ADMIN + REPORTS + CONFIG +		• م		2021 ECQN	Set Program Goal
rogram 2021 sCOM insidual +		Set Program Goal	llow	0%	This value will override all previously saved goal values for the specified program
CMS 2v10 (NO# 0415e) Deprecise Screening and Pollow Up Default: NA	CMS 12v9 BP Screening and Police Durinut: NA	u p		Revert to Defaults	
CMS SOVE Closing Referrel Loop CMS November No. Default NM.	0% CMS 66v10 (NQF 0419e) Document Medical Record Default, IVA	tation of Current Medications in the	nent		
CMS 64V8 (WOP D421e) Preventive Care and Screening Body Mass Indee (BWI) Screening and Follow-Up Plan Deduct VM	0% CMS 74v10 Primary Carles Present Default: NA	ien .			
CMS 79x9 Children Who Have Dental Decay or Cavities Text Parts Contains Default 7xX	CMS 117vP Childhood Immenization Default AVA	n Stantias			PT aMadAp
Medicare Verification Configuration

For reporting, you must identify payer IDs as Medicare Part B or Railroad transmitter. Payer information is pulled from File Maintenance set up.

Note: An alert will appear on your home page if you have not verified your Medicare B or Railroad payers.

	Normal II			
Prattice	a near			
Daim Type - MB				
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Medicare		13	22	
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laim Tone - Cl				



Test Patient Exclusions

The feature allows you to exclude test patients that you have created in your production database. The configured patients will not be counted in the results for reporting.

ciude reat i duenta	Exclude test patients from HQM			
mon Nambar		with affer		
Search By Parises Harriber				
rean Number	* Date of Birth	Bex	Lest Modified	
30	0501/1643	F	03/49/2020	12 C
H	070017642	10	03916/2020	12
22	04/10/1040	1	03/16/2020	1
23	02/04/18/86	14	03/18/2020	•
24	9210H NKS8		00-162020	1
8	0605/1801		10/15/2010	



Submission Overview

NextGen MIPS Submission Checklist

NextGen has submission readiness Deadlines, checklist's & guides available for review as you prepare for attestations/submissions.

2020 Program Deadlines

Below are the deadlines to Request HQM Set-up & Approve Submission Files for CMS 2020 Programs. Follow the below guidelines for requesting HQM set-up and approving your files for submission for your CMS 2020 programs.

Program Name	ogram Approve submission file by Jame		
CPC+ 2020	February 19, 2021	Extended 3/12/2021 by 8pm EST	
ACO 2020	No Submission Approval required however request for XML Data Files should be made March 19, 2021	3/31/2021 by 8pm EST	
Medicaid PI 2020	No Submission Approval required, however, request for HQM QRDA III Files should be made 5 days in advance of the state deadline.	Varies by state	
MIPS 2020	March 19, 2021	3/31/2021 by 8pm EST	

Overview

Use the following checklist as guidance to help you plan, prepare, and submit quality program data for the Merit- based Incentive Payment System (MIPS) 2020 reporting year.

Items that Impact all MIPS Performance Categories:

- Determine if your organization will use Group or Individual reporting.
- Confirm that you have upgraded to 2015 CEHRT (5.9 or higher) to comply with PI reporting requirements for 2020. If you were not on the 2015 CEHRT, confirm that you were upgraded in Production before 10/3/2020.
- ONC Patch updates applied prior to Promoting Interoperability 90-day period beginning
- Patient Electronic Access installed prior to Promoting Interoperability 90-day period beginning
- The CMS reporting deadline for MIPS performance in 2020 is 3/31/2021. NextGen Healthcare urges clients to approve all submission files by 3/19/2021 to meet the CMS deadline.

HQM Set-up

Verify the following in HQM (see the 2020 MIPS Configuration Guide for NextGen HQM, for further assistance).

- Verify in HQM CONFIG Practices:
 - All reporting practices are selected as active
 - If reporting as Group or ACO confirm Practice TIN(s) are set as the appropriate Group TIN(s)
 - Confirm Patient Access API installed and Promoting Interoperability (PI) report starting date begins after or starts on this date if in 2020.
 - · Locations and Places of Service needed for reporting are selected as active
 - All 2020 reporting providers are selected as active under Providers
- Verify in HQM CONFIG Provider Email, NPI and TIN
 - Confirm NPIs and TINs are venified in HQM and correct for reporting. If reporting as a Group, verify all providers have the Group TIN
 - All configured providers are MIPS-eligible clinicians, use magnifying glass in HQM to pull up provider in the <u>QPP Participation Status Tool</u>



Regenerating Reports

As you are preparing for submission, configuration/modifications may be needed. When one of the following is completed, report regeneration is necessary.

- Measures are Added to a Provider
- Measure Periods are Modified
- Locations are Modified
- Provider Email/NPI/TIN are Modified
- Test Patients are Added/Removed
- List Descriptions are Modified
- Business Schedule is Modified
- Message Categories are Modified

Exclude Test Patients Person Number	Quality Program Reports Payer Reports Flexible Date Reports Individual Detail Individual Measures
-	Regenerate Reports
Search By Person Number	Measure Configuration Report Composable Reports MIPS Dashboard



Regenerating Reports

The following listing is what makes a program available for regeneration.

The second second second second	Available Programs	*	
egenerate Reports Evaluation	Only programs that evaluate during normal processing are available for regeneration. Program become available for request when one of following conditions is mut	RS ;	
	G Measures are Added to é Provider		
	Measure Periods are Modified		
	Locations are Modified		
	Provider Email/NPVTN are Modified		
	* Test Patients are Addentifiomoved		
	List Descriptions are ModBed		
	Business Schedule is Modified		
	Message Categories are Modified		
	QRDA CAT 1 files are imported		



Validation Report

When generating reports, the validation report option will allow you to verify the completeness and accuracy of your reporting data before it is submitted.







Submission Process

MIPS Submission for all 3 Categories is identical using NextGen HQM

- 1. Complete, Verify & Finalize measure and reporting period configuration for PI, IA, and Quality
- 2. Regenerate the reports

Reminder: if any configuration updates, the job run must be completed to pull data

- 3. Generate program submission file
- 4. Correct Errors/Warnings
- 5. Re-generate submission file
- 6. Approve



Program Submissions

In order to generate files for submission select Admin>Program Submissions.

You will then select Generate Medicare QPP for

the program you are reviewing. Note: if reports are not available for the program then Evaluation Required displays instead

The file(s) generate and become visible after a few minutes and the page is refreshed.

- The # of files generated display
- Warnings and Errors display in color if items are listed
- Warnings and Errors display in white if none
- Total # of Warnings and errors for all files are displayed





Review Files

Review each program category's file by clicking View Files.

• All files for the category display the file name, status, option for viewing and if alerts/warnings exist.

• This is the same for all categories.

020 Medicare Pi	GROUP .		Official
iës.	11 APPROVED	399.0	(at) (A)

On the file view page, the review is completed to confirm that all file contents are correct.

- Above the content/file display, a download/print option is provided
- To the right of the report, any errors and/or warnings are listed
- Error corrections must be made before file can be submitted
- Beneath the errors and warnings list is the option to approve the file





Errors & Warnings

Errors populate due to invalid or missing measure data. (Red L side border)

- Errors will prevent utilization of preview data in the MIPS dashboard and approval of submission file(s)
- To resolve errors, click the wrench
 icon to view and see

 instructions for correction
- Once corrected, mark as resolved

Warnings populate due to issues with your data that can cause possible rejections and are displayed beneath any errors. (Orange L side border)

Some common warnings include:

- Provider has less than 100 summary of care: HIE or ePrescribing
- Provider has less then 20 in denominator







Approve/Submit

Once you have confirmed the data in the file and are ready to submit, review the agreement and then select the check box at the bottom of the page. The *APPROVE* option is available.

Click to submit the file to CMS.

Once selected, the label changes to *APPROVING* while processing is underway.

When processing is completed, a message displays the name of the approver and the date of approval.

The label changes to *APPROVED* followed by a check mark.





MIPS Dashboard

The MIPS Dashboard is a tool that allows you to monitor Provider performance for 3 categories, IA, PI, and Quality.

The Dashboard displays provider performance data for generated submission files prior to and after submission.

CONFIG + REPORTS -Quality Program Reports leges Forpton by Flexible Date Reports Inclusivel Detail Individual Measures Regenerate Reports Measure Configuration Report Composible Reports MIPS Deshboard ADMIN * REPORTS * CONFIG 14/16/20 A Q MIPS Dashboard Reporting New 2020 Industrial Score-Type Preview Entry Type Politrinary Scientified 0 ۰

The MIPS score for each category is also available to view.

Provider Name	NPI	TIN	Status	i Ai	PL	Quality		Total	Evaluation Date
Provider, Test1	1730106477	000010777	OK.	0,00	0.00	0.00	0	0.00	2021-02-17
Provider, Test3	1255477790	010110111	OK	3.75	0.00	0.90	0	3.79	2021-02-17
Provider, Test2	1164796455	11111111	OK.	0.60	0.00	0.00	0	0.00	2021-02-17
Provider, Test3	1255477790	11111111	OK	0.00	0.00	0.00	0	0.00	2021-02-17
Provider, Test1	1730106477	11121111		0.00	0.00	18.00		18.200	2021-02-17
2. Provider	1265910327	111333333	Cox.	3.75	0.00	16.50	0	1.78	2921-02-17



Next Steps

Unsure/Overwhelmed or Need Help?

eMedApps can help:

- Assess your current readiness
- Provide recommendations
- New process and procedure implementation
- Workflow Adjustments
- Support you throughout the year
- Troubleshoot and Identify Issues





Questions?

Contact Us <u>eMedApps</u> 847.490.6869



Christina Ytterock <u>ytterockc@emedapps.com</u> 847.490.6869 ext. 443







