

**2020 MEDICAID ELIGIBLE HOSPITAL**  
**Promoting Interoperability Performance Measures and RPMS Logic for APCM v2**  
**Indian Health Service (IHS) Resource and Patient Management System (RPMS) Electronic Health Record (EHR) Sites**

Promoting Interoperability Objectives	
1 of 8	<a href="#">Protect Electronic Health Information</a>
2 of 8	<a href="#">e-Prescribing (eRx)</a>
3 of 8	<a href="#">Clinical Decision Support</a>
4 of 8	<a href="#">Computerized Provider Order Entry (CPOE)</a>
5 of 8	<a href="#">Patient Electronic Access to Health Information</a>
6 of 8	<a href="#">Coordination of Care through Patient Engagement</a>
7 of 8	<a href="#">Health Information Exchange</a>
8 of 8	Public Health and Clinical Data Registry Reporting
	<a href="#">Immunization Registry Reporting</a>
	<a href="#">Syndromic Surveillance Reporting</a>
	<a href="#">Electronic Case Reporting</a>
	<a href="#">Public Health Registry Reporting</a>
	<a href="#">Clinical Data Registry Reporting</a>
	<a href="#">Electronic Reportable Laboratory Result Reporting</a>

A,S,O,M represents Ambulatory, Day Surgery, Observation, and Telemedicine service categories.

Logic is presented for Emergency Department Method. If Observation method is chosen during report generation, Service Category will be "O" for observation in the place of Emergency Department visit with Ambulatory Service Category.

Promoting Interoperability Objective and Performance Measure	2020 Eligible Hospital RPMS Logic for Numerator and Denominator	Exclusion
<p><b>Protect Patient Health Information:</b>            Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption ) of data created or maintained by CEHRT in accordance with requirements under 45CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider’s risk management process.</p>	<p><b>Attestation Requirements:</b> Yes/No:            Eligible Hospitals (EPs) must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies to meet this measure.</p>	<p>N/A</p>
<p><b>e-Prescribing (eRx)</b>            More than 25 percent hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).</p>	<p><b>Denominator (Includes Controlled and Uncontrolled Substances):</b>            The number of Discharge Medications in the Prescription file issued for inpatients during the EHR reporting period.</p> <p><b>Numerator:</b>            Number of prescriptions in the denominator that meet the conditions below:</p> <ol style="list-style-type: none"> <li>1. The “Nature of Order” does NOT equal “Written”</li> <li>2. The prescription is NOT printed to a Hard Copy</li> </ol>	<p><b>Exclusion</b>            Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their electronic health record (EHR) reporting period.</p>

Promoting Interoperability Objective and Performance Measure	2020 Eligible Hospital RPMS Logic for Numerator and Denominator	Exclusion
<p><b>Clinical Decision Support (CDS)</b>  <b>Measure 1:</b> Implement five CDS interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an Eligible Hospital or CAH’s scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.  <b>Measure 2:</b> Enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p>	<p><b>Attestation Requirements: Yes/No:</b>  <b>Measure 1: Implement 5 CDS Interventions</b>  Eligible hospitals and CAHs must attest YES to implementing five CDS interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period.</p> <p><b>Measure 2: Drug-Drug Interaction Checks</b>  Eligible hospitals and CAHs must attest YES to enabling and implementing functionality for drug-drug and drug-allergy interaction to meet this measure.</p>	<p><b>Exclusion:</b>  N/A</p>

Promoting Interoperability Objective and Performance Measure	2020 Eligible Hospital RPMS Logic for Numerator and Denominator	Exclusion
<p><b>Computerized Provider Order Entry</b>  <b>Measure 1:</b> More than 60 percent of medication orders created by authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p><b>Measure 2:</b> More than 60 percent of laboratory orders created by authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p><b>Measure 3:</b> More than 60 percent of diagnostic imaging orders created by authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p>	<p><b>Measure 1: CPOE Medications</b>  <b>Denominator:</b>  Number of medication orders during the EHR reporting period where:</p> <ol style="list-style-type: none"> <li>1. the patient class equals either <ol style="list-style-type: none"> <li>a. inpatient or</li> <li>b. outpatient and the patient location is Emergency Department (location 30)</li> </ol> </li> <li>2. the institution associated with the hospital location is the same as the reporting hospital</li> </ol> <p><b>Numerator:</b>  Number of medication orders in the denominator where the Nature of Order does not equal written.</p> <p><b>Measure 2: CPOE Laboratory</b>  <b>Denominator:</b>  Number of laboratory orders in the order file entered during the EHR reporting period, where</p> <ol style="list-style-type: none"> <li>1. the patient class equals either <ol style="list-style-type: none"> <li>a. inpatient or</li> <li>b. outpatient and the patient location is Emergency Department (location 30)</li> </ol> </li> <li>2. the institution associated with the hospital location is the same as the reporting hospital</li> </ol> <p><b>Numerator:</b>  Number of laboratory orders in the denominator where the Nature of Order does not equal written OR Service Correction.</p> <p><b>Measure 3: CPOE Radiology</b>  <b>Denominator:</b>  Number of radiology orders in the order file entered during the EHR reporting period, where</p> <ol style="list-style-type: none"> <li>1. the patient class equals either <ol style="list-style-type: none"> <li>a. inpatient or</li> <li>b. outpatient and the patient location is Emergency Department (location 30)</li> </ol> </li> <li>2. the institution associated with the hospital location is the same as the reporting hospital</li> </ol> <p><b>Numerator Inclusions:</b>  Number of radiology orders in the denominator where the Nature of Order does not equal written.</p>	<p><b>Exclusion: N/A</b></p>

Promoting Interoperability Objective and Performance Measure	2020 Eligible Hospital RPMS Logic for Numerator and Denominator	Exclusion
<p><b>Patient Electronic Access to Health Information</b></p> <p><b>Measure 1:</b> For more than 80 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23): (i) The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (ii) The provider ensures the patient’s health information is available for the patient (or patient authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider’s certified electronic health record technology (CEHRT).</p> <p><b>Measure 2:</b> The eligible hospital or CAH must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the Promoting Interoperability EHR reporting period.</p>	<p><b>Measure 1: Timely Access/API Available</b></p> <p><b>Denominator:</b> The number of unique patients discharged from an eligible hospital inpatient (Service Category H) or emergency department (Clinic code 30 and Service Category A) during the EHR reporting period.</p> <p><b>Numerator:</b> The number of patients in the denominator where CCDa receipt confirmation from the HIE is logged within 36 hours of the visit (original document) for <u>each visit</u> within the performance period.</p> <p><b>Measure 2: Patient Specific Education</b></p> <p><b>Denominator:</b> The number of unique patients discharged from an eligible hospital inpatient (Service Category H) or emergency department (Clinic code 30 and Service Category A) during the EHR reporting period.</p> <p><b>Numerator:</b> The number of patients in the denominator who were provided patient-specific educational resources via a secure message with the subject line “Health Information Documents” within the calendar year.</p>	<p><b>Measure 1 and 2:</b> Broadband exclusion*</p>

<p><b>Coordination of Care through Patient Engagement</b></p> <p><b>Measure 1:</b> More than 10 percent of all unique patients (or their authorized representatives) discharged from the eligible hospital or critical access hospital (CAH) inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider and either</p> <ol style="list-style-type: none"> <li>1) View, download, or transmit to a third party their health information; or</li> <li>2) Access their health information through an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the Provider’s CEHRT; or</li> <li>3) A combination of (1) and (2).</li> </ol> <p><b>Measure 2:</b> More than 25 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient authorized representative), or in response to a secure message sent by the patient or their authorized representative.</p> <p><b>Measure 3:</b> Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more</p>	<p><b>Measure 1: VDT and /or Access using API</b></p> <p><b>Denominator:</b> The number of unique patients discharged from an eligible hospital inpatient (Service Category H) or emergency department (Clinic code 30 and Service Category A) during the EHR reporting period.</p> <p><b>Numerator:</b> The number of patients included in the denominator who have viewed their online information during the calendar year.</p> <p><b>Measure 2: Secure Messaging</b></p> <p><b>Denominator:</b> The number of unique patients discharged from an eligible hospital inpatient (Service Category H) or emergency department (Clinic code 30 and Service Category A) during the EHR reporting period.</p> <p><b>Numerator:</b> The number of patients included in the denominator who were sent a secure electronic message by the EP/Message Agent during the calendar year.</p> <p><b>Measure 3: Incorporate Patient Information</b></p> <p><b>Denominator:</b></p>	<p><b>Measure 1,2 and 3:</b> Broadband exclusion*</p>
--	--	---

Promoting Interoperability Objective and Performance Measure	2020 Eligible Hospital RPMS Logic for Numerator and Denominator	Exclusion
<p>than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</p>	<p>The number of unique patients discharged from an eligible hospital inpatient (Service Category H) or emergency department (Clinic code 30 and Service Category A) during the EHR reporting period.</p> <p><b>Numerator:</b> The number of patients included in the denominator whose patient generated data was incorporated in the EHR using the note title "Patient Generated Information" or "VI Patient Generated Information" during the reporting period.</p> <p><b>NOTE</b> from Medicaid Specifications available online: <a href="https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EH_Medicaid_2019.pdf">https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EH_Medicaid_2019.pdf</a></p> <p>A Provider must attest to all three measures and meet the threshold for two measures for this objective. If the EP meets the criteria for exclusion from two measures, they must meet the threshold for the one remaining measure. If they meet the criteria for exclusion from all three measures, they may be excluded from meeting this objective.</p>	

<p><b>Health Information Exchange</b></p> <p><b>Measure 1:</b> For more than 50 percent of transitions of care and referrals, the eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care: (1)Creates a summary of care record using CEHRT; and(2)Electronically exchanges the summary of care record.</p> <p><b>Measure 2:</b> For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH incorporates into the patient’s EHR an electronic summary of care document.</p>	<p><b>Measure 1: Create and Transmit Summary of Care</b></p> <p><b>Denominator:</b> The number of referrals that meet the following criteria:</p> <ol style="list-style-type: none"> <li>1. The Requesting Facility is equal to the facility for which the report is being generated.</li> <li>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.</li> <li>3. The Date Initiated entry is within the EHR reporting period.</li> <li>4. The Date Approved is within the EHR Reporting period.</li> <li>5. The Referral Type is not equal to In-House.</li> <li>6. The CPT Service Category does not equal Diagnostic Imaging, Pathology and Laboratory, Transportation, or Durable Medical Equipment.</li> </ol> <p><b>Numerator:</b> The number of referrals in the denominator which meet the following criteria:</p> <ol style="list-style-type: none"> <li>1. The CCDA is transmitted electronically within the calendar year.</li> <li>2. The Date and Time acknowledged is within the calendar year.</li> </ol> <p><b>Measure 2: Receive and Incorporate Summary of Care</b></p> <p><b>Denominator:</b> The number of patient encounters during the EHR reporting period that meet the following criteria:</p> <ol style="list-style-type: none"> <li>1. A hospitalization where the admission type is: <ol style="list-style-type: none"> <li>a. Trans-Non IHS Admission</li> <li>b. Trans-IHS Admission</li> <li>c. Referred admission</li> </ol> </li> <li>2. An Emergency Department Visit (Clinic Code 30) and Service Category A with an ER visit file entry ‘Yes’ in the “Was the patient transferred from another facility” field</li> <li>3. The encounter is a new or transitioned patient visit identified by either: <ol style="list-style-type: none"> <li>a. The date of the visit is equal the Date Established in the patient file, or</li> <li>b. The visit contains a note title: Outside Provider Referral/Transfer</li> </ol> </li> </ol> <p><b>Exclusion:</b> ‘No CCDA available on HIE’ note during the calendar year</p> <p><b>Numerator:</b> The number of encounters in the denominator where an image is saved to that patient record during the calendar year.</p>	<p><b>Measure 1:</b> Broadband exclusion</p> <p><b>Measure 2:</b> 1. The total transitions or referrals received and patient encounters in which the hospital has never before encountered the patient, is fewer than 100 during the EHR reporting period. 2. Broadband exclusion</p>
--	---	---



Promoting Interoperability Objective and Performance Measure	2020 Eligible Hospital RPMS Logic for Numerator and Denominator	Exclusion
<p><b>Measure 3:</b> For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient’s medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient’s known medication allergies (3) Problem List</p>	<p><b>Measure 3: Clinical Information Reconciliation</b></p> <p><b>Denominator:</b> The number of patient encounters during the EHR reporting period that meet the following criteria:</p> <ol style="list-style-type: none"> <li>1. A hospitalization where the admission type is: <ol style="list-style-type: none"> <li>a. Trans-Non IHS Admission</li> <li>b. Trans-IHS Admission</li> <li>c. Referred admission</li> </ol> </li> <li>2. An Emergency Department Visit <ol style="list-style-type: none"> <li>d. (Clinic Code 30) and Service Category A</li> <li>e. ER visit file entry ‘Yes’ in the “Was the patient transferred from another facility” field</li> </ol> </li> <li>3. The encounter is a new or transitioned patient visit identified by either: <ol style="list-style-type: none"> <li>f. The date of the visit is equal the Date Established in the patient file, or</li> <li>g. The visit contains a note title: Outside Provider Referral/Transfer</li> </ol> </li> </ol> <p><b>Exclusion:</b> ‘No CCDA available on HIE’ note during the calendar year</p> <p><b>Numerator:</b> The number of encounters in the denominator with Allergies <b><i>and</i></b> Problem List <b><i>and</i></b> Medications marked as <u>reviewed</u> between the admission and discharge dates.</p>	<p><b>Measure 3:</b> The total transitions or referrals received and patient encounters in which the hospital has never before seen the patient, is fewer than 100 during the EHR reporting period.</p>



Medicaid Eligible Hospital PI Objective and Performance Measure	Public Health Measures
<p><b>Public Health and Clinical Data Exchange: Immunization Registry Reporting</b>  The eligible hospital or CAH is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS)</p>	<p><b>Attestation Requirements: YES/NO</b>  The Eligible Hospital is in active engagement** with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).</p> <p><b>Exclusion:</b>  A hospital may take an exclusion if any of the following apply:</p> <ol style="list-style-type: none"> <li>1. It does not administer immunizations to any of the populations for which data is collected by their jurisdiction’s immunization registry or IIS during the EHR reporting period;</li> <li>2. It operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or</li> <li>3. It operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of six months prior to the start of the performance period.</li> </ol>
<p><b>Public Health and Clinical Data Exchange: Syndromic Surveillance Reporting</b>  Syndromic Surveillance Data Reporting  The Eligible Hospital is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting</p>	<p><b>Attestation Requirements: YES/NO</b>  The Eligible Hospital is in active engagement** with a PHA to submit syndromic surveillance data.</p> <p><b>Exclusion:</b>  A hospital may take an exclusion if any of the following apply:</p> <ol style="list-style-type: none"> <li>1. It does not have an emergency or urgent care department</li> <li>2. It operates in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or</li> <li>3. It operates in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs as of six months prior to the start of the EHR reporting period.</li> </ol>

<p><b>Public Health and Clinical Data Exchange: Electronic Case Reporting</b> The eligible hospital or CAH is in active engagement with a PHA to submit case reporting of reportable conditions.</p>	<p><b>Attestation Requirements: YES/NO</b> The Eligible Hospital is in active engagement** with a PHA to electronically submit case reporting of reportable conditions.</p> <p><b>Exclusion:</b> A hospital may take an exclusion if any of the following apply:</p> <ol style="list-style-type: none"> <li>1. It does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction’s reportable disease system during the EHR reporting period;</li> <li>2. It operates in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or</li> <li>3. It operates in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data as of six months prior to the start of the EHR reporting period.</li> </ol>
<p><b>Public Health and Clinical Data Exchange: Public Health Registry Reporting</b> The eligible hospital or CAH is in active engagement with a PHA to submit data to public health registries.</p>	<p><b>Attestation Requirements: YES/NO</b> The Eligible Hospital is in active engagement** with a PHA to submit data to public health registries</p> <p><b>Exclusion:</b> A hospital may take an exclusion if any of the following apply:</p> <ol style="list-style-type: none"> <li>1. It does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction in during the EHR reporting period;</li> <li>2. It operates in a jurisdiction for which no PHA is capable of receiving electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or</li> <li>3. It operates in a jurisdiction where no public health registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of six months prior to the start of the EHR reporting period.</li> </ol>
<p><b>Public Health and Clinical Data Exchange: Clinical Data Registry Reporting</b> The Eligible Hospital is an active engagement to submit data to a clinical data registry.</p>	<p><b>Attestation Requirements: YES/NO</b> The Eligible Hospital must attest Yes to being in active engagement** to submit data to a CDR.</p> <p><b>Exclusion:</b> A hospital may take an exclusion if any of the following apply:</p> <ol style="list-style-type: none"> <li>1. It does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period;</li> <li>2. It operates in a jurisdiction for which no CDR is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period; or</li> <li>3. It operates in a jurisdiction where no CDR for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the reporting period.</li> </ol>

<p><b>Public Health and Clinical Data Exchange: Reportable Laboratory Result Reporting</b> The eligible hospital or CAH is in active engagement with a PHA to submit electronic reportable laboratory (ELR) results.</p>	<p><b>Attestation Requirements</b> YES/NO - The eligible hospital or CAH is in active engagement* with a PHA to submit ELR results</p> <p><b>Exclusion:</b> A hospital may take an exclusion if any of the following apply:</p> <ol style="list-style-type: none"> <li>1. It does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;</li> <li>2. It operates in a jurisdiction for which no PHA is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or</li> <li>3. It operates in a jurisdiction where no PHA has declared readiness to receive electronic reportable laboratory results from an eligible hospital or CAH as of six months prior to the start of the EHR reporting period.</li> </ol>
--	--

**\*Broadband Exclusion:** The Eligible Hospital conducts 50% or more of their patient encounters in a county that does not have 50% or more of its housing units with 4 Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

**\*\*Active Engagement** – The provider is in the process of moving towards sending "production data" to a Public Health Agency (PHA) or clinical data registry (CDR), or is sending production data to a PHA or CDR.

- Option 1: Completed Registration to Submit Data: The eligible hospital or CAH 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 eligible hospital or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows the eligible hospital or CAH to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
  - Option 2: Testing and Validation: The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers 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 provider not meeting the measure.
  - Option 3: Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.
- Production Data: Refers to data generated through clinical processes involving patient care, and it is used to distinguish between data and “test data” which may be submitted for the purposes of enrolling in and testing electronic data transfers.

**\*\*\*NOTE:** **RPMS 2015 CEHRT** functionalities for transmissions to Cancer Registries, Public Health Agencies for Antimicrobial Use and Health Care Surveys are not currently available.