

2014 STAGE 1 ELIGIBLE HOSPITALS

MEANINGFUL USE PERFORMANCE MEASURES AND RPMS LOGIC FOR

FOR INDIAN HEALTH SERVICE (IHS) 2014 RESOURCE AND PATIENT MANAGEMENT SYSTEM (RPMS) ELECTRONIC HEALTH RECORD (EHR) SITES

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	MU Performance Measure	Stage 1 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	<p>CPOE: More than 30 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.</p>	<p>Denominator Inclusions: Count each medication in the orders file which meets one of the following criteria during the EHR reporting period: 1. The patient class is equal to inpatient. OR 2. The patient class is equal to outpatient and the patient location equals the emergency department (clinic code 30) AND the institution associated with the hospital location is the same as the reporting hospital. AND the first entry in the Order file "Action" multiple field is not equal to service correction.</p> <p>Numerator Inclusions: Count each medication order in the denominator where ""Nature of Order"" for the counted medication does not = ""written"" or "service correction" AND the order was entered by a licensed healthcare professional.</p>	No exclusion.
Core	<p>Drug Interaction Checks The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.</p>	<p>Attestation Requirements. YES/NO</p>	No exclusion.
Core	<p>Maintain Problem List: More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.</p>	<p>Denominator Inclusions: Count each patient with one or more of the following during the EHR reporting period: 1. A hospitalization, defined as Service Category of H. 2. An emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A.</p> <p>Numerator Inclusions: Count each patient in the Denominator WHERE structured data is present during the reporting period specifying either an active or inactive problem on the problem list a) with an entered date on or before the end of the reporting period OR b) with a deleted date on or between the first and last days of the reporting period OR c) has structured data present during the reporting period that documents there are no active problems.</p>	No exclusion.

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	MU Performance Measure	Stage 1 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	<p>Active Medication List: More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.</p>	<p>Denominator Inclusions: Count each patient with one or more of the following during the EHR reporting period: 1. A hospitalization, defined as Service Category of H. 2. An emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A.</p> <p>Numerator Inclusions: Count each patient in the Denominator WHERE: 1. There is documentation of No Active Medications on any visit during the EHR reporting period OR 2. There is a medication in the Prescription file with an Issue Date equal to or less than 365 days before the start of the reporting period AND an Issue Date on or before the end of the reporting period AND NOT a Discontinued Date before the start of the reporting period OR 3. An Outside Medication in the Pharmacy Patient file with an Documented Date on or before the end of the reporting period AND with a status of Active OR a Discontinued Date on or after the start of the reporting period.</p>	No exclusion.
Core	<p>Medication Allergy List: More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.</p>	<p>Denominator Inclusions: Count each patient with one or more of the following during the EHR reporting period: 1. A hospitalization, defined as Service Category of H. 2. An emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A.</p> <p>Numerator Inclusions: Count each patient in the Denominator WHERE structured data is present during the EHR reporting period specifying either an active adverse reaction to a medication OR has structured data present that documents there are no known allergies.</p>	No exclusion.
Core	<p>Record Demographics: More than 50 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data. Record all of the following demographics: (A) Preferred language (B) Gender (C) Race (D) Ethnicity (E) Date of birth (F) Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH</p>	<p>Denominator Inclusions: A hospitalization, defined as Service Category of H or an emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A.</p> <p>Numerator Inclusions: Count each patient in the Denominator WHERE structured data is present during the EHR reporting period for each of the following data elements (A-E) OR a structured data element is present notating: a) that patient declines to provide the data element information and/or b) If capturing the race and ethnicity is against state law. (A) Preferred language, (B) Sex, (C) Race, (D) Ethnicity, (E) Date of birth And 2. Count each patient with a preliminary cause of death recorded during the reporting period. 2.1 These V Hospitalization file fields must have entries: a. discharge type = death b. date of death (.01) c. preliminary cause of death</p>	No exclusion.

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	MU Performance Measure	Stage 1 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	<p>Vital Signs: For more than 50 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data. Record and chart changes in the following vital signs: (A) Height (B) Weight (C) Blood pressure (D) Calculate and display body mass index (BMI) (E) Plot and display growth charts for children 0-20 years, including BMI</p>	<p>Denominator Inclusions: Count each unique patient who has one or more of the following during the EHR reporting period: 1. A hospitalization, defined as Service Category of H. 2. An emergency department visit defined as clinic code of Emergency Department-30 and a Service Category of A.</p> <p>Numerator Inclusions: Count each patient (any age) included in the Denominator where structured data is present for (A) Height (B) Weight AND Count each patient 3 years or older at the beginning of the EHR reporting period in the Denominator WHERE structured data is present during the EHR reporting period for the data element: (C) Blood Pressure Numerator Output Summary Total = A +B +C Patients: all ages height and weight Patients 3 years or older: BP Denominator Output Summary Total = Total # of patients</p>	No exclusion.
Core	<p>Smoking Status: More than 50 percent of all unique patients 13 years old or older or admitted to the eligible hospital's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.</p>	<p>Denominator Inclusions: COUNT the number of unique patients age 13 years or older who were admitted during the EHR Reporting Period with a hospitalization defined as Service Category of H or an emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A.</p> <p>Numerator Inclusions: Count each patient in the denominator where structured data is present during the EHR reporting period for smoking status.</p> <p>Notes: Smoking status must be recorded with one of the following national tobacco health factors. No other health factors will count for the measure. - Current every day smoker recorded as structured data. - Current some day smoker recorded as structured data. - Former smoker recorded as structured data. - Never smoker recorded as structured data. - Smoker, current status unknown recorded as structured data. - Unknown if ever smoked recorded as structured data. - Heavy tobacco smoker recorded as structured data. - Light tobacco smoker recorded as structured data</p>	No exclusion.
Core	<p>Clinical Decision Support: Implement one clinical decision support rule.</p>	YES/NO Attestation Requirements.	No exclusion.

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	MU Performance Measure	Stage 1 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	<p>Patient Electronic Access (View/Download/Transmit): More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the reporting period have their information available online, with the ability to view, download, and transmit to a third party information about a hospital admission, within 36 hours of discharge.</p>	<p>Denominator Inclusions: Count the number of unique patients discharged from an eligible hospital inpatient or emergency department during the EHR reporting period. A hospitalization is defined with a Service Category of H. An emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A. Search for all discharges up to the last day of EHR Reporting Period.</p> <p>Measure A Numerator Inclusions: The number of patients included in the denominator who meet the following criteria: 1. A patient education code of AF-PHR is documented in the V PATIENT ED file AND the Visit File VISIT/ADMIT DATE&TIME field contains a date before or during the reporting period (can be after discharge date). OR The PHR HANDOUT field (9000001.8901,.02)In the Patient file contains “ 1” (Yes) and the PHR HANDOUT DATE (9000001.8901,.01) field contains a date before or during the reporting period (can be after discharge date). AND 2. A CCDA receipt confirmation from the HIE is logged within 36 hours of discharge date. If there is more than 1 document transmitted for a hospitalization within 36 hours of discharge date, only the first document sent should count in the numerator. For example, the provider modifies and this triggers a resend.</p>	No exclusion.
Core	<p>Protect Electronic Health Information: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.</p>	YES/NO Attestation Requirements.	No exclusion.
Menu	<p>Drug Formulary Checks: The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.</p>	YES/NO Attestation Requirements.	No exclusion.

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	MU Performance Measure	Stage 1 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Menu	<p>Advance Directives: More than 50 percent of all unique patients 65 years old or older admitted to the EH's or CAH's inpatient (POS 21) have an indication of an advance directive status recorded as structured data.</p>	<p>Measure Exclusions: Exclude patient admissions for patients with an age of less than or equal to 65 years on date of admission during the EHR reporting period. Patients admitted to an emergency department should be included in the calculation.</p> <p>Denominator Inclusions: Count the number of unique patients WITH an age of 65 years or older on date of admission and a hospitalization defined as Service Category H</p> <p>Numerator Inclusions: Count each patient in the Denominator WHERE structured data is present indicating one or more of the following conditions: 1. There is a note title in the TIU Document Class of "Advance Directive." 2. Have an Advance Directive value of "Yes" or "No" recorded in Patient Registration.</p>	<p>Exclusion: An EH or CAH that admits no patients age 65 years old or older during the EHR reporting period.</p>
Menu	<p>Clinical Lab Test Results More than 40 percent of all clinical lab test results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 and 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.</p>	<p>Denominator Exclusion: Pap smears ordered using any of the following CPT codes: [88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091]. The results for these orders are expressed with text and are excluded from the measure.</p> <p>Denominator Inclusions: Count each V LAB entry ordered by an eligible professional during the EHR reporting period that meets the following criteria: 1. A hospitalization, defined as Service Category H; OR 2. An in hospital visit, defined as Service Category I; or 3. An emergency department visit, defined as clinic code of Emergency Department-30 and a Service Category of A. Each event must also meet all of the following criteria: 1. The lab test is not a Pap Smear, determined by using the BGP PAP SMEARTEST lab taxonomy. 2. The result of the test is not equal to ""canc"" (these tests were cancelled). 3. Where the lab test is a single test or a panel. When the order is a panel, count each individual test included in the panel as a single test order.</p> <p>Numerator Inclusions: COUNT each single test in the denominator where the status flag is RESULTED; AND 1. WHERE RESULTS does not equal ""comment""; OR 2. If RESULTS = ""comment"" THEN COMMENTS does not equal null AND 3. COUNT each test in a panel where the status flag is RESULTED AND 4. WHERE RESULTS does not equal ""comment""; OR 5. If RESULTS = ""comment"" THEN COMMENTS does not equal null"</p>	<p>No exclusion.</p>

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	MU Performance Measure	Stage 1 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Menu	Patient Lists: Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	YES/NO Attestation Requirements.	No exclusion.
Menu	Patient-Specific Education Resources: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources.	Denominator Inclusions: COUNT the number of unique patients admitted to the inpatient hospitalization defined as Service Category of H or an emergency department visit (admission) defined as clinic code of Emergency Department-30 AND a Service Category of A Numerator Inclusions: COUNT the number of patients in the denominator WHERE the patient has one or more entries of the patient and family education subtopic of literature (L) during the EHR reporting period	No exclusion.
Menu	Medication Reconciliation: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	Denominator inclusion: Count each patient event during the EHR reporting period which meet the following criteria: 1. A hospitalization, defined as Service Category of H and an admission type of: (A) Trans-Non IHS Admission (B) Trans-IHS Admission (C) Referred Admission OR 2. An emergency department visit, defined as clinic code of Emergency Department-30 and a Service Category of A with a ""Yes"" value in the ""Was the patient transferred from another facility"" field in the ER Visit file. (This field follows the Visit Type in the ER admission process.) Numerator Inclusion: 1. Count each visit in the denominator where - SNOMED Code 428191000124101 (Documentation of current medications (procedure)) is present in the SNOMED CT field of the V Updated/Reviewed file. AND THE 2. Event Date and Time entry in the V Updated/Reviewed file field is during the reporting period.	No exclusion.

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	MU Performance Measure	Stage 1 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Menu	<p>Transition of Care Summary (Summary of Care): The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.</p>	<p>Denominator Exclusions: All in-house referrals. Exclude EHs and CAHs that have no referrals during the EHR reporting period as defined below.</p> <p>Denominator Inclusions: Count each inpatient RCIS referral which meets the following criteria:</p> <ol style="list-style-type: none"> 1. There is a hospitalization defined as Service Category H during the EHR reporting period OR 2. An emergency department visit defined as Emergency Department-30 and Service Category of A occurred during the EHR reporting period. <p>AND</p> <ol style="list-style-type: none"> 3. There is an entry for the visit in the V Referral file AND 4. The RCIS Referral file field REFERRAL TYPE entry is not equal to "N" (In-House) AND 5. The RCIS Referral file contains a value in the DATE APPROVED field that is within the EHR Reporting period AND there is a value in the EXPECTED BEGIN DOS field. <p>Numerator Inclusions:</p> <ol style="list-style-type: none"> 1. Printed documents - count each referral in the Denominator which meets the following criteria: The RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6,.04 DOCUMENT TYPE = CP (CCDA PRINTED). AND There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6,.01 DATE-TIME PRINTED OR TX-FILE, which is equal to or between the value in the DATE APPROVED field and the last day of the EHR reporting period. OR If there is no entry in RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT , there is an entry in the APCC Document Log File, Document Type Field of "2" (Transition of Care) AND an entry in the APCC DOCUMENT LOG file DATE /TIME field equal to the visit date. 2. Transmitted documents - count each referral in the Denominator which meets the following criteria: The RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6,.04, DOCUMENT TYPE = CT (CCDA TRANSMITTED). AND There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6,.06, DATE-TIME TX SENT, which is equal to or between the value in the DATE APPROVED field and the last day of the EHR reporting period. 	No exclusion.

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	MU Performance Measure	Stage 1 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Menu	<p>Immunization Registries Data Submission: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically), except where prohibited.</p>	<p>Attestation Requirements. Yes/No</p> <p>Exclusion Any eligible hospital or CAH that meets one or more of the following criteria may be excluded from this objective: (1) The eligible hospital or CAH does not administer any of the immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period; (2) The eligible hospital or CAH operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for Certified EHR Technology at the start of their EHR reporting period; (3) The eligible hospital or CAH operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data; or (4) The eligible hospital or CAH operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs.</p>	Exclusion – see Attestation Requirement
Menu	<p>Syndromic Surveillance: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information has the capacity to receive the information electronically), except where prohibited.</p>	<p>YES/NO Attestation Requirements.</p> <p>EXCLUSION: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, or if it is prohibited, then the eligible hospital or CAH would be excluded from this requirement. Eligible hospitals or CAHs must select NO next to the appropriate exclusion, then click the APPLY button in order to attest to the exclusion.</p>	Exclusion – see Attestation Requirement

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	MU Performance Measure	Stage 1 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Menu	<p>Reportable Lab Results: Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information has the capacity to receive the information electronically), except where prohibited.</p>	<p>Attestation Requirements YES/NO Exclusion Any eligible hospital or CAH that meets one or more of the following criteria: (A) Operates in a jurisdiction for which no public health agency is capable of receiving electronic reportable laboratory results in the specific standards required for Certified EHR Technology at the start of their EHR reporting period. (B) Operates in a jurisdiction for which no public health agency provides information timely on capability to receive electronic reportable laboratory results. (C) Operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs. CFR 170.314(f)(4).</p>	<p>Exclusion – see Attestation requirements.</p>

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