

# MicroMD EMR



## Objective Measures Guide

Performance Year 2019



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*MicroMD EMR Objective Measure Calculations Manual: Performance Year 2019*

# Table of Contents

## Preface

How This Manual is Organized .....	i
Conventions Used in This Manual .....	i
Cross-References .....	i
Text You Type Using the Keyboard .....	i
Keys You Press and Buttons You Click .....	i
Dialog Box, Application Window Titles, and Field Names .....	i
Warnings, Notes and Tips .....	ii

## Chapter 1: Overview

Highlights for Performance Year 2019 .....	1.1
Medicare Promoting Interoperability Category .....	1.2
Medicaid Objectives and Measures .....	1.2

## Chapter 2: Medicare Objectives 2019

Objective: Electronic Prescribing .....	2.1
Measure PI_EP_1: e-Prescribing .....	2.1
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	2.1
<i>Patients Who Meet the Measure (Numerator)</i> .....	2.1
Objective: Health Information Exchange .....	2.2
Measure PI_HIE_1: Support Electronic Referral Loops by Sending Health Information .....	2.2
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	2.2
<i>Patients Who Meet the Measure (Numerator)</i> .....	2.3
Measure PI_HIE_4: Support Electronic Referral Loops by Receiving and Incorporating Health Information .....	2.3
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	2.3
<i>Patients Who Meet the Measure (Numerator)</i> .....	2.4
Objective: Provider to Patient Exchange .....	2.4
Measure PI_PEA_1: Provide Patients Electronic Access to Their Health Information .....	2.5
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	2.5
<i>Patients Who Meet the Measure (Numerator)</i> .....	2.5
Objective: Protect Patient Health Information .....	2.6
Objective: Public Health and Clinical Data Exchange .....	2.7
Measure PI_PHCDRR_1: Immunization Registry Reporting .....	2.7
Measure PI_PHCDRR_2: Syndromic Surveillance Reporting .....	2.8
Measure PI_PHCDRR_3: Electronic Case Reporting .....	2.8
Measure PI_PHCDRR_4: Public Health Registry Reporting .....	2.8
Measure PI_PHCDRR_5: Clinical Data Registry Reporting .....	2.8

## Chapter 3: Medicaid Objectives 2019

Objective 1: Protect Patient Health Information .....	3.1
Objective 2: Electronic Prescribing .....	3.2
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.2
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.3
Objective 3: Clinical Decision Support .....	3.3
Measure 1: Clinical Decision Support Interventions .....	3.3
Measure 2: Drug-Drug and Drug-Allergy Interaction Checks .....	3.3

Objective 4: Computerized Provider Order Entry (CPOE) .....	3.4
Measure 1: CPOE - Medication Order .....	3.4
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.4
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.5
Measure 2: CPOE - Laboratory Order.....	3.5
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.5
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.5
Measure 3: CPOE - Radiology Order .....	3.6
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.6
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.6
Objective 5: Patient Electronic Access to Health Information .....	3.6
Measure 1 (Timely Access and Access Through an API) .....	3.7
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.7
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.7
Measure 2: Identify and Provide Patient-Specific Education Online .....	3.8
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.8
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.8
Objective 6: Coordination of Care Through Patient Engagement.....	3.9
Measure 1: View, Download, and Transmit.....	3.9
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.10
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.10
Measure 2: Secure Messaging.....	3.11
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.11
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.11
Measure 3: Patient-Generated Health Data .....	3.12
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.12
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.12
Objective 7: Health Information Exchange.....	3.13
Measure 1: Send a Summary of Care.....	3.13
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.13
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.13
Measure 2: Request/Accept Summary of Care .....	3.14
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.14
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.15
Measure 3: Clinical Information Reconciliation .....	3.16
<i>Patients Who Qualify for the Measure (Denominator)</i> .....	3.16
<i>Patients Who Meet the Measure (Numerator)</i> .....	3.16
Objective 8: Public Health and Clinical Data Registry Reporting .....	3.17
Measure 1: Immunization Registry Reporting .....	3.18
Measure 2: Syndromic Surveillance Reporting .....	3.18
Measure 3: Electronic Case Reporting.....	3.19
Measure 4: Public Health Registry Reporting.....	3.19
Measure 5: Clinical Data Registry Reporting.....	3.19

# Preface

From all of us on your MicroMD support team, thank you for selecting MicroMD as your electronic medical record solution. This manual is an in-depth reference to the Promoting Interoperability category of the Medicare Quality Payment Program, and the Objectives and Measures for the Medicaid EHR Promoting Interoperability Program as related to MicroMD EMR. This manual does not cover in full the main MicroMD EMR application, nor does it cover hardware setup, networking, or installation of the program.

## How This Manual is Organized

We have divided the manual into the Medicare and Medicaid programs. Each chapter in the manual reflects the objectives and measures for that program. This is a reference document and designed to help you troubleshoot your reporting numbers. It should guide you to the locations where you need to populate information in MicroMD. For in-depth information on using the EMR, please refer to the main *MicroMD EMR User's Reference Manual*.

## Conventions Used in This Manual

Before using this manual, it is important to understand the typographical conventions used to identify and describe information.

### Cross-References

Cross-references to chapters, sections, page numbers, headings, etc. are shown in an *italic* typeface.

e.g., Refer to *Conventions Used in This Manual* on page i.

### Text You Type Using the Keyboard

Text that you type using the keyboard is shown in a **Courier** typeface.

e.g., Type **Anthony Smith** in the *Name* field.

### Keys You Press and Buttons You Click

Keys that you press on the keyboard and buttons/icons that you click with the mouse are shown in a **bold sans-serif** typeface.

e.g., Press **Enter**.

e.g., Click **OK** to continue.

### Dialog Box, Application Window Titles, and Field Names

The titles of dialog boxes and application windows are shown in *italics*. Field names and selections made from drop-down menus, etc. are also shown in *italics*.

e.g., The *Print Preview* dialog box appears.

e.g., Select *Commercial Insurance* from the drop-down list.

## Warnings, Notes and Tips

Warnings, notes and tips appear throughout the manual. They provide additional information important for you to know about a topic.

- Warning Table



*A warning alerts you to a severe situation, a potential for data loss, or other critical information about the actions discussed in the instructions.*

- Note Table



*A note highlights some important information you need to know to use the features of the system correctly or to get the results you expect.*

- Tip Table



*This type of tip highlights helpful information you may not know about the system or feature.*



*This type of tip contains a reference to some related information or a related feature on another page or in another section of the manual.*

## Overview

The purpose of this manual is to explain the data used to calculate the objective measures supported by MicroMD EMR for the Medicare QPP Promoting Interoperability category and in the Medicaid EHR Promoting Interoperability program. The manual was designed to help you troubleshoot how or why a patient does or does not appear in the denominator or numerator of each objective's measure(s).



For details on setting up MicroMD or using the system, please refer to the main **MicroMD EMR User's Reference Manual**.



CMS created a useful web site for the Quality Payment Program: [www.qpp.cms.gov](http://www.qpp.cms.gov). For more details on MicroMD and QPP, let the QPP Task Force help. Visit the QPP Information Center on the MicroMD web site at <http://www.micromd.com/qpp-info-center/>.

### Highlights for Performance Year 2019

This manual relates to Performance Year 2019 that you will report at the beginning of 2020. This affects your incentive payments (or penalties) for the Medicare or Medicaid services you perform in all of 2021.

Performance	Reporting	Payments/Penalties
2019	2020	2021

The following high-level changes occurred for Performance Year 2019:

- CMS removed the Transition measures from the program.
- CMS also removed the following measures from the Promoting Interoperability category of MIPS. Practices still need to perform and meet the objectives; however, the measures are no longer part of the incentive program:
  - Patient-Specific Education
  - View, Download, and Transmit (VDT)
  - Secure Messaging
  - Patient-Generated Health Data
- The Clinical Information Reconciliation measure was rolled into the Summary of Care measures.

## Medicare Promoting Interoperability Category

In 2017, the Centers for Medicare and Medicaid (CMS) changed the Physician Quality Reporting System (PQRS), Medicare EHR incentive program, and the Value-Based Modifier. They renamed the program to the Quality Payment Program (QPP).

CMS also instituted a comprehensive scoring method and divided the QPP into four categories: Quality, Improvement Activities, **Promoting Interoperability**, and Cost. This manual helps you with the Medicare Promoting Interoperability measures in MicroMD. You can also find more information for 2019 on the CMS web site: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2019ProgramRequirementsMedicare.html>

## Medicaid Objectives and Measures

MicroMD EMR can also help you report on your Medicaid EHR Promoting Interoperability Objectives and Measures for 2019. The Centers for Medicare and Medicaid (CMS) have created a web site for the Medicaid EHR Promoting Interoperability program. You can also find more information for 2019 on the CMS web site: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2019ProgramRequirementsMedicaid.html>

# Medicare Objectives 2019

In 2019, CMS no longer classifies the measures as Base Score or Performance Score. They have also organized the measures under four objectives. They also removed the transition set of measures, and they pared down the individual measures to just a few. In addition, for the 2019 performance year, all eligible providers need to use an EHR certified to the 2015 Edition CEHRT requirements to participate in the Promoting Interoperability category.

## Objective: Electronic Prescribing

The measure within this objective evaluates your use of an electronic prescribing mechanism and whether you check the drug formulary information each time you prescribe a medication.

### Measure PI\_EP\_1: e-Prescribing

This PI measure evaluates the following:

“At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.”

#### *Patients Who Qualify for the Measure (Denominator)*

The denominator for this measure is the “Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the performance period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the performance period.”

In MicroMD EMR, all prescriptions you write, except over-the-counter medications, count toward the denominator. You simply write prescriptions using the Prescription Pad or from within an encounter on the **Medications** tab. The **Date Created** on the prescription should fall within the measurement period.

#### *Patients Who Meet the Measure (Numerator)*

The numerator for this measure is “The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.”

In MicroMD EMR, all of your electronic prescriptions count toward your numerator for this PI Objective Measure. The system automatically queries drug formulary for you based on the patient’s insurance and displays the information for you.



*EPCS prescribers have the option in this measure to include electronic prescriptions of controlled substances in their performance. Be sure to add the **Include EPCS as permissible** user function to the EPCS provider’s user account in the MicroMD EMR Manager.*



*Please see the main **MicroMD EMR User’s Reference Manual** for details on using the Electronic Prescription module.*

## Objective: Health Information Exchange

There are two measures within the Health Information Exchange objective. These measures evaluate your ability to send patients to other providers and care facilities, as well as receive patients from other sources, while maintaining the patient's health data from those sources.



*All documentation you send out needs to contain as much information about the patient as possible. For example, if the patient has no known chronic problems, make sure there is a "No known problem" entry in their Problem List.*

### Measure PI\_HIE\_1: Support Electronic Referral Loops by Sending Health Information

This PI measure evaluates the following:

"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."

Create a mail message and then attach the patient's chart data to the message. From within a new mail message, you can click the **Chart Data** button in the ribbon bar. You can access the **Mail** section from your Desktop or the patient's **Workflow Communication** window. You can also click the **Mail** button on the **Transition of Care** window.



*To qualify for the measure, the mail message needs to be sent through the transition of care.*

#### Patients Who Qualify for the Measure (Denominator)

The denominator for this measure is the "Number of transitions of care and referrals during the performance period for which the MIPS eligible clinician was the transferring or referring clinician."

In MicroMD EMR, each Transition of Care (Out) entry created in your system appears in the denominator. The provider should appear in the **Sent By** field for the entry; the correct department and clinic should also appear in the **Department/Clinic** field; and the date in the **Begin Date** field falls within the measurement period. You can find a list of outgoing transitions of care in the following locations:

- **Desktop** tab > **My Workflow** > **Transition of Care**
- **Charts** tab > main menu > **Chart** > **Workflow Communication** > **Transition of Care**



*You can also create a Transition of Care from within the **Add Referral Order** window. Simply click the **Transition of Care** button.*

### Patients Who Meet the Measure (Numerator)

The numerator for this measure is “The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.”

## Measure PI\_HIE\_4: Support Electronic Referral Loops by Receiving and Incorporating Health Information

This PI measure evaluates the following:

“For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.”

### Patients Who Qualify for the Measure (Denominator)

The denominator for this measure is the “Number of patient encounters during the performance period for which a MIPS eligible clinician 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.”

In MicroMD EMR, in order for the patient to appear in the Denominator for the **Receive/Accept Summary of Care** objective measures, several items need to be in place:

- You need to first create a Transition of Care (In) entry in the patient’s chart. The provider should appear in the **Received By** field for the entry. The correct department and clinic should appear in the **Department/Clinic** field. The date in the **Begin Date** field needs to fall within the measurement period. You can enter a transition in one of the following areas:
  - **Desktop** tab > **My Workflow** > **Transition of Care**
  - **Charts** tab > main menu > **Chart** > **Workflow Communication** > **Transition of Care**
  - **Medical Information** tab > **Miscellaneous** > **Transition of Care In**



You can also create a Transition of Care from within the **Referral-in Order** window. Simply click the **Transition of Care** button.

- You need to then request and receive (if not previously received) the patient’s CDA from the transitioning physician or facility. Once you receive the patient’s CDA, either through mail or import that CDA into the patient’s chart, the **Summary of Care Status** drop-down needs to be set to **Received**.



You need to be sure to select the appropriate Transition of Care entry when importing the patient’s CDA.



MicroMD EMR can detect if you have received the patient's CDA through the Surescripts Clinical Interoperability Network (CIN) or if you have already imported the document. The system changes the **Summary of Care Status** drop-down automatically to **Received**.



Do not change the **Summary of Care Status** drop-down manually. The transition will not count for the measure if you do.

- You need to create an encounter and link it to the Transition of Care (In) entry. There is a drop-down on the Encounter Header called **Transition of Care (if applicable)**. If there is only a single Transition of Care (In) entry for that patient, the system automatically defaults to that entry.

### Patients Who Meet the Measure (Numerator)

The numerator for this measure is the “Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the clinician into the CEHRT.”

Once you receive the patient's CDA, in order to include that patient in the Numerator, you need to incorporate the data from the imported file into their chart. To do this, you need to be sure to perform the following:

- Open the Transition of Care (In) entry and click the **Import C-CDA/CCR/CCD** button on the **Transition of Care (In)** window.



From within the encounter, you can get to the list of incoming Transitions of Care for the patient using the **Medical Info** button in the Encounter Ribbon. Click **Miscellaneous** and choose **Transition of Care In** from the available options.

- On the **Data Reconciliation** window that opens, be sure to select the appropriate transition from the **Transition of Care** drop-down (if it isn't already selected).
- Select the appropriate CDA from the drop-down and click the **Load** button.
- Review the data from the file and add any data you want to incorporate into the patient's chart.
- Once you click the **Apply** button, you have incorporated the data into the patient's chart and the patient should appear in the Numerator.
- Verify the **Summary of Care Status** drop-down on the **Transition of Care (In)** window is set to **Incorporated** and click **OK**.

## Objective: Provider to Patient Exchange

The measure within this objective evaluates your patient's access to their electronic health information and whether you provide patient-specific education materials.

## Measure PI\_PEA\_1: Provide Patients Electronic Access to Their Health Information

This PI measure evaluates the following:

“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).”



*In order to track data for this measure, the practice needs to use the MicroMD Patient Portal. Please contact your local authorized MicroMD reseller for purchasing and setup information.*

### Patients Who Qualify for the Measure (Denominator)

The denominator for this measure is “The number of unique patients seen by the MIPS eligible clinician during the performance period.”

In MicroMD EMR, a patient needs to have an encounter created in MicroMD EMR where the **Service Date** on the encounter falls within the measurement period. You can find a list of an individual patient's encounters in the patient's chart on the **Summary** tab in the EMR.

### Patients Who Meet the Measure (Numerator)

The numerator for this measure is “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 meet the technical specifications of the API in the MIPS eligible clinician's CEHRT.”

In MicroMD EMR, the numerator reflects the number of patients within the denominator for whom your practice has published information to the patient through the Patient Portal within 48 hours of the item's entry or edit in the patient's chart or who have access through the API.

You can provide the patient with their electronic chart information in one of the following ways:

- **Publishing the Patient's C-CDA/CCR/CCD:** You can publish the patient's electronic chart to the patient portal from within their chart in the main menu under **Chart > Export/Import Chart (C-CDA/CCR/CCD) > Publish**.
- **Provide Access through the MicroMD API:** When using the MicroMD EMR API, practices create accounts for their patients to access data directly from the EMR. Patients always have access to their information so those patients automatically count in the Numerator.



*For API purchasing and setup information, please contact Henry Schein Medical Systems.*

- **Portal Updates:** The **Portal Updates** section of the Desktop populates automatically when providers add or change information in the patient's chart that requires an update to the patient's portal account. When a user selects the patient(s) and clicks the **Queue CDA** button,

the system processes all of the selected updates. Once complete, the patient(s) counts for the Numerator of this measure.



Although you choose sections to release to the Patient Portal and make visible to the patient, choosing individual sections is not compliant with using the EMR in a meaningful way.



Please refer to the **Henry Schein Secure Chart Patient Portal User Guide** for details on publishing patient information.

## Objective: Protect Patient Health Information

There is only a single measure for this objective: Security Risk Analysis (measure ID: PI\_PPHI\_1). For this objective measure, you need to:

“Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by CEHRT in accordance with requirements in 45 CFR 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 MIPS eligible clinician’s risk management process.”



The Security Risk Analysis measure is attestation-only, and while not worth any points in the program, it is a required measure.

MicroMD EMR is only part of your compliance with this measure. For details on the security features in MicroMD, please visit the MicroMD Lounge at <http://www.micromd.net/index.php?topic=451.0>. You can also contact your local authorized MicroMD reseller for details on the security features within MicroMD.

We recommend the following resources as you learn more about the Security Risk Analysis:

- U.S. Department of Health and Human Services
  - “The Security Rule” web page:  
<https://www.hhs.gov/hipaa/for-professionals/security/>
  - “Breach Notification Rule” web page:  
<https://www.hhs.gov/hipaa/for-professionals/breach-notification/>
- National Institute of Standards and Technology
  - “HIPAA Security Rule Toolkit User Guide”:  
[https://csrc.nist.gov/CSRC/media/Projects/Security-Content-Automation-Protocol/HIPPA/NIST\\_HSR\\_Toolkit\\_User\\_Guide.pdf](https://csrc.nist.gov/CSRC/media/Projects/Security-Content-Automation-Protocol/HIPPA/NIST_HSR_Toolkit_User_Guide.pdf)
  - “HIPAA Security Rule Toolkit Download”:  
<https://csrc.nist.gov/projects/security-content-automation-protocol/hipaa>
- Federal Trade Commission

- “Complying with the FTC’s Health Breach Notification Rule” web page:  
<https://www.ftc.gov/tips-advice/business-center/guidance/complying-ftcs-health-breach-notification-rule>

## Objective: Public Health and Clinical Data Exchange

The measures within this objective evaluate if the provider is in “active engagement” with public health agencies or clinical data registries and whether the provider reports immunization history, syndromic surveillance data, and/or electronic case information.



*All of the measures within this objective are attestation-only. You simply provide a “Yes” or “No” answer.*

“Active engagement” for this objective means that the provider is somewhere in the process of testing and sending production data to a public health agency (PHA) or clinical data registry (CDR), depending on the measure, or is currently sending production data to a PHA or CDR. There are three levels of “active engagement” from the Centers for Medicare and Medicaid that demonstrate the Eligible Clinician’s compliance with each of the measures in this objective:

- **Active Engagement Option 1—Completed Registration to Submit Data:** The provider has registered with a public health agency or clinical data registry (depending on the measure) to submit data. This registration needs to be completed within 60 days after the start of the EHR measurement period. In this option, the provider is waiting for an invitation to send test data.



*You do not have to re-submit a registration if you are already registered and waiting for testing.*

- **Active Engagement Option 2—Testing and Validation:** This level means that the provider is currently testing and validating the data submission. The provider needs to respond to any questions or requests from the public health agency or clinical data registry (depending on the measure) within 30 days, and if they fail to do so two times during the measurement period, the provider will not meet the measure.
- **Active Engagement Option 3—Production:** At this “active engagement” level, the provider has completed all of the testing and is now submitting their electronic data to the public health agency or clinical data registry (depending on the measure).

### Measure PI\_PHCDRR\_1: Immunization Registry Reporting

This PI measure evaluates the following:

“The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).”



*In order to submit registry reporting through the EMR, you need to use the appropriate state-specific immunization registry interface. Please contact your local authorized MicroMD reseller for purchasing and setup information.*

Once you have the interface installed, set up, tested and finally in production, the submission is typically automatic to the registries (depending on the interface). You can manage your immunization files from the **Administrative Panel** of the Desktop. Find the **Immunization Monitoring** in the following location:

- **Desktop** tab > **Administration** button > **Administrative Panel** > **Immunization Monitoring**

### Measure PI\_PHCDRR\_2: Syndromic Surveillance Reporting

This PI measure evaluates the following:

“The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care ambulatory setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined.”



*In order to submit registry reporting through the EMR, you need to use the appropriate interface. Please contact your local authorized MicroMD reseller for purchasing and setup information.*

Once you have the interface installed, set up, tested and finally in production, you can submit your surveillance files from the **Administrative Panel** of the Desktop. Find the **Surveillance Monitoring** in the following location:

- **Desktop** tab > **Administration** button > **Administrative Panel** > **Surveillance Monitoring**

You can also export a file from the MicroMD EMR Manager in the following location:

- **Communication** > **Health Surveillance** > **Export Now** button

### Measure PI\_PHCDRR\_3: Electronic Case Reporting

This PI measure evaluates the following:

“The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.”

MicroMD EMR does not provide support for this measure at this time.

### Measure PI\_PHCDRR\_4: Public Health Registry Reporting

This PI measure evaluates the following:

“The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.”

MicroMD EMR does not provide support for this measure at this time.

### Measure PI\_PHCDRR\_5: Clinical Data Registry Reporting

This PI measure evaluates the following:

“The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.”

MicroMD EMR does not provide support for this measure at this time.

# Medicaid Objectives 2019

In order to attest to the Medicaid Promoting Interoperability Objectives and Measures, you **must use MicroMD EMR Version 15.0 or above**, which is certified to the 2015 Edition of the Health Information Technology Certification Criteria.

## Objective 1: Protect Patient Health Information

Objective 1 requires that you “Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.”

To measure your compliance with this objective, CMS requires that you “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 45 CFR 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.”



*The Security Risk Analysis measure is attestation-only.*

MicroMD EMR is only part of your compliance with this measure. For details on the security features in MicroMD, please visit the MicroMD Lounge at <http://www.micromd.net/index.php?topic=451.0>. You can also contact your local authorized MicroMD reseller for details on the security features within MicroMD.

We also recommend the following resources as you learn more about the Security Risk Analysis:

- U.S. Department of Health and Human Services
  - “The Security Rule” web page:  
<https://www.hhs.gov/hipaa/for-professionals/security/>
  - “Breach Notification Rule” web page:  
<https://www.hhs.gov/hipaa/for-professionals/breach-notification/>
- National Institute of Standards and Technology
  - “HIPAA Security Rule Toolkit User Guide”:  
[https://csrc.nist.gov/CSRC/media/Projects/Security-Content-Automation-Protocol/HIPPA/NIST\\_HSR\\_Toolkit\\_User\\_Guide.pdf](https://csrc.nist.gov/CSRC/media/Projects/Security-Content-Automation-Protocol/HIPPA/NIST_HSR_Toolkit_User_Guide.pdf)
  - “HIPAA Security Rule Toolkit Download”:  
<https://csrc.nist.gov/projects/security-content-automation-protocol/hipaa>
- Federal Trade Commission
  - “Complying with the FTC’s Health Breach Notification Rule” web page:  
<https://www.ftc.gov/tips-advice/business-center/guidance/complying-ftcs-health-breach-notification-rule>

## Objective 2: Electronic Prescribing

Objective 2 requires that you “Generate and transmit permissible prescriptions electronically.”

To measure your compliance with this objective, CMS requires that “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).”



Your **Reached** percentage (numerator over denominator) must be **more than 60%** to meet this measure.



EPCS prescribers have the option in this measure to include electronic prescriptions of controlled substances in their performance. Be sure to add the **Include EPCS as permissible** user function to the EPCS provider’s user account in the MicroMD EMR Manager.



If you prescribe fewer than 100 permissible prescriptions during the measurement period, you can take an exclusion for this measure. Please see the CMS web site for more on available exclusions.

### Patients Who Qualify for the Measure (Denominator)

The denominator for this measure is the “Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.”

In MicroMD EMR, the denominator displays the number of prescriptions, except those for over-the-counter medications, written in the system where the date the prescription was written falls within the date range you selected in the **Date Range** fields on the reporting window.

You can find the **Date** column in the Change History of the prescription when you right-click the prescription and select **Change History [This Entry]** from the pop-up menu:

- **Desktop > Prescriptions**
- **Medical Information** tab > **Medical > Medications**

## Patients Who Meet the Measure (Numerator)

The numerator for this measure is “The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.”

In MicroMD EMR, all prescriptions that you process electronically (click **Send** on the **Prescription Processor** window) count toward your numerator for this Objective Measure. The system automatically queries drug formulary for you based on the patient’s insurance and displays the information for you.



Please see the main **MicroMD EMR User’s Reference Manual** for details on using the Electronic Prescription module.

## Objective 3: Clinical Decision Support

Objective 3 requires that you “Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.”

To measure your compliance with this objective, CMS has outlined two separate measures and eligible providers must satisfy both measures to meet the objective.



The measures within the Clinical Decision Support Objective are attestation-only. MicroMD EMR does not track your performance.

### Measure 1: Clinical Decision Support Interventions

For Measure 1 of this objective, CMS requires that providers “Implement five clinical decision support interventions related to four or more 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 clinical decision support interventions must be related to high priority health conditions.”

In MicroMD EMR, you can implement rules that appear throughout the system using the Rule Manager (under **Tools > Rule Manager** in the main menu).



Please refer to the main **MicroMD EMR User’s Reference Manual** for more details on using the Rule Manager.

### Measure 2: Drug-Drug and Drug-Allergy Interaction Checks

For Measure 2 of this objective, CMS requires that providers “The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.”

In MicroMD EMR, make sure you are a Surescripts provider. Drug-to-drug and drug-to-allergy interaction checks are part of the MicroMD EMR electronic prescribing functionality. Your practice controls the alerts that display from the MicroMD EMR Manager, and if you have the appropriate user permission on your user

account, you can set the level of alerts that appear for you personally under **Tools > User Preferences > Prescriptions**.



If you write fewer than 100 medication orders during the measurement period, you can take an exclusion for Measure 2.



Please refer to the main **MicroMD EMR User's Reference Manual** for more details on the Prescription Module.

## Objective 4: Computerized Provider Order Entry (CPOE)

Objective 4 requires that you “Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.”

To measure your compliance with this objective, CMS has outlined three separate measures, and you must satisfy ALL THREE measures for this objective, either with performance or with an exclusion.



Within MicroMD EMR, your **Reached** percentage for each measure will always be 100% since there is no other way to enter an order except through the application.



If you write fewer than 100 medication orders, fewer than 100 laboratory orders, and/or fewer than 100 diagnostic imaging orders during the measurement period, you can take an exclusion for the related measure.

### Measure 1: CPOE - Medication Order

For Measure 1 of this objective, CMS requires that “More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.”

#### *Patients Who Qualify for the Measure (Denominator)*

The denominator for this measure is the “Number of medication orders created by the EP during the EHR reporting period.”

In MicroMD EMR, the denominator displays the number of prescriptions written in the system where the date the prescription was written falls within the date range you selected in the **Date Range** fields on the reporting window.

You can find the **Date** column in the Change History of the prescription when you right-click the prescription and select **Change History [This Entry]** from the pop-up menu:

- **Desktop > Prescriptions**

- **Medical Information** tab > **Medical** > **Medications**
- **Medical Information** tab > **Orders** > **Referral Orders**



For referral orders, be sure you have a check mark next to **Include Referral Orders in MU CPOE** in the MicroMD EMR Manager (under **System Settings** > **Practice Settings**).

### **Patients Who Meet the Measure (Numerator)**

The numerator for this measure is the “The number of orders in the denominator recorded using CPOE.”

In MicroMD EMR, the numerator will always match the denominator since the only way to enter a prescription is through the application.

### **Measure 2: CPOE - Laboratory Order**

For Measure 2, CMS requires that “More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.”

### **Patients Who Qualify for the Measure (Denominator)**

The denominator for this measure is the “Number of laboratory orders created by the EP during the EHR reporting period.”

In MicroMD EMR, the denominator displays the number of laboratory orders whose **Recorded On** date falls within the date range you selected in the **Date Range** fields on the reporting window.

You can find the **Recorded On** date in the yellow notes area for the order or in the **Date** column when you right-click the order and select **Change History [This Entry]**:

- **Desktop** > **Orders**
- **Medical Information** tab > **Orders** > **Laboratory Orders**
- **Medical Information** tab > **Orders** > **Referral Orders**



For referral orders, be sure you have a check mark next to **Include Referral Orders in MU CPOE** in the MicroMD EMR Manager (under **System Settings** > **Practice Settings**).

### **Patients Who Meet the Measure (Numerator)**

The numerator for this measure is the “The number of orders in the denominator recorded using CPOE.”

In MicroMD EMR, the numerator will always match the denominator since the only way to enter a laboratory order is through the application.

### Measure 3: CPOE - Radiology Order

For Measure 3, CMS requires that “More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.”

#### *Patients Who Qualify for the Measure (Denominator)*

The denominator for this measure is the “Number of diagnostic imaging orders created by the EP during the EHR reporting period.”

In MicroMD EMR, a patient must have an encounter created in MicroMD EMR where the **Service Date** on the encounter falls within the measurement period. You can find a list of an individual patient’s encounters in the patient’s chart on the **Summary** tab in the EMR.

Also, the denominator displays the number of diagnostic imaging orders whose **Recorded On** date falls within the date range you selected in the **Date Range** fields on the reporting window.

You can find the **Recorded On** date in the yellow notes area for the order or in the **Date** column when you right-click the order and select **Change History [This Entry]**:

- **Desktop** > Orders
- **Medical Information** tab > **Orders** > **Procedure Orders**



*The diagnostic imaging order must use a procedure code within the range of 70000 through 79999.*

- **Medical Information** tab > **Orders** > **Referral Orders**



*For referral orders, be sure you have a check mark next to **Include Referral Orders in MU CPOE** in the MicroMD EMR Manager (under **System Settings** > **Practice Settings**).*

#### *Patients Who Meet the Measure (Numerator)*

The numerator for this measure is the “The number of orders in the denominator recorded using CPOE.”

In MicroMD EMR, the numerator will always match the denominator since the only way to enter a diagnostic imaging order is through the application.

## Objective 5: Patient Electronic Access to Health Information

Objective 5 requires that “The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient- specific education.”

To measure your compliance with this objective, CMS has outlined two separate measures, and you must satisfy both measures in order to meet this objective.



*In order to track data for the measures of this objective, the practice must use the MicroMD Patient Portal. Please contact your local authorized MicroMD reseller for purchasing and setup information.*



You can take an exclusion for these measures if you have no office visits during the measurement period, or if the housing in your county does not have 4Mbps broadband availability. Please see the CMS web site for more details on this exclusion.

### Measure 1 (Timely Access and Access Through an API)

For Measure 1 of this objective, CMS requires that “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 CEHRT.”



Your **Reached** percentage (numerator over denominator) must be **more than 80%** to meet this measure.

#### Patients Who Qualify for the Measure (Denominator)

The denominator for this measure is “The number of unique patients seen by the EP during the EHR reporting period.”

In MicroMD EMR, a patient must have an encounter created in MicroMD EMR where the **Service Date** on the encounter falls within the measurement period. You can find a list of an individual patient’s encounters in the patient’s chart on the **Summary** tab in the EMR.

#### Patients Who Meet the Measure (Numerator)

The numerator for this measure is “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 CEHRT.”

In MicroMD EMR, the numerator reflects the number of patients within the denominator for whom your practice has published information to the patient through the Patient Portal within 48 hours of the item’s entry or edit in the patient’s chart or who have access through the API.

You can provide updates to the Patient Portal in the following ways:

- **Publishing the Patient’s C-CDA/CCR/CCD:** You can publish the patient’s electronic chart to the patient portal from within their chart in the main menu under **Chart > Export/Import Chart (C-CDA/CCR/CCD) > Publish**.
- **Portal Updates:** The **Portal Updates** section of the Desktop populates automatically when providers add or change information in the patient’s chart that requires an update to the patient’s portal account. When a user selects the patient(s) and clicks the **Queue CDA** button,

the system processes all of the selected updates. Once complete, the patient(s) counts for the Numerator of this measure.



Although you choose sections to release to the Patient Portal and make visible to the patient, choosing individual sections is not compliant with using the EMR in a meaningful way.

- Provide Access through the MicroMD API:** When using the MicroMD EMR API, practices create accounts for their patients to access data directly from the EMR. Patients always have access to their information so those patients automatically count in the Numerator.



For API purchasing and setup information, please contact Henry Schein Medical Systems.



Please refer to the **Henry Schein Secure Chart Patient Portal User Guide** for details on publishing patient information and the **Portal Updates** section of the Desktop.

## Measure 2: Identify and Provide Patient-Specific Education Online

For Measure 2 of this objective, CMS requires that “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.”



Your **Reached** percentage (numerator over denominator) must be **more than 35%** to meet this measure.

### *Patients Who Qualify for the Measure (Denominator)*

The denominator for this measure is “The number of unique patients seen by the EP during the EHR reporting period.”

In MicroMD EMR, a patient must have an encounter created in MicroMD EMR where the **Service Date** on the encounter falls within the measurement period. You can find a list of an individual patient’s encounters in the patient’s chart on the **Summary** tab in the EMR.

### *Patients Who Meet the Measure (Numerator)*

The numerator is “The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the EHR reporting period.”

In MicroMD EMR, the numerator reflects the number of patients from within the denominator for whom you have added patient education to their chart using the information bubble icon (  ) in one of the following locations:

- *Encounter > Assessment* tab
- *Medical Information* tab > *Medical > Problem List*
- *Encounter > Medication* tab
- *Medical Information* tab > *Medical > Medications*



*The system adds a link for the education materials (if available) to the patient's electronic chart when you publish their CDA.*

MicroMD EMR also includes in the Numerator those patients for whom you have published patient education from within the Patient Portal where the published date on that education is after the published date of the first instance of patient education during the measurement period.



*Providers may continue to provide paper-based education materials or non-linked documents; however, those methods no longer count for the Numerator of Measure 2.*

## Objective 6: Coordination of Care Through Patient Engagement

Objective 6 requires that you “Use CEHRT to engage with patients or their authorized representatives about the patient’s care.”

To measure your compliance with this objective, CMS has outlined three separate measures, and you must attest to all three measures and meet the thresholds for at least two of the measures to meet the objective.



*In order to track data for this measure, the practice must use the MicroMD Patient Portal. Please contact your local authorized MicroMD reseller for purchasing and setup information.*



*You can take an exclusion for these measures if you have no office visits during the measurement period, or if the housing in your county does not have 4Mbps broadband availability. Please see the CMS web site for more details on this exclusion.*

### Measure 1: View, Download, and Transmit

As the first measure of your compliance with the objective, CMS requires that “For an EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either—

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)”



Your **Reached** percentage (numerator over denominator) must be **more than 5%** to meet this measure during the measurement periods (more than 10% in 2019 and beyond).

### *Patients Who Qualify for the Measure (Denominator)*

The denominator for this measure is the “Number of unique patients seen by the EP during the EHR reporting period.”

In MicroMD EMR, a patient must have an encounter created in MicroMD EMR where the **Service Date** on the encounter falls within the measurement period. You can find a list of an individual patient’s encounters in the patient’s chart on the **Summary** tab in the EMR.

### *Patients Who Meet the Measure (Numerator)*

The numerator for this measure is the “The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient’s health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.”

In MicroMD EMR, the numerator reflects the number of patients within the denominator who have accessed the electronic chart document that you uploaded to their Patient Portal account. The patient must access the **Records** tab of their Patient Portal account and click either the **View** button, one of the **Download** buttons, or the **Transmit** button. Patients who have direct access to the EMR data using the API are also counted in the measure.

To meet this measure, you must first provide the patient with their electronic chart information in one of the following ways:

- **Publishing the Patient’s C-CDA/CCR/CCD:** You can publish the patient’s electronic chart from within their chart in the main menu under **Chart > Export/Import Chart (C-CDA/CCR/CCD) > Publish**.
- **Portal Updates:** The **Portal Updates** section of the Desktop populates automatically when providers add or change information in the patient's chart that requires an update to the patient’s portal account. When a user selects the patient(s) and clicks the **Queue CDA** button, the system processes all of the selected updates. Once complete, the patient(s) counts for the Numerator of this measure.



Although you choose sections to release to the Patient Portal and make visible to the patient, choosing individual sections is not compliant with using the EMR in a meaningful way.

- **Provide Access through the MicroMD API:** When using the MicroMD EMR API, practices create accounts for their patients to access data directly from the EMR. Patients always have access to their information so those patients automatically count in the Numerator.



For API purchasing and setup information, please contact Henry Schein Medical Systems.



Please refer to the *Henry Schein Secure Chart Patient Portal User Guide* for details on publishing patient information.

## Measure 2: Secure Messaging

As the second measure of your compliance with the objective, CMS requires that “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.”



Your **Reached** percentage (numerator over denominator) must be **more than 5%** to meet this measure during the measurement periods (more than 25% in 2019 and beyond).

### *Patients Who Qualify for the Measure (Denominator)*

The denominator for this measure is the “Number of unique patients seen by the EP during the EHR reporting period.”

In MicroMD EMR, a patient must have an encounter created in MicroMD EMR where the **Service Date** on the encounter falls within the measurement period. You can find a list of an individual patient’s encounters in the patient’s chart on the **Summary** tab in the EMR.

### *Patients Who Meet the Measure (Numerator)*

The numerator for this measure is “The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.”

In MicroMD EMR, you simply need to respond to a patient’s message through your account on the MicroMD Patient Portal; or you can send the patient a portal message from anywhere you see the **Publish** drop-down button (select **Message Only** from the drop-down button).



Please refer to the *Henry Schein Secure Chart Patient Portal User Guide* for details on messaging.

### Measure 3: Patient-Generated Health Data

As the final measure of your compliance with the objective, CMS requires that “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 EP during the EHR reporting period.”



Your **Reached** percentage (numerator over denominator) must be **more than 5%** to meet this measure.

#### *Patients Who Qualify for the Measure (Denominator)*

The denominator for this measure is the “Number of unique patients seen by the EP during the EHR reporting period.”

In MicroMD EMR, a patient must have an encounter created in MicroMD EMR where the **Service Date** on the encounter falls within the measurement period. You can find a list of an individual patient’s encounters in the patient’s chart on the **Summary** tab in the EMR.

#### *Patients Who Meet the Measure (Numerator)*

The numerator for this measure is “The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the CEHRT into the patient record during the EHR reporting period.”

In MicroMD EMR, there are a few ways for you to get a patient’s health information into their chart from an outside source:

- **Patient Sends Information through the Patient Portal:** The patient can send updated information to your practice through the Patient Portal. You must then right-click the attachment and do one of the following:
  - Select **Import** from the pop-up menu. This opens the **Data Reconciliation** window where you can incorporate the discrete data into the patient’s chart.
  - Select **Attach to Chart** from the pop-up menu. This opens the **Add Attachment** window where you can add the document to the patient’s chart. Be sure that you select **Patient Generated Health Data** from the **Type** drop-down on the **Add Attachment** window when you go this route.

You can access mail sent from the Patient Portal from the following locations:

- **Desktop** tab > **Mail**
- **Chart** menu in the patient’s chart > **Workflow Communication** > **Mail**
- **Add a Patient-Generated Health Data Attachment:** The patient has an attachment in their chart associated with **Patient Generated Health Data** selected from the **Type** drop-down. You can add an attachment from a variety of locations in MicroMD EMR. You can find the list of attachments in the patient’s chart in the following location:
  - **Medical Information** tab > **Miscellaneous** > **Attachments**

## Objective 7: Health Information Exchange

Objective 7 requires that “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 CEHRT.”

To measure your compliance with this objective, CMS has outlined three separate measures, and you must attest to all three measures and meet the thresholds for at least two of the measures to meet the objective.

### Measure 1: Send a Summary of Care

As the first measure of your compliance with the objective, CMS requires that “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 CEHRT; and
2. Electronically exchanges the summary of care record”



Your **Reached** percentage (numerator over denominator) must be **more than 50%** to meet this measure.



You can take an exclusion for these measures if you have no office visits during the measurement period, or if the housing in your county does not have 4Mbps broadband availability. Please see the CMS web site for more details on this exclusion.

### Patients Who Qualify for the Measure (Denominator)

The denominator is the “Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.”

In MicroMD EMR, each Transition of Care (Out) entry created in your system appears in the denominator. The provider must appear in the **Sent By** field for the entry; the correct department and clinic must also appear in the **Department/Clinic** field; and the date in the **Begin Date** field falls within the measurement period. You can find a list of outgoing transitions of care in the following locations:

- **Desktop** tab > **My Workflow** > **Transition of Care**
- **Charts** tab > main menu > **Chart** > **Workflow Communication**

### Patients Who Meet the Measure (Numerator)

The numerator is “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.”

In MicroMD EMR, you must create a mail message and attach the patient's chart data to the message. From within a new mail message, you can click the **Chart Data** button in the ribbon bar. You can access the **Mail** section from your Desktop or the patient's **Workflow Communication** window. You can also click the **Mail** button on the **Transition of Care** window.

## Measure 2: Request/Accept Summary of Care

As the second measure of your compliance with the objective, CMS requires that “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.”



Your **Reached** percentage (numerator over denominator) must be **more than 40%** to meet this measure.



You can take an exclusion for this measure if the total transitions or referrals you receive and the encounters for patients you’ve never seen is fewer than 100 during the measurement period. You can also take an exclusion if the housing in your county does not have 4Mbps broadband availability. Please see the CMS web site for more details on this exclusion.

### Patients Who Qualify for the Measure (Denominator)

The denominator for this measure is the “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.”

In MicroMD EMR, in order for the patient to appear in the Denominator for the **Receive/Accept Summary of Care** objective measures, several items need to be in place:

- You must first create a Transition of Care (In) entry in the patient’s chart. The provider must appear in the **Received By** field for the entry. The correct department and clinic must appear in the **Department/Clinic** field. The date in the **Begin Date** field must fall within the measurement period. You can enter a transition in one of the following areas:
  - **Desktop** tab > **My Workflow** > **Transition of Care**
  - **Charts** tab > main menu > **Chart** > **Workflow Communication** > **Transition of Care**
  - **Medical Information** tab > **Miscellaneous** > **Transition of Care In**



You can also create a Transition of Care from within the **Referral-in Order** window. Simply click the **Transition of Care** button.

- You must then request and receive (if not previously received) the patient’s CDA from the transitioning physician or facility. Once you receive the patient’s CDA, either through mail or

import that CDA into the patient’s chart, the **Summary of Care Status** drop-down must be set to **Received**.



You must be sure to select the appropriate **Transition of Care** entry when importing the patient’s CDA.



MicroMD EMR can detect if you have received the patient’s CDA through the Surescripts Clinical Interoperability Network (CIN) or if you have already imported the document.



Do not change the **Summary of Care Status** drop-down manually. The transition will not count for the measure if you do.

- You must create an encounter and link it to the Transition of Care (In) entry. There is a drop-down on the Encounter Header called **Transition of Care (if applicable)**. If there is only a single Transition of Care (In) entry for that patient, the system automatically defaults to that entry.

### Patients Who Meet the Measure (Numerator)

The numerator for this measure is the “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.”

Once you receive the patient’s CDA, in order to include that patient in the Numerator, you must incorporate the data from the imported file into their chart. To do this, you must be sure to perform the following:

- Open the Transition of Care (In) entry and click the **Import C-CDA/CCR/CCD** button on the **Transition of Care (In)** window.



From within the encounter, you can get to the list of incoming Transitions of Care for the patient using the **Medical Info** button in the Encounter Ribbon. Click **Miscellaneous** and choose **Transition of Care In** from the available options.

- On the **Data Reconciliation** window that opens, be sure to select the appropriate transition from the **Transition of Care** drop-down (if it isn’t already selected).
- Select the appropriate CDA from the drop-down and click the **Load** button.
- Review the data from the file and add any data you want to incorporate into the patient’s chart.
- Once you click the **Apply** button, you have incorporated the data into the patient’s chart and the patient should appear in the Numerator.

- Verify the **Summary of Care Status** drop-down on the **Transition of Care (In)** window changed automatically to **Incorporated** and click **OK**.

### Measure 3: Clinical Information Reconciliation

As the final measure of your compliance with the objective, CMS requires that “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.”



Your **Reached** percentage (numerator over denominator) must be **more than 80%** to meet this measure.



You can take an exclusion for this measure if the total transitions or referrals you receive and the encounters for patients you’ve never seen is fewer than 100 during the measurement period.

#### Patients Who Qualify for the Measure (Denominator)

The denominator for this measure is the “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.”

In MicroMD EMR, each Transition of Care (In) entry created for the patient appears in the denominator. The provider must appear in the **Received By** field for the entry; the correct department and clinic must appear in the **Department/Clinic** field; and the date in the **Begin Date** field must fall within the measurement period. You can find a list of incoming transitions of care in the following locations:

- **Desktop** tab > **My Workflow** > **Transition of Care**
- **Charts** tab > main menu > **Chart** > **Workflow Communication** > **Transition of Care**
- **Medical Information** tab > **Miscellaneous** > **Transition of Care In**



You can create a Transition of Care from within the **Referral-in Order** window. Simply click the **Transition of Care** button.

#### Patients Who Meet the Measure (Numerator)

The numerator for this measure is “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.”

In MicroMD EMR, you must perform this reconciliation from the **Data Reconciliation** window. You can access the **Data Reconciliation** window from one of the following locations:

- **Transition of Care (In) Window:** When you click the **Import C-CDA/CCR/CCD** button on the **Transition of Care (In)** window, the system opens the **Data Reconciliation** window. You can find the **Transition of Care (In)** window from one of the following locations:
  - **Desktop** tab > **My Workflow** > **Transition of Care**
  - **Charts** tab > main menu > **Chart** > **Workflow Communication** > **Transition of Care**
  - **Medical Information** tab > **Miscellaneous** > **Transition of Care In**



You can create a **Transition of Care** from within the **Referral-in Order** window. Simply click the **Transition of Care** button.

- Open the patient's chart > **Chart** menu > **Export/Import Chart (C-CDA/CCR/CCD)** > **Import**

Make sure you have the correct transition selected in the **Transition of Care** drop-down. Click the **Review** button in the **Medication**, **Medication Allergies**, and **Problem List** headers in the **Current MedInfo** pane to receive credit for reviewing the patient's information. Be sure to click the **Apply** button to commit your actions.



If you have the **Apply auto-review on medical information** user preference set to **Yes** (under **Tools** > **User Preferences** > **Medical Information**), MicroMD EMR does not display the **Reviewed** button. When you stay on the window for the amount of time you set in your preferences, the system automatically marks the lists as reviewed for you.

## Objective 8: Public Health and Clinical Data Registry Reporting

Objective 8 requires that “The EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.”

To measure your compliance with this objective, CMS has outlined five separate measures of which eligible practitioners **MUST attest to at least two measures**.



All of the measures within this objective are attestation-only. You simply provide a “Yes” or “No” answer.

“Active engagement” for this objective means that the provider is somewhere in the process of testing and sending production data to a public health agency (PHA) or clinical data registry (CDR), depending on the measure, or is currently sending production data to a PHA or CDR. There are three levels of “active engagement” from the Centers for Medicare and Medicaid that demonstrate the Eligible Clinician's compliance with each of the measures in this objective:

- **Active Engagement Option 1—Completed Registration to Submit Data:** The provider has registered with a public health agency or clinical data registry (depending on the measure) to submit data. This registration must be completed within 60 days after the start of the EHR measurement period. In this option, the provider is waiting for an invitation to send test data.



*You do not have to re-submit a registration if you are already registered and waiting for testing.*

- **Active Engagement Option 2—Testing and Validation:** This level means that the provider is currently testing and validating the data submission. The provider must respond to any questions or requests from the public health agency or clinical data registry (depending on the measure) within 30 days, and if they fail to do so two times during the measurement period, the provider will not meet the measure.
- **Active Engagement Option 3—Production:** At this “active engagement” level, the provider has completed all of the testing and is now submitting their electronic data to the public health agency or clinical data registry (depending on the measure).

### Measure 1: Immunization Registry Reporting

To measure your compliance with the objective, CMS requires that “The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).”



*In order to submit registry reporting through the EMR, you must use the appropriate state-specific immunization registry interface. Please contact your local authorized MicroMD reseller for purchasing and setup information.*

Once you have the interface installed, set up, tested and finally in production, the submission is typically automatic to the registries (depending on the interface). You can manage your immunization files from the **Administrative Panel** of the Desktop. Find the **Immunization Monitoring** in the following location:

- **Desktop** tab > **Administration** button > **Administrative Panel** > **Immunization Monitoring**

### Measure 2: Syndromic Surveillance Reporting

To measure your compliance with the objective, CMS requires that “The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.”



*In order to submit registry reporting through the EMR, you must use the appropriate interface. Please contact your local authorized MicroMD reseller for purchasing and setup information.*

Once you have the interface installed, set up, tested and finally in production, you can submit your surveillance files from the **Administrative Panel** of the Desktop. Find the **Surveillance Monitoring** in the following location:

- **Desktop** tab > **Administration** button > **Administrative Panel** > **Surveillance Monitoring**

You can also export a file from the MicroMD EMR Manager in the following location:

- **Communication** > **Health Surveillance** > **Export Now** button

### Measure 3: Electronic Case Reporting

To measure your compliance with the objective, CMS requires that “The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.”

MicroMD EMR does not provide support for this measure at this time.

### Measure 4: Public Health Registry Reporting

To measure your compliance with the objective, CMS requires that “The EP is in active engagement with a public health agency to submit data to public health registries.”

MicroMD EMR does not provide support for this measure at this time.

### Measure 5: Clinical Data Registry Reporting

To measure your compliance with the objective, CMS requires that “The EP is in active engagement to submit data to a clinical data registry.”

MicroMD EMR does not provide support for this measure at this time.

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