

eClinicalWorks

PROMOTING INTEROPERABILITY (PI) STAGE 3 FOR MEDICAID EPS IN 2018

April 2019



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PROMOTING INTEROPERABILITY STAGE 3 FOR MEDICAID EPs IN 2018 - INTRODUCTION

This guide (formerly titled *Meaningful Use Stage 3*) contains scenario-based examples of the workflow needed to become compliant for Promoting Interoperability Stage 3 measures. Some of the most common scenarios are outlined here, although the methods presented may not always be the only way to complete a given task.

Note: In 2018, all providers must attest to objectives using EHR technology certified for the 2015 edition, or for a certified combination of the 2015 and 2014 edition (provided the mix of certified technologies does not prohibit the EP's ability to meet Stage 3 measures). Eligible Professionals (EPs) using technology that is certified for the 2014 Edition only may not attest to Stage 3 but can attest to Modified Stage 2.

IMPORTANT! Version 11 of eClinicalWorks is the 2015 certified technology.

The recommended methods of satisfying Promoting Interoperability measures are detailed in this guide, but there may be other methods of satisfying certain measures using the eClinicalWorks EMR/PM system. For more information on all features available when using eClinicalWorks, refer to the HelpHub, which can be accessed from within the eClinicalWorks application at: Help > HelpHub.

IMPORTANT! There are two types of objectives: percentage-based and self-attest. Self-attest measures require users to meet the criteria and report with a Yes or No, while percentage-based measures require calculations to determine the numerator and denominator. The MAQ Dashboard is a reporting tool that can be used to determine how well you are satisfying the percentage-based Promoting Interoperability measures with eClinicalWorks.

Objectives Reporting for 2018

All providers are required to attest to a single set of objectives and measures. This replaces the core and menu objectives structure of previous stages.

For EPs there are eight (8) objectives, including one consolidated public health reporting objective.

Certain Visit Types, Visit Statuses, and patients are excluded from all Promoting Interoperability calculations. For more information on the processes related to excluding visits, statuses, and patients, refer to the following sections:

- [Excluding Visit Types from Promoting Interoperability Calculations](#)
- [Excluding Visit Statuses from Promoting Interoperability Calculations](#)

Note: Visit Type and Visit Status exclusions affect only the eight objectives. They do NOT exclude for Clinical Quality Measures.

Note: All Medicaid EPs, regardless of past participation, must attest for 90 consecutive days in the calendar year: January 1, 2018 to December 31, 2018.

Excluding Visit Types from Promoting Interoperability Calculations

Certain visit types can be automatically excluded from Promoting Interoperability calculations. Any visits with these visit types are ignored by the system when calculating compliance percentages for all measures.

Note: These exclusions apply only to objective measures, not CQMs.

IMPORTANT! Visit types should not be excluded from reporting if they are used by any providers for face-to-face encounters.

To exclude visit types from Promoting Interoperability calculations:

1. From the *Admin* band in the left navigation pane, click *Admin*.
The Admin login window opens.
2. Enter your administrator password and click *Login*.
The Admin window opens.
3. Click the *User Admin* folder in the left pane.
The items in the User Admin folder display in the left pane.
4. Click *Visit Type Codes* in the left pane.
The Visit Type Codes options display in the right pane.
5. Click *Add*.
The Visit Codes options display in the right pane.

6. Check the *Exclude from Meaningful Use Reporting* box:

The screenshot shows a web form titled "Visit Codes" with the following fields and options:

- Name:** Text input field containing "NonMU".
- Description:** Text input field.
- Chart Title:** Text input field.
- Color:** A "Pick Color..." button.
- Visit Type:** A dropdown menu set to "Regular Visit" with a "Customize..." button.
- Visit Type Duration(In Mins):** Text input field.
- Checkboxes:**
 - OBGYN History
 - PhysicalTherapy
 - Requires Claim
 - Requires Copay
 - Pregnancy Visit
 - Vision Visit
 - Orthopaedic Visit
 - Care Plan Visit
 - Care Mgmt Visit
 - Worksheet Visit
 - CCMR Visit
 - Referral Required
- Status:** Radio buttons for "Active" (selected) and "Inactive".
- Exclude from Meaningful Use Reporting:** (This checkbox is highlighted with a red border in the image).
- Do not display Appointments with this visit type in 'Progress Notes' visits Drop Down
- Synchronize this visit type to patient portal
- Medication reconciliation not necessary. ?

At the bottom of the form are three buttons: "Save", "Delete", and "Clear All".

7. Enter any remaining information here as appropriate.
8. Click *Save*.

This new Visit Type is created. Any encounter using this Visit Type is not included in the calculations for any Promoting Interoperability measure.

Excluding Visit Statuses from Promoting Interoperability Calculations

Certain visit statuses can be automatically excluded from Promoting Interoperability calculations. Any visits with these visit statuses are ignored by the system when calculating compliance percentages for all measures.

To exclude visit statuses from Promoting Interoperability calculations:

1. From the *Admin* band in the left navigation pane, click *Admin*.

The Admin login window opens.

2. Enter your administrator password and click *Login*.

The Admin window opens.

3. Click the *User Admin* folder in the left pane.

The items in the User Admin folder display in the left pane.

4. Click *Visit Status Codes* in the left pane.

The Visit Status Codes options display in the right pane.

5. Click *Add*.

The Visit Codes options display in the right pane.

6. Check the *Exclude from Meaningful Use Reporting* box:



The screenshot shows a web form titled "Visit Status Details". It has three main input fields: "Code" with the value "MUX", "Status" with the value "MUExclusion", and "Color" with a "Pick Color..." button. Below these fields are two radio buttons: "Billable" (selected) and "Non Billable". There are two checkboxes: "Exclude from Meaningful Use Reporting" (checked and highlighted with a red box) and "Trigger Demographic Mandatory Field Check" (unchecked). At the bottom are three buttons: "Save", "delete", and "Clear All".

7. Enter the rest of the information here as appropriate.

8. Click *Save*.

This new Visit Status is created. Any encounter using this Visit Status is not included in the calculations for any Promoting Interoperability measure.

Requesting a Direct Address

A Direct Address is required for practices to electronically transmit clinical information to a third party. This is one of two options that satisfy aspects of [Objective 7: Health Information Exchange \(HIE\)](#) (formerly Objective 5), and can also optionally be used for [Objective 5: Patient Electronic Access \(PEA\)](#) (formerly Objective 8).

To request a Direct Address:

1. From the *Admin* band, click *eCW P2P Admin*:



The P2P Admin window opens.

2. If you are already on Join the Network (JTN), click *Edit Settings*:



If you are not yet on JTN, click *Register* to Join the Network.

The P2P Account Settings window opens.

3. In the *HISP - Direct* section, click Option 2:

HISP - Direct
eClinicalWorks offers two capabilities to send and receive Direct-based messages. Please select from the options below -

eClinicalWorks Direct (Option 1):
Available for providers that want to connect only with HISP vendors that are not a part of the DirectTrust bundle. This service has a one time implementation cost with but no per provider yearly cost.
Please contact eClinicalWorks if you would like to use this service.

eClinicalWorks Direct Plus (Option 2):
This model is available for providers to connect to HISP vendors that are part of Accredited DirectTrust bundle. eClinicalWorks uses eClinicalDirect LLC, an ONC-ATTA accredited HISP that is part of Direct Trust bundle to facilitate interoperability between participating HISPs. For more information about direct trust refer www.directtrust.org
Cost applies for this option. Please create a case under my.eclinicalworks.com to initiate this request.

Using the naming convention and example below, check the availability of your desired Direct Address:
Convention: <First name>.<Last name>@<Organization Abbreviation>.eclinicaldirectplus.com
Sample Provider Name: Sam Willis
Sample Organization Name: Westborough Medical Associates
Sample Organization Abbreviation: WMA
Sample Direct Address: sam.willis@wma.eclinicaldirectplus.com

Contact e-mail Address:

First Name: Last Name:

Your organization name: Abbreviation for your organization:

Complete the Direct address request above, and be sure to verify your selection before submission; requested address information cannot be edited after submission.

4. Enter the name of the organization for this provider in the *Your organization name* field.

5. Enter an abbreviation for the organization in the *Abbreviation for your organization* field.

Note: Do not include special characters or spaces in this field.

6. Click *Check Availability*:

Sample Direct Address: sam.willis@wma.eclinicaldirectpilot.com

Contact Email Address:
All communications regarding direct request will be sent to this email.

First Name: Last Name:

Your organization name: Abbreviation for your organization:

Address available.

If the address is available, a green *Address available* message displays:

Sample Direct Address: sam.willis@wma.eclinicaldirectpilot.com

Contact Email Address:
All communications regarding direct request will be sent to this email.

First Name: Last Name:

Your organization name: Abbreviation for your organization:

Address available.

7. Click *Submit*:

Sample Direct Address: sam.willis@wma.eclinicaldirectpilot.com

Contact Email Address:
All communications regarding direct request will be sent to this email.

First Name: **Last Name:**

Your organization name: **Abbreviation for your organization:**

Address available.

There is no cost to participate in eCW HISP for MU 2 attestation purpose.

Enterprise customers who may need us to help them with the request process, will have onboarding cost (\$60 per provider annual cost to set up direct address and mailbox)

Terms and Conditions:

- The 'free of cost' model is to help providers attest for MU2, and is applicable only till the end of 2014.
- Renewal Process: Users can renew their certificates and direct address every calendar year annually through JTN.

Out-of-Network Exchange:
 For communication and data exchange with out-of-network providers who have a Direct Address. Please complete the form below and we will contact you shortly for the setup of the Out-of-Network Exchange.

The request for this Direct Address is submitted.

8. Complete this request for each provider that requires a Direct Address.
9. Open a support case with eClinicalWorks to initiate the project.

Note: The direct address has a Pending status and updates to an Approved status only after ID proofing is completed by Digicert® and the certificates are uploaded.

HISP-HISP connection is established through eClinicalDirect HISP, which is part of the Direct Trust Bundle.

eClinicalDirect is fully accredited by EHNAC and is part of the [Direct Trust Bundle](#).

Creating a Support Case on the Customer Portal for Direct Address

Path: *Create New Case > Service Request > Services > Interface > Direct Messaging/HISP connection*

Create a Support Case in the my.eclinicalworks.com Customer Portal:

- **Reason:** Option 2 Direct Addresses Needed
- **Message:** Requesting Direct Address for Option 2 for ## providers. Direct Addresses requested in their P2P settings with Organization Abbreviation <<Enter Abbreviation>>.
- **Additional Details:** Enter any additional details for this case.

eClinicalWorks will assign a Sales resource to this project.

PROMOTING INTEROPERABILITY STAGE 3 OBJECTIVES FOR MEDICAID EPs IN 2018

The following objectives are related to Promoting Interoperability Stage 3:

- Objective 1: Protect Electronic Protected Health Information (ePHI)
- Objective 2: Electronic Prescribing (eRx)
- Objective 3: Clinical Decision Support (CDS)
- Objective 4: Computerized Provider Order Entry (CPOE)
- Objective 5: Patient Electronic Access (PEA)
- Objective 6: Coordination of Care Through Patient Engagement (CCTPE)
- Objective 7: Health Information Exchange (HIE)
- Objective 8: Public Health & Clinical Data Registry Reporting (PHCDRR)

Objective 1: Protect Electronic Protected Health Information (ePHI)

Objective

Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards.

The following sections are related to objective 1:

- Protect Electronic Health Information Measure
- HIPAA Security Risk Analysis (SRA) for Promoting Interoperability
- Features Relating to Protecting Electronic Health Information
- Protect Electronic Health Information Auditing

Protect Electronic Health Information Measure

Measure

Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a) (1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.

IMPORTANT! No denominator/numerator calculations are required for this measure. This measure is reported through self-attestation.

Note: Regardless of whether a practice is locally hosted or hosted in the cloud, a Security Risk Assessment must be conducted by each practice at least once every year.

HIPAA Security Risk Analysis (SRA) for Promoting Interoperability

As part of the Health Information Technology for Economic and Clinical Health Act (HITECH), eligible providers of healthcare who are preparing to attest to Promoting Interoperability of technology are required to include the Protect Patient Health Information objective, which addresses the HIPAA requirement to conduct an annual security risk analysis (SRA).

The Protect Patient Health Information objective requires each practice to conduct an SRA or review/update a previously completed SRA, implement security updates as necessary, and correct identified security deficiencies. Unfortunately, many practices have never performed an SRA, or are not performing an SRA on an annual basis.

Protection of the privacy and security of patient data in the EHR under HIPAA/HITECH involves more than attesting to the internal security features of the EHR that are provided by eClinicalWorks. The HIPAA Security Rule is wide-ranging and encompasses such areas as:

- Business Associate Oversight
- Business Continuity | data backup and disaster recovery
- Data Security | ePHI storage, transmission, and disposal
- Information Security | risk management, incident detection, and incident response
- Network Analysis | architecture, access control, device management, and event management
- Personnel Security | hiring processes, security awareness, and security training
- Physical Security | practice facilities, environmental concerns, data center
- Systems Analysis | system hardening, upgrades and patches, firewalls, anti-virus, intrusion detection, authentication

While protected health information (PHI) is protected by the many security features that are integrated within the eClinicalWorks comprehensive EMR/PM system, full compliance with the Protect Patient Health Information objective requires a thorough security risk analysis that covers a full spectrum of security concerns as listed above.

To help you conduct a risk analysis that is right for your medical practice, OCR has issued a [Guidance on Risk Analysis](#). ONC worked with OCR to create a [Security Risk Assessment \(SRA\) Tool](#) to guide healthcare providers (from small practices) through the risk assessment process. More information on the HIPAA Security Rule can be found at <http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/>.

To assist our clients with performing a security risk analysis in support of Promoting Interoperability Protect Patient Health Information objective, eClinicalWorks has identified several products in the marketplace and has developed business relationships with four vendors that offer a variety of tools, services, and price points for performing an SRA that will be comprehensive and auditable:

- [The Compliancy Group](#)
- [MedTech USA/HIPAAAudit.com](#)
- [GSG Compliance](#)
- [ecfirst](#)

The Compliancy Group

Product: Designed by auditors and privacy/security officers, web-based, easy-to-use, logical interface designed to work with you and your organization through collection, audit, remediation, training, and tracking.

The Guard Sentry: Best for practices of 10 or fewer providers and three sites.

The Guard Sentinel: Best for practices of more than 10 providers and more than three sites.

Contact Information:

Tel: 888-854-4722 (855 85 HIPAA)

www.compliancy-group.com/ecw

MedTech USA/HIPAAAudit.com

Product: Web-based download contains policies and checklists for Risk Analysis, including Risk Management, Sanction Policy, and Information System Activity Review.

HIPAAAudit.com: Appropriate for practices of all sizes.

Contact Information:

www.MedTechUSA.com/ecw

GSG Compliance

Product: GSG Compliance will help put your practice in the best defensible position, give you the confidence to answer any audit questions, attest for Promoting Interoperability, and give you a baseline on your HIPAA Privacy & Security.

SRA: Appropriate for all practice sizes.

Contact Information:

Tel: 887-270-8306

info@gsgcompliance.com

Bill Steuer - bsteuer@gagcompliance.com

Todd Greenburg - tgreenburg@gagcompliance.com

ecfirst

Product: Tailored consulting, training, and certification services, specializing in cybersecurity risk assessment, vulnerability assessment, penetration testing and managed security.

bizSHIELD™: Appropriate for practices of all sizes.

Contact Information:

Karen Durbin

Tel: 515-444-1221

karen.durbin@ecfirst.com

www.ecfirst.com

Features Relating to Protecting Electronic Health Information

The following features are available to assist in protecting electronic health information:

Feature	Area to Document within eClinicalWorks
Security Attributes	Access this feature from one of the following locations: <ul style="list-style-type: none"> ■ Executable: File > Security Settings ■ Browser: Main Menu > eCW Menu > File > Security Settings
Rx Security	Admin band > Admin Logs icon

Feature	Area to Document within eClinicalWorks
P.S.A.C.	<p>Access this feature from one of the following locations:</p> <ul style="list-style-type: none"> ■ Executable: File > Security Settings > Rx Security ■ Browser: Main Menu > eCW Menu > File > Security Settings > Rx Security
Confidential Progress Notes	<p>Access this feature from one of the following locations:</p> <ul style="list-style-type: none"> ■ Executable: File > P.S.A.C. Settings > New ■ Browser: Main Menu > eCW Menu > File > P.S.A.C. Settings > New ■ Executable: File > P.S.A.C. Settings > select group name > assign members > Save ■ Browser: Main Menu > eCW Menu > File > P.S.A.C. Settings > select group name > assign members > Save ■ Executable: File > P.S.A.C. Settings > select group name > Advanced Settings ■ Browser: Main Menu > eCW Menu > File > P.S.A.C. Settings > select group name > Advanced Settings
Confidential Patient Accounts	Progress Notes > Visit Code > Confidential Note
Authentication Settings	Patient Information > P.S.A.C.
Admin Logs	<p>Access this feature from one of the following locations:</p> <ul style="list-style-type: none"> ■ Executable: File > Settings > Authentication Settings ■ Browser: Main Menu > eCW Menu > File > Settings > Authentication Settings

Note: These are some of the common features related to protecting electronic health information, but may not represent a comprehensive list of features available to meet this measure.

For more information on how to use these features, refer to the *System Administration Users Guide* on the HelpHub.

Using Security Settings

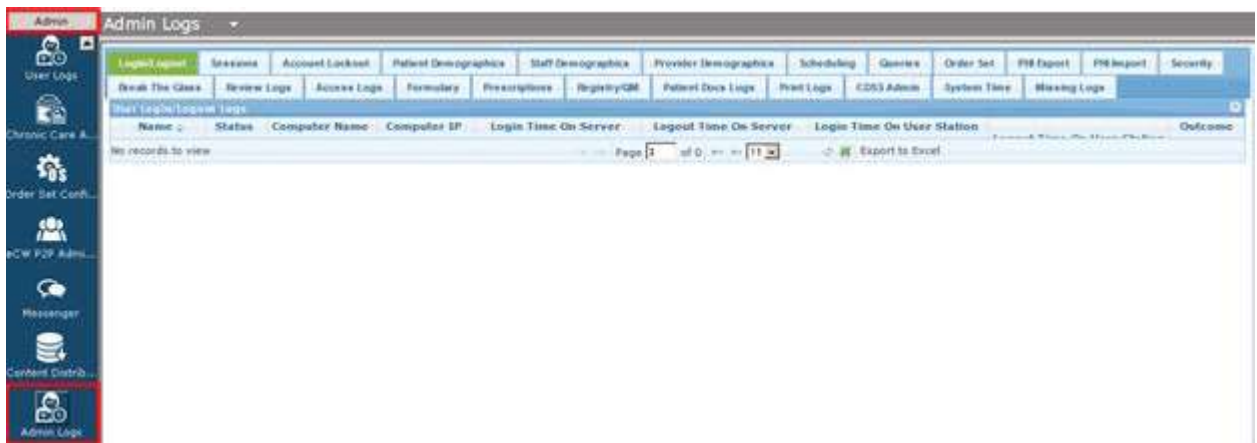
- Executable: *File > Security Settings*

Browser: *Main Menu > eCW Menu > File > Security Settings*



Reviewing Administrative Logs

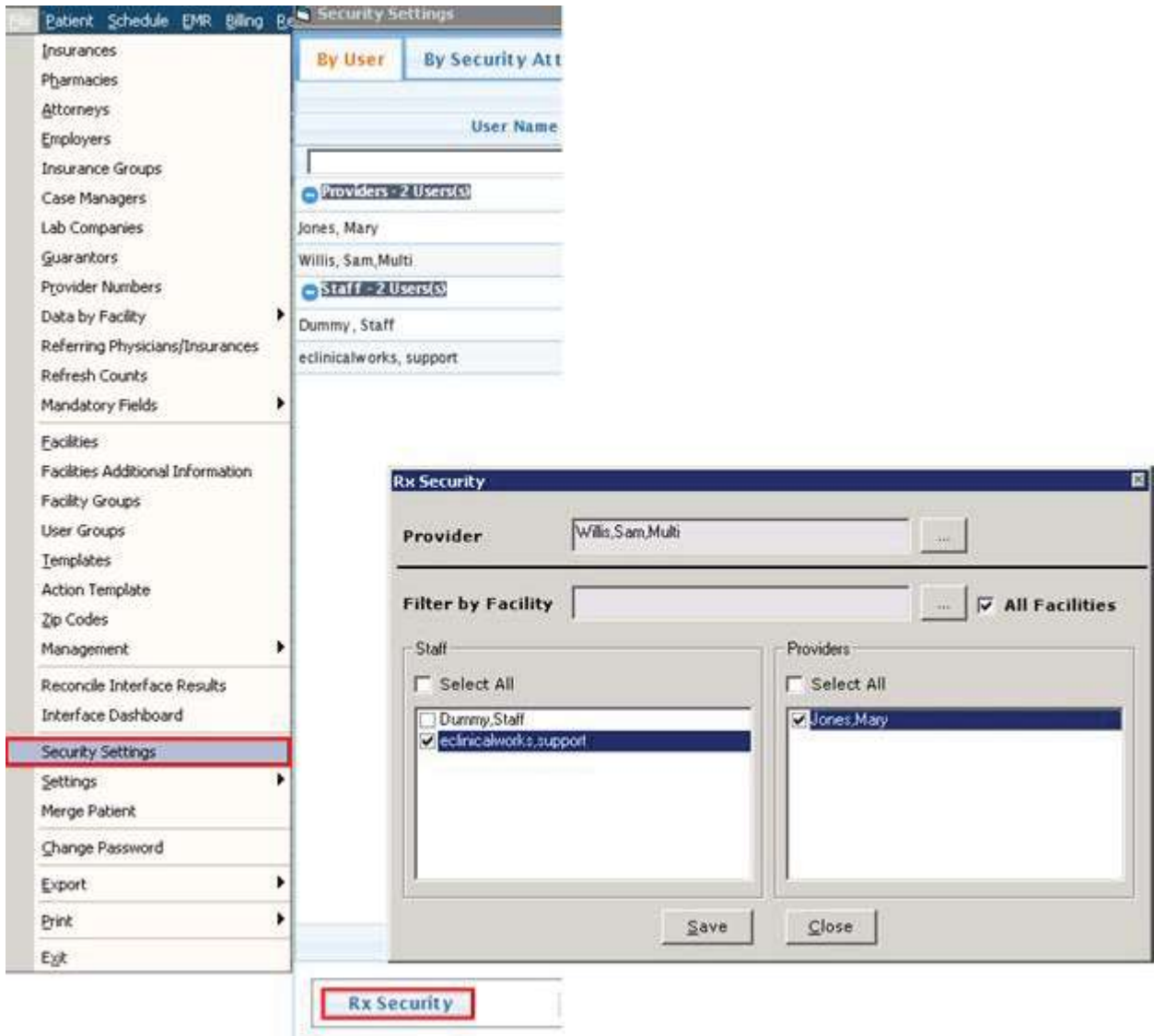
- *Admin band > Admin Logs icon*



Using Rx Security

- Executable: *File > Security Settings > Rx Security*

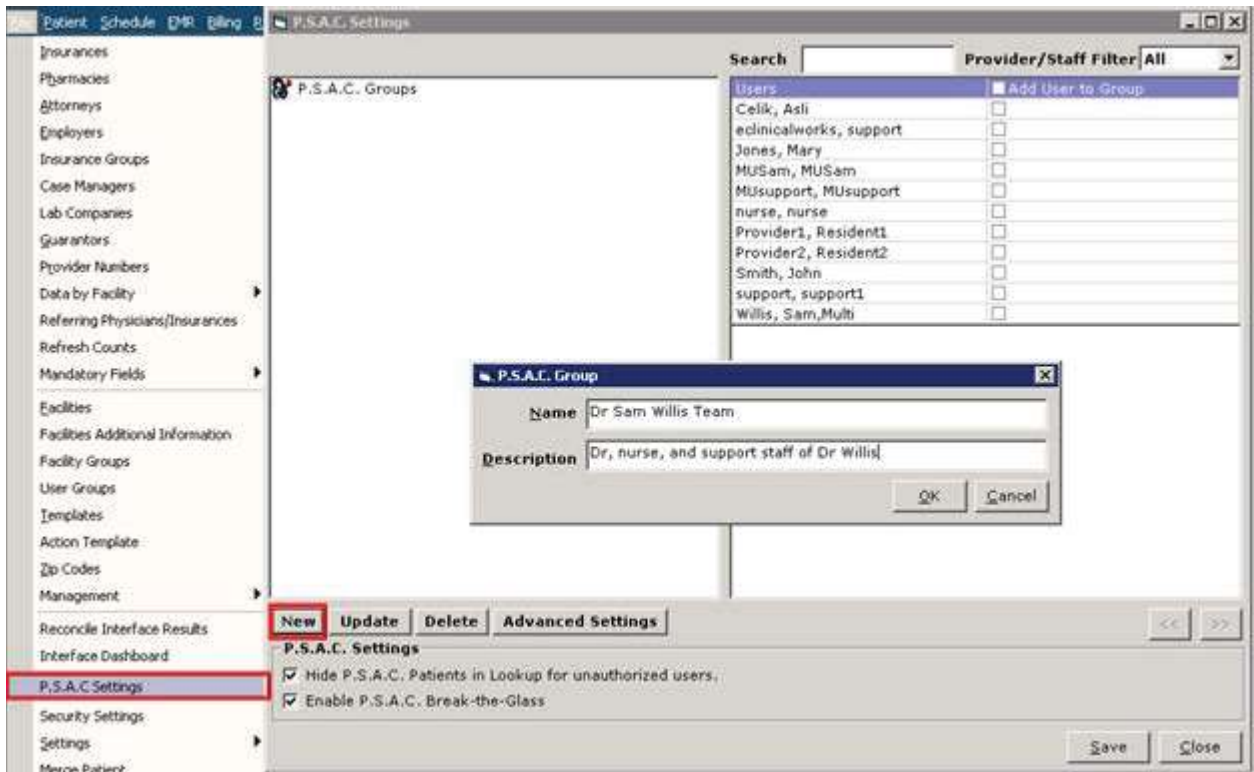
Browser: *Main Menu > eCW Menu > File > Security Settings > Rx Security*



Using P.S.A.C.

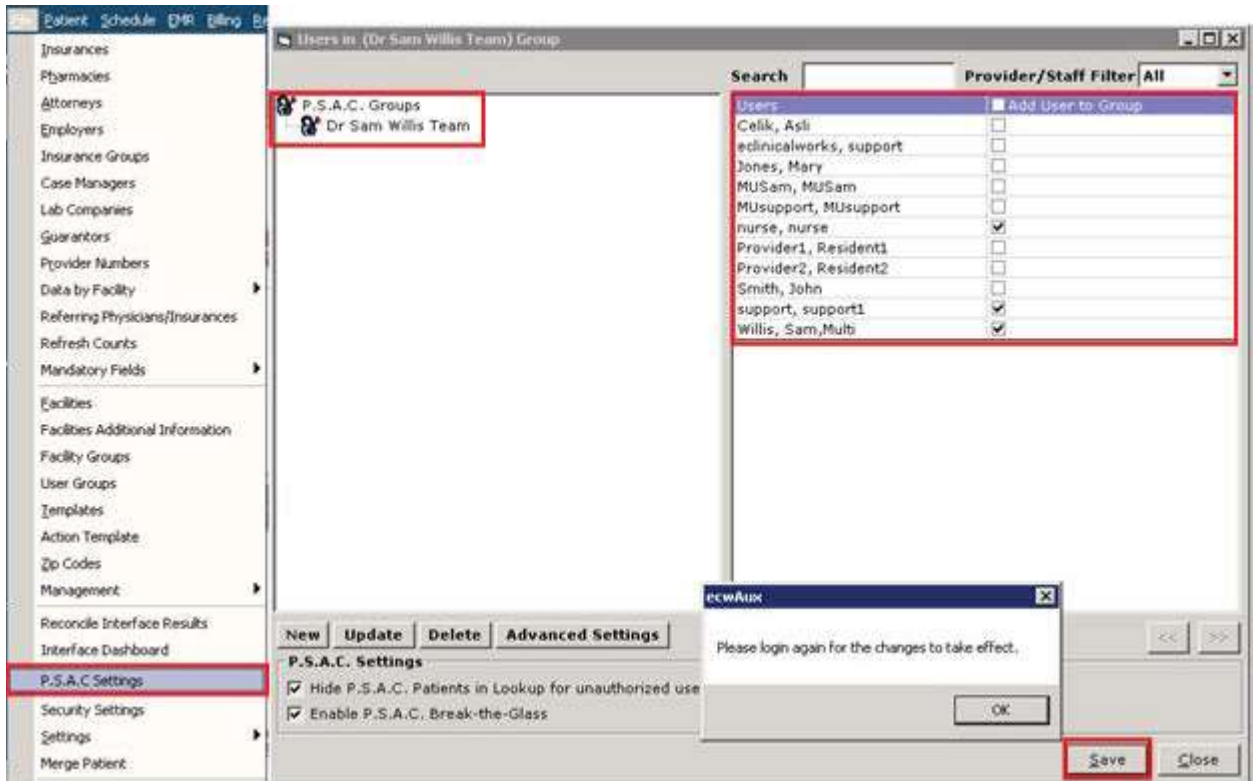
- Executable: *File > P.S.A.C. Settings > New*

Browser: *Main Menu > eCW Menu > File > P.S.A.C. Settings > New*



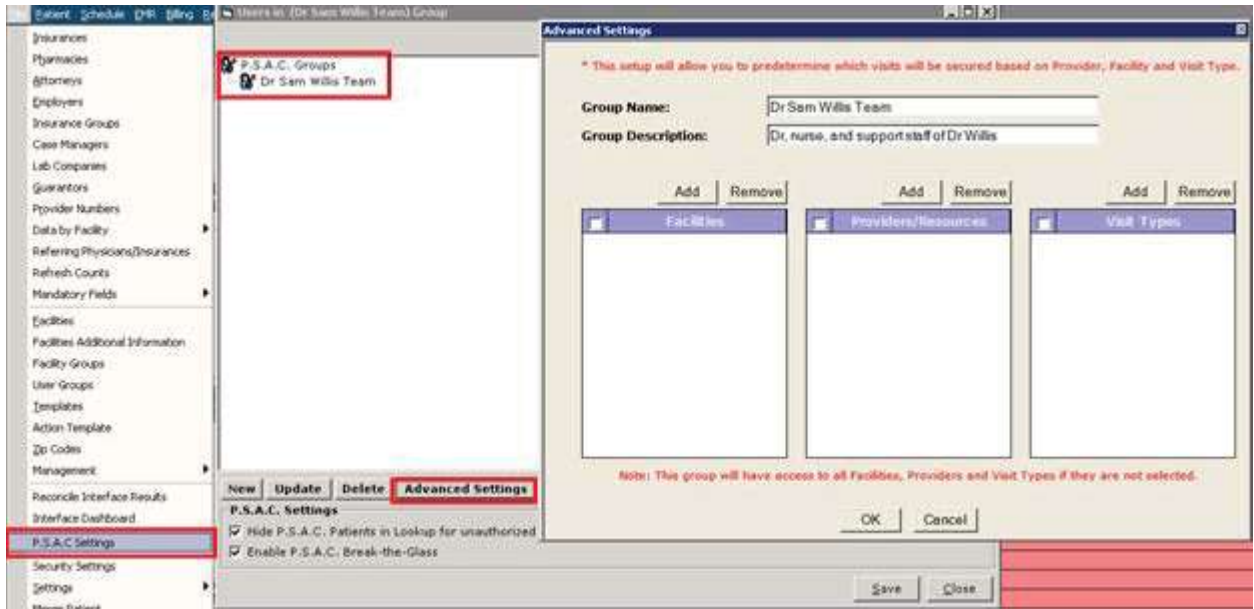
- Executable: *File > P.S.A.C. Settings > select group name > assign members > Save*

Browser: *Main Menu > eCW Menu > File > P.S.A.C. Settings > select group name > assign members > Save*



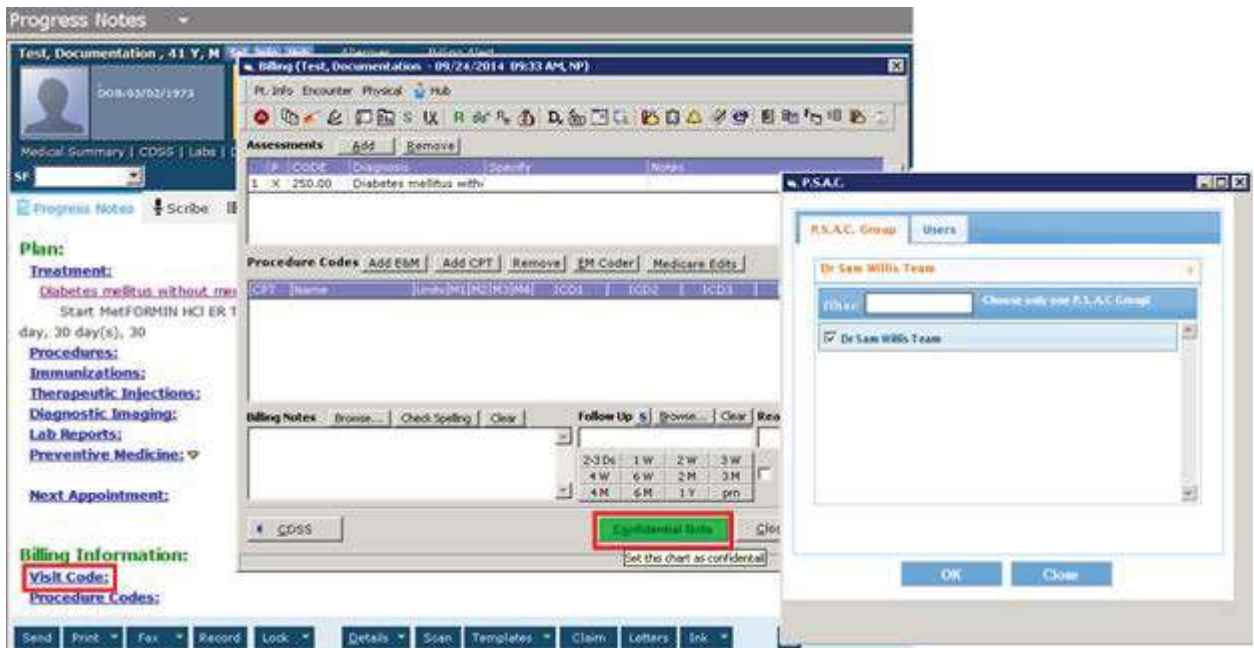
- Executable: *File > P.S.A.C. Settings > select group name > Advanced Settings*

Browser: *Main Menu > eCW Menu > File > P.S.A.C. Settings > select group name > Advanced Settings*



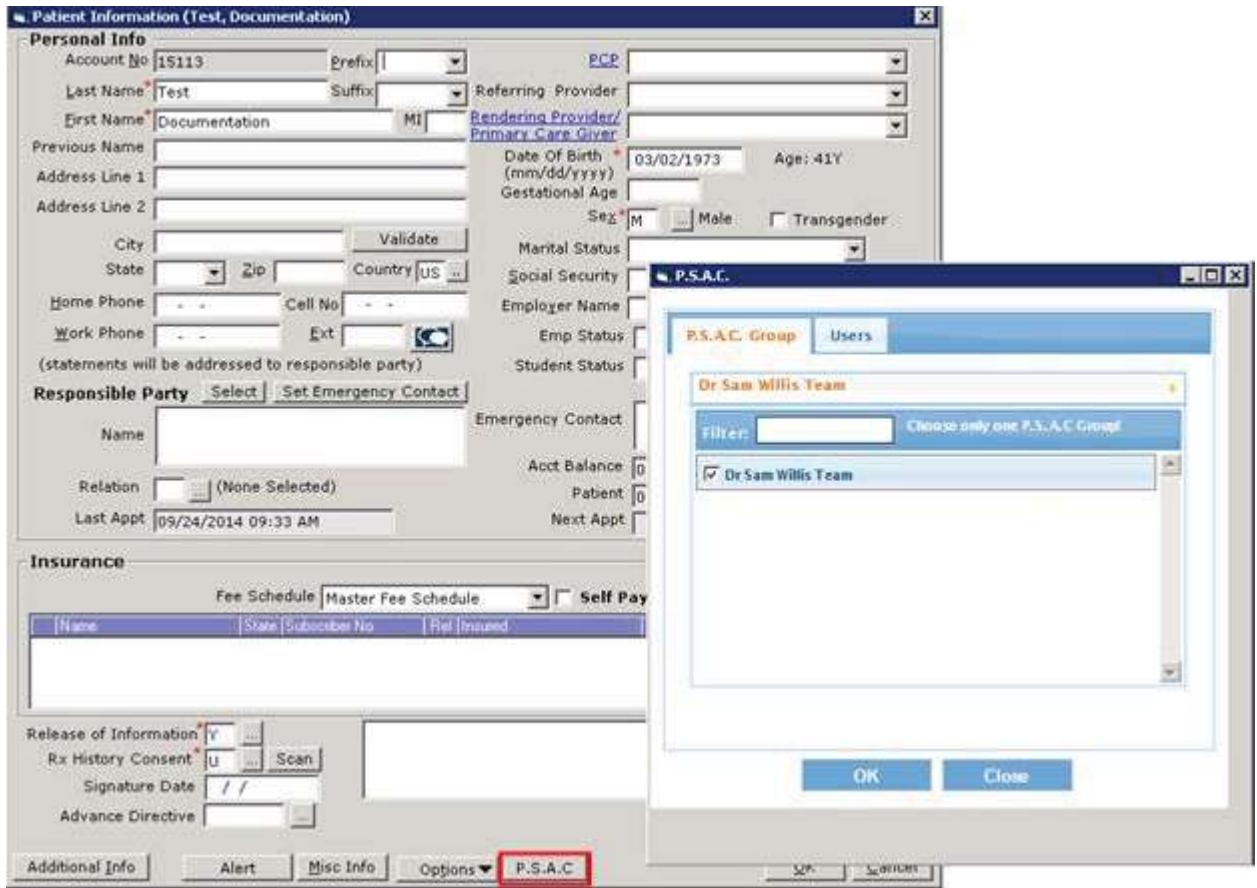
Making Progress Notes Confidential

- *Progress Notes > Visit Code > Confidential Note*



Making Patient Accounts Confidential

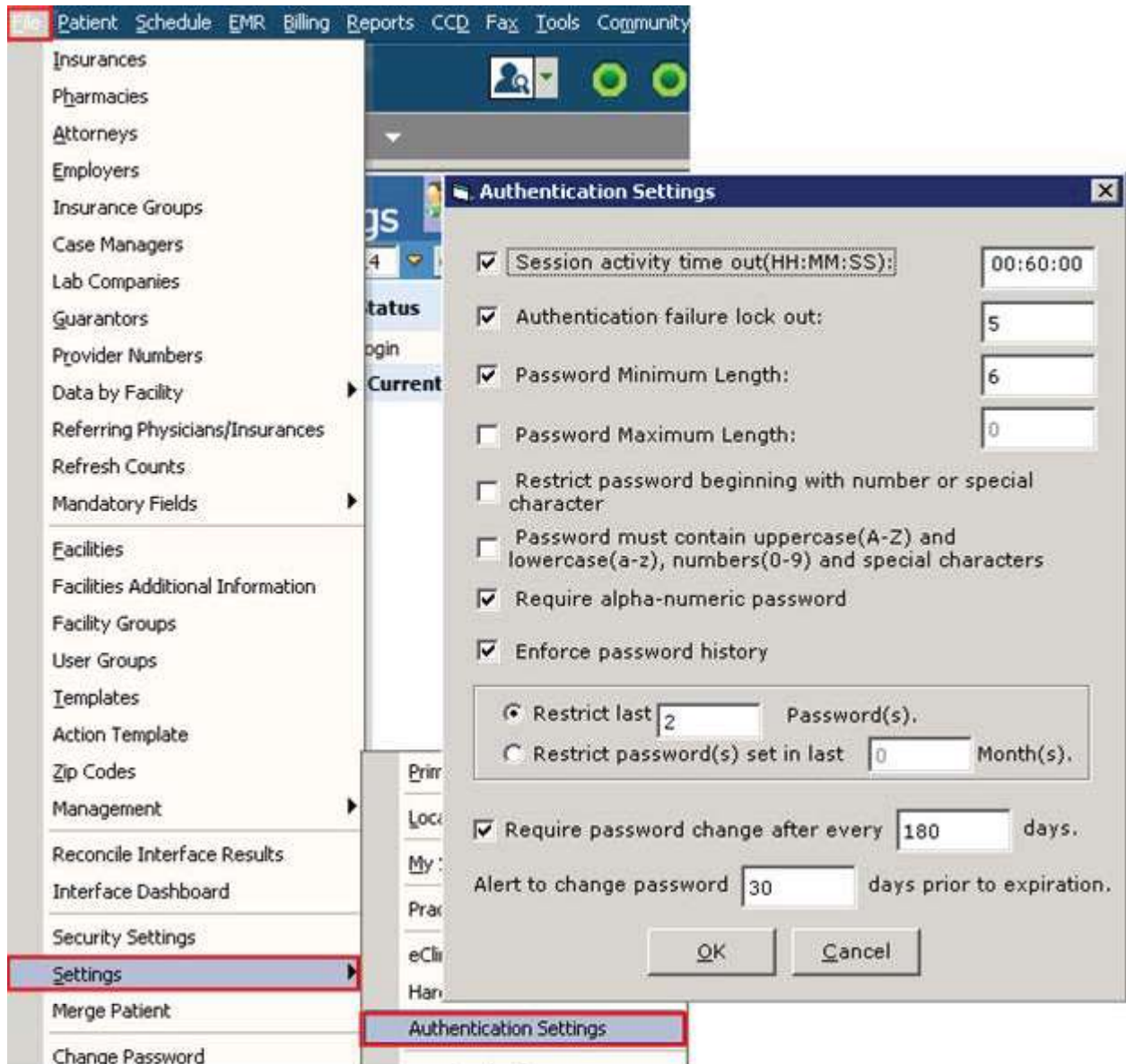
- Patient Information > P.S.A.C.



Setting Up Authentication Settings

- Executable: *File > Settings > Authentication Settings*

Browser: *Main Menu > eCW Menu > File > Settings > Authentication Settings*



Protect Electronic Health Information Auditing

For this measure, you will need to provide documentation to CMS proving that you completed a security risk analysis (SRA). When you perform your SRA, you should have a checklist of things to complete for it. Keep all relevant documentation records (paper or electronic) used for completing this security checklist. Failure to keep or provide a copy of records during an audit could result in a failed audit.

Security attributes, Rx security, P.S.A.C. categories and permissions, authentication settings, admin logs, confidential Progress Notes, and confidential patient accounts are available from eClinicalWorks to satisfy this measure. For more information on how to use these features, refer to the *System Administration Users Guide* or the HelpHub.

Note: Regardless of whether a practice is locally hosted or hosted in the cloud, a Security Risk Assessment must be conducted by the practice.

Objective 2: Electronic Prescribing (eRx)

Objective

Generate and transmit permissible prescriptions electronically (eRx).

The following sections are related to objective 2:

- [Electronic Prescribing \(eRx\) Measure](#)
- [Electronic Prescribing Denominator Criteria](#)
- [Electronic Prescribing Numerator Criteria](#)
- [Electronic Prescribing Exclusion Criteria](#)
- [Features Related to Electronic Prescribing](#)

Electronic Prescribing (eRx) Measure

Measure

More than 60 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

Note: Rx eligibility must be verified prior to e-prescribing (including responding to refill requests) to get credit for this measure.

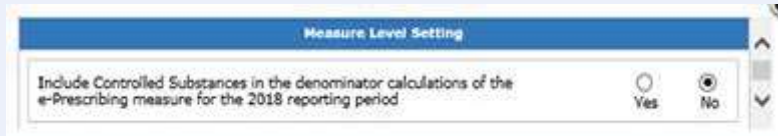
Electronic Prescribing Denominator Criteria

Prescriptions are included in the denominator if they satisfy the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
They have been printed, faxed, or transmitted electronically	Record this information from one of the following locations: <ul style="list-style-type: none"> ■ Progress Notes > Treatment ■ Telephone/Web Encounter > Rx Tab ■ Telephone/Web Encounter > Virtual Visit tab > Treatment
	<p>IMPORTANT! The following medications are excluded from the denominator:</p> <ul style="list-style-type: none"> ■ Duplicate medications (re-printed, re-faxed, re-transmitted, or printed and also transmitted) ■ Medication orders created from a mobile device ■ OTC medications

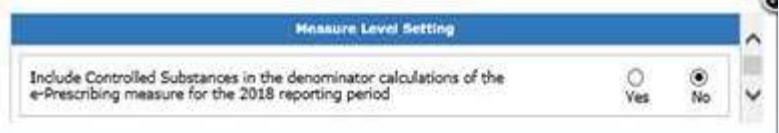
Note from CMS: As electronic prescribing of controlled substances is now possible, providers may choose to include these prescriptions in their permissible prescriptions where feasible and allowable by state and local law. If a provider chooses to include such prescriptions, he or she must do so uniformly across all patients and across all allowable schedules for the duration of the PI performance period.

Controlled substances can be included in denominator calculations for this measure by enabling this option on the MAQ Dashboard:



Electronic Prescribing Numerator Criteria

Prescriptions that satisfy the denominator are included in the numerator if they satisfy all of the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
They have been queried for a drug formulary from the Rx Eligibility window	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Progress Notes > Treatment > green arrow next to Send Rx > ePrescribe Rx > Rx Eligibility > Check Rx Eligibility ■ Appointment window > Rx Eligibility > Check Rx Eligibility ■ Progress Notes > Treatment > Add > Rx Eligibility > Check Rx Eligibility ■ Telephone/Web Encounter > Rx tab > Rx Eligibility > Check Rx Eligibility ■ Telephone/Web Encounter > Rx tab > green arrow next to Send Rx > ePrescribe Rx > Rx Eligibility > Check Rx Eligibility ■ eRefill > Rx Eligibility > Check Rx Eligibility <p>IMPORTANT! Rx eligibility must be verified for all patients, including self-pay patients, every time a prescription is sent. Whenever an Rx Eligibility check is performed in eClinicalWorks, the check lasts for three (3) days. Prescriptions and refill requests created within the three days after an eligibility check has been performed are considered verified. Any prescription or refill request created after these three days requires that a new eligibility check be performed in order to satisfy this measure.</p> <p>Note: A Scheduled Job can also be run every night (for scheduled appointments only). You must verify Rx Eligibility manually before e-Prescribing for walk-in appointments, Telephone/Web Encounter orders, and eRefill requests. Controlled substances can be included in denominator calculations by enabling this option on the MAQ dashboard:</p> 

Numerator Criteria	Area to Document within eClinicalWorks
They have been transmitted using e-Prescription from the ePrescribe Rx window	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ E quick-launch link > Refill Rx or Error/Failed Rx ■ Progress Notes > Treatment > green arrow next to Send Rx > ePrescribe Rx ■ Telephone/Web Encounter > Rx tab > green arrow next to Send Rx > ePrescribe Rx ■ Telephone/Web Encounter > Virtual Visit > Treatment> green arrow next to Send Rx > ePrescribe Rx ■ Progress Notes > Send <p>Note: e-Prescriptions dropped to fax due to NDC mismatch do NOT count in the numerator</p>

For more information on the processes that satisfy this measure, refer to the [eClinicalWorks MU - e-Prescription Eligibility and Formulary Checking](#) and the [eCW Auto-Eligibility Check Validation](#) documents.

Electronic Prescribing Exclusion Criteria

Providers may be excluded from this measure if they meet at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They write fewer than 100 permissible prescriptions during the PI reporting period	This exclusion criterion is reported by self-attestation.
They do not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her PI reporting period	This exclusion criterion is reported by self-attestation.

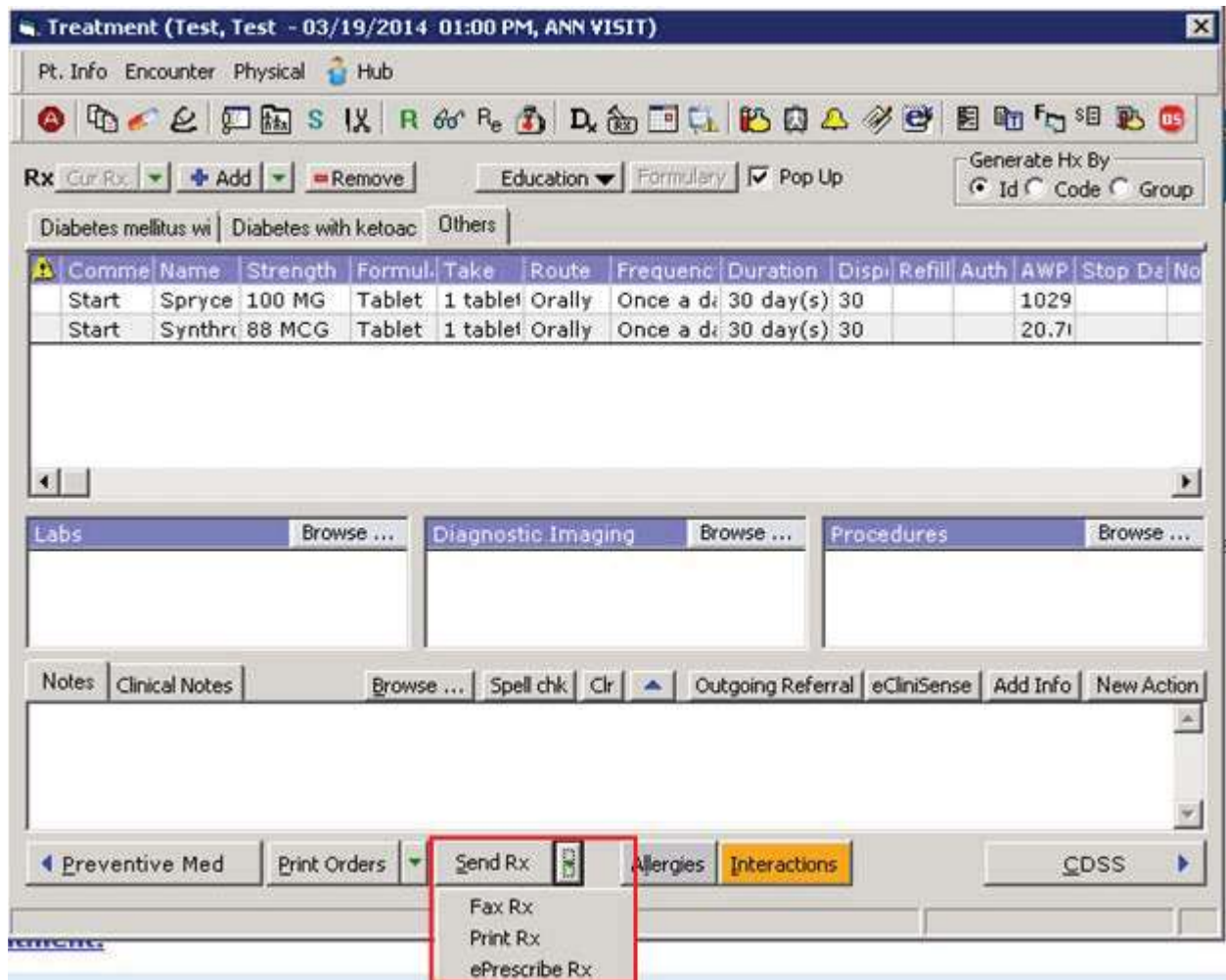
Features Related to Electronic Prescribing

The following features are related to prescribing medications electronically:

- Transmitting Prescriptions
- Checking Rx Eligibility
- e-Prescribing Medications

Transmitting Prescriptions

- *Progress Notes > Treatment*

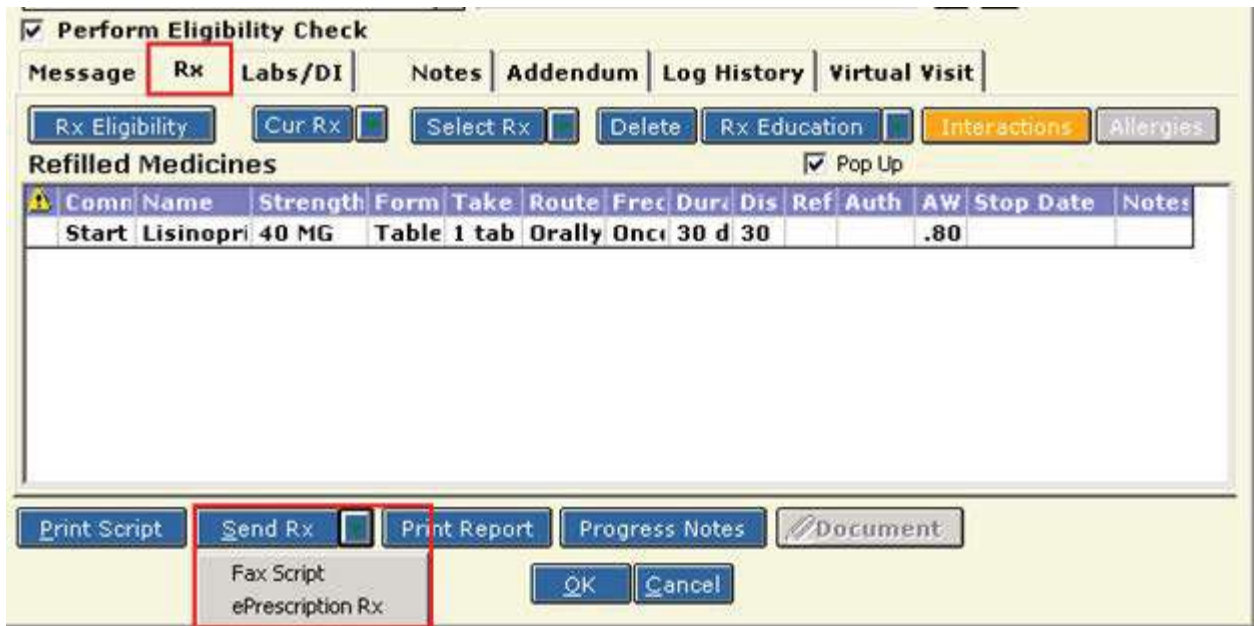


The screenshot shows a medical software interface for a patient named Test, Test, dated 03/19/2014 at 01:00 PM during an annual visit. The interface includes a toolbar with various icons, a search bar, and a list of medications. The medication list is as follows:

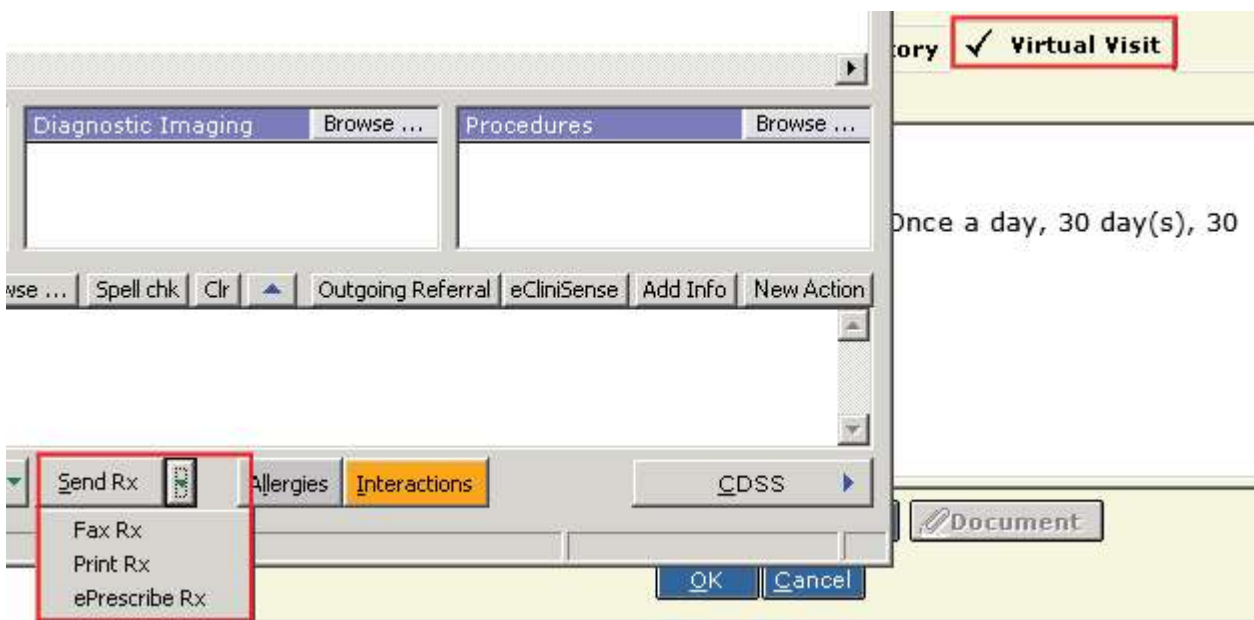
Comme	Name	Strength	Formul.	Take	Route	Frequenc	Duration	Dispi	Refill	Auth	AWP	Stop Da	No
Start	Spryce	100 MG	Tablet	1 tablet	Orally	Once a d	30 day(s)	30			1029		
Start	Synthroid	88 MCG	Tablet	1 tablet	Orally	Once a d	30 day(s)	30			20.71		

Below the medication list, there are sections for Labs, Diagnostic Imaging, and Procedures, each with a 'Browse ...' button. At the bottom, there is a 'Notes' section with 'Clinical Notes' and a 'Send Rx' button. A red box highlights the 'Send Rx' button, which has a dropdown menu with the following options: Fax Rx, Print Rx, and ePrescribe Rx.

■ Telephone/Web Encounter > Rx Tab



■ Telephone/Web Encounter > Virtual Visit tab > Treatment



Checking Rx Eligibility

- *Progress Notes > Treatment > green arrow next to Send Rx > ePrescribe Rx > Rx Eligibility > Check Rx Eligibility*

- *Appointment window > Rx Eligibility > Check Rx Eligibility*

- Progress Notes > Treatment > Add > Rx Eligibility > Check Rx Eligibility

Treatment:

Treatment (Test, Test - 03/19/2014 01:00 PM, ANN VISIT)

Pt. Info Encounter Physical Hub

Rx Cur Rx Add Remove Education Formulary Pop Up Generate Hx By Id Code Group a day, 30 day(s)

New Rx Add New Order

Search Starts With = Standard Show Standard My Favorites Both

Real Time Show Discontinued Rx Eligibility

length Form. Take Route Freq. Duration Disp Refill AWP(\$)

Rx Eligibility

Eligibility Criteria

First Name	MI	Last Name	DOB
Test		Test	20010909
Address			Gender
			M
			Phone
Westborough	MA	01851	508-614-5849

Check Rx Eligibility

Please type in

- Telephone/Web Encounter > Rx tab > Rx Eligibility > Check Rx Eligibility



- Telephone/Web Encounter > Rx tab > green arrow next to Send Rx > ePrescribe Rx > Rx Eligibility > Check Rx Eligibility

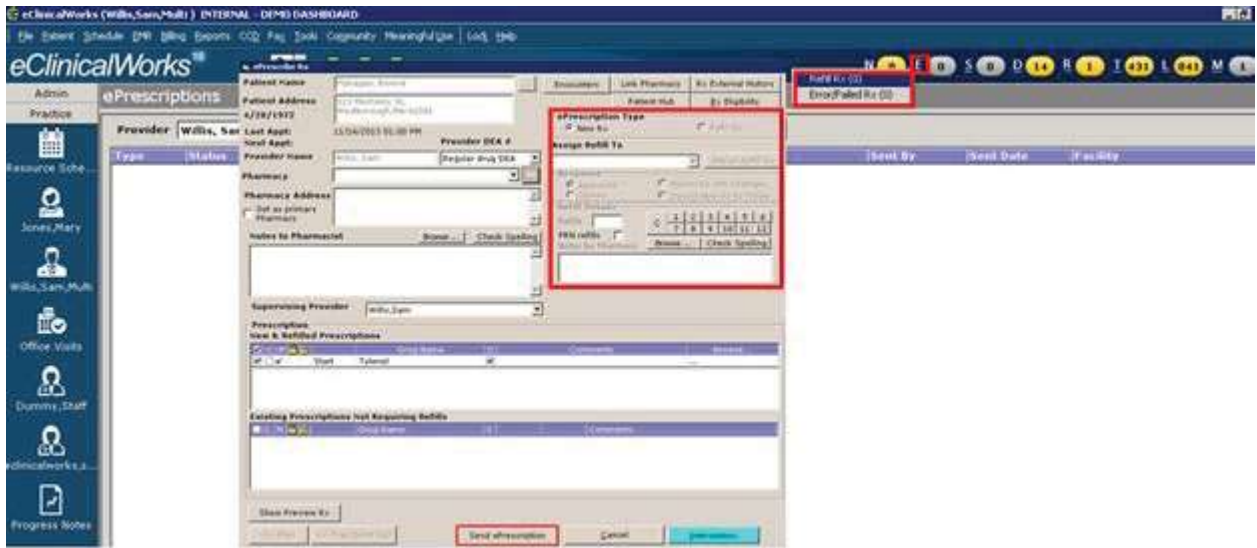


- eRefill > Rx Eligibility > Check Rx Eligibility

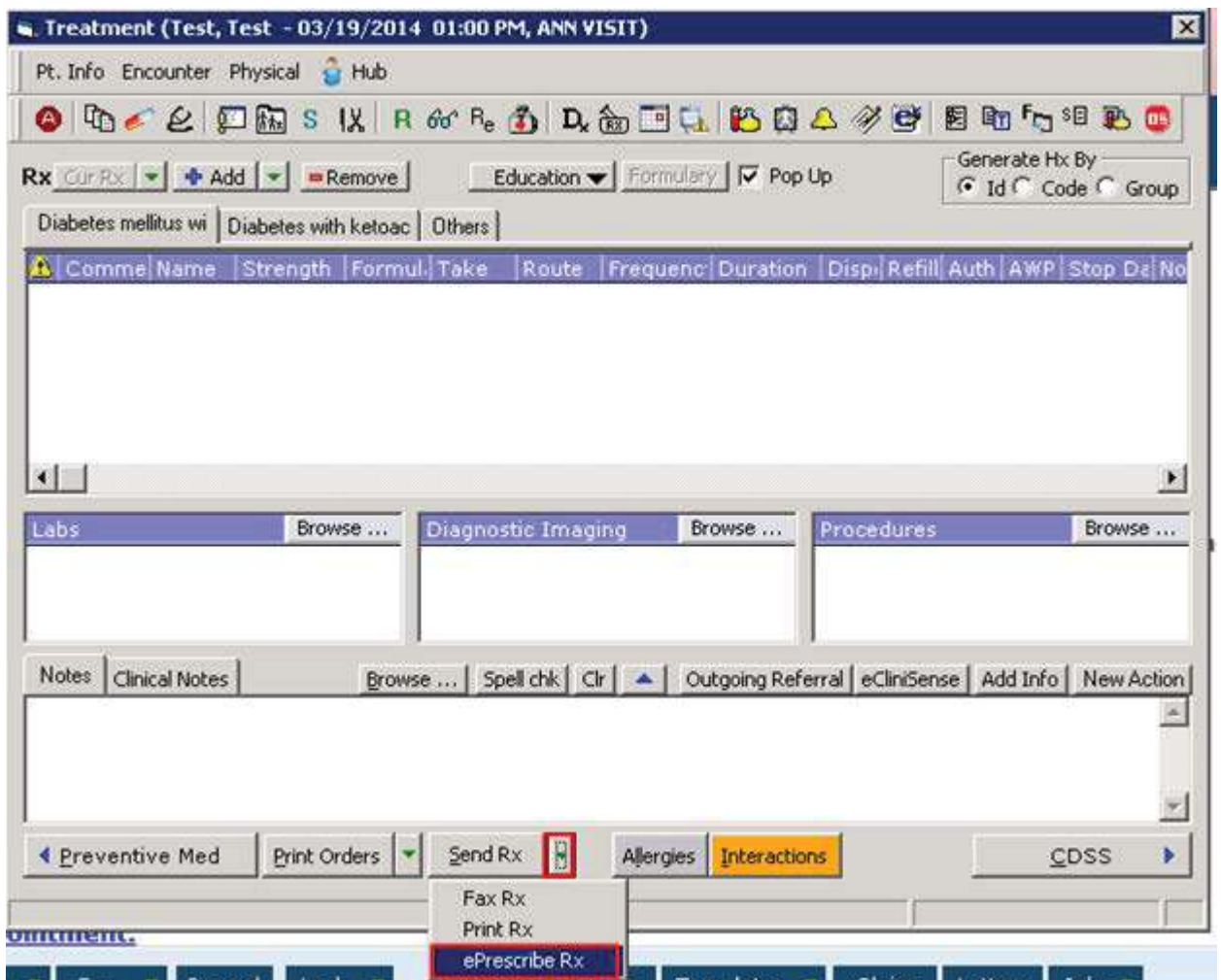


e-Prescribing Medications

- *E quick-launch link > Refill Rx or Error/Failed Rx*



- *Progress Notes > Treatment > green arrow next to Send Rx > ePrescribe Rx*



- Telephone/Web Encounter > Rx tab > green arrow next to Send Rx > ePrescribe Rx

Telephone Encounter

Answered by: Dummy, Staff
 Date: 4 / 4 / 2014
 Time: 11:47 AM
 High Priority

Patient: Test, Test
 DOB: 9/9/2001 Age: 13Y Sex: M
 Tel: 508-614-5849
 Acct No: 9114, WebEnabled: Yes
 Elgb Status:

Provider: Willis, Sam, Multi

Pharmacy:

Facility: Internal - DEMO DASHBOARD (PM)

AssignedTo: Dummy, Staff

Caller:

Reason:

Perform Eligibility Check

Message **Rx** Labs/DI Notes Addendum Log History Virtual Visit

Rx Eligibility Cur Rx Select Rx Delete Rx Education Interactions Allergies

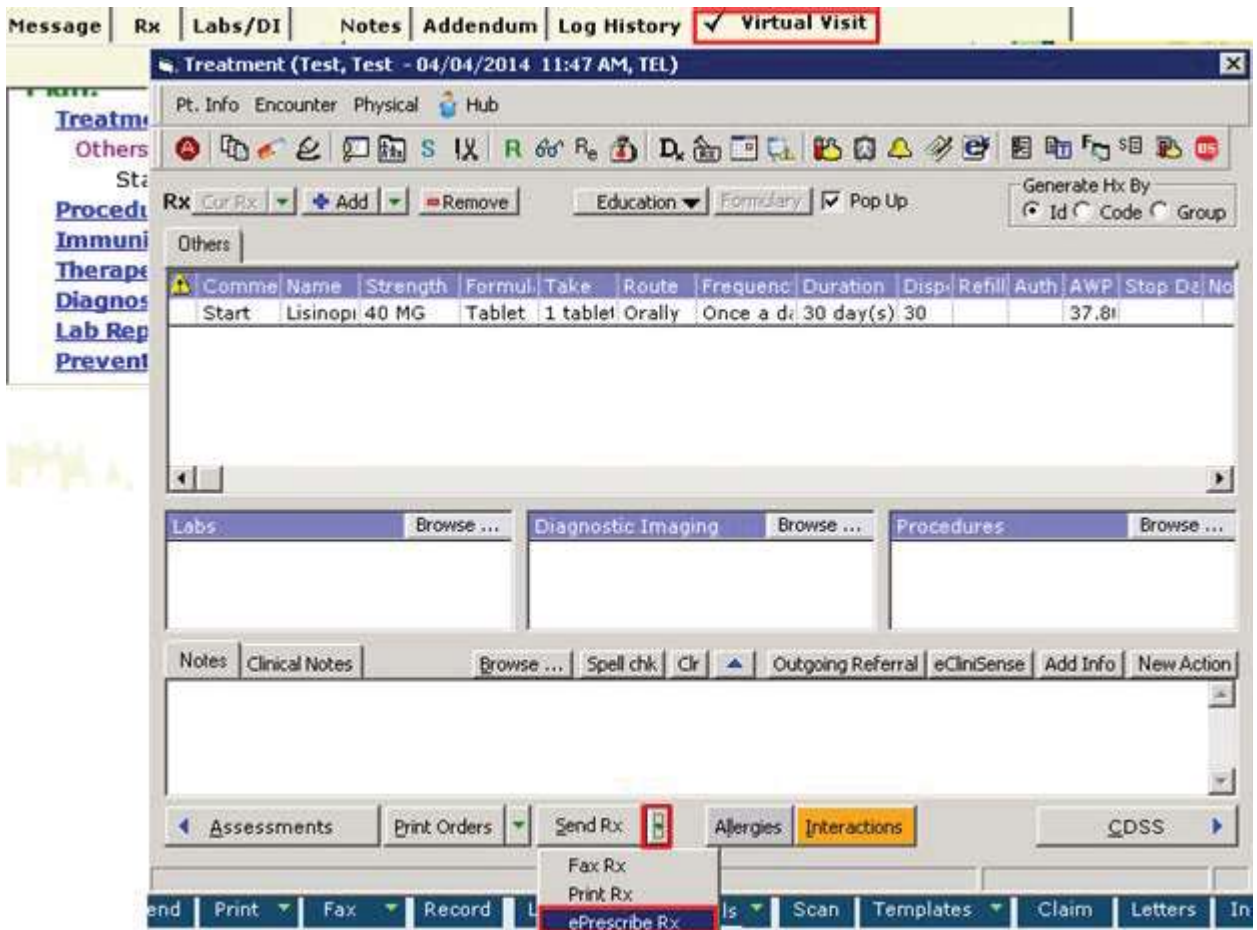
Refilled Medicines Pop Up

Com	Name	Strength	Form	Take	Route	Freq	Dur	Dis	Ref	Auth	AW	Stop Date	Notes
Start	Lisinopri	40 MG	Tablet	1 tab	Orally	Onci	30 d	30			.80		

Print Script **Send Rx** Print Report Progress Notes Document

Fax Script **ePrescription Rx** OK Cancel

- Telephone/Web Encounter > Virtual Visit > Treatment> green arrow next to Send Rx > ePrescribe Rx



■ Progress Notes > Send

The screenshot displays the 'Common Send' application window. At the top, the patient's name 'Test, Stephanie, 1/1/1950, F' is visible. Below this, there are fields for 'Supervising Provider', 'Comments', 'Provider DEA#', and 'Prefer Pharmacy'. A red 'Interaction' button and an 'Apply To Selected' button are also present. The main area contains a table of prescriptions. One prescription is selected, and a red box highlights the 'Print', 'Fax', and 'ePrescribe' options. Below the table, there are fields for 'Mode', 'Send To', 'Visit date', 'Visit type', and 'Fax number'. At the bottom, a green 'Send' button is visible, and a note states 'Only [checked] items will be sent through the transmit mode selected for each item.'

Mode	Send To	Visit date	Visit type	Fax number
Fax -		03/01/2017	ESTPT(Established Patient)	XXX-XXX-XXXX

Objective 3: Clinical Decision Support (CDS)

Objective

Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

IMPORTANT! EPs must satisfy both measures in order to meet the objective.

The following sections are related to objective 3:

- [CDS 1](#)
- [CDS 2](#)
- [Features Related to CDS](#)
- [Clinical Decision Support Rule Auditing](#)

CDS 1

Measure

Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire PI reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

IMPORTANT! EPs must attest *YES* to implementing five (5) clinical decision support interventions related to four (4) or more CQMs at a relevant point in patient care for the entire PI reporting period.

CDS 2

Measure

The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period.

IMPORTANT! EPs must attest *YES* to enabling and implementing the functionality for drug-drug and drug-allergy interaction checks for the entire PI reporting period.

Note: This functionality is automatically enabled within eClinicalWorks.

CDS 2 Exclusion Criteria

Providers may be excluded from this measure if they meet the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They have written fewer than 100 medication orders during the PI reporting period	This exclusion criterion is reported by self-attestation.

Features Related to CDS

The following features are available to assist in decision-making:

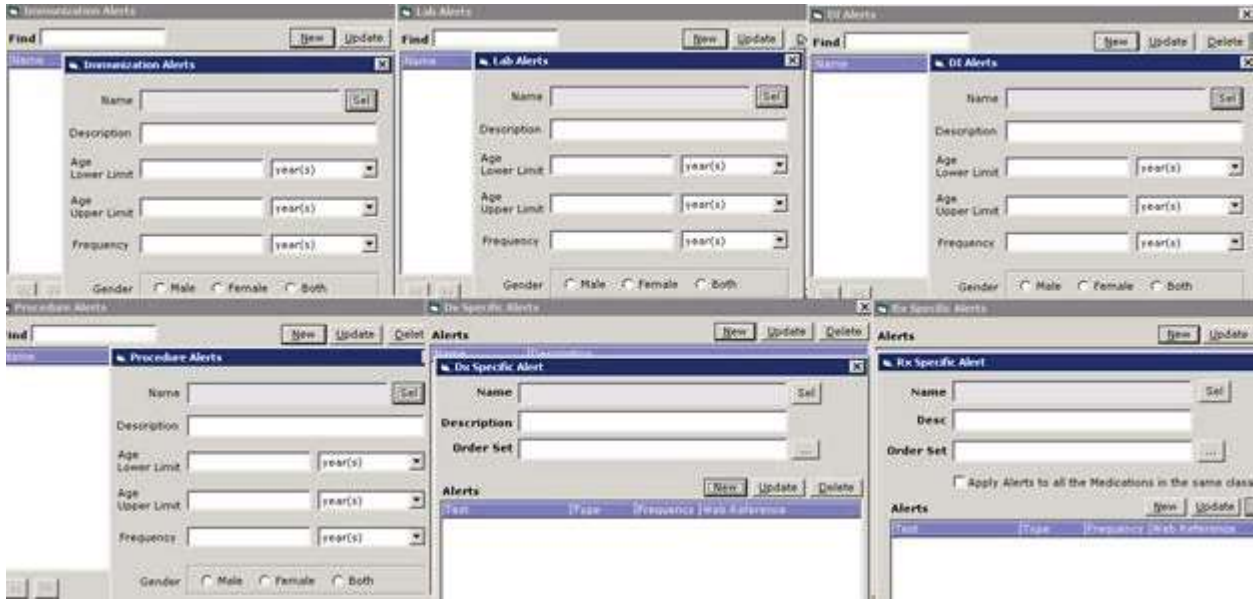
Feature	Area to Document within eClinicalWorks
Classic Alerts	Access this feature from one of the following locations: <ul style="list-style-type: none"> ■ Executable: EMR > Alerts ■ Browser: Main Menu > eCW Menu > EMR > Alerts
Registry Alerts	Access this feature from one of the following locations: <ul style="list-style-type: none"> ■ Executable: Registry band > Registry icon > run a query > Save Queries ■ Browser: Main Menu > Registry icon > Registry link > run a query > Save Queries
CDSS Alerts	Access this feature from one of the following locations: <ul style="list-style-type: none"> ■ Executable: EMR > CDSS > Measure Configuration ■ Browser: Main Menu > eCW Menu > EMR > CDSS > Measure Configuration
Drug Interaction Checks	Access this feature from one of the following locations: <ul style="list-style-type: none"> ■ Progress Notes > Current Medication > Drug Interaction ■ Progress Notes > Treatment > Interaction

Configuring Classic Alerts

This is a one-time setup process, with periodic maintenance as needed:

- Executable: *EMR > Alerts*

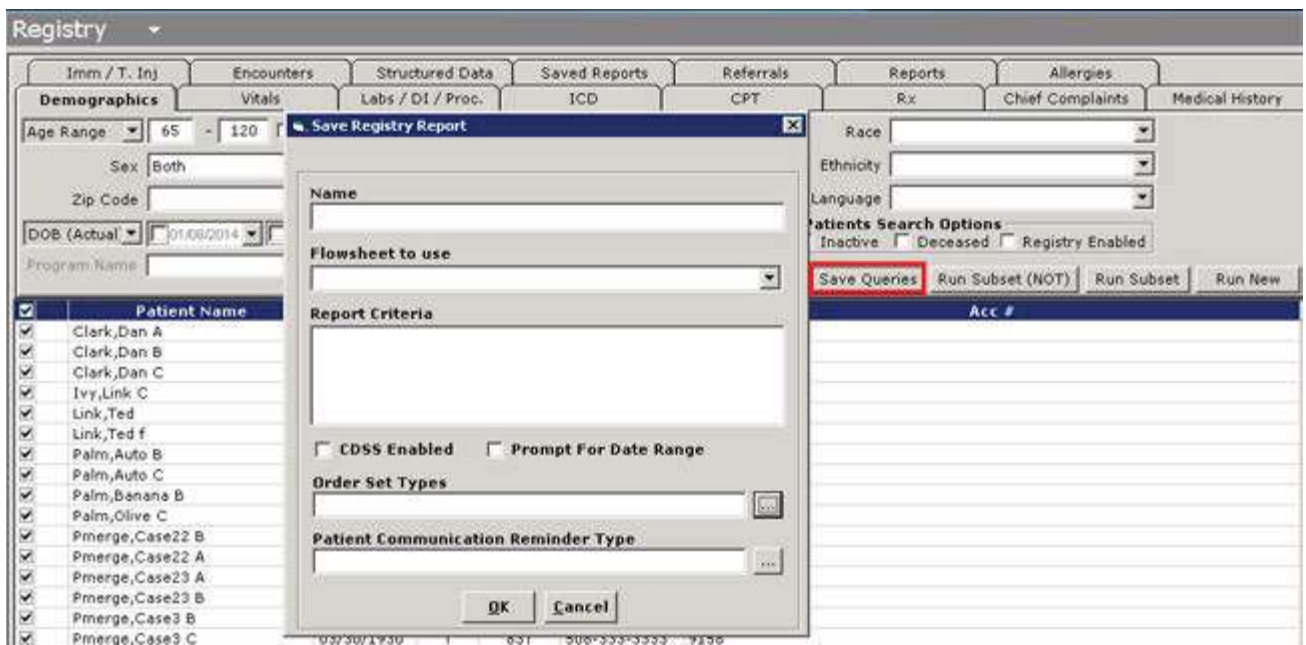
Browser: *Main Menu > eCW Menu > EMR > Alerts*



Configuring Registry Alerts

- Executable: *Registry band > Registry icon > run a query > Save Queries*

Browser: *Main Menu > Registry icon > Registry link > run a query > Save Queries*



Configuring CDSS Alerts

This is a one-time setup process, with yearly maintenance:

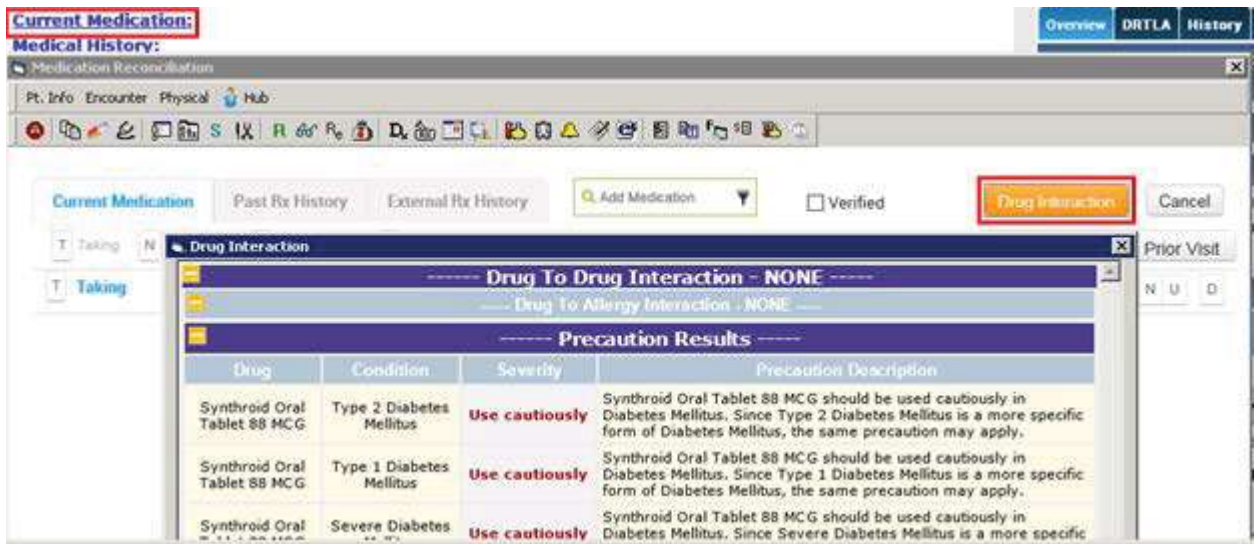
- Executable: *EMR > CDSS > Measure Configuration*

Browser: *Main Menu > eCW Menu > EMR > CDSS > Measure Configuration*



Using Drug Interaction Checking

- *Progress Notes > Current Medication > Drug Interaction*



- *Progress Notes > Treatment > Interaction*

The screenshot displays a clinical decision support (CDS) interface. On the left, the 'Progress Notes' window shows a patient's medical history, including a diagnosis of 'Diabetes mellitus'. The 'Treatment' section is highlighted, and a red box is drawn around the 'Interactions' button. On the right, the 'Drug Interaction' window is open, showing a table of drug interactions. The table has columns for 'Drug', 'Condition', 'Severity', and 'Precaution Details'. The table lists four instances of 'Synthroid Oral Tablet 88 MCG' with conditions like 'Type 2 Diabetes Mellitus', 'Type 1 Diabetes Mellitus', 'Severe Diabetes Mellitus', and 'Diabetic Ketoacidosis', all with a severity of 'Use cautiously'. Below the table, there are sections for 'Age based Criteria Results - NONE', 'Drug To Food Interaction - NONE', and 'Source' information, including the issue date (October 3, 2012) and database edition (12.4.1.001).

Clinical Decision Support Rule Auditing

The following features are related to clinical decision support rule auditing:

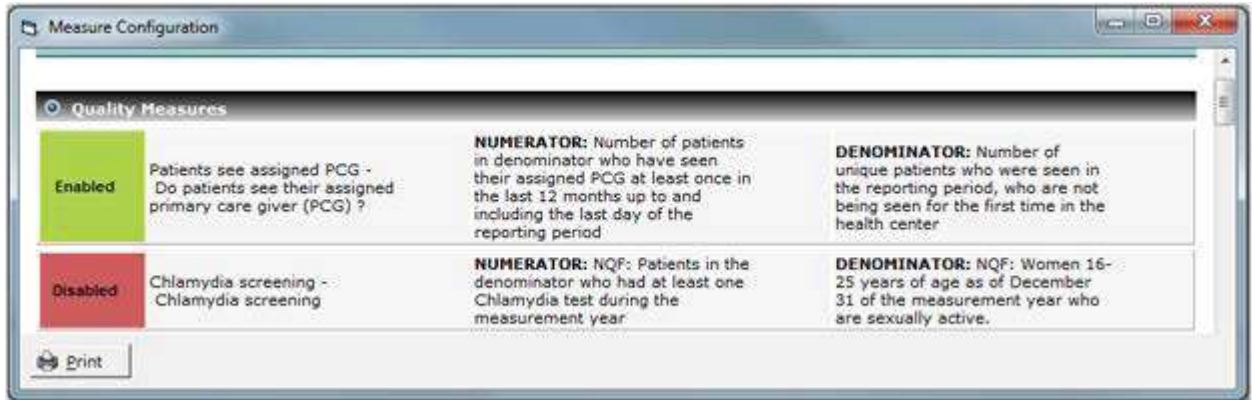
- CDS 1: CDSS Alerts
- CDS 2: Drug/Drug and Drug/Allergy Interaction Check

CDS 1: CDSS Alerts

If you are meeting five (5) measures related to four (4) or more CDSS alerts:

1. To document how the CDSS alerts are set up:
 - a. Navigate to one of the following locations:
 - Executable: *EMR > CDSS > Measure Configuration*
 - Browser: *Main Menu > eCW Menu > EMR > CDSS > Measure Configuration*

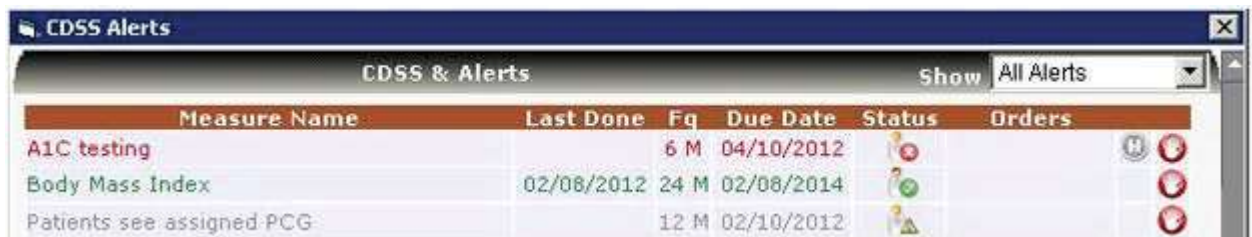
- b. Take a screenshot of the Measure Configuration window:



2. To take screenshots of the CDSS alerts within the Patient Dashboard:
- Open a patient's Progress Notes for an encounter taking place during the attestation period.
 - Click the CDSS link in the Patient Dashboard:

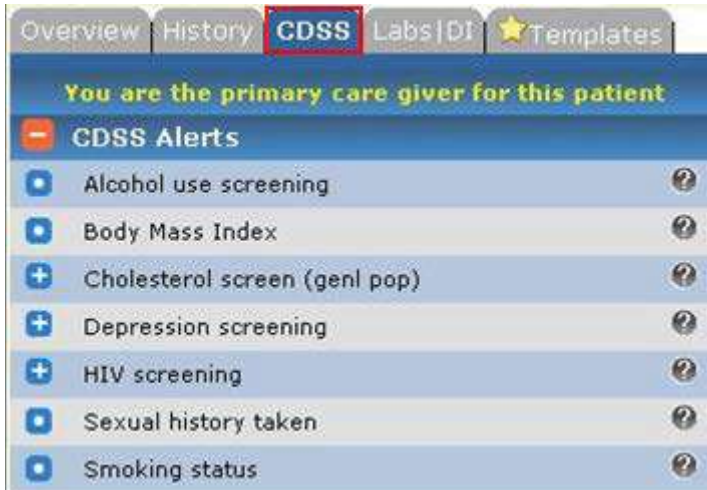


The CDSS Alerts window opens:



- Take a screenshot of this window.
3. To document the CDSS alerts within the Office Visit:
- Open a patient's Progress Notes for an encounter taking place during the attestation period.

- b. Click the *CDSS* tab in the right Chart Panel (ICW):



- c. Take a screenshot of this tab.

IMPORTANT! Screenshots must show the implementation of Clinical Decision Support Rules throughout the entire reporting period. Include the date/time on the computer in the screenshots if there are no time stamps visible. Remove all patient identifying information from screenshots for HIPAA compliance.

CDS 2: Drug/Drug and Drug/Allergy Interaction Check

Documentation for Measure 170.304(a) is different for Multum® and Medi-Span® drug databases. First, determine which drug database the practice is using, and then use the appropriate procedure to document this measure.

To determine which drug database the practice is using:

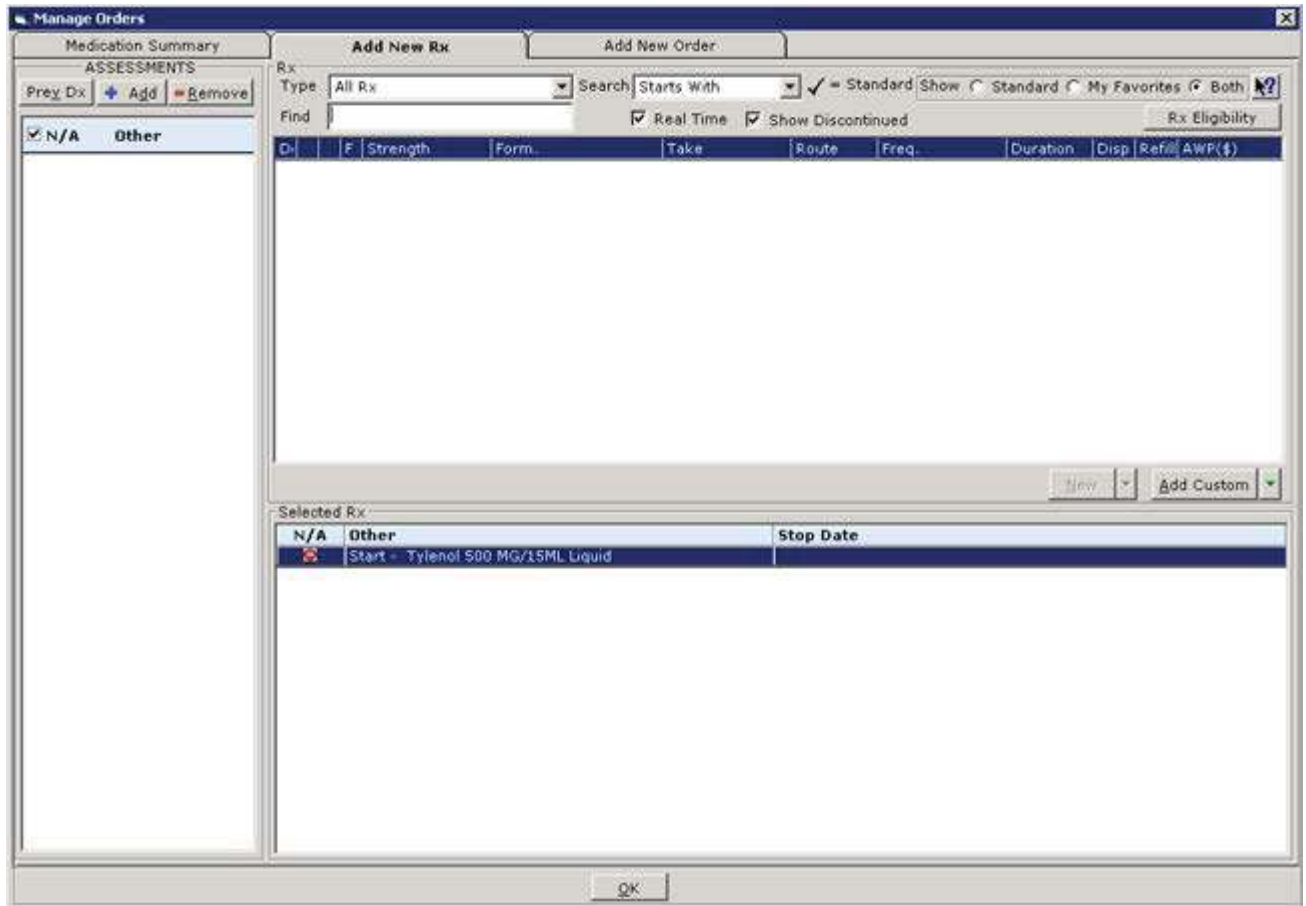
1. From the Progress Notes, click *Treatment*.

The Treatment window opens.

2. Click *Add*:



The Manage Orders window opens:



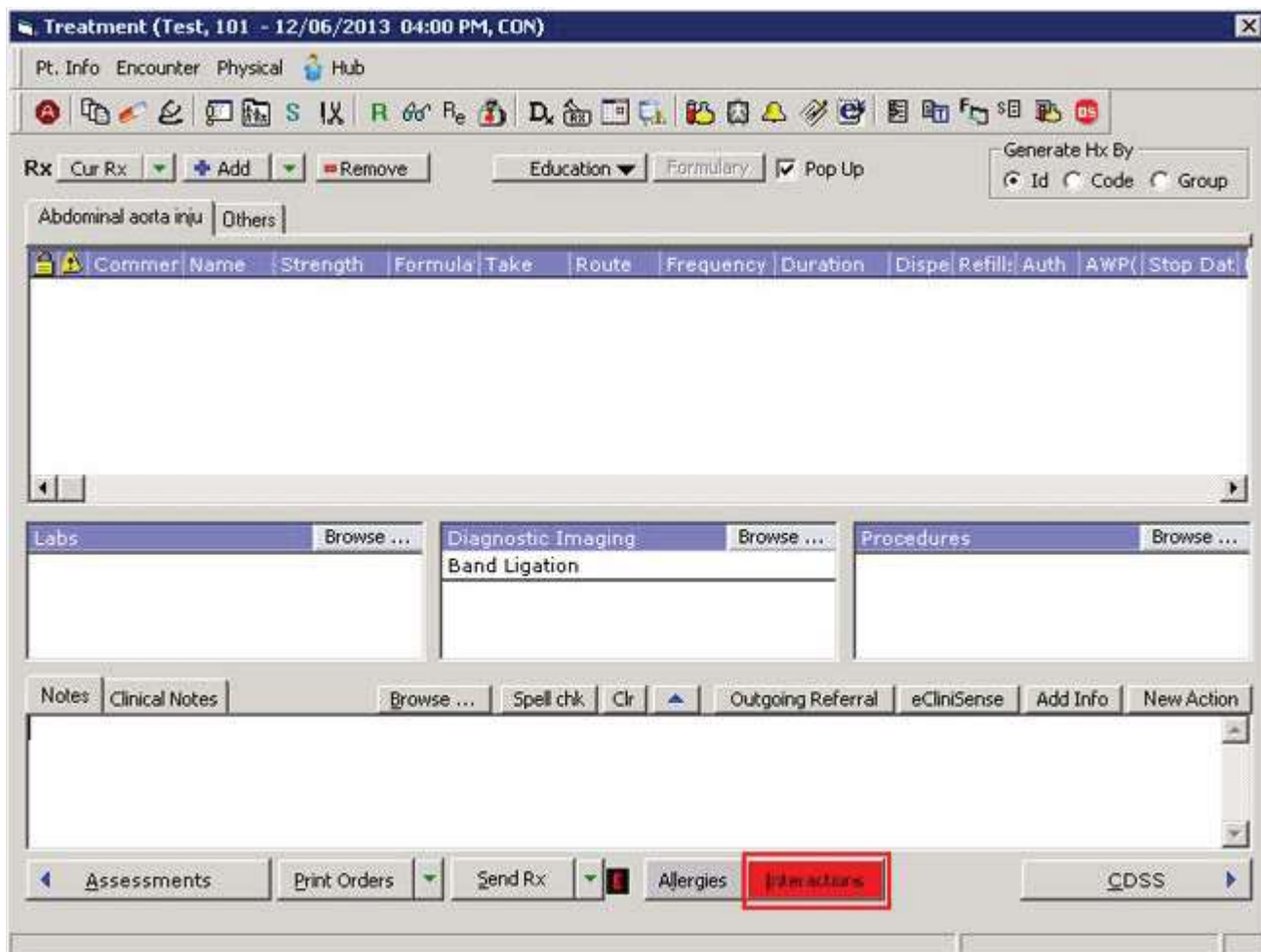
3. From the *Type* drop-down list, check for one of the following options:
 - ◆ **Multum Rx** - If this option is selected, follow the steps in [Multum Drug Database](#).
 - ◆ **Medispan Rx** - If this option is selected, follow the steps in [Medi-Span Drug Database](#).

The option that displays is the drug database that the practice uses.

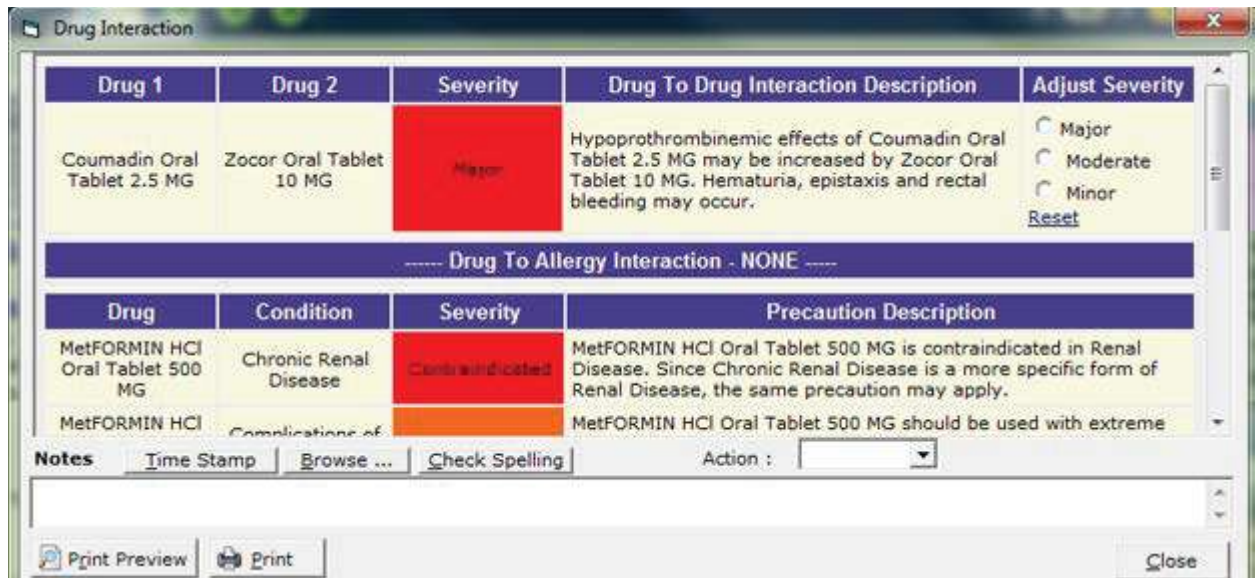
Multum Drug Database

To document 170.304(a) if the practice uses the Multum Drug Database:

1. From the Progress Notes, click *Treatment*:
2. From the Treatment window, click *Interactions*:



The Drug Interaction window opens:



3. Take a screenshot of this window at the beginning, middle, and end of the reporting period.

Note: Screenshots must include the date/time on the computer or a time stamp in the Notes section that displays the date. Screenshots with this information must be taken at the beginning, middle, and end of the reporting period.

Medi-Span Drug Database

To document 107.304(a) if the practice uses the Medi-Span Drug Database:

1. Navigate to one of the following locations:
 - ◆ Executable: *Reports > EMR > Drug Interaction Logs*
 - ◆ Browser: *Main Menu > eCW Menu > Reports > EMR > Drug Interaction Logs*

The Drug Interaction Log Report window opens:



2. Select the appropriate user from the *User* drop-down list.
3. Click the ellipsis button next to the *From Date* and *To Date* fields to open pop-up calendars and select a date range.

The report runs automatically when you make changes to these filter fields.

Objective 4: Computerized Provider Order Entry (CPOE)

Objective

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.

IMPORTANT! To restrict non-licensed healthcare professionals from entering orders on your behalf, ensure that the security setting *Treatment - Allows access to the treatment plan from Progress Notes* is unchecked for those non-licensed users. This restricts their access to the Treatment section on the Progress Notes.

IMPORTANT! An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three (3) measures for this objective:

The following sections are related to objective 4:

- [CPOE 1: Medication Orders](#)
- [CPOE 2: Lab Orders](#)
- [CPOE 3: Diagnostic Imaging Orders](#)
- [Features Related to CPOE](#)

CPOE 1: Medication Orders

Measure

More than 60 percent of medication orders created by the EP during the PI reporting period are recorded using computerized provider order entry.

The following sections are related to CPOE 1:

- [CPOE 1 Denominator Criteria](#)
- [CPOE 1 Numerator Criteria](#)
- [CPOE 1 Exclusion Criteria](#)

CPOE 1 Denominator Criteria

Medications are included in the denominator if they satisfy the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
<p>They have been created with a <i>Start</i> status by an EP or a member of the EP's staff during the PI reporting period</p>	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Progress Notes > Treatment > Add ■ Telephone/Web Encounter > Rx tab > Select Rx ■ Telephone/Web Encounter > Virtual Visit tab > Treatment > Add <p>Note: CPOE involves all methods of recording medications in a structured manner. This includes any use of Order Sets, Templates, e-Prescription, eCliniSense, and any other methods of manually ordering medications on the Treatment window of Progress Notes or the Rx tab/Virtual Visit Treatment section of a Telephone/Web Encounter. Medication orders created from a mobile device do NOT count in the denominator.</p>

CPOE 1 Numerator Criteria

Medications that satisfy the denominator are included in the numerator if they satisfy the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
<p>They have been entered by a licensed healthcare professional or credentialed medical assistant</p>	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Admin > Staff > select staff member > check the Licensed Medical Professional or Credentialed Medical Assistant box ■ Progress Notes > Treatment > Add ■ Telephone/Web Encounter > Rx tab > Select Rx ■ Telephone/Web Encounter > Virtual Visit tab > Treatment > Add

CPOE 1 Exclusion Criteria

Providers may be excluded from this measure if they meet the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They have written fewer than 100 medications during the PI reporting period	This exclusion criterion is reported by self-attestation.
	Note: This information can be retrieved from the Denominator count.

CPOE 2: Lab Orders

Measure

More than 60 percent of laboratory orders created by the EP during the PI reporting period are recorded using computerized provider order entry.

The following sections are related to CPOE 2:

- [CPOE 2 Denominator Criteria](#)
- [CPOE 2 Numerator Criteria](#)
- [CPOE 2 Exclusion Criteria](#)

CPOE 2 Denominator Criteria

Lab orders are included in the denominator if they satisfy the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
They have been created by an EP or a member of the EP's staff during the PI reporting period	Record this information from one of the following locations: <ul style="list-style-type: none"> ■ Progress Notes > Lab Reports ■ Progress Notes > Treatment > Browse in the Labs section ■ Telephone/Web Encounter > Labs/DI tab > select Labs from drop-down list > New ■ Telephone/Web Encounter > Virtual Visit tab > Lab Reports ■ Telephone/Web Encounter > Virtual Visit tab > Treatment > Browse in the Labs section ■ Patient Hub > Labs > New
	Note: Lab orders created from a mobile device do NOT count in the denominator.

CPOE 2 Numerator Criteria

Lab orders that satisfy the denominator are included in the numerator if they satisfy the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
They have been entered by a licensed healthcare professional or credentialed medical assistant	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Admin > Staff > select staff member > check the Licensed Medical Professional or Credentialed Medical Assistant box ■ Progress Notes > Lab Reports ■ Progress Notes > Treatment > Browse in the Labs section ■ Telephone/Web Encounter > Labs/DI tab > select Labs from drop-down list > New ■ Telephone/Web Encounter > Virtual Visit tab > Lab Reports ■ Telephone/Web Encounter > Virtual Visit tab > Treatment > Browse in the Labs section ■ Patient Hub > Labs > New

CPOE 2 Exclusion Criteria

Providers may be excluded from this measure if they meet the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They have written fewer than 100 lab orders during the PI reporting period	<p>This exclusion criterion is reported by self-attestation.</p> <p>Note: This information can be retrieved from the Denominator count.</p>

CPOE 3: Diagnostic Imaging Orders

Measure

More than 60 percent of diagnostic imaging orders created by the EP during the PI reporting period are recorded using computerized provider order entry.

The following sections are related to CPOE 3:

- [CPOE 3 Denominator Criteria](#)
- [CPOE 3 Numerator Criteria](#)

- CPOE 3 Exclusion Criteria

CPOE 3 Denominator Criteria

Diagnostic Imaging orders are included in the denominator if they satisfy the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
They have been created by an EP or a member of the EP's staff during the PI reporting period	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Progress Notes > Diagnostic Imaging ■ Progress Notes > Treatment > Browse in the Diagnostic Imaging section ■ Telephone/Web Encounter > Labs/DI tab > select Imaging from drop-down list > New ■ Telephone/Web Encounter > Virtual Visit tab > Diagnostic Imaging ■ Telephone/Web Encounter > Virtual Visit tab > Treatment > Browse in the Diagnostic Imaging section ■ Patient Hub > DI > New <p>Note: Diagnostic Imaging orders created from a mobile device do NOT count for the denominator.</p>

CPOE 3 Numerator Criteria

Diagnostic imaging orders that satisfy the denominator are included in the numerator if they satisfy the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
They have been entered by a licensed healthcare professional or credentialed medical assistant	Record this information from one of the following locations: <ul style="list-style-type: none"> ■ Admin > Staff > select staff member > check the Licensed Medical Professional or Credentialed Medical Assistant box ■ Progress Notes > Diagnostic Imaging ■ Progress Notes > Treatment > Browse in the Diagnostic Imaging section ■ Telephone/Web Encounter > Labs/DI tab > select Imaging from drop-down list > New ■ Telephone/Web Encounter > Virtual Visit tab > Diagnostic Imaging ■ Telephone/Web Encounter > Virtual Visit tab > Treatment > Browse in the Diagnostic Imaging section ■ Patient Hub > DI > New

CPOE 3 Exclusion Criteria

Providers may be excluded from this measure if they meet the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They have written fewer than 100 diagnostic imaging orders during the PI reporting period	This exclusion criterion is reported by self-attestation. Note: This information can be retrieved from the Denominator count.

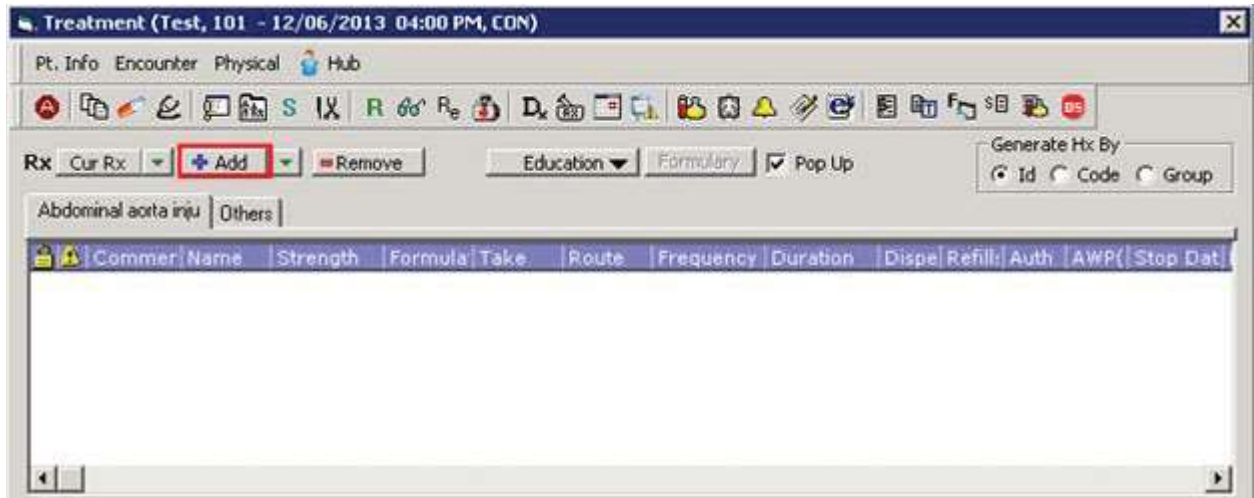
Features Related to CPOE

The following features are related to recording medications using CPOE:

- Recording Medications
- Recording Labs
- Recording Diagnostic Imaging Orders
- Setting Up Staff Members as Licensed Healthcare Professionals/Credentialed Medical Assistants

Recording Medications

- Progress Notes > Treatment > Add



- Telephone/Web Encounter > Rx tab > Select Rx



- Telephone/Web Encounter > Virtual Visit tab > Treatment > Add

Recording Labs

- Progress Notes > Lab Reports

Plan:

[Treatment:](#)

[Procedures:](#)

[Immunizations:](#)

[Therapeutic Injections:](#)

[Surgical Posting:](#)

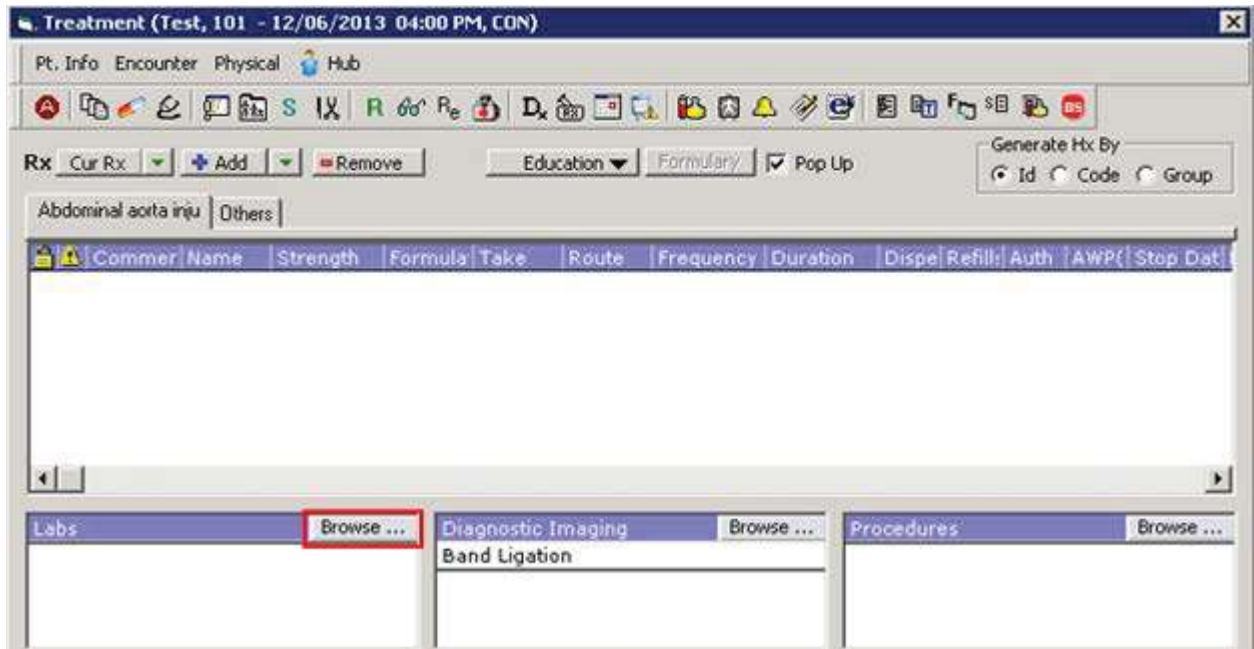
[Diagnostic Imaging:](#)

[Lab Reports:](#)

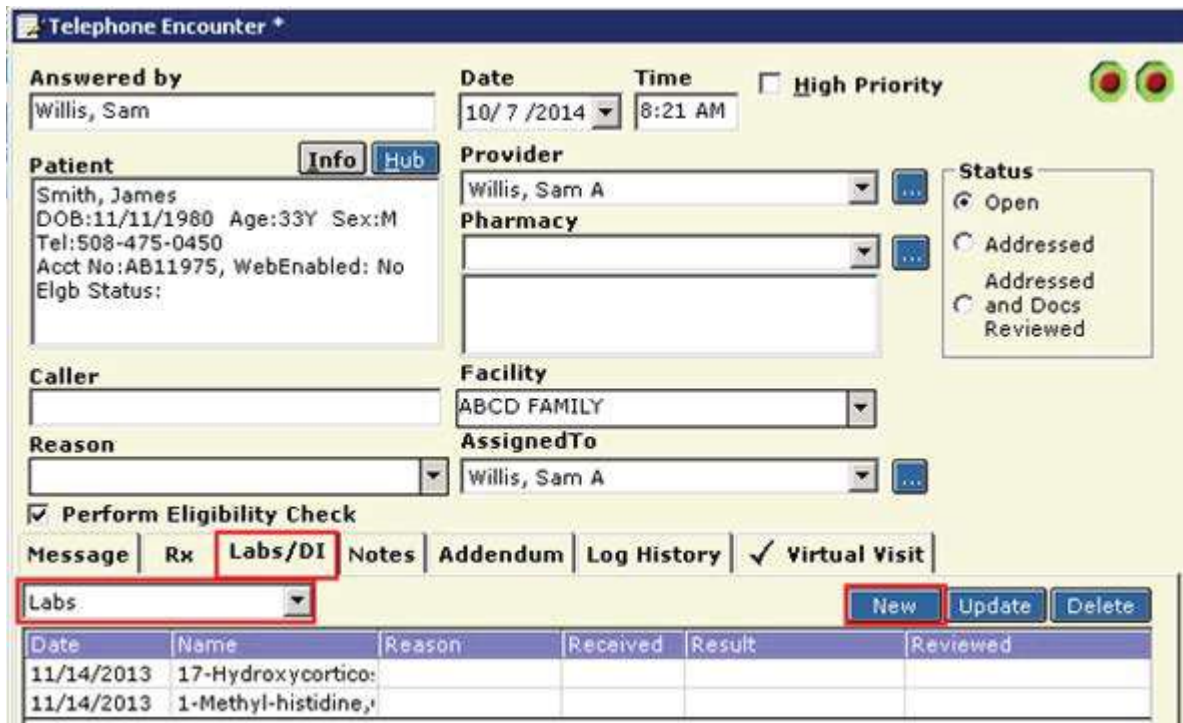
[Disposition & Communication:](#)

[Next Appointment:](#)

- Progress Notes > Treatment > Browse in the Labs section



- Telephone/Web Encounter > Labs/DI tab > select Labs from drop-down list > New



- Telephone/Web Encounter > Virtual Visit tab > Lab Reports

Telephone Encounter

Answered by: Willis, Sam Date: 10/7/2014 Time: 8:21 AM High Priority

Patient: Smith, James DOB: 11/11/1980 Age: 33Y Sex: M Tel: 508-475-0450 Acct No: AB11975, WebEnabled: No Elgb Status:

Provider: Willis, Sam A

Pharmacy:

Facility: ABCD FAMILY

AssignedTo: Willis, Sam A

Perform Eligibility Check

Message | Rx | Labs/DI | Notes | Addendum | Log History | **Virtual Visit** | Fax

Plan:

- [Treatment:](#)
- [Procedures:](#)
- [Immunizations:](#)
- [Therapeutic Injections:](#)
- [Surgical Posting:](#)
- [Diagnostic Imaging:](#)
- [Lab Reports:](#)**
- [Preventive Medicine:](#)

- Telephone/Web Encounter > Virtual Visit tab > Treatment > Browse in the Labs section

- Patient Hub > Labs > New

Recording Diagnostic Imaging Orders

- Progress Notes > Diagnostic Imaging

Plan:

[Treatment:](#)

[Procedures:](#)

[Immunizations:](#)

[Therapeutic Injections:](#)

[Surgical Posting:](#)

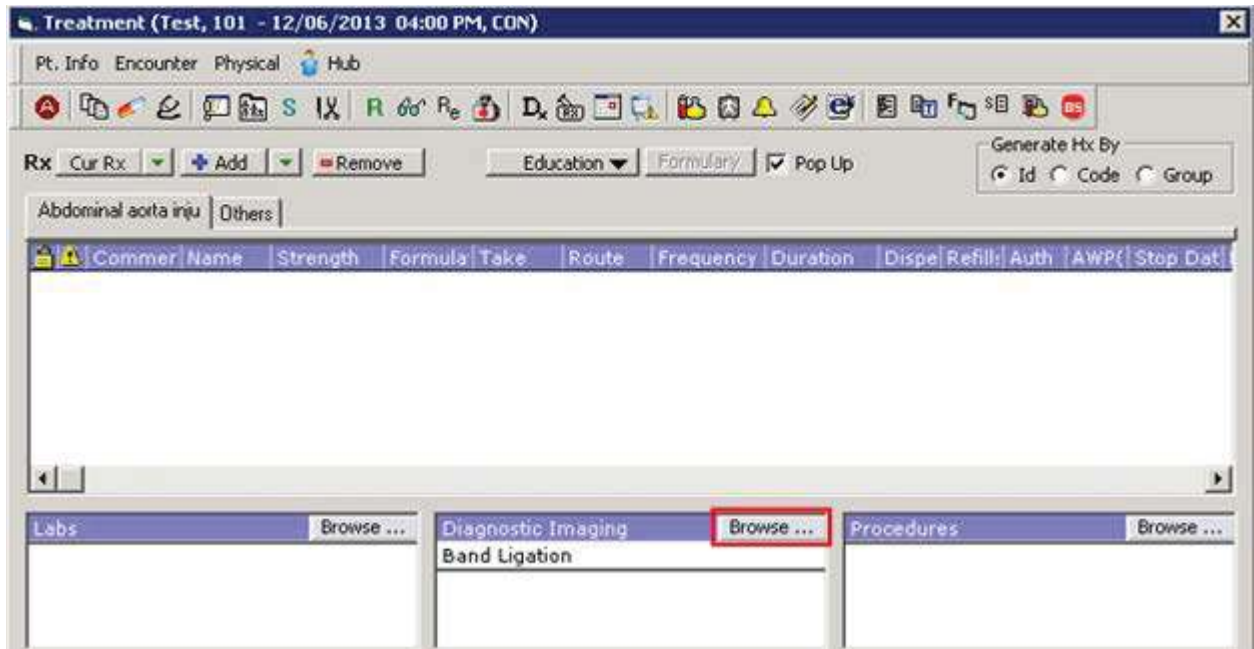
[Diagnostic Imaging:](#)

[Lab Reports:](#)

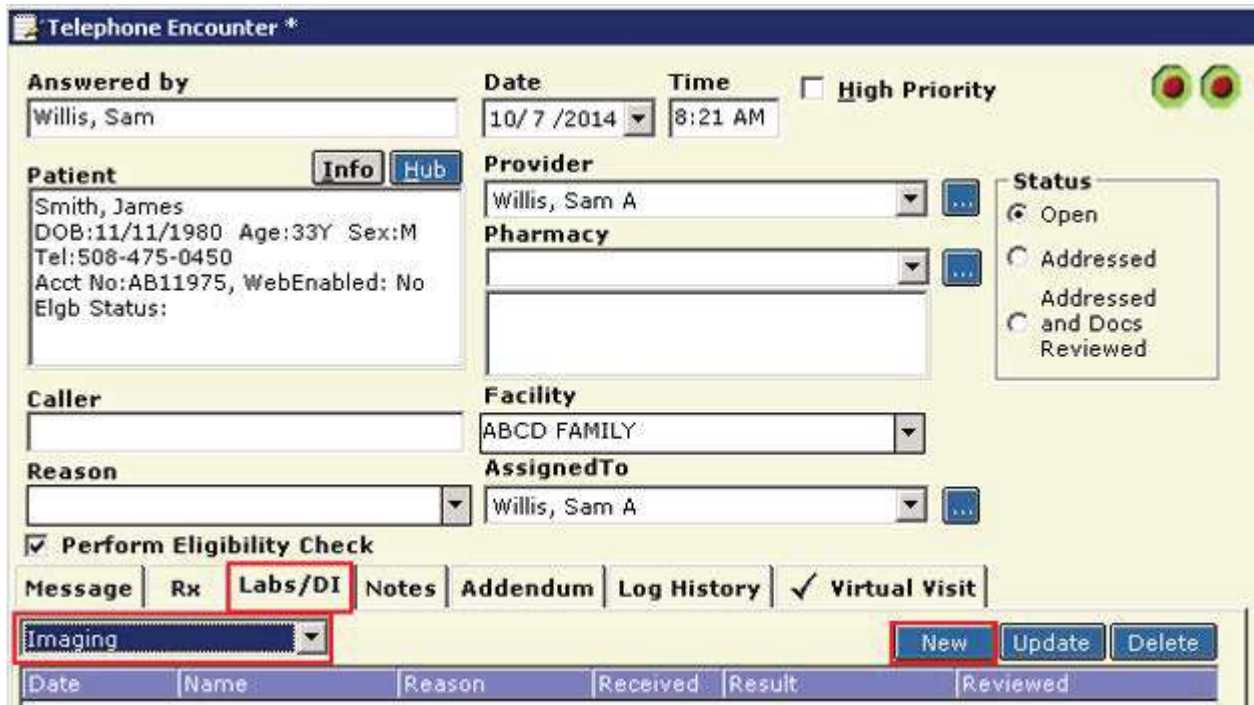
[Disposition & Communication:](#)

[Next Appointment:](#)

- Progress Notes > Treatment > Browse in the Diagnostic Imaging section



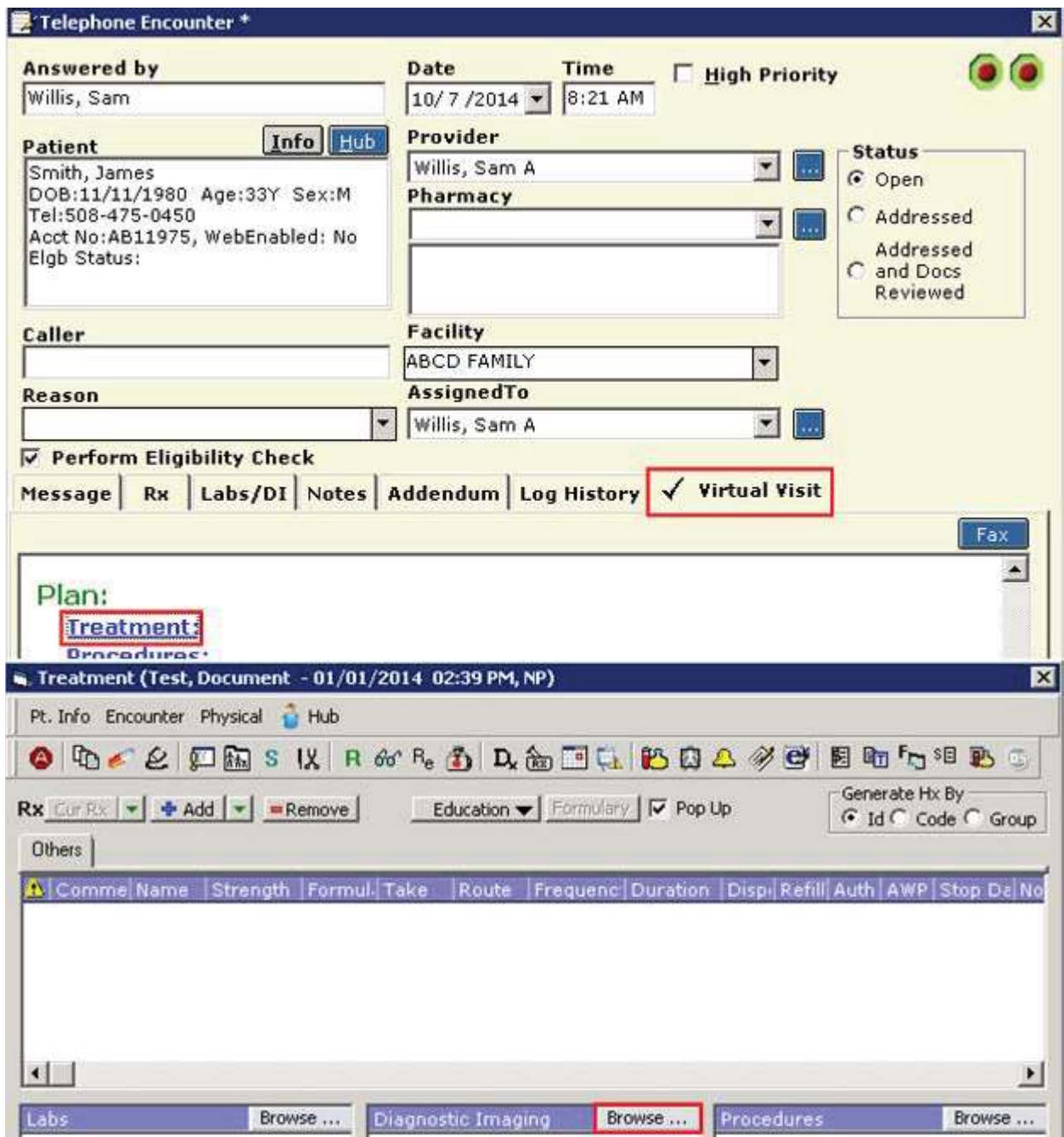
- Telephone/Web Encounter > Labs/DI tab > select Imaging from drop-down list > New



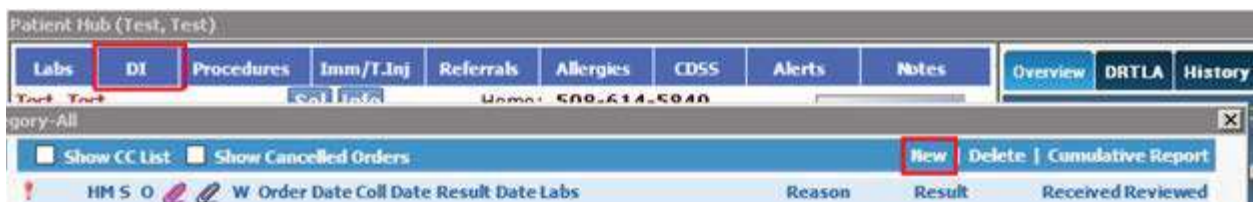
- Telephone/Web Encounter > Virtual Visit tab > Diagnostic Imaging

The screenshot shows a software interface for a 'Telephone Encounter'. The form is titled 'Telephone Encounter' and contains several sections for data entry. The 'Answered by' field is filled with 'Willis, Sam'. The 'Date' is '10/7/2014' and the 'Time' is '8:21 AM'. There is a 'High Priority' checkbox which is unchecked. The 'Patient' section includes 'Smith, James' with DOB '11/11/1980', Age '33Y', Sex 'M', Tel '508-475-0450', Acct No 'AB11975', and WebEnabled 'No'. The 'Provider' is 'Willis, Sam A'. The 'Pharmacy' field is empty. The 'Status' section has radio buttons for 'Open', 'Addressed', and 'Addressed and Docs Reviewed', with 'Open' selected. The 'Caller' field is empty. The 'Facility' is 'ABCD FAMILY'. The 'Reason' field is empty. The 'AssignedTo' is 'Willis, Sam A'. There is a checkbox for 'Perform Eligibility Check' which is checked. Below these fields is a navigation bar with tabs: 'Message', 'Rx', 'Labs/DI', 'Notes', 'Addendum', 'Log History', and 'Virtual Visit'. The 'Virtual Visit' tab is selected and highlighted with a red box. A 'Fax' button is located to the right of the navigation bar. Below the navigation bar is a 'Plan:' section with a list of links: 'Treatment:', 'Procedures:', 'Immunizations:', 'Therapeutic Injections:', 'Surgical Posting:', 'Diagnostic Imaging:', 'Lab Reports:', and 'Preventive Medicine:'. The 'Diagnostic Imaging:' link is highlighted with a red box.

- Telephone/Web Encounter > Virtual Visit tab > Treatment > Browse in the Diagnostic Imaging section



- Patient Hub > DI > New



Setting Up Staff Members as Licensed Healthcare Professionals/ Credentialed Medical Assistants

This is a one-time setup that must be performed for each staff member that will be recording medications in the system:

- Admin > Staff > select staff member > check the *Licensed Medical Professional or Credentialed Medical Assistant* box

The screenshot shows a web-based form for setting up a staff member. The left sidebar contains a navigation menu with the following items: Admin, Providers, Staff (highlighted with a red box), Referring Physi..., OB Flow Admin, OB Care Items, and Patient Portal S... The main form area is titled 'Personal Info' and contains the following fields and sections:

- Personal Info:** Last Name *, First Name *, Middle Initial, Is a resource (checkbox), Prefix, Suffix, Initials, Date of Birth, Social Security No., Mailing Address, City, State, Zip Code, Home Phone, Mobile, Pager, Primary Service Location (dropdown: Select Facility), Default Appointment Provider (dropdown).
- License Section:** A checkbox labeled 'Licensed Healthcare Professional or Credentialed Medical Assistant' is checked and highlighted with a red box.
- Login Info:** Username *, Password, Confirm Password, Status (dropdown: Active).
- eClinicalMobile Access:** Enable eClinicalMobile Access (checkbox), On Call Provider (checkbox).
- Copy Options:** Copy Options set in 'My Settings' from Staff: Select Staff (dropdown).

At the bottom of the form, there are three buttons: Save, Configure My Assigned Favorites, and View Staff Log.

Objective 5: Patient Electronic Access (PEA)

Objective

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

IMPORTANT! Both PEA 1 and PEA 2 MUST be satisfied to meet the overall objective.

Note: For more information on setup and workflow for patient-authorized representatives, refer to the *eCW Patient Portal Release Notes - V8 - Feb 2018*.

The following sections are related to objective 5:

- [PEA 1: Provide Patient Access](#)
- [PEA 2: Patient Education](#)
- [Features Related to PEA](#)

PEA 1: Provide Patient Access

Measure

For more than 80 percent of all unique patients seen by the EP, both of the following criteria must be satisfied:

- The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information.
- 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.

The following sections are related to PEA 1:

- [PEA 1 Denominator Criteria](#)
- [PEA 1 Numerator Criteria](#)
- [PEA 1 Exclusion Criteria](#)

PEA 1 Denominator Criteria

Unique patients are included in the denominator if they satisfy ALL of the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
They have had an outpatient appointment with an eligible professional during the PI reporting period	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Practice > Resource Scheduling or provider's schedule icon > double-click on an open time slot or right-click on an open time slot and click New Appointment ■ Patient Hub > New Appointment ■ Registry band > Registry icon > filter patients and check box next to a single patient > New Appointment
They have had a valid CPT* code recorded by an eligible professional during the PI reporting period	<p>Progress Notes > Visit Code > Add E&M</p> <p>Note: The following CPT codes are considered valid outpatient encounters:</p> <p>92004, 92002, 92014, 92012, 99024, 99211, 99212, 99213, 99214, 99215, 99201, 99202, 99203, 99204, 99205, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99420, 99429, 99455, 99456, 90846, 90847, 90853, 90857, 90801, 90804, 90805, 90806, 90807, 90808, 90809, 90802, 90810, 90811, 90812, 90813, 90862, 90960, 90961, 90962, 90966, 90970, D0120, D0140, D0145, D0150, D0160, D0170, D0180, D1110, D1120, G0438, G0439, G0402, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99391, 99392, 99393, 99356, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 98940, 98941, 98942, 98943, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 99495, 99496, 59425, 59426, 59430, 99024, H1000, 99999, 97802, 97803, 99401, 99402, 99403, 99404, 99361, 99221, 99222, 99223, MUOBV, MUREP</p>

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PEA 1 Numerator Criteria

Unique patients that satisfy the denominator are included in the numerator if they satisfy the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
They have been web-enabled on their initial appointment during the PI reporting period for timely access to health information (within 48 hours of information becoming available to the provider)	Record this information from one of the following locations: <ul style="list-style-type: none"> ■ Appointment window > enter e-mail address in E-mail field > check the W box ■ Appointment window > set Visit Status to Arrived > enter their e-mail address in the E-mail field or check the Don't Web Enable box and select a reason from the Reason drop-down list
They have access to their health information within 48 hours of that information becoming available to the provider through an API enabled by the practice	Enable the Interoperability Hub from the following location: <ul style="list-style-type: none"> ■ Admin > Product Activation > Interoperability Hub > Activate <p>Note: There may be additional costs associated with building an Interoperability interface.</p>
<p>IMPORTANT! Any patient with multiple encounters during the PI reporting period must have access to the information related to their care for each encounter where they are seen by the EP. Therefore, patients MUST be web-enabled or opted-out from their very first visit during the reporting period.</p> <p>Patients may opt out if they do not have an e-mail address or they choose not to disclose this information to your practice. Patients MUST be opted out from the Appointment window (NOT the Patient Information window) to satisfy this numerator. For more information, refer to Documenting Patients that Opt Out of Being Web-Enabled.</p>	

Documenting Patients that Opt Out of Being Web-Enabled

Patients that opt out of being web-enabled satisfy the numerator for this measure. This **MUST** be documented from the Web Enable Patient pop-up window that displays on the Appointment window during check-in. Opting a patient out from the Patient Information window does **NOT** give credit for this measure.

To document that a patient opted out of being web-enabled:

1. From the Appointment window, mark the patient as *Arrived*, then click *OK*.

Note: Visit Statuses can be configured as *Arrived* from EMR > eCW Visit Codes.

The Web Enable Patient window opens.

IMPORTANT! This pop-up window is enabled by an item key. If the pop-up window does not open after following this step, open a case with eClinicalWorks support to ask for the MUParticipate item key to be enabled.

2. Click the *Opt Out* radio button, then click *OK*.

PEA 1 Exclusion Criteria

Providers may be excluded from this measure if they meet at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They have no office visits during the PI reporting period	This exclusion criterion is reported by self-attestation.
They conduct 50 percent or more of their 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 PI reporting period	This exclusion criterion is reported by self-attestation.

PEA 2: Patient Education

Measure

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 PI reporting period.

The following sections are related to PEA 2:

- [PEA 2 Denominator Criteria](#)
- [PEA 2 Numerator Criteria](#)
- [PEA 2 Exclusion Criteria](#)

PEA 2 Denominator Criteria

Unique patients are included in the denominator if they satisfy ALL of the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
They have had an outpatient appointment with an eligible professional during the PI reporting period	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Practice > Resource Scheduling or provider's schedule icon > double-click on an open time slot or right-click on an open time slot and click New Appointment ■ Patient Hub > New Appointment ■ Registry band > Registry icon > filter patients and check box next to a single patient > New Appointment
They have had a valid CPT* code recorded by an eligible professional during the PI reporting period	<p>Progress Notes > Visit Code > Add E&M</p> <p>Note: The following CPT codes are considered valid outpatient encounters:</p> <p>92004, 92002, 92014, 92012, 99024, 99211, 99212, 99213, 99214, 99215, 99201, 99202, 99203, 99204, 99205, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99420, 99429, 99455, 99456, 90846, 90847, 90853, 90857, 90801, 90804, 90805, 90806, 90807, 90808, 90809, 90802, 90810, 90811, 90812, 90813, 90862, 90960, 90961, 90962, 90966, 90970, D0120, D0140, D0145, D0150, D0160, D0170, D0180, D1110, D1120, G0438, G0439, G0402, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99391, 99392, 99393, 99356, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 98940, 98941, 98942, 98943, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 99495, 99496, 59425, 59426, 59430, 99024, H1000, 99999, 97802, 97803, 99401, 99402, 99403, 99404, 99361, 99221, 99222, 99223, MUOBV, MUREP</p>

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PEA 2 Numerator Criteria

Unique patients that satisfy the denominator are included in the numerator if they satisfy at least ONE of the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
They were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the PI reporting period	Record this information from one of the following locations: <ul style="list-style-type: none"> ■ Progress Notes > Treatment > Education > Patient Education > select education based on diagnosis or medications entered > Publish to Portal* ■ Progress Notes > Send > For Patients
	IMPORTANT! Custom education, Order Set education, AND Rx education no longer count toward this measure
	Note: When patient education is published to the Patient Portal, the encounter provider is credited for this measure.

*. Users MUST be signed up with one of the third-party education vendors to have access to Patient Education features. These vendors include Healthwise®, Santovier, Elsevier®, ADAM (effective March 14, 2018), or Krames (effective May 16, 2018).

PEA 2 Exclusion Criteria

Providers may be excluded from this measure if they meet at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
Any EP who has no office visits during the PI reporting period	This exclusion criterion is reported by self-attestation.
They conduct 50 percent or more of their 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 PI reporting period	This exclusion criterion is reported by self-attestation.

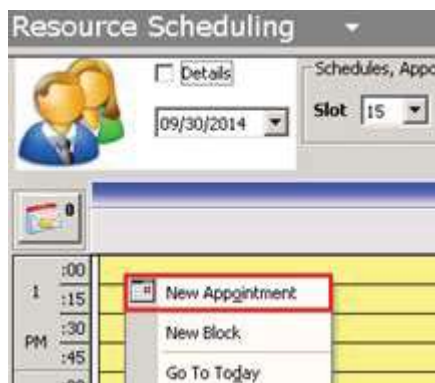
Features Related to PEA

The following features are related to PEA:

- Recording Appointments
- Recording E&M Codes
- Web-Enabling Patients
- Recording Patients' e-Mail Addresses
- Ordering Education

Recording Appointments

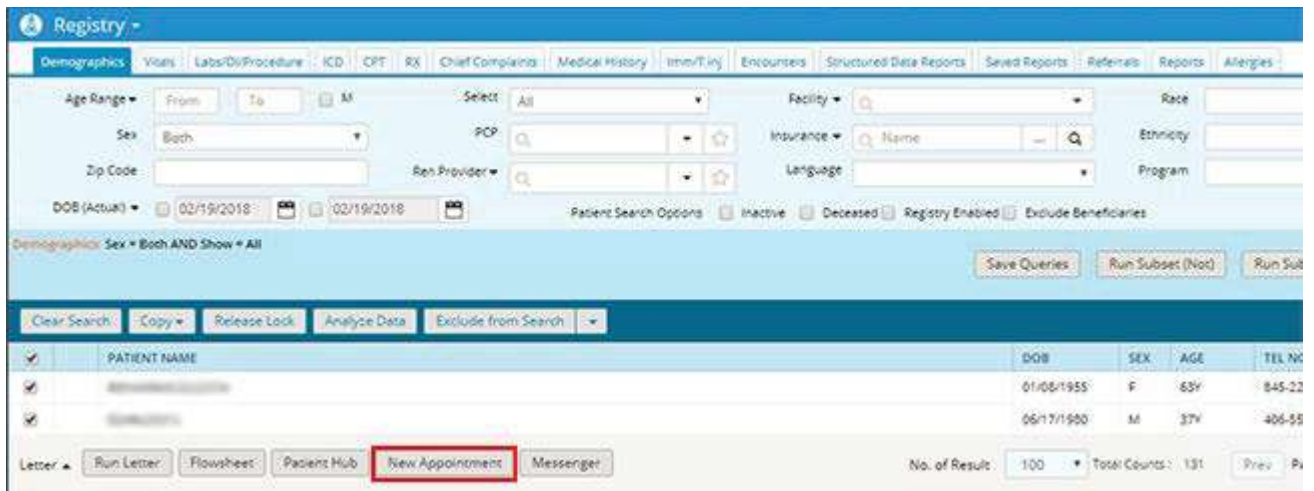
- Practice > *Resource Scheduling* or provider's schedule icon > double-click on an open time slot or right-click on an open time slot and click *New Appointment*



■ Patient Hub > New Appointment

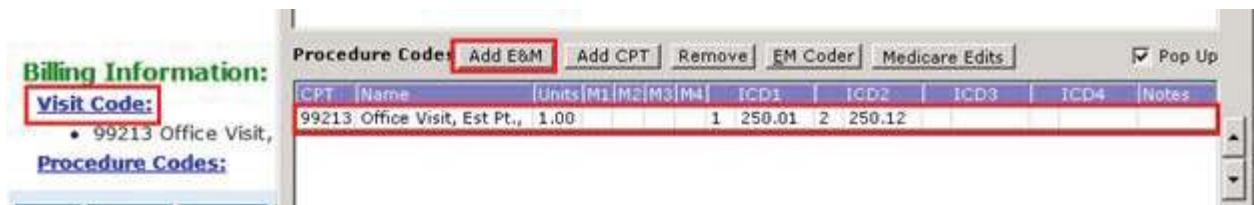
The screenshot displays the 'Patient Hub' interface for a patient named Rita Test. The interface includes a left-hand navigation menu with icons for Labs, DI, Procedure, Imm/T.Inj, Referral, Allergies, Encounters, CDSS, Rx, and Notes. The main content area shows the patient's profile with a placeholder photo, name 'Test, Rita (75Y, F)', and an 'INFO' button. Below the name, there is a location pin icon, a date '01/20/1942', and account information: 'Account No: e9362 | Messenger Enabled: Web Enabled: No'. The 'Billing' section lists 'Patient Balance: \$0.00', 'Collection Balance: \$0.00', and 'Account Balance: \$0.00'. It also includes buttons for 'Billing Alert', 'Guarantor Balance', 'Account Inquiry', and 'Billing Logs'. The 'Appointments' section shows 'Last Appointment: 01/08/2018 03:30 PM' at 'Facility: 12:Btest'. At the bottom, it states 'Bumped Appt: NONE' and 'Case Manager Hx: [icon]'. A red box highlights the 'New Appointment' button.

- Registry band > Registry icon > filter patients and check box next to a single patient > New Appointment



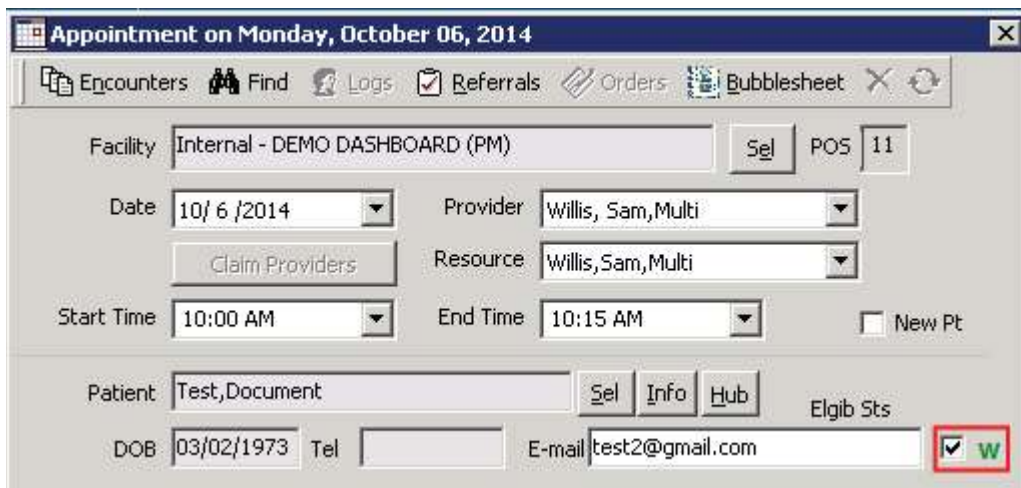
Recording E&M Codes

- Progress Notes > Visit Code > Add E&M



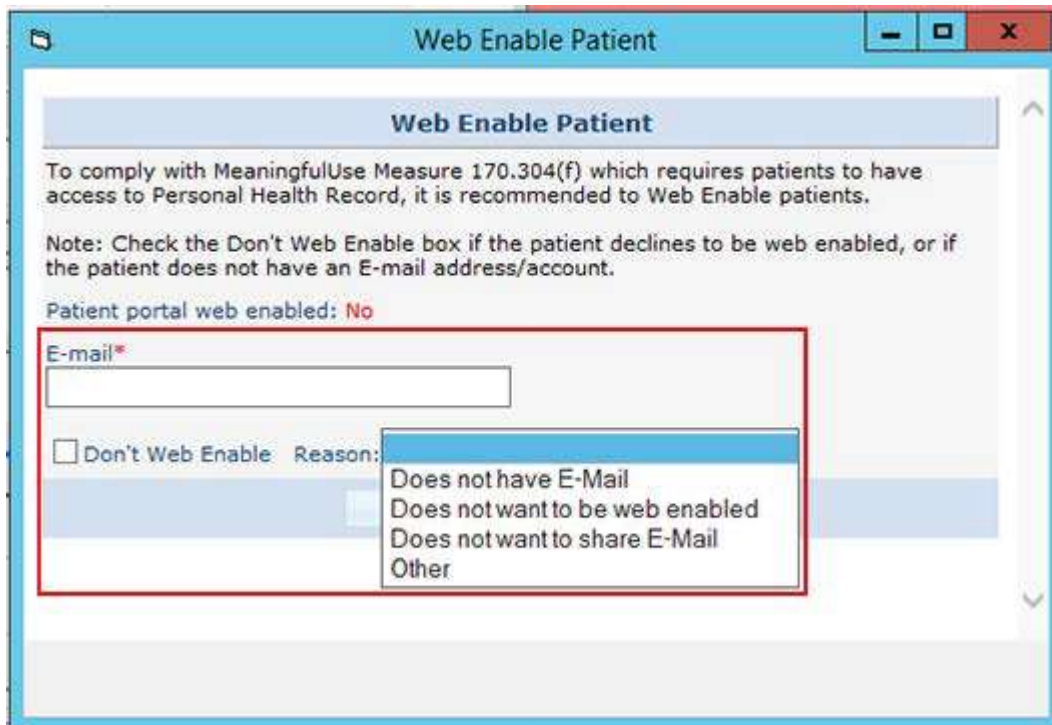
Web-Enabling Patients

- Appointment window > enter e-mail address in *E-mail* field > check the *W* box



Recording Patients' e-Mail Addresses

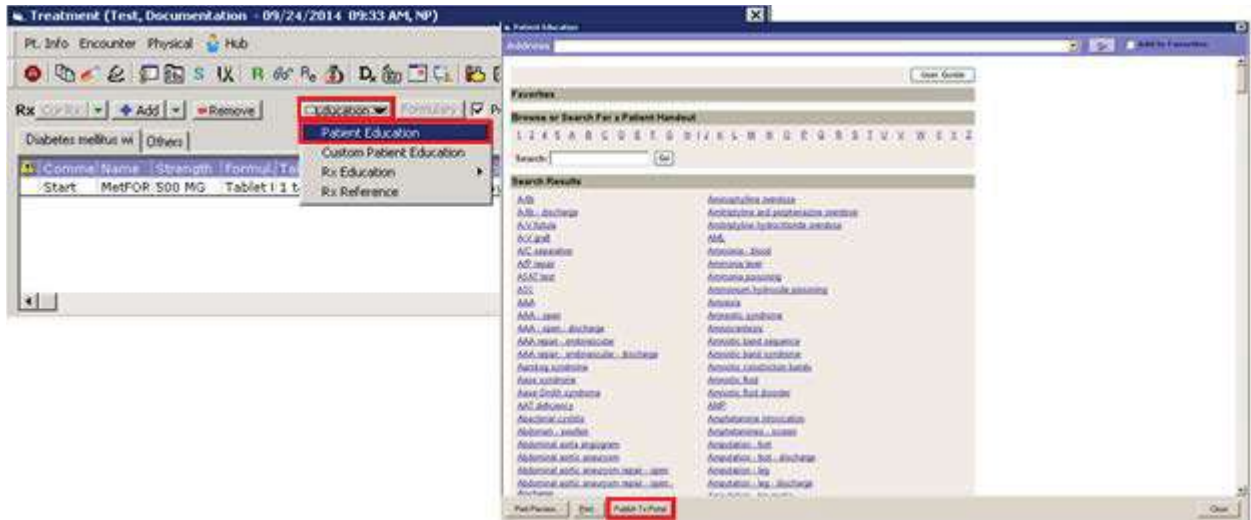
- Appointment window > set Visit Status to Arrived > enter their e-mail address in the *E-mail* field or check the *Don't Web Enable* box and select a reason from the *Reason* drop-down list



The screenshot shows a software window titled "Web Enable Patient". Inside the window, there is a header "Web Enable Patient" and a paragraph of text: "To comply with MeaningfulUse Measure 170.304(f) which requires patients to have access to Personal Health Record, it is recommended to Web Enable patients." Below this is a note: "Note: Check the Don't Web Enable box if the patient declines to be web enabled, or if the patient does not have an E-mail address/account." The status "Patient portal web enabled: No" is displayed. A red box highlights the "E-mail*" input field, the "Don't Web Enable" checkbox, and the "Reason:" dropdown menu. The dropdown menu is open, showing four options: "Does not have E-Mail", "Does not want to be web enabled", "Does not want to share E-Mail", and "Other".

Ordering Education

- Progress Notes > Treatment > Education > Patient Education > select education based on diagnosis or medications entered > Publish to Portal



■ Progress Notes > Send > For Patients

The screenshot shows a medical software interface. On the left, a 'Send' menu is open, with 'For Patients' highlighted in a red box. Other options include 'Patient Orders', 'Patient Education', and 'Visit Summary'. The main content area on the right is titled 'Patient Education' and contains several articles about diabetes. The first article is 'Diabetes (type 2)' with a play button icon, followed by 'Diabetes and foot care: video overview' and 'Diabetes: Technologies Make It Easier'. At the bottom, there is a navigation bar with buttons for back, forward, and numbered pages (1, 2, 3, 4, 5, ...), and a 'SAVE AND PUBLISH TO PORTAL' button.

Objective 6: Coordination of Care Through Patient Engagement (CCTPE)

Objective

Use CEHRT to engage with patients or their authorized representatives about the patient’s care.

Measures

There are three measures for this objective. Providers must attest to all three measures and meet the thresholds for at least two of the measures to meet the objective.

The following sections are related to objective 6:

- CCTPE 1: VDT
- CCTPE 2: Secure Messaging
- CCTPE 3: Patient Generated Health Data (PGHD)
- Features Related to CCTPE

CCTPE 1: VDT

Measure

More than five (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) The following sections are related to CCTPE 1

Note: For more information on setup and workflow for patient-authorized representatives, refer to the *eCW Patient Portal Release Notes - V8 - Feb 2018*.

The following sections are related to CCTPE 1:

- CCTPE 1 Denominator Criteria
- CCTPE 1 Numerator Criteria
- CCTPE 1 Exclusion Criteria

CCTPE 1 Denominator Criteria

Unique patients are included in the denominator if they satisfy ALL of the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
They have had an outpatient appointment with an eligible professional during the PI reporting period	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Practice > Resource Scheduling or provider's schedule icon > double-click on an open time slot or right-click on an open time slot and click New Appointment ■ Patient Hub > New Appointment ■ Registry band > Registry icon > filter patients and check box next to a single patient > New Appointment
They have had a valid CPT* code recorded by an eligible professional during the PI reporting period	<p>Progress Notes > Visit Code > Add E&M</p> <p>Note: The following CPT codes are considered valid outpatient encounters:</p> <p>92004, 92002, 92014, 92012, 99024, 99211, 99212, 99213, 99214, 99215, 99201, 99202, 99203, 99204, 99205, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99420, 99429, 99455, 99456, 90846, 90847, 90853, 90857, 90801, 90804, 90805, 90806, 90807, 90808, 90809, 90802, 90810, 90811, 90812, 90813, 90862, 90960, 90961, 90962, 90966, 90970, D0120, D0140, D0145, D0150, D0160, D0170, D0180, D1110, D1120, G0438, G0439, G0402, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99391, 99392, 99393, 99356, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 98940, 98941, 98942, 98943, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 99495, 99496, 59425, 59426, 59430, 99024, H1000, 99999, 97802, 97803, 99401, 99402, 99403, 99404, 99361, 99221, 99222, 99223, MUOBV, MUREP</p>

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CCTPE 1 Numerator Criteria

Unique patients that satisfy the denominator are included in the numerator if they satisfy at least ONE of the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
They have viewed their health information by logging in to the Patient Portal	Web browser > URL > enter information in Username and Password fields > Sign In > view a Visit Summary or PHR record
They have downloaded their PHR or Visit Summary from the Patient Portal	Record from one of the following locations: <ul style="list-style-type: none"> ■ Patient Portal > Request PHR or View Medical Records > set date range > Submit ■ Patient Portal > Medical Records > Personal Health Record > set date range > Submit ■ Patient Portal > Medical Records > Visit Summary tab > Visit Summary button next to the desired visit summary
They have transmitted their health information to a third party from one of the links on the Patient Portal	Record from one of the following locations: <ul style="list-style-type: none"> ■ Patient Portal > Request PHR or View Medical Records > set date range > Submit > Share ■ Patient Portal > Medical Records > Personal Health Record > set date range > Submit > Share ■ Patient Portal > Medical Records > Visit Summary tab > Visit Summary button > Share <p>IMPORTANT! Transmitting health information to a third party requires the patient to enter the direct address of the provider. Providers can request a direct address after enrolling in JTN (Join the Network) from the eClinicalWorks EMR.</p> <p>For more information, refer to Requesting a Direct Address.</p> <p>Note: Patients need to have viewed, downloaded, or transmitted their health information within the PI measurement period for numerator credit.</p> <p>Note: Logging in from the healow™ App or healow.com does NOT count toward the numerator.</p>

Numerator Criteria	Area to Document within eClinicalWorks
They have accessed their health information through the use of an API	<p>Patients should contact the practice and use the practice enabled API.</p> <p>IMPORTANT! Practices must enable the Interoperability Hub for patients to have access to their health information through an API.</p> <p>This hub is enabled from <i>Admin > Product Activation > Interoperability Hub > Activate</i>.</p> <p>There may be additional costs associated with building an interface.</p>

Note: For more information on the options available to patients from the Patient Portal, refer to the *Patient Portal Users Guide* or the HelpHub.

CCTPE 1 Exclusion Criteria

Providers may be excluded from this measure if they meet at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They have no office visits during the PI reporting period	This exclusion criterion is reported by self-attestation.
They conduct 50 percent or more of their patient encounters in a county that does not have 50 percent or more of its housing units with 4 MBPS broadband availability, according to the latest information available from the FCC on the first day of the PI reporting period.	<p>This exclusion criterion is reported by self-attestation.</p> <p>Information on broadband availability can be found at: http://www.broadbandmap.gov/</p>

CCTPE 2: Secure Messaging

Measure

More than five (5) percent of all unique patients seen by the EP during the PI 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.

Note: For more information on setup and workflow for patient-authorized representatives, refer to the *eCW Patient Portal Release Notes - V8 - Feb 2018*.

The following sections are related to CCTPE 2:

- [CCTPE 2 Denominator Criteria](#)
- [CCTPE 2 Numerator Criteria](#)
- [CCTPE 2 Exclusion Criteria](#)

CCTPE 2 Denominator Criteria

Unique patients are included in the denominator if they satisfy ALL of the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
They have had an outpatient appointment with an eligible professional during the PI reporting period	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Practice > Resource Scheduling or provider's schedule icon > double-click on an open time slot or right-click on an open time slot and click New Appointment ■ Patient Hub > New Appointment ■ Registry band > Registry icon > filter patients and check box next to a single patient > New Appointment
They have had a valid CPT* code recorded by an eligible professional during the PI reporting period	<p>Progress Notes > Visit Code > Add E&M</p> <p>Note: The following CPT codes are considered valid outpatient encounters:</p> <p>92004, 92002, 92014, 92012, 99024, 99211, 99212, 99213, 99214, 99215, 99201, 99202, 99203, 99204, 99205, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99420, 99429, 99455, 99456, 90846, 90847, 90853, 90857, 90801, 90804, 90805, 90806, 90807, 90808, 90809, 90802, 90810, 90811, 90812, 90813, 90862, 90960, 90961, 90962, 90966, 90970, D0120, D0140, D0145, D0150, D0160, D0170, D0180, D1110, D1120, G0438, G0439, G0402, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99391, 99392, 99393, 99356, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 98940, 98941, 98942, 98943, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 99495, 99496, 59425, 59426, 59430, 99024, H1000, 99999, 97802, 97803, 99401, 99402, 99403, 99404, 99361, 99221, 99222, 99223, MUOBV, MUREP</p>

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CCTPE 2 Numerator Criteria

Unique patients that satisfy the denominator are included in the numerator if they satisfy the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
<p>The provider has sent a secure electronic message to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative) during the PI reporting period</p>	<p>Record web-enable status from one of the following locations:</p> <ul style="list-style-type: none"> ■ Appointment window > set Visit Status to Arrived > enter their e-mail address in the E-mail field ■ Appointment > enter e-mail address in the E-mail field > check the W box ■ Patient Information > Options > Web Enable <p>Record the sending of or replying to messages from one of the following locations:</p> <ul style="list-style-type: none"> ■ Executable: Patient Hub > Send eMsg > enter information in the Subject and Message fields or use an existing template > check the Preventive/Follow-up Care box > Send ■ Browser: Patient Hub > Send Message > check the eMessage box in the Choose Modality section > enter information in the Subject and Message fields or use an existing template > check the Health Maintenance box > Send ■ Executable: Patient Hub > New Web Enc > select an option from the Reason drop-down list > enter information in the Action Taken field > Reply to Patient > enter information in the Subject and Message fields or use an existing template > check the Preventive/Follow-up Care box > Send ■ Browser: Patient Hub > New Web Enc > select an option from the Reason drop-down list > Reply to Patient > check the eMessage box in the Choose Modality section > enter information in the Subject and Message fields or use an existing template > check the Health Maintenance box > Send <p>(continued on next page)</p>

Numerator Criteria	Area to Document within eClinicalWorks
	<p>(continued from previous page)</p> <ul style="list-style-type: none"> ■ Executable: Registry band > Lookup Encounters > set the filters and click Filter > check the Show Unique Patients box > Lookup > check the boxes next to the patients to whom you want to send a message > Send eMsg > enter information in the Subject and Message fields or use an existing template > check the Preventive/Follow-up Care box > Send ■ Browser: Registry menu > Lookup Encounters > set the filters and click Filter > check the Show Unique Patients box > Filter > check the boxes next to the patients to whom you want to send a message > Send Message > check the eMessage box in the Choose Modality section > enter information in the Subject and Message fields or use an existing template > check the Health Maintenance box > Send ■ Executable: Registry band > Lookup Encounters > Blast eMsg > Yes > enter information in the Subject and Message fields or use an existing template > check the Preventive/Follow-up Care box > Send ■ Browser: Registry menu > Lookup Encounters > Blast eMsg > Yes > check the appropriate boxes in the Choose Modality section > enter information in the Subject and Message fields or use an existing template > check the Health Maintenance box > Send ■ Executable: Registry band > Registry icon > Demographics tab > set the filters > select Web Enabled from the Select drop-down list > Run New > Encounters tab > set the filters > Run Subset > check the boxes next to the patients to whom you want to send a message > Send eMsg > enter information in the Subject and Message fields or use an existing template > check the Preventive/Follow-up Care box > Send <p>(continued on next page)</p>

Numerator Criteria	Area to Document within eClinicalWorks
	<p>(continued from previous page)</p> <ul style="list-style-type: none"> ■ Browser: Registry menu > Registry icon > Demographics tab > set the filters > select Web Enabled from the Select drop-down list > Run New > Encounters tab > set the filters > Run Subset > check the boxes next to the patients to whom you want to send a message > Messenger > check the eMessage box in the Choose Modality section > enter information in the Subject and Message fields or use an existing template > check the Health Maintenance box > Send <p>Note: The following types of messages on the Patient Portal are considered secure web messages: Lab Results and eMessages.</p> <p>Note: If using the executable version of eClinicalWorks, <i>Preventive/Follow-up care message</i> box MUST be checked. If using the browser version of eClinicalWorks, the <i>Health Maintenance</i> box MUST be checked.</p> <p>IMPORTANT! Appointment reminders do not satisfy this measure.</p>

CCTPE 2 Exclusion Criteria

Providers may be excluded from this measure if they meet at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They have had no office visits during the measurement period	This exclusion criterion is reported by self-attestation.
They conduct 50% or more of their 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 PI reporting period)	This exclusion criterion is reported by self-attestation. Information on broadband availability can be found at: http://www.broadbandmap.gov/

CCTPE 3: Patient Generated Health Data (PGHD)

Measure

Patient-generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than five percent of all unique patients seen by the EP during the PI reporting period.

The following sections are related to CCTPE 3:

- CCTPE 3 Denominator Criteria
- CCTPE 3 Numerator Criteria
- CCTPE 3 Exclusion Criteria

CCTPE 3 Denominator Criteria

Unique patients are included in the denominator if they satisfy ALL of the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
They have had an outpatient appointment with an eligible professional during the PI reporting period	Record this information from one of the following locations: <ul style="list-style-type: none"> ■ Practice > Resource Scheduling or provider's schedule icon > double-click on an open time slot or right-click on an open time slot and click New Appointment ■ Patient Hub > New Appointment ■ Registry band > Registry icon > filter patients and check box next to a single patient > New Appointment

Denominator Criteria	Area to Document within eClinicalWorks
They have had a valid CPT* code recorded by an eligible professional during the PI reporting period	<p data-bbox="662 226 1208 262">Progress Notes > Visit Code > Add E&M</p> <p data-bbox="662 275 1373 348">Note: The following CPT codes are considered valid outpatient encounters:</p> <p data-bbox="662 363 1479 1066">92004, 92002, 92014, 92012, 99024, 99211, 99212, 99213, 99214, 99215, 99201, 99202, 99203, 99204, 99205, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99420, 99429, 99455, 99456, 90846, 90847, 90853, 90857, 90801, 90804, 90805, 90806, 90807, 90808, 90809, 90802, 90810, 90811, 90812, 90813, 90862, 90960, 90961, 90962, 90966, 90970, D0120, D0140, D0145, D0150, D0160, D0170, D0180, D1110, D1120, G0438, G0439, G0402, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99391, 99392, 99393, 99356, 99324, 99325, 99326, 99327, 99334, 99335, 99336, 99337, 98940, 98941, 98942, 98943, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 99495, 99496, 59425, 59426, 59430, 99024, H1000, 99999, 97802, 97803, 99401, 99402, 99403, 99404, 99361, 99221, 99222, 99223, MUOBV, MUREP</p>

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CCTPE 3 Numerator Criteria

Unique patients that satisfy the denominator are included in the numerator if they satisfy the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
<p>They had data from a non-clinical setting, which may include patient-generated health data, captured through CEHRT into the patient record during the PI reporting period</p>	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Progress Notes > click healow™ Hub icon at top of window (red square bracket with downward-facing arrow) > click Import Current Page to import all answers or click a download icon (downward-facing arrow) next to an answer to import just that answer ■ Progress Notes > click the healow™ Hub Tracker icon (blue zig-zag arrow) <p>For more information on patient-led healow Tracker workflow, refer to the <i>healow Hub Guide</i>.</p>
	<p>Note: Your practice can set up a questionnaire on your Patient Portal that can be filled out by the patient and incorporated into the patient record through CEHRT. For more information on creating a questionnaire, refer to the <i>Patient Portal Users Guide</i>.</p>
	<p>Note: The healow Hub download icon is displayed only for the specific provider with whom the appointment was scheduled and is visible only on the Progress Notes for that specific encounter.</p> <p>The questionnaire itself is saved in Patient Documents under the Chart Documents folder.</p>
	<p>Note: The patient's Visit Status must be marked as <i>Arrived</i> to display the healow Hub download icon or the healow Trackers icon (if applicable data is available).</p>
	<p>Note: Billing, payment, and insurance-related information does NOT satisfy this measure.</p>

CCTPE 3 Exclusion Criteria

Providers may be excluded from this measure if they meet at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They have had no office visits during the measurement period	This exclusion criterion is reported by self-attestation.
They conduct 50% or more of their 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 PI reporting period)	This exclusion criterion is reported by self-attestation. Information on broadband availability can be found at: http://www.broadbandmap.gov/

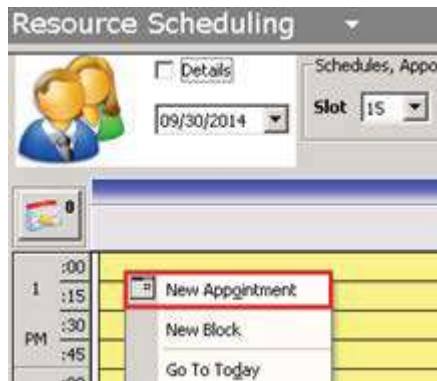
Features Related to CCTPE

The following features are related to CCTPE:

- Recording Appointments
- Recording Patients' e-Mail Addresses
- Web-Enabling Patients
- Recording E&M Codes
- Sending Messages to Patients
- Replying to Secure Messages from Patients
- Importing Questionnaire Answers from the Patient Portal
- Review healow Hub Tracker Data
- Logging In to the Patient Portal
- Downloading PHRs or Visit Summaries
- Transmitting Health Information

Recording Appointments

- Practice > *Resource Scheduling* or provider's schedule icon > double-click on an open time slot or right-click on an open time slot and click *New Appointment*



■ Patient Hub > New Appointment

The screenshot displays the 'Patient Hub' interface for a patient named Rita Test. The interface includes a left-hand navigation menu with icons for Labs, DI, Procedure, Imm/T.Inj, Referral, Allergies, Encounters, CDSS, Rx, and Notes. The main content area shows patient details for 'Test, Rita (75Y, F)' with an 'INFO' button and a profile picture. Below this, there is a 'Billing' section with fields for Patient Balance, Collection Balance, and Account Balance, all showing \$0.00. There are buttons for 'Billing Alert', 'Guarantor Balance', 'Account Inquiry', and 'Billing Logs'. The 'Appointments' section shows the last appointment on 01/08/2018 at 03:30 PM at facility 12:Btest. At the bottom, there is a 'New Appointment' button highlighted with a red box.

Patient Hub

Test, Rita (75Y, F) INFO

01/20/1942

Account No: e9362 | Messenger Enabled: Web Enabled: No

Billing

Patient Balance : \$0.00

Collection Balance : \$0.00

Account Balance : \$0.00

Collection Status :

Assigned to :

Billing Alert Guarantor Balance

Account Inquiry Billing Logs

Appointments

Last Appointment : 01/08/2018 03:30 PM

Facility : 12:Btest

Next Appointment :

Facility :

Bumped Appt: NONE Case Manager Hx:

New Appointment

- Registry band > Registry icon > filter patients and check box next to a single patient > New Appointment

The screenshot shows the 'Registry' interface with various search filters. The 'Age Range' is set to 'From' to 'To' with 'M' selected. 'Sex' is set to 'Both'. 'DOB (Actual)' is set to '02/19/2018'. The 'Patient Search Options' include 'Inactive', 'Deceased', 'Registry Enabled', and 'Exclude Beneficiaries'. Below the filters, there is a table of patient results with columns for 'PATIENT NAME', 'DOB', 'SEX', 'AGE', and 'TEL No'. The 'New Appointment' button is highlighted in red.

PATIENT NAME	DOB	SEX	AGE	TEL No
[Redacted]	01/06/1955	F	63Y	845-22
[Redacted]	06/17/1990	M	37Y	406-58

Recording Patients' e-Mail Addresses

- Appointment window > set *Visit Status* to *Arrived* > enter their e-mail address in the *E-mail* field

The screenshot shows the 'Web Enable Patient' window. It contains a text area with instructions: 'To comply with MeaningfulUse Measure 170.304(f) which requires patients to have access to Personal Health Record, it is recommended to Web Enable patients. Note: Check the Don't Web Enable box if the patient declines to be web enabled, or if the patient does not have an E-mail address/account. Patient portal web enabled: No'. Below this is an 'E-mail*' field and a 'Don't Web Enable' checkbox. A dropdown menu is open, showing options: 'Does not have E-Mail', 'Does not want to be web enabled', 'Does not want to share E-Mail', and 'Other'.

Web-Enabling Patients

- Appointment > enter e-mail address in the *E-mail* field > check the *W* box

Appointment on Monday, October 06, 2014

Encounters Find Logs Referrals Orders Bubblesheet

Facility: Internal - DEMO DASHBOARD (PM) Sel POS: 11

Date: 10/ 6 /2014 Provider: Willis, Sam,Multi

Claim Providers Resource: Willis, Sam,Multi

Start Time: 10:00 AM End Time: 10:15 AM New Pt

Patient: Test,Document Sel Info Hub Elig Sts

DOB: 03/02/1973 Tel: E-mail: test2@gmail.com **W**

- Patient Information > Options > Web Enable

Patient Information (Smith, Bonnie)

Personal Info

Account No: P9337 Prefix: PCP: Clear

Last Name: Smith Suffix: Referring Provider: Clear

First Name: Bonnie MI: Rendering Provider/Primary Care Giver:

Previous Name: Date Of Birth: 06/22/1950 Age: 63Y

Address Line 1: 100 Main St Gestational Age:

Address Line 2: City: Westborough Validate Sex: Female Transgender

State: MA ZIP: 01581 Country: US Marital Status:

Home Phone: 508-888-8888 Cell No: Social Security: 020-44-7894 Parent Info:

Work Phone: Ext: 9874 Employer Name: ECLINICALWORKS----- Clear

(statements will be addressed to responsible party)

Emp Status: (None Selected)

Student Status: (None Selected)

Responsible Party Select Set Emergency Contact

Name: Smith, Bonnie Emergency Contact:

Relation: 1 Self - patient is the insured Acct Balance: 1,548.50 Details Gr. Bal

Last Appt: 10/03/2013 11:00 AM Patient: -168.06 Acc Inquiry

Insurances IE New Case

Sliding Fee Schedule Fee Schedule New Test fee Self Pay Add Update Remove

Name	State	Subscriber No	Rel	Insured	Co Pay	Group No
P Medicare Part B	MA	77777777A	1	Smith, Bonnie		
Workers Comp	NC	123456789	1	Smith, Bonnie		
PI Medicare Part B	MA	123456789A	1	Smith, Bonnie		

Release of Information: Y

Rx History Consent: U Scan

Signature Date: / /

Advance Directive:

Additional Info Alert Misc Info Options P.S.A.C OK Cancel

- Copy Demographics
- MediScan
- MediScan (with Photo)
- Web Enable
- View Log
- View Fee Schedule Log
- Generate Log
- Registry Settings

Recording E&M Codes

- Progress Notes > Visit Code > Add E&M

Billing Information:
Visit Code:
 • 99213 Office Visit,
Procedure Codes:

Procedure Codes: **Add E&M** Add CPT Remove EM Coder Medicare Edits Pop Up

CPT	Name	Units	M1	M2	M3	M4	ICD1	ICD2	ICD3	ICD4	Notes
99213	Office Visit, Est Pt.,	1.00					1 250.01	2 250.12			

Sending Messages to Patients

Providers can send messages from the Patient Portal from the following location:

- Executable: Patient Hub > Send eMsg > enter information in the *Subject* and *Message* fields or use an existing template > check the *Preventive/Follow-up Care* box > Send

Portal eMsg

From: Willis, Sam Multi A, M.D.

To: 1000;Test; Abc,copy m; Agarwal,Riya; ajay;ajay; aTest,Rashmi; B,B; being,biller; Billing,Bill

Subject:

Preventive/ Follow-up care message

Templates:
 Load Save Save As

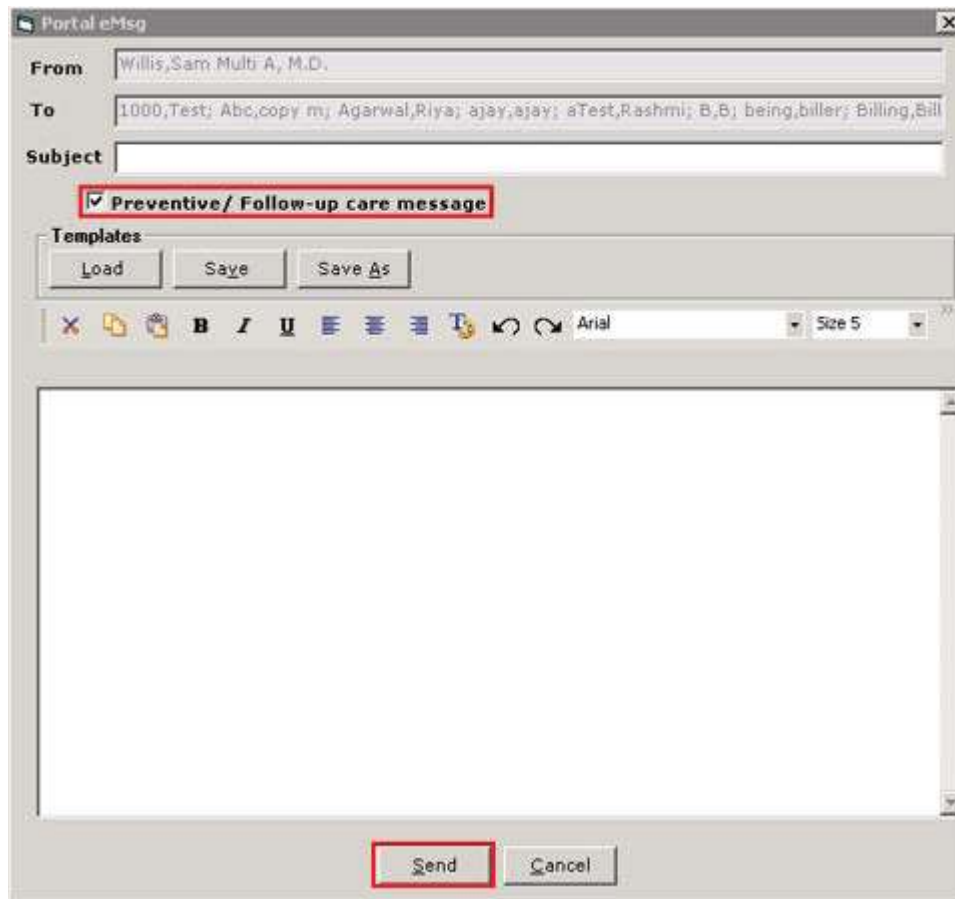
Rich text editor toolbar: Bold, Italic, Underline, Bulleted List, Numbered List, Indent, Undo, Redo, Arial, Size 5

Send Cancel

- Browser: Patient Hub > Send Message > check the *eMessage* box in the Choose Modality section > enter information in the *Subject* and *Message* fields or use an existing template > check the *Health Maintenance* box > Send

The screenshot displays the 'Preview Message' window. At the top, there are tabs for 'eMessage', 'Voice', and 'Text/SMS', with 'eMessage' being the active tab. Below the tabs, there are buttons for '+ Add' and 'Edit'. The 'Subject' field is empty. The 'Message' field contains a rich text editor toolbar with icons for undo, redo, bold, italic, underline, bulleted list, numbered list, and link. Below the message field, there is a checkbox labeled 'Health Maintenance' which is highlighted with a red rectangular box. At the bottom left, it says 'Total Patients : 1' and at the bottom right, there is a 'Send' button.

- Executable: Patient Hub > New Web Enc > select an option from the *Reason* drop-down list > enter information in the *Action Taken* field > Reply to Patient > enter information in the *Subject* and *Message* fields or use an existing template > check the *Preventive/Follow-up Care* box > Send



The screenshot shows a web-based message composition window titled "Portal eMsg". The form includes the following fields and controls:

- From:** Willis, Sam Multi A, M.D.
- To:** 1000;Test; Abc,copy m; Agarwal,Riya; ajay,ajay; aTest,Rashmi; B,B; being,biller; Billing,Bill
- Subject:** (Empty text box)
- Preventive/ Follow-up care message** (This checkbox is highlighted with a red box)
- Templates:** A section with "Load", "Save", and "Save As" buttons.
- Rich Text Editor:** A toolbar with icons for bold, italic, underline, bulleted list, numbered list, link, unlink, and text color. The font is set to "Arial" and the size to "Size 5".
- Message Body:** A large empty text area for entering the message content.
- Buttons:** "Send" and "Cancel" buttons at the bottom. The "Send" button is highlighted with a red box.

- Browser: Patient Hub > New Web Enc > select an option from the *Reason* drop-down list > Reply to Patient > check the *eMessage* box in the Choose Modality section > enter information in the *Subject* and *Message* fields or use an existing template > check the *Health Maintenance* box > Send

Preview Message

Patient Portal / Healow App

+ Add Edit

Subject

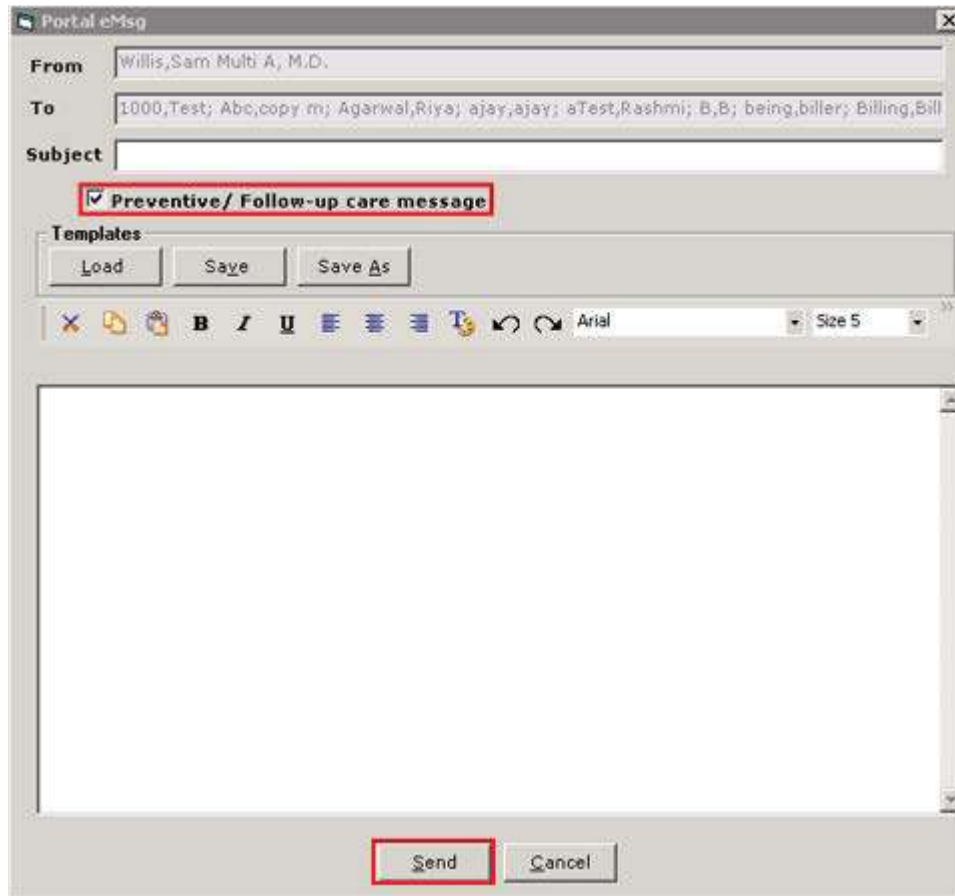
Message

Health Maintenance

Total Patients : 1

Send

- Executable: Registry band > Lookup Encounters > set the filters and click *Filter* > check the *Show Unique Patients* box > Lookup > check the boxes next to the patients to whom you want to send a message > Send eMsg > enter information in the *Subject* and *Message* fields or use an existing template > check the *Preventive/Follow-up Care* box > Send



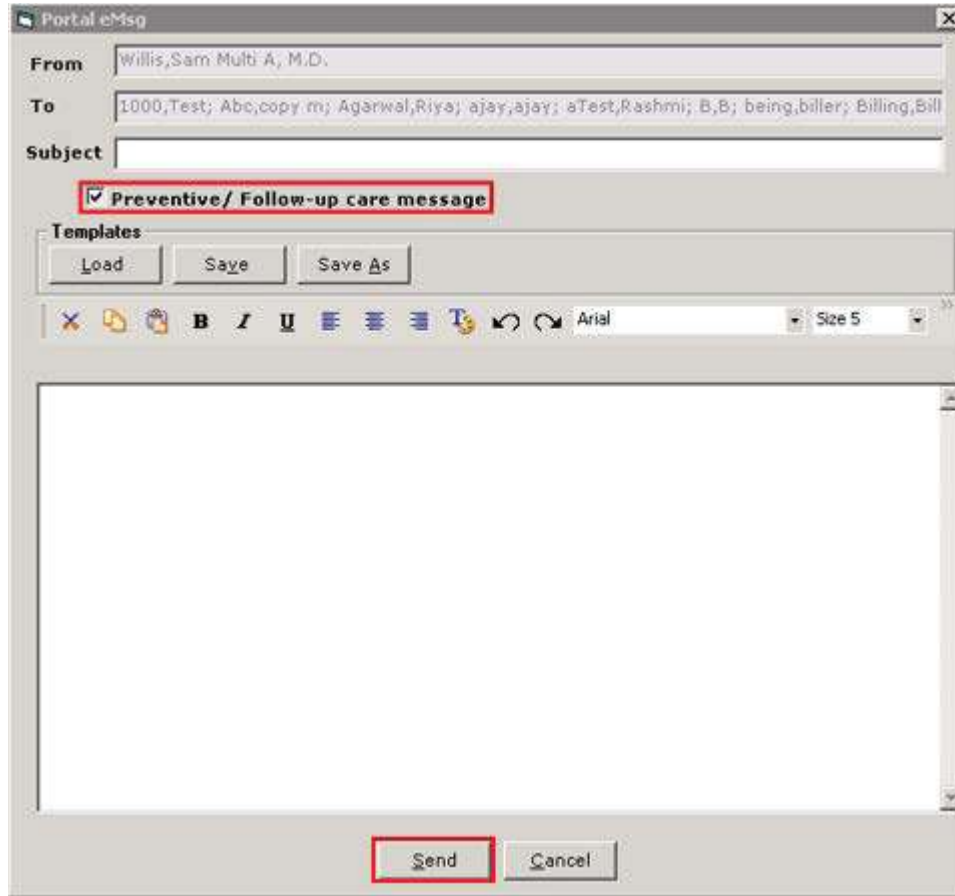
The screenshot shows a window titled "Portal eMsg" with the following fields and controls:

- From:** Willis, Sam Multi A, M.D.
- To:** 1000,Test; Abc,copy.m; Agarwal,Riya; ajay,ajay; aTest,Rashmi; B,B; being,billery; Billing,Bill
- Subject:** (Empty)
- Preventive/ Follow-up care message** (This checkbox is highlighted with a red box)
- Templates:** Load, Save, Save As (Buttons)
- Rich text editor toolbar with icons for Bold, Italic, Underline, Bulleted List, Numbered List, Indent, Outdent, Undo, and Redo. The font is set to Arial and the size is 5.
- Large empty text area for the message body.
- Send** and **Cancel** buttons at the bottom. The **Send** button is highlighted with a red box.

- Browser: Registry menu > Lookup Encounters > set the filters and click *Filter* > check the *Show Unique Patients* box > Filter > check the boxes next to the patients to whom you want to send a message > Send Message > check the *eMessage* box in the Choose Modality section > enter information in the *Subject* and *Message* fields or use an existing template > check the *Health Maintenance* box > Send

The screenshot displays the 'Preview Message' window. At the top, there are tabs for 'eMessage', 'Voice', and 'Text/SMS'. Below the tabs, there is a 'Patient Portal / Healow App' label and '+ Add' and 'Edit' buttons. The 'Subject' field is empty. The 'Message' field contains a rich text editor toolbar with icons for undo, redo, bold, italic, underline, bulleted list, numbered list, and link. Below the message field, there is a checkbox labeled 'Health Maintenance' which is highlighted with a red box. At the bottom left, it says 'Total Patients : 1' and at the bottom right, there is a 'Send' button.

- Executable: Registry band > Lookup Encounters > Blast eMsg > Yes > enter information in the *Subject* and *Message* fields or use an existing template > check the *Preventive/Follow-up Care* box > Send



The screenshot shows a window titled "Portal eMsg" with the following fields and controls:

- From:** Willis, Sam Multi-A, M.D.
- To:** 1000,Test; Abo,copy.m; Agarwal,Riya; ajay,ajay; aTest,Rashmi; B,B; being,billery; Billing,Bill
- Subject:** (Empty field)
- Preventive/ Follow-up care message** (This checkbox and its label are highlighted with a red box in the original image)
- Templates:** A section containing "Load", "Save", and "Save As" buttons.
- Rich Text Editor:** A toolbar with icons for undo, redo, bold, italic, underline, bulleted list, numbered list, link, unlink, and text color. The font is set to "Arial" and the size to "Size 5".
- Message Body:** A large empty text area for composing the message.
- Buttons:** "Send" and "Cancel" buttons at the bottom. The "Send" button is highlighted with a red box in the original image.

- Browser: Registry menu > Lookup Encounters > Blast eMsg > Yes > check the appropriate boxes in the Choose Modality section > enter information in the *Subject* and *Message* fields or use an existing template > check the *Health Maintenance* box > Send

The screenshot displays the 'Preview Message' window. At the top, there are tabs for 'eMessage', 'Voice', and 'Text/SMS'. Below the tabs, there is a 'Patient Portal / Healow App' label and '+ Add' and 'Edit' buttons. The 'Subject' field is empty. The 'Message' field contains a rich text editor toolbar with icons for undo, redo, bold, italic, underline, bulleted list, numbered list, and link. Below the message field, the 'Health Maintenance' checkbox is checked and highlighted with a red box. At the bottom left, it says 'Total Patients : 1' and at the bottom right, there is a 'Send' button.

- Executable: Registry band > Registry icon > Demographics tab > set the filters > select *Web Enabled* from the *Select* drop-down list > Run New > Encounters tab > set the filters > Run Subset > check the boxes next to the patients to whom you want to send a message > Send eMsg > enter information in the *Subject* and *Message* fields or use an existing template > check the *Preventive/Follow-up Care* box > Send

The screenshot shows a window titled "Portal eMsg" with the following fields and controls:

- From:** Willis, Sam Multi A, M.D.
- To:** 1000,Test; Abc,copy m; Agarwal,Riya; ajay,ajay; aTest,Rashmi; B,B; being,biller; Billing,Bill
- Subject:** (Empty)
- Preventive/ Follow-up care message** (This checkbox and its label are highlighted with a red box)
- Templates:** Load, Save, Save As (Buttons)
- Rich text editor toolbar with icons for Bold, Italic, Underline, Bulleted List, Numbered List, Indent, Undo, and Redo. The font is set to Arial and the size is 5.
- Large empty text area for the message body.
- Send** and **Cancel** buttons (The **Send** button is highlighted with a red box)

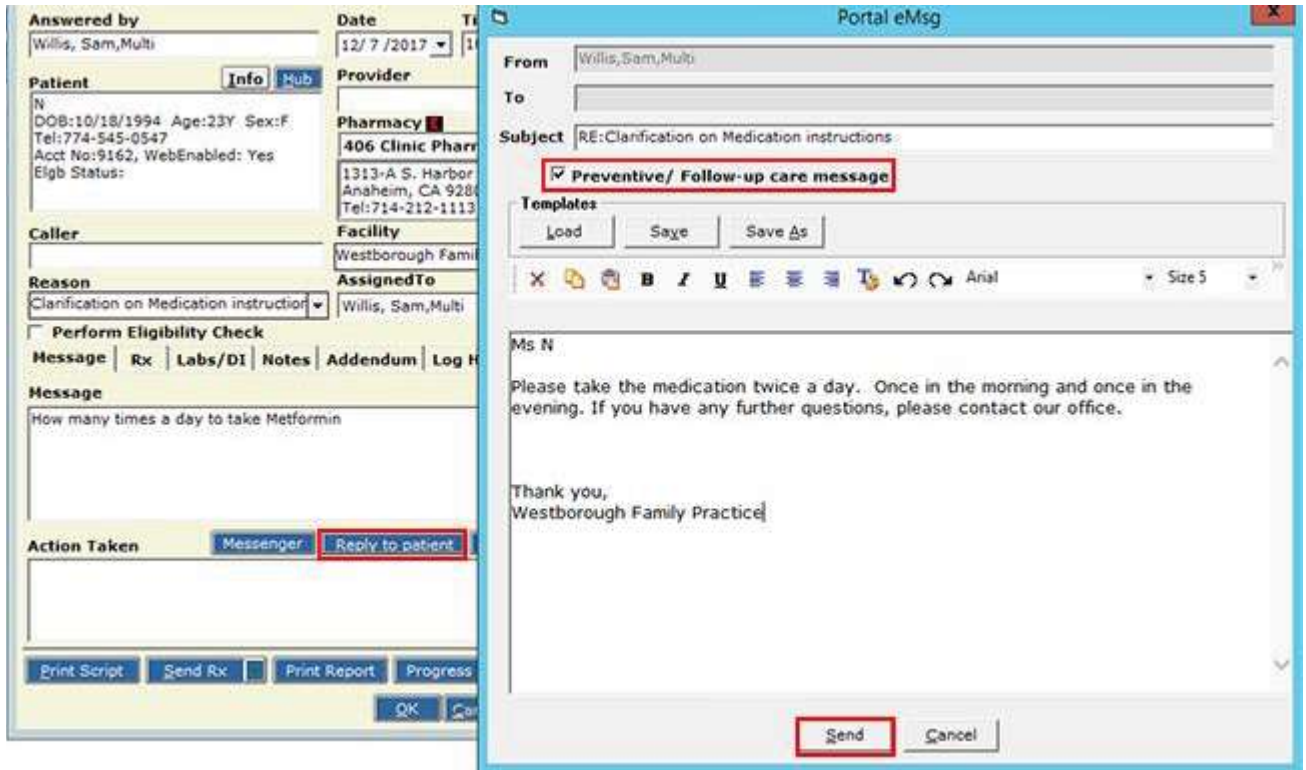
- Browser: Registry menu > Registry icon > Demographics tab > set the filters > select *Web Enabled* from the *Select* drop-down list > Run New > Encounters tab > set the filters > Run Subset > check the boxes next to the patients to whom you want to send a message > Messenger > check the *eMessage* box in the Choose Modality section > enter information in the *Subject* and *Message* fields or use an existing template > check the *Health Maintenance* box > Send

The screenshot displays the 'Preview Message' window. At the top, there are tabs for 'eMessage', 'Voice', and 'Text/SMS'. Below the tabs, there is a 'Patient Portal / Healow App' label and '+ Add' and 'Edit' buttons. The 'Subject' field is empty. The 'Message' field contains a rich text editor toolbar with icons for undo, redo, bold, italic, underline, bulleted list, numbered list, and link. Below the message field, there is a 'Health Maintenance' checkbox, which is highlighted with a red box. At the bottom left, it says 'Total Patients: 1', and at the bottom right, there is a 'Send' button.

Replying to Secure Messages from Patients

- T quick-launch link > Web Encounter > click link in Patient column > Reply to Patient > check the *Preventive/Follow-up care message* (executable) or the *Health Maintenance* (browser) box > enter a message > Send

Executable:



Browser:



Importing Questionnaire Answers from the Patient Portal

- Progress Notes > click healow™ Hub icon at top of window (red square bracket with downward-facing arrow) > click *Import Current Page* to import all answers or click a download icon (downward-facing arrow) next to an answer to import just that answer

The screenshot displays the Healow patient portal interface. At the top, there is a navigation bar with a 'HEALOW' logo and a 'Last Login: 11 minutes ago' indicator. Below this, a 'Healow Hub' section contains various patient information cards, including a red 'ASK EVR' button. The main content area shows a questionnaire titled 'Surgical History and Allergies Information'. The questionnaire includes sections for 'Surgery' and 'Hospitalization', each with a table for recording details. The 'Surgery' table has columns for 'Surgery' and 'Date', with 'test' and '01/03/2018' entered. The 'Hospitalization' table has columns for 'Hospitalization' and 'Date', with 'Never' and '01/03/2018' entered. At the bottom of the questionnaire, there are three buttons: 'Import Current Page' (highlighted with a red box), 'Reviewed', and 'Reject'.

Review healow Hub Tracker Data

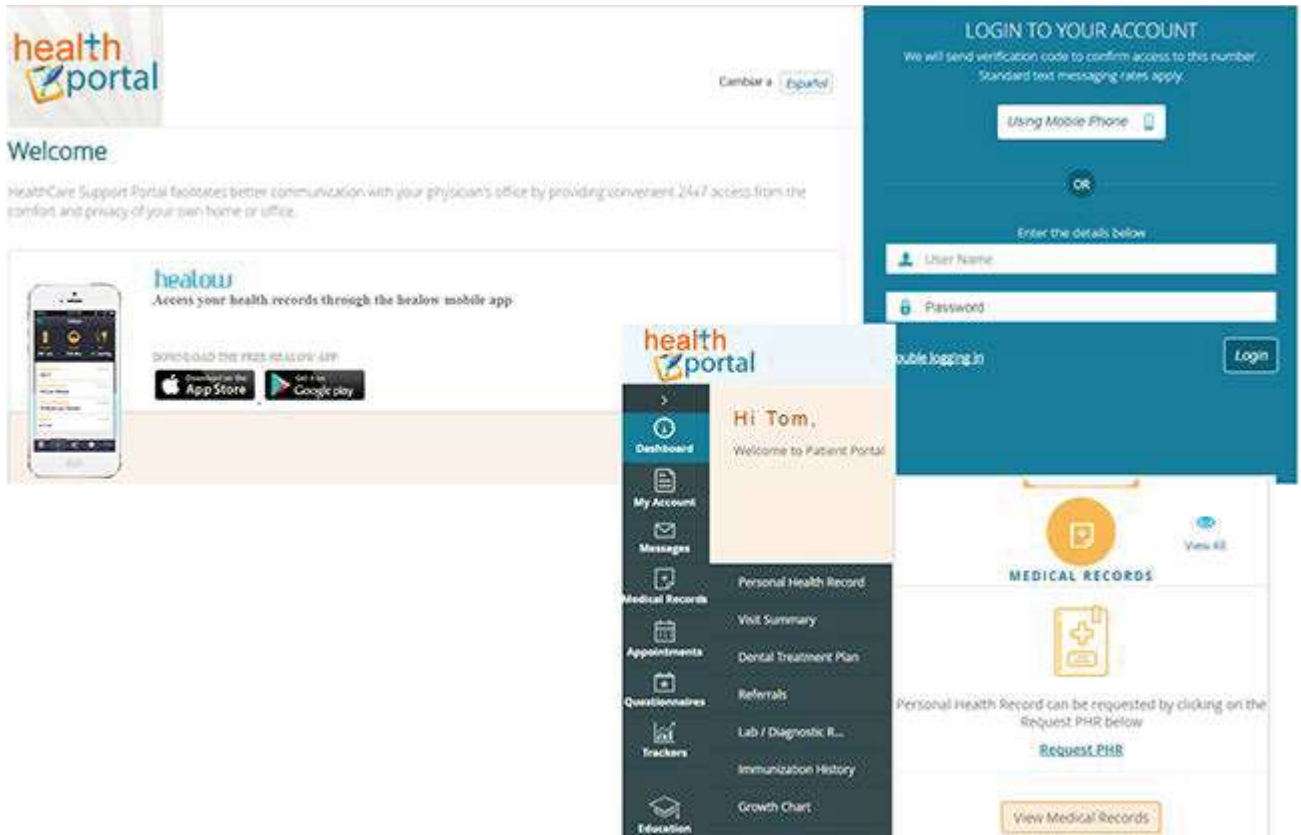
- Progress Notes > click the healow™ Hub Tracker icon (blue zig-zag arrow)

The screenshot displays the Healow Hub Tracker interface. At the top, there is a patient information header with a profile icon, name, age, gender, and various status indicators. Below this is a navigation bar with tabs for Questionnaires, Chedis, Trackers, and External Health Records. The main content area shows a 'Steps' section with a bar chart comparing step counts for two dates: 12 Feb and 19 Feb. The chart shows a significant increase in steps from 12 Feb to 19 Feb. A 'Cancel' button is visible at the bottom right of the interface.

Time Period	Steps
12 Feb	~1,000
19 Feb	~6,000

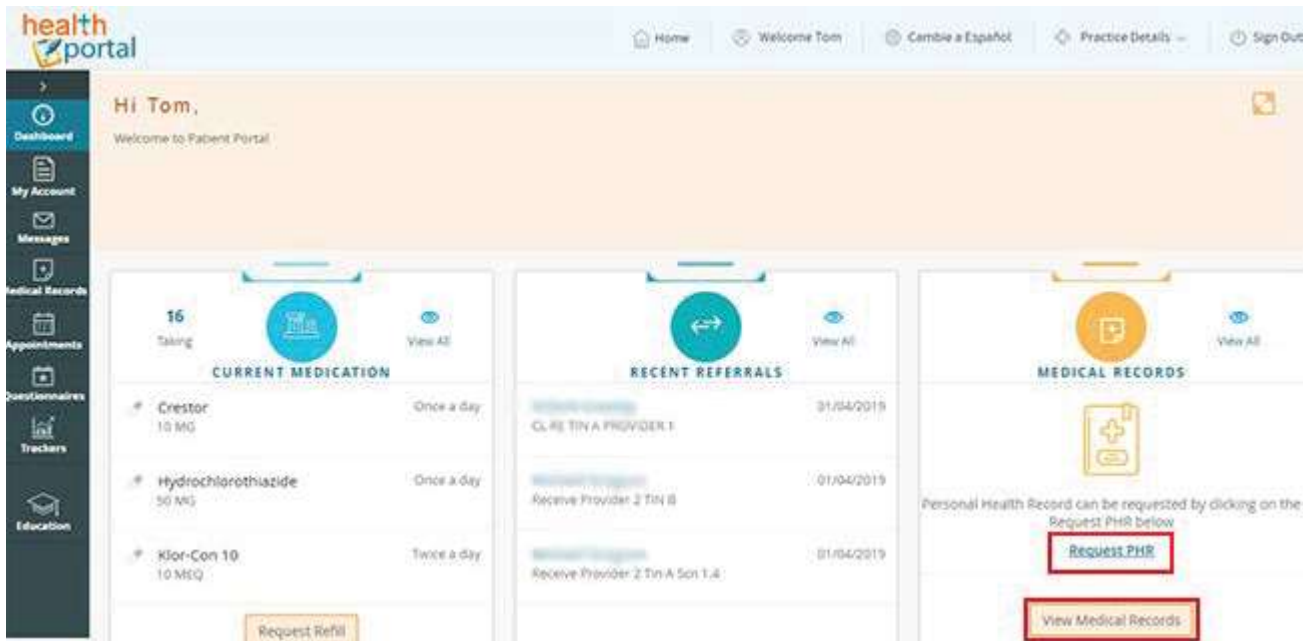
Logging In to the Patient Portal

- Web browser > URL > enter information in Username and Password fields > Sign In > view a Visit Summary or PHR record

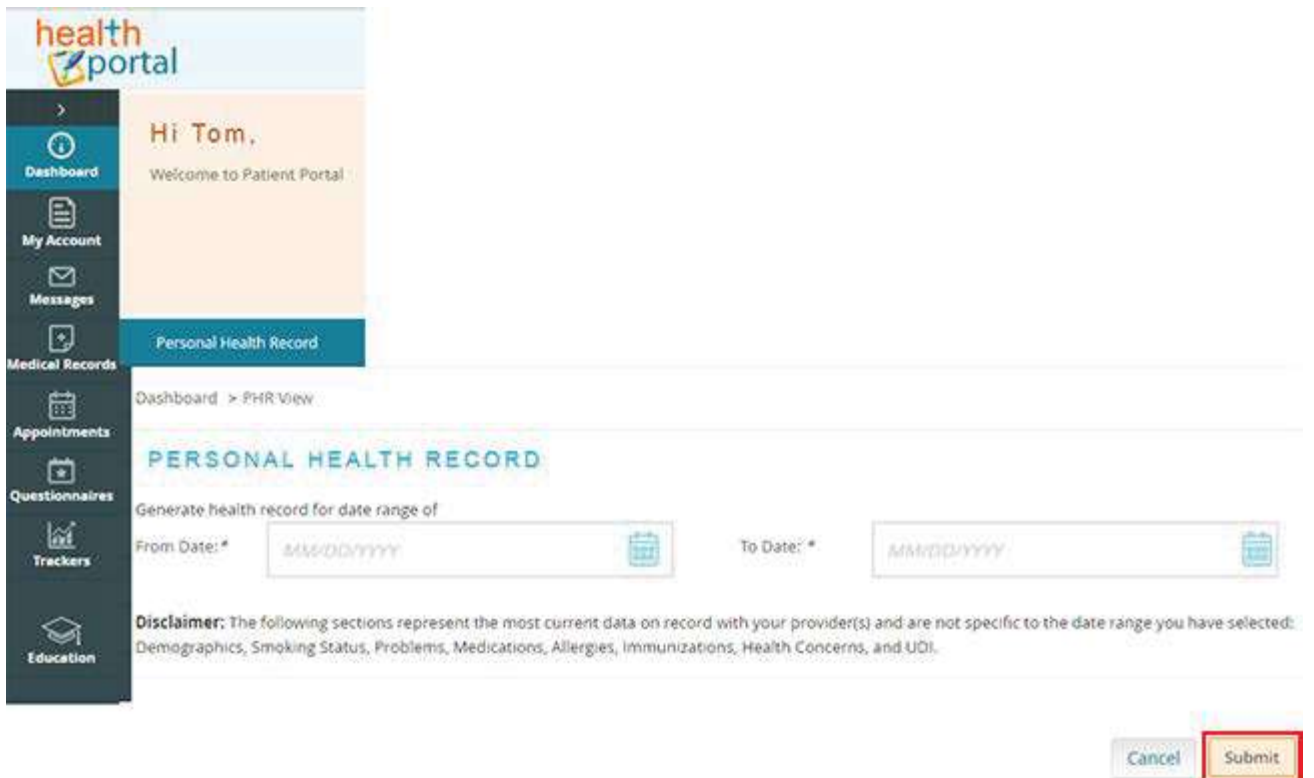


Downloading PHRs or Visit Summaries

- Patient Portal > Request PHR or View Medical Records > set date range > Submit



- Patient Portal > Medical Records > Personal Health Record > set date range > Submit



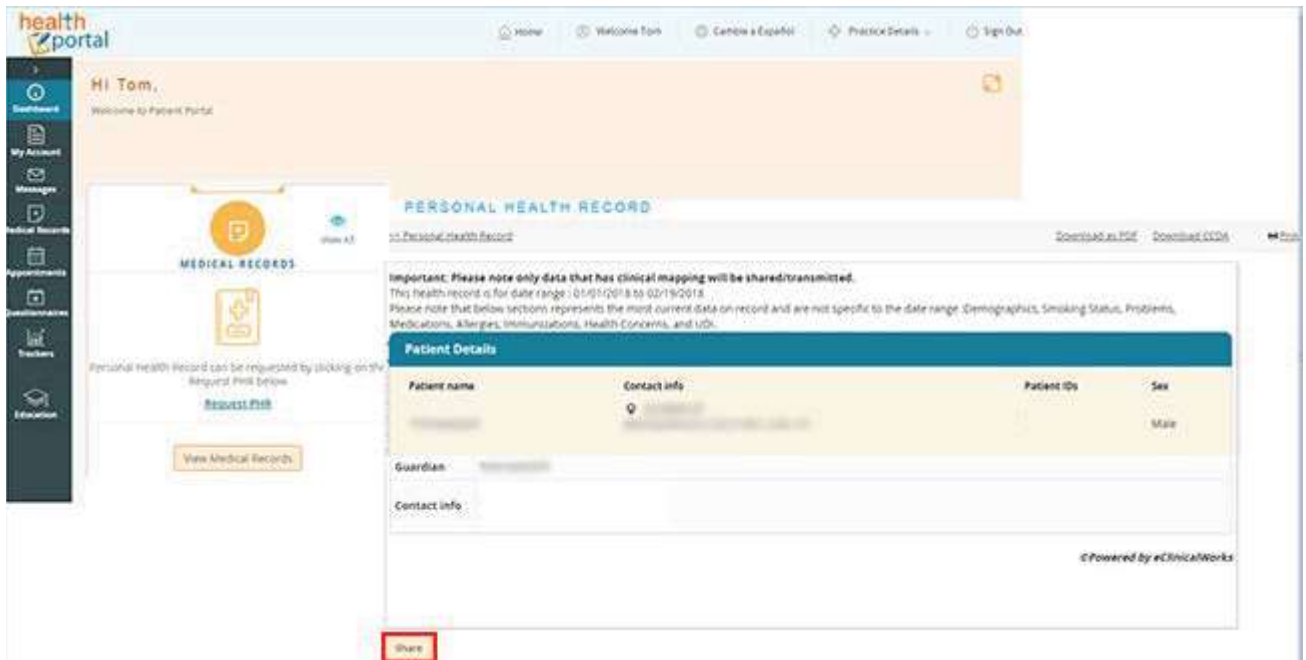
- Patient Portal > Medical Records > *Visit Summary* tab > *Visit Summary* button next to the desired visit summary

The screenshot shows the 'health portal' interface. On the left is a dark sidebar with navigation options: Dashboard, My Account, Messages, Medical Records (selected), Appointments, Questionnaires, Trackers, and Education. The 'Medical Records' section is expanded to show 'Personal Health Record' and 'Visit Summary' (highlighted in blue). The main content area displays a 'VISIT SUMMARY' section with a filter for 'All' and a 'Date Range' selector. Below this is a table of visit records:

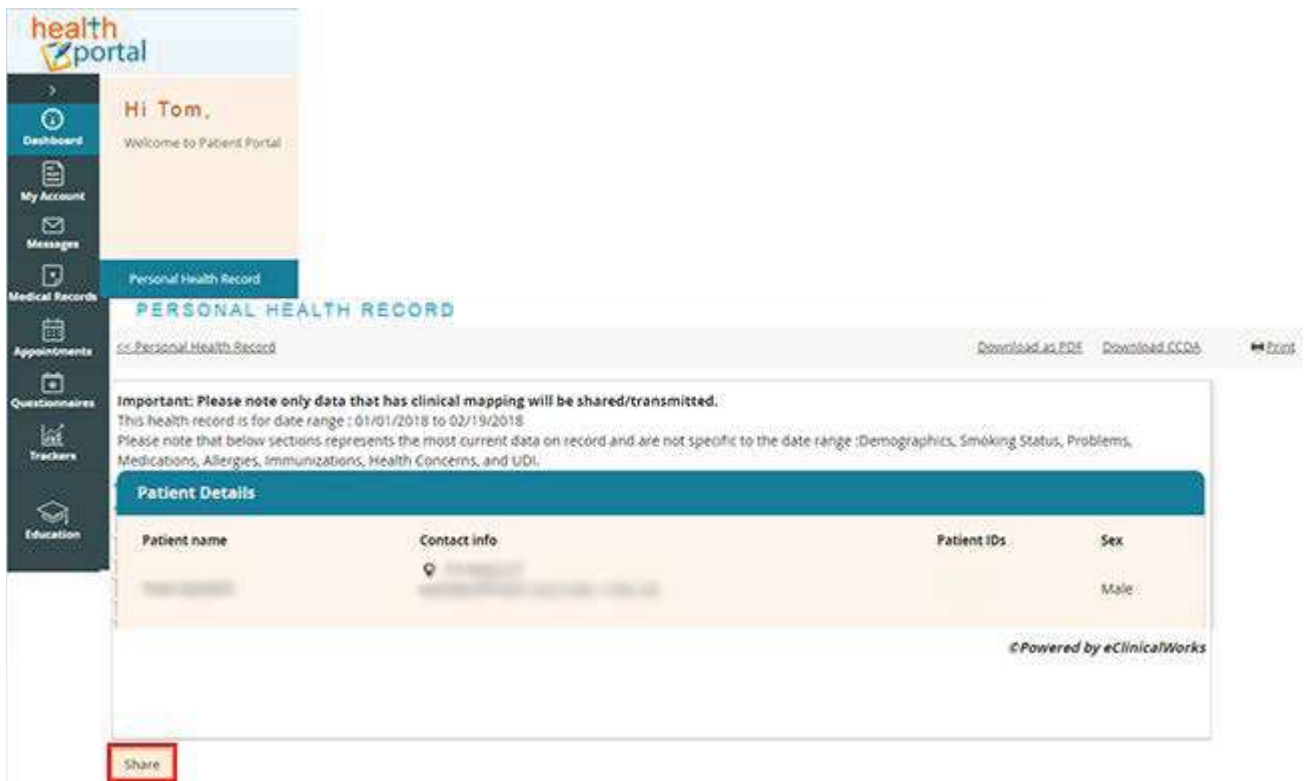
Date/Time	Reason	Action
02/19/2018 10:00 AM	Reason	Visit Summary
01/22/2018 02:00 PM	Reason tin b prov 2	Visit Summary

Transmitting Health Information

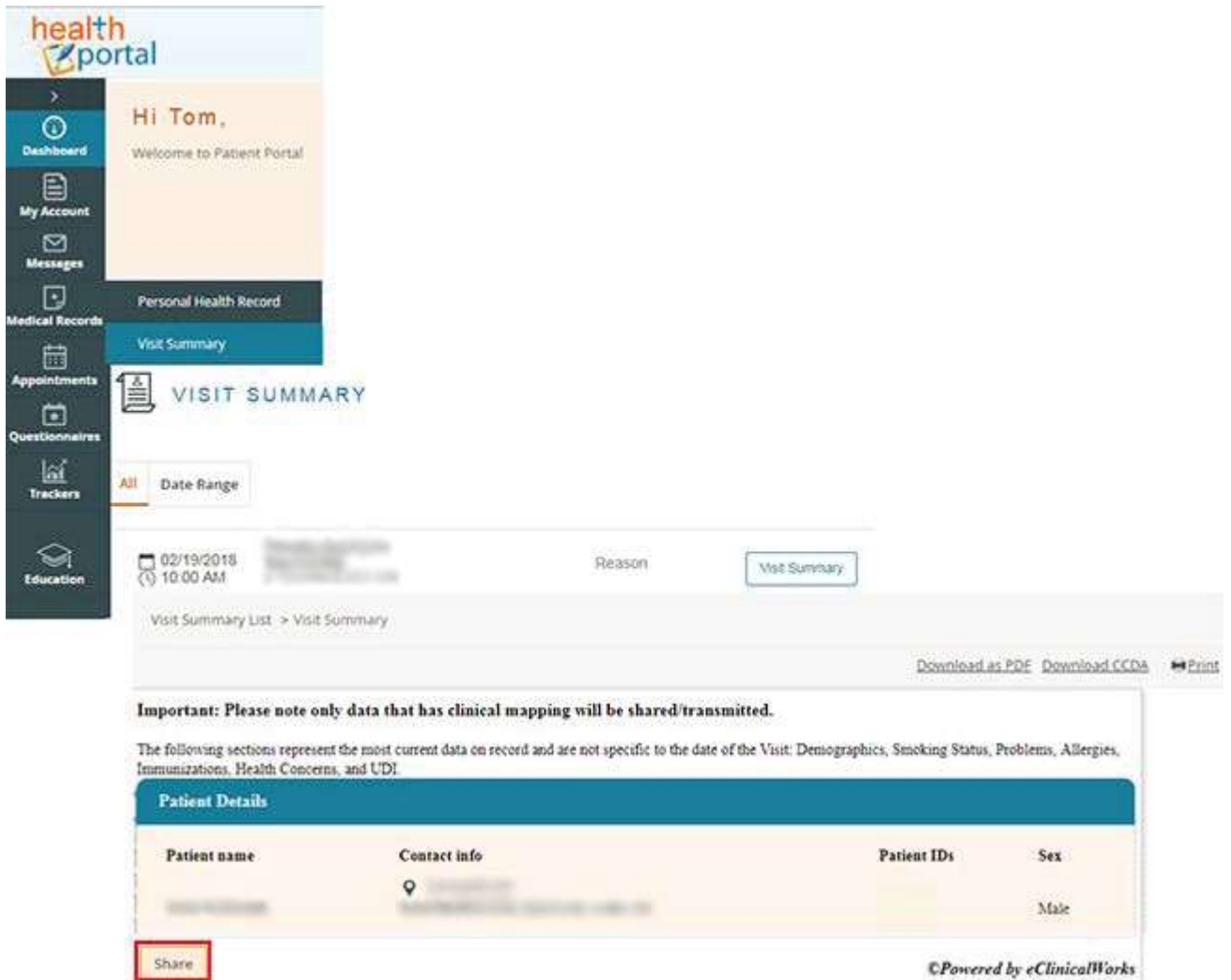
- Patient Portal > Request PHR or View Medical Records > set date range > Submit > Share



- Patient Portal > Medical Records > Personal Health Record > set date range > Submit > Share



- Patient Portal > Medical Records > *Visit Summary* tab > *Visit Summary* button > Share



Objective 7: Health Information Exchange (HIE)

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 CEHRT.

The following sections are related to objective 7:

- [Health Information Exchange \(HIE\) Measures](#)
- [Direct Messaging Services with eClinicalWorks](#)
- [Features Related to HIE](#)

Health Information Exchange (HIE) Measures

Providers must attest to all three of the following measures and must meet the threshold for at least two measures to meet the objective:

- [HIE 1: Send Summary of Care](#)
- [HIE 2: Request/Accept Summary of Care](#)
- [HIE 3: Clinical Reconciliation](#)

HIE 1: Send Summary of Care

Measure

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 must perform ALL of the following:

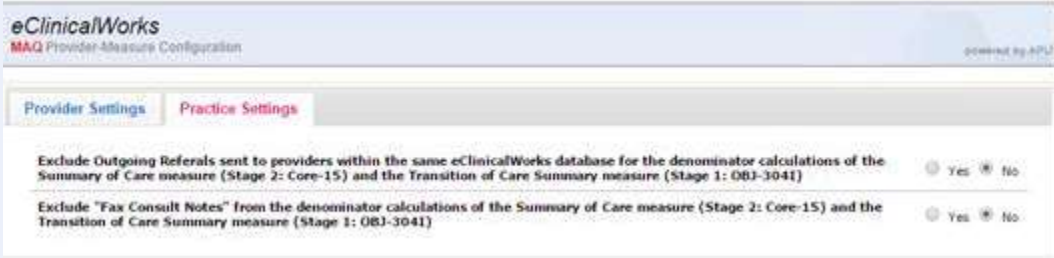
- Create a summary of care record using CEHRT
- Electronically exchange the summary of care record

The following sections are related to HIE 1:

- [HIE 1 Denominator Criteria](#)
- [HIE 1 Numerator Criteria](#)
- [HIE 1 Exclusion Criteria](#)

HIE 1 Denominator Criteria

Referrals are included in the denominator if they satisfy ALL of the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
<p>The EP was the transferring or referring provider where an outgoing referral has been printed, faxed, or transmitted electronically using JTN (Join the Network) during the PI reporting period</p> <p>(continued on next page)</p>	<p>Record this information from at least ONE of the following locations:</p> <ul style="list-style-type: none"> ■ Progress Notes > Treatment > Outgoing Referral > Send Referral > Print, Print with attachment(s), Fax, or Fax with attachment(s) (Denominator Criteria Only) ■ Progress Notes > Treatment > Outgoing Referral > green arrow next to the Send Referral button > Send Electronically ■ Progress Notes > green arrow next to Fax button > Fax Consult Notes (Denominator Criteria Only) ■ Progress Notes > Send > eTransmit ■ Telephone/Web Encounter > Virtual Visit > Treatment > Outgoing Referral > Send Referral > Print, Print with attachment(s), Fax, Fax with attachment(s), or green arrow next to the Send Referral button and Send Electronically (Denominator Criteria Only) ■ Patient Hub > Referrals > Outgoing > New > Send Referral > Print, Print with attachment(s), Fax, Fax with attachment(s), or green arrow next to the Send Referral button and Send Electronically (Denominator Criteria Only) ■ T quick-launch link > Send eCW P2P Patient Record ■ T quick-launch link > Send eCW P2P Referral/Consult <p>Note: Fax consult notes and/or referrals sent from within the same database can be excluded from this denominator using settings on the MAQ Dashboard:</p>  <p>These should only be excluded if the fax consult notes are used for purposes other than transition of care.</p> <p>IMPORTANT! Referrals are only counted for a provider if they are listed as the <i>Referral From</i> provider on the referral.</p>

Denominator Criteria	Area to Document within eClinicalWorks
(continued from previous page)	<p>IMPORTANT! If the <i>Referral To</i> specialty is mapped to community specialty <i>Diagnostic Radiology</i> or <i>Pharmacy</i>, those referrals are excluded from the denominator for all practices and all providers.</p> <p>If <i>Pharmacy</i> is not an option in the community mapping specialty section, contact eClinicalWorks Support.</p>

HIE 1 Numerator Criteria

Referrals that satisfy the denominator are included in the numerator if they satisfy ALL of the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
<p>They have had a summary of care record created using CEHRT and exchanged electronically through P2P portal with the CCR/CCD attached</p> <p>(continued on next page)</p>	<p>Record this information from at least ONE of the following locations:</p> <ul style="list-style-type: none"> ■ Progress Notes > Treatment > Outgoing Referral > green arrow next to the Send Referral button > Send Electronically ■ Progress Notes > Send > eTransmit ■ T quick-launch link > Send eCW P2P Patient Record ■ T quick-launch link > Send eCW P2P Referral/Consult <p>IMPORTANT! For electronic transmission of summary of care records, referrals must be sent via Join The Network (JTN).</p> <p>JTN is an initiative to connect providers to one of the largest vendor-neutral networks in the country. Join The Network or get your Direct Address (Option 2) to send and receive referrals electronically for Promoting Interoperability. For more information, refer to Requesting a Direct Address.</p> <p>To meet this measure, invite other providers to JTN and send referrals electronically.</p> <p>If other providers are not on JTN, request a HISP-HISP interface. Please open a support case to initiate HISP- HISP interface.</p> <p>IMPORTANT! The check box for verifying Allergies, Current Medications, and Problem Lists must be checked in the patient's most recent Progress Notes before sending the patient record or referral. An EC must verify and record current medications, current medication allergies, and the current Problem List in the patient's most recent Progress Notes before sending the referral or patient record.</p> <p>If a patient does not have any known medication allergies, the <i>N.K.D.A.</i> box must be checked in the Allergies section of the Past Medical History window.</p> <p>If a patient does not have any known problems, the <i>N.K.P.</i> box must be checked on the Problem List window.</p>

Numerator Criteria	Area to Document within eClinicalWorks
(continued from previous page)	IMPORTANT! A CCR/CCD MUST be attached to satisfy the numerator. Click the Attachments button when sending referrals to ensure a CCR/CCD is attached.
	Note: ICD codes in the Problem List must be mapped to SNOMED CT codes.
	Note: The date the referral was actually transmitted must be within the PI measurement period to be included in the numerator.

If other providers are not on JTN, request a HISP (Health Information Service Provider) interface:

- Option 2: If the receiving provider is on a HISP that is part of the Direct Trust Bundle, request a Direct Address through Option 2.
 - ◆ Receive a Direct Address signed by third-party vendor DigiCert through this option.
 - ◆ The HISP-HISP connection is established through eClinicalDirect HISP.
 - ◆ eClinicalDirect is fully accredited by EHNAC and is part of the [Direct Trust Bundle](#).

Note: eClinicalWorks Direct (Option 1) to issue a direct address is no longer available.

HIE 1 Exclusion Criteria

Providers may be excluded from this measure if they satisfy at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They transferred patients to another setting or referred patients to another provider less than 100 times during the PI reporting period	This exclusion criterion is reported by self-attestation.
They conduct 50% or more of their patient encounters in a county that does not have 50% or more of its housing units with 4 MBPS broadband availability, according to the latest information from the FCC on the first day of the PI reporting period	This exclusion criterion is reported by self-attestation.

HIE 2: Request/Accept Summary of Care

Measure

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.

The following sections are related to HIE 2:

- [HIE 2 Denominator Criteria](#)
- [HIE 2 Numerator Criteria](#)
- [HIE 2 Exclusion Criteria](#)

HIE 2 Denominator Criteria

Encounters are included in the denominator if they satisfy ALL of the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
Number of patient encounters during the PI reporting period for which an EP was the receiving party of transition or referral or has never before encountered the patient and for whom an electronic summary of care record is available	Record this information from the following location: <ul style="list-style-type: none"> ■ Practice > Resource Scheduling or provider’s schedule icon > open an existing appointment (by double-clicking on it) or create a new appointment (by double-clicking on an open time slot or right-clicking on an open time slot and clicking New Appointment) > Transition of Care > check the Transition of Care - Electronic summary of care record received or Transition of Care - Electronic summary of care record NOT received box > if the first box is checked, select an incoming referral or P2P patient record > OK ■ Progress Notes > Chief Complaints > Transition of Care > check the Transition of Care - Electronic summary of care record received or Transition of Care - Electronic summary of care record NOT received box > if the first box is checked, select an incoming referral or P2P patient record > OK
	Note: Checking the <i>Transition of Care - Electronic summary of care record NOT received</i> box in excludes patients from denominator calculations.
	Note: If an electronic (P2P®) incoming referral or patient record has not been sent to the practice/provider, there will not be a referral/patient record on the Transition of Care window to map to an appointment/encounter. For more information, refer to the <i>Sending and Receiving P2P Referrals</i> section of the <i>eClinicalWorks P2P Users Guide</i> .

HIE 2 Numerator Criteria

Encounters that satisfy the denominator are included in the numerator if they satisfy ALL of the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the CEHRT	<p>Progress Notes > click the DRTLA tab in the ICW pane on the right > click the CCR link for a referral > click the blue arrow icon next to Problem List, Allergies, or Medication information to import it from this referral into the open Progress Notes</p> <p>Note: A record is NOT considered incorporated if it is discarded without the reconciliation of clinical information, or if it is stored in a manner inaccessible to providers within the EHR.</p>

HIE 2 Exclusion Criteria

Providers may be excluded from this measure if they satisfy at least ONE the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They have less than 100 total transitions of care or incoming referrals for patients they have not encountered before	This exclusion criterion is reported by self-attestation
They conduct 50% or more of their patient encounters in a county that does not have 50% or more of its housing units with 4 MBPS broadband availability, according to the latest information from the FCC on the first day of the PI reporting period	This exclusion criterion is reported by self-attestation

HIE 3: Clinical Reconciliation

Measure

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:

- **Medication** - Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
- **Medication Allergy** - Review of the patient's known medication allergies.
- **Current Problem List** - Review of the patient's current and active diagnoses.

The following sections are related to HIE 3:

- [HIE 3 Denominator Criteria](#)
- [HIE 3 Numerator Criteria](#)
- [HIE 3 Exclusion Criteria](#)

HIE 3 Denominator Criteria

Referrals are included in the denominator if they satisfy ALL of the following criteria:

Denominator Criteria	Area to Document within eClinicalWorks
<p>Number of transitions of care or referrals during the PI reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient</p>	<p>Record this information from at least ONE of the following locations:</p> <ul style="list-style-type: none"> ■ Practice > Resource Scheduling or provider's schedule icon > open an existing appointment (by double-clicking on it) or create a new appointment (by double-clicking on an open time slot or right-clicking on an open time slot and clicking New Appointment) > Transition of Care > check the Transition of Care - Electronic summary of care record received or Transition of Care - Electronic summary of care record NOT received box > if the first box is checked, select an incoming referral or P2P patient record > OK ■ Progress Notes > Chief Complaints > Transition of Care > check the Transition of Care - Electronic summary of care record received or Transition of Care - Electronic summary of care record NOT received box > if the first box is checked, select an incoming referral or P2P patient record > OK <p>Note: Patients are included in this denominator if either the <i>Transition of Care - Electronic summary of care record received</i> or <i>Transition of Care - Electronic summary of care record NOT received</i> box is checked.</p> <p>Note: If an electronic (P2P®) incoming referral or patient record has not been sent to the practice/provider, there will not be a referral/patient record on the Transition of Care window to map to an appointment/encounter.</p> <p>For more information, refer to the <i>Sending and Receiving P2P Referrals</i> section of the <i>eClinicalWorks P2P Users Guide</i>.</p>

HIE 3 Numerator Criteria

Referrals that satisfy the denominator are included in the numerator if they satisfy ALL of the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
<p>The number of transitions of care and referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current Problem List</p>	<p>Record each of the following categories of information to satisfy this criterion:</p> <ul style="list-style-type: none"> ■ Record medication list information from the following location: <ul style="list-style-type: none"> ◆ Progress Notes > Current Medication > check the Verified box ■ Record medication allergy list information from the following location: <ul style="list-style-type: none"> ◆ Progress Notes > Allergies/Intolerance > check the N.K.D.A box or add allergies and check the Allergies Verified box ■ Record Problem List information from at least ONE of the following locations: <ul style="list-style-type: none"> ◆ Progress Notes > Assessments > check the box(es) in the PL column for all ICD codes you want to add to this patient's Problem List ◆ Progress Notes > Assessments > Problem List > check the No known problems box ◆ Progress Notes > from the Overview tab in the ICW pane on the right, click the ellipsis button in the Problem List heading > check the No known problems box ◆ Progress Notes > Assessments > check the box(es) in the PL column for all ICD codes you want to add to this patient's Problem List > PL Verified <p>IMPORTANT! The <i>PL Verified</i> button displays in red if the Problem List has not been verified.</p> <p>Clicking the <i>PL Verified</i> button prompts you to conduct a review of the patient's current Problem List. Once the Problem List has been verified, this button turns from red to green.</p>

HIE 3 Exclusion Criteria

Providers may be excluded from this measure if they satisfy at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They have less than 100 total transitions of care or incoming referrals for patients they have not encountered before	This exclusion criterion is reported by self-attestation

Direct Messaging Services with eClinicalWorks

eClinicalWorks offers Direct Messaging Services with the eClinicalDirect HISP (Option 2):

- eClinicalWorks has formed a subsidiary, eClinicalDirect, to connect to the accredited Direct Trust Bundle.
- The Direct Address issued to providers is signed by a third-party vendor, DigiCert®.
- Providers can request their Direct address by choosing Option 2 under the P2P setting in eClinicalWorks EMR/PM solution.
- This option is fee-based, as there is the involvement of a third-party, DigiCert.

Note: eClinicalWorks Direct (Option 1) to issue a direct address is no longer available.

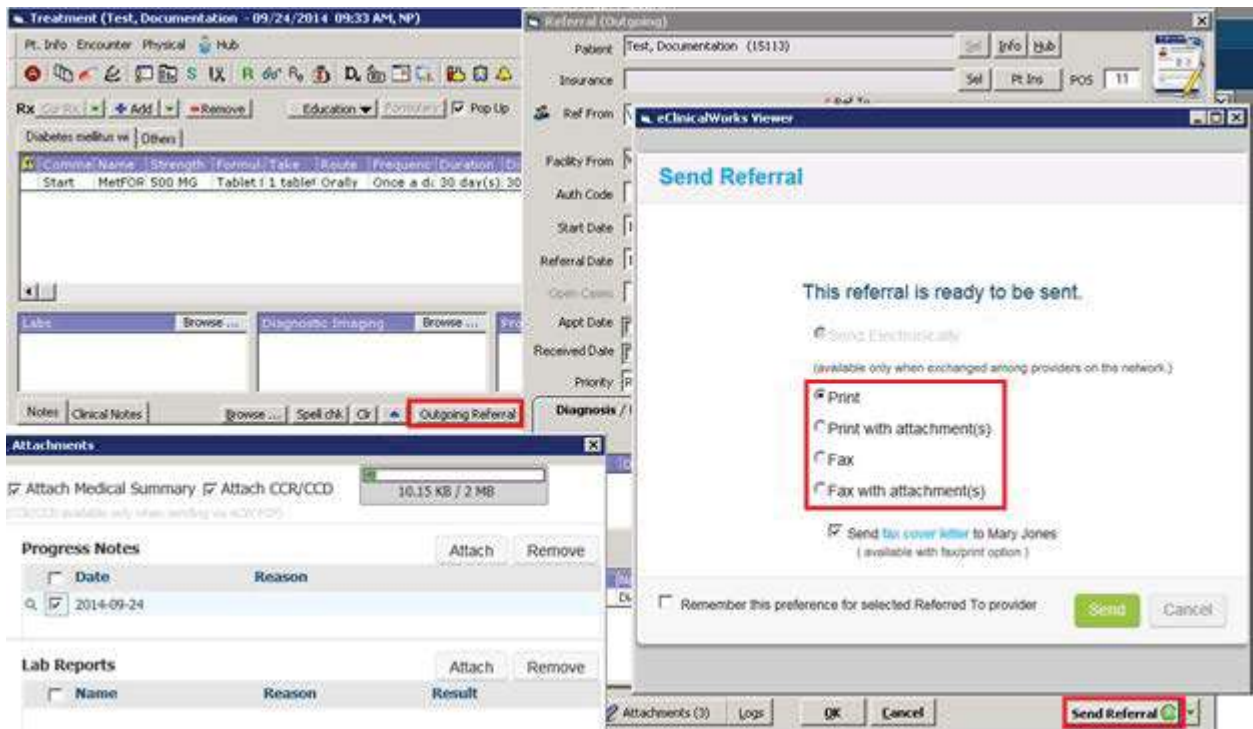
Features Related to HIE

The following features are related to the health information exchange:

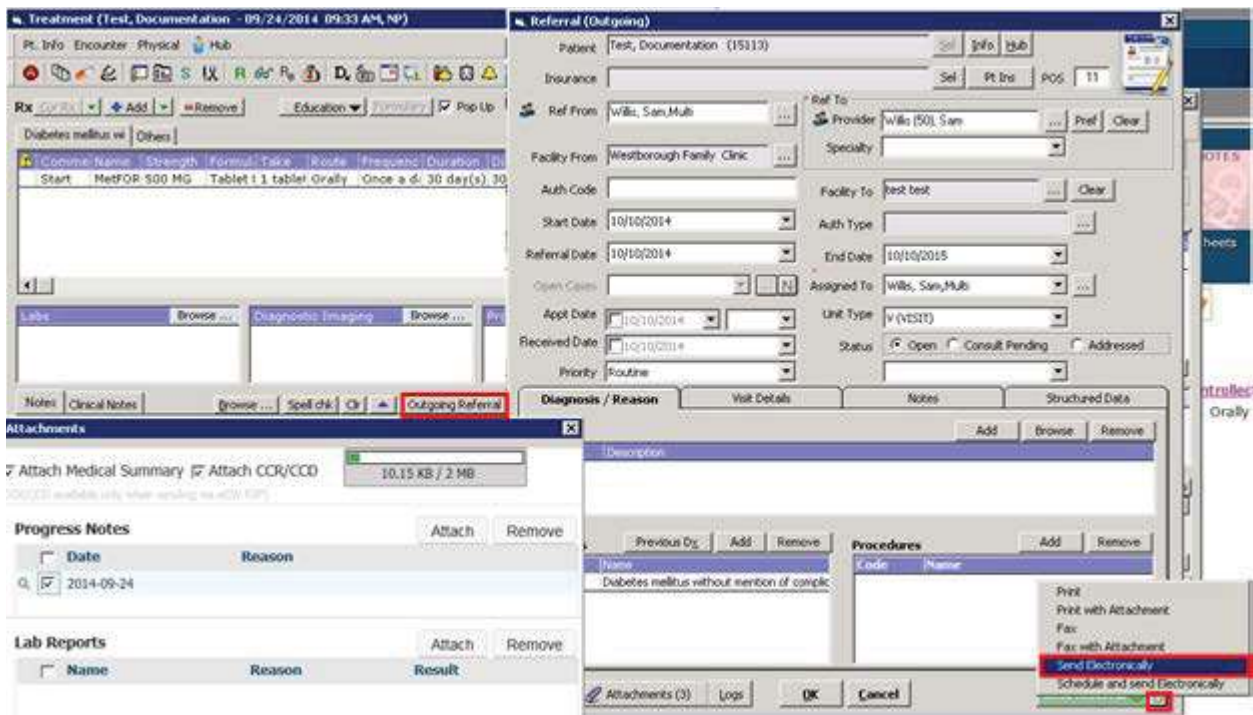
- [Sending Referrals](#)
- [Recording E&M Codes](#)
- [Recording Receipt of Documentation of Summary of Care](#)
- [Recording Medication Reconciliation](#)
- [Recording Allergies Reconciliation](#)
- [Recording Problem List Reconciliation](#)
- [Incorporating Summary of Care Information into Progress Notes](#)

Sending Referrals

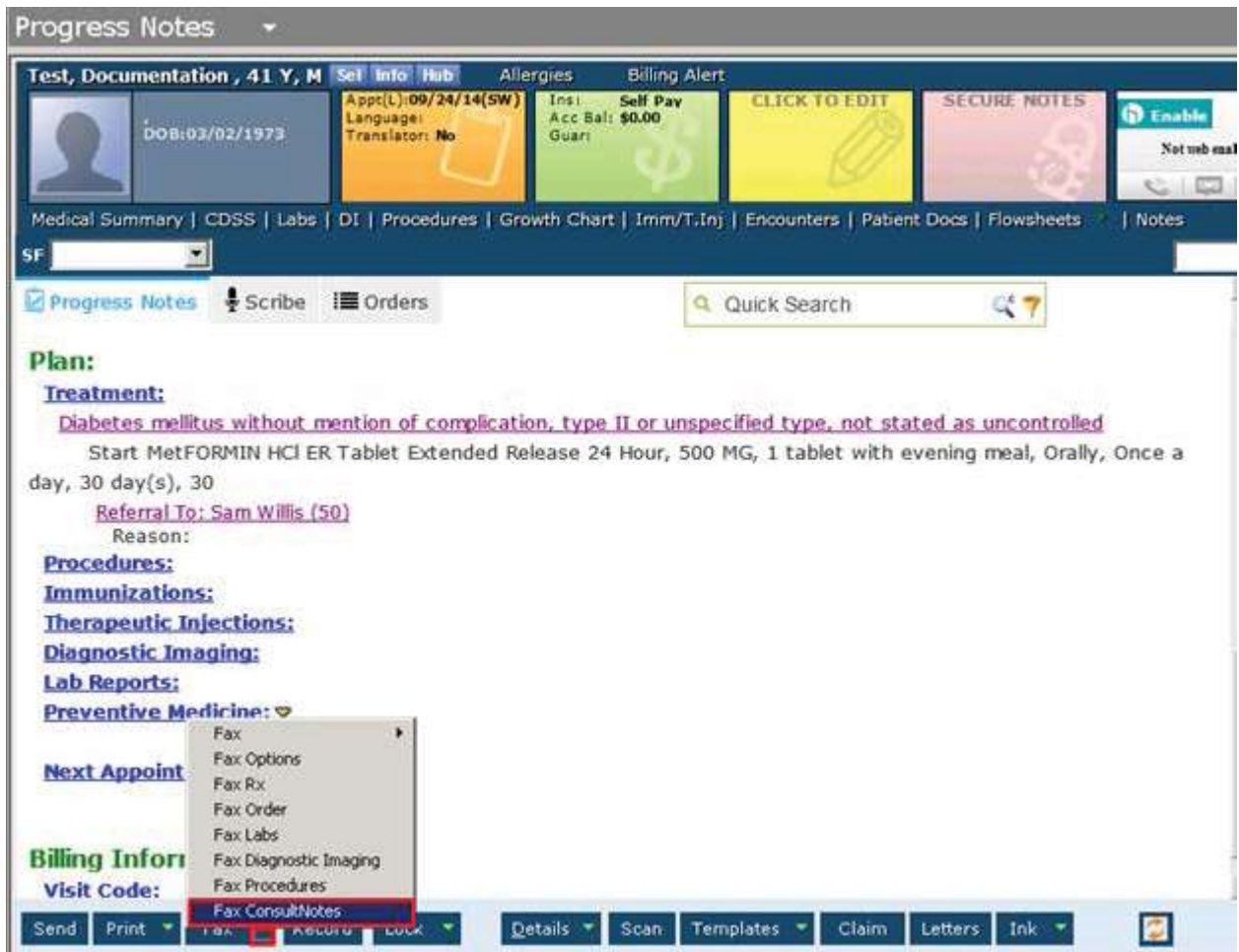
- Progress Notes > Treatment > Outgoing Referral > Send Referral > *Print, Print with attachment(s), Fax, or Fax with attachment(s)* (Denominator Criteria Only)



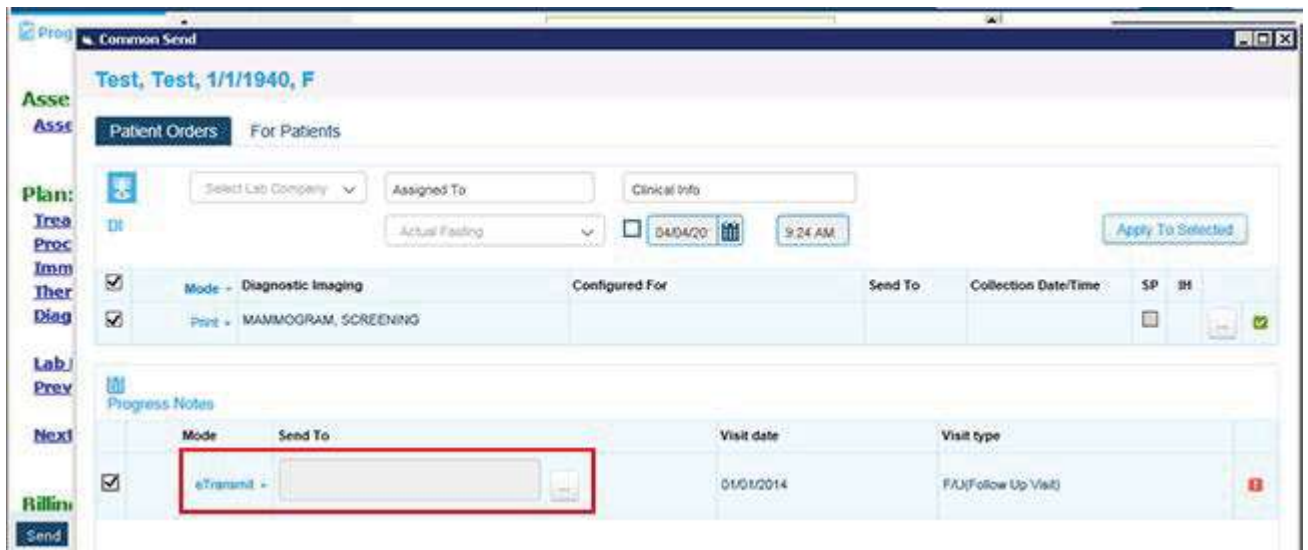
- Progress Notes > Treatment > Outgoing Referral > green arrow next to the Send Referral button > Send Electronically



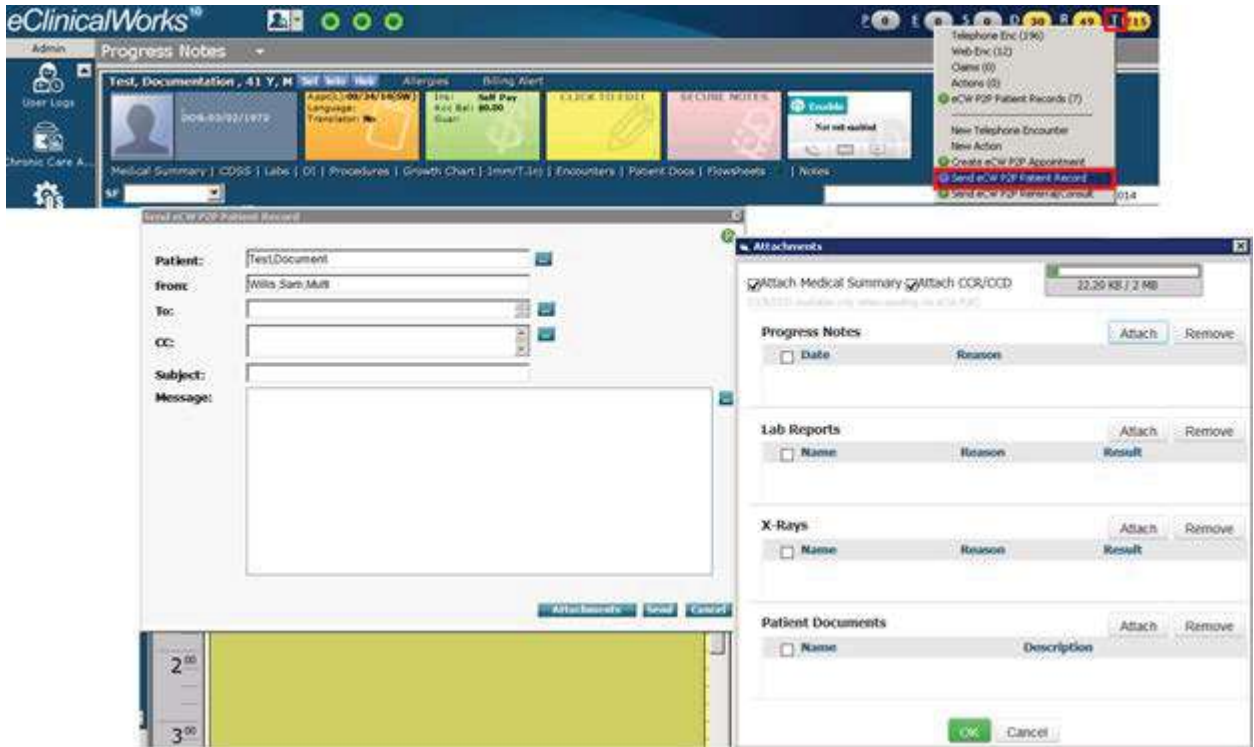
- Progress Notes > green arrow next to Fax button > Fax Consult Notes (Denominator Criteria Only)



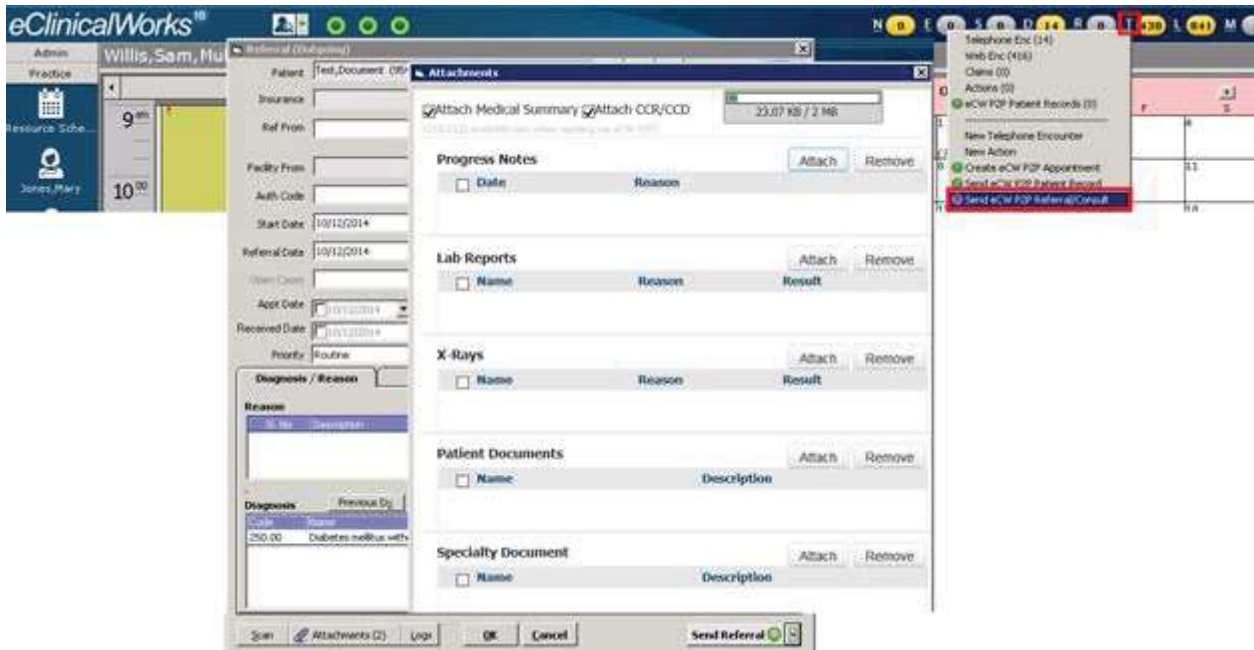
- Progress Notes > Send > eTransmit



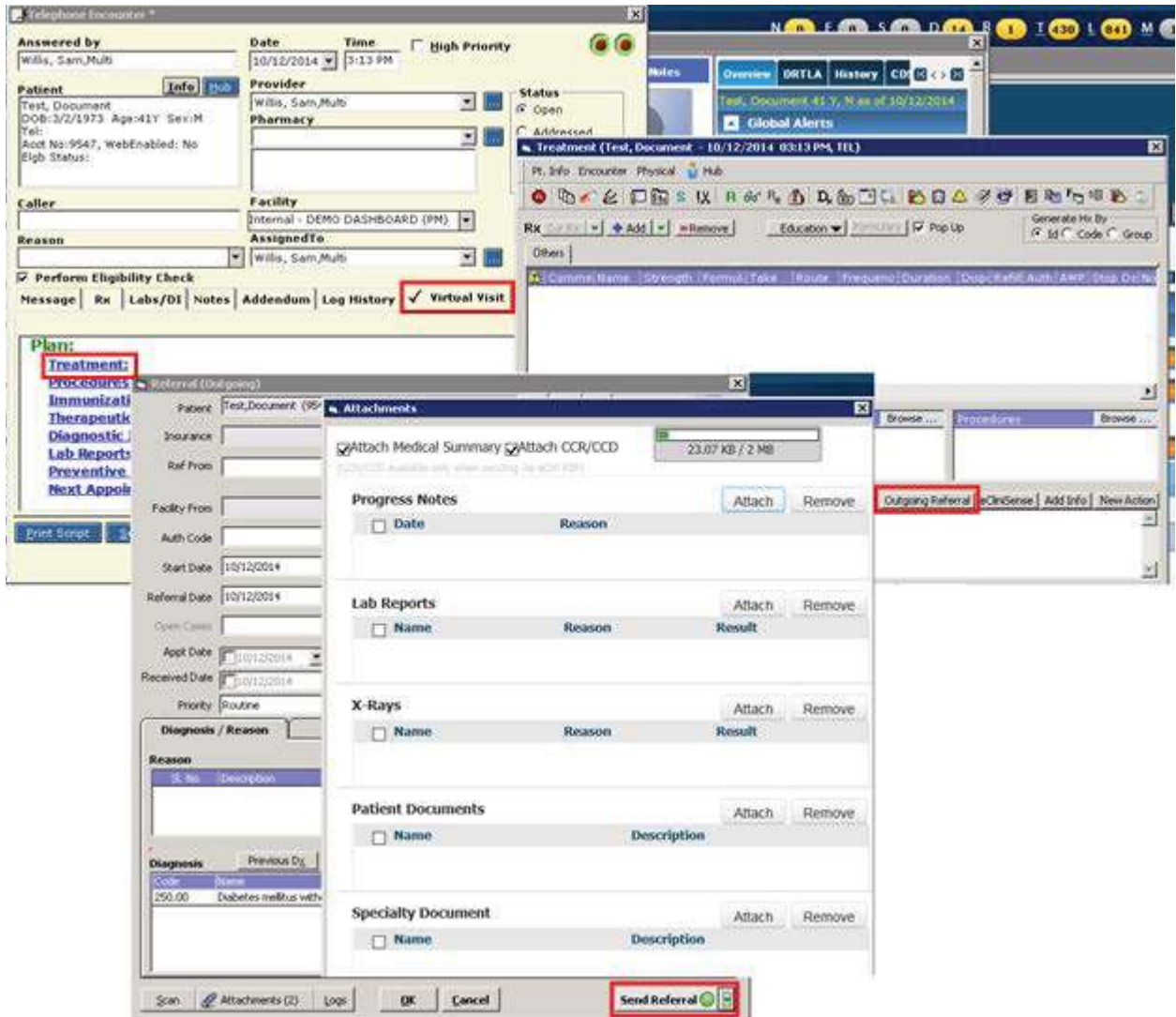
- T quick-launch link > Send eCW P2P Patient Record



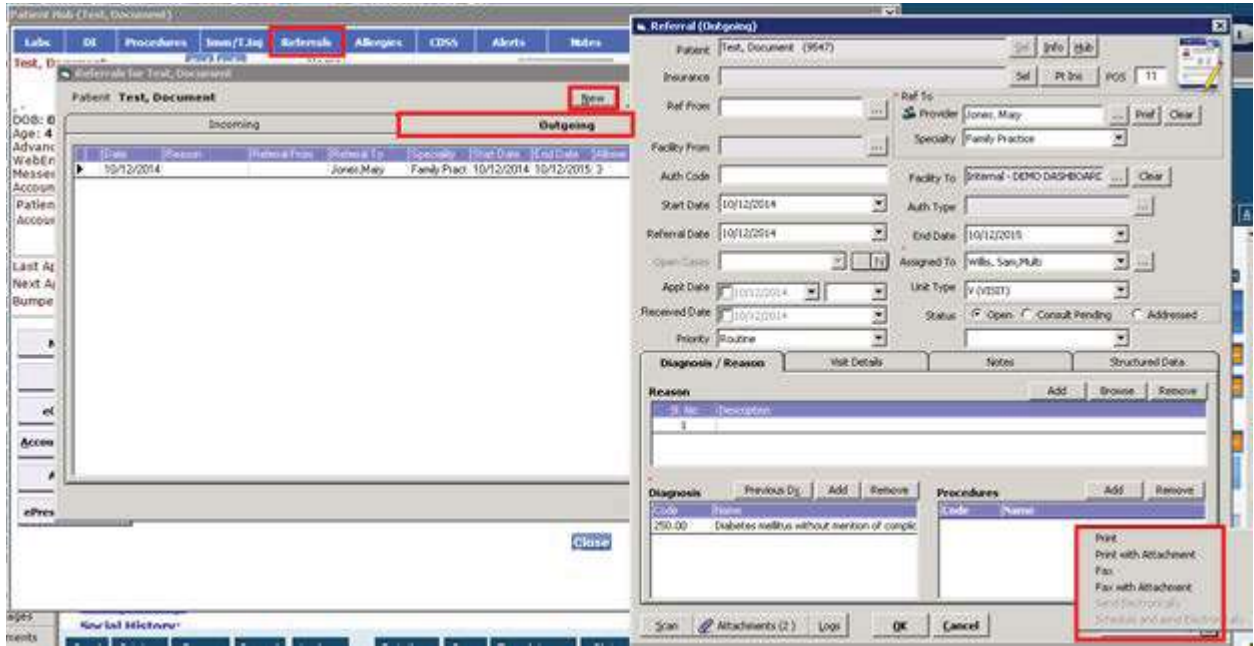
- T quick-launch link > Send eCW P2P Referral/Consult



- Telephone/Web Encounter > Virtual Visit > Treatment > Outgoing Referral > Send Referral > *Print, Print with attachment(s), Fax, Fax with attachment(s)*, or green arrow next to the Send Referral button and *Send Electronically* (Denominator Criteria Only)

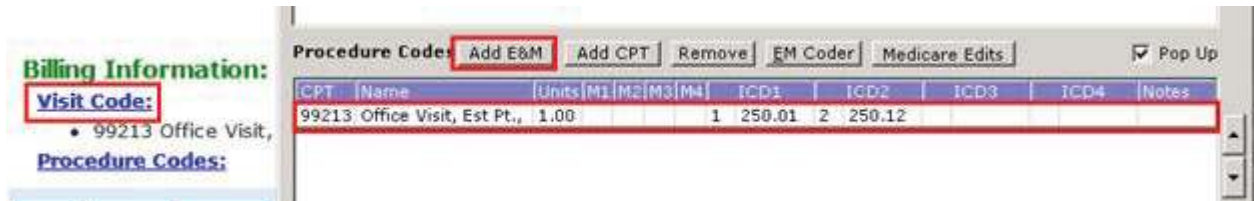


- Patient Hub > Referrals > Outgoing > New > Send Referral > *Print, Print with attachment(s), Fax, Fax with attachment(s),* or green arrow next to the Send Referral button and *Send Electronically* (Denominator Criteria Only)



Recording E&M Codes

- Progress Notes > Visit Code > Add E&M



Recording Receipt of Documentation of Summary of Care

Use one of the following paths to access the Incoming Referrals/Patient Records window and document the receipt of the transition of care:

- Practice > *Resource Scheduling* or provider's schedule icon > open an existing appointment (by double-clicking on it) or create a new appointment (by double-clicking on an open time slot or right-clicking on an open time slot and clicking *New Appointment*) > Transition of Care > check the *Transition of Care - Electronic summary of care record received* or *Transition of Care - Electronic summary of care record NOT received* box > if the first box is checked, select an incoming referral or P2P patient record > OK
- *Progress Notes* > *Chief Complaints* > *Transition of Care* > check the *Transition of Care - Electronic summary of care record received* or *Transition of Care - Electronic summary of care record NOT received* box > if the first box is checked, select an incoming referral or P2P patient record > OK

Date	Reason	Referral From	Referral To	AssignedTo	Speciality	Start Date	End Date
04/22/2018						04/22/2018	06/19/2019
03/20/2018						03/20/2018	06/18/2019

Note: When a referral/patient record has been mapped to an appointment/encounter on the Transition of Care window, it displays on the Appointment window to notify you:

Referral No : Date : St Dt: 04/22/2018 End Dt: 06/19/2019

Reason: Enter reason

Diagnosis:

Transition Of Care

Recording Medication Reconciliation

- Progress Notes > Current Medication > check the *Verified* box

The screenshot shows a patient's progress notes in a medical software interface. The patient is identified as Test, Documentation, 41 Y, M, DOB: 03/02/1973. The interface includes various tabs and sections. The 'Current Medication' section is highlighted with a red box, and the 'Verified' checkbox is also highlighted with a red box. The 'Verified' checkbox is checked, indicating that the medication has been verified.

Recording Allergies Reconciliation

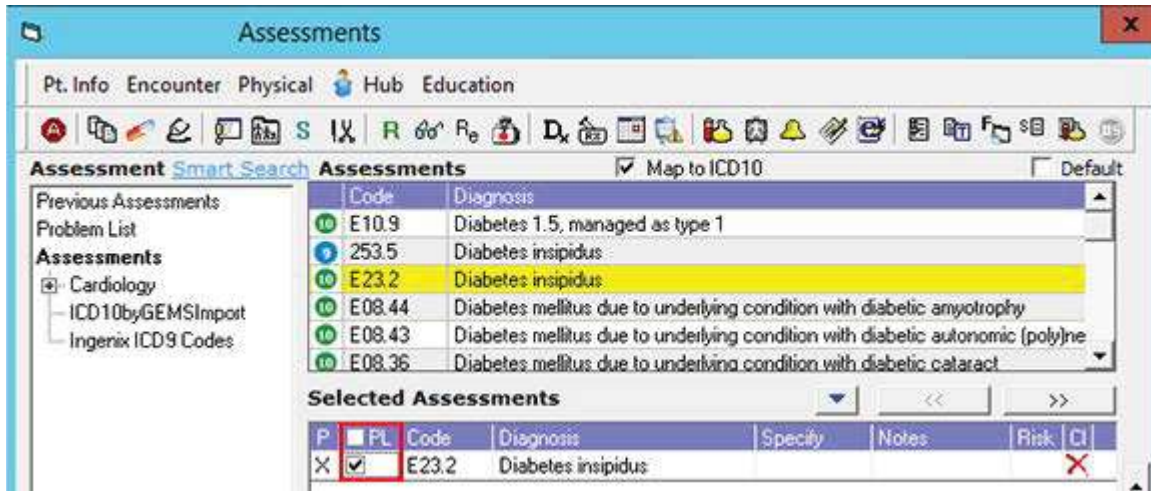
- Progress Notes > Allergies/Intolerance > check the *N.K.D.A* box or add allergies and check the *Allergies Verified* box

The screenshot shows the 'Allergies' section in a medical software interface. The 'N.K.D.A' and 'Allergies Verified' checkboxes are highlighted with red boxes, indicating they are checked. The interface includes a table with columns for Agent/Substance, Reaction, Type, Status, Critical, and Onset Date.

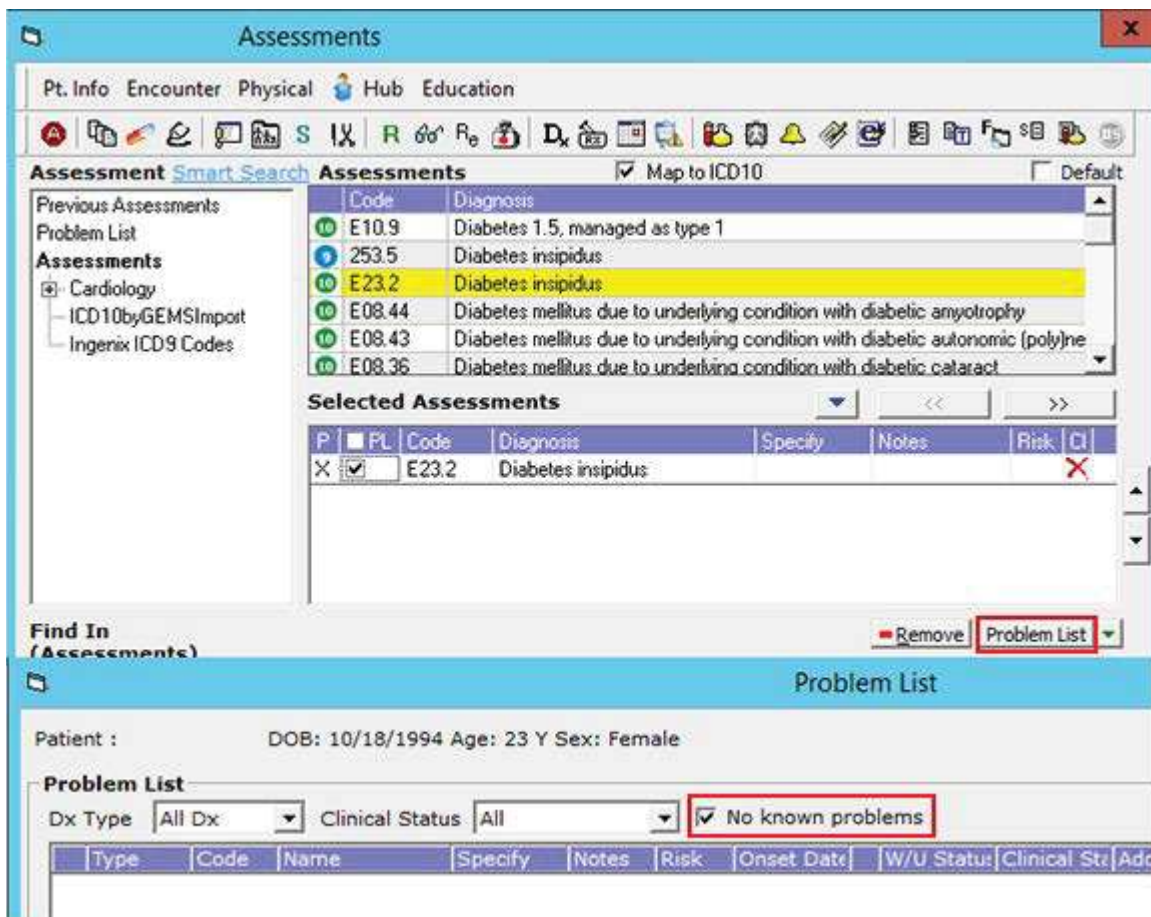
Agent/Substance	Reaction	Type	Status	Critical	Onset Date

Recording Problem List Reconciliation

- Progress Notes > Assessments > check the box(es) in the PL column for all ICD codes you want to add to this patient's Problem List



- Progress Notes > Assessments > Problem List > check the *No known problems* box



- Progress Notes > from the *Overview* tab in the ICW pane on the right, click the ellipsis button in the Problem List heading > check the *No known problems* box

The screenshot shows the UpToDate interface for a patient named Nguyen, Mai. The 'Problem List' section is visible, and the 'No known problems' checkbox is checked and highlighted with a red box. The interface includes tabs for Overview, DRTLA, History, CDSS, Order Sets, and Labs/DI. Below the tabs, there is a notification bar indicating that the right panel data was last modified on 10/10/2017 at 03:26 PM. The 'Problem List' section has a dropdown menu set to 'All' and a 'PL Verified' button. The 'No known problems' checkbox is checked, and the text 'No Known Problems' is displayed below it.

- Progress Notes > Assessments > check the box(es) in the PL column for all ICD codes you want to add to this patient's Problem List > PL Verified

The screenshot shows the 'Assessments' window for a patient named Lavone, Earle. The 'PL Verified' checkbox is checked and highlighted with a red box. The window displays a list of ICD-10-CM codes and their corresponding diagnoses. The 'Selected Assessments' section at the bottom shows a table with columns for 'P', 'PL', 'Code', 'Diagnosis', 'Specify', 'Notes', 'Risk', and 'Clear'.

Code	Diagnosis
G91.2	(Idiopathic) normal pressure hydrocephalus
004.89	(Induced) termination of pregnancy with other complications
004.80	(Induced) termination of pregnancy with unspecified complications
Z3A.10	10 weeks gestation of pregnancy
Z3A.11	11 weeks gestation of pregnancy
Z3A.12	12 weeks gestation of pregnancy

Incorporating Summary of Care Information into Progress Notes

- Progress Notes > click the *DRTL*A tab in the ICW pane on the right > click the *CCR* link for a referral > click the blue arrow icon next to Problem List, Allergies, or Medication information to import it from this referral into the open Progress Notes

Overview | **DRTL A** | History | CDSS | Order Sets | Labs/DI

! Nguyen, Mai 23 Y, F as of 12/05/2017

Right Panel data last modified on: 10/10/2017 03:26 PM

Last 3 months

Labs All

Diagnostic Imaging All

Procedure All

Telephone Encounters

Web Encounters

Scenario 2.3 tin B/ provider

Message to Tin B/ Provider

Referrals

Scenario 1.3 Tin B Prov

Scenario 1.3 Tin B Prov **CCR**

Scenario 1.3 Tin B Prov **CCR**

CCDA

View CCDA

Problem List

Allergies

N.K.D.A

Medication

Active Medications (Medications with..)

Amoxicillin 250 MG 1 capsule
(Amoxicillin) Orally every 8 hrs

Norco 10-325 MG 1 tablet as needed
(Norco) Orally every 6 hrs

Cipro 250 MG 1 tablet Orally every
(Cipro) 12 hrs

Oxycodone-Ibuprofen 5-400 MG 1 tablet as
(Oxycodone-Ibuprofen) needed Orally every
6 hrs

Objective 8: Public Health & Clinical Data Registry Reporting (PHCDRR)

Objective

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.

IMPORTANT! In order to meet this objective, EPs are required to meet two (2) out of five (5) of the measures available to them. An exclusion for a measure does NOT count toward the total of two measures.

The following sections are related to Objective 8:

- [Public Health & Clinical Registry Reporting 1: Immunization Registry Reporting](#)
- [Public Health & Clinical Registry Reporting 2: Syndromic Surveillance Reporting](#)
- [Public Health & Clinical Registry Reporting 3: Electronic Case Reporting](#)
- [Public Health & Clinical Registry Reporting 4: Public Health Registry Reporting](#)
- [Public Health & Clinical Registry Reporting 5: Clinical Data Registry Reporting](#)
- [Features Related to Public Health & Clinical Data Registry Reporting](#)
- [Public Health Report Auditing](#)
- [Patient Encounter Report](#)

Public Health & Clinical Registry Reporting 1: Immunization Registry Reporting

Measure

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).

Note: At a minimum, you must register with your registry within the first 60 days of the start of the reporting period and follow their testing procedures.

IMPORTANT! No denominator/numerator calculations are required for this measure. This measure is reported through self-attestation.

Features	Area to Document within eClinicalWorks
Ongoing submissions originally achieved in a prior year using HL7 2.3.1 that are continuing	EMR > Immunizations/Therapeutic Injections > Immunizations Registry > Export Immunizations
A registration of intent within 60 days of the beginning of the reporting period and meet at least ONE of the following criteria: <ul style="list-style-type: none"> ■ Awaiting an invitation to begin testing ■ Engaged in testing ■ Ongoing submissions using HL7 	Contact your state immunization registry. Note: eClinicalWorks provides registry interfaces to practices in many states. The process details vary slightly based on individual state requirements. Contact eCW Support for more information about an immunization registry interface for a specific state.
Note: Medicaid-eligible providers must use the capabilities and standards of CEHRT at 45 CFR 170.315(f)(1). The standards include, but are not limited to, transmitting in HL7 version 2.5.1, historic immunizations transmitted with CVX codes, and administered immunizations transmitted with NDC codes.	

Public Health & Clinical Data Registry Reporting 1 Exclusion Criteria

Providers may be excluded from this measure if they meet at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They do not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the PI reporting period	This is reported by self-attestation.
They operate in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP as of six months prior to the start of the PI reporting period	This is reported by self-attestation.

Exclusion Criteria	Area to Document within eClinicalWorks
They operate in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the PI reporting period	This is reported by self-attestation.

Public Health & Clinical Registry Reporting 2: Syndromic Surveillance Reporting

Measure

The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

Note: At a minimum, you must register with your registry within the first 60 days of the start of the reporting period and follow their testing procedures.

IMPORTANT! No denominator/numerator calculations are required for this measure. This measure is reported through self-attestation.

The following features are related to this measure:

Features	Area to Document within eClinicalWorks
Ongoing submissions originally achieved in a prior year using HL7 2.3.1 that are continuing	Each state has its own rules for syndromic surveillance. Please contact your state's call center for more information. Open a support case to determine the scope and the cost of an interface with your chosen public health agency.
A registration of intent within 60 days of the beginning of the reporting period and meet at least ONE of the following criteria: <ul style="list-style-type: none"> ■ Awaiting an invitation to begin testing ■ Engaged in testing ■ Ongoing submissions using HL7 	
Note: Medicaid-eligible providers must use the capabilities and standards of CEHRT at 45 CFR 170.315(f)(2). The standards include, but are not limited to, transmitting in HL7 version 2.5.1.	

Public Health & Clinical Data Registry Reporting 2 Exclusion Criteria

Providers may be excluded from this measure if they meet at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They are not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system	This is reported by self-attestation.
They operate in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of six months prior to the start of the PI reporting period	This is reported by self-attestation.

Exclusion Criteria	Area to Document within eClinicalWorks
They operate in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the PI reporting period	This is reported by self-attestation.

Public Health & Clinical Registry Reporting 3: Electronic Case Reporting

eClinicalWorks is not supporting this measure at this time.

Public Health & Clinical Registry Reporting 4: Public Health Registry Reporting

Measure

The EP is in active engagement with a public health agency to submit data to public health registries.

IMPORTANT! No denominator/numerator calculations are required for this measure. This measure is reported through self-attestation.

Providers must attest *Yes* to being in active engagement with a public health agency to submit data to public health registries:

Criteria	Action
An ongoing submission has already been achieved for an PI reporting period in a prior year and continues throughout the current PI reporting period.	Note: CDC and any other registry that accepts CCDA via Data Portability are examples that will help satisfy this measure.
A registration with the PHA (or other body to whom the information is being submitted) of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the PI reporting period) and ongoing submission was achieved.	

Criteria	Action
A registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.	Note: To register intent to submit data to NCHS, please go to the National Health Care Surveys Registry Portal at: https://hehr.nchs.cdc.gov/providerportal/public/landing-page.html
A registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting an invitation to begin testing and validation.	

Public Health & Clinical Data Registry Reporting 4 Exclusion Criteria

Providers may be excluded from this measure if they meet at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They do not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the PI reporting period	This is reported by self-attestation.
They operate in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI reporting period	This is reported by self-attestation.
They operate in a jurisdiction where no public health registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the PI reporting period.	This is reported by self-attestation.

Public Health & Clinical Registry Reporting 5: Clinical Data Registry Reporting

Measure

The EP is in active engagement to submit data to a clinical data registry.

IMPORTANT! No denominator/numerator calculations are required for this measure. This measure is reported through self-attestation.

Providers must attest *Yes* to being in active engagement to submit data to a clinical data registry:

Criteria	Action
An ongoing submission has already been achieved for an PI reporting period in a prior year and continues throughout the current PI reporting period.	<ul style="list-style-type: none"> ■ Identify whether your state or national specialty society has a specialized registry. ■ If your state has a specialized registry, you must register your intent within the first 60 days of the reporting period. ■ If your state does not have a specialized registry, please verify with your national specialty society to see if they have or are sponsoring a specialized registry. If so, register your intent within the first 60 days of the reporting period with Dartnet.info (as this is our preferred registry).
A registration with the PHA (or other body to whom the information is being submitted) of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the PI reporting period) and ongoing submission was achieved.	<ul style="list-style-type: none"> ■ If neither your state nor your specialty society has a specialized registry, you can claim an exclusion. ■ In cases where you cannot claim an exclusion from other Menu Set Measures and you are not able to meet them (e.g., you diagnose cancer and there is a cancer registry in your state but you cannot meet the measure as eCW is not supporting a cancer registry OR you have access to imaging results but are not able to meet the measure, <i>i.e.</i>, access imaging results from CEHRT), then you should satisfy this measure by registering your intent for ongoing submission within the first 60 days of the reporting period with Dartnet.info.
A registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.	<p>For more information on Dartnet.info, refer to What is DARTnet.info?.</p>
A registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting an invitation to begin testing and validation.	
<p>Note: DARTnet is one example of a registry that will help satisfy this measure. Information can be submitted to any registry that accepts CCDA and is managed by your state or local jurisdiction.</p>	

Public Health & Clinical Data Registry Reporting 5 Exclusion Criteria

Providers may be excluded from this measure if they meet at least ONE of the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
They do not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the PI reporting period	This is reported by self-attestation.
They operate in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the PI reporting period	This is reported by self-attestation.
They operate in a jurisdiction where no clinical data registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the PI reporting period	This is reported by self-attestation.

What is DARTnet.info?

The *DI Practice Performance Registry* compiles and processes EHR data in order to provide a graphical view of how organizations and practices are doing on specific measures and how they compare to other organizations/practices.

The DI Practice Performance Registry has been endorsed by the [American Academy of Family Physicians](#) as a *Quality Improvement Registry*. It also meets Stage 3 Promoting Interoperability Objective 10 - Measure 3 requirements, specifically: Successful ongoing submission of specific case information from a certified EHR technology to a specialized registry for the entire PI reporting period.

Contact DARTnet by e-mail at DIRegistry@dartnet.info to register your intent. This process takes several days to complete, so be sure to contact them as early as possible.

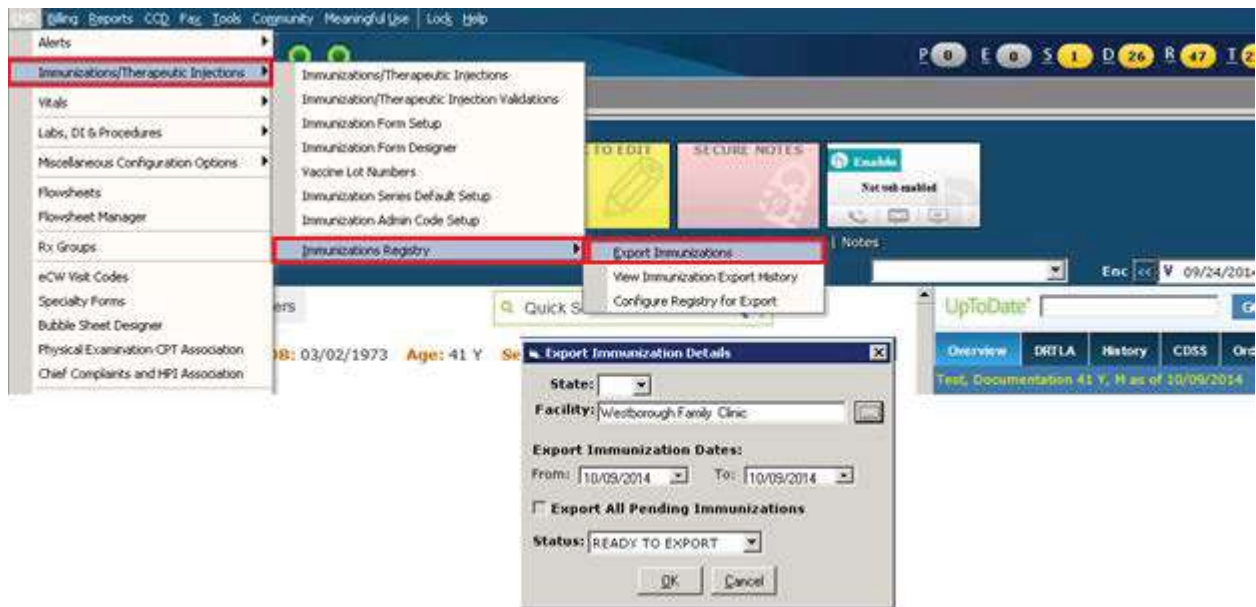
Features Related to Public Health & Clinical Data Registry Reporting

The following features are related to public health and clinical data registry reporting:

- Exporting Immunizations

Exporting Immunizations

- EMR > Immunizations/Therapeutic Injections > Immunizations Registry > Export Immunizations



Public Health Report Auditing

The following features are related to public health reporting:

- Capability to Submit Electronic Data to Immunization Registry
- Public Health Objective Exclusions

Capability to Submit Electronic Data to Immunization Registry

Some practices may be exempt from this measure.

If your state has an immunization interface with eClinicalWorks:

1. From the *File* menu, click *Interface Dashboard*.
2. On the Interface Dashboard window, click the *Immunizations* tab at the top of the window.
3. On the Immunizations window, click the *Outbound* tab on the left side of the window.

4. Information on immunizations sent from this system displays:



Note: If it is necessary to go back further than one month, please contact eClinicalWorks Support to obtain logs showing that data.

OR

- If the data submissions failed through the Immunization interface, take a screenshot of this failed submission.
- If you submitted a test HL7 file, provide documentation from your state that your test was successful or unsuccessful.
- If you were unable to submit an HL7 file due to a state unavailability discrepancy, request documentation for this from your state.
- If your state registry is on a different HL7 standard than eClinicalWorks' and you were not able to send a test file, contact eClinicalWorks Support and we will provide you a letter stating that we currently only offer HL7 version 2.5.1.

Note: Only the data for the last month is displayed on the Immunization Dashboard. Any immunization from one to six months old is archived, for which we do not have access.

Public Health Objective Exclusions

Beginning in 2014, EPs could not select a public health objective and claim exclusion for it if there were other public health objectives they could meet.

Capability to Submit Electronic Syndromic Surveillance Data to Public Health Agencies

If you submitted a test HL7 file, provide documentation from your state that your test was successful or unsuccessful.

If you were unable to submit an HL7 file due to a state unavailability discrepancy, request documentation for this from your state.

If eClinicalWorks is on a different HL7 format than your state registry and you were not able to send your test file, contact eClinicalWorks Support and we will provide you a letter stating that we currently only offer HL7 version 2.5.1.

Medicaid Promoting Interoperability

In addition to all the aforementioned requirements, Medicaid attestation requires the Patient Encounter Report. Since eClinicalWorks can generate only the number of patients seen using the eClinicalWorks application, if any patient was seen using a paper chart or at another facility, that number must be manually added to the denominator. If the practice has used the eClinicalWorks application only, the numerator would match the denominator for both of the following reports.

IMPORTANT! These are state-specific requirements. Practices should check with their states for specific Medicaid Promoting Interoperability requirements.

Patient Encounter Report

50% of All Patient Encounters Occurred at a Facility Using Certified EHR Technology

From *Registry > Lookup Encounters*, uncheck the *Unique Patients* box, then run the Patient Encounter Report.

80% of All Unique Patient Encounters Occurred at a Facility Using Certified EHR Technology

Use the denominator of the Patient Electronic Access measure to get the numerator of this report.

PROMOTING INTEROPERABILITY STAGE 3 AUDIT TOOLKIT

This document provides suggestions for eClinicalWorks clients to prepare for a potential Promoting Interoperability audit. Auditors may need more information on a case-by-case basis. In such circumstances, contact eClinicalWorks Support for additional assistance.

Promoting Interoperability Audits

Providers who receive an EHR incentive payment for Stage 3 of the Medicaid EHR Incentive Program may potentially be subject to an audit. Eligible professionals (EPs) and eligible hospitals should retain *all* relevant supporting documentation (in either paper or electronic format) used in the completion of the Attestation Module responses.

Documentation to support attestation data for Stage 3 Promoting Interoperability objectives and Clinical Quality Measures (CQMs) should be retained for six years post-attestation.

Overview of Promoting Interoperability for 2018

Medicaid EPs, regardless of past participation, must attest 90 consecutive days between Jan 1, 2018 and Dec 31, 2018.

To document proof of compliance for percentage-based measures:

1. As proof of use of a Certified Electronic Health Record Technology system, provide invoices or a copy of your licensing agreement with the vendor. Please ensure that the licensing agreements or invoices identify the vendor, product name, and product version number of the Certified Electronic Health Record Technology system utilized during your attestation

period. If the version is not present on the invoice/contract, please supply a letter from your vendor attesting to the version number used during your attestation period.

Request an EHR verification letter by opening a case with eClinicalWorks Support. Indicate the reporting period, stage on which you are reporting, and the number of providers on which you are reporting:

The screenshot shows a support case creation form with three main sections: Product Categories, Product Area, and Support Issue. Under Product Area, 'Meaningful Use Audit' is selected. Under Support Issue, 'Need E.H.R. verification letter' is selected. The Description field contains the text 'need EHR letter'.

2. Provide a response to the following questions:

- a. At how many offices or other outpatient facilities do you see your patients?
- b. List each office or other outpatient facility where you see patients and indicate whether or not you utilize Certified Electronic Health Record Technology in each office or other outpatients facility:

#	Office or Other Outpatient Facility	Utilize CEHRTS?
1		
2		
3		

- c. If you utilize more than one office or other outpatient facility, supply documentation which proves that 50% or more of your patient encounters during the PI reporting period have been seen in offices or outpatient facilities where you utilize a CEHRT system.

d. Do you maintain any patient records outside of your CEHRT system?

If yes, supply documentation which proves that more than 80% of the medical records of unique patients seen during the attestation period are maintained in a CEHRT system at each office or other outpatient facility where CEHRT system is being used.

Attesting to Objectives

For Objectives 2, 4.1, 4.2, 4.3, 5.1, 5.2, 6.1, 6.2, 6.3, 7.1, 7.2, and 7.3 provide the supporting documentation (in electronic format) used in the completion of the Attestation Module responses (e.g., a report from your EHR system that ties to your attestation). This documentation should include the numerator and denominator for each objective, as well as the date range and the EP's name or NPI.

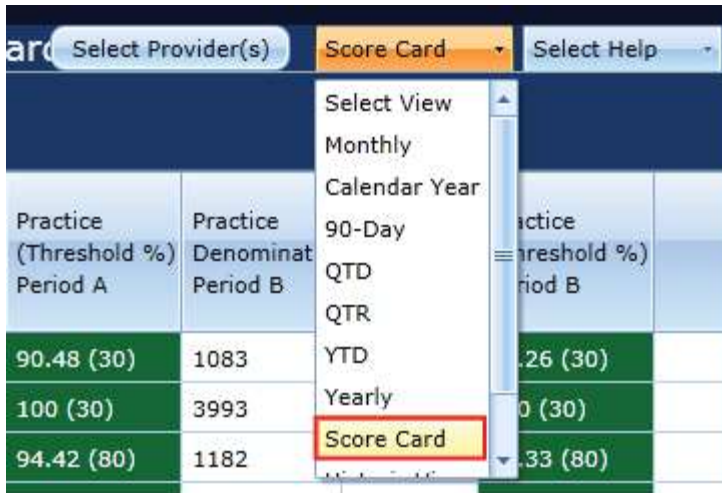
Note: If you are providing a summary report from your EHR system as support for your numerators/denominators, please ensure that we can identify that the report has actually been generated by your EHR (e.g., your EHR logo is displayed on the report, or step-by-step screenshots which demonstrate how the report is generated by your EHR are provided).

To document proof of compliance for percentage-based measures:

1. From the MAQ Dashboard, click *Stage 3 > Meaningful Use > 2018 Measure Set > Objectives:*

Objective Measures	Measure Code	Practice Denominator Period A	Practice Numerator Period A	Practice (Threshold %) Period A	Practice Denominator Period B	Practice Numerator Period B	Practice (Threshold %) Period B
EPx and RX Eligibility	EP 1	20	8	40 (66)	7	5	71.43 (66)
CPOE - Medication Orders	CPOE 1	24	24	100 (60)	12	12	100 (60)
CPOE - Laboratory Orders	CPOE 2	0	0	0 (60)	0	0	0 (60)
CPOE - Diagnostic Imaging	CPOE 3	0	0	0 (60)	0	0	0 (60)
PEA - Timely Electronic Access	PEA 1	29	11	37.93 (60)	24	7	29.17 (60)
PEA - Patient Specific Education	PEA 2	29	0	0 (33)	24	1	4.17 (33)
COC - View, Download, Transmit (VDT)	COC 1	29	4	13.79 (10)	24	2	8.33 (10)
COC - Secure Messaging	COC 2	29	1	3.45 (25)	24	7	29.17 (25)
COC - Patient-generated health data	COC 3	29	0	0 (3)	24	0	0 (3)
HIE - Send Summary of Care	HIE 1	12	0	0 (50)	7	0	0 (50)
HIE - Request/Accept Summary of Care	HIE 2	7	0	0 (40)	7	0	0 (40)
HIE - Clinical Reconciliation	HIE 3	22	1	4.55 (60)	8	0	0 (60)

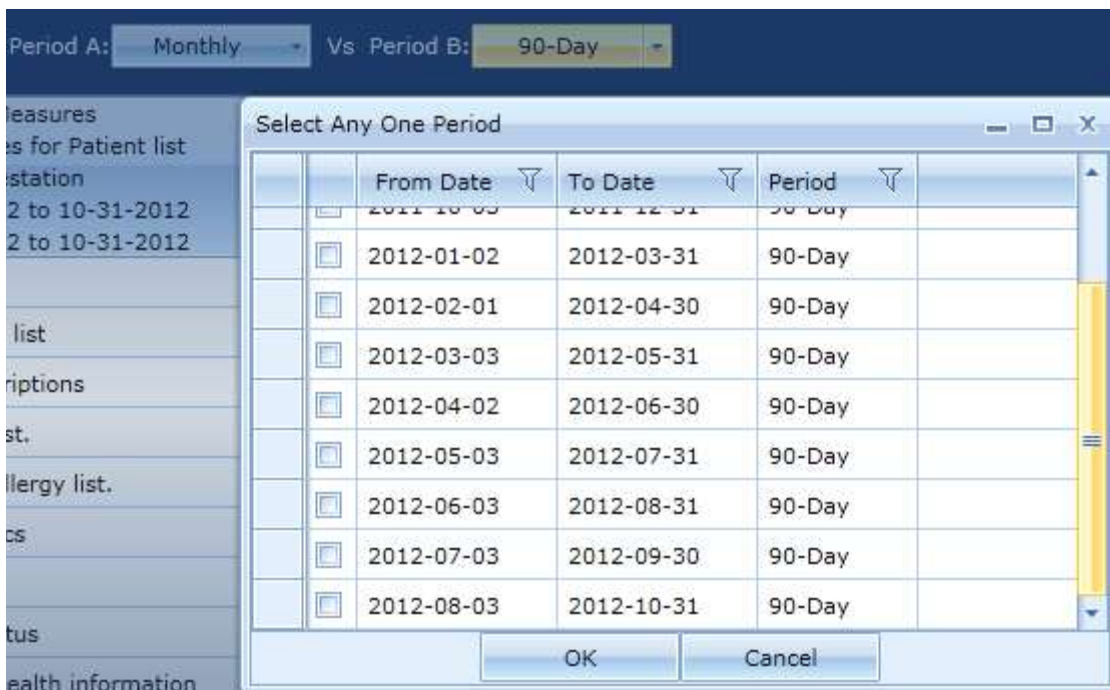
- From the *Select View* drop-down list, click *Score Card*:



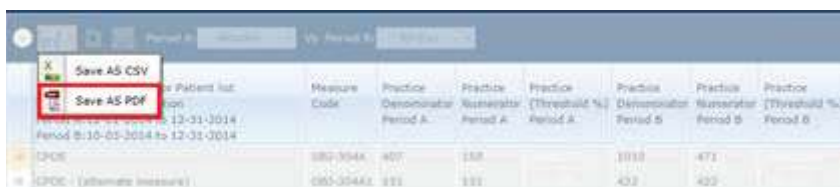
OR

If data for previous years is required, click *Historic View*.

- Click *Period A* or *Period B* to open the *Select Any One Period* window and select a time period:



- Export the data to a PDF by clicking the floppy disk icon to open a drop-down list, then clicking *Save as PDF*:



- Save the file on your desktop.

A message displays confirming that the file was saved successfully:



In the file that is saved on your computer, pages 1 and 2 display the Objective Measures for the practice:

eClinicalWorks

Practice Name : Westborough Medical Associates
 Provider Name :
 NPI :

*NE :Not extracted
 Stage3 (2018)

Measure ID	Measure Name	Den	Num	Exclusion	Exception	Report Start Date : 06/01/2018		Report Start Date : 02/06/2018		Per Rate	Threshold	Den	Num	Exclusion	Exception	Per Rate
						Report End Date : 06/30/2018	Report End Date : 05/31/2018									
EP 1	eRx and RX Eligibility	20	8	0	0	40.00	60.00	NE	NE	0	0	NE	NE	0	0	NE
CPOE 1	CPOE - Medication Orders	24	24	0	0	100.00	80.00	NE	NE	0	0	NE	NE	0	0	NE
CPOE 2	CPOE - Laboratory Orders	0	0	0	0	0.00	60.00	NE	NE	0	0	NE	NE	0	0	NE
CPOE 3	CPOE - Diagnostic Imaging	0	0	0	0	0.00	60.00	NE	NE	0	0	NE	NE	0	0	NE
PEA 1	PEA - Timely Electronic Access	29	11	0	0	37.93	80.00	NE	NE	0	0	NE	NE	0	0	NE
PEA 2	PEA - Patient Specific Education	29	0	0	0	0.00	35.00	NE	NE	0	0	NE	NE	0	0	NE
COC 1	COC - View, Download, Transmit (VDT)	29	4	0	0	13.79	10.00	NE	NE	0	0	NE	NE	0	0	NE
COC 2	COC - Secure Messaging	29	1	0	0	3.45	25.00	NE	NE	0	0	NE	NE	0	0	NE
COC 3	COC - Patient-generated health data	29	0	0	0	0.00	5.00	NE	NE	0	0	NE	NE	0	0	NE

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November 29, 2018

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eClinicalWorks

Practice Name : Westborough Medical Associates
 Provider Name :
 NPI :

*NE :Not extracted
 Stage3 (2018)

Measure ID	Measure Name	Den	Num	Exclusion	Exception	Report Start Date : 06/01/2018		Report Start Date : 02/06/2018		Per Rate	Threshold	Den	Num	Exclusion	Exception	Per Rate
						Report End Date : 06/30/2018	Report End Date : 05/31/2018									
HIE 1	HIE - Send Summary of Care	12	0	0	0	0.00	50.00	NE	NE	0	0	NE	NE	0	0	NE
HIE 2	HIE - Request/Accept Summary of Care	7	0	0	0	0.00	40.00	NE	NE	0	0	NE	NE	0	0	NE
HIE 3	HIE - Clinical Reconciliation	22	1	0	0	4.55	80.00	NE	NE	0	0	NE	NE	0	0	NE

Pages 3 and 4 display the Objective Measures for the selected provider:

eClinicalWorks

Practice Name : Westborough Medical Associates
 Provider Name : Sam Wills
 NPI : 1478237625

*NE : Not extracted
 Stage3 (2018)

Measure ID	Measure Name	Den	Num	Exclusion	Exception	Per Rate	Threshold	Report Start Date : 06/01/2018				Per Rate
								Den	Num	Exclusion	Exception	
EP 1	eRx and RX Eligibility	1	0	0		0.00	60.00	0	0	NE	NE	NE
CPOE 1	CPOE - Medication Orders	6	6	0		100.00	60.00	0	0	NE	NE	NE
CPOE 2	CPOE - Laboratory Orders	0	0	0		0.00	60.00	0	0	NE	NE	NE
CPOE 3	CPOE - Diagnostic Imaging	0	0	0		0.00	60.00	0	0	NE	NE	NE
PEA 1	PEA - Timely Electronic Access	0	0	0		0.00	80.00	0	0	NE	NE	NE
PEA 2	PEA - Patient Specific Education	0	0	0		0.00	35.00	0	0	NE	NE	NE
COC 1	COC - View, Download, Transmit (VDT)	0	0	0		0.00	10.00	0	0	NE	NE	NE
COC 2	COC - Secure Messaging	0	0	0		0.00	25.00	0	0	NE	NE	NE
COC 3	COC - Patient-generated health data	0	0	0		0.00	5.00	0	0	NE	NE	NE

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November 29, 2018

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eClinicalWorks

Practice Name : Westborough Medical Associates
 Provider Name : Sam Wills
 NPI : 1478237625

*NE : Not extracted
 Stage3 (2018)

Measure ID	Measure Name	Den	Num	Exclusion	Exception	Per Rate	Threshold	Report Start Date : 06/01/2018				Per Rate
								Den	Num	Exclusion	Exception	
HIE 1	HIE - Send Summary of Care	10	0	0		0.00	50.00	0	0	NE	NE	NE
HIE 2	HIE - Request/Accept Summary of Care	0	0	0		0.00	40.00	0	0	NE	NE	NE
HIE 3	HIE - Clinical Reconciliation	2	0	0		0.00	80.00	0	0	NE	NE	NE

Additional Tips

Throughout a Promoting Interoperability Stage 3 audit, keep the following tips in mind:

- If you have referred to any FAQ from <http://questions.cms.gov>, keep a copy of that FAQ document.
- Provide supporting documentation for all claimed exclusions.
- Print the PDF Summary at the end of attestation and keep it on file.
- When sending the screenshots to the auditors, black out any identifiable patient health information. If this is not possible, use secure messaging to send the screenshots. Ensure that all data sharing with the auditors is HIPAA compliant.

For more information about HIPAA compliance, visit: <http://www.hhs.gov/ocr/privacy/>

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APPENDIX B: PI REPORTING PERIOD

Program Year	Medicare EPs in their First Year	Medicaid EPs in their First Year	EPs Beyond their First Year of Reporting PI
2015	90 days	90 days	90 days
2016	90 days	90 days	Full Calendar Year
2017	90 days	90 days	Full Calendar Year
2018 and future years	90 days	90 days	90 days

CEHRT

Program Year	CEHRT
2015	2014 CEHRT (V10 of eClinicalWorks)
2016, 2017	2014 CEHRT (V10 of eClinicalWorks)
2018	2015 CEHRT (V11 of eClinicalWorks)

APPENDIX C: NOTICES

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