

2020 MEDICAID ELIGIBLE PROFESSIONAL
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

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

Promoting Interoperability Objective and Performance Measure	2020 Eligible Professional RPMS Logic for Numerator and Denominator	Exclusion
<p>Protect Patient Health Information: 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>Attestation Requirements: Yes/No: Eligible professionals (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>e-Prescribing (eRx): More than 60 percent of all permissible prescriptions written by the Eligible Professional (EP) are queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).</p>	<p>Denominator Exclusions:</p> <ol style="list-style-type: none"> 1. Any medications added within the outside medication component. 2. Any prescription that has a remark that contains ""Administered in Clinic."" 3. Any prescription that is a Discharge Medication. <p>Denominator (Includes Controlled and Uncontrolled Substances): Number of prescriptions electronically entered by the eligible professional with an issue date within the EHR reporting period</p> <p>Numerator: Number of prescriptions in the denominator that meet the following conditions:</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>Exclusion Any EP who: (1) Writes fewer than 100 permissible prescriptions during the Promoting Interoperability (PI) reporting period or (2) Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP’s practice location at the start of his/her EHR reporting period.</p>

Promoting Interoperability Objective and Performance Measure	2020 Eligible Professional RPMS Logic for Numerator and Denominator	Exclusion
<p>Clinical Decision Support (CDS)</p> <p>Measure 1: 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 EP’s scope of practice or patient population, the CDS interventions must be related to high-priority health conditions.</p> <p>Measure 2: Enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p>	<p>Attestation Requirements: Yes/No:</p> <p>Measure 1: Implement 5 CDS Interventions EPs must attest YES to implementing five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period.</p> <p>Measure 2: Drug-Drug Interaction Checks EPs must attest YES to enabling and implementing functionality for drug-drug and drug-allergy interaction to meet this measure.</p>	<p>Exclusion:</p> <p>Measure 2: An EP who writes fewer than 100 medication orders during the EHR reporting period may take an exclusion.</p>

Promoting Interoperability Objective and Performance Measure	2020 Eligible Professional RPMS Logic for Numerator and Denominator	Exclusion
<p>Computerized Provider Order Entry</p> <p>Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Measure 2: More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Measure 3: More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p>	<p>Measure 1: CPOE Medications</p> <p>Denominator: Number of medication orders during the EHR reporting period in the orders file meeting the following criteria:</p> <ol style="list-style-type: none"> 1. the EP is the ordering provider 2. the patient class equals outpatient 3. the patient location is not equal to Emergency Department (location 30) 4. the first entry in the Order file “Action” multiple field is not equal to service correction. <p>Numerator: Number of medication orders in the denominator where the Nature of Order does not equal written.</p> <p>Measure 2: CPOE Laboratory</p> <p>Denominator: Number of laboratory orders in the lab order file entered during the EHR reporting period meeting the following criteria:</p> <ol style="list-style-type: none"> 1. the EP is the ordering provider 2. the patient class is outpatient 3. the patient location is not Emergency Department (location 30). <p>Numerator: Number of laboratory orders in the denominator where the Nature of Order does not equal written OR Service Correction.</p> <p>Measure 3: CPOE Radiology</p> <p>Denominator: Number of radiology orders in the radiology order file entered during the EHR reporting period meeting the following criteria:</p> <ol style="list-style-type: none"> 1. the EP is the ordering provider 2. the patient class is outpatient 3. the patient location not equal to ED location (30). <p>Numerator: Number of Radiology/Nuclear Medicine orders in the denominator where the “Nature of Order” does not equal written.</p>	<p>Measure 1: Any EP who writes fewer than 100 medication orders during the EHR reporting period.</p> <p>Measure 2: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.</p> <p>Measure 3: Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.</p>

Promoting Interoperability Objective and Performance Measure	2020 Eligible Professional RPMS Logic for Numerator and Denominator	Exclusion
<p>Patient Electronic Access to Health Information</p> <p>Measure 1: For more than 80 percent of all unique patients seen by the EP:(1)The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit (VDT) his or her health information 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>Measure 2: The EP 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 seen by the EP during the EHR reporting period.</p>	<p>Exclusions: Case Management (clinic code 77), Laboratory Services (clinic code 76), Radiology (clinic code 63), Pharmacy (clinic code 39), and Emergency Room (clinic code 30) visits are excluded.</p> <p>Measure 1: Timely Access</p> <p>Denominator: The number of unique patients with one or more face-to-face visits during the reporting period that meet the following criteria:</p> <ol style="list-style-type: none"> 1. The EP is the primary provider 2. The visit Service Category is A, S, O or M. <p>Numerator: The number of patients in the denominator where a CCDA receipt confirmation from the HIE is logged within 4 business days of the visit (original document) for <u>each visit</u> within the performance period.</p> <p>Measure 2: Patient Specific Education</p> <p>Denominator: The number of unique patients with one or more face-to-face visits during the reporting period that meet the following criteria:</p> <ol style="list-style-type: none"> 1. The EP is the primary provider 2. The visit Service Category is A, S, O or M. <p>Numerator: 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>Measure 1 and 2: An EP may take an exclusion for either measure or both, if either of the following apply:</p> <ol style="list-style-type: none"> i) They have no office visits during the EHR reporting period ii) Broadband exclusion*

<p>Coordination of Care through Patient Engagement</p> <p>Measure 1: More than 5 percent of all unique patients (or their authorized representatives) seen by the eligible professional (EP) actively engage with the EHR made accessible by the EP and either</p> <p>1) View, download, or transmit to a third party their health information; or</p> <p>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 EP’s CEHRT; or</p> <p>3) A combination of (1) and (2).</p> <p>Measure 2: For more than 5 percent of all unique patients seen by the EP 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>Measure 3: Patient generated health data or data from a non-clinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.</p>	<p>Exclusions (Measures 1,2,3): Case Management (clinic code 77), Laboratory Services (clinic code 76), Radiology (clinic code 63), Pharmacy (clinic code 39), and Emergency Room (clinic code 30) visits are excluded.</p> <p>Measure 1: VDT and /or Access Using API</p> <p>Denominator: The number of unique patients with one or more face-to-face visits during the reporting period that meet the following criteria:</p> <ol style="list-style-type: none"> 1. The Eligible Professional is the primary provider 2. The visit Service Category is A, S, O or M. <p>Numerator: The number of patients included in the denominator who have viewed their online information during the calendar year.</p> <p>Measure 2: Secure Messaging</p> <p>Denominator: The number of unique patients with one or more face-to-face visits during the reporting period that meet the following criteria:</p> <ol style="list-style-type: none"> 1. The Eligible Professional is the primary provider 2. The visit Service Category is A, S, O or M. <p>Numerator: The number of patients in the denominator who were sent a secure electronic message by the Eligible Professional or Message Agent during the calendar year.</p> <p>Measure 3: Incorporate Patient Information</p> <p>Denominator The number of unique patients with one or more face-to-face visits during the reporting period that meet the following criteria:</p> <ol style="list-style-type: none"> 1. The Eligible Professional is the primary provider 2. The visit Service Category is A, S, O or M. <p>Numerator: The number of patients 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>NOTE from Medicaid Specifications available online: https://www.cms.gov/files/document/medicaid-ep-2020-table-contents.pdf</p>	<p>Measure 1,2 and 3: An EP may take an exclusion for either measure or both, if either of the following apply:</p> <ol style="list-style-type: none"> i) They have no office visits during the EHR reporting period ii) Broadband exclusion*
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Promoting Interoperability Objective and Performance Measure	2020 Eligible Professional RPMS Logic for Numerator and Denominator	Exclusion
	An EP 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>Health Information Exchange</p> <p>Measure 1 For more than 50% of transitions of care and referrals, the EP 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>Measure 2: For more than 40% of transitions or referrals received and patient encounters in which the EP has never encountered the patient before, they incorporate into the patient’s EHR an electronic summary of care document.</p> <p>Measure 3: For more than 80% of transitions or referrals received and patient encounters in which the EP has</p>	<p>Measure 1: Create and Send Summary</p> <p>IHS Denominator Exclusions: Emergency Room (clinic code 30), In-house referrals, and Inpatient Hospitalizations</p> <p>Denominator: The number of referrals that meet the following criteria:</p> <ol style="list-style-type: none"> 1. The Requesting Provider is equal to the Eligible Professional for whom the report is being generated. 2. The Date Initiated entry is within the EHR reporting period. 3. The Date Approved is within the EHR Reporting period. 4. The Referral Type is not equal to In-House. 5. 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 which meet the following criteria:</p> <ol style="list-style-type: none"> 1. The CCDA is transmitted electronically and within the calendar year. 2. The Date and Time acknowledged is within the calendar year. <p>Measure 2: Receive and Incorporate Summary of Care</p> <p>Denominator: The number of visits with the Eligible Professional during the EHR reporting period which meet the following criteria:</p> <ol style="list-style-type: none"> 1. The Eligible Professional was the primary provider 2. The visit Service Category is A, S, O or M 3. The clinic code is NOT equal to one of the following: 09, 12, 30, 33, 36, 39, 40, 41, 42, 43, 45, 51,52, 53, 54, 55, 60, 61, 66, 68, 71, 76, 77, 78, 82, 86, 91, 93, 94, 95 or A3, A8, A9, B2, B4,D1, D2, D3, D4. 4. The visit is a new or transitioned patient visit identified by either: <ol style="list-style-type: none"> a. E&M code entry in range 99201-99205 (new outpatient office visit) or 99381-99387 (preventive visit new patients) in the V CPT File, or b. The visit contains a note title: Outside Provider Referral/Transfer <p>Exclusion: ‘No CCDA available on HIE’ note a week before or 48 hours after the visit</p> <p>Measure 2</p> <p>Numerator: The number of visits in the denominator where an image is saved to that patient record during the calendar year and the author/dictator is the Eligible Professional.</p> <p>Measure 3: Clinical Information Reconciliation</p> <p>Denominator: The number of visits with Eligible Professional during the EHR reporting period which meet the following criteria:</p>	<p>Measure 1: An EP may take an exclusion if either or both of the following apply: (1) They transfer a patient to another setting or refer a patient to another provider fewer than 100 times during the EHR reporting period. (2) Broadband exclusion*</p> <p>Measure 2: An EP may take an exclusion if either or both of the following apply: (1) the total transitions or referrals received and patient encounters in which they have never before encountered the patient is fewer than 100 during the EHR reporting period. (2) Broadband exclusion*</p> <p>Measure 3: An EP may take an exclusion if the total transitions or referrals received</p>
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Promoting Interoperability Objective and Performance Measure	2020 Eligible Professional RPMS Logic for Numerator and Denominator	Exclusion
<p>never encountered the patient before, they perform clinical information reconciliation. The EP 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) Current Problem List: Review of the patient current and active diagnoses.</p>	<ol style="list-style-type: none"> 1. The Eligible Professional was the primary provider 2. The visit Service Category is A, S, O or M 3. The clinic code is NOT equal to one of the following: 09, 12, 30, 33, 36, 39, 40, 41, 42, 43, 45, 51,52, 53, 54, 55, 60, 61, 66, 68, 71, 76, 77, 78, 82, 86, 91, 93, 94, 95 or A3, A8, A9, B2, B4,D1, D2, D3, D4. 4. The visit is a new or transitioned patient visit identified by either: <ol style="list-style-type: none"> a. E&M code entry in range 99201-99205 (new outpatient office visit) or 99381-99387 (preventive visit new patients) in the V CPT File, or b. The visit contains a note title: Outside Provider Referral/Transfer <p>Numerator: Count all visits in the denominator with Allergies <u>and</u> Problem List <u>and</u> Medications marked as reviewed on the date of the visit.</p>	<p>and patient encounters in which they have never encountered the patient before is fewer than 100 during the EHR reporting period.</p>

Medicaid Eligible Professional PI Objective and Performance Measure	Public Health Measures
<p>Public Health and Clinical Data Exchange: Immunization Registry Reporting</p> <p>The EP 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>Attestation Requirements: YES/NO</p> <p>The Eligible Professional 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/immunization information system (IIS).</p> <p>Exclusion:</p> <p>An EP may take an exclusion if any of the following apply:</p> <ol style="list-style-type: none"> 1. They do 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; 2. They practice 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 3. They practice 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.
<p>Public Health and Clinical Data Exchange: Syndromic Surveillance Data Reporting</p> <p>The Eligible Professional is in active engagement with a public health agency to submit syndromic surveillance data,</p>	<p>Attestation Requirements: YES/NO</p> <p>The Eligible Professional must attest YES to being in active engagement** with a PHA to submit syndromic surveillance data.</p> <p>Exclusion:</p> <p>An EP may take an exclusion if any of the following apply:</p> <ol style="list-style-type: none"> 1. They are not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdictions’ syndromic surveillance system; 2. They practice in a jurisdiction for which no PHA is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or 3. They practice in a jurisdiction where no PHA has declared readiness to receive syndromic surveillance data from EPs as of six months prior to the start of the EHR reporting period.
<p>Public Health and Clinical Data Exchange: Electronic Case Reporting</p> <p>The EP is in active engagement with a PHA to submit case reporting of reportable conditions.</p>	<p>Attestation Requirements: YES/NO</p> <p>The Eligible Professional must attest YES to being in active engagement** with a PHA to electronically submit case reporting of reportable conditions.</p> <p>Exclusion:</p> <p>An EP may take an exclusion if any of the following apply:</p> <ol style="list-style-type: none"> 1. They do not diagnose or directly treat any reportable diseases for which data is collected by their jurisdiction’s reportable disease system during the EHR reporting period; 2. They practice 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 3. They practice 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 The EP is in active engagement to submit data to a CDR.</p>	<p>Attestation Requirements: YES/NO The Eligible Professional must attest YES to being in active engagement** with a PHA to submit data to public health registries</p> <p>Exclusion: An EP may take an exclusion if any of the following apply:</p> <ol style="list-style-type: none"> 1. They do not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction in during the EHR reporting period; 2. They practice 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 3. They practice in a jurisdiction where no PHA for which the EP is eligible to submit data has declared readiness to receive electronic registry transactions as of six months prior to the start of the EHR reporting period.
<p>Public Health and Clinical Data Exchange: Clinical Data Registry Reporting: The Eligible Professional is an active engagement to submit data to a clinical data registry.</p>	<p>Attestation Requirements: YES/NO The Eligible Professional must attest Yes to being in active engagement** to submit data to a CDR.</p> <p>Exclusion: An EP may take an exclusion if any of the following apply:</p> <ol style="list-style-type: none"> 1. Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the performance period; 2. Operates in a jurisdiction for which no clinical data registry 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 3. Operates in a jurisdiction where no clinical data registry for which the Eligible Professional is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance

***Broadband Exclusion:** The Eligible Professional 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 EP 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 EP 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 is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows the EPs to meet the measure when the

PHA or the CDR has limited resources to initiate the testing and validation process. EPs 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 EP is in the process of testing and validation of the electronic submission of data. EPs 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.
- Option 3: Production-The EP 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.