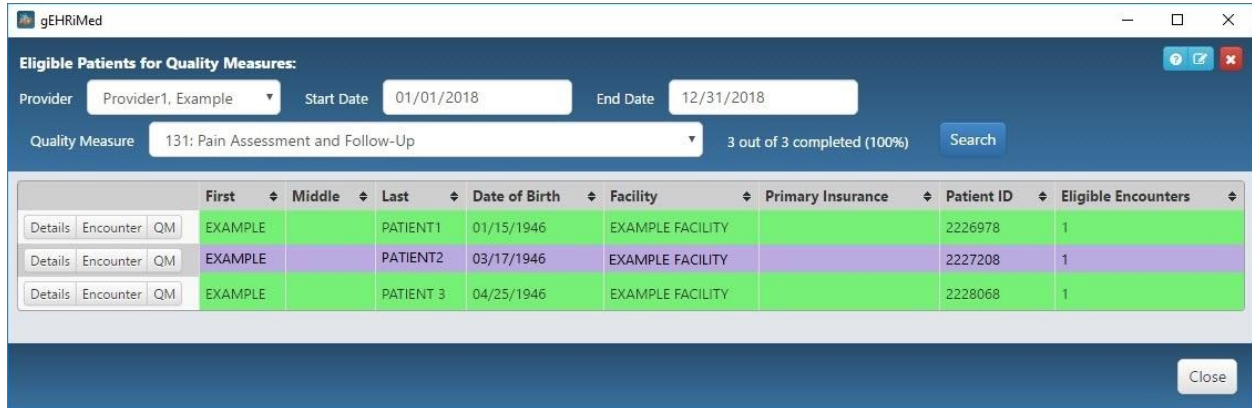


May Release Notes – 05/15/2018

Feature Updates

Quality Measure Search

When searching eligible patients for Quality Measures, patients with exclusion answers for the measure will appear highlighted in purple and will not be counted towards the completion count.

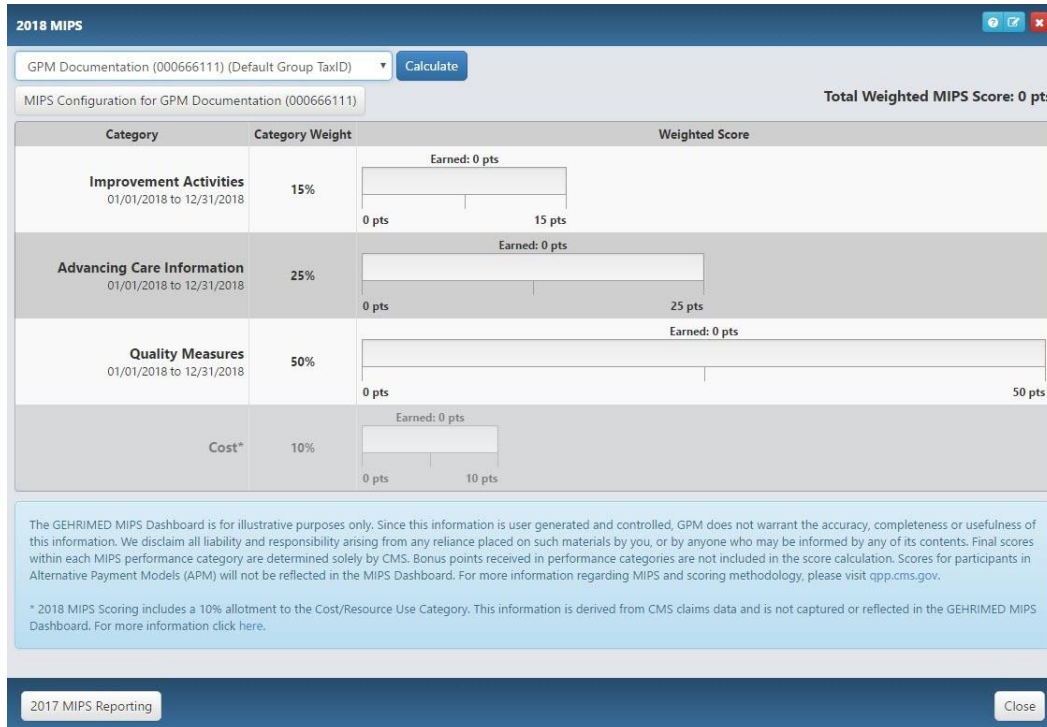


	First	Middle	Last	Date of Birth	Facility	Primary Insurance	Patient ID	Eligible Encounters
Details Encounter QM	EXAMPLE		PATIENT1	01/15/1946	EXAMPLE FACILITY		2226978	1
Details Encounter QM	EXAMPLE		PATIENT2	03/17/1946	EXAMPLE FACILITY		2227208	1
Details Encounter QM	EXAMPLE		PATIENT 3	04/25/1946	EXAMPLE FACILITY		2228068	1

Feature Enhancements

MIPS Dashboard

The GEHRIMED MIPS dashboard has been updated to reflect the changes to the MIPS program in 2018:



Category	Category Weight	Weighted Score
Improvement Activities 01/01/2018 to 12/31/2018	15%	Earned: 0 pts 0 pts to 15 pts
Advancing Care Information 01/01/2018 to 12/31/2018	25%	Earned: 0 pts 0 pts to 25 pts
Quality Measures 01/01/2018 to 12/31/2018	50%	Earned: 0 pts 0 pts to 50 pts
Cost*	10%	Earned: 0 pts 0 pts to 10 pts

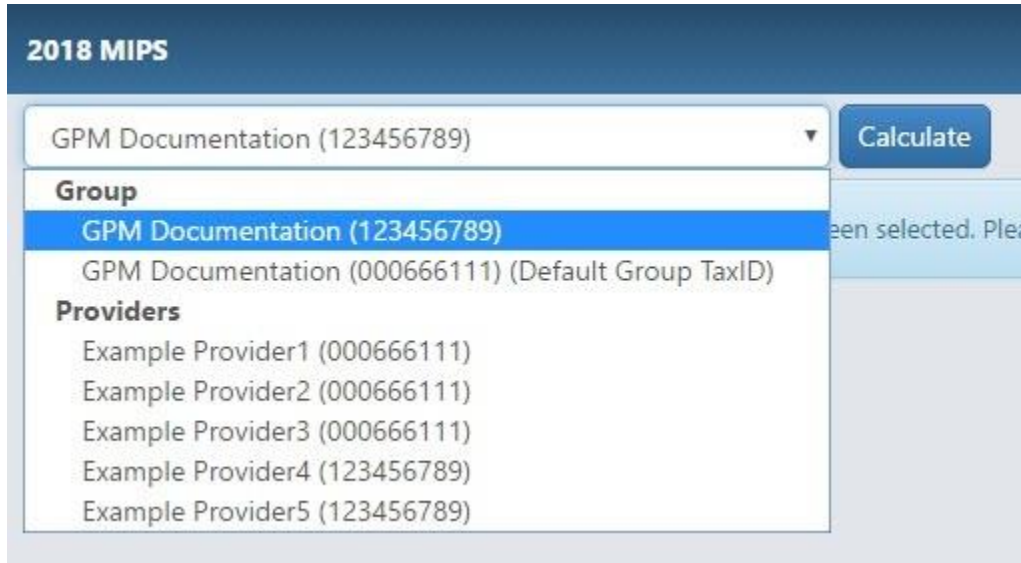
Total Weighted MIPS Score: 0 pts

The GEHRIMED MIPS Dashboard is for illustrative purposes only. Since this information is user generated and controlled, GPM does not warrant the accuracy, completeness or usefulness of this information. We disclaim all liability and responsibility arising from any reliance placed on such materials by you, or by anyone who may be informed by any of its contents. Final scores within each MIPS performance category are determined solely by CMS. Bonus points received in performance categories are not included in the score calculation. Scores for participants in Alternative Payment Models (APM) will not be reflected in the MIPS Dashboard. For more information regarding MIPS and scoring methodology, please visit app.cms.gov.

* 2018 MIPS Scoring includes a 10% allotment to the Cost/Resource Use Category. This information is derived from CMS claims data and is not captured or reflected in the GEHRIMED MIPS Dashboard. For more information click here.

The Meaningful Use window is now accessed from the **Options** menu.

The provider drop-down in the Quality Measure dashboard will now only display providers with at least one signed encounter. Additionally, you may select your reporting groups from the drop-down, based on the Taxpayer ID Numbers:



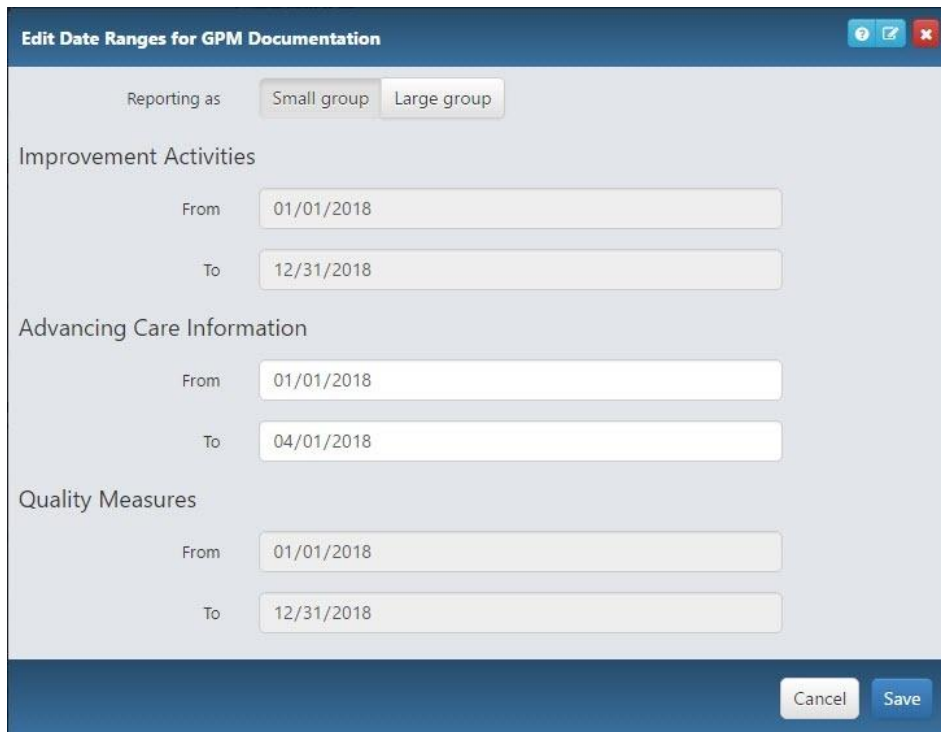
The screenshot shows the "2018 MIPS" dashboard. A dropdown menu is open, displaying the following options:

- Group**
 - GPM Documentation (123456789) (Selected)
 - GPM Documentation (000666111) (Default Group TaxID)
- Providers**
 - Example Provider1 (000666111)
 - Example Provider2 (000666111)
 - Example Provider3 (000666111)
 - Example Provider4 (123456789)
 - Example Provider5 (123456789)

MIPS Configuration

To better enable Group Reporting information in GEHRIMED, you may now configure Group settings for the Quality Measure Dashboard by selecting the **MIPS**

Configuration button: . Upon selection the Group Configuration window is launched:



The screenshot shows the "Edit Date Ranges for GPM Documentation" configuration window. It includes the following sections:

- Reporting as:** Small group Large group
- Improvement Activities:**
 - From: 01/01/2018
 - To: 12/31/2018
- Advancing Care Information:**
 - From: 01/01/2018
 - To: 04/01/2018
- Quality Measures:**
 - From: 01/01/2018
 - To: 12/31/2018

Buttons:

Using this window you may choose whether you will be reporting as a small group (15 or fewer) or large group (16 or more).

Quality Measures dates may not be adjusted as they require a year long reporting period. Although CMS only requires a 90 day reporting period for Improvement Activities, these dates are not adjustable in GEHRIMED because they are attestation only.

You may adjust the reporting period for Advancing Care Information (ACI), which require a minimum of 90 days.

Cost

The Cost category has been added to the MIPS Dashboard to represent 10% of your score.