



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# Promoting Interoperability Performance Reports

(APCM)

**User Manual**

Version 2.0  
September 2020

Office of Information Technology  
Division of Information Technology

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## Preface

This user manual contains information about the Resource and Patient Management System (RPMS) Promoting Interoperability (APCM) application.

This manual documents how to generate Promoting Interoperability reports for:

- Merit-based Incentive Payment System (MIPS) Eligible Clinician (EC)
- MIPS Eligible Group
- Medicare Eligible Hospital (EH)
- Eligible Professional (EP)
- Medicaid Eligible Hospital (EH)

These reports are housed in the PCC Management Reports menu system. Depending on the amount of data, the patient population and infrastructure, some of these reports may take a considerable amount of time to generate and print. Consider queueing these reports to run after normal business hours.

## 1.0 Introduction

Indian Health Service (IHS) facilities and staff participate in various quality improvement programs in support of the IHS mission *to raise the physical, mental, social and spiritual health of American Indians and Alaska natives (AI/AN) to the highest level and in support of the IHS strategic goals:*

- To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people.
- To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.
- To strengthen IHS program management and operations.

These programs include, but are not limited to:

- Inpatient Quality Reporting (IQR)
- Medicare and Medicaid Promoting Interoperability (PI) Programs
- Quality Payment Program (QPP)
- Merit Based Incentive Payment System (MIPS)

These improvement programs include components that require reporting progress on Promoting Interoperability objectives and measures.

The Centers for Medicare & Medicaid Services address Promoting Interoperability Program basic requirements. CMS states:

*Beginning in 2011, the Promoting Interoperability (formerly the Medicare and Medicaid EHR Incentive Programs) were developed to encourage eligible professionals (EPs) and eligible hospitals and critical access hospitals (CAHs) to adopt, implement, upgrade (AIU), and demonstrate meaningful use of certified electronic health record technology (CEHRT).*

*On August 2, 2019 CMS published the Fiscal Year (FY) 2020 Medicare Hospital Inpatient Prospective Payment System (IPPS) for Acute Care Hospitals and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) Final Rule, which included program requirements for calendar year (CY) 2020. In this final rule, CMS continued its advancement of CEHRT utilization, focusing on burden reduction, and improving interoperability and patient access to health information.*

APCM Promoting Interoperability reports are available to IHS, Tribal and Urban facilities (I/T/U) to support participation these national quality programs and to provide data for local performance improvement activities. Further national and IHS program information (including links to current measure specifications) is included in Appendix A.

## 2.0 Package Operation

### 2.1 Promoting Interoperability Reports

#### 2.1.1 General Notes

Users are assumed to have a basic understanding of RPMS navigation. Before running any of the reports the user must determine the following:

- Measures being reported
- Desired time period
- For the MIPS EC individual and/or Group reports:
  - Tax Identification Number (TIN) for which the report will be generated
  - Individual provider
  - Group: providers included in the MIPS Group
- Medicaid EP reports: Individual, Selected, or Taxonomy of providers
- Answers to all attestation questions.

Public Health Performance Measures are identified in the reports by an asterisk (\*). Yes/No Attestation Measures are indicated by a plus sign (+).

When generating patients lists for various measures, keep in mind that the lists can be 100s or 1000s of pages long depending on the size of the facility. If patient lists are needed, it is best to use the Delimited print option and view the list in Excel. The process for this is described in Section 3.0 of this manual.

#### 2.1.2 RPMS Menu Structure

The **APCM** menu is structured in a hierarchical style, beginning with the CMS Program (Medicare and Medicaid). Eligible Professional and Medicaid Hospital reports are under the Medicaid heading. MIPS Eligible Clinician, MIPS Group and Medicare Hospital reports are listed under the Medicare option.

The user may choose a Summary Report or Selected Measures within the specified reports. The **Selected Measures** option allows the user to choose a single or multiple measure, eliminating the need to run an entire report when focusing on a specific objective or measure(s). This choice will bypass attestation questions that are not pertinent to the selected measure(s).

Within the **Selected Measures** option for EP/EC and EH, the user can request Patient Lists. (There is no patient list option when running the MIPS Group Selected Measures report.) Patient lists may be used to display all patients who meet a measure, all who do not meet a measure, or both.

### 2.1.3 Attestation and Exclusion Questions

Some performance measures are not calculated using patient data but require attestation by an EP/EC or EH that an action, such as completion of a Security Risk Analysis, has been performed outside the RPMS database. Questions for these attested measures are included in the reports; responses are documented in the report output. Criteria for these Objectives and Measures are located at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>.

EPs/ECs and EHs who do not meet the criteria for certain measures may be eligible for exclusions from meeting those measures. Questions and calculations have been included in the reports to help determine whether providers and hospitals may claim exclusions for specific measures. Public Health Measures have specific requirements when attesting to Active Engagement with a Public Health Agency. The definition of Active Engagement is included in the Glossary.

Exclusions for Public Health Measures are specific to the measure and listed individually in the reports.

### 2.1.4 Performing Interoperability Performance Measure Menu

The Promoting Interoperability Reports menu begins with the Promoting Interoperability Program type displayed in Figure 2-1. After choosing the specific program, the reports options for that program are displayed (Figure 2-2 and Figure 2-3). Within those menus, the user has the option to request a Summary Reports (Section 2.2) or a Patient List (Section 2.2.5).

```

*****
**   Promoting Interoperability Reports   **
*****
                                Version 2.0
                                2019 DEMO HOSPITAL (INST)

MCD   Promoting Interoperability Reports - Medicaid ...
MCR   Promoting Interoperability Reports - MIPS/Medicare ...

Select Promoting Interoperability Reports <TEST ACCOUNT> Option:
    
```

Figure 2-1: Performing Interoperability Performance Reports options menu

```

*****
**   Promoting Interoperability Reports   **
**           Medicaid Reports             **
*****
                                Version 2.0
                                2019 DEMO HOSPITAL (INST)

MCEP  Promoting Interoperability MCD Report-EP
MCEL  Promoting Interoperability MCD Patient Lists-EP
MCEH  Promoting Interoperability MCD Report-EH
    
```

```
MCHL Promoting Interoperability MCD Patient Lists-EH
Select Promoting Interoperability Reports - Medicaid <TEST ACCOUNT> Option:
```

Figure 2-2: Medicaid Reports Menu

```
*****
** Promoting Interoperability Reports **
** MIPS/Medicare Reports **
*****
Version 2.0
2019 DEMO HOSPITAL (INST)

MREC Promoting Interoperability MIPS Report-EC
MREG Promoting Interoperability MIPS Group Report-EC
MREL Promoting Interoperability MIPS Patient Lists-EC
MREH Promoting Interoperability MCR Report-EH
MRHL Promoting Interoperability MCR Patient Lists-EH

Select Promoting Interoperability Reports - MIPS/Medicare <TEST ACCOUNT>
Option:
```

Figure 2-3: Medicare Reports Menu

## 2.2 Summary Report Generation

The Summary (Non-Patient List) format generates a report for the selected applicable program (Medicare or Medicaid) and provider type (EP/EC or EH), which includes all of the applicable measures for that program. The user is asked to provide the year for which they are demonstrating interoperability, the date range and the provider or hospital name. The user is also asked to respond to a series of questions about possible exclusions and to attest to actions that have been taken for measures that do not have calculated values.

### 2.2.1 Summary Report Navigation

Start the report by selecting a **Promoting Interoperability Report** option from the Main Menu for the Medicaid Reports (Figure 2-4) or Medicare Reports (Figure 2-5).

Select the EP, EC Group or EH Performance Report that does not include the Patient List:

```

*****
**   Promoting Interoperability Reports   **
**           Medicaid Reports             **
*****
                        Version 2.0
                    2019 DEMO HOSPITAL (INST)

MCEP  Promoting Interoperability MCD Report-EP
MCEL   Promoting Interoperability MCD Patient Lists-EP
MCEH  Promoting Interoperability MCD Report-EH
MCHL   Promoting Interoperability MCD Patient Lists-EH

Select Promoting Interoperability Reports - Medicaid <TEST ACCOUNT> Option:
    
```

Figure 2-4: Medicaid Reports Menu screen

```

*****
**   Promoting Interoperability Reports   **
**           MIPS/Medicare Reports       **
*****
                        Version 2.0
                    2019 DEMO HOSPITAL (INST)

MREC  Promoting Interoperability MIPS Report-EC
MREG  Promoting Interoperability MIPS Group Report-EC
MREL   Promoting Interoperability MIPS Patient Lists-EC
MREH  Promoting Interoperability MCR Report-EH
MRHL   Promoting Interoperability MCR Patient Lists-EH

Select Promoting Interoperability Reports - MIPS/Medicare <TEST ACCOUNT>
Option:
    
```

Figure 2-5: Medicare Reports Menu screen

Figure 2-6 displays a description of the report that appears along with a prompt asking whether to continue.

- Select **Yes** to advance to the next section of the report.
- Select **No** to return to the report selection menu.

```

*IHS Promoting Interoperability Medicare Reports for MIPS Eligible
Clinicians.*

The report can be run for 90 days, 1 year or a user defined time period.

Do you wish to continue to report? YES//
    
```

Figure 2-6: Summary Report Description screen

The user is prompted to enter the four-digit year for the report data (Figure 2-7).



```

Enter the Calendar Year for which report is to be run. Use a 4-digit
year, e.g. 2020.
Select Year: 2020 (2020)

```

Figure 2-7: Year Selection screen

A list of predefined and user-defined time frames displays. Enter the number that corresponds to the desired date range (Figure 2-8).

- A User Defined 90-Day Report begins on the date specified by the user and includes exactly 90 days of data. The end date displays on the report output.
- A Calendar Year report includes data for January 1 through December 31 (or the date the report is run, whichever is earlier) for the selected year.
- The User Defined Date Range begins and ends on the days specified by the user. It may include as little as one day of data. Both the beginning and ending dates must be within the calendar year selected.

```

Select one of the following:

      1  User Defined 90-Day Report
      2  Calendar Year
      3  User Defined Date Range

Select Report Period: (1-3):

```

Figure 2-8: Date Range Selection screen

- Additional Parameters for Eligible Hospital reports:

To run an EH report, select the admission calculation method (Figure 2-9) and specify the hospital. (Most locations will only have one hospital location from which to choose, and this name will be identified based on the user's RPMS login information.)

```

      Select one of the following:

      E      All Emergency Department
      O      Observation Method
Run the report using which method: E//  All Emergency Department

Select Hospital or CAH: 2013 DEMO HOSPITAL//  HEADQUARTERS WEST
ALBU
QUERQUE      01      DC HOSPITAL 8992

```

Figure 2-9: EH Calculation Method Selection screen

- Additional Parameters for MCEP and MREC reports are displayed in Figure 2-10.
  - EP reports may be run for one provider (**IP**), for several providers specified by the user when running the report (**SEL**), or for a pre-populated RPMS taxonomy list of providers (**TAX**).

- When **IP** and **SEL** are selected, the user will define the names of the providers.
- When **TAX** is selected, the Taxonomy will be specified.

```

Select one of the following:

      IP      Individual Provider
      SEL     Selected Providers (User Defined)
      TAX     Provider Taxonomy List

Enter Selection: Individual Provider

Enter the name of the provider for whom the Meaningful Use Report will be
run.

Enter PROVIDER NAME: FORM,JACK P  FORM,JACK P      JP

```

Figure 2-10: Provider Selection screen

- Additional parameters for the MIPS EC and MIPS GROUP Reports (Figure 2-11).
  - When running MIPS EC or MIPS Group reports the user must identify the Tax Identification Numbers (TINs) for which the report is being run.
  - Only TINs relevant to the providers selected will be available for selection.

```

Select all of the Tax Identification Numbers (TINs) for which this report
will be run. The response must be a list or range, e.g., 1,3,5 or 2-4,8

      1)  111111111 (2019 DEMO CLINIC (INST))
      2)  888888888 (2019 DEMO HOSPITAL (INST))
      3)  222222222 (2019 DEMO TRIBAL HOSPITAL)

Choose which TINs to include:  (1-3):

```

Figure 2-11: Tax Identification Number (TIN) Selection screen

- Additional Parameters for the MIPS Group Report.
  - When running MIPS Group reports, the user must identify whether they would like a summary report, a detailed report, or both (Figure 2-12). The detailed report will list all providers and individual results as well as totals for the group (TIN).

```

Do you want the Detailed report, the summary report or both?:  (D/S/B): S//

```

Figure 2-12: Summary or Detailed Report Selection screen

## 2.2.2 Simultaneous Attestation for Multiple Providers

Attestation for multiple providers can be accomplished two ways:

- Use the **SEL** option to select two or more providers (Figure 2-13), answer the questions for attestations and exclusions, and then generate individual reports.

- Use a taxonomy (pre-populated) list of providers (Figure 2-14). Instructions for developing and saving taxonomy lists are not included in this manual.

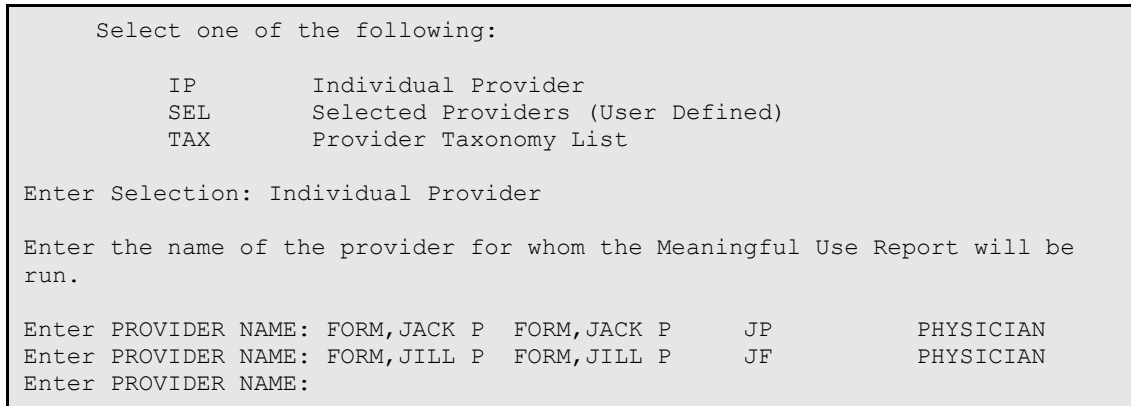


Figure 2-13: EP SEL (Multiple) Provider Selection screen

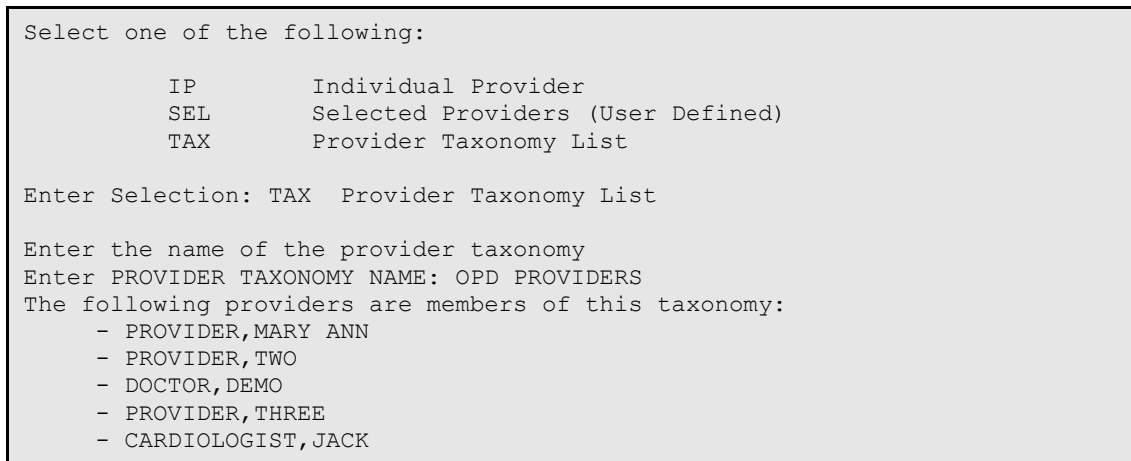


Figure 2-14: EP TAX (Taxonomy) Provider Selection screen

- Choose the appropriate patient type.

**Note:** As displayed in Figure 2-15, the default is set to Exclude DEMO Patients.

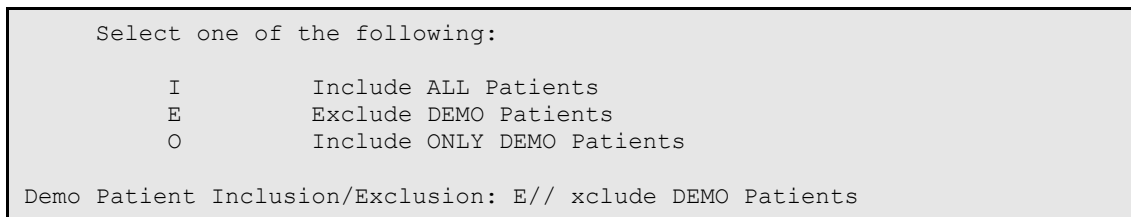


Figure 2-15: All Reports Patient Type Selection screen

- A series of attestation and exclusion questions, based on whether the report is for Medicare or Medicaid and provider type, display (Figure 2-16). Consult Promoting Interoperability requirements for each specific program to determine the effect that responses to these questions may have on an EP/EC's or EH's attestation.

Please answer the following exclusion and attestation questions for each TIN that has been selected.

Each of the questions below may be addressed for all TINs or individual TIN attestation.

Figure 2-16: Attestation Section screen

- A summary of the requested report will display the report title, the date range, and applicable provider lists, TINS and/or Hospital name included in the report (Figure 2-17).

Example:

SUMMARY OF PROMOTING INTEROPERABILITY MEDICARE MIPS GROUP REPORT TO BE GENERATED

The date ranges for this report are:

Report Period: Jan 01, 2020 to Dec 31, 2020

TINS: 111111111 (2019 DEMO CLINIC (INST))

888888888 (2019 DEMO HOSPITAL (INST))

Providers:

PROVIDER, ONE

PROVIDER, TWO

Press Enter to continue:

Figure 2-17: Summary of requested report for Medicare MIPS Group Report screen

- Specify the desired format of the report output. Options include to the computer screen, to a printer, or to a delimited file (Figure 2-18).

Please choose an output type. For an explanation of the delimited file, please see the user manual.

Select one of the following:

P Print Report on Printer or Screen

D Create Delimited output file (for use in Excel)

B Both a Printed Report and Delimited File

Select an Output Option: P// rint Report on Printer or Screen

DEVICE: HOME// Virtual

Figure 2-18: All Reports Output Type Selection screen

- The report will be generated and sent to the specified location.
  - When **Delimited Output File** is selected, a copy of the report may be sent to the pub directory on the database server or the user may log the session.
  - Contact local IT support services for assistance in retrieving the file(s).

### 2.2.3 Summary Report

The Summary Report displays all of the measures for the Medicaid/MIPS provider type and also displays responses to the attestation and exclusion questions.

- The first column lists the measure name.
- The second column displays the target goal as Yes or as a percentage value.
- The third column, Current Rate, displays the status of the hospital or provider in meeting that target goal.
- The fourth and fifth columns, Numerator and Denominator, are used to calculate the current rate. The sixth column indicates whether any exclusions have been met for that measure.

A sample of each of the five summary reports are displayed in Section 2.2.4.

### 2.2.4 Sample Summary Reports

Cover Page		
Date Report Run: Jul 20, 2020 Report Generated by: DEMO,USER		
Indian Health Service RPMS Suite (BCER) v4.0 *IHS Promoting Interoperability Medicare Performance Measure Report for Hospital & CAH's*		
This report displays the Medicare Promoting Interoperability performance		
measure results for Medicare Eligible Hospitals. Method: All Emergency Department Facility Name: DEMO HOSPITAL Report Period: Jan 01, 2020 to Dec 31, 2020		
RUN TIME (H.M.S): 0.0.26		
LB	Jul 20, 2020	Page 1
Indian Health Service RPMS Suite (BCER) v4.0 Hospital/CAH: DEMO HOSPITAL Method: All Emergency Department Report Period: Jan 01, 2020 to Dec 31, 2020		
----- MEDICARE EH/CAH PROMOTING INTEROPERABILITY PERFORMANCE REPORT SUMMARY -----		
	Current	Excl

Performance Measures	Target	Rate	Num	Den	Met
Security Risk Analysis+	Yes	Yes	N/A	N/A	N/A
e-Prescribing (e-Rx)	>0	88.40%	12,830	14,514	No
e-Prescribing PDMP Bonus+	Yes	Yes	N/A	N/A	N/A
Health Information Exchange (HIE)					
Referral Summary of Care	>0	66.20%	100	151	N/A
Clinical Info Reconciliation	>0	50.00%	50	100	N/A
Prov to Pat Exchange (PPE)	>0	95.76%	8,113	8,472	N/A
Public Health and Clinical Data Exchange					
Syndromic Surveillance**	Yes	Yes	N/A	N/A	No
Immunization Registries**	Yes	Yes	N/A	N/A	No
Electronic Case**	Yes	Yes	N/A	N/A	No
Public Health Registry**	Yes	Yes	N/A	N/A	No
Clinical Data Registry**	Yes	Yes	N/A	N/A	No
Multiple CDR**	Yes	No	N/A	N/A	No
Reportable Labs**	Yes	Yes	N/A	N/A	No
* Indicates Public Health Performance Measure.					
+ Indicates Yes/No Attestation Measure. The Yes or No displayed in the Current Rate Column is based on user input when generating the report.					

Figure 2-19: Medicare Hospital (EH) Summary Report screen

```

Cover Page

Date Report Run: Jul 21, 2020
Report Generated by: Quality, Manager

Indian Health Service RPMS Suite (BCER) v4.0
*IHS Medicare MIPS Eligible Clinician Promoting Interoperability
Performance Report

This report displays the Medicare MIPS Promoting Interoperability
performance
measure results for Medicare MIPS Eligible Clinicians
Tax Identification Numbers (TINs):
111111111 (DEMO HOSPITAL)
Report Period: Jan 01, 2020 to Dec 31, 2020

Report for:
DOCTOR, VAN MD

RUN TIME (H.M.S): 0.0.11

LB Jul 21, 2020 Page 1

Indian Health Service RPMS Suite (BCER) v4.0
Provider Name: DOCTOR, VAN MD
TIN: 111111111
Report Period: Jan 01, 2020 to Dec 31, 2020

-----
PROMOTING INTEROPERABILITY MEDICARE MIPS EC PERFORMANCE REPORT
-----

```

Exclance Measures	Target	Current		Den	Met
		Rate	Num		
Security Risk Analysis+	Yes	Yes	N/A	N/A	N/A
e-Prescribing (e-Rx)	>0	67.32%	2,225	3,305	N/A
e-Prescribing PDMP Bonus+ +	Yes	Yes	N/A	N/A	N/A
Health Information Exchange (HIE) Support Electronic Referral Loops by:					
Sending Health Info	>0	37.03%	10	27	Yes#
Clinical Info Reconciliation	>0	10.00%	1	10	Yes#
Prov to Pat Exchange (PPE)	>0	95.34%	552	579	N/A
Public Health and Clinical Data Exchange					
Immunization Registries**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	No	N/A	N/A	No
Syndromic Surveillance**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	Yes	N/A	N/A	No
Electronic Case Reporting**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	No	N/A	N/A	No
Public Health Registry*					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	Yes	N/A	N/A	No
Clinical Data Registry**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	Yes	N/A	N/A	No

\* Indicates Public Health Performance Measure.  
 + Indicates Yes/No Attestation Measure. The Yes or No displayed in the Current Rate Column is based on user input when generating the report.  
 # Sending Health Info: The MIPS EC transferred/referred < 100 times  
 # Clinical Info Reconciliation: The MIPS EC had <100 new pts/transitions

Figure 2-20: Medicare/MIPS EC Summary Report screen

```

Cover Page

Date Report Run: Jul 21, 2020
Report Generated by: Quality, Manager

Indian Health Service RPMS Suite (BCER) v4.0
*IHS Medicare MIPS Group Performance Report*
This report displays the Medicare MIPS Promoting Interoperability
performance
measure results for Medicare MIPS Eligible Clinicians
Tax Identification Numbers (TIN):
111111111 (DEMO HOSPITAL)
Report Period: Jan 01, 2020 to Dec 31, 2020

Report for:
DOCTOR, VAN MD DOCTOR, CHRISTINA W
    
```

RUN TIME (H.M.S): 0.0.12

LB Jul 21, 2020 Page 1

Indian Health Service RIMS Suite (BCER) v4.0  
 TIN: 111111111 (DEMO HOSPITAL)  
 Report Period: Jan 01, 2020 to Dec 31, 2020

PROMOTING INTEROPERABILITY MEDICARE MIPS GROUP PERFORMANCE REPORT

Performance Measures	Target	Current Rate	Num	Den	Excl Met
Security Risk Analysis+	Yes	Yes	N/A	N/A	N/A
e-Prescribing (e-Rx) (Group)	>0	68.74%	4,319	6,283	N/A
e-Prescribing PDMP Bonus+	Yes	Yes	N/A	N/A	N/A
Health Information Exchange (HIE) Support Electronic Referral Loops by:					
Sending Health Info (Group)	>0	0.00%	0	48	Yes#
Clinical Info Reconciliatio (Group)	>0	0.00%	0	0	Yes#
Prov to Pat Exchange (PPE) (Group)	>0	96.67%	1,046	1,082	N/A
Public Health and Clinical Data Exchange					
Immunization Registries**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	Yes	N/A	N/A	No
Syndromic Surveillance**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	No	N/A	N/A	No
Electronic Case Reporting**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	No	N/A	N/A	No
Public Health Registry**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	Yes	N/A	N/A	No
Clinical Data Registry**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	No	N/A	N/A	No

\* Indicates Public Health Performance Measure.  
 + Indicates Yes/No Attestation Measure. The Yes or No displayed in the Current Rate Column is based on user input when generating the report.  
 # Sending Health Info: The MIPS EC transferred/referred < 100 times

LB Jul 21, 2020 Page 1

Indian Health Service RIMS Suite (BCER) v4.0  
 TIN: 111111111 (DEMO HOSPITAL)  
 Report Period: Jan 01, 2020 to Dec 31, 2020

PROMOTING INTEROPERABILITY MEDICARE MIPS GROUP PERFORMANCE REPORT

Current Excl



Performance Measures	Target	Rate	Num	Den	Met
Security Risk Analysis+	Yes	Yes	N/A	N/A	N/A
e-Prescribing (e-Rx) (Group)	>0	68.74%	4,319	6,283	N/A
DOCTOR,VAN MD	>0	67.32%	2,225	3,305	Yes#
DOCTOR,CHRISTINA W	>0	70.32%	2,094	2,978	Yes#
e-Prescribing PDMP Bonus+	Yes	Yes	N/A	N/A	N/A
Health Information Exchange (HIE) Support Electronic Referral Loops by:					
Sending Health Info (Group)	>0	0.00%	0	48	Yes#
DOCTOR,VAN MD	>0	0.00%	0	27	Yes#
DOCTOR,CHRISTINA W	>0	0.00%	0	21	Yes#
Clinical Info Reconciliatio (Group)	>0	0.00%	0	0	Yes#
DOCTOR,VAN MD	>0	0.00%	0	0	Yes#
DOCTOR,CHRISTINA W	>0	0.00%	0	0	Yes#
Prov to Pat Exchange (PPE) (Group)	>0	96.67%	1,046	1,082	N/A
DOCTOR,VAN MD	>0	95.34%	552	579	N/A
DOCTOR,CHRISTINA W	>0	98.22%	497	506	N/A
Public Health and Clinical Data Exchange					
Immunization Registries**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	Yes	N/A	N/A	No
Syndromic Surveillance**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	No	N/A	N/A	No
Electronic Case Reporting**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	No	N/A	N/A	No
Public Health Registry**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	Yes	N/A	N/A	No
Clinical Data Registry**					
Single	Yes	Yes	N/A	N/A	No
Multiple	Yes	No	N/A	N/A	No
* Indicates Public Health Performance Measure.					
+ Indicates Yes/No Attestation Measure. The Yes or No displayed in the Current Rate Column is based on user input when generating the report.					
# e-Prescribing (e-Rx): The MIPS EC wrote < 100 prescriptions					
# Sending Health Info: The MIPS EC transferred/referred < 100 times					
# Clinical Info Reconciliation: The MIPS EC had <100 new pts/transitions					

Figure 2-21: Medicare/MIPS Group Detail Report screen

<p>Cover Page</p> <p>Date Report Run: Jul 21, 2020                  Report Generated by: QUALITY, MANAGER</p> <p>Indian Health Service RPMS Suite (BCER) v2.0                  *IHS Medicaid Promoting Interoperability (PI) Program performance                  measure results for Medicaid Eligible Professionals*</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

This report displays the Medicaid Promoting Interoperability performance measure results for Medicaid Eligible Providers.  
 Report Period: Jan 01, 2020 to Dec 31, 2020

Report for:  
 DOCTOR, CHRISTINA W

RUN TIME (H.M.S): 0.0.38

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Indian Health Service RPMS Suite (BCER) v2.0  
 Provider Name: DOCTOR, CHRISTINA W  
 Report Period: Jan 01, 2020 to Dec 31, 2020

-----  
 PROMOTING INTEROPERABILITY MEDICAID ELIGIBLE PROFESSIONAL PERFORMANCE REPORT  
 -----

Performance Measures	Target	Current Rate	Num	Den	Excl Met
Security Risk Analysis+	Yes	Yes	N/A	N/A	N/A
e-Prescribing (e-Rx) pharmacy	>60%	70.25%	2,095	2,982	No P
Clinical Decision Support (CDS)+					
Implement 5 CDS Intervention+	Yes	Yes	N/A	N/A	N/A
Drug-Drug Interaction Check+	Yes	Yes	N/A	N/A	N/A
Computerized Provider Order Entry					
CPOE Medications	>60%	98.80%	2,893	2,928	N/A
CPOE Laboratory	>60%	99.22%	3,294	3,320	N/A
COPE Radiology	>60%	100.00%	242	242	N/A
Patient Electronic Access					
PEA - Timely Access	>80%	97.63%	494	506	No
PEA - Patient Specific Education	>35%	0.00%	0	506	No
Coordination of Care Through Patient Engagement					
CCPE - View, Download, Transmit	>5%	0.00%	0	506	No
CCPE - Secure Messaging	>5%	0.00%	0	506	No
CCPE - Patient Generated Info	>5%	0.00%	0	506	No
Health Information Exchange (HIE) Support Electronic Referral Loops by:					
Sending Health Info	>50%	0.00%	0	21	Yes#
Incorporate Summary of Care	>40%	0.00%	0	23	Yes#
Clinical Reconciliation	>80%	95.65%	22	23	Yes#
Public Health					
Immunization Registries**	Yes	Yes	N/A	N/A	No
Syndromic Surveillance**	Yes	Yes	N/A	N/A	No
Electronic Case**	Yes	Yes	N/A	N/A	No
Public Health Registry**	Yes	Yes	N/A	N/A	No
Multiple PH Reg*	Yes	Yes	N/A	N/A	No
PDMP+	Yes	No	N/A	N/A	N/A
Clinical Data Registry**	Yes	N/A	N/A	N/A	Yes
Multiple CDR Reg*	Yes	N/A	N/A	N/A	Yes

\* Indicates Public Health Performance Measure.  
 + Indicates Yes/No Attestation Measure. The Yes or No displayed in the Current Rate Column is based on user input when generating the report.

```
# Sending Health Info: The EP transferred/referred < 100 times
# Clinical Reconciliation: The EP had <100 new pts/transitions
# Incorporate Summary of Care: The EP had <100 new pts/transitions
```

Figure 2-22: Medicaid EP Summary Report screen

### 2.2.5 Patient List Report Generation

The Patient List format generates a report for the provider type that can include one, several, or all applicable measures. Patient lists may be run for patients who meet the measure, do not meet the measure, or both.

The primary difference between the Patient List Report and the Summary Report is the ability to select particular measures and to specify which, if any, patient lists to include. Attestation and exclusion questions are displayed only for the measures selected.

### 2.2.6 Patient List Access Key

The key APCMZ PATIENT LISTS is needed to access Patient List reports. The facility’s site manager must assign this key to the local Promoting Interoperability Coordinator and other individuals as appropriate.

### 2.2.7 Patient List Report Navigation

1. Select a **Performance Reports** option from the Main Menu.
2. Select the **EP or EH Performance Reports** option that includes the Patient List as displayed in Figure 2-23 and Figure 2-24.

```
*****
** Promoting Interoperability Reports **
** Medicaid Reports **
*****
Version 2.0
2019 DEMO HOSPITAL (INST)

MCEP Promoting Interoperability MCD Report-EP
MCEL Promoting Interoperability MCD Patient Lists-EP
MCEH Promoting Interoperability MCD Report-EH
MCHL Promoting Interoperability MCD Patient Lists-EH

Select Promoting Interoperability Reports - Medicaid <TEST ACCOUNT> Option:
```

Figure 2-23: Medicaid Reports Menu screen

```
*****
** Promoting Interoperability Reports **
** MIPS/Medicare Reports **
*****
Version 2.0
2019 DEMO HOSPITAL (INST)
```

```

MREC Promoting Interoperability MIPS Report-EC
MREG Promoting Interoperability MIPS Group Report-EC
MREL Promoting Interoperability MIPS Patient Lists-EC
MREH Promoting Interoperability MCR Report-EH
MRHL Promoting Interoperability MCR Patient Lists-EH

Select Promoting Interoperability Reports - MIPS/Medicare <TEST ACCOUNT>
Option:

```

Figure 2-24: Medicare Reports Menu screen

A description of the report displays along with a prompt whether to continue (Figure 2-25).

- Select **Yes** to continue to the next section of the report.
- Select **No** to return to the report selection menu.

```

This report displays the Medicaid Promoting Interoperability (PI) Program
performance measure results for Medicaid Eligible Professionals.

The report can be run for 90 days, 1 year or a user defined time period.

Do you wish to continue to report? YES//

```

Figure 2-25: Summary Report Description screen

- An option displays asking whether to select from a list of measures or to select all of the measures (Figure 2-26). Select **S One or More Performance Measures** to advance to the Patient List selection option.

```

Select one of the following:

      S      One or More Performance Measures
      A      All Performance Measures

Run the report on: S// S One or More Performance Measures

```

Figure 2-26: All Patient List Reports Selection option screen

After selecting **S One or More Performance Measures**, a list of measures similar to Figure 2-27 displays. The measures displayed are determined by applicable program (Medicaid/Medicare) and provider type (EH, EP, EC).

```

PERFORMANCE MEASURE SELECTION Jul 21, 2020 11:25:59      Page: 1 of 2
IHS Promoting Interoperability Performance Reports
* indicates the Performance Measure has been selected

1) Security Risk Analysis
2) e-Prescribing
3) Clinical Decision Support (CDS)
4) Drug-Drug Interaction Check
5) CPOE Medications
6) CPOE Laboratory

```

```

7) CPOE Radiology
8) PEA - Timely Access
9) PEA - Patient Specific Education
10) CCPE - View, Download, Transmit
11) CCPE - Secure Messaging
12) CCPE - Patient Generated Information
13) Summary of Care (HIE)
14) Incorporate Summary of Care (HIE)
15) Clinical Information Reconciliation (HIE)
16) Immunization Registries Data Submission*
+      Enter ?? for more actions
S      Select Measure      D      De Select Measure
Select Action:+//

```

Figure 2-27: Stage 2 EP Report – Specific Measure Selection screen

### 2.2.7.1 Measure Selection Process

Basic steps:

1. To select a measure type **S**.
2. Press Enter.
3. Select the number(s) of the desired measure(s), for example, 1 or 8-14 or 8,9.
4. Select **Q** to continue to the next screen.

This list may not display all measures on a single page.

5. Press Enter to scroll to the end of the list.
  - To view the second page of the list type a plus sign (+) and press Enter.
  - To go back to Page 1, type a minus sign (-) and press Enter.
  - All measures for the selected report will display, even if no patient list is associated with the measure.
  - Selected measures are indicated with an asterisk (\*).
6. After making the selections, choose **Q** to exit and proceed to the Patient List Selection screen.

#### 2.2.7.1.1 Selection Controls

- **S Select Measure**

Selecting this control at the “Select Action:+//” prompt displays a second prompt, asking for the measure number(s). Enter a single number, a range of consecutive numbers using a dash (3-6), or a list separated by commas (3,6,8).

- **Q Quit**

Selecting this control at the “Select Action:+//” prompt exits the selection screen and display the Patient List Selection screen.

- **D Deselect Measure**

Selecting this control at the “Select Action:+//” prompt displays a second prompt asking for the measure number(s) that should be deselected. Enter a single number, a range of consecutive numbers using a dash (3-6), or a list separated by commas (3,6,8).

### 2.2.7.2 Measure Patient List Selection Process

Basic steps:

1. To select Patient Lists for all of the measures, select **A** and then **Q**.
2. To select Patient Lists for some of the measures:
  - a. Select **S**.
  - b. Press Enter.
  - c. Select the desired number(s).
  - d. Select **Q** to continue to the next screen.

This list may not display all measures on a single page.

3. Select Enter to scroll to the end of the list.

Only measures with an associated patient list selected for the report will display. If a measure without an associated patient list has been selected, attestation and/or exclusion, questions will appear on screen, and the responses will be included in the report output.

Selected measures are indicated by an asterisk (\*).

4. After making selections, select **Q** to exit the selection screen and proceed to the Patient List Selection options.

#### 2.2.7.2.1 Selection Controls

- **S Select List**

Selecting this control at the “Select Action:+//” prompt displays a second prompt asking for the list number(s). Enter a single number, a range of consecutive numbers using a dash (3-6), or a list separated by commas (3,6,8).

- **A All Lists**

Choosing this control at the “Select Action:+//” prompt automatically selects all of the displayed measures.

- **D Deselect List**

Selecting this control at the “Select Action:+//” prompt displays a second prompt asking for the list number(s) to de-select. Enter a single number, a range of consecutive numbers using a dash (3-6), or a list separated by commas (3,6,8).

- **Q Quit**

Choosing this control at the “Select Action:+//” prompt exits the selection screen and display the Patient List Selection screen.

### 2.2.7.3 Measures with an Associated Patient List

Measures with an associated patient list may have more than one list available. Most measures have two lists, one that displays patients who meet the measure and one that displays patients who do not meet the measure (Figure 2-28 and Figure 2-29). Specify for each measure which available patient list(s) should be included in the report.

```
Please select one or more of these report choices within the
CPOE Medications objective.
Patients with Medication Orders
Which item(s): (1-1): 1
```

Figure 2-28: Single Patient List Selection screen

```
Please select one or more of these report choices within the
Summary of Care (HIE) objective.
Referrals w/Summary of Care Created and Exchanged Electronically2)
Referrals w/Summary of Care NOT Created and Exchanged Electronically
Which item(s): (1-2): 1,2
```

Figure 2-29: Two Patient List Selection screen

When all of the patient lists have been specified, enter the year for the report data.

```
Enter the Calendar Year for which report is to be run. Use a 4-digit year
e.g., 2020: 2020
```

Figure 2-30: Stage 2 EH Patient List Year Selection screen

The remainder of the report navigation is identical to that of the Summary Report.

## 2.2.8 Patient Lists for Specific Measures

The Patient List will only display for the measures selected during report generation.

A list of key elements for each patient is displayed. Figure 2-31 provides an example of a patient list where the measure was met. Figure 2-32 lists patients where the measure was not met. This display varies, depending on the data elements necessary to calculate each measure.

```

***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
LAB                               Jul 21, 2020                               Page 1

*Medicaid EP Promoting Interoperability Performance Report*
  2019 DEMO HOSPITAL (INST)
  PROVIDER: PROVIDER,ONE
  Reporting Period: Jan 01, 2020 to Dec 31, 2020
-----
Referrals w/Summary of Care Created and Exchanged Electronically List of
transitions in care and referrals to another care setting or provider made
by the provider during the reporting period where a summary of care was
provided and receipt acknowledged.

PATIENT NAME          HRN      Eligible Provider          COMMUNITY    SEX  AGE
-----
TESTPATIENT,LAVON    991963 PROVIDER,ONE          RAPID CITY
F 56
  Referral: JUN 09, 2020-2321021301772      ACK: Jun 09, 2020
  Referral: JUN 29, 2020-2321021301782      ACK: Jun 29, 2020
  Referral: JUL 04, 2020-2321012000021      ACK: Jul 04, 2020
TESTPATIENT,TOM      991982 PROVIDER,ONE          BLACK EAGLE  M   37
  Referral: JUN 09, 2020-2321021301774      ACK: Jun 09, 2020
  Referral: JUN 29, 2020-2321021301784      ACK: Jun 29, 2020
TESTPATIENT,ELSA    991968 PROVIDER,ONE          TUCSON      F   51
  Referral: JUN 13, 2020-2321012000008      ACK: Jun 13, 2020
  Referral: JUN 29, 2020-2321012000011      ACK: Jun 29, 2020
  Referral: JUL 08, 2020-2321021301790      ACK: Jul 08, 2020

Total # on list: 8
    
```

Figure 2-31: Patient List – Met Measure screen

```

***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
*****
LAB                               Jul 21, 2020                               Page 2

*Medicaid EP Promoting Interoperability Performance Report*
  2019 DEMO HOSPITAL (INST)
  PROVIDER: PROVIDER,ONE
  Reporting Period: Jan 01, 2020 to Dec 31, 2020
-----
Referrals w/Summary of Care NOT Created and Exchanged Electronically List
of transitions in care and referrals to another care setting or provider
made by the provider during the reporting period where a summary of care
was NOT provided.

PATIENT NAME          HRN      Eligible Provider          COMMUNITY    SEX  AGE
-----
TESTPATIENT,MAI     991994 PROVIDER,ONE          SHELTON      F   25
  Referral: JUN 09, 2020-2321021301773
  Referral: JUN 29, 2020-2321021301783
TESTPATIENT,TOM      991982 PROVIDER,ONE          BLACK EAGLE  M   37
  Referral: JUN 11, 2020-2321012000002
TESTPATIENT,ELSA    991968 PROVIDER,ONE          TUCSON      F   51
  Referral: JUN 10, 2020-2321021301775
  Referral: JUN 29, 2020-2321021301785

Total # on list: 5
    
```

Figure 2-32: Patient List – Did Not Meet Measure screen



## 3.0 Using Delimited File Output

A delimited output file may be generated with or without a screen output file. The delimited file may then be opened as a text file or imported into Excel or other programs to view as a spreadsheet.

Screenshots for the Excel import are taken using Excel for Microsoft Office Professional 2010. Other versions may differ in appearance but will have the import function available.

### 3.1 Delimited Files

A delimited file has a marker showing the limits of information fields. These files are frequently used when data produced by one program needs to be read by another program. Delimiter markers are generally a character such as a comma, a pipe (|), or an asterisk (\*). RPMS uses the caret or up-hat (^) character as a delimiter.

### 3.2 Creating a Delimited File Report

When generating any of the performance measure reports, specify the desired format of the report output (to the computer screen, a printer, and/or a delimited file).

- Selecting **D** or **B** generates a delimited report and sends it as described below (Figure 3-1).
  - **D** – This report may be sent to a file directory or displayed on the computer monitor screen or captured as a session log.
  - **B** – This report is sent to both a printer and a file directory.
  - Delimited output files are sent to the pub directory on the database server.
  - Contact local IT support services for assistance in retrieving the file(s).

```

Please choose an output type. For an explanation of the delimited
file, please see the user manual.

    Select one of the following:

        P          Print Report on Printer or Screen
        D          Create Delimited output file (for use in Excel)
        B          Both a Printed Report and Delimited File

Select an Output Option: P// D
    Select one of the following:

        P          Print Report on Printer or Screen
        D          Create Delimited output file (for use in Excel)
        B          Both a Printed Report and Delimited File

Select an Output Option: P// D Create Delimited output file (for use in
Excel)

```

Figure 3-1: Reports Output Type Selection – D Created Delimited Output File screen

- **S** – This report will be displayed on the computer monitor (Figure 3-2).
- **F** – This report will be sent to the pub directory on the database server.

```

Select an Output Option: P// D Create Delimited output file (for use in
Excel)

You have selected to create a delimited output file. You can have this
output file created as a text file in the pub directory, OR you can have
the delimited output display on your screen so that you can do a file
capture. Keep in mind that if you choose to do a screen capture you CANNOT
Queue your report to run in the background!!

    Select one of the following:

        S          SCREEN - delimited output will display on screen for capture
        F          FILE - delimited output will be written to a file in pub

Select output type: S//

```

Figure 3-2: Delimited Output Type Selection screen

1. Type a name for the output file, up to 40 characters (Figure 3-4).
2. Press Enter.

```

Select the output type S// FILE - delimited output will be written to a
file in pub
Enter a filename for the delimited output (no more than 40 characters):

```

Figure 3-3: Delimited Output Filename Prompt screen

A file name verification prompt displays with an option to queue the report generation (Figure 3-4).

```
Select output type: S// FILE - delimited output will be written to a file
in pub
Enter a filename for the delimited output (no more than 40 characters):
DELIMITED-JACK-FORM
```

Figure 3-4: Delimited Output File Name screen

3. Select **Yes** to choose a time to begin report generation (Figure 3-5).

```
When the report is finished your delimited output will be found in the
E:\EHR\ directory. The filename will be DELIMITED-JACK-FORM.txt

Won't you queue this ? Y//
```

Figure 3-5: Delimited Output Queue Prompt screen

4. Select **NOW** to start the report generation and return to the report selection menu (Figure 3-6).

```
Won't you queue this ? Y// ES
Requested Start Time: NOW//
```

Figure 3-6: Delimited Output Queue Start Prompt screen

5. Go into **Windows Explorer** and navigate to the RPMS pub directory to verify the file was generated. It will be a text (.txt) file. Sorting by date moves the file to the top of the window.

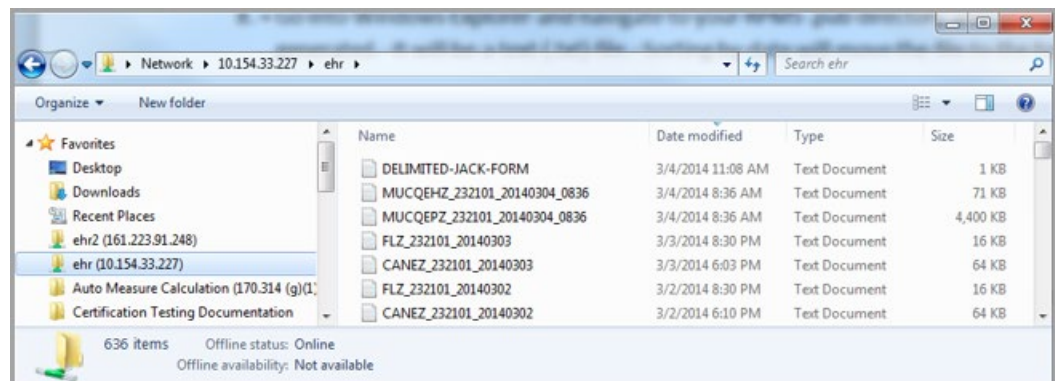


Figure 3-7: Windows Explorer – File Output window

- Several options are available at this point:
  - Rename the file.
  - Move the file.
  - Open the file as a text file.

**Note:** The caret or up-hat (^) character separates the data columns.

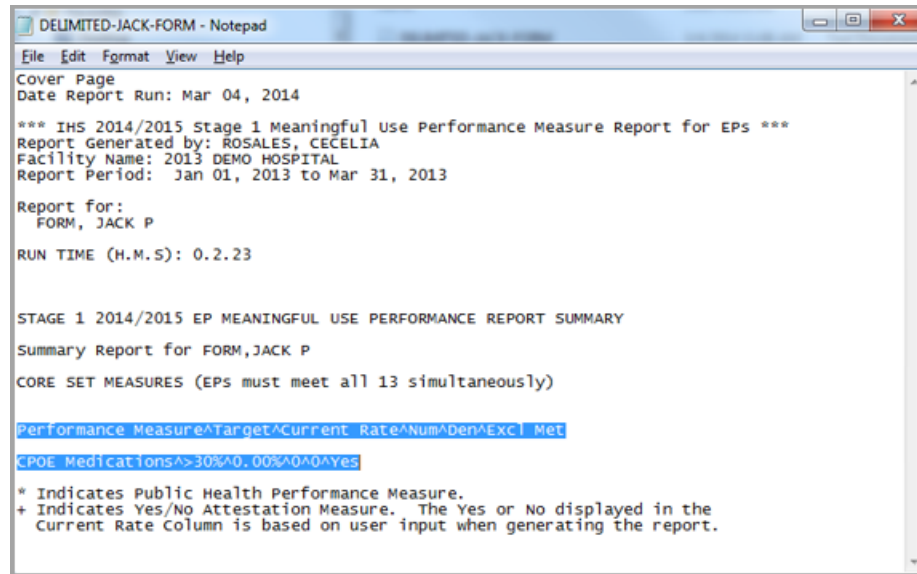


Figure 3-8: Delimited Text File Output window

6. Open a new Excel file.
7. Navigate to the **Data** menu (Figure 3-9).

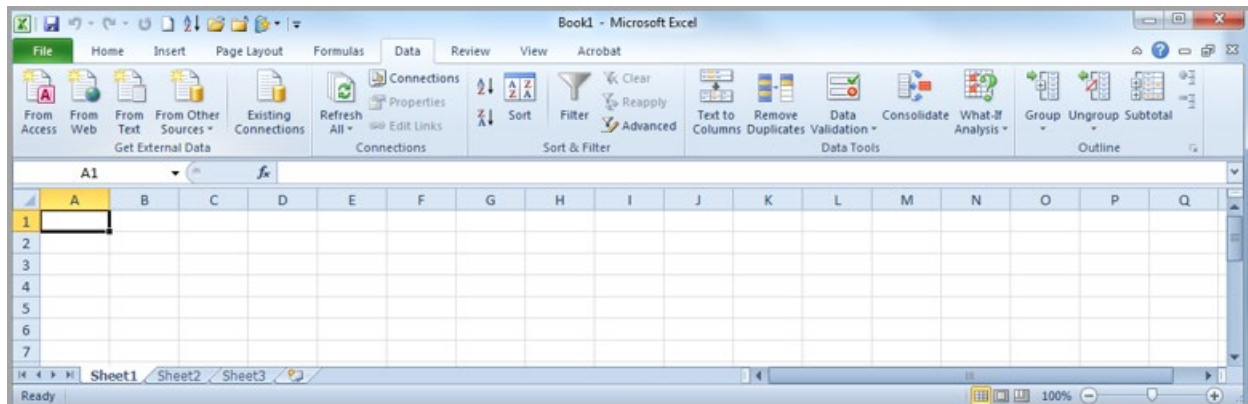


Figure 3-9: Excel Data Menu window

8. Choose to import from a text file.
9. Navigate to the **Report** file.
10. Select **Import** (Figure 3-10).

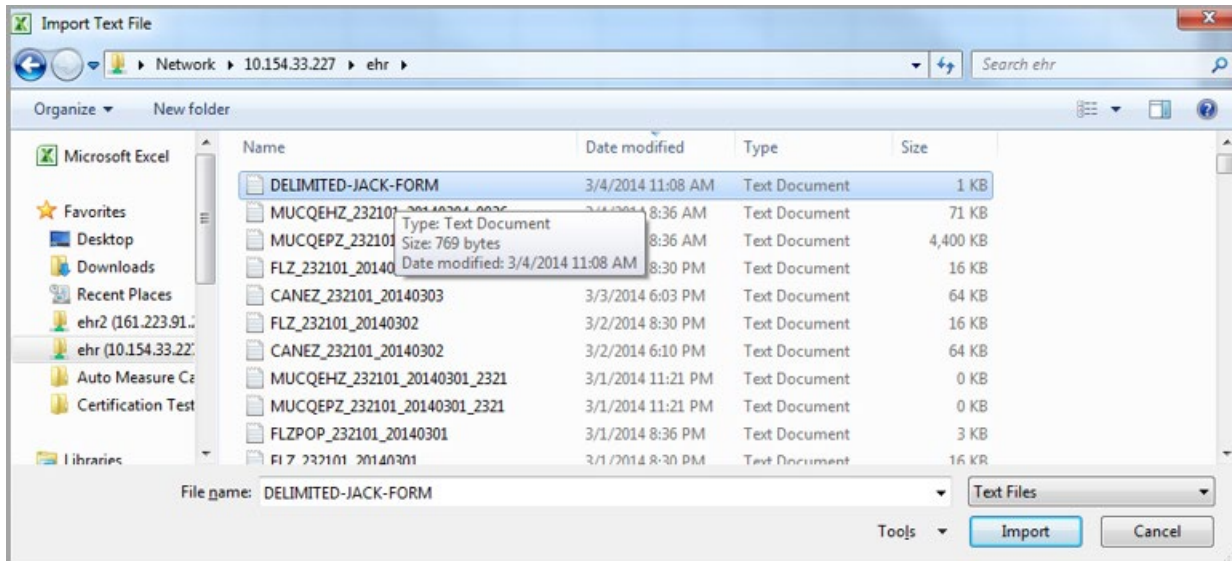


Figure 3-10: Excel Text File Import selection window

11. Select **Delimited** from the **Import** menu.
12. Select **Next** (Figure 3-11).

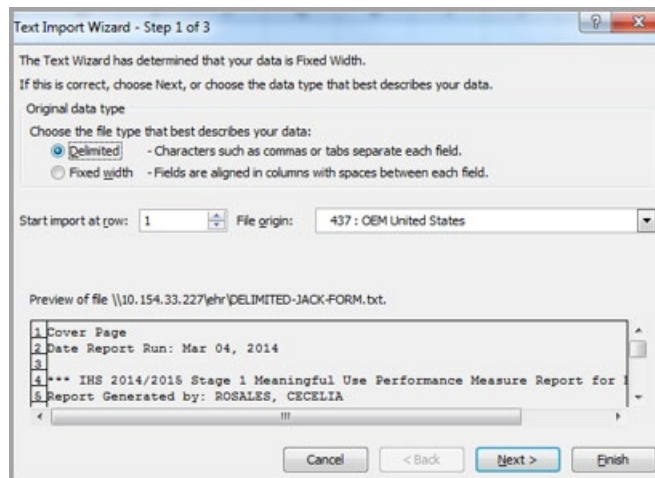


Figure 3-11: Text Import Wizard – Step 1 window

13. Select the **Other field**.
14. Type a caret (^) in the **Other field**.
15. Select **Next** (Figure 3-12).

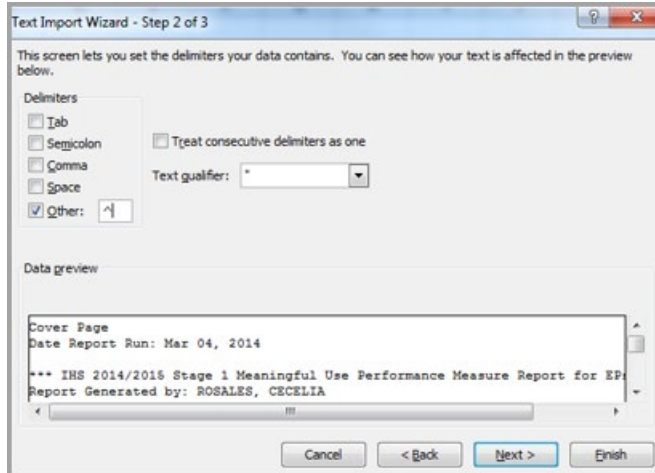


Figure 3-12: Text Import Wizard – Step 2 window

16. Select **Finish** (Figure 3-13).

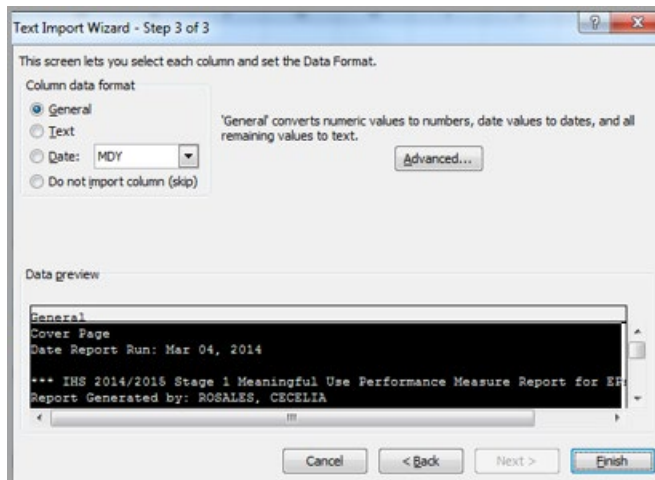


Figure 3-13: Text Import Wizard – Step 3 window

17. Specify where the data should be exported.

The report is imported into the Excel file (Figure 3-14).

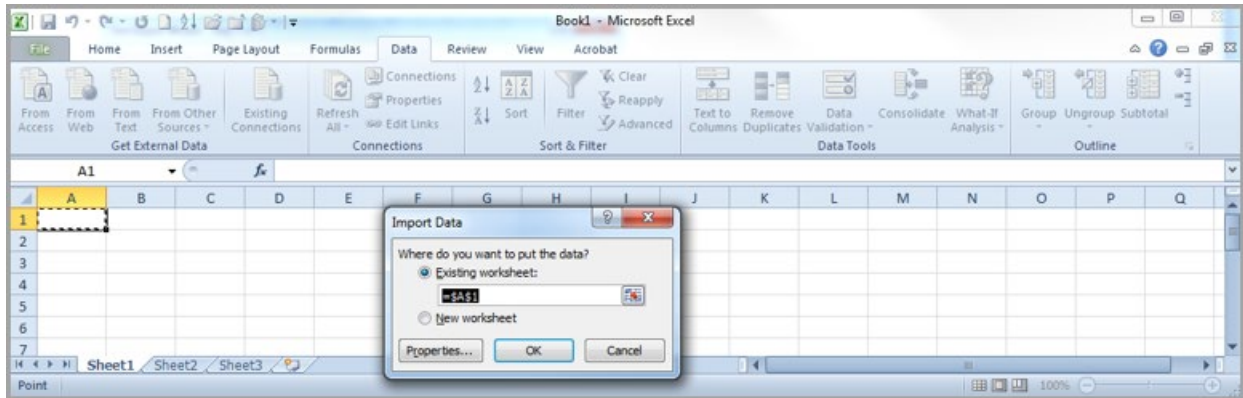


Figure 3-14: Text Import Placement Verification window

18. Save the file and adjust column widths as needed.

Patient list rows may be highlighted as a group, then sorted alphabetically for ease of navigation.

## Appendix A Resources

### Promoting Interoperability:

- Center for Medicare and Medicaid Services:

Medicare and Medicaid Promoting Interoperability Program Basics

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Basics>

2020 Medicare Program Requirements

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2020ProgramRequirementsMedicare>

2020 Medicaid Program Requirements

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2020ProgramRequirementsMedicare>

2020 Medicare Hospital Specification Sheets

<https://www.cms.gov/files/document/medicare-eh-2020-hospitals-table-contents.pdf>

2020 Medicaid Eligible Professional Specification Sheets

<https://www.cms.gov/files/document/medicaid-ep-2020-table-contents.pdf>

CMS Promoting Interoperability Educational Resources

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials>

State Medicaid Information

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/MedicaidStateInfo>

- Quality Payment Program:

MIPS Promoting Interoperability Measures Requirements

<https://qpp.cms.gov/mips/promoting-interoperability>

- Indian Health Service:

Promoting Interoperability (PI)

<https://www.ihs.gov/promotinginteroperability/>

Patient Volume Calculations

<https://www.ihs.gov/promotinginteroperability/patientvolgen/>



## Appendix B Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is **FOR OFFICIAL USE ONLY**. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (ROB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS Web site:

<https://home.ihs.gov/security/index.cfm><http://security.ihs.gov/>.

<p><b>Note:</b> Users must be logged on to the IHS D1 Intranet to access these documents.</p>
-----------------------------------------------------------------------------------------------

The ROB listed in the following sections are specific to RPMS.

### B.1 All RPMS Users

In addition to these rules, each application may include additional ROB that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

#### B.1.1 Access

RPMS users shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not

- Retrieve information for someone who does not have authority to access the information.
- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

### B.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

### B.1.3 Accountability

RPMS users shall

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO).
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.

- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

#### B.1.4 Confidentiality

RPMS users shall

- Be aware of the sensitivity of electronic and hard copy information, and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

#### B.1.5 Integrity

RPMS users shall

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

### B.1.6 System Logon

RPMS users shall

- Have a unique User Identification/Account name and password.
- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

### B.1.7 Passwords

RPMS users shall

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.

- Give a password out over the phone.

### B.1.8 Backups

RPMS users shall

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

### B.1.9 Reporting

RPMS users shall

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

### B.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

RPMS users shall

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

### B.1.11 Hardware

RPMS users shall

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.

- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not

- Eat or drink near system equipment.

### B.1.12 Awareness

RPMS users shall

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

### B.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS users shall

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not

- Disable any encryption established for network, internet, and Web browser communications.

## B.2 RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

## B.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and backup files.



- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.
- Shall follow industry best standards for systems they are assigned to, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

## Glossary

### @ Symbol

This symbol (Shift+2) has two functions: (1) to delete an entry and (2) to separate a date and time.

### Active Engagement

**Active Engagement** – The EP/EC/EH is in the process of moving towards sending "production data" to a PHA or CDR, or is sending production data to a PHA or CDR.

**Active Engagement Option 1** – Completed Registration to Submit Data: The EP/EC/EH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP/EC/EH is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows EPs to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. EP/EC/EHs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

**Active Engagement Option 2** – Testing and Validation: The EP/EC/EH is in the process of testing and validation of the electronic submission of data. EP/EC/EHs must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that EP not meeting the measure.

**Active Engagement Option 3** – Production: The EP/EC/EH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

**Production Data:** – Data generated through clinical processes involving patient care. This term is used to distinguish between data and test data, which may be submitted to test electronic data transfers.

### All Emergency Department

The All Emergency Department and the Observation Methods are the two methods introduced in Stage 1 that can be used to calculate admissions to an eligible hospital (EH) or critical access hospital (CAH).

The All Emergency Department method includes all patients admitted to the inpatient department (POS 21) either directly or through the emergency department and all patients receiving services in the emergency department (POS 23). The All Emergency Department method does not include patients who initially present to the emergency department (POS 23) and receive observation services. Details on observation services can be found in the Medicare Benefit Policy Manual, Chapter 6, Section 20.6.

### **Caret (^)**

The caret symbol (^) is created by pressing Shift+6. This symbol is commonly used in RPMS character-based interfaces to exit out of a routine or to back up from the previous field. It is commonly referred to as an *up-hat*.

### **Chart Number**

This unique numerical identifier is assigned to each patient and may also be referred to as a Health Record Number (HRN).

### **Default Response**

Many of the prompts in the RPMS applications contain responses that can be activated simply by pressing Enter. For example: *Do you really want to quit? No//*. Pressing Enter tells the system you do not want to quit, as No is the default response. The default is generally set to the most frequently used response for the prompt.

### **Delimited Output File**

A delimited file has a marker showing the limits of information fields. Such files are frequently used when data produced by one program needs to be read by another program. Delimiter markers are generally a character, and may be a comma, a pipe character (|) or an asterisk (\*). RPMS utilizes the caret or *up-hat* (^) character as a delimiter.

### **Health Record Number (HRN)**

A unique numerical identifier assigned to each patient. This is also referred to as a Chart Number.

### **Health Summary**

The Health Summary is a patient report displaying related data built from the PCC V files, such as laboratory and pharmacy. Many different types of Health Summaries are available to users at each site. Users are also able to design a Health Summary on-the-fly from the available components.

## Interfaces

An interface is a boundary where two systems can communicate. RPMS applications contain both character-based (roll-and-scroll) interfaces and graphical user interfaces (GUI). PCC Data Entry is an example of a character-based interface; RPMS EHR is an example of a GUI.

## Menu

The menu is a list of different options available at a given time. To choose a specific task, select one of the items from the list by typing the abbreviation. A menu option followed by an ellipsis (...) indicates there are submenus.

## Observation Method

The All Emergency Department and the Observation Methods, introduced in Stage 1, are the two methods that can be used to calculate admissions to an EH or CAH.

The observation services method includes all patients admitted to the inpatient department (POS 21), either directly or through the emergency department, and patients who initially present to the emergency department (POS 23) and receive observation services. Details regarding observation services can be found in the *Medicare Benefit Policy Manual, Chapter 6, Section 20.6*. Patients who receive observation services under both the outpatient department (POS 22) and emergency department (POS 23) must be included in the denominator under this method.

## Patient Care Component (PCC)

PCC is the core of the RPMS applications and functions as a clinical data repository. Most RPMS applications pass key data elements to PCC, stored in V (visit) files, (e.g., V Lab). Other data is entered directly into V files, (e.g., BP, WT (weight), HT (height), HC (head circumference), etc.).

## Patient List (PL/HL)

The Patient List is a list of patients included in a Promoting Interoperability performance measure calculation who either met or failed to meet the criteria for inclusion in both the numerator and the denominator of the calculation. Reports containing PL are for EPs; those containing HL are for EHs.

## Problem List

A list of important/chronic medical, social, or psychiatric problems, related notes, and treatment plans for a patient that are recorded and updated as part of the patient's health record. The Health Summary has two categories: Active and Inactive.

**POV**

A Purpose of Visit includes one or more diagnoses (ICD codes) identified as the reason for the patient's visit and is recorded in the PCC V POV file.

**Provider Type**

This term refers to who is offering the patient care—eligible providers (EPs) or eligible hospitals (EHs)—and is an important criterion in knowing which kind of report to generate.

**Roll-and-Scroll**

The roll-and-scroll (character-based) data-entry format captures the same information as the screen format but uses a series of prompts for recording data. This is typically the most efficient method for data entry.

**RPMS**

The Resource and Patient Management System is a suite of integrated software packages used by IHS.

**Secondary Providers**

A secondary provider is one who participated in a patient's visit other than the patient's primary visit provider. A patient visit might have multiple secondary providers, depending on the services provided.

**Security Key**

A security key serves as a means of securing menus to limit accessibility. To use certain functions, such as those in a manager's menu, the user must be assigned the appropriate key by the site manager.

**Site Manager**

The site manager is the individual in charge of setting up and maintaining the technical aspects of the RPMS at the facility or area level.

**Submenu**

A submenu is a menu that is accessed through another menu. A menu option followed by the ellipsis (...) indicates the presence of a submenu.

**Taxonomies**

Provider Taxonomies are pre-defined lists of providers that can be selected as a group. Multiple taxonomies can be created, representing different groups of providers, to align with clinics, provider classes, etc. Taxonomies used in the MU reports are created and maintained in the Taxonomy Setup menu under PCC Management Reports. This option should be reserved only for a few key individuals and is locked with a security key, APCLZ TAXONOMY SETUP.

## Acronym List

Acronym	Term Meaning
AI/AN	American Indian and Alaska Native
CEHRT	Certified Electronic Health Technology
CMS	Centers for Medicare and Medicaid Services
CY	Calendar Year
EC	Eligible Clinician
EH	Eligible Hospital
EHR	Electronic Health Record
EP	Eligible Professional
IHS	Indian Health Service
IPPS	Inpatient Prospective Payment System
LTCH	Long-Term Care Hospital
MCD	Medicaid
MCR	Medicare
MIPS	Merit-based Incentive Payment System
PI	Promoting Interoperability
QPP	Quality Payment Program
RPMS	Resource and Patient Management System
TIN	Taxpayer Identification Number

## Contact Information

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