MODIFIED STAGE 2 ELIGIBLE HOSPITALS

MEANINGFUL USE PERFORMANCE MEASURES AND RPMS LOGIC FOR APCM v1 p9

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

Quick Measure Locator Table

CAHs and EHs need to report on 9 objectives and their associated performance measures.

*All logic in this document is based on the ED Method. If an Eligible Hospital chooses to run reports with the observation method, the denominator logic would be the Observation Method denominator: (1) A hospitalization, defined as Service Category of H or (2) An observation visit, defined as Service Category of O.

MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Protect Electronic Health Information Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for eligible hospitals.	**Attestation Requirements** YES/NO	No exclusion.
Clinical Decision Support Rule 1. Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency. 2. The eligible hospital or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	**Attestation Requirements** YES/NO Eligible hospitals and CAHs must attest YES to implementing five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Eligible hospitals and CAHs must attest YES to enabling and implementing the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	No exclusion

Return to top

MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
CPOE for Medication, Laboratory, and Radiology Orders More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology 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.	**Medications** **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. **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. **Laboratory** **Denominator Inclusions:** Count each laboratory order in the orders file which meets one of the following criteria during the EHR reporting period. 1. The patient class is equal to inpatient. 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. **Numerator Inclusions:** Count each laboratory order in the denominator where the “Nature of Order” does not = “written” OR “Service Correction” and the order was entered by a licensed healthcare professional. **Radiology** **Denominator Inclusions:** Count each Radiology order in the orders file which meets one of the following criteria during the EHR reporting period. 1. The patient class is equal to inpatient. 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. **Numerator Inclusions:** Count each Radiology/Nuclear Medicine order in the denominator where the “Nature of Order” does not = “written” and the order was entered by a licensed healthcare professional. **Note:** Radiology orders entered through the Rad package file as “Service Correction.” These should be counted as long as they are the 1st action.	No exclusions.

Return to top

MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
e-Prescribing (eRx) More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using certified EHR technology.	**IHS Denominator Exclusion:** Any prescription for a Controlled Substance identified by DEA special handling code of 1-5. **Denominator Inclusions**: Count the number of new, changed, or refill prescriptions, other than controlled substances, in the Prescription file issued during the EHR reporting period for inpatients **Numerator Inclusion:** Count each prescription in the denominator that meets the conditions below: 1. The "Nature of Order" does not = "written." 2. The Discharge Medication field is set to “Yes” (1).	**Exclusion** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.
Summary of Care/HIE **Measure 2:** The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must - (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	**Denominator Exclusions:** Exclude EHs and CAHs that have no referrals during the EHR reporting period and In house Referrals. **Denominator Inclusions** Count each inpatient referral which meets the following criteria: 1. The RCIS Referral file Requesting Facility field (05) is equal to the facility for which the report is being generated. AND 2. There is a hospitalization defined as Service Category H during the EHR reporting period OR an emergency department visit defined as Emergency Department-30 and Service Category “A” during the EHR reporting period. AND 3. The RCIS Referral file Date Initiated field (.01) entry is within the EHR reporting period. AND 4. The RCIS Referral file contains a value in the DATE APPROVED field that is within the EHR Reporting period AND 5. The RCIS Referral file field REFERRAL TYPE entry is not equal to “N” (In-House. AND 5. The RCIS Referral file field CPT SERVICE CATEGORY (.13) does not equal DIAGNOSTIC IMAGING, PATHOLOGY AND LABORATORY, TRANSPORTATION or DURABLE MEDICAL EQUIPMENT. **Numerator Inclusions:** ***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 2015,2016: There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6,01, DATE-TIME TX SENT, which is between the January 1 the reporting year and the date the report is generated. AND There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 900001.6, .03, DATE-TIME TX ACKNOWLEDGED which is between January 1 of the reporting year and the date the report is generated. 2017: 1. 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 between January 1, 2017 and December 31, 2017.	

MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
	2. There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 900001.6, .03, DATE-TIME ACKNOWLEDGED which is between January 1, 2017 and December 31, 2017.	

Return to top

MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Patient-Specific Education Resources More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient- specific education resources identified by Certified EHR Technology.	**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:** 2015, 2016: 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) recorded on Jan 1st of the report period year begin date the user enters through the date the report is generated. 2017: 1. If the report is generated after December 31, 2017, 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) recorded on January 1, 2017 through December 31, 2017. 2. If the date the report is generated is within 2017, count to the date the report is generated.	No exclusion.
Medication Reconciliation The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP or 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.	Medication Reconciliation The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

Return to top

MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Patient Electronic Access **Measure 1:** 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 EHR reporting period have their information available online within 36 hours of discharge. **Measure 2:** **For 2015 and 2016:** For an EHR reporting period in 2015 and 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period. **For 2017**: For an EHR reporting period in 2017, more than 5 percent of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient authorized representative) view, download or transmit to a third party their health information during the EHR reporting period.	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. 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. MEASURE B DENOMINATOR THE SAME AS “A” Measure B Numerator Inclusions: 2015,2016: Count the number of patients included in the denominator who have viewed their online information up to the date the report is generated. 2017: 1. If the report is generated after December 31, 2017, count the number of patients included in the denominator who have viewed their online information up to December 31, 2017. 2. If the date the report is generated is within 2017, count to the date the report is generated. The count is determined in the following manner for all years: 1. RPMS sends EHR reporting period date range and Patient ID from denominator and queries API BPHRMUM (located in namespace BPHR). 2. API BPHRMUM returns: Patients recorded as having access to PHR and Date PHR Accessed.	Exclusion Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period is excluded from the second measure.

Return to top

MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Immunization Registries Data Submission Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period	**Attestation Requirements**. Yes/No **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.	**Exclusion – see Attestation Requirement**
Electronic Reportable Laboratory Results Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a public health agency for the entire EHR reporting period.	**Attestation Requirements** YES/NO Eligible hospitals or CAHS must attest YES to meeting one of the following criteria under the umbrella of ongoing submission: •Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period. • Registration with the public health agency or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved. • Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission. • Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation. **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).	**Exclusion – see Attestation requirements.**

Return to top

MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Syndromic Surveillance Data Submission Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.	**Attestation Requirements** YES/NO Eligible hospitals or CAHS must attest YES to meeting one of the following criteria under the umbrella of ongoing submission: • Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period. • Registration with the public health agency or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved. • Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission. • Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation. **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.	**Exclusion – see Attestation requirements**

Return to top