



**To:** All System Users  
**From:** WRS Development Team  
**Date:** 1/3/2022  
**Re:** Enhancement: MIPS Group Reporting Functionality

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WRS Health is proud to announce the release of the MIPS Group Reporting functionality that will allow your practice to see reports that reflect group-level measure performance in the Quality and Promoting Interoperability categories. This will also allow you to download a group-level QRDA III file for quality measure submission to QPP.

If you are Merit-Based Incentive Payment System (MIPS)-eligible, you can choose to participate as an individual, a group, or both.

- A group is defined as a single TIN with 2 or more clinicians (at least one clinician within the group must be MIPS eligible) as identified by their NPI, who have reassigned their Medicare billing rights to a single TIN.
- Check your MIPS eligibility [here](#).

**Note:** If you report only as a group, you must meet the definition of a group at all times during the performance period and aggregate the group's performance data across the 4 MIPS performance categories for a single TIN. If your practice chooses to participate as a group, the MIPS eligible clinicians who aren't eligible as individuals will be included in your MIPS group and will receive a payment adjustment. Each MIPS-eligible clinician in the group will receive the same payment adjustment based on the group's performance across all 4 MIPS performance categories. It is your sole responsibility to review, verify, and confirm the accuracy and completeness of the data you ultimately submit to CMS.

## ITEMS IN THIS RELEASE



Creating a MIPS Group



Running a MIPS Group Quality Report

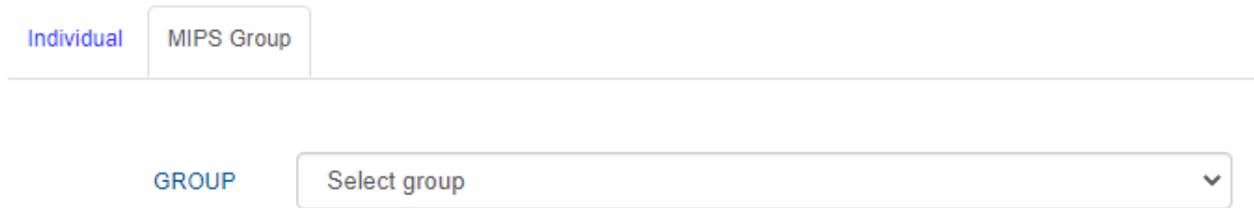


Running a MIPS Group Promoting Interoperability Report

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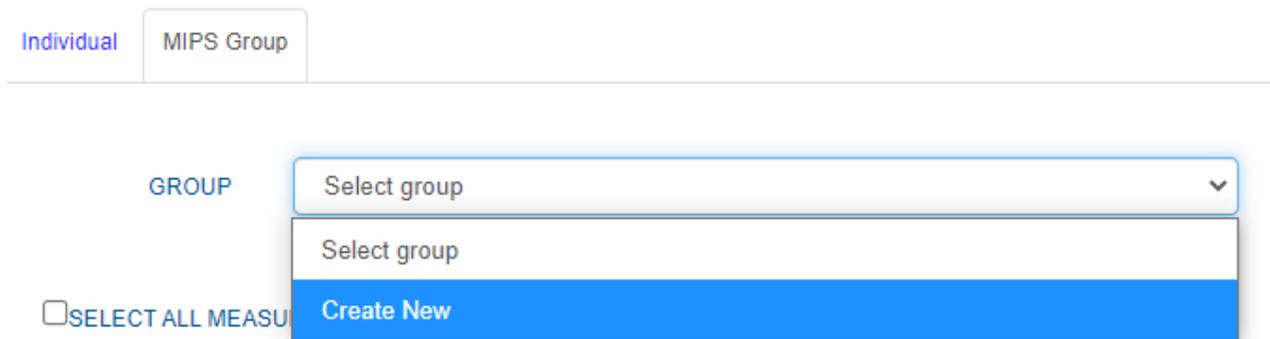
## Creating a MIPS Group

1. Under Administration > EMR Setup > MIPS/MU Quality Measures, click the **MIPS Group** tab.



The screenshot shows the 'MIPS Group' tab selected in the top navigation bar. Below the navigation bar, there is a 'GROUP' label followed by a dropdown menu with the text 'Select group' and a downward arrow.

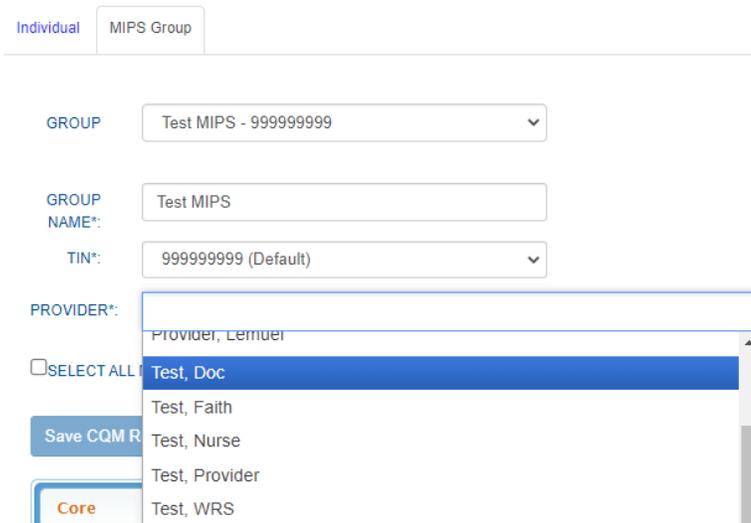
2. Click the dropdown arrow and select **Create New**.



The screenshot shows the 'MIPS Group' tab selected. The 'GROUP' dropdown menu is open, displaying a list of options: 'Select group', 'Select group', and 'Create New'. The 'Create New' option is highlighted in blue. To the left of the dropdown, there is a checkbox labeled 'SELECT ALL MEASURES'.

3. Once “Create New” is selected, you will be able to:

- Assign a **Group Name**
- Select the **TIN**
  - This will allow you to run measure reports for groups of providers that are under the same TIN
  - Choose the **providers** you want to add to the group.



The screenshot shows the 'MIPS Group' tab selected. The 'GROUP' dropdown menu is open, displaying 'Test MIPS - 999999999'. Below it, the 'GROUP NAME\*' field contains 'Test MIPS'. The 'TIN\*' dropdown menu is open, displaying '999999999 (Default)'. The 'PROVIDER\*' dropdown menu is open, displaying a list of providers: 'Provider, Lemuel', 'Test, Doc', 'Test, Faith', 'Test, Nurse', 'Test, Provider', and 'Test, WRS'. The 'Test, Doc' provider is highlighted in blue. To the left of the dropdowns, there is a checkbox labeled 'SELECT ALL MEASURES'. Below the dropdowns, there is a 'Save CQM R' button and a 'Core' button.

4. Once your group is created, select measures you want to run reports on for the group. The measures are grouped according to specialty and you can choose as many measures as you like.

**Individual** | MIPS Group

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GROUP:

GROUP NAME\*:

TIN\*:

PROVIDER\*:

SELECT ALL MEASURES *Total 8 Measures selected.*

**Save CQM Relationship**

5. Click **Save CQM Relationship** to save all changes made to the group.

## Running a MIPS Group Quality report

- Go to EMR > MIPS Quality Measures > Quality Measures page.
- Complete the following information:
  - Assign a **Report Name**
  - Select the **MIPS Group** radio button under **Run By**
    - This will allow you to select the MIPS group(s) you've created
  - Select the appropriate MIPS **Group** name from the dropdown list
  - Select the reporting **year** you would like include
  - Choose a **Start date** and an **End date**

REPORT NAME:	<input type="text" value="Test QM"/>		
RUN BY:	<input type="radio"/> INDIVIDUAL PROVIDER	<input checked="" type="radio"/> MIPS GROUP	
GROUP:	<input type="text" value="Test MIPS - 999999999"/>		
YEAR / QUARTER:	<input type="text" value="2021"/>	<input type="text" value="-Select Quarter-"/>	
START DATE:	<input type="text" value="01/01/2021"/>		
END DATE:	<input type="text" value="12/31/2021"/>		
INSURANCE COMPANY:	<input type="text" value="Any"/>		

- Select the box next to the Quality Measures (CQMs) you would like to include.

TYPE	CQM	DESCRIPTION	NUMERATOR DESCRIPTION	GUIDE	
Core	<input checked="" type="checkbox"/>	CMS165v9/0018	The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was a ...	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pres ...	<a href="#">View</a>
Core	<input checked="" type="checkbox"/>	CMS138v9/0028	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times w ...	Population 1: Patients who were screened for tobacco use at least once within 12 months Populati ...	<a href="#">View</a>
Core	<input checked="" type="checkbox"/>	CMS2v10/0418	Percentage of patients aged 12 years and older screened for depression on the date of the encounter ...	Patients screened for depression on the date of the encounter or up to 14 days prior to the date of ...	<a href="#">View</a>
Core	<input checked="" type="checkbox"/>	CMS68v10/0419	Percentage of visits for patients aged 18 years and older for which the eligible professional or ell ...	Eligible professional or eligible clinician attests to documenting, updating or reviewing the patien ...	<a href="#">View</a>
Core	<input checked="" type="checkbox"/>	CMS69v9/0421	Percentage of patients aged 18 years and older with a calculated BMI in the past six months or durin ...	Patients with a documented BMI during the encounter or during the previous six months, AND when the ...	<a href="#">View</a>
Core	<input checked="" type="checkbox"/>	CMS50v9/ClosingReferralLoop	Percentage of patients with referrals, regardless of age, for which the referring provider receives ...	Number of patients with a referral, for which the referring provider received a report from the prov ...	<a href="#">View</a>
General Practice Adult	<input checked="" type="checkbox"/>	CMS22v9/BPScreen	Percentage of patient visits for patients aged 18 years and older seen during the measurement period ...	Patient visits where patients were screened for high blood pressure AND have a recommended follow-up ...	<a href="#">View</a>
General Practice Adult	<input checked="" type="checkbox"/>	CMS130v9/0034	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by an ...	<a href="#">View</a>
General Practice Adult	<input checked="" type="checkbox"/>	CMS139v9/0101	Percentage of patients 65 years of age and older who were screened for future fall risk during the m ...	Patients who were screened for future fall risk at least once within the measurement period	<a href="#">View</a>
General Practice Adult	<input checked="" type="checkbox"/>	CMS127v6/0043	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Patients who have ever received a pneumococcal vaccination	<a href="#">View</a>
General Practice Pediatric	<input checked="" type="checkbox"/>	CMS147v10/0041	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who r ...	Patients who received an influenza immunization OR who reported previous receipt of an influenza imm ...	<a href="#">View</a>

WRS CMS EHR 2015 Certification ID: 15.02.02.2527.A085.01.00.1.181218  
 Certification #: 0015ETL6789XSD9

[Get Reports](#)

- Click the **Get Reports** button.
- Click on **View Results** button to view the report.

# Running a MIPS Group Promoting Interoperability report

1. Go to EMR > MIPS Quality Measures > Promoting Interoperability page.
2. Complete the following:
  - a. Assign a **Report Name**
  - b. Select the **MIPS Group** radio button under **Run By**
    - i. This will allow you to select the MIPS group(s) you've created
  - a. Select the appropriate MIPS **Group** name from the dropdown list
  - c. Select **Reporting Period**

**Promoting Interoperability Report**

REPORT NAME\*:

RUN BY:  INDIVIDUAL PROVIDER  MIPS GROUP

GROUP:

REPORT PERIOD:

TYPE:

INSURANCE COMPANY:

3. Select Promoting Interoperability measures.

<input type="checkbox"/>	MEASURE ID	REPORT NAME	OBJECTIVE	MEASURE	EXCLUSION	GUIDE	REPORTING REQUIREMENT
<input type="checkbox"/>	PI_PPHI_1	Security Risk Analysis	Protect Patient Health Information	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.	None	View	YES/NO
<input checked="" type="checkbox"/>	PI_LEP_1	ePrescribing	ePrescribing	At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.	View	NUMERATOR/DENOMINATOR
<input checked="" type="checkbox"/>	PI_HIE_1	Support Electronic Referral Loops by Sending Health Information	Health Information Exchange	For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider -- (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	View	NUMERATOR/DENOMINATOR
<input checked="" type="checkbox"/>	PI_HIE_4	Support Electronic Referral Loops by Receiving and Reconciling Health Information	Health Information Exchange	For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician receives or retrieves and incorporates into the patient's record an electronic summary of care document.	Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.	View	NUMERATOR/DENOMINATOR
<input checked="" type="checkbox"/>	PI_PEA_1	Provide Patients Electronic Access to Their Health Information	Provider to Patient Exchange	For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information, and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).	No exclusion available	View	NUMERATOR/DENOMINATOR

4. Click **Save Reports** button.
5. Click on **View Results** button to view the report.