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**News**

**QUARTERLY**

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## EDITION NUMBER 29 ♦ 2016

Welcome to the first edition of gNews for 2016. A lot has happened since the last time we published our newsletter, so I'd like to take this opportunity to once again welcome gMed clients to Modernizing Medicine. We have enjoyed seeing the coalescence of two incredible companies into one unit with the singular mission of improving specialty healthcare. We have had the pleasure of meeting many of you over the past few months, and couldn't be more impressed with the depth of dedication to gMed, your patients and practices, and the gastroenterology field as a whole.

While change can be exciting, we acknowledge that it can also bring uncertainty. We want to reassure all gMed clients that Modernizing Medicine is committed to the continued success and enhancement of the gMed suite of services. You are our priority, and we are excited to announce that the long-awaited **Patient Kiosk** will be available to you this year. The Kiosk offers an innovative way to introduce gMed clients to the power of Modernizing Medicine's mobile and cloud technology and the user interface EMA clients enjoy. Our team looks forward to working with you to identify other product enhancement and service capabilities within this ever-changing healthcare environment! In November 2016, we will host a **gMed Summit Users Conference**. You will have the opportunity to join product experts, guest presenters, company leaders, and fellow GI physicians and staff to network, discuss industry trends and innovations, learn best practices, and have some fun. Be sure to mark your calendars for the 2016 gMed Summit at the Waldorf Astoria in Orlando, Florida, taking place November 18-20. As always, the Modernizing Medicine team remains dedicated to you and your practice, so please don't hesitate to let us know how we can best support you.

**Daniel Cane**  
Chief Executive Officer

**Michael Sherling, MD**  
Chief Medical Officer



# High Impact Features

Our fully integrated practice management platform continues to grow and is generating immense value for many GI practices across the nation. We are very proud that gPM has been selected as one of the Top 10 most promising practice management software solutions provider by [Healthcare Tech Outlook magazine](#). Our gPM team continues to deliver high impact features to help practices drive additional efficiencies and become more profitable. Below are some of the great features that we have added in recent months to our gPM platform:

## Eligibility Verification Efficiencies

Practices can now create additional efficiencies in the benefits/eligibility verification processes with new features like configurable views, tracking of patient eligibility verification progress, ability to see self-pay patients, printing of the eligibility list and the addition of additional fields that will make it easier to verify benefits.

## Denials Management

The denials management process is more automated and is already making an important impact in many practices. You can now generate pre-populated appeals letters with patient and claim information, and map denial categories to payer denial reason codes. Practices can now automatically assign denied claims to the billing staff based with our new *Denial Management Rules* engine. With this new engine practices will be able to assign denied claims to specific users based on provider, location, denial category and other claim data.

## Managing My Claims

Managing claims is now easier with the new *My Claims* queue. This new feature allows your billing staff to be more productive by focusing on claims that are assigned individually allowing for easier tracking and resolution.

## Printer Configuration

We have also included new claims printing configuration options to provide better form alignment and printer compatibility.

## Easing Ambulatory Survey Center Billing for Anesthesia

Anesthesia charges can now be generated directly from the procedure service. This feature will benefit most Ambulatory Surgery Centers billing for Anesthesia.

## Flexible Facesheet

The facesheet feature in gPM is now more flexible. You can now choose to configure your facesheets for registration, scheduling or billing collections use. We included all the letter placeholders already available for letter templates and added additional registration and insurance information.

## Credit Card Chip Processing

In October, 2015, the credit card industry made an important shift to better secure credit card transactions by implementing credit card machines that read the EMV chip embedded in the credit card. gPM now allows you to process payments using this type of card. Please contact your credit card merchant to implement the new EMV chip card readers.

## gReminder Solution

Our fully integrated gReminder solution continues to improve. Last year we added a new portal with self-service features and additional configurations for messaging options. Be on the lookout for the new urgent broadcasting feature. With this new option you will be able to broadcast urgent messages to patients with scheduled appointments.

## New Reports Available

Practices can now access new productivity reports to better track staff performance. Our new underpayment report allows you to quickly identify any insurance payment below the contractual amount configured in the system. We've also added additional reports to leverage our advanced Enterprise feature set in gPM/gGastro.

# Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Update

**MACRA** will make three important changes to how Medicare pays those who give care to Medicare beneficiaries. These changes include:

- Ending the [Sustainable Growth Rate \(SGR\)](#) formula for determining Medicare payments for healthcare providers' services
- Making a new framework for rewarding healthcare providers for giving better care, not just more care
- Combining existing quality reporting programs into one new system.

MACRA created the **Merit-Based Incentive Payment System (MIPS)**, as well as incentive payments for participation in eligible alternative payment models (APMs) beginning in 2019.

Eligible Providers (EPs) can either participate in MIPS or meet the requirements to participate in an APM.

## MIPS: A New Program

The MIPS is a new program that combines parts of the Physician Quality Reporting System (PQRS), the Value Modifier (VM or Value-Based Payment Modifier), and the Medicare Electronic Health Record (EHR) incentive program into one single program based on:

- Quality
- Resource use
- Clinical practice improvement
- Meaningful use of certified EHR technology

Combining these four programs will factor in a provider's MIPS Composite Performance Score. This score is determined by comparing the composite performance score of an EP to performance thresholds.

### MIPS Quality Thresholds.

The positive, negative, or zero adjustments will increase yearly as follows:

2019	2020	2021	2022-2024
+/- 4 %	+/- 5%	+/- 7%	+/- 9%

MIPS is intended as a budget-neutral program, meaning

that the positive payment adjustment some payers receive will be equal to the negative payment adjustment other payers will receive. Exceptional performers may end up receiving a much higher percentage, which will make doing well in MIPS even more important to a practice's bottom line.

MIPS applies to physicians, physician assistants (PAs), nurse practitioners (NPs), Certified Registered Nurse Anesthetists (CRNAs), and Clinical Nurse Specialists. It will expand to additional providers at a later date.

## What are APMs?

Alternative Payment Models (APMs) are for EPs who are determined to be Qualified Participants (QPs) for one year. They will be excluded from MIPS and will receive a five percent lump sum incentive payment for that year beginning in 2019 and continuing through 2024. EPs who participate in APMs, but do not reach QP consideration, will need to participate in MIPS in order to avoid penalties. A Medicare APM is considered any one of the following:

- A CMMI model under section 1115A (other than a Health Care Innovation Award),
- Medicare Shared Savings Program (MSSP),
- A demonstration under the Health Care Quality Demonstration Program, or
- A demonstration required by Federal law.

Eligible Alternative Payment Entity (EAPM entity) means, with respect to a year, an entity that both:

- Participates in an APM that requires participants to use certified EHR technology and provides for payment based on quality measures comparable to those in MIPS,
- Either bears more than nominal financial risk for monetary losses under the APM or is a medical home expanded under CMS Innovation Center authority.

## History and Physical Measures

Many practices are noticing a drop off on their H&P measure after uploading their data to GIQuIC. This is due to a slight change in functionality as of version 4.58. gGastro now automatically answers this question, “Are current history and physical documented in the chart?” based on the population of two sections: HPI and the Physical Exam.

## History of Present Illness

The *History of Present Illness* section must be completed within gGastro on the procedure note or within 30 days of the procedure in the patient chart. For example, if an office visit or pre-procedure call was established in gGastro and the HPI section was documented, this will count towards the measure.

## Physical Exam

The *Physical Exam* section must be documented on the day of the service. This does not include clicking check-boxes for *Not Performed, Prior to Anesthesia or Chaperoned*. The exam must have normal/abnormal systems documented to qualify as complete. There are no specific systems that have to be included.

If these sections are not completed as necessary in gGastro, the question will be answered as *No*. It is possible to edit this information post-upload via the GIQuIC website, although it must be done for each procedure individually.

## Adenoma Detection Rate

If you find that your physicians’ ADR’s are looking lower than expected, here are a couple of items to check in gGastro:

- Make sure that the cecal landmarks are properly labeled in Images. At least one of the three is required: ileo-cecal valve, terminal ileum, or appendiceal orifice. These must be typed exactly. Typographical errors and abbreviations would be automatically excluded. For this reason, it is highly recommended to use the site map under the *Image Properties* tab in the *Images* section.
- Review procedures to make sure that pathology results documented in the GIQuIC questionnaire. Without those

results, there is no way of determining if polyps were adenomatous. Review your workflow to insure that the GIQuIC questionnaire is consistently being filled out when lab results are returned.

If these items are being documented correctly and the physician’s ADR seems lower than it should be, please reach out to [giquicsupport@outcome.com](mailto:giquicsupport@outcome.com) for further troubleshooting.

## Quality of Preparation

As of version 4.58, the question, “Was follow up interval changed due to bowel prep?” was removed from the GIQuIC questionnaire. This question is now answered based solely upon the quality of preparation selected in the procedure overview. Therefore, if inadequate preparation is indicated, the question will automatically answer *Yes*. This is independent of the actual follow up interval noted in the procedure, limitations, etc.

GIQuIC only recognizes “adequate” or “inadequate,” so to accommodate those requirements, the selections available are mapped to either adequate or inadequate. By default, the items *Excellent, Good* and *Adequate* are mapped to *adequate*, while *Fair, Poor* and *Inadequate* are mapped to *inadequate*. There is some confusion surrounding the *Fair* item, since some users feel that this should be counted as adequate. If that is the case, the mapping can be changed, but please make sure that all system users are aware of any changes you make to the logic.

For some measures, procedures with an inadequate bowel preparation indicated will automatically be excluded, so it is critical that all system users understand the mapping of the quality of prep selections available.



# gGastro 4.60 Release

This release is packed with exciting new features, enhancements and efficiencies. Make sure to read the release notes when they are published and check out our gGastro 4.60 webinar series to learn more!

## Quick Notes

gGastro 4.60 introduces Quick Notes, an exciting new feature that will assist in completing procedure and visit notes. Once enabled, Quick Notes allows a user to capture the content within certain sections of a note, including ribbons and placeholders, to easily apply to a new service. So, documenting a normal colonoscopy will be a matter of a click! To learn more, read through the release notes.

## Video Capture and Streaming

As of release 4.60, you are now able to record a video of the procedure for later playback and/or download.

## Electronic Prescribing of Controlled Substances (EPCS)

As of release 4.60, gGastro has obtained EPCS certification from Surescripts, which allows the electronic sending of controlled substance prescriptions to EPCS-enabled pharmacies. There is an identity verification and registration process required prior to EPCS being enabled in gGastro. If you are interested in using this feature, please reach out to the [gMed Sales Team](#).

## General Enhancements

- Utilize the new filter in the Recalls and Portal Published Documents queues that gives you the ability to track patients who haven't viewed their portal documents.
- In the Medications Per Patient report, you are now able to search medications by lot number, which will allow you to track patients in case of a recall.
- A visual indicator has been added to notify you of an addendum on the note.

- With some additional configuration options, you can set a specific time frame to auto-lock or to auto-export service documents (useful for hospital and other environments where the documents need to be fed into another system).
- When generating the Immunizations file, gGastro now provides batch file generation, allowing individual immunization reports to be grouped into a single zip file. In addition, the generated files now include more data elements to assist in meeting various state requirements.

## Enterprise Enhancements

For those customers using gGastro Enterprise in Office and ASC, there are a number of exciting features to ease the process of sharing documents between business units.

- Patient chart content is now filtered based on the business unit as opposed to the location.
- Automatically send/share the visit note with the ASC staff to be used for pre-procedure H&P reference. To do so, simply add the location of the ASC into the colonoscopy order placed during the office visit. When Output Manager is triggered, the visit note will appear as a separately shared document for the ASC staff to see.
- Manually or automatically share external documents (interface results, scans, etc.) based on the document's location, and the location of the service associated to the document.



# gGastro Support: Changes & Updates

Since the acquisition of gMed by Modernizing Medicine, **Support Services** is being led by Andrew Shaffer Director of Support Services and Jaime Hinton, Support Manager.



Andrew has been with Modernizing Medicine for almost 2 years. Previously he was Senior Manager of Support Services at Campus Management Corporation, where he worked for 11 years. Prior to Campus Management Corp., Andrew managed a drug screening company called Corporate Care International, Inc. He has extensive experience leading effective teams in software support and looks forward to working with all of the gGastro and gPM customers.



Jaime has been with gMed for 4 years now and in that time took on the role of building out the gPM Support Team that has continued to flourish under her leadership. Prior to gMed, she was a Medical Biller for 10 years, which is what provided her the wealth of PM knowledge she is armed with. She has an eye for hiring top talent and is committed to customer satisfaction.

## Best Practices for Patches

With security being a concern for all, it is important to keep your server up to date with the latest patches. Some best practices include:

- Test the patches and updates within your organization prior to rolling them out.
- To verify all is running as it should be, have a test environment independent of the main server, if you can, where security patches and updates can be tested. By doing so, an incompatible update won't impact your production time.
- Java is a good example as many programs run on Java, however, not all of them run on the same version. Moving from one version to another could affect many services like patient results and prescriptions.

## Additional Support Updates:

### EPCS

With the advent of gGastro 4.60 and the new Electronic Prescriptions for Controlled Substances (EPCS), we are working with DrFirst to ensure a seamless transition. DrFirst has released a new version of their e-prescribing software, RCopia3, which will roll out to all clients during the gGastro 4.60 upgrade. This upgrade to RCopia3 is necessary to prevent any issues with the new EPCS system.

### Implementing a Group Policy

Growing with gGastro has never been easier. Setting up a group policy allows your practice to automate setup and configuration of Internet Explorer and workstations saving you and your practice valuable time. Details of how to implement a group policy— can be found in our latest technical document. For more information or to receive the latest technical document with this information and other details, please contact [gSupport@modmed.com](mailto:gSupport@modmed.com).

For questions regarding gGastro's products, reach out to our gGastro Support Team at [gSupport@modmed.com](mailto:gSupport@modmed.com).

# GI Medical Team Spotlight

**Julie C. Servoss, M.D., M.P.H** is the Medical Director of Gastroenterology at Modernizing Medicine. She joined the Modernizing Medicine team in 2014 and serves as the gastroenterologists' clinical voice in product development of EMA Gastroenterology. Similar to all medical directors at Modernizing Medicine, Dr. Servoss codes medical content and helps to design product enhancements that streamline workflow for gastroenterologists. Since gMed joined the Modernizing Medicine family, Dr. Servoss has also become a member of the gMed team, learning the gGastro product and providing insights and guidance on how to leverage Modernizing Medicine mobile and cloud technology to advance the gMed product line.

Dr. Servoss is a board-certified gastroenterologist with special interest in liver disease. She received her medical degree from Harvard Medical School and completed her residency and fellowship training at Massachusetts General Hospital. She also received her M.P.H. from the Harvard School of Public Health with a concentration on clinical effectiveness, skills which she has applied in clinical research on HIV-HCV coinfection. Dr. Servoss currently practices in Boynton Beach volunteering her GI services to a predominantly Spanish-speaking population at the Caridad Center which provides healthcare to the underserved. Dr. Servoss also serves as the Associate Dean for Diversity and Inclusion at the Charles E. Schmidt College of Medicine at Florida Atlantic University and focuses her efforts there on medical education and pipeline programs to diversify the physician and physician scientist workforce.

**Elliot Ellis, M.D.** is the Team Lead for Gastroenterology at Modernizing Medicine. He joined Modernizing Medicine in 2014 and was the initial architect and coder of the EMA Gastroenterology product as well as its first user. Dr. Ellis is part of an extremely successful private practice group, Digestive Center of the Palm Beaches, where he practices general gastroenterology and advanced endoscopy. As such, Dr. Ellis has keen insights into the challenges gastroenterologists encounter with changing payment models and quality based reimbursement. He has his ears to the ground and takes what he learns and hears from his peers, and inputs it into EMA Gastroenterology. He is a current user of gGastro ASC and is overjoyed with the joining of gMed and Modernizing Medicine. He sees the limitless potential of combining gMed's expertise in serving gastroenterologists with an EMR that meets their needs and the advanced technology and innovation that Modernizing Medicine has to offer. He believes that together, we will create the best in class, GI specific EMR.

Dr. Ellis is a board-certified gastroenterologist with special interest in inflammatory bowel disease and advanced endoscopy. He received his medical degree from the University of Pennsylvania. He completed his residency at Yale University. He completed his fellowship training at Mount Sinai Hospital in New York where he was also Chief Gastroenterology Fellow.



**Julie C. Servoss, M.D., M.P.H**  
Medical Director of Gastroenterology



**Elliot Ellis M.D.**  
Team Lead, Gastroenterology



# gMed Tradeshow Calendar

Visiting these tradeshow? Stop by the gMed booth to say "Hi!"

## **ASCA 2016**

Grapevine, TX  
May 19, 2016 - May 22, 2016

## **Society of Gastroenterology Nurses and Associates (SGNA) Annual Course**

Seattle, WA  
May 22, 2016 - May 24, 2016

## **Digestive Disease Week**

San Diego, CA  
May 22, 2016 - May 24, 2016

## **GI Outlook**

Washington, DC  
Aug 5, 2016 - Aug 7, 2016

## **EndoFest**

Chandler, AZ  
Sept 10, 2016 - Sept 11, 2016

## **American College of Gastroenterology Annual Scientific Meeting**

Las Vegas, NV  
Oct 14, 2016 - Oct 19, 2016

## Register Now

### **gMed Regional Users Event**

**Saturday, May 21, 2016**  
**8:00 am - 5:00 pm**  
**Hilton San Diego Bayfront**  
**San Diego, CA**

During this complimentary event, you'll have the opportunity to:

- Learn about the new organization
- Meet executives, fellow physicians and network with peers
- Learn about the product roadmap
- Participate in roundtable discussions
- Spend time with subject matter experts
- Learn about regulatory changes and trends in the gastro space
- Includes lunch and after-hours cocktail reception

Register for gMed Regional Users Event by clicking here or visiting the link below:  
<https://fs17.formsite.com/ModMed/form640/index.html>

## Save the Date

### **gMed Summit**

**November 18 - 20, 2016**  
**Waldorf Astoria**  
**Orlando, FL**



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