

Strategies for Patient Electronic Access and Health Information Exchange

Using Opt Out and Query HIE for MU Stage 3

Massachusetts Medicaid EHR Incentive Program

June 11, 2019

Today's presenters:
Margaret Lellman
Thomas Bennett

Disclaimer

This presentation was current at the time it was presented, published or uploaded onto the web. This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage attendees to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

The attestation deadline for
Program Year 2019 is
March 31, 2020

Reminders: 2015 Edition CEHRT

- 2015 Edition CEHRT functionality is required to meet Stage 3 requirements
- The 2015 Edition CEHRT must be installed and used for the entirety of the EP's selected 90-day EHR reporting period
- If your EPs have not yet upgraded, start the process ASAP
 - If EPs don't upgrade to the 2015 CEHRT Edition before **October 3rd**, they won't be able to attest to Program Year 2019



Agenda

- Purpose of This Webinar
- MU Objective: Patient Electronic Access – Stage 3
- What is Opt Out for PEA?
- Opt Out Supporting Documentation
 - EHR-Generated MU Dashboard or Report
 - Audit Log Report of Opt Out Patients
 - Opt Out Letter
- MU Objective: Health Information Exchange – Stage 3
- What is Query HIE?
- Request and Query HIE Supporting Documentation
 - Query HIE Enablement Letter
 - Audit Log Report of Deducted Patients
- Strategies and Tips for Success

Purpose of This Webinar

We want to help you:

- Meet the measures for
 - MU Objective 5 - Patient Electronic Access
 - MU Objective 7 – Health Information Exchange
- Save time by getting it right the first time and avoid application recycling
- Ensure accuracy of your MU supporting documentation

At the end of this session, attendees will take away:

- Why PEA and HIE are important
- An understanding of the expanded use of CEHRT functionality
- Alternative strategies for meeting the measures
- Solutions for minimizing potential issues
- Examples of approved Opt Out and Query HIE supporting documentation

Objective 5: Patient Electronic Access (PEA) – Stage 3

EP provides patients with timely electronic access to their health information and patient-specific education

Measure 1: For **more than 80%** of patients*:

- (1) the patient is provided timely access to **view, download, and transmit** their health info; and
- (2) the patient's health info is available for the patient to access using any app of their choice configured to meet the technical specs of the **Application Programming Interface (API)**** in the provider's CEHRT

* When patients decline to participate in electronic access to their health information, the EP can use **Opt Out** to count those patients in order to meet the Measure 1 threshold.

** You can think of an Application Programming Interface (API) as the messenger that takes your request to an EHR and then delivers the EHR's response back to you.

Measure 2 (formerly patient-specific education): For **more than 35%** of patients, EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials

Objective 5: Patient Electronic Access – Stage 3 (continued)

Exclusions for Measure 1

- An EP may exclude from the measure if they have no office visits during the EHR reporting period
- Any EP that conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure

Objective 5: Patient Electronic Access – Using Opt Out to demonstrate MU Stage 3

What is Opt Out for PEA?

Opt Out is an alternative strategy EPs can use to attest successfully when patients decline to participate in electronic access to their health information.

Opt Out allows you to count those patients toward meeting the Measure 1 threshold.

Using Opt Out for MU Stage 3

- Add Opt Out patients to your numerator if patients are provided all necessary info to:
 - Access their health information,
 - Obtain access through an authorized representative or
 - Otherwise opt back in without further action required by the EP
- EPs must still offer Opt Out patients all four functionalities (**view, download, transmit, and access to API**) and PHI needs to be made available for VDT
- If your EHR automatically includes Opt Out patients in the MU dashboard, simply upload the MU dashboard to MAPIR

Supporting Documentation if using Opt Out for PEA

Upload Supporting Documentation

Conditional supporting documentation applies only to EPs who manually added patients who opted out of PEA to the Measure 1 numerator because the EP's MU dashboard didn't automatically add these patients

Measure 1: Opt Out Supporting Documentation

- EHR-generated MU Dashboard
- Letter confirming Opt Out patients were provided all necessary information to access their health information
- Opt Out audit log or report with the unique IDs of the Opt Out patients that were added to the numerator
 - Redact any Patient Health Information
 - Report must be in Excel format

Using Opt Out for PEA - Stage 3

Opt Out Supporting Documentation

Opt Out Letter

Central Massachusetts Internal Medicine
100 North Drive,
Westborough, MA 01581
508-000-0000

04/24/2019

To Whom It May Concern:

Letter Confirming the Opt-Out patients were provided all necessary information to access their information, obtain access through a patient-authorized representative, or otherwise opt-back-in without further follow up action required by the provider.

The letter must include a description of how a patient's Opt-Out action was recorded (for example a form, or other method). The letter must be signed by an authorized official at the location where the Opt-Outs occurred (EP, Designee, Clinical or Medical Director).

Sincerely,

Clark Kent, MD

Clark Kent, MD

Medical Director

Using Opt Out for PEA - Stage 3

Opt Out Supporting Documentation

Audit log or Report of Opt Out patients added to MU Dashboard numerator

- Unique IDs of the qualifying “Opt Out” patients added
- Log or report should be in Excel format
- Redact any PHI
- Only include patients who opted out

Patient ID	Patient DOB	Service Date	Provider	Email address	Reason for Opt-Out
1111111	1/1/2000	1/1/2019	Clark Kent, MD	N/A	Declined
2222222	1/10/2009	1/10/2019	Clark Kent, MD	N/A	No internet access
3333333	1/12/2002	1/12/2019	Clark Kent, MD	N/A	Declined
4444444	1/8/1996	1/14/2019	Clark Kent, MD	janedoe@email.com	Declined
5555555	3/15/2001	1/14/2019	Clark Kent, MD	alincoln@email.com	Declined

Objective 5 - PEA: Entering Data Into MAPIR

Attestation Tab > Meaningful Use > Objective 5: Patient Electronic Access

Note: Opt out is not a choice/option in MAPIR.

Upload opt out report and opt out letter to MAPIR.

Add the numerator from the report to the numerator in your dashboard, to equal the numerator entered in MAPIR to meet measure 1.

Enter the denominator from your dashboard.

The screenshot shows the MAPIR Attestation Meaningful Use Objectives page. The top navigation bar includes: Get Started, RBA/Contact Info, Eligibility, Patient Volumes, Attestation, Review, and Submit. The main content area is titled "Attestation Meaningful Use Objectives" and lists Objectives 0 through 7, each with a green checkmark. The selected objective is "Objective 5: Patient Electronic Access to Health Information".

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The EP provides patients (or patient authorized representative) with timely electronic access to their health information and patient specific education.

Exclusion 1: An EP may exclude from the measure if they have no office visits during the EHR reporting period.
* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Exclusion 2.
 Yes No

Exclusion 2: Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.
Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Measure 1 and 2.
 Yes No

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 his or her health information; and (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 Certified EHR Technology.

Numerator 1: The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology.

Denominator 1: The number of unique patients seen by the EP during the EHR reporting period.

Numerator 1: **Denominator 1:**

Measure 2: The EP must use clinically relevant information from Certified EHR Technology 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.

Numerator 2: The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from Certified EHR Technology during the EHR reporting period.

Denominator 2: The number of unique patients seen by the EP during the EHR reporting period.

Numerator 2: **Denominator 2:**

Return to Main Clear All Entries Save & Continue

Health Information Exchange – Stage 3

Measure 1

For **more than 50%** of transitions and referrals, the referring EP:

1. Uses CEHRT to create Summary of Care (SoC) record
2. Electronically exchanges the summary of care record



Measure 2

For **more than 40%** of transitions and referrals received, and encounters where the EP has never before seen the patient, EP incorporates electronic summary of care record in patient's EHR

- A record cannot be considered incorporated if it is discarded without the reconciliation of clinical information, or if it is stored in a manner not accessible for EP use within the EHR

Measure 3 (former Stage 2 Medication Reconciliation objective)

For **more than 80%** of transitions received and encounters where the EP has never before seen the patient, EP performs a clinical information reconciliation for the following three clinical information sets:

1. Medication
2. Medication allergy
3. Current problem list

Health Information Exchange – Stage 3 (continued)

Exclusions for Measure 2

- An EP may take an exclusion if either or both of the following apply:
 - The total transitions or referrals received and patient encounters in which he or she has never before encountered the patient, is **fewer than 100** during the EHR reporting period
 - The EP conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period

Objective 7: Health Information Exchange – Using Requests & Query HIE for Stage 3

What is Query HIE?

Expanded CEHRT functionality that allows EPs to conduct searches for Summary of Care records

- If your EHR dashboard shows that you are meeting Measure 2, query-based HIE is not required
- If you receive insufficient electronic Summary of Care records to meet Measure 2, you can:
 - Use both Requests and Query HIE (if applicable) to obtain additional records

Do you have access to query-based HIE?	
Yes	No
Make requests AND use query HIE to try to obtain Summary of Care records for transitions, referrals and first-time patients	Make requests to try to obtain Summary of Care records for transitions, referrals, and first-time patients

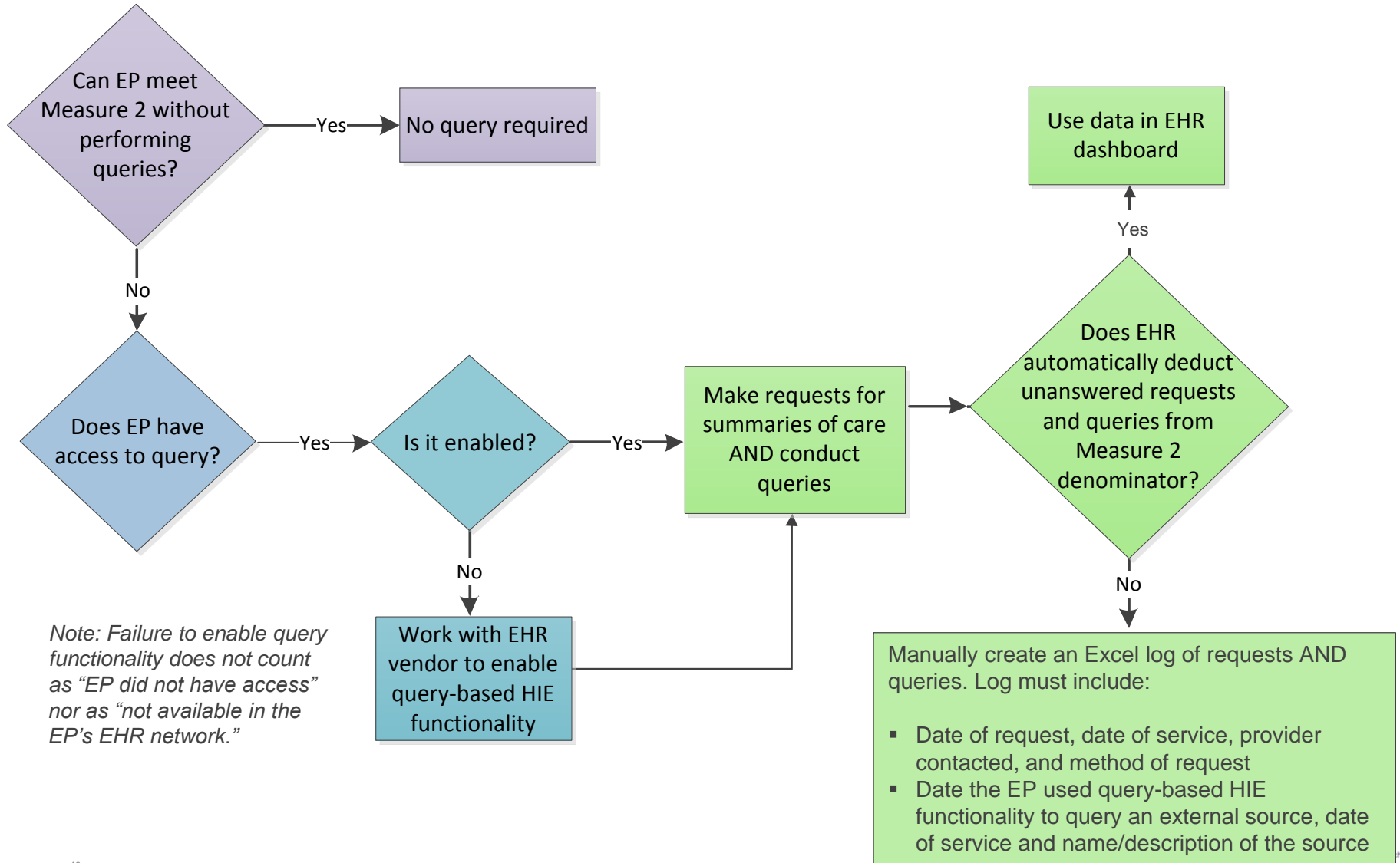
- Deduct patients from the Measure 2 denominator if an electronic Summary of Care record was still **unavailable** for the patient after the EP made a request, and used Query HIE functionality (if applicable), to try to obtain such record

Objective 7: Health Information Exchange – Using Request & Query HIE for Stage 3

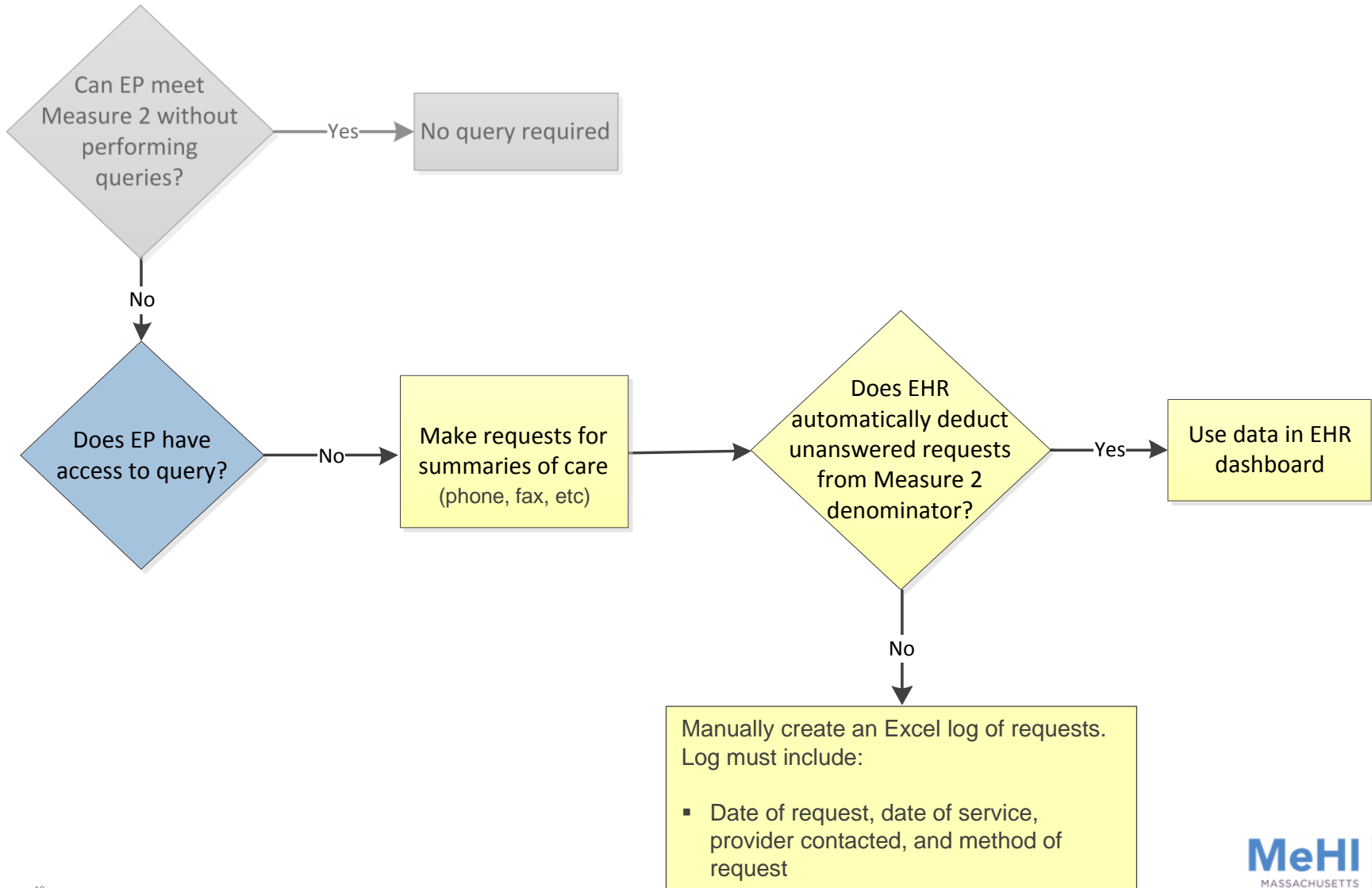
What constitutes *unavailable*?

- If the EP requested an electronic summary of care record to be sent and did not receive an electronic summary of care document **and either**:
 - Queried at least one external source via HIE functionality and did not locate a summary of care for the patient, or the provider does not have access to HIE functionality to support such a query, **or**
 - Confirmed that HIE functionality supporting query for summary of care documents was not operational in the provider’s geographic region and not available within the EP’s EHR network as of the start of the EHR reporting period
- Many 2015 Edition CEHRTs support Query HIE, either via vendor functionality or via integration of Query HIE platforms such as Commonwell or Carequality
- Not enabling the functionality does not count as “EP did not have access”, nor as “not available in the EP’s EHR network”
- Check with your vendor whether query HIE functionality is available and how to enable it
- Your vendor may charge a fee to enable query HIE functionality

Step-by-Step: Before MU Reporting Period – if EP has query access



Step-by-Step: Before MU Reporting Period – if EP has no access to query



MU Supporting Documentation: Requests and Query HIE – if EP has query access

If the EP had access to Query HIE functionality, the EP must upload:

- EHR-generated MU Dashboard
- Letter signed by an authorized official (EP, Designee, Clinical/Medical Director) confirming that:
 - EP had access to Query HIE functionality that supports a query of external sources, and
 - EP's MU dashboard did not account for the patients that can be excluded
- Request and Query Audit Log in Excel format with unique IDs of patients deducted from the denominator, including:
 - For requests: the date the EP requested an electronic Summary of Care record, date of service, the provider contacted, and the method used to make the request (phone, secure email, secure messaging, or other method)
 - For query HIE: the date the EP used Query HIE to query at least one external source in which the EP did not locate a Summary of Care record for the patient, date of service, and the name or description of the external source(s)

MU Supporting Documentation: Requests and Query HIE – if EP has query access

EHR-generated MU Dashboard or report

- Selected MU reporting period
- Attesting provider's name
- Recorded numerator, denominator and percentages for this measure

LOCATION GROUP:		
PROVIDER: Dr. Smith		
Objective 7 Measure 2	ID:	Period: 08/10/2018 to 11/07/2018
Objective 7: Health Information Exchange		
Clinical Measure	Numerator / Denominator	PERCENTAGE
Objective 7 Measure 1	0 / 2	0 %
Objective 7 Measure 2	30/120	25%
<small>Percent is zero when 100 during the EHR reporting period is excluded from the measure.</small>		
Clinical Measure	Numerator / Denominator	PERCENTAGE
Objective 7 Measure 3	214 / 224	95 %

MU Supporting Documentation: Requests and Query HIE – if EP has query access

- Letter signed by an authorized official at the location where the electronic Summary of Care records were unavailable (EP, Designee, Clinical or Medical Director) confirming the EP had access to Query HIE functionality that supports a query of external sources, and that the EP's MU dashboard did not account for the patients that can be excluded.

**Central Massachusetts Internal Medicine
100 North Drive
Westborough, MA 01581
508-000-0000**

04/24/2019

To Whom It May Concern:

Letter confirming the EP had access to Query HIE functionality that supports a query of external sources, and that the EP's MU dashboard did not account for the patients that can be excluded.

Sincerely,

Clark Kent, MD

Clark Kent, MD

Medical Director

MU Supporting Documentation: Requests and Query HIE – if EP has query access

- Request and Query Audit Log in Excel format with the unique IDs of the patients deducted from the denominator (redact any PHI information, such as patient name), including:
 - The date the EP requested an electronic Summary of Care record, date of service, the provider contacted in the request, and the method used to make the request, e.g. phone, secure email, secure messaging, or other method
 - The date the EP used Query HIE functionality to query at least one external source in which the EP did not locate a Summary of Care record for the patient, date of service, and the name or description of the external source(s)

1	2	3	4	5	6	7	8
					NO SOC RECEIVED FOR PATIENT SEEN IN 90 DAY MU RP		
					5/1/2019-7/30/2019		
		REQUESTED (via MANUALLY P2P)			QUERY HIE (via system query)		
PROVIDER	DOS	UNIQUE PT ID	DATE REQUESTED E-SOC	PROVIDER CONTACTED	REQUEST METHOD	DATE EP USED QUERY HIE FUNCTIONALITY	NAME/DESCRIPTION OF EXTERNAL SOURCE
DR. KENT	5/2/2019	11111	4/1/2019	DR. OZ	FAX	4/4/2019	Hospital ABC
DR. KENT	5/20/2019	22222	4/2/2019	DR. ABC	PHONE	4/4/2019	State Repository
DR. KENT	5/30/2019	33333	4/10/2019	DR. DOE	SECURE EMAIL	4/12/2019	MetroWest Ear, nose, throat

- These patients can be deducted from the Measure 2 denominator on your EHR dashboard

MU Supporting Documentation: Requests and Query HIE – if EP does NOT have query access

If the EP had no access to Query HIE functionality, the EP must upload:

- EHR-generated MU Dashboard
- Letter signed by an authorized official (EP, Designee, Clinical/Medical Director) confirming that **either**
 - EP did not have access to Query HIE functionality that supports a query of external sources **or**
 - Query HIE functionality that supports query of external sources was not operational in the EP’s geographic area and not available in the EP’s EHR network*
- Request Audit Log in Excel format with the unique IDs of the patients deducted from the denominator including:
 - date the EP requested an electronic Summary of Care record, date of service, provider contacted, and the method used to make the request (phone, secure email, secure messaging, other)

* Many 2015 Edition CEHRTs support Query HIE, either via vendor functionality or via integration of Query HIE platforms, such as Commonwell or Carequality. Not enabling the functionality does not count as “EP did not have access”, nor as “not available in the EP’s EHR network.” Check with your vendor whether Query HIE functionality is available and how to enable it.

MU Supporting Documentation: Requests and Query HIE – if EP does NOT have query access

EHR-generated MU Dashboard or report

- Selected MU reporting period
- Attesting provider's name
- Recorded numerator, denominator and percentages for this measure

LOCATION GROUP:		
PROVIDER: Dr. Green		
Objective 7 Measure 2	ID:	Period: 08/10/2018 to 11/07/2018
Objective 7: Health Information Exchange		
Clinical Measure	Numerator / Denominator	PERCENTAGE
Objective 7 Measure 1	0 / 2	0 %
Objective 7 Measure 2	20/120	17%
<small>Percent is zero when 100 during the EHR reporting period is excluded from the measure.</small>		
Clinical Measure	Numerator / Denominator	PERCENTAGE
Objective 7 Measure 3	214 / 224	95 %

MU Supporting Documentation: Requests and Query HIE – if EP does NOT have query access

- Letter signed by an authorized official at the location where the electronic Summary of Care records were unavailable (EP, Designee, Clinical or Medical Director) confirming either
 - EP did not have access to Query HIE functionality that supports a query of external sources or
 - Query HIE functionality that supports query of external sources was not operational in the EP's geographic area and not available in the EP's EHR network, as of the start of the EHR Reporting Period

Central Massachusetts Internal Medicine
100 North Drive
Westborough, MA 01581
508-000-0000

04/24/2019

To Whom It May Concern

Letter confirming that either “the EP did not have access to Query HIE functionality that supports a query of external sources”, or “the Query HIE functionality that supports query of external sources was not operational in the EP's geographic area and not available in the EP's EHR network, as of the start of the EHR Reporting Period”.

Sincerely,
Clark Kent, MD
Clark Kent, MD
Medical Director

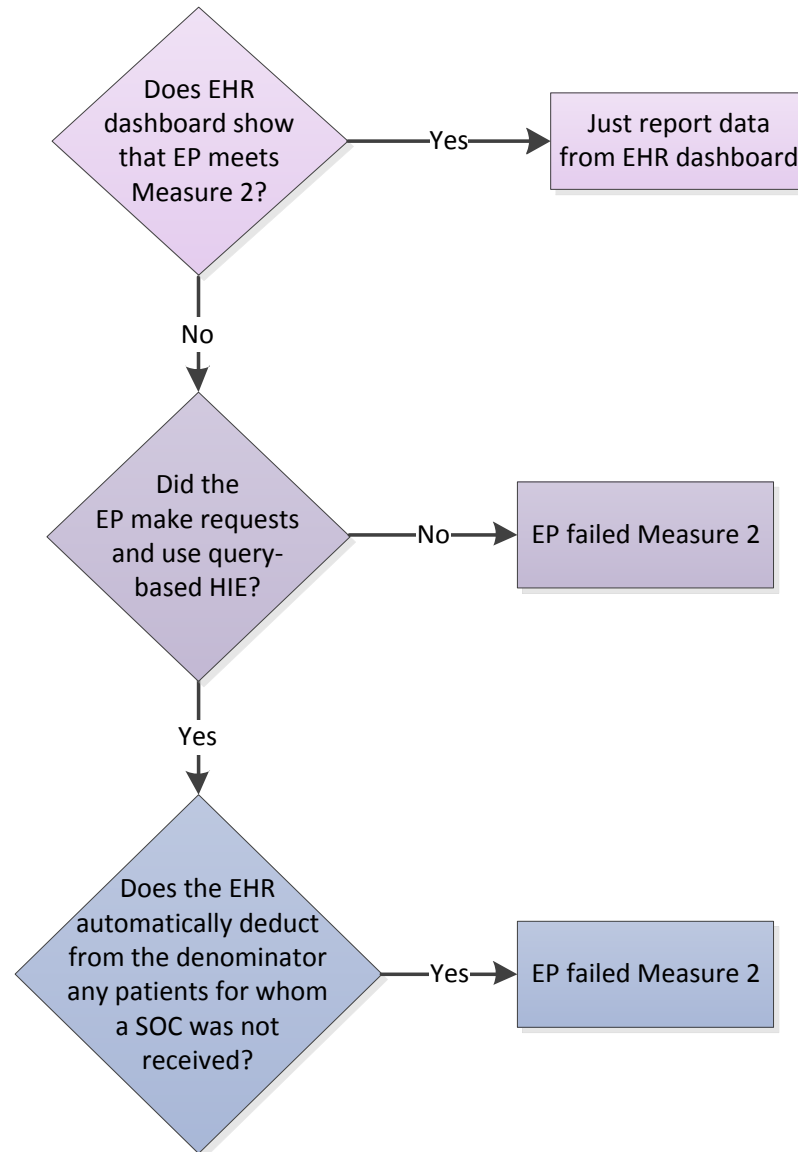
MU Supporting Documentation: Requests and Query HIE – if EP does NOT have query access

- Request Audit Log provided in Excel format with the unique IDs of the patients deducted from the denominator (redact any PHI information) including:
 - The date the EP requested an electronic Summary of Care record, the date of service, the provider contacted in the request, and the method used to make the request (phone, secure email, secure messaging, or other method)

NO SOC RECEIVED FOR PATIENT SEEN IN 90 DAY MU RP 5/1/2019-7/30/2019						
REQUESTED (via MANUALLY P2P)						
PROVIDER	DOS	UNIQUE PT ID	DATE REQUESTED E-SOC	PROVIDER CONTACTED	REQUEST METHOD	
DR. KENT	5/2/2019	11111	4/1/2019	DR. OZ	SECURE EMAIL	
DR. KENT	5/20/2019	22222	4/2/2019	DR. ABC	FAX	
DR. KENT	5/30/2019	33333	4/10/2019	DR. DOE	PHONE	

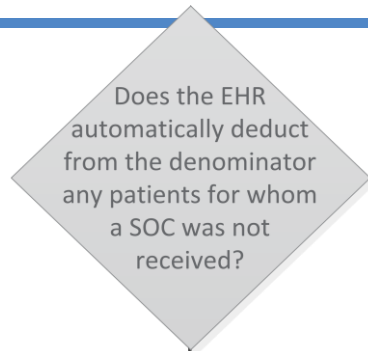
- These patients can be deducted from the Measure 2 denominator on your EHR dashboard

Step-by-Step: Upon Attestation

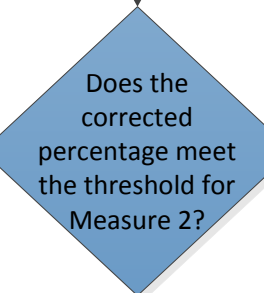
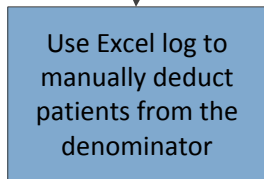


Note: If you're unsure whether your EHR automatically deducts patients from the denominator when a Summary of Care is not received, talk to your EHR vendor

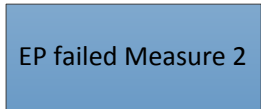
Step-by-Step: Upon Attestation



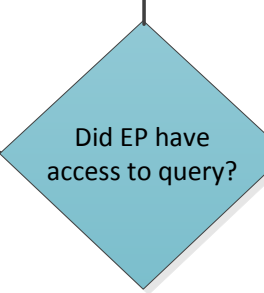
No



No



Yes



No

Yes

Along with your EHR Dashboard, submit the following:

- Letter signed by EP, designee, or medical director confirming that EP had access but EHR did not deduct patients from the denominator automatically
- Request and query log with unique IDs of patients deducted from denominator (redact any PHI). Log must be in Excel format and include:
 - Date of request, provider contacted, and method of request, date of service (DOS)
 - Date the EP used query-based HIE functionality to query an external source, and name & description of the source, DOS

Along with your EHR Dashboard, submit the following:

- Letter signed by EP, designee, or medical director confirming that EP did **not** have access to query functionality or query functionality was not operational in EP's geographic area and not available in the EP's EHR network at start of EHR reporting period (see CMS specs)
- Request Log with unique IDs of patients deducted from denominator (redact any PHI). Log must be in Excel format and include:
 - Date of request, provider contacted, and method of request, date of service (DOS)

Entering Data Into MAPIR

Attestation Tab > Meaningful Use > Objective 7: Health Information Exchange (HIE)

Exclusions for Measure 2

The total transitions or referrals received and patient encounters in which he or she has never before encountered the patient, is **fewer than 100** during the EHR reporting period

The EP conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started RBA/Contact Info Eligibility Patient Volumes Attestation Review Submit

Attestation Meaningful Use Objectives

Objective 7 - Health Information Exchange (HIE)

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Based on the selections you make below you may be required to provide more information.

Exclusion 1: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

* Does the exclusion apply to you?

Yes No

Exclusion 2: Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period.

* Does the exclusion apply to you?

Yes No

Exclusion 3: Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measures.

* Does the exclusion apply to you?

Yes No

[Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

UI 671

Entering Data Into MAPIR

Attestation Tab > Meaningful Use > Objective 7: Health Information Exchange HIE (continued)

Note: Query-based HIE and requests are not a choice/option in MAPIR.

Upload your query HIE and request letter and report to MAPIR.

Deduct the patients in the report from the denominator for Measure 2 on your dashboard.

Enter this adjusted denominator into MAPIR.

Reminder: EPs must attest to all 3 measures and are required to meet the threshold for 2 measures

Name
Personal TIN/SSN
Payment Year

Applicant NPI
Payee TIN
Program Year

Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

Attestation Meaningful Use Objectives

- Objective 0 ✓
- Objective 1 ✓
- Objective 2 ✓
- Objective 3 ✓
- Objective 4 ✓
- Objective 5 ✓
- Objective 6 ✓
- Objective 7 ✓

Objective 7 - Health Information Exchange (HIE)

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go back. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Based on your exclusion selections from the previous screen you are required to provide the following information.

Objective: The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.

Measure 1: For more than 50 percent 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 Certified EHR Technology; and (2) electronically exchanges the summary of care record.

Numerator 1: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology and exchanged electronically.

Denominator 1: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

* Numerator 1: * Denominator 1:

Measure 2: For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.

Numerator 2: Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the Certified EHR Technology.

Denominator 2: Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

* Numerator 2: * Denominator 2:

Measure 3: For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP 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) Current Problem list. Review of the patient's current and active diagnoses.

Numerator 3: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: Medication list, medication allergy list, and current problem list.

Denominator 3: Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

* Numerator 3: * Denominator 3:

Previous Return to Main Clear All Entries Save & Continue

Strategies and Tips for Success

- Verify whether the total number of referrals and transitions received during the MU reporting period is 100+
 - EP can claim exclusion for the measure if fewer than 100
- Ensure data is being entered correctly into the EHR
- Ensure EHR accurately captures all transitions when an SoC record is received
- Check with vendor to ensure Query HIE is **enabled** in CEHRT
 - Many EHRs now provide access to Query HIE functionality
- Regularly check EP's MU Dashboard or EHR Report to ensure the EP is on track to meet all MU objectives and measures
 - Consider selecting a different MU reporting period for EP's best performance

Strategies and Tips for Success (continued)

- Contact MeHI for technical assistance with MU
- Request **Hiway Adoption and Utilization Support (HAUS) Services**

HAUS Account Managers can assist your organization with incorporating HIE into your care coordination process:

- Conduct technical assessment and develop HIE Technology and Workflow plan
- Select project team and conduct project management
- Develop HIE use cases and identify HIE trading partners
- Implement the physical HIE connection
- Provide workflow process improvement training and design new workflows

MU Information Sessions

Explore PY2019 and Stage 3 MU requirements, including

- health information exchange (HIE)
- clinical decision support (CDS)
- patient engagement
- supporting documentation

Tuesday, June 18

9:30am-3:00pm

MeHI Westborough Office

100 North Drive

Westborough, MA

[Register](#)

Thursday, August 29

9:30am-3:00pm

MeHI Westborough Office

100 North Drive

Westborough, MA

[Register](#)

Questions?

Contact Us



 mehi.masstech.org  1.855.MassEHR

 ehealth@masstech.org  Follow us @MassEHealth

Thomas Bennett

Client Services Relationship Manager

tbennett@masstech.org

(508) 870-0312 ext. 403

Margaret Lellman

Technical Assistance Specialist

lellman@masstech.org

(508) 870-0312 ext. 370

For HAUS Services

Keely Benson

Account Management and Consulting
Project Director, Mass HIway

benson@masstech.org

(508) 870-0312 ext. 241