

170.315(g)(2) PI Calculation – How to meet each measure based on reporting types (ehrTHOMAS v 3.0) (updated 05/29/2019)

Medicaid EHR Incentive Program Stage 3 (2015 Edition only)	ACI (2015 Edition Only)
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_2019.pdf	https://qpp.cms.gov/mips/promoting-interoperability
Computerized Provider Order Entry (CPOE)	
<p>.An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective:</p> <p>Measure 1: More than 60 percent of medication orders created by the EC during the EHR reporting period are recorded using computerized provider order entry.</p> <p>DENOMINATOR: Number of eRX + current medication during reporting period.</p> <p>NUMERATOR: The number of orders in the denominator recorded using ehrTHOMAS.</p> <p>Measure 2: More than 60 percent of laboratory orders created by the EC during the EHR reporting period are recorded using computerized provider order entry.</p> <p>DENOMINATOR: Number of laboratory orders created during reporting period.</p> <p>NUMERATOR: The number of orders in the denominator recorded using ehrTHOMAS.</p> <p>Measure 3: More than 60 percent of diagnostic imaging orders created by the EC during the EHR reporting period are recorded using computerized provider order entry.</p> <p>DENOMINATOR: Number of diagnostic orders created during the reporting period.</p> <p>NUMERATOR: The number of orders in the denominator recorded using ehrTHOMAS.</p>	
e-Prescribing	
<p>More than 60 percent of all permissible prescriptions written by the EC are queried for a drug formulary and transmitted electronically using CEHRT.</p> <p>DENOMINATOR: Number of prescriptions written during reporting period.</p> <p>NUMERATOR: Number of eRX prescribed through DrFirst during that period.</p>	<p>At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.</p> <p>DENOMINATOR: Number of prescriptions written during reporting period.</p> <p>NUMERATOR: Number of eRX prescribed through DrFirst during that period.</p>
Patient Electronic Access to Health Information – Measure2: Patient Education	
<p>The EC 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 EC during the EHR reporting period.</p> <p>DENOMINATOR: Number of unique patients with visit encounter(s) seen by the EC during reporting period.</p>	

170.315(g)(2) PI Calculation – How to meet each measure based on reporting types (ehrTHOMAS v 3.0) (updated 05/29/2019)

Medicaid EHR Incentive Program Stage 3 (2015 Edition only)	ACI (2015 Edition Only)
<p>NUMERATOR: Patients from Denominator who have an education record from the MedlinePlus Connect info button and have a Direct message address that the URL from MedlinePlus can be sent to patient automatically.</p>	
<p>Patient Electronic Access to Health Information – Measure1: Provide Patient Electronic Access to Their Health Information (Patient Electronic Access)</p>	
<p>EPs must satisfy both measures in order to meet this objective:</p> <p>Measure 1: For more than 80 percent of all unique patients seen by the EP:</p> <p>1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and</p> <p>2) 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 CEHRT.</p> <p>DENOMINATOR: Number of unique patients with visit encounter(s) seen by the EC during reporting period.</p> <p>NUMERATOR: Patients in denominator with CCDA generated AND sent to Genius Portal. MUST do so on ALL visits.</p>	<p>For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician 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 MIPS eligible clinician's certified electronic health record technology (CEHRT).</p> <p>DENOMINATOR: Number of unique patients with visit encounter(s) seen by the EC during reporting period.</p> <p>NUMERATOR: Patients in denominator with CCDA generated AND sent to Genius Portal. MUST do so on ALL visits.</p> <p>Per 2019 MIPS PI Specification – updated 12/27/2018</p> <p>For the measure, MIPS eligible clinicians must offer all four functionalities (view, download, transmit, and access through API) to their patients. And, patient health information needs to be made available to each patient for view, download, and transmit within 4 business days of the information being available to the clinician for each and every time that information is generated whether the patient has been "enrolled" for three months or for three years. A patient who has multiple encounters during the performance period, or even in subsequent performance periods in future years, needs to be provided access for each encounter where they are seen by the MIPS eligible clinician. The patient cannot be counted in the numerator if the MIPS eligible clinician does not continue to update the information accessible to the patient each time new information is available.</p>
<p>Coordination of Care through Patient Engagement – Measure3: Patient-Generated Health Data</p>	
<p>Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EC during the EHR reporting period.</p> <p>DENOMINATOR: Number of unique patients with visit encounter(s) seen by the EC during reporting period</p> <p>NUMERATOR: Patients in denominator who have an encounter attachment with From Patient OR Clinical Summary checked. (Encounter Attachments).</p>	
<p>Coordination of Care through Patient Engagement – Measure2: Secure Messaging</p>	
<p>More than 5 percent of all unique patients seen by the EC during the EHR reporting</p>	

170.315(g)(2) PI Calculation – How to meet each measure based on reporting types (ehrTHOMAS v 3.0) (updated 05/29/2019)

Medicaid EHR Incentive Program Stage 3 (2015 Edition only)	ACI (2015 Edition Only)
<p>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>DENOMINATOR: Number of unique patients with visit encounter(s) seen by the EC during reporting period.</p> <p>NUMERATOR: Patients in denominator who either sent a Direct message to EC, or has the Direct message sent from EC.</p>	
Coordination of Care through Patient Engagement – Measure3: View, Download and Transmit (VDT)	
<p>More than 5 percent of all unique patients (or their authorized representatives) seen by the EC actively engage with the electronic health record made accessible by the provider and either—</p> <ol style="list-style-type: none"> 1. View, download or transmit to a third party their health information; or 2. Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or 3. A combination of (1) and (2) <p>DENOMINATOR: Number of unique patients seen by the EC during reporting period.</p> <p>NUMERATOR: Patients (or their authorized representatives) in denominator who have viewed online, downloaded, or transmitted to a third party the health information from Genius Portal.</p>	
Health Information Exchange - Measure 1: Support Electronic Referral Loop by Sending Health Information (Transition of Care)	
<p>For more than 50 percent of transitions of care and referrals, the EC 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>DENOMINATOR: Number of transitions of care and referrals during reporting period for which the EC was the transferring or referring provider. Visit encounter with transition type = Consult/Referral and Out box is checked.</p> <p>NUMERATOR: Number of encounters from denominator with CCDA generated AND sent to HIE/sent secure transmission is checked AND have CCDA Receipt Received checked. (Encounter Header > CCDA Receipt Confirmation = This is for provider using Sent to HIE/Secure Transmission – need to manually check this to get credit for Numerator.) OR Sent CCDA via direct message sent and received direct or read confirmation status. (If send CCDA via Direct, system will automatically look for direct or read confirmation status.)</p>	<p>For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider—(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: Number of transitions of care and referrals during reporting period for which the EC was the transferring or referring provider. Visit encounter with transition type = Consult/Referral and Out box is checked.</p> <p>NUMERATOR: Number of encounters from denominator with CCDA generated AND sent to HIE/sent secure transmission is checked AND have CCDA Receipt Received checked. (Encounter Header > CCDA Receipt Confirmation = This is for provider using Sent to HIE/Secure Transmission – need to manually check this to get credit for Numerator.) OR Sent CCDA via direct message sent and received direct or read confirmation status (PortalMessages.LastSentStatus=4). (If send CCDA via Direct, system will automatically look for direct or read confirmation status.)</p>
Health Information Exchange - Measure 2: Receive and Incorporate	

170.315(g)(2) PI Calculation – How to meet each measure based on reporting types (ehrTHOMAS v 3.0) (updated 05/29/2019)

Medicaid EHR Incentive Program Stage 3 (2015 Edition only)	ACI (2015 Edition Only)
<p>For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EC incorporates into the patient's EHR an electronic summary of care document.</p> <p>DENOMINATOR: Visit encounter with transition type = Consult/Referral and Out box is NOT checked, OR 1st visit encounter within the date range.</p> <p>NUMERATOR: Encounters from denominator with CCDA attached AND one of the following done:</p> <ul style="list-style-type: none"> • have imported a problem from the CCDA screen OR problem were reviewed (click on modifying factor and save) • OR med added/reviewed • OR allergies added/reviewed. <p>Encounter Header: if CCDA Unavailable is checked, This will exclude the encounter from being reported (Not counting toward D or N)</p>	
Health Information Exchange - Measure 3: Support Electronic Referral Loop by Receiving and Incorporating Health Information	
<p>For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EC performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:</p> <ol style="list-style-type: none"> 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's current and active diagnoses. <p>DENOMINATOR: Visit encounter with transition type = Consult/Referral and Out box is NOT checked, OR 1st visit encounter within the date range.</p> <p>NUMERATOR: Encounters from denominator with CCDA attached AND ALL following were done:</p> <ul style="list-style-type: none"> • have imported a problem from the CCDA screen OR problem were reviewed (click on modifying factor and save) • AND med added/reviewed • AND allergies added/reviewed. 	<p>For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician performs clinical information reconciliation. The MIPS eligible clinician 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's current and active diagnoses.</p> <p>DENOMINATOR: The number of transitions of care or referrals during the performance period for which the MIPS EC was the recipient of the transition or referral or has never before encountered the patient.</p> <p>Visit encounter with transition type = Consult/referral and Out box is NOT checked OR patient's first visit encounter that occurred within that date range.</p> <p>NUMERATOR: Encounters from denominator with CCDA attached AND ALL following were done:</p> <ul style="list-style-type: none"> • have imported a problem from the CCDA screen OR problem were reviewed (click on modifying factor and save) • AND med added/reviewed • AND allergies added/reviewed.