

2020 MEDICARE 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
e-Prescribing (eRx)
Query of Prescription Drug Monitoring Program
Health Information Exchange: Support Electronic Referral Loops by Sending Health Information
Health Information Exchange: Support Electronic Referral Loops by Receiving and Incorporating Health Information
Provider to Patient Exchange
Public Health Measures
Syndromic Surveillance Data Submission
Immunization Registry Reporting
Electronic Case Reporting
Public Health Registry Reporting
Clinical Data Registry Reporting
Electronic Reportable Lab Results

*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.

Medicare EH PI Objective and Performance Measure	EH RPMS Logic	CMS Exclusion
<p>Electronic Prescribing: e-Prescribing (eRx) For at least one 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>Denominator (Includes Controlled and Uncontrolled Substances): The number of Discharge Medications in the Prescription file issued for inpatients during the EHR reporting period.</p> <p>Numerator: Number of prescriptions in the denominator that meet the conditions below:</p> <ol style="list-style-type: none"> 1. The "Nature of Order" does NOT equal "Written" 2. The prescription is NOT printed to a Hard Copy 	<p>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>
<p>Electronic Prescribing: Query of Prescription Drug Monitoring Program (Bonus Measure)</p>	<p>Attestation Requirements: Yes/No</p> <p>Measure: For at least one Schedule II opioid electronically prescribed using certified electronic health record technology (CEHRT) during the electronic health record (EHR) reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.</p>	<p>N/A</p>
<p>Health Information Exchange: Support Electronic Referral Loops by Sending Health Information: For at least one transition of care or referral, 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 certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.</p>	<p>Denominator: Referral Summary of Care The number of referrals that meet the following criteria:</p> <ol style="list-style-type: none"> 1. The Requesting Facility is equal to the facility for which the report is being generated. 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. 3. The Date Initiated entry is within the EHR reporting period. 4. The Date Approved is within the EHR Reporting period. 5. The Referral Type is not equal to In-House. 6. The CPT Service Category does not equal Diagnostic Imaging, Pathology and Laboratory, Transportation, or Durable Medical Equipment. <p>Numerator: The number of referrals in the Denominator that meet the following criteria:</p> <ol style="list-style-type: none"> 1. The CCDA is generated and transmitted within the performance (reporting) period and 	<p>N/A</p>

Medicare EH PI Objective and Performance Measure	EH RPMS Logic	CMS Exclusion
	2. The date and time acknowledged is within the performance (reporting) period.	
<p>Health Information Exchange: Support Electronic Referral Loops by Receiving and Incorporating Health Information: For at least one electronic summary of care record received for patient encounters during the electronic health record (EHR) reporting period for which an eligible hospital or CAH was the receiving party of a transition of care or referral, or for patient encounters during the EHR reporting period in which the eligible hospital or CAH has never before encountered the patient, the eligible hospital or CAH conducts clinical information reconciliation for medication, medication allergy, and current problem list.</p>	<p>Clinical Information Reconciliation Denominator: The number of Electronic Summary of Care images (CCD-Summary) saved during the performance period for patients meeting any of the following criteria:</p> <ol style="list-style-type: none"> 1. Transitioned or referred patient: <ol style="list-style-type: none"> (A) Hospitalized as defined by the Service Category of H and an admission type of: <ol style="list-style-type: none"> i. Trans-Non IHS Admission ii. Trans-IHS Admission iii. Referred Admission (B) 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. (Follows the Visit Type in the ER admission process.) (C) Established patient with V Note title containing "Outside Provider Referral/Transfer" 2. New patient: Emergency Room visit date or Inpatient admission date is equal to the Date Established in the Patient file <p>Numerator: Count all images in the denominator with Allergies and Problem List and Medications reconciled using the CIR tool within the performance/reporting period. (All three items must be reconciled.)</p>	N/A
<p>Provider to Patient Exchange: Provide Patients Electronic Access to Their Health Information: For at least one unique patient discharged from the eligible hospital or critical access</p>	<p>Denominator: Count the number of unique patients discharged during the EHR reporting period:</p> <ol style="list-style-type: none"> 1. Hospitalization (Service Category H) OR 2. Emergency Department visit (Emergency Department-30 and Service Category "A"). <p>Numerator:</p>	N/A

Medicare EH PI Objective and Performance Measure	EH RPMS Logic	CMS Exclusion
<p>hospital (CAH) inpatient or emergency department (POS 21 or 23):</p> <ul style="list-style-type: none"> i. The patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and ii. The eligible hospital or CAH 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 API in the eligible hospital or CAH’s CEHRT. 	<p>Number of unique patients in the denominator for which a CCDa receipt confirmation from the HIE is logged within 36 hours of the discharge date for <i>each visit</i> within the reporting period.</p>	

Medicare EH PI Objective and Performance Measure	Public Health Measures
<p>Public Health and Clinical Data Exchange: Syndromic Surveillance Data Reporting</p> <p>The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit syndromic surveillance data from an urgent care setting</p>	<p>Attestation Requirements YES/NO - The eligible hospital or CAH must attest YES to being in active engagement* with a PHA to submit syndromic surveillance data from an urgent care setting.</p> <p>Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH:</p> <ul style="list-style-type: none"> I. Does not have an emergency or urgent care department; II. 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 certified electronic health record technology (CEHRT) definition at the start of the electronic health record (EHR) reporting period; or III. 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.
<p>Public Health and Clinical Data Exchange: Immunization Registry Reporting</p> <p>The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).</p>	<p>Attestation Requirements YES/NO - The eligible hospital or CAH must attest YES to being in active engagement* with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/IIS</p> <p>Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH:</p> <ul style="list-style-type: none"> I. Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction’s immunization registry or IIS during the electronic health record (EHR) reporting period; II. Operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the certified electronic health record technology (CEHRT) definition at the start of the EHR reporting period; or III. 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 EHR reporting period.

<p>Public Health and Clinical Data Exchange: Electronic Case Reporting The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit case reporting of reportable conditions.</p>	<p>Attestation Requirements YES/NO - The eligible hospital or CAH must attest YES to being in active engagement* with a PHA to submit case reporting of reportable conditions.</p> <p>Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the eligible hospital or CAH:</p> <ul style="list-style-type: none"> I. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction’s reportable disease system during the electronic health record (EHR) reporting period; II. Operates in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the certified electronic health record technology (CEHRT) definition at the start of the EHR reporting period; or III. 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
<p>Public Health and Clinical Data Exchange: Public Health Registry Reporting</p>	<p>**Certification Criteria: https://www.cms.gov/files/document/medicare-eh-2020-public-health-registry-reporting.pdf §170.315(f)(6) Transmission to Public Health Agencies—Antimicrobial Use and Resistance §170.315(f)(7) Transmission to Public Health Agencies—Health Care Surveys</p>
<p>Public Health and Clinical Data Exchange: Clinical Data Registry Reporting</p>	<p>Attestation Requirements YES/NO - The eligible hospital or CAH is in active engagement* to submit data to a clinical data registry (CDR)</p> <p>Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the CDR reporting measure if the eligible hospital or CAH:</p> <ul style="list-style-type: none"> I. Does not diagnose or directly treat any disease or condition associated with a CDR in their jurisdiction during the electronic health record (EHR) reporting period; II. Operates in a jurisdiction for which no CDR is capable of receiving electronic registry transactions in the specific standards required to meet the certified electronic health record technology (CEHRT) definition at the start of the EHR reporting period; or III. Operates in a jurisdiction where no CDR for which the eligible hospital or CAH is eligible has declared readiness to receive electronic case reporting data as of six months prior to the start of the EHR reporting period

<p>Public Health and Clinical Data Exchange: Electronic Reportable Laboratory Result Reporting</p> <p>The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit ELR results.</p>	<p>Attestation Requirements YES/NO - The eligible hospital or CAH must attest YES to being in active engagement* with a PHA to submit ELR results</p> <p>Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the ELR result reporting measure if the eligible hospital or CAH:</p> <p>I. Does not perform or order laboratory tests that are reportable in their jurisdiction during the electronic health record (EHR) reporting period;</p> <p>II. Operates in a jurisdiction for which no PHA is capable of accepting the specific ELR standards required to meet the certified electronic health record technology (CEHRT) definition at the start of the EHR reporting period; or</p> <p>III. Operates in a jurisdiction where no PHA has declared readiness to receive ELR results from an eligible hospital or CAH as of six months prior to the start of the EHR reporting period.</p>
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*Active Engagement: Means that the eligible hospital or CAH is in the process of moving towards sending "production data" to a 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 eligible hospitals or CAHs to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Eligible hospitals or CAHs 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. Eligible hospitals or CAHs 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 eligible hospital or CAH 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.

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 functionality for transmissions to Cancer Registries, Public Health Agencies for Antimicrobial Use and Health Care Surveys are not currently available.