GoToWebinar Audio

- The webinar audio by default is VOIP **Computer Audio**
  
  *Note: Users are joined in auto-mute mode.*

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  - Select the **Audio** tab → **Phone Call** radio button
  
  - The Phone Number and Access Code will display

Video Display

- Click **Minimize** to hide the control panel & dock the floating toolbar.

  - The GoToWebinar icon ( ) will remain visible on the task bar

Q & A

- During Q&A, you may click **raise your hand** ( ).

  *Note: Please save questions to the end; the Trainer must unmute you before the audience can hear your question.*
ONC 2015 Denali v3.1b1 EMR
CCD & Other QPP/MU Related Features

Bizmatics, Inc.
4010 Moorpark Avenue, Suite 222
San Jose, CA  95117
www.prognocis.com
training@bizmaticsinc.com
In this session...

• CCD – Continuity of Care Document Changes
  • MU Summary
  • Letters Out Summary of Care
  • Summary of Care Export
• Patient Care Plan
• Data Portability/Export
• Public Health Reporting
  • Immunization Registry Interface
  • Syndromic Surveillance Interface
  • NAMCS Interface
• Patient Portal Changes
  • Health Summary History
  • VDT Tracking
• Appendices
  • QPP/MU Settings Master
  • QPP/MU Reports
  • Validating MIPS Claim-based Quality Measures
  • Validating EHR-based Quality Measures
CCD – Continuity of Care Document
1. A new **Referral Reason** button populates the CCD for that current encounter. **Note:** This is not the same as new Referral Note under Letters Out → CCD Attach.

2. The existing MU Summary button invokes the CCD to be printed or downloaded only.

3. New **Share Health Summary** check boxes replace the **portal** button on the Clinical Summary screen to activate it on the Patient Portal.
MU Summary

- The *portal* button is removed and replaced by check boxes on the Enc Close screen*.

*Functionality remains the same except for sending to the portal.
CCD – Continuity of Care Document

- There are two types of CCD (Continuity of Care Documents)*
  - **Clinical Summary** – Encounter Close → MU Summary button (encounter-specific)
  - **Summary of Care** – from Patient → Letters Out → Attach & Patient → Review → Summary of Care → Export

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Category</th>
<th>Person</th>
<th>Description</th>
<th>Portals</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>09-26-2017</td>
<td>Continuity of Care D…</td>
<td>Clinical Summary</td>
<td></td>
<td>Specific to Encounter Date</td>
<td>P R E</td>
<td></td>
</tr>
<tr>
<td>09-26-2017</td>
<td>Continuity of Care D…</td>
<td>Summary of Care - Export</td>
<td></td>
<td>Current details as of most recent visit</td>
<td>P R E</td>
<td></td>
</tr>
</tbody>
</table>

- CCD v2.1 now available, applicable system-wide to all CCD output
  - Clinical Summary (Encounter Close)
  - Transition of Care (Letters Out)
  - Health Summary (Patient Portal)
  - Data Portability/Export

- User Interface changes including interactive TOC
  - Expandable/Collapsible by section expand (↑) & collapse (↓)
  - **Expand All / Collapse All** buttons apply to all selected sections at once
  - Directly display specific data only for a particular section
  - Set sequence for display by section
  - Set number of sections to be displayed by default
- New sections added
- Some specific sections’ details have been modified

*NAMCS Interface is also a type of CCD.
CCD Clinical Summary

- New option to **Show Clinic Contacts** or **Hide Clinic Contacts**

### Clinical Summary

<table>
<thead>
<tr>
<th>User</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Mr. Dummy Dummy</td>
</tr>
<tr>
<td>Date of birth</td>
<td>February 3, 1988</td>
</tr>
<tr>
<td>Race</td>
<td>No Information Available</td>
</tr>
<tr>
<td>Contact info</td>
<td>Primary Home:</td>
</tr>
<tr>
<td>Document Id</td>
<td>2.16.840.1.113883.19.5.99999.1</td>
</tr>
<tr>
<td>Document Created</td>
<td>October 5, 2017, 06:34:00, MST</td>
</tr>
</tbody>
</table>

### Show Clinic Contacts

- **Performer (primary care physician)**: Abhishek Provider of West Bay Clinic, Tel: +1-46545646343445636474, Test1y i, Test2y iiy
- **Author**: Abhishek Provider
- **Contact info**: Test1y i, Test2y iiy
- **Informant**: Abhishek Provider
- **Legal authenticator**: Abhishek Provider signed at October 5, 2017, 06:34, MST
- **Document maintained by**: West Bay Clinic
- **Contact info**: 445 t 452345
- **Contact info**: Newton Falls, OH 44444, USA
- **Contact info**: Tel (Work Place): +1-
Table of Contents

- Check-boxes allow user to select which sections will display and be printed/downloaded
- New property `ccd.show.sections` sets which sections will display selected by default as per the sequence they are defined in the property
- Sections are hyperlinked so user can zoom to that desired section directly from the TOC
- By default, all sections display collapsed unless set in the new property `ccd.sections.expand`
- New Expand All/Collapse All buttons applicable to all TOC sections indicated

Note: These changes apply only for the current session and will reset upon exit.
CCD Clinical Summary (cont’d)

- The sections can be selected/dragged within the screen to modify view sequence.
CCD Clinical Summary (cont’d)

CCD New Sections

- Functional Status
  Note: This is now a separate category + Mental.
- Goals
- Mental Status (formerly Functional & Cognitive)
- Medical Equipment
- Treatment Plan
- Health Concerns
- Chief Complaint and Reason for Visit
- Payers
- Advance Directives
- Reason for Referral
  Note: This only applies to Encounter Close Referral Reason.

*See Denali v3.1 b1 Release Notes for complete details on the new sections.*
CCD Clinical Summary (cont’d)

Modified Sections*

- Problems
- Allergies and Adverse Reactions
- Results
- Procedures
- Vital Signs
- Immunizations
- Social History
- Encounters
- Assessments
- Instructions
- Medications Administered

*See Denali v3.1 b1 Release Notes for complete details on the specific changes to each section.
Test Exec Suffix

- New **FD / UD** suffix applicable for specific Test Codes to allow data to flow properly into CCD under appropriate sections

  **Note:** *The root part of the Test Code must match the code it is qualifying.*

- Applicable CCD sections
  - Functional Status (*ccd.functionalstatus.testcode*)
  - Mental Status (*ccd.mentalstatus.testcode*)
  - Social History
    - Historical Smoking Status (*ccd.smokinghistory.testcode*)
    - Current Smoking Status (*vital.smoking.testcode*)

  **Note:** Formerly labeled as Smoking Status (MU).
1. New **SOC Req** check box field applies to MU Stage 3 Core Objective 7 (HIE)
2. When using **Attach** button, per CCD v2.1, if the **CCD** and **Referral Note** are attached for the referral, there will be 4 icons: 2 .xml files + 2 .html files)

---

**CCD Summary of Care/Letters Out Attach**

The CCD & Referral Note at this level is for the most recent patient details (not any specific encounter).
1. New CCD v2.1 **New Continuity of Care Document (CCD)**

2. New option to send a free-text **Referral Note CCD** (in XML format) when attaching the CCD to Letter Out for secured message referrals.

   **Note:** This is not the same as the Encounter Close --< Referral Reason button.
CCD Summary of Care/Review ➔ Export

- Ability to export CCD in previous CCD v1.1 or new CCD v2.1/Referral Note

**Note:** This is only for exporting a CCD from Encounter ➔ Review ➔ Summary of Care screen. System default for all CCD files is v2.1.
Patient Care Plan

1. Health concerns can be managed with Goals, Interventions, Outcomes, & Observations
2. Select ailments from patient’s PMH, Assessment, or Social History or add a new one

- Replaces Encounter TOC ➔ Assessment ➔ Goals tab.
- Applies to chronic ailment management; independent of an encounter
Patient Care Plan (cont’d)

1. Each concern is the primary layer in the accordion, which can be expanded/collapsed.
2. Goals, Interventions, Outcomes, and Observations may be recorded for each Concern.*

*Populates the patient’s CCD in the Health Concerns & Goals sections.
Data Portability/Export
Data Portability Export

• Multiple filter options to select qualifying patients for a single export

• **Date Range** only applies to qualifying which patients to be included and does not reflect the data contents.

• Creates a zip file of the encounter data, which can be downloaded & saved in *XML* format

• Execute ad-hoc or schedule to run automatically
Data Portability – Scheduled Process

Requires assistance from Tech Support
Public Health Reporting
Public Health Reporting

Meaningful Use → Modified Stage 2

• CO-10, Measure 1 – Immunization Registry Reporting
• CO-10, Measure 2 – Syndromic Surveillance Reporting
  • Supported for Urgent Care only
• CO-10, Measure 3 – Specialized Registry Reporting

Meaningful Use → Stage 3

• CO-8, Measure 1 – Immunization Registry Reporting
• CO-8, Measure 2 – Syndromic Surveillance Reporting
  • Supported for Urgent Care only
• CO-8, Measure 3 – Electronic Case Reporting (not supported)
• CO-8, Measure 4 – Public Health Registry Reporting (NAMCS)
• CO-8, Measure 5 – Clinical Data Registry Reporting (not supported)

Quality Payment Program MIPS → ACI

• ACI_PHCDRR_1 – Immunization Registry Reporting
• ACI_PHCDRR_2 – Syndromic Surveillance Reporting
  • Supported for Urgent Care only
• ACI_PHCDRR_3 – Electronic Case Reporting (not supported)
• ACI_PHCDRR_4 – Public Health Registry Reporting (NAMCS)
• ACI_PHCDRR_5 – Clinical Data Registry Reporting (not supported)
**Immunization Registry Interface**

1. A new **Registry** button will display alongside the **Response Log** button when applicable.
2. A new **Response Log** button will display to access Import/Export Logs*

*These features require property `export.vacc.createHL7Message` be set **On**.
Immunization Registry Interface (cont’d)

- When clicking the **Registry** button, the **Evaluated Immunization History & Forecast** screen is invoked, which displays the patient details imported from the Registry.

*Requires property `vaccination.show.historyandforecast` be set **On**.*
Syndromic Surveillance Interface

• Public Health Reporting measure applicable for MU both stages and QPP → ACI
  
  **Note:** Under QPP → ACI, as a Bonus Measure, it is applicable only for Urgent Care.

• New MU3 version HL7 in conjunction with 1 new + 1 existing property
  
  • Existing property `hl7.create.syndromic.surveillance` must be set **On**
  
  • New property `export.syndromic.surveillance.MUVersion` (default = MU3)

• Applicable for non-zero duration encounters in qualifying states with at least one or more valid ICD codes defined by the Registry
  
  **Note:** The table of ICDs is hard-coded in background and has no UI for users.

• New property `syndromic.adminmsg.from.assessment` determines at what point the Admission message is generated to the Registry for a new encounter
  
  • If set **On**, then the Admission message is generated on save of Assessment
  
  • If set **Off**, then the Admission message will be generated on Encounter Close along with the Discharge message

• New property `syndromic.registry.rule` determines which Registry applies

• Data changes for the OBX segment of the file
  
  • Mandatory
  
  • Reason for Visit (formerly sent in PV2 segment)
  
  • Facility/Visit Type, Patient Age, Chief Complaint, ICD Names, Vitals, & Smoking Status based on defined test codes in `vital.weight.testcode, vital.height.testcode, vital.weight.kg, vital.height.cms, and vital.smoking.testcode`
NAMCS Interface

https://nchsmuinfo@cdc.gov

- **National Ambulatory Medical Care Survey**
- EP can register for no charge at nchsmuinfo@cdc.gov.
- Applicable for MU and MIPS → ACI Bonus.

**Note:** Not all registrants will be required to submit clinical data to the registry.

- New field **Encounter → Start New / Edit Existing → Major Reason for Visit**

![Image of NAMCS Interface showing the major reason for visit field]
NAMCS Interface – Export

- Select Settings → Configuration → Clinic → NAMCS Export

- Select the Patient(s), Provider, and/or Encounter Date Range as applicable
- Click the export button
- The system will prompt that the file is being generated in the background. Upon completion, a message will be generated to the user via Supported Event 243.
NAMCS Interface – Export (cont’d)

• The file* can be downloaded 2 ways:
  1. User’s **Inbox** → **Background Process Completed** message* → Zoom → ( )  

<table>
<thead>
<tr>
<th>Del</th>
<th>Type</th>
<th>From</th>
<th>Patient Name</th>
<th>Subject</th>
<th>Action</th>
<th>Mark Unread</th>
<th>Received Date</th>
<th>Patient Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td></td>
<td>System</td>
<td></td>
<td>Background Process Completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>System</td>
<td></td>
<td>Background Process Complete: Date export completed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>System</td>
<td></td>
<td>Background Process Completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>System</td>
<td></td>
<td>Background Process Completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>System</td>
<td></td>
<td>Background Process Completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

  2. Via **Settings** → **Configuration** → **Clinic** → **Download Files**.

* A .zip file is generated which contains an .xml & .html named per the Chart #.
NAMCS Interface – Download

• The file can be encrypted with a password when downloading based on the value of the new property `prognocis.filedownload.noencryption`:
  
  **Note:** This applies whether downloading via Inbox ➔ Zoom or Download Files.

  • If set **Off**, the user will be prompted to assign a password upon download
    
    **Note:** This is the default value.

  • If set **On**, the file will directly downloaded without encryption

• Select the **Patient(s)**, **Provider**, and/or **Encounter Date Range** as applicable

• User requires **Read** permission for **NAMCS Export** under **Clinic Configuration** for all applicable Roles.
Patient Portal
Health Summary

- Former *Ambulatory Summary* label renamed as **Health Summary**
- New **Past Health Summary** sub-menu option* allows the patient or authorized users to access clinical health summaries by Date of Service
- Up to 10 summaries may be selected at a time to view, download, or transmit

*Note: This is a requirement for Meaningful Use as well as QPP-MIPS-ACI.*

*Property Patient Portal Menu Sub Menus ➔ pp.tab01.options*
Health Summary History – View

1. Select the check box for desired DOS and click the View hyperlink.

<table>
<thead>
<tr>
<th>Select</th>
<th>Visit Date</th>
<th>Doctor</th>
<th>Reason</th>
<th>Visit Type</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>04-07-2017</td>
<td>Rajesh Koothrapali</td>
<td>F/up Asthma</td>
<td>Office Visit</td>
<td>View</td>
</tr>
<tr>
<td>⌚️</td>
<td>04-05-2017</td>
<td>Sheldon Cooper</td>
<td>Asthma Attack</td>
<td>Office Visit</td>
<td>View</td>
</tr>
</tbody>
</table>

2. The Health Summary is displayed per new CCD v2.1 specs as discussed above.

UI is not user-interactive with expanding/collapsing TOC and data sections.
Health Summary History – Download

1. Select the check box for desired DOS and click the **Download** button.

2. Prompts user to enter a password to encrypt the PHI & then save the file locally. 
   
   **Note:** Property **prognosis.filedownload.noencryption** must be set as **On**.

3. The PHI is saved as a **.zip file** identified by the patient’s name & download date.
Health Summary History – Download (cont’d)

1. To view the .zip file, click on it, which will prompt for the password that was assigned when it was downloaded.

2. Once decrypted, the PHI will be available in 2 separate files (an .html & an .xml)
Health Summary History – Transmit

1. Select the check box for desired DOS and click the Transmit button.

2. A new message opens in data-entry mode for the user to enter valid email address*
   - Secure – message sent to the recipient’s external email contains the URL of the secure message within the Surescripts Email Portal. The user requires access by Surescripts to view such messages on their secure portal.
   - Non-Secure – requires patient consent to enable the send

3. The PHI is embedded as 2 separate files (an .html & an .xml)

*Property prognocis.n2n.enable should be On.
Health Summary History VDT History

1. Select the check box for desired DOS and click the **History** button.

2. Displays an audit of every Health Summary and whether it was viewed, downloaded, or transmitted to another party and by whom it was accessed.

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Person Name</th>
<th>Person Type</th>
<th>Action</th>
<th>Date &amp; Time(PST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Christian Grey</td>
<td>Authorized User</td>
<td>Transmit(<a href="mailto:janthony@bizmatics.com">janthony@bizmatics.com</a>)</td>
<td>09-18-2017 10:58:12</td>
</tr>
<tr>
<td>4</td>
<td>Christian Grey</td>
<td>Patient</td>
<td>Download</td>
<td>09-18-2017 09:57:37</td>
</tr>
<tr>
<td>6</td>
<td>Christian Grey</td>
<td>Patient</td>
<td>View</td>
<td>08-21-2017 14:07:50</td>
</tr>
<tr>
<td>7</td>
<td>Christian Grey</td>
<td>Patient</td>
<td>View</td>
<td>08-16-2017 18:57:21</td>
</tr>
<tr>
<td>8</td>
<td>Christian Grey</td>
<td>Authorized User</td>
<td>Download</td>
<td>08-16-2017 18:54:54</td>
</tr>
</tbody>
</table>
Appendices
Appendix A
QPP/MU Settings Master
MU/QPP Settings Master

- Access via **Settings → Configuration → Workflow → MU/QPP Settings**

The accordion UI will reflect the Program(s) for the selected Provider and lets you manage the measures accordingly.

Applicable to all providers for both QPP & MU.

Each reporting clinician/provider must be defined.

The accordion UI will reflect the Program(s) for the selected Provider and lets you manage the measures accordingly.
1. Displays as relates the **MU/QPP MIPS → ACI** status of each Encounter Type
   
   Note: This requires setup in **Encounter Type → MU Details**.

2. Identifies status of Public Health Reporting measures for **MU** and **QPP/MIPS → ACI**
   - Immunization Information
   - Syndromic Information
   - Public Health Reporting/NAMCS (National Ambulatory Medical Care Survey)

3. CCD Reporting fields
   - Height
   - Weight
   - BP
   - Smoking

4. Additional Setup lets you request interfaces & manage dashboards.
Additional Setup*

1. Controls the display of the system-level and encounter-level dashboards
2. Allows user to request required setup directly from Interface Team
3. Displays the status of the various processes or interfaces

*Users should not have to access this tab typically. All dashboards will be “on” by default.
1. Select each (a) **Provider** and (b) **Year** for which the definitions will apply.

2. Select the Program(s) the selected provider will be reporting for the indicated year.

   **Note:** *A provider may choose QPP only, MU only, both, or None.*

   a. **Quality Payment Program** – for Medicare-eligible clinicians/providers
      - MIPS (Merit-based Incentive Payment System)
      - AAPM (Advanced Alternate Payment Model)
   b. **EHR Incentive/Meaningful Use** – for Medicaid-eligible providers
      - Modified Stage 2 (applicable for 2017 only)
      - Stage 3

3. Set functional exclusions for the selected provider for the indicated year
   - EPCS (Electronically Prescribe Controlled Substances)
   - Immunization Registry
   - Syndromic Surveillance
   - Specialized Data Registry (Modified Stage 2 only)
   - Public Health Reporting – NAMCS (National Ambulatory Medical Care Survey)

---

**Applicable for MU & QPP/MIPS → ACI**
**Measures Setup**

<table>
<thead>
<tr>
<th>Tab</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Measures</td>
<td>This program is not applicable</td>
</tr>
<tr>
<td>ACI Measures</td>
<td>This program is not applicable</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>This program is not applicable</td>
</tr>
<tr>
<td>Meaningful Use</td>
<td>This program is not applicable</td>
</tr>
</tbody>
</table>

1. The **Quality Measures** tab applies for all programs
   
   **Note:** This tab will be populated for all providers regardless of the program selected.
   - The **Claim Based** measures apply only for **QPP → MIPS → Medicare only**.
   - The **EHR Based** measures apply for all programs: **QPP → MIPS, QPP → AAPM, MU Modified Stage 2 & Stage 3 → all payers**.

2. The **ACI Measures** apply for QPP/MIPS only
   
   **Note:** Measures are defined in 3 sub-categories: Base, Performance, & Bonus.

3. The **Improvement Activities** apply for QPP/MIPS only
   
   **Note:** Select activities qualify for ACI Bonus points also.

4. The **Meaningful Use** tab applies only for Meaningful Use Core Objectives, all stages
   
   **Note:** For required CQM, please see Quality Measures → EHR Based tab.

Each layer within the accordion may be collapsed by clicking [ ] or expanded by clicking [ ]
Quality Measures

1. The **Reporting Period** will be completed for attestation/data submission (Jan. 2018)
2. The 2 tabs are based upon the data submission method (i.e.: **Claims** or **EHR**)  
   **Note:** Both tabs are applicable for QPP → MIPS; however, only the EHR Based tab is applicable for QPP → AAPM and Meaningful Use.
3. The **Search By/Filter By** options let you locate measures by **Type**, **Priority**, or **Specialty**  
   **Note:** By default, all measures can be viewed via the vertical scroll bar in the details.

4. The **Measures Details** will display all measures within the search/filter criteria entered above, including: **Quality ID**, **Name**, **Type**, **High Priority** status, applicable **Specialties**, and an **Info** link to view the measure specifications/definition.
Quality Measures (cont’d)

1. Select the check box for each measure to be reported (a √ will display: ✓)
   Note: At least 6 measures should be selected under either tab (but not both).
2. At least 1 measure must be (a) Type: Outcome or (b) High Priority: Yes.
3. Click Info to view the applicable measure’s definition and requirements.

<table>
<thead>
<tr>
<th>Quality ID</th>
<th>Measure Name</th>
<th>Type</th>
<th>High Priority</th>
<th>Specialty</th>
<th>Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diabetes: Hemoglobin A1c Poor Control</td>
<td>Intermediate Outcome</td>
<td>Yes</td>
<td>Internal Medicine, Preventive Medicine, General Practice/Family Medicine</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Primary Open-Angle Glaucoma</td>
<td>Process</td>
<td>No</td>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Age-Related Macular Degeneration</td>
<td>Process</td>
<td>No</td>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Diabetic Retinopathy</td>
<td>Process</td>
<td>Yes</td>
<td>Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Perioperative Care</td>
<td>Process</td>
<td>Yes</td>
<td>General Surgery, Orthopedic Surgery, Otolaryngology, Thoracic Surgery, Plastic Surgery</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Perioperative Care</td>
<td>Process</td>
<td>Yes</td>
<td>General Surgery, Orthopedic Surgery, Otolaryngology, Thoracic Surgery, Plastic Surgery</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Perioperative Care</td>
<td>Process</td>
<td>Yes</td>
<td>General Surgery, Orthopedic Surgery, Otolaryngology, Thoracic Surgery, Plastic Surgery</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Osteoporosis</td>
<td>Process</td>
<td>Yes</td>
<td>Preventive Medicine</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Stroke and Stroke Rehabilitation</td>
<td>Process</td>
<td>No</td>
<td>Hospitalists. Neurology</td>
<td></td>
</tr>
<tr>
<td>225</td>
<td>Radiology: Reminder System for Screening Mammograms</td>
<td>Structure</td>
<td>Yes</td>
<td>Diagnostic Radiology</td>
<td></td>
</tr>
<tr>
<td>437</td>
<td>Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure</td>
<td>Outcome</td>
<td>Yes</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
Viewing Measure Specifications

1. Example of a **Claim-based** measure: requires QDC Charge Codes be on the claim.
2. Example of an **EHR-based** measure: requires clinical tests/conditions be present.

The format/content of this icon will vary for each measure. The requirements is what determines from where in PrognoCIS the data is captured.
ACI Measures

1. The **Reporting Period** will be completed for attestation/data submission (Jan. 2018)
2. Use **Search By/Filter By** options to locate measures by *Base only* or by *Performance and/or Bonus Weight* designation.
   
   **Note:** *By default, all measures can be viewed via the vertical scroll bar in the details.*
3. The **Measures Details** will display all measures within the search/filter criteria entered above, including the **Measure ID** and **Name** as well as whether or not it is *Required for the Base Score* and its *Performance/Bonus Weight*.

4. A single list includes all 3 sub-categories: *Base, Performance, and Bonus.*
   
   **Note:** *Some measures apply across multiple categories (i.e.: Base/Performance).*
   - All *Base* measures will be pre-selected and identified as **Required for Base: Yes**
   - Performance measures will display a **Performance Score Weight %**
ACI Measures (cont’d)

1. Select the **check box** for each measure to be reported (a ✓ will display: ✓).  
   **Note:** All Base measures are pre-selected and cannot be deselected (✓).

2. If reporting at least 1 of the 18 **EHR-based** Improvement Activities, you must select measure **ACI_IACEHRT_1** to receive the bonus points (in addition to the IA points).

### ACI Measures

<table>
<thead>
<tr>
<th>Measure Id</th>
<th>Measure Name</th>
<th>Required For Base Score</th>
<th>Performance Score Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACI_PHE_1</td>
<td>Security Risk Analysis</td>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td>ACI_EP_1</td>
<td>e-Prescribing#</td>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td>ACI_PEA_1</td>
<td>Provide Patient Access*</td>
<td>Yes</td>
<td>Up to 10%</td>
</tr>
<tr>
<td>ACI_IACEHRT_1</td>
<td>CEHRT Used</td>
<td>No</td>
<td>Bonus Up to 10%</td>
</tr>
<tr>
<td>ACI_PEA_2</td>
<td>Patient-Specific Education</td>
<td>No</td>
<td>Up to 10%</td>
</tr>
<tr>
<td>ACI_PHCDRR_1</td>
<td>Immunization Registry Reporting</td>
<td>No</td>
<td>0 or 10%</td>
</tr>
<tr>
<td>ACI_CCTPE_3</td>
<td>Patient-Generated Health Data</td>
<td>No</td>
<td>Up to 10%</td>
</tr>
<tr>
<td>ACI_PHCDRR_5</td>
<td>Clinical Data Registry Reporting</td>
<td>No</td>
<td>Bonus Up to 5%</td>
</tr>
<tr>
<td>ACI_PHCDRR_4</td>
<td>Public Health Registry Reporting</td>
<td>No</td>
<td>Bonus Up to 5%</td>
</tr>
<tr>
<td>ACI_HIE_2</td>
<td>Request/Accept Summary of Care###</td>
<td>Yes</td>
<td>Up to 10%</td>
</tr>
<tr>
<td>ACI_HIE_1</td>
<td>Send a Summary of Care###</td>
<td>Yes</td>
<td>Up to 10%</td>
</tr>
<tr>
<td>ACI_PHCDRR_2</td>
<td>Syndromic Surveillance Reporting</td>
<td>No</td>
<td>Bonus Up to 5%</td>
</tr>
<tr>
<td>ACI_CCTPE_1</td>
<td>View, Download and Transmit (VDT)</td>
<td>No</td>
<td>Up to 10%</td>
</tr>
</tbody>
</table>

3. A **Performance Score Weight** > 0 indicates either **Performance** or **Bonus** measure.
Improvement Activities

1. The **Reporting Period** will be completed for attestation/data submission (Jan. 2018)
2. Use **Search By/Filter By** options to locate activities by Weight or Related to ACI Bonus.
   **Note:** By default, all 92 activities defined by CMS are listed for all categories.
3. The **Activity Details** section displays (a) all activities within the search/filter criteria, including the Activity ID, Name, Sub Category, Weightage & whether or not it is (b) Related to ACI Measures (i.e.: 1 of the 18 IAs that qualify for ACI Bonus).
4. Click 📄 to view the activity’s definitions and requirements.
Improvement Activities (cont’d)

1. Select the check box for each activity to be reported (a √ will display: ✔️). **Note: Select any number of activities worth at least 40 points**.
2. When selecting activities for ACI bonus, be sure to select ACI_IACEHRT_1 above also.

*Activity Weightage:*
- Medium = 10 points
- High = 20 points
Viewing Activity Specifications ()

- Clicking the Info icon () for any activity invokes that activity’s specifications as to what is required within the practice to attest Yes.

Example of an Improvement Activity that does not qualify for ACI Bonus.

No requirement to capture data within CEHRT.

Example of the 18 Improvement Activities that qualify for ACI Bonus.
Requires that data be captured within CEHRT.
1. The **check box** for all Core Objectives will be pre-selected (✓) & cannot be deselected. **Note: The measures shown will correspond to the Stage selected for the provider above.**

2. Optional measures may also be selected if applicable by clicking the check box (✓).
Appendix B
QPP/meaningful Use Reports
MU/QPP Reports

Reports → MIPS-Quality-Claims Report

Reports → MU/QPP Reports (EHR-Based Quality measures + ACI)
- Classification: 2017 – QPP-MIPS
- Classification: 2017 – MU

Applicable only for Medicare patients
QPP/MU Reports (cont’d)

1. Able to generate for multiple **Providers** at once (tooltip will list all selected names)

2. **Patient** level filters available

3. **Additional** filters for QRDA only*

*Measure-specific Problems per selected demographics
**QPP/MU Reports in PrognoCIS (cont’d)**

- **Classification: Quality-EHR-eCQM-QRDA1**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Option Name</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS127v5-NOF00055 Diabetes: Hemoglobin A1c P.</td>
<td>QRD1_00055</td>
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<tr>
<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS127v5-NOF00056 Diabetos: Foot Exam</td>
<td>QRD1_00056</td>
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<tr>
<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS127v5-NOF00032 Cervical Cancer Screening</td>
<td>QRD1_00032</td>
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<tr>
<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS127v5-NOF00031 Breast Cancer Screening</td>
<td>QRD1_00031</td>
</tr>
<tr>
<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS127v5-NOF00034 Aspernatic Medications for A...</td>
<td>QRD1_00034</td>
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<tr>
<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS130v5-NOF00043 Pneumonia Vaccination Status</td>
<td>QRD1_00043</td>
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<tr>
<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS130v5-NOF00034 Colorectal Cancer Screening</td>
<td>QRD1_00034</td>
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<tr>
<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS131v5-NOF0005 Diabetes: Eye Exam: Retinal ...</td>
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<td>Quality-EHR-eCQM-QRDA1</td>
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<tr>
<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS134v5-NOF00028 Tobacco Use and Cessation I...</td>
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<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS143v5-NOF0089 Diabetic retinopathy communi...</td>
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<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS143v5-NOF0006 POAC Optic nerve evaluat...</td>
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<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS144v5-NOF0002 Children with Pharyngitis</td>
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<td>QRD1-CMS147v5-NOF0041 Influenza Vaccination</td>
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<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS148v5-NOF0060 Hemoglobin A1c Test for Child...</td>
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<td>QRD1-CMS154v5-NOF0009 Treatment of Children with URI</td>
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<td>QRD1-CMS165v5-NOF0022 High-risk Medications in the ...</td>
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<td>QRD1-CMS163v5-NOF00064 Diabetes-LL management</td>
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<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS164v5-NOF00068 Diabetes-VD use of Aspirin</td>
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<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS165v5-NOF0018 Controlling High Blood Press...</td>
<td>QRD1_0018</td>
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<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS166v5-NOF00052 Use Imaging Studies for Low...</td>
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<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS182v5-NOF0075 Ischemic Vascular Disease (...</td>
<td>QRD1_0075</td>
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<tr>
<td>Quality-EHR-eCQM-QRDA1</td>
<td>QRD1-CMS59v5-NOF0421 BMI Screening and Follow-up</td>
<td>QRD1_0421</td>
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</table>

- **Classification: Quality-EHR-eCQM-QRDA3**

<table>
<thead>
<tr>
<th>Classification</th>
<th>Option Name</th>
<th>Code</th>
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<tbody>
<tr>
<td>Quality-EHR-eCQM-QRDA3</td>
<td>Medicaid_QRD3-Cumulative of all eCQM measure Report</td>
<td>MEDICAID</td>
</tr>
<tr>
<td>Quality-EHR-eCQM-QRDA3</td>
<td>QRD3-Cumulative of all eCQM Measure Reports</td>
<td>QRD3</td>
</tr>
</tbody>
</table>

**Patient-level details for each specific eCQM measure (all payers)**

**Cumulative/Summary reports for all applicable measures**
QRDA1 Import

- Select **Settings ➔ Configuration ➔ Clinic ➔ QRDA1 Import**
- Patients will be matched by First & Last Name, Gender, DOB, & Provider NPI. **Note:** *All CEHRTs should be able to provide a QRDA1 Export.*

- Applicable users require **Read** permissions under User Role
Appendix C

MIPS ➔ Quality ➔ Claim Based
MIPS → Quality → Claim Based Only

1. Select **Encounter TOC → Quality Measures**
   
   **Note:** Formerly labeled as PQRS. **Applicable only for Medicare patients.**

2. Former **G-Code** label changed to **QDC** (Quality Data Code), which is required on the claim when applicable.
Appendix C
Quality → EHR Based
Quality → EHR Based (MIPS Quality & ACI, AAPM, MU)

- Select **Encounter TOC → Assessment → eCQM...**
- All EHR-based Quality measures selected for the Attending Provider within the MU/QPP Settings Master will display with a status as reflected on that encounter. **Note:** These apply for all programs and all payers.

1. Encounter-level values for the current/selected encounter (Denominator/Numerator)
   
   a. **Fail** indicates this encounter doesn’t qualify as per ICD and/or CPT codes present
   
   b. **Pass** indicates this encounter qualifies as per ICD and CPT codes present

2. System-level values for the current Attending Provider’s **Overall %** for that measure
What’s Next...
Select **QPP or MU** based on whether you are reporting Medicare/Medicaid.
Welcome to the PrognoCIS Resource Center

- **Videos** tab → Webinar Videos → watch a recorded version of this webinar (unedited)
- **Documentation** tab → User Guides → EMR → download this PPT presentation
- **Webinars** tab → view and register to attend upcoming webinars

**Note:** The Description will summarize the session content so you can decide if you should register or not. Upon registration, the link to the webinar will be sent to you automatically.

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Time</th>
<th>Webinar Topic</th>
<th>Duration</th>
<th>Price</th>
<th>Registration</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 10/02/2017</td>
<td>12:00pm (EDT)</td>
<td>Denali v3.1b1/ONC 2015 Edition Webinar</td>
<td>1hr 30min</td>
<td>No Charge</td>
<td>Register</td>
<td>This session introduces our Denali version 3.1, which is ONC-Certified (2015 Edition) and meets all 2017 requirements for Medicare QPP and Medicaid MU quality programs. In this video, we cover the basics of the QPP/MU Setup in addition to the other general EMR features included in this upgrade.</td>
</tr>
<tr>
<td>Wednesday 10/04/2017</td>
<td>11:00am (EDT)</td>
<td>MACRA/MIPS and Meaningful Use for 2017</td>
<td>1 hour</td>
<td>No Charge</td>
<td>Register</td>
<td>This session helps you understand the difference between Medicare's Quality Payment Program and Medicaid's Meaningful Use Program and the requirements of each. This session does not discuss the details or PrognoCIS interaction but explains the requirements and discusses the scoring by CMS that will result in a provider's MIPS score.</td>
</tr>
</tbody>
</table>
Questions

and Answers....