GE Healthcare

GE Healthcare's Quality Submission Services (QSS) FAQ: PQRS 2016

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Contents

Quality Submission Services (QSS)

The focus of this FAQ is on providing details on GE Healthcare's Quality Submission Services. More general CQR and PQRS information may be found in our PQRS FAQ: CPS: PQRS FAQ, CEMR: PQRS FAQ. We recommend that you reference both our QSS and PQRS FAQs.

QSS Program Information

1. What is the Quality Submission Services (QSS) Program?

For those who choose to participate in Quality Submission Services (QSS), GE Healthcare will submit a customer's individual provider (EP) or group practice (GPRO) PQRS data directly to CMS on their behalf. A bookmark feature will also be available for every participating provider's or GPRO's submitted results. This means you'll be able to look up the participating providers PQRS results historically on the CQR Dashboard, including the patient lists associated with each measure. This should help if or when audited.

This service is intended to reduce the administrative burden of PQRS submissions and audits, making it easier for a practice to avoid the payment adjustments for non-submission of PQRS. This service is available at an additional charge and MQIC membership is required to participate (see additional information below).

2. What reporting methods does QSS support for PQRS in 2016?

GE Healthcare will support PQRS 2016 using the Electronic Health Record (EHR) Reporting option for both eligible professionals (EPs) and group practices (GPRO) as a Data Submission Vendor (DSV).

If you want to participate in PQRS as GPRO via QSS, when you register with CMS choose the *Electronic Health Record (EHR)* option. You must register with CMS as GPRO to participate in QSS as GPRO.

NOTE: GE Centricity only supports GPRO via QSS. The QRDA files necessary for GPRO submissions are not available for self-submission.

NOTE: If a TIN is associated with an Accountable Care Organization (ACO), CMS will expect PQRS submissions to be generated by the ACO and will reject any submissions from QSS.

3. What are the fees for the QSS program?

The fees for 2016 will remain the same as last year, $275 per participating provider, for both EP and GPRO submissions.

4. When will the QSS program start?

Enrollment for the QSS program will begin in August 2016. Details will be provided through a series of webinars, postings on the Service Portal, and communications via the Centricity™ listserv (Direct customers) or your Value Added Reseller (VAR). Be sure a representative from your organization is registered for these distribution lists (see below).

Reference our QSS Checklist for a full timeline and list of tasks:

- o CPS: QSS Checklist
- o CEMR: QSS Checklist

5. How can I get information on the QSS program?

- The Centricity Service Portal has an online community for Meaningful Use and PQRS. Centricity customers can register for access to the Service Portal at: http://gehealthcare.com/registerserviceportal.
  - o CPS: Quality Reporting Community
  - o CEMR: Quality Reporting Community

  We highly recommend that you choose the blue "Follow" button in the upper right-hand corner of the community to receive automatic update notifications as resources are posted. Note that you need to access this community once a month to keep your follow status active. If you ever lose active status, repeat the step to select the "Follow" button the next time you visit.
- Join the appropriate distribution list. Direct GE Healthcare customers should contact support to be added to the listserv in order to receive communications:
  - o CPS: click here
  - o CEMR: CentricityEMRServices@ge.com

  VAR customers should contact their VAR representatives on how to join the appropriate distribution list.

For additional information not addressed by the above, direct GE Healthcare customers should contact Centricity Clinical Support at 888-436-8491 (Option 2, Option 3). VAR customers should contact their support representatives

6. How can I contact the CMS PQRS Support Center for more information on PQRS?

PQRS representatives may be reached at 866-288-8912 or qnetsupport@hcqis.org.

Program information may be found online at:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html

7. 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.

- o CPS: MQIC FAQ and Agreement
- o CEMR: MQIC FAQ and Agreement

QSS Preparation

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

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 Admin or Quality Champion in CQR to have access. Only one MQIC agreement is required per organization. As noted, if you have access to the MQIC tab in CQR you are covered.

Or you may contact Centricity 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.

9. 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 organization and that agreement will be available electronically within CQR when QSS enrollment opens.

10. If I signed a QSS provider consent form last year do I need to sign another one this year?

No, QSS provider consent forms are now stored permanently and reflected in CQR for any participating provider that previously signed one. The only reason a new consent form would be required is if the NPI or TIN for the provider has changed. Electronic consent forms will be available once QSS enrollment opens.

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11. **What can I be doing to prepare to participate in QSS?**
    - Reference our QSS Checklist for a full timeline and list of tasks:
        - CPS: QSS Checklist
        - CEMR: QSS Checklist
    - Sign an MQIC agreement if you are not currently a member.
    - Regularly refresh calculations and monitor provider results in CQR. Work with your providers to help them improve their results for the Clinical Quality Measures (CQMs). Begin to identify the 9 measures you'll use or narrow down your best options. The Meaningful Use (MU) and PQRS CQMs use the same calculation logic, so the CQR dashboard applies to both. The Quality Reporting Guide will provide workflows and measure data requirements for meeting each measure. This user guide is located on our Quality Reporting Community. You can also access it via the following direct links:
        - CPS: PDF format or .chm Help File format
        - CEMR: PDF format or .chm Help File format
    - Enter and validate each provider's National Provider Identifier (NPI), Tax Identification Number (TIN), and email address in CQR. A provider's NPI will import from the EMR into CQR, but the TIN and email address must be manually entered. NOTE: The accuracy of these numbers is critical because they will be used for PQRS submission.
        - For groups reporting via GPRO, each individual provider's TIN must be identical to the GPRO's TIN in order to be included in the GPRO calculations.
    - Assign a Source of Payment (SOP) code to each insurance carrier **in CPS or CEMR**. Source of payment codes are required by CMS for the purpose of creating a standard for reporting payer data. Specific guidance may be found in the SOP FAQ that is located in our Quality Reporting Community.
        - CPS: SOP FAQ
        - CEMR: SOP FAQ

QSS PQRS File Submissions

12. **Can I use our test environment to generate PQRS reports for QSS?**

No. GE Healthcare's QSS program only accepts production data for PQRS submissions.

13. **Can I cancel enrollment in GE's QSS program if I have previously authorized a provider's data submission?**

No. Once GE Healthcare submits a provider's data to CMS, enrollment cannot be cancelled and QSS fees will be assessed.

14. **Is it possible to request CMS to stop our participation after our submission has been received by CMS?**

No. Regardless of whether GE Healthcare submits data on your behalf, or you submit it directly to CMS yourself, CMS has stated that "there is no way to delete or disregard a previously entered EHR submission."

15. Can a provider have more than one file submitted?

CMS only accepts one file per TIN/NPI combination. If GE Healthcare submits two files with the same TIN/NPI, CMS will process the last file received. If the provider has two different TIN/NPI combinations then both files will be accepted.

16. If a provider practices under two different TINs, does the provider have to report data for both TINs?

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

As an example, Harry Winston sees patients at West Health, TIN 1, and 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 PQRS for both TINs using CQR.