

What's New in PrimeSUITE v17.10

Upgrading

When will PrimeSUITE v17.10 be released?

The release is currently planned for mid-December 2014.

How do we sign up for the upgrade?

To request the upgrade, you will need to open a support case via the Greenway Customer Community or by phone. To enable our support team to best serve you, please be sure to let us know which specific upgrade(s) you are requesting.

Can we upgrade directly to v17.10 from v16.2?

Yes. Once v17.10 is in general release status, you can submit a request to upgrade directly from version 16.2 to version 17.10.

Where can I find release notes for v17.10?

The release notes are available in the Greenway Customer Community.

When we upgrade to v17.10, will we need to upgrade MedFusion as well?

No, the only upgrade for Medfusion is to the new MU2 platform – but this is not specific to v17.10.

When we upgrade, will we be able to keep our Meaningful Use Dashboard at the previous version level?

If upgrading from 17.0, yes. If upgrading from 16.2, you will need the v17.10 version that supports the flexibility rule changes.

Meaningful Use, PQRS, CQMs

Dashboards and PrimeDATA CLOUD

I cannot change my dashboard from Stage 2 to Stage 1 Year 4. Will this be fixed soon?

This fix is planned for 17.0.32.

When will quality measures be added to the dashboard?

The 27 certified quality measures are currently available on the dashboard. They are currently processed each weekend, but we anticipate this frequency to increase in the coming weeks.

Stage 1, Year 2 Patient Portal criteria only requires the provider to give the patient info on how to sign up for the portal and does not require the patient to actually sign up. Is this going to be fixed so it is reported correctly in the dashboard?

Yes, the online access measure can now be based on the manual selection of the Patient Portal Invite flag.

We do not have all the pediatric CQMs available on the dashboard. When will those be added to the dashboard?

2014 CQM measures were determined by customer surveys and popularity of measures in previous attestations. Additional pediatric measures found in the CMS recommended pediatric measure set will not be added for 2014 reporting. The following measures apply to pediatric practices: NQF 0036, NQF 0041, NQF 0033, NQF 0069, NQF 0002, NQF 0024, NQF 0038, NQF 0060, and CMS 75.

Can we still submit PQRS through the MU dashboard if I have been using claims-based all year, but for only three measures?

No. EHR-based reporting is an entirely different reporting method than claims-based reporting. If a practice has successfully submitted quality information on claims for the purpose of PQRS, there is no need to also submit clinical quality measures for EHR-based reporting. EHR-based reporting depends on clinical data entry and workflow. Please review the "Introduction to Clinical Quality Measures in 2014" on the Greenway Customer Community for more information.

In what timeframe will customers planning to attest for 4th Quarter 2014 be given access to PrimeDATA CLOUD so the dashboard reports data accurately?

The Greenway team has onboarded 95% of customers who have communicated attestation for 4th Quarter 2014. We will continue to onboard the remaining customers as quickly as possible.

If the QRDA submission file for PQRS is not available until v17.10, does this also mean that we cannot use this method to report CQM for MU until we upgrade to v17.10? If the answer to this is yes, how do we report CQM measures if we are on version 17.0?

Electronic submission of CQMs is not required for 2014 MU attestation. Using PrimeSUITE 17.0, practices will be able to manually report their CQMs via the MU attestation module. PrimeSUITE v17.10 will be required for electronic submission of CQMs for PQRS EHR-based reporting that satisfies both PQRS and the CQM component of MU.

When will the registry-based PQRS reporting be available?

The registry portal is planned for release this month. A release announcement will be sent to all customers.

Will claims-based PQRS still be available?

Yes, claims-based PQRS reporting depends on the practice workflow. Practices that have successfully submitted quality data codes on their claims throughout the year will be able to satisfy PQRS reporting requirements.

Is it true that now we cannot change the dates for dashboard once we put them in (no trial period)?

This is **not** correct for the PrimeSUITE MU Dashboard; dates can be changed.

Is PrimeDATA CLOUD required for the MU dashboard in v17.10?

For payment years configured with stage of either Stage 1 2014 or Stage 2, yes.

Is there a charge for PrimeDATA CLOUD?

There is not a charge for meaningful use calculations with PrimeDATA CLOUD.

Attestation

If you attested for MU Year 1 Stage 1 in 3rd Quarter 2014, would you still do Stage 1 for the entire year of 2015?

Yes.

Do we need to have 17.0.32 to participate in the flexibility rule?

No.

We upgraded on 8/22/2014 and were scheduled to attest for Stage 2 in Q4. We are now attesting to Stage 1 2013 measures, correct?

Assuming you upgraded from version 16, the flexibility rule gives you the option, if eligible, of attesting to Stage 1 2013 measures in Q1, Q2, or Q3. In Q4, the flexibility rule gives you the option, if eligible, of attesting to Stage 1 2014 measures.

If you have 2014 CEHRT installed and choose to attest to Stage 1 for a prior quarter, is that data available?

Yes.

We are currently submitting PQRS through claims-based reporting. I understand that is still acceptable for 2014. Is this accurate?

Claim-based measure groups reporting is no longer acceptable for 2014 reporting, but individual measure claims-based reporting is still a valid reporting method in 2014. Customers must ensure that they have a workflow in place to include quality data codes on their claims submissions to CMS in order to meet the required 50% reporting rate for each measure.

Hardship Exceptions

Is it Greenway's position that the 2014 Edition CEHRT is fully compliant and available to implement?

Yes.

Under what circumstances can PrimeSUITE users claim that we couldn't fully implement due to delays in 2014 Edition CEHRT availability?

There are many circumstances. The delay could be attributable to issues related to software development, certification, implementation, testing, or release of the product. The flexibility rule does not list circumstances that qualify as delays in availability; however, it does list four circumstances that do **not** count as delays in availability: financial issues, difficulty meeting measures, staffing issues, and provider delays.

We're Stage 1, Year 2. Can we apply for a hardship request?

Yes. The flexibility options are available to any providers who are unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability.

What is the letter we can request from Greenway?

Although not required by CMS, a customer may request a Hardship Exception or Flexibility letter from Greenway.

ICD-10

For ICD-9 codes in templates that do not currently show ICD-10, will we have to remove and re-add to see the ICD-10 in the template, or will version 17.10 fix those that are currently not showing an ICD-9 in version 17.0.28?

Upon upgrade to version 17.10, the system will automatically run an algorithm to auto-select an ICD-10 based on the diagnosis description and ICD-9 code.

Are you planning on the requisition page to have diagnosis wording as well as the ICD-9 and ICD-10 codes? We have received many requests for terminology instead of just codes.

Yes, the description displays on the Orders Requisition page.

How can you transfer an ICD-9 code to ICD-10 when 10 is more detailed?

IMO creates clinician-friendly terminology that is mapped to both ICD-9 and ICD-10. The mappings are done through an algorithm based on IMO data where the best selection to an ICD-10 is made based on the diagnosis description and ICD-9.

Will the ICD-9/10 description be available to print on the Orders Requisition?

No, in v17.10, this will be available only for the codes.

If an ICD-9 code is not mapped in the migration because it needed added specificity, but is mapped at the point of care, will the ICD-10 code map to any instance of it in the system or just for that patient in that document?

Just for that patient in that document.

If the local description of the ICD-9 code has been modified and is "incorrect," during the mapping will it change the description back to the correct/original description?

No, we do not update the description during upgrade.

Is mapping to ICD-9 to ICD-10 a user right?

Not a specific right, but the user must have access to clinical admin or to create clinical notes.

Where are you with plan sets where tests get ordered based simply on the assessment selected, and don't have to be set up and mapped in the templates? We wouldn't want to put 100 new ICD-10 Dx codes in our templates just so labs can be linked and mapped. It would be substantially better to have plan sets.

Plan Sets was on the original roadmap for the ICD-10 release, but due to other regulatory constraints, it did not make it into v17.10. It is an enhancement that we would like to deliver in the future.

Will there be a way to know what ICD-10 codes did not pull through to the templates in the upgrade?

In v17.10, you can find out if ICD-10 mappings did not occur by opening the specific template in Template Admin or pulling the template into the note. On our ICD-10 roadmap, we do have a user story that addresses a global view of which templates contain unmapped ICD-10 codes.

If a patient has primary insurance requiring ICD-10 and secondary requiring ICD-9, what is the process for claims submission? Will the error code keep that claim from submitting?

Since the parallel implementation captures both the ICD-9 and ICD-10 codes throughout the system, the claim creation process for each insurance will determine the proper code set to be placed on the claim(s).

Will there be an option to choose whether ICD-9 or ICD-10 codes are sent in the HL7 messages for specific orders interfaces, similar to the setting available in the insurance plans?

Yes, we always submit both the ICD-9 and ICD-10 codes to PrimeEXCHANGE with an insurance indicator as to which code set is required. PrimeEXCHANGE then converts this data into HL7 and includes the proper code set.

Your demo showed both ICD-9 and ICD-10 diagnoses on the superbill. We are on 17.0 – why can't we see both the 9 and 10 codes on our superbill?

The ICD-10 codes will show on the superbill in version 17.10.

If there are terms in our H&H Code mapper that do not have ICD-10 and SNOMED codes, do we have to complete that info manually or will it be migrating in with v17.10?

During upgrade there will be a process to map ICD-10 and SNOMED to existing H&H entries. If there is not a direct map, we provide a tool to help you manually complete the maps.

Will it be necessary to adjust the Order Req. in report designer to include the ICD-10 code?

The Order Req. reports provided by Greenway are updated with the ICD-10 field automatically as a part of v17.10. Customized Order Req. reports will have to be adjusted manually.

Greenway has told us they will be performing all testing with payers. Your webinar poll question makes me think we have to do our own testing. Please educate us on this process.

Greenway will be testing with clearinghouses.

After the update, will the insurance company automatically default to ICD-9?

Yes.

How do we know which payers are accepting ICD-10 and the effective dates?

Greenway will be working with payers on their transition dates to ICD-10 and providing updates to our customers, but ultimately it will be the responsibility of the medical group to know these dates.

I don't know how to prepare a test file to send to my clearinghouse for ICD-10. Will Greenway do that for us?

Greenway will be testing with clearinghouses.

Should we have the means to see ICD-10 options currently if we have 17.0? Or do we need v17.10 to begin testing?

The ICD-10 testing can only occur in v17.10. We plan to release v17.10 for general availability in mid-December 2014.

Portal

You mention the ability to send the Ambulatory Summary to the portal. Is that the patient portal?

Yes.

Is the Ambulatory Summary pushed to the portal automatically?

Yes. The Ambulatory Summary is pushed to the portal anytime the face sheet is updated for patients who have been invited to the portal.

The portal already sends the CVS to patients if their preferred communication is set to portal. Does this mean it will send the CVS regardless of the preferred communication?

No, if the patient has a portal and their preferred communication method is set to something other than portal, a PrimeSUITE user must navigate to the Visit History and manually select the "Make Available on Patient Portal" checkbox.

Can we set a default clinical summary for the whole practice (instead of unclicking individual sections) for summaries that will be automatically sent to the portal?

Not at the present time. The clinical summary is customizable at the patient level.

With this new version, will our patient portal be live?

The Greenway Patient Portal will be generally available in early 2015 and will be integrated with PrimeSUITE v17.10.

Other

Is it possible to turn clinical summary default to OFF?

If the patient does not want clinical summaries, they may not want to set "portal" as their preferred communication method. Setting portal as the preferred communication method is the only way to default the clinical summary.

Will there be any component to highlight patients with Hierarchical Condition Category diagnosis from the face sheet?

Not in version 17.10.

What about eRx of narcotics?

This functionality is coming in a future version of PrimeSUITE (17.20) next year.

Does the "add order" search choice remember your preference or does that need to be checked/unchecked with each search?

It remembers the preference.

Can we save patient reminder criteria in v17.10?

Yes.

Can you do CCDA as a mass export? Or only per patient?

The Data Portability Export Utility on the Utilities page enables you to export multiple patients at a time.

Please confirm where the quick search is pulling information from. I understood it would pull from Diagnosis Favorites first.

The quick search from the facesheet does first pull locally from Diagnosis Favorites. If the search doesn't return any results, it then looks to IMO data. The search from the Assessment section always looks at IMO data.

Can multiple entries of a problem be added to a flowsheet to highlight instances?

Problems cannot be added to a flowsheet at this time.

Will Greenway have regional conferences in 2015?

Yes. Greenway's regional customer events, known as User Exchanges, will take place in more than 20 cities in 2015. See <http://info.greenwayhealth.com/UserExchanges2015.html> for information about planned cities and dates.

To put the polls into proper perspective - How many people participated in this webinar?

More than 500 people participated in this webinar.