

February Release Notes - 02/26/2018

Feature Updates - 2017 MIPS Reporting Guide

For 2017 MIPS data submission to CMS, GEHRIMED offers multiple reporting options:

- Free Score Check: Practitioners/Groups have unlimited use of the GEHRIMED MIPS Dashboard to access CMS's MIPS Score Calculator to unofficially send data via the API to preview their MIPS score free of charge.
- Official Registry Group Reporting: Use the GPM LTC Registry Service and report as a Group, submitting official MIPS data to CMS. Your first group submission will incur a cost of \$200 per clinician. Subsequent group submissions for that group will not incur a charge.
- Best of Both Worlds: Practitioners have the separate ability to also report/submit MIPS data as an Individual - a great option for high scorers. Your first individual submission will incur a cost of \$200 for that clinician. Subsequent individual submissions for that clinician will not incur a charge.

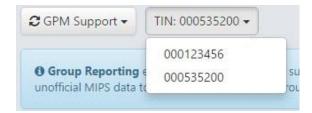
NOTE:

Choosing the "Best of Both Worlds" submission option means submitting your provider as an individual. The \$200 cost of submitting a provider as an individual is separate from the cost of submitting a provider as a part of a group. The total cost for submitting a provider as part of a group and as an individual is \$400.

The deadline for data submission to CMS is March 31st, 2018 11:59:59 PM EST.

TIN and NPI Verification

MIPS reporting is accomplished via the Tax Identification Number (TIN). The 2017 MIPS Reporting Dashboard will display each TIN associated with the group.



Below the selected TIN, the Dashboard will display all associated Providers, listed by the National Provider Identifier (NPI).

NOTE:

Make sure to verify all TIN and NPI information before proceeding.

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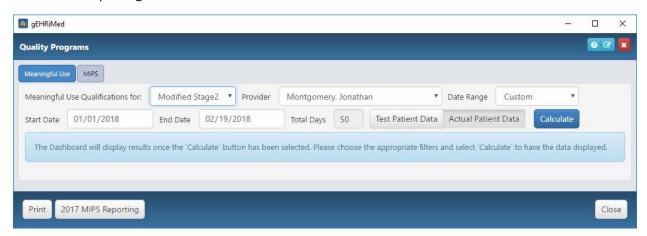


2017 MIPS Reporting Dashboard

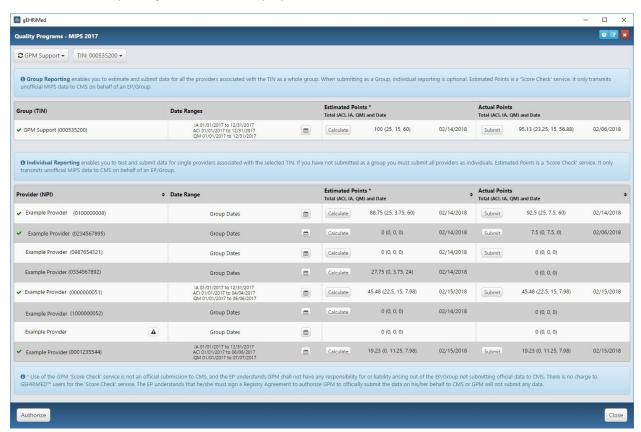
NOTE:

Only Group and Company Administrators may access the 2017 MIPS Reporting Dashboard.

To display the 2017 MIPS Reporting Dashboard access the Quality Reporting window and select the '2017 MIPS Reporting' button.



The 2017 MIPS Reporting Dashboard is displayed:



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GPM LTC Registry Reporting Options

GEHRIMED supports three distinct submission options:

Group Reporting

CMS considers any number of providers greater than 1 under the same TIN as a group. These users may be submitted to CMS under group scoring.

Group Reporting gives an average MIPS score to every NPI reporting under the TIN.

If your group is submitting data for all three MIPS categories (Quality, Improvement Activity, and/or Advancing Care Information) - some Individual NPIs may have higher scores than the Group's average.

Individual Reporting

Individual reporting enables you to submit MIPS data for individuals, which can be beneficial for some high performers.

If the provider also reports for MIPS as an individual, they'll receive the higher of their personal MIPS Score, or the Group's score.

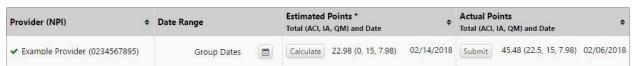
Individual group members who fall below the Group's MIPS score would not report as Individuals - because there would be no benefit.

Best of Both Worlds

If your Group is trying to achieve high MIPS Scores, the ability to report two ways is a strategic advantage - you can optimize your total 2019 Part B payment rate by reporting your best performers (anyone above the Group's average score) both as a Group Member, and as an Individual.

Scoring

Two scores are available in GEHRIMED, Estimated Points and Actual Points.



Estimated Points

GEHRIMED enables you to test your submission data and receive a points estimate that will provide some insight into what the final submission score may be. Calculating Estimated Points is free of charge and is not recorded by CMS, however, estimated points only provide an approximation of the Actual Points.

Click 'Calculate' to generate the Estimated Points for a Group or Individual:

Actual Points

Actual Points are displayed after officially submitting your data to CMS. You may submit your data as many times as you want - only your initial submission is charged. CMS will consider your last submission before the date of 11:59:59 your official submission

NOTE:

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Actual Points are generated from your official submission to CMS, and are therefore more accurate than Estimated Points. However, due to the nature of the CMS review of your final, official submission, we cannot guarantee that the Actual Points will be accurate with your final score from CMS. CMS offers the following disclaimer for API Submissions:

Disclaimer: Scoring is subject to change, based on periodic policy updates, eligibility reviews, and technical integration developments.

Date Ranges

Date Ranges determine the time period for the provider information submitted to CMS. Date Ranges must be selected for each submission category, and Date Range may be defined at the Group and Individual level.

Date Range Requirements:

- 90 Days minimum range for Quality Measures and
- 90 Days minimum range for Advancing Care Information
- 1 full year (Jan. 1 2017 to Dec. 31 2017) required for Improvement Activities¹
- Date Ranges are not required to overlap

Date Ranges for a Group will apply to every provider submitted as a part of that group.

Edit Group Date Ranges		0 🗷 🕱
Improvement Activities		
From	01/01/2017	
То	12/31/2017	
Advancing Care Information		
From	01/01/2017	
То	12/31/2017	
Quality Measures		
From	01/01/2017	
То	12/31/2017	
		Cancel Save

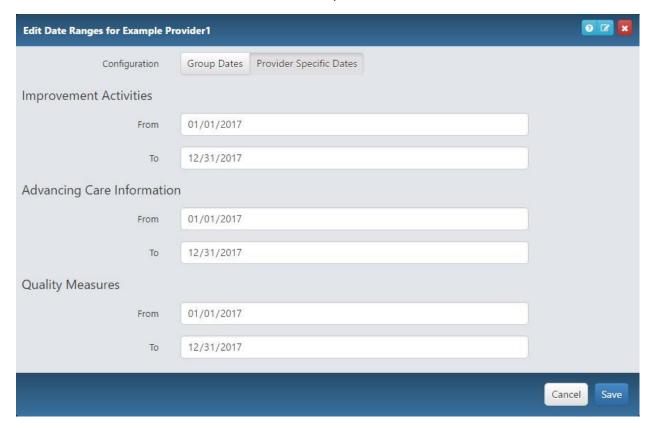
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¹ The 1 year requirement for Improvement Activities is GEHRIMED specific.



When submitting a provider as an individual you may use the Group Date by selecting that button, or you may input custom dates specific to the provider.

The Individual Dates must still meet the minimum requirements for submission.

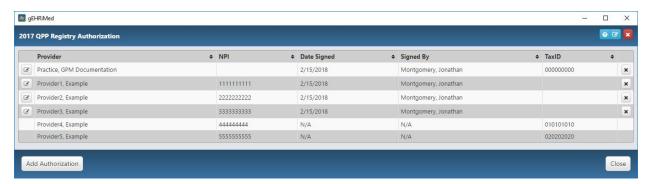


Authorization

Before data may be submitted to CMS, you must complete the 2017 Registry Authorization Agreement, which records your approval to submit provider information.

To Complete the 2017 Registry Authorization Agreement:

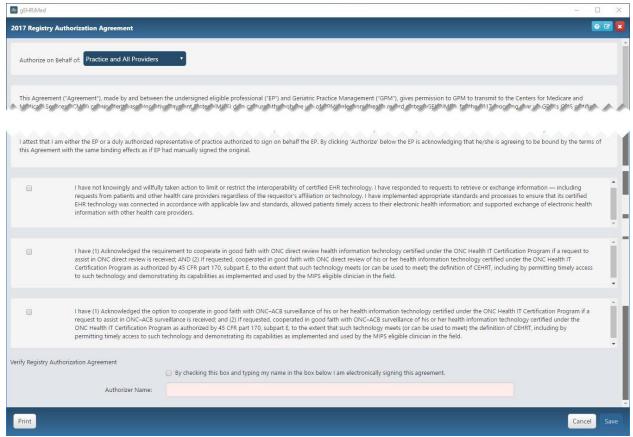
- 1. Access the MIPS 2017 Reporting Dashboard
- 2. Select the 'Authorize' button to display the 2017 QPP Registry Authorization:



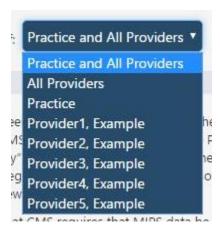
3. Select the 'Add Authorization' button to display the Registry Authorization:

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4. In the dropdown select whom you'd like to authorize. You may choose to authorize individual providers. By selecting 'Practice and All Providers' you may Authorize



- 5. To complete the authorization after reading select the acknowledgement checkboxes and sign the agreement.
- 6. Click 'Save'.

Individual Authorization Agreements may be viewed by selecting the icon associated with the Practice or Provider.

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Authorizations may be deleted by selecting the associated icon.

Completing Submission

1. Once you are ready to submit your data, at the Group or Individual level, select the appropriate 'Submit' button.

WARNING:

Submitting for the first time as a group or individual incurs a \$200 cost per provider. *The Submission cost can be applied twice if a provider is submitted to CMS as part of a group and as an individual.* After the first submission there is no cost to submit your group or provider again.

- 2. A icon will be displayed as the data is processed. This may take up to several seconds.
- 3. Once the 'Submit' button returns the new Actual Points score is displayed. Group and Individuals which have been successfully submitted to CMS will include a ✓



Only the last, most recent submission will be considered by CMS as the official score.

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