

eClinicalWorks

MACRA-MIPS PROMOTING INTEROPERABILITY (PI) USER GUIDE FOR 2019

May 2019



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MIPS-PI FOR 2019 INTRODUCTION

This document - formerly known as the MACRA-MIPS Advancing Care Information (ACI) Users Guide - contains scenario-based examples of the workflow needed to become compliant for MIPS-PI 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: Beginning with the 2019 performance period, MIPS-eligible clinicians must use EHR technology certified to the 2015 Edition certification criteria to report on the 2019 Promoting Interoperability Objectives and Measures.

IMPORTANT! Version 11 of eClinicalWorks is a 2015 edition certified technology.

Note: The Promoting Interoperability performance period is a minimum of any continuous 90-day period within the calendar year.

The recommended methods of satisfying PI 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: new performance-based scoring at the individual measure level and self-attest. Self-attest measures require users to meet the criteria and report with a Yes or No, while new performance-based scoring measures require calculations to determine the numerator and denominator.

The MIPS Dashboard is a reporting tool that can be used to determine how well you are satisfying the performance-based PI measures with eClinicalWorks.

Objectives Reporting in MIPS for 2019

Beginning in 2019, all MIPS-eligible clinicians must attest to One set of objectives and measures based on 2015 Edition CEHRT. Each measure will be scored on performance for that measure based on the submission of a numerator and denominator, or a "yes or no". The MIPS eligible clinician must submit a numerator of at least one or a "yes" to fulfill the required measures. The scores for each of the individual measures will be added together to calculate a final score.

Scoring

To earn a score for the Promoting Interoperability Performance Category, a MIPS-eligible clinician must perform the following actions:

- User CEHRT for the performance period (90-days or greater)
- Submit a Yes to the Prevention of Information Blocking Attestation
- Submit a Yes to the ONC Direct Review Attestation
- Submit a Yes for the security risk analysis measure
- Report the required measures under each objective, or claim the exclusions, if applicable.

Note: More information about Promoting Interoperability scoring is available on the QPP website, located at: <https://qpp.cms.gov/>

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

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

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

PI Reporting Period

For the MIPS performance period (CY 2019), Medicare-eligible clinicians attest to 90 consecutive days in CY 2019. It is recommended that Eligible Clinicians (ECs) report data for the full year performance period.

Medicaid providers that bill for Medicare Part B patients and do not meet the MACRA-MIPS exclusionary criteria must report on the Medicaid Promoting Interoperability and MIPS programs separately to avoid penalties.

Excluding Visit Types from PI Calculations

Certain visit types can be automatically excluded from PI 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 PI 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 PI 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:

Visit Codes

Name

Description

Chart Title


Color

Visit Type

Visit Type Duration(In Mins)

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
 Active Inactive

Exclude from Meaningful Use Reporting
 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. 

Note: This box is also used to exclude from PI reporting.

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 PI measure.

Excluding Visit Statuses from PI Calculations

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

To exclude visit statuses from PI 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:

Note: This box will is also used to exclude from PI reporting.

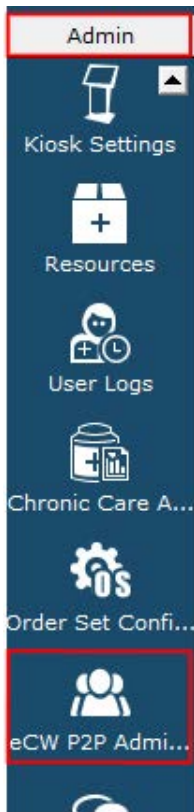
7. Enter the rest of the information here as appropriate.
8. Click *Save*.
This new Visit Status is created. Any encounter using this Visit Status is not included in the calculations for any PI measure.

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 [PI - HIE - 1: Support Electronic Referral Loops by Sending Health Information](#).

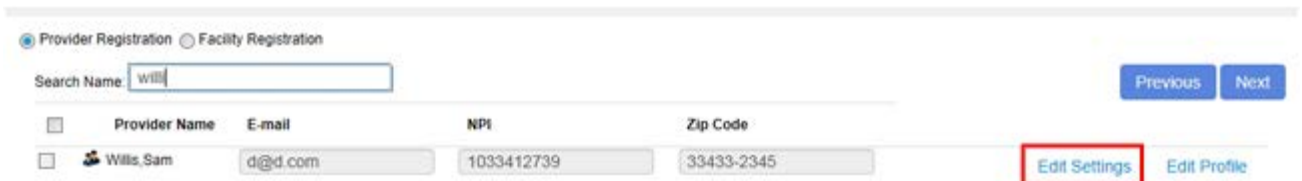
To request a Direct Address:

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 EHRAC/OTAAAP accredited HISP that is part of Direct Trust bundle to facilitate interoperability between participating HSPs. 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:
Conventions: <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:

All communications regarding Direct request will be sent to this email.

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.

A 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.

PI PERFORMANCE-BASED SCORING MEASURES

The following sections are related to PI Performance-Based Scoring Measures:

- PI - PPHI: Protect Patient Health Information
- PI - EP - 1: Electronic Prescribing
- PI - PEA - 1: Provide Patient Access
- PI - HIE - 1: Support Electronic Referral Loops by Sending Health Information
- PI - HIE - 4: Support Electronic Referral Loops by Receiving and Incorporating Health Information
- PI - PHCDRR – Public Health and Clinical Data Registry Reporting Measures

PI - PPHI: Protect Patient Health Information

The following sections are related to PPHI:

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

Objective

Protect Patient Health Information

Measure

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS-eligible clinician's risk management process.

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.

IMPORTANT! A MIPS-eligible clinician **MUST** meet this measure to earn ANY score within this Promoting Interoperability performance category. Failure to do so will result in a base score of zero as well as a performance score of zero and a Promoting Interoperability performance category score of zero.

HIPAA Security Risk Analysis (SRA) for PI

As part of the Health Information Technology for Economic and Clinical Health Act (HITECH), eligible clinicians who are preparing to attest to PI 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 PI 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

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 Meaningful Use, 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
Admin Logs	Admin band > Admin Logs icon
Rx Security	Access this feature from one of the following locations: <ul style="list-style-type: none"> ■ Executable: File > Security Settings > Rx Security ■ Browser: Main Menu > eCW Menu > File > Security Settings > Rx Security

Feature	Area to Document within eClinicalWorks
P.S.A.C.	Access this feature from one of the following locations: <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 Progress Notes	Progress Notes > Visit Code > Confidential Note
Confidential Patient Accounts	Patient Information > P.S.A.C.
Authentication Settings	Access this feature from one of the following locations: <ul style="list-style-type: none"> ■ Executable: File > Settings > Authentication Settings ■ Browser: Main Menu > eCW Menu > File > Settings > Authentication Settings

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

Using Security Settings

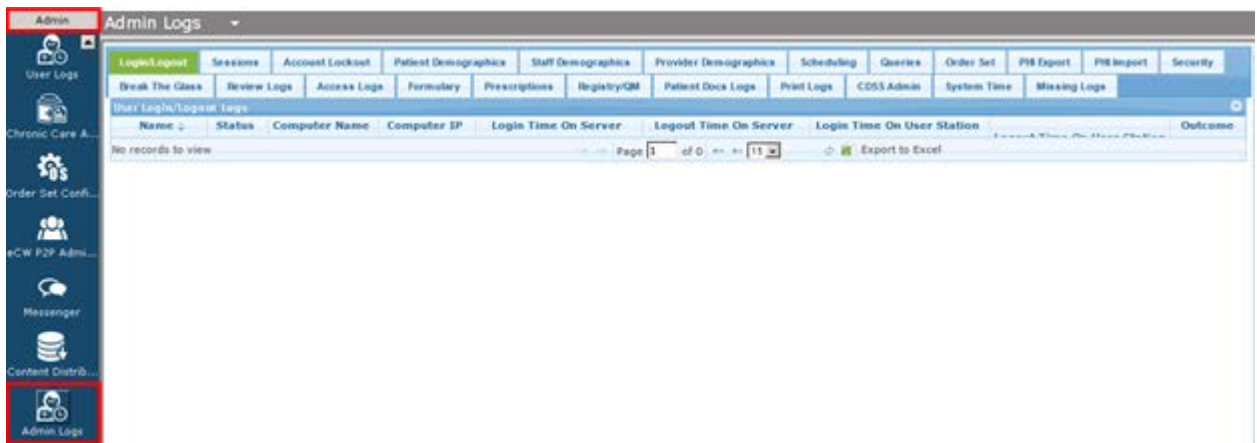
- Executable: *File > Security Settings*

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



Reviewing Administrative Logs

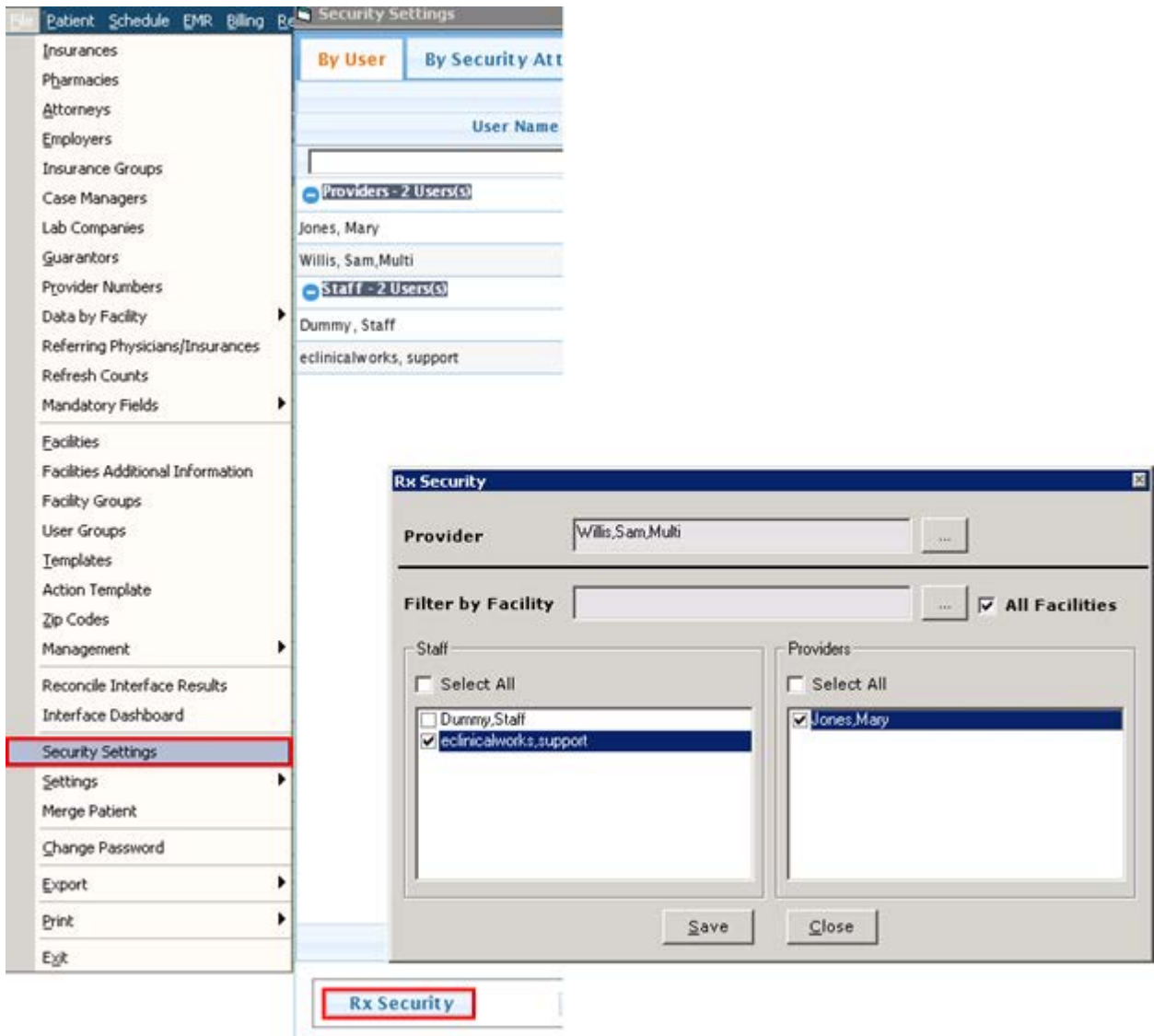
- *Admin band > Admin Logs icon*



Using Rx Security

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

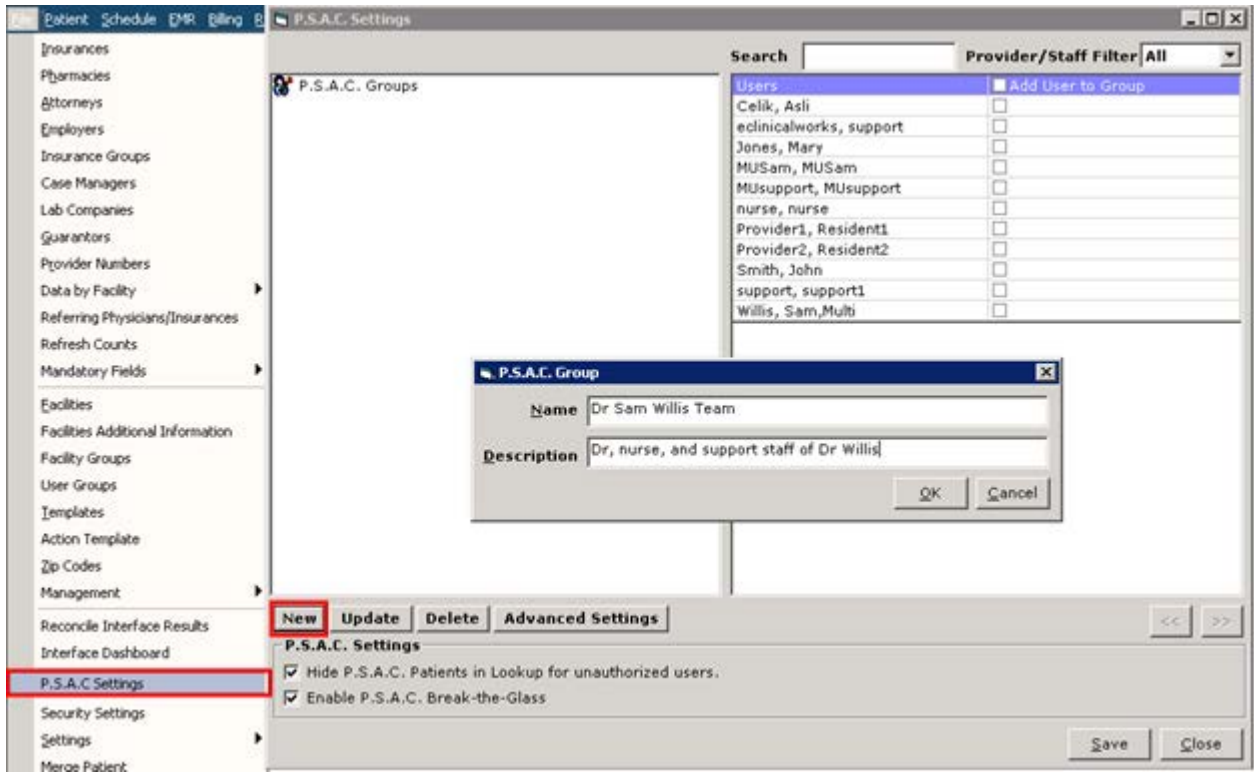
Browser: *Main Menu > eCW Menu > File > Security Settings > Rx Security*



Using P.S.A.C.

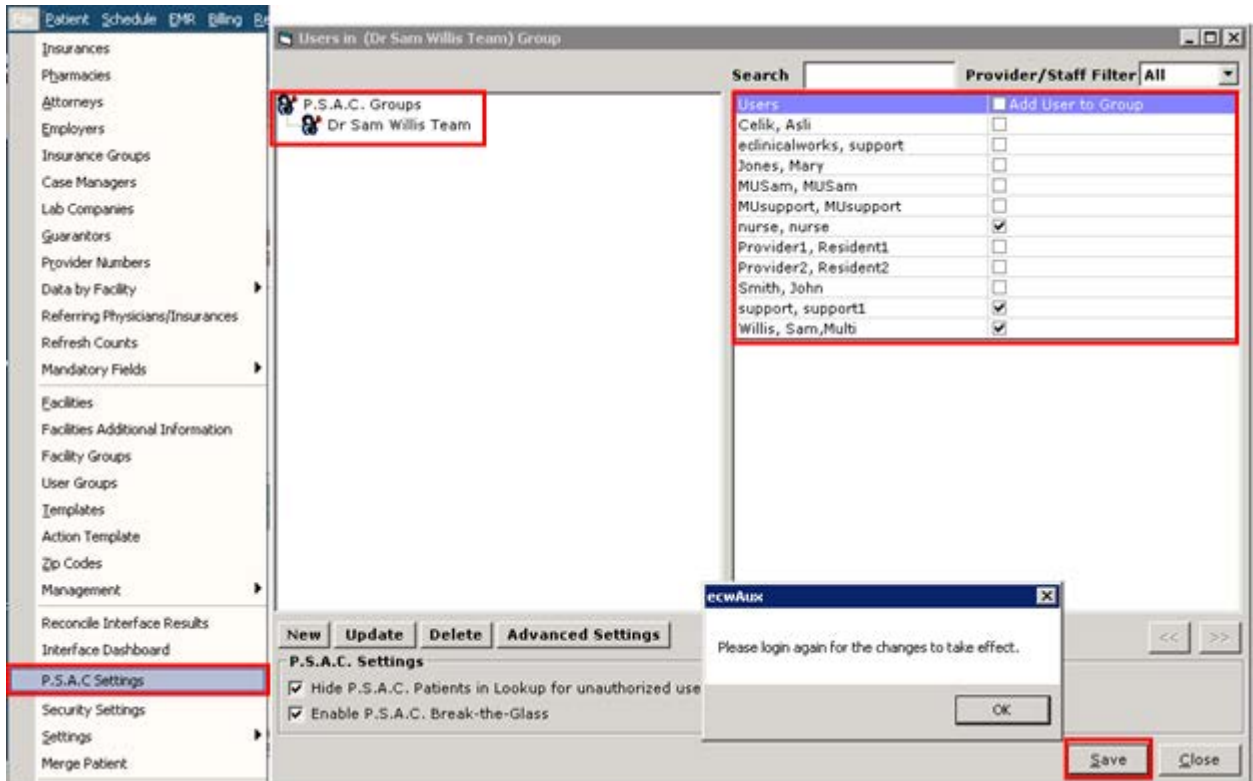
- Executable: *File > P.S.A.C. Settings > New*

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



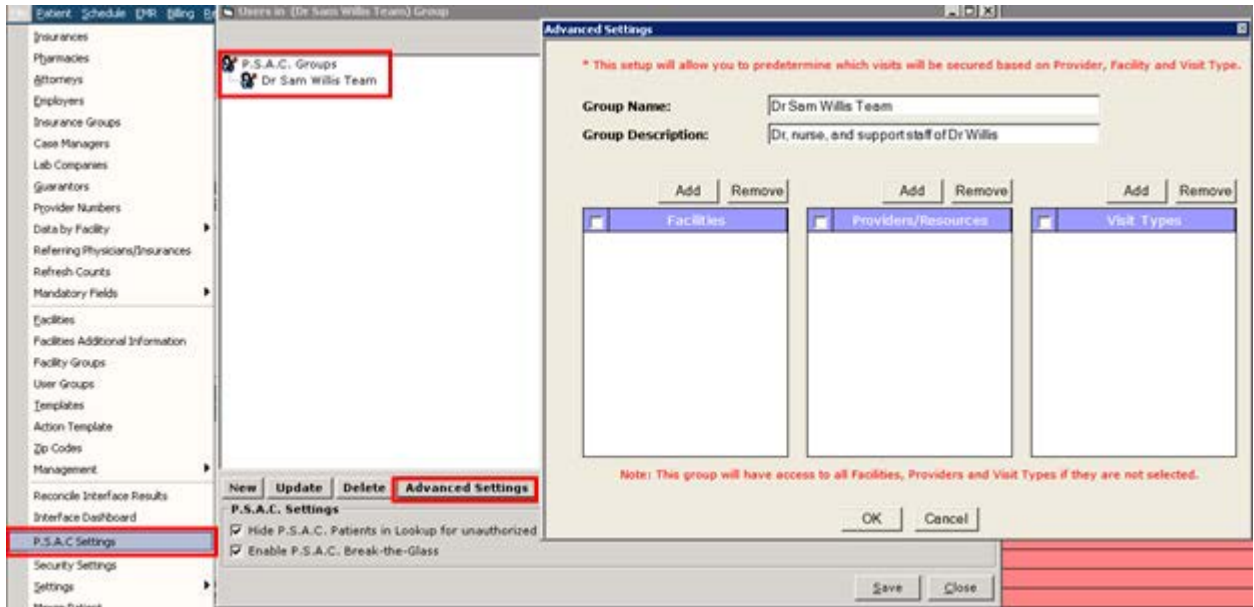
- Executable: *File > P.S.A.C. Settings > select group name > assign members > Save*

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



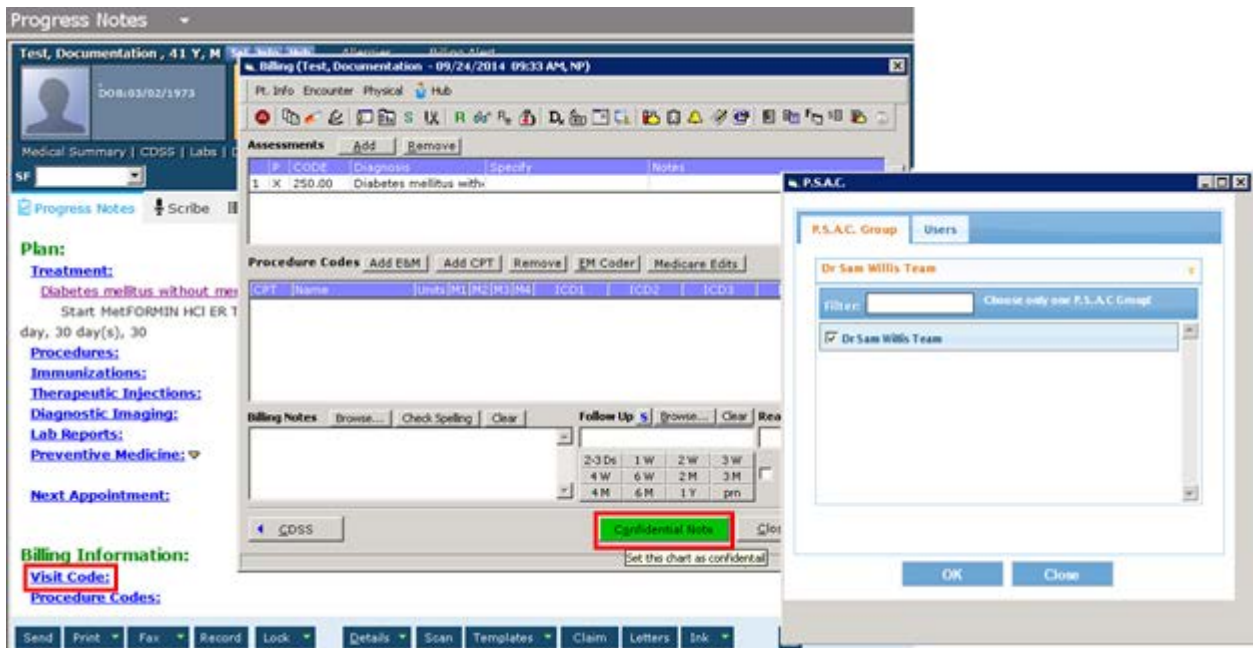
- Executable: *File > P.S.A.C. Settings > select group name > Advanced Settings*

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



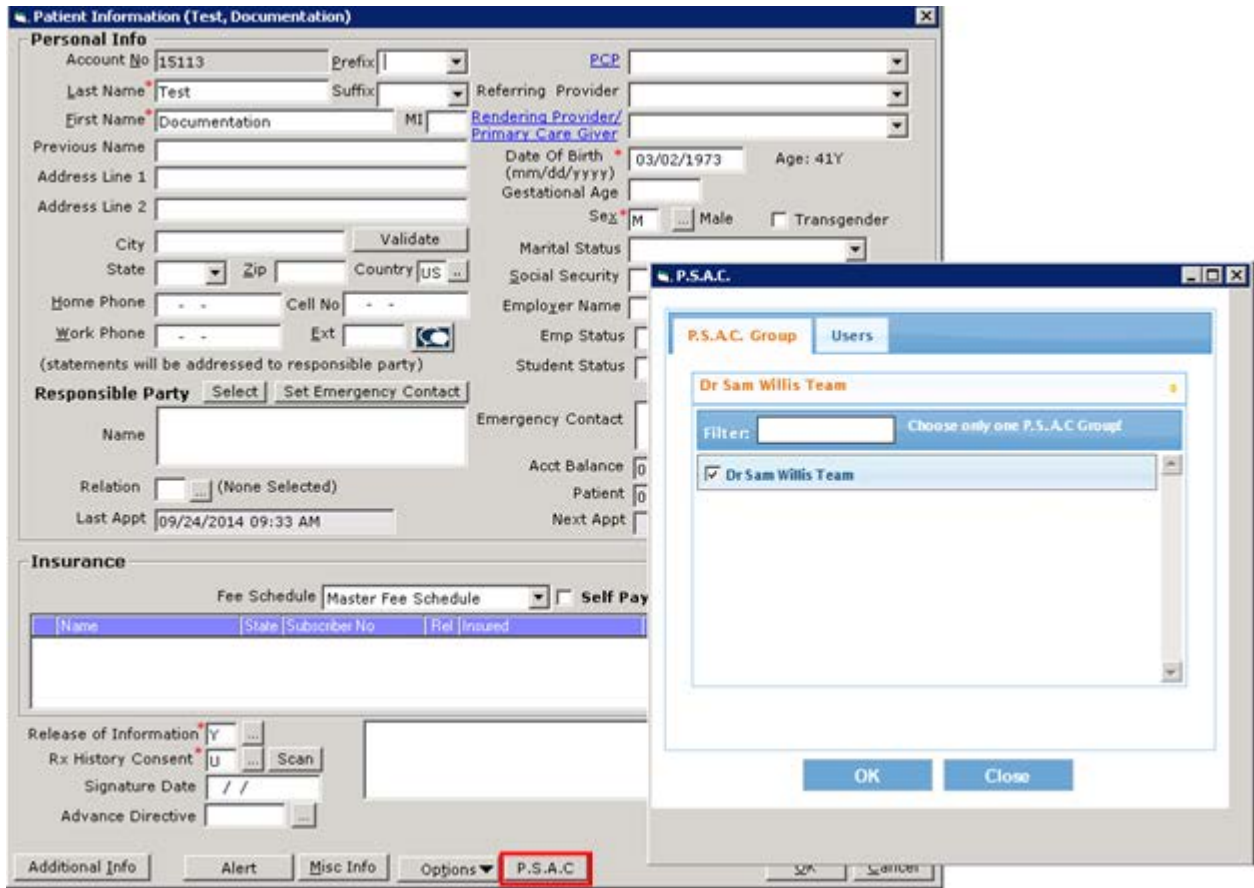
Making Progress Notes Confidential

- *Progress Notes > Visit Code > Confidential Note*



Making Patient Accounts Confidential

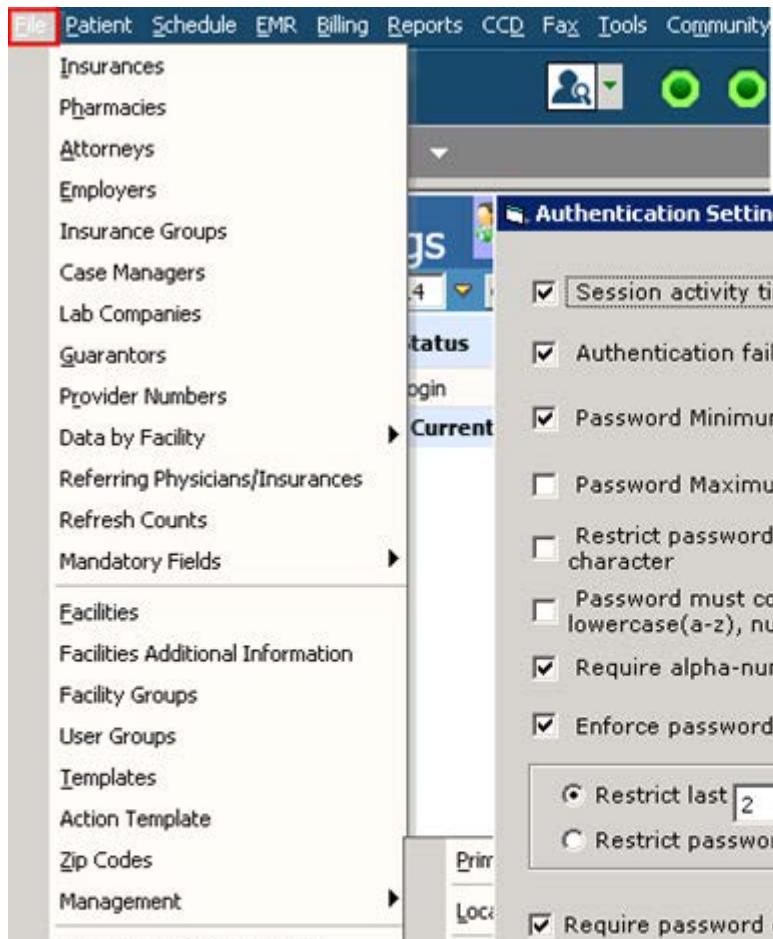
- Patient Information > P.S.A.C.



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 a copy of this checklist report.

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.

PI - EP - 1: Electronic Prescribing

Objective

Electronic Prescribing (eRx)

Measure

At least one permissible prescription written by the MIPS-eligible clinician is 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.

The following sections are related to electronic prescribing:

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

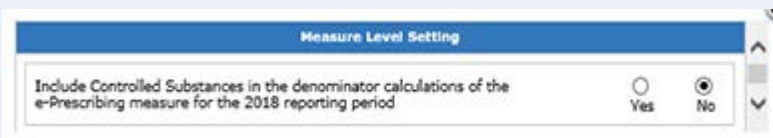
Electronic Prescribing Denominator Criteria

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

Denominator Criteria	Area to Document within eClinicalWorks
<p>They have been printed, faxed, or transmitted electronically</p>	<p>Record this information from one of the following locations:</p> <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 ■ DME items

Note from CMS: As electronic prescribing of controlled substances is now possible, MIPS-eligible clinicians may choose to include these prescriptions in their permissible prescriptions where feasible and allowable by state and local law. If a MIPS-eligible clinician 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 performance period.

Controlled substances can be included in denominator calculations for this measure by enabling this option on the MIPS 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
<p>They have been queried for a drug formulary from the Rx Eligibility window.</p>	<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.</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 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 an NDC mismatch are NOT counted in the numerator calculations.</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 the following criteria:

Exclusion Criteria	Area to Document within eClinicalWorks
Any MIPS-eligible clinician who writes fewer than 100 permissible prescriptions during the PI performance 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

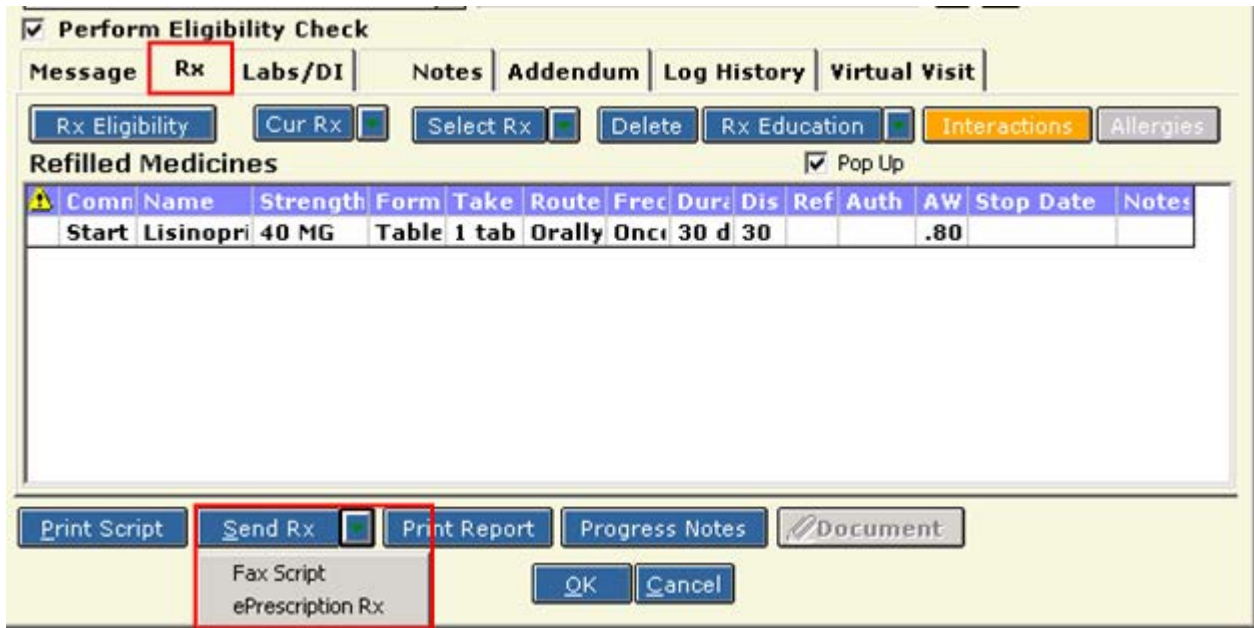
- Progress Notes > Treatment

The screenshot shows a medical software interface titled "Treatment (Test, Test - 03/19/2014 01:00 PM, ANN VISIT)". The interface includes a toolbar with various icons, a navigation pane with "Pt. Info", "Encounter", "Physical", and "Hub", and a main content area. The main content area features a "Rx" section with a dropdown menu set to "Cur Rx.", buttons for "Add" and "Remove", and options for "Education", "Formulary", and "Pop Up". Below this, there are tabs for "Diabetes mellitus wi", "Diabetes with ketoac", and "Others". A table lists two medications:

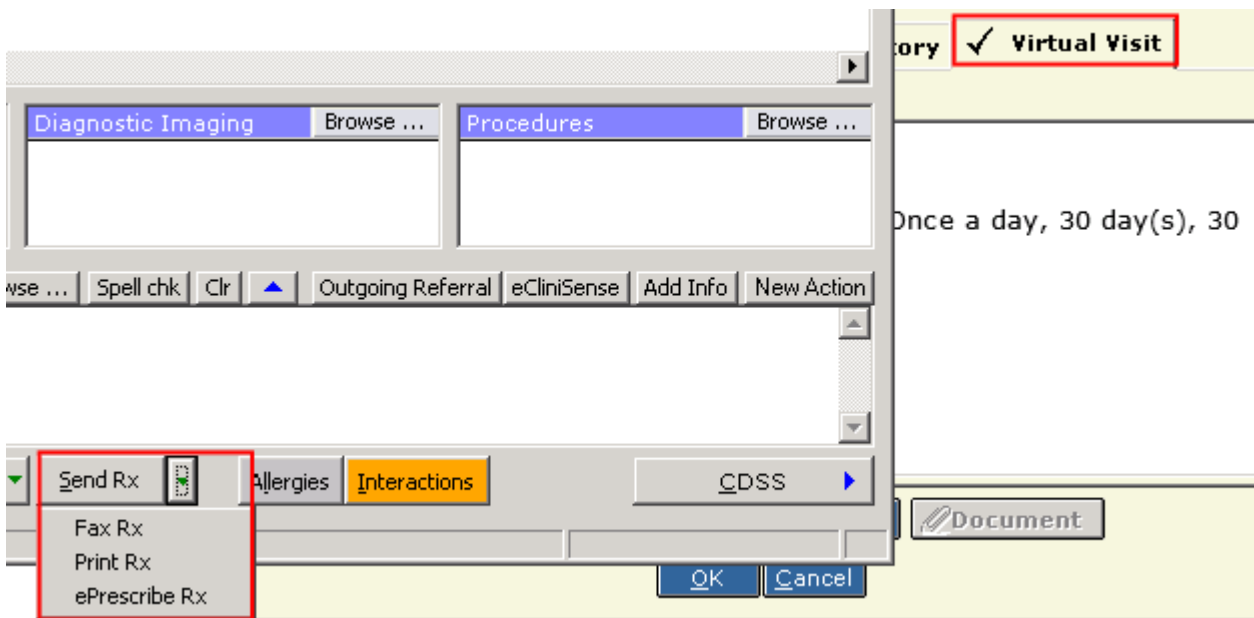
Comme	Name	Strength	Formul.	Take	Route	Frequenc	Duration	Dispi	Refill	Auth	AWP	Stop D	No
Start	Spryce	100 MG	Tablet	1 tablet	Orally	Once a d	30 day(s)	30			1029		
Start	Synthr	88 MCG	Tablet	1 tablet	Orally	Once a d	30 day(s)	30			20.7		

Below the table 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 "Browse ..." button, along with buttons for "Spell chk", "Clr", "Outgoing Referral", "eClniSense", "Add Info", and "New Action". A "Send Rx" button is highlighted with a red box, and its dropdown menu is open, showing options for "Fax Rx", "Print Rx", and "ePrescribe Rx". Other buttons at the bottom include "Preventive Med", "Print Orders", "Allergies", "Interactions", and "CDSS".

■ 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*

The screenshot shows a software window titled "Rx Eligibility". On the left, there are fields for "Patient Name" (Test1, Test1), "Patient Address" (,FL-), "10/18/2016", "Last Appt:" (04/11/2018 08:15), "Next Appt:", "Provider Name" (Applegate, Timoth), "Pharmacy", "Pharmacy Address", and "Notes to Pharmacist". The main area is titled "Eligibility Criteria" and contains fields for "First Name" (Test1), "MI" (FL), "Last Name" (Test1), "DOB" (20161018), "Address", "Gender" (M), and "Phone". Below this is a "Check Rx Eligibility" button highlighted with a red box. Underneath is an "Rx Eligibility Lookup" table with columns: "group_id", "Benefit Source", "Plan Name", "Retail Eligibility", and "Mail Order Eligibility". At the bottom is an "Rx Eligibility Details" section.

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

The screenshot shows a software window titled "Rx Eligibility" within an appointment window. On the left, there are checkboxes for "Change co-pay for this visit" and "Non-billable visit". Below these are buttons for "Charge Details", "eCliniForms", and "Rx Eligibility" (highlighted with a red box). At the bottom are "OK" and "Cancel" buttons. The main area is titled "Eligibility Criteria" and contains fields for "First Name" (Test), "MI" (MA), "Last Name" (Test), "Address" (Westborough), and "DOB" (01851). Below this is a "Check Rx Eligibility" button highlighted with a red box.

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

Treatment:

New Rx

Search Starts With = Standard Show Standard My Favorites Both **Rx Eligibility**

Real Time Show Discontinued

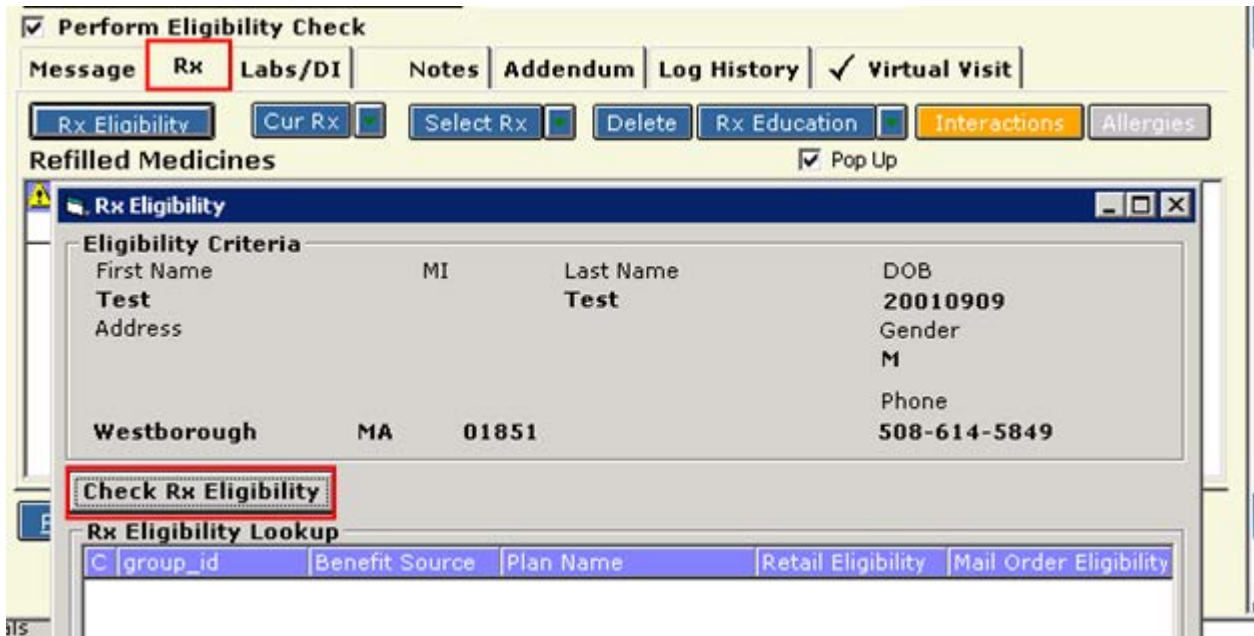
length	Form.	Take	Route	Freq.	Duration	Disp	Refill	AWP(\$)
--------	-------	------	-------	-------	----------	------	--------	---------

Please type in t

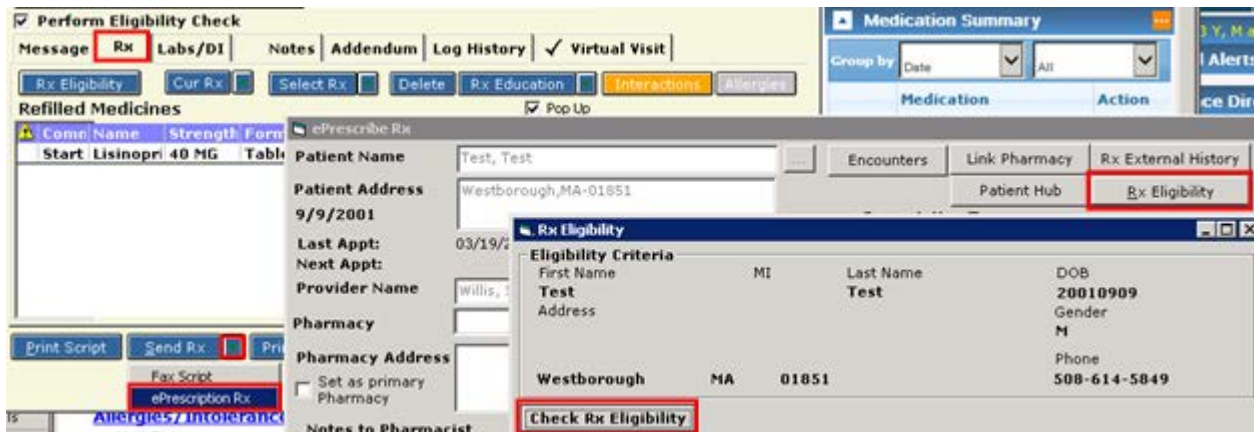
Eligibility Criteria			
First Name	MI	Last Name	DOB
Test		Test	20010909
Address			Gender
Westborough			M
			Phone
MA 01851			508-614-5849

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

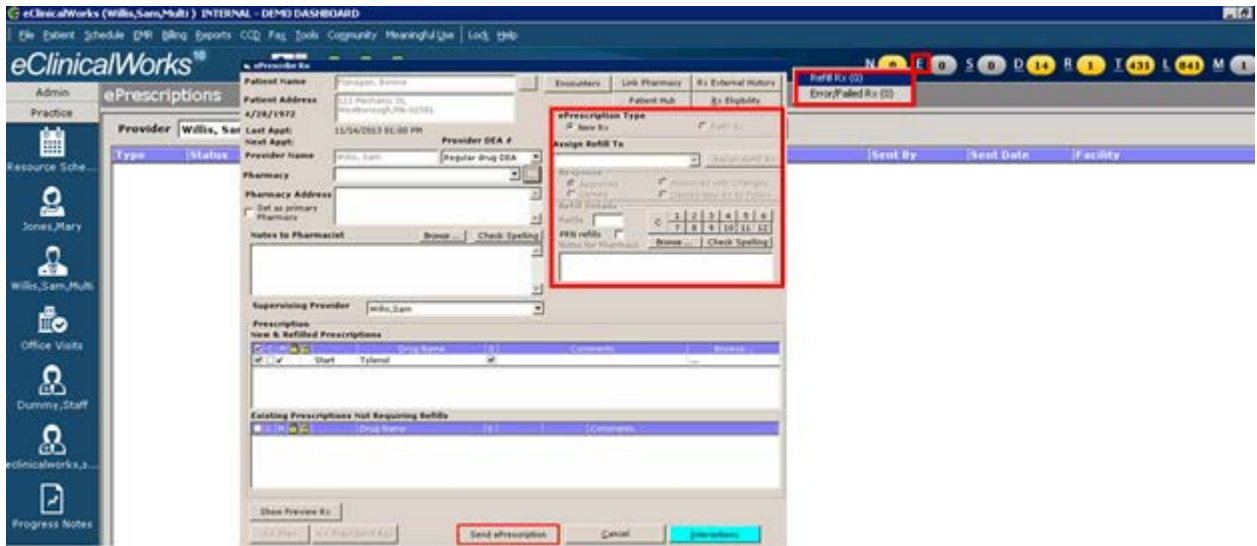


- eRefill > Rx Eligibility > Check Rx Eligibility

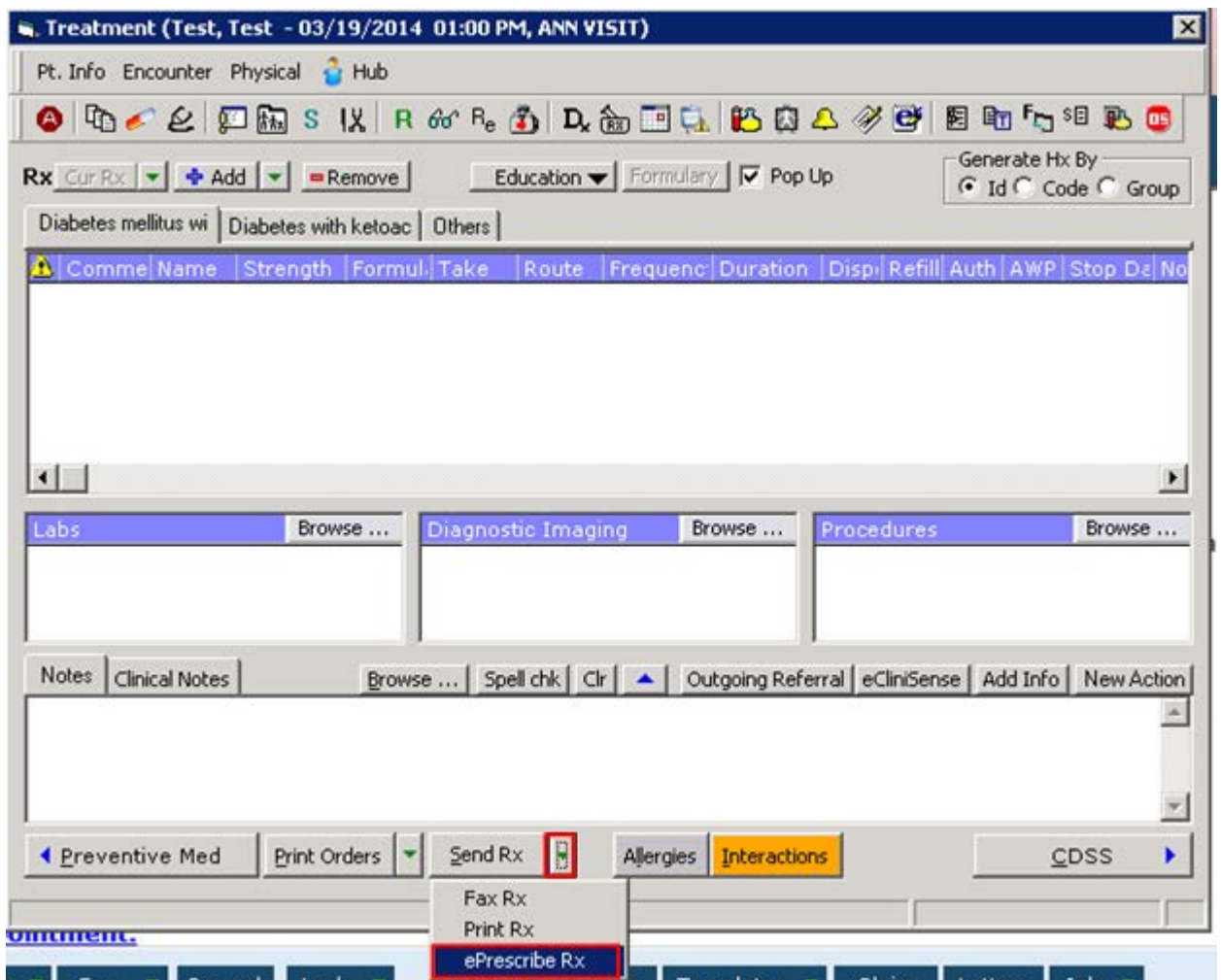


e-Prescribing Medications

- *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 Nn: 9114, WebEnabled: Yes
 Elqb Status:

Provider: Willis, Sam, Multi
Pharmacy:

Status:
 Open
 Addressed
 Addressed and Docs Reviewed

Caller:
Facility: Internal - DEMO DASHBOARD (PM)
AssignedTo: Dummy, Staff

Perform Eligibility Check

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

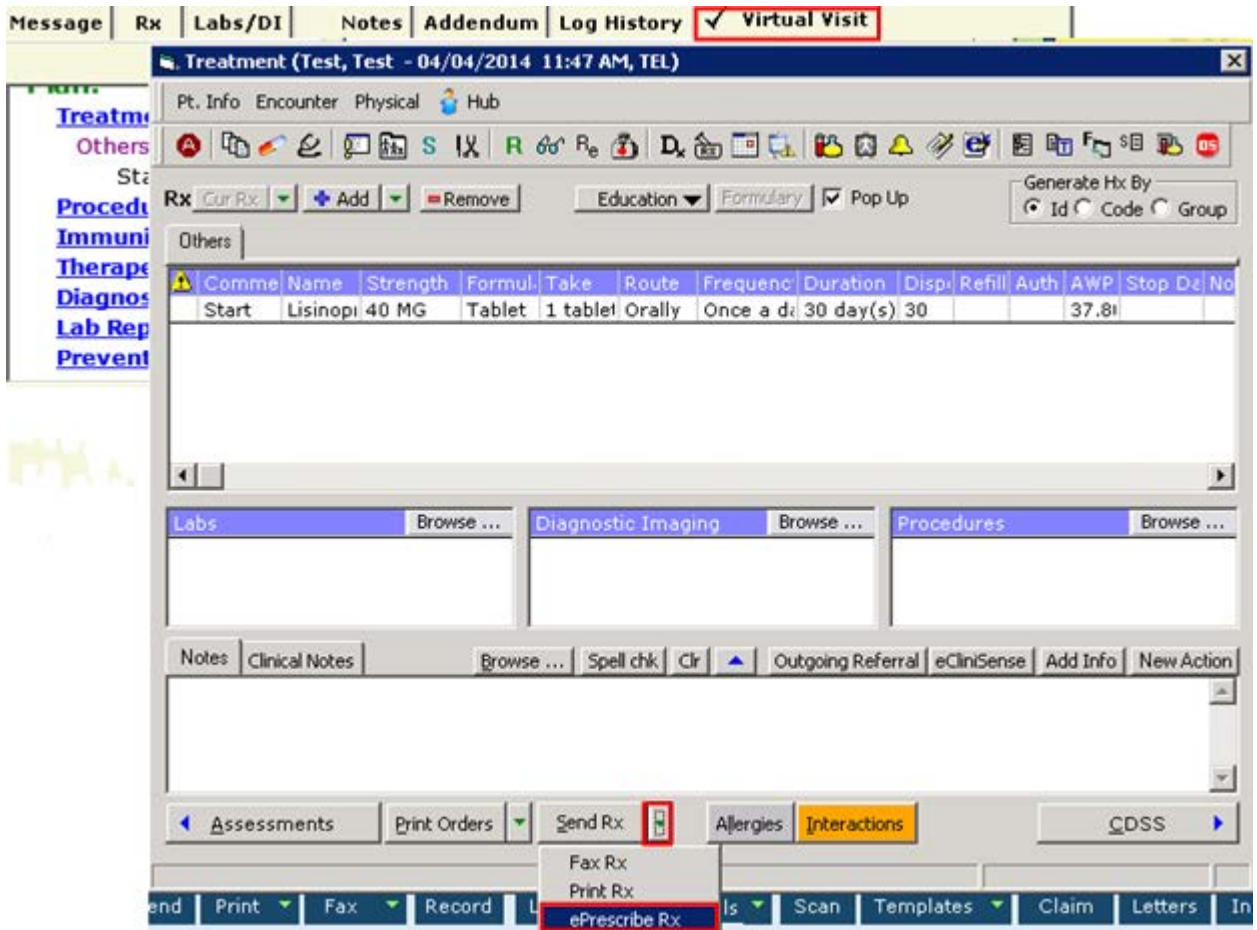
Rx Eligibility Cur Rx Select Rx Delete Rx Education Interactions Allergies

Refilled Medicines Pop Up

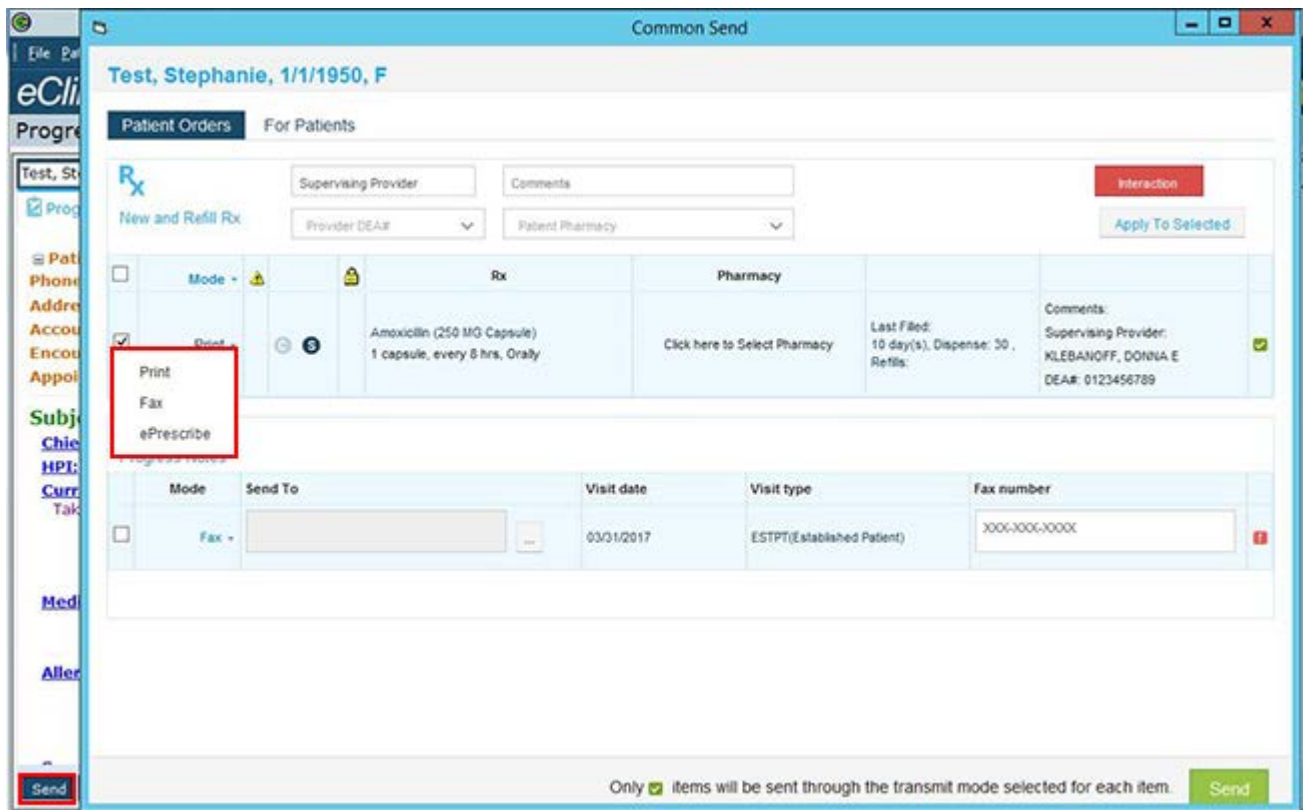
⚠	Comn	Name	Strength	Form	Take	Route	Freq	Dur	Dis	Ref	Auth	AW	Stop Date	Notes
	Start	Lisinopri	40 MG	Tablet	1 tab	Orally	Onci	30 d	30			.80		

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



PI - PEA - 1: Provide Patient Access

Objective

Patient Electronic Access

Measure

For at least one unique patient seen by the MIPS-eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS-eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS-eligible clinician's certified electronic health record technology (CEHRT).

Note: Timely access is defined as within four (4) business days of the information being available to the MIPS-eligible clinician.

The following sections are related to PEA 1:

- PEA 1 Denominator Criteria
- PEA 1 Numerator Criteria
- Features Related to PEA 1

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
<p>They have had an outpatient appointment with an EC during the PI reporting period</p>	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Executable: 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 ■ Browser: Main Menu > Practice > Resource Scheduling or provider’s schedule link > double-click on an open time slot or right-click on an open time slot and click New Appointment ■ Patient Hub > New Appointment ■ Executable: Registry band > Registry icon > filter patients and check box next to a single patient > New Appointment ■ Browser: Main Menu > Registry icon > Registry link > filter patients and check box next to a single patient > New Appointment

Denominator Criteria	Area to Document within eClinicalWorks
<p>They have had a valid CPT* code recorded by an EC during the PI reporting period</p>	<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>

*. CPT copyright 2018 American Medical Association. All rights reserved.

PEA 1 Numerator Criteria

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

Numerator Criteria	Area to Document within eClinicalWorks
<p>They (or their patient-authorized representative) have been web-enabled on their initial visit during the PI reporting period and were provided access within four (4) business days of the visit</p>	<p>Record this information from one of the following locations:</p> <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, then select a reason from the Reason drop-down list
<p>They (or their patient-authorized representative) were provided access to their health information within four(4) business days through the use of an API during the PI reporting period</p>	<p>Patients should contact the practice and use the practice-enabled API.</p> <p>IMPORTANT! Practices must enable the FHIR API in the Interoperability Hub in order for patients to have access to their health information through an API. Patients must have API access within four (4) business days after their first encounter with your practice within the reporting period.</p> <p>This can be enabled from <i>Admin > Product Activation > Interoperability Hub > Activate</i>.</p> <p>There may be additional costs associated with building an 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 in which they are seen by the EC. Therefore, patients MUST be web-enabled or opted-out from their very first visit during the PI 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.

2. From the Web Enable Patient window, click the *Don't Web Enable* radio button, enter a reason in the *Reason* field, then click *OK*.



Note: This pop-up window is enabled by item key. If the pop-up window does not open after following this step, contact eCW Support and refer to Item Key Code 1002_UK.

Features Related to PEA 1

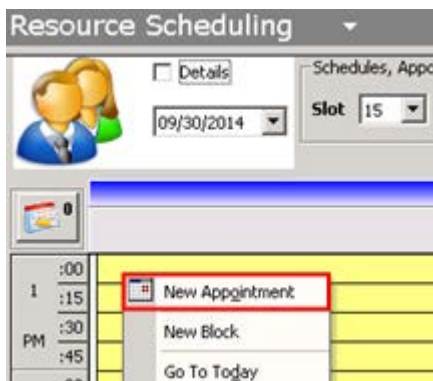
The following features are related to PEA 1:

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

Recording Appointments

- Executable: *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*

Browser: *Main Menu > Practice > Resource Scheduling or provider's schedule link > double-click on an open time slot or right-click on an open time slot and click New Appointment*



■ Patient Hub > New Appointment

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

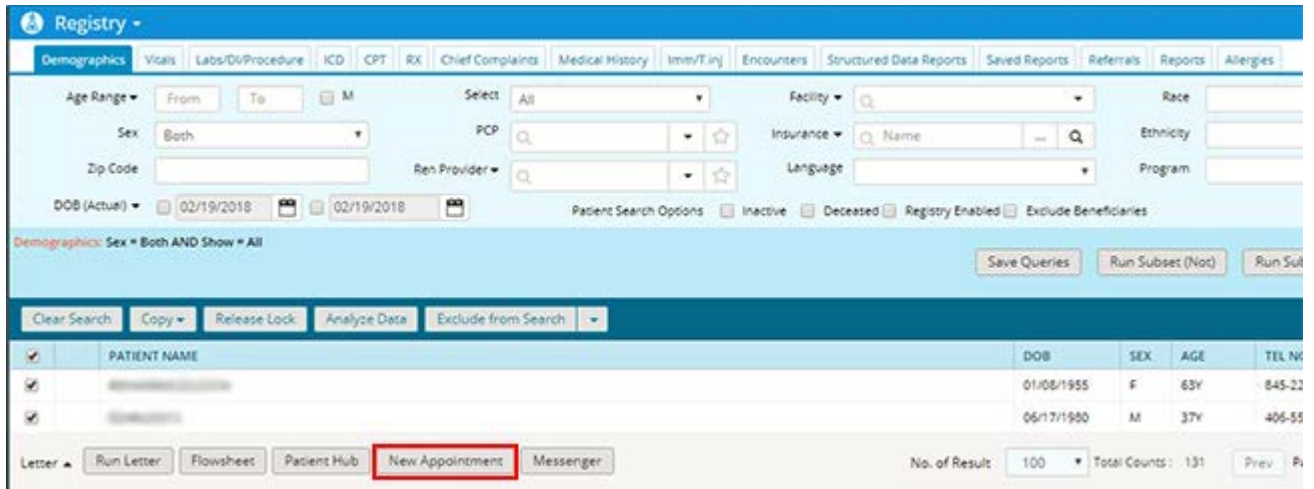
Last Appointment : **01/08/2018 03:30 PM**
Facility : **12:Btest**
Next Appointment :
Facility :

Bumped Appt: **NONE** Case Manager Hx:

New Appointment

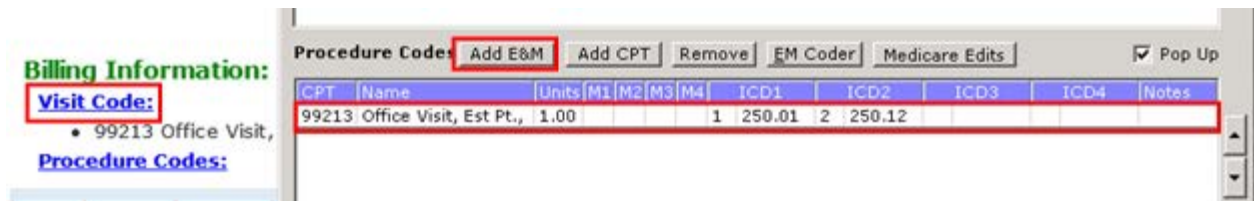
- Executable: Registry band > Registry icon > filter patients and check box next to a single patient > New Appointment

Browser: Main Menu > Registry icon > Registry link > filter patients and check box next to a single patient > New Appointment



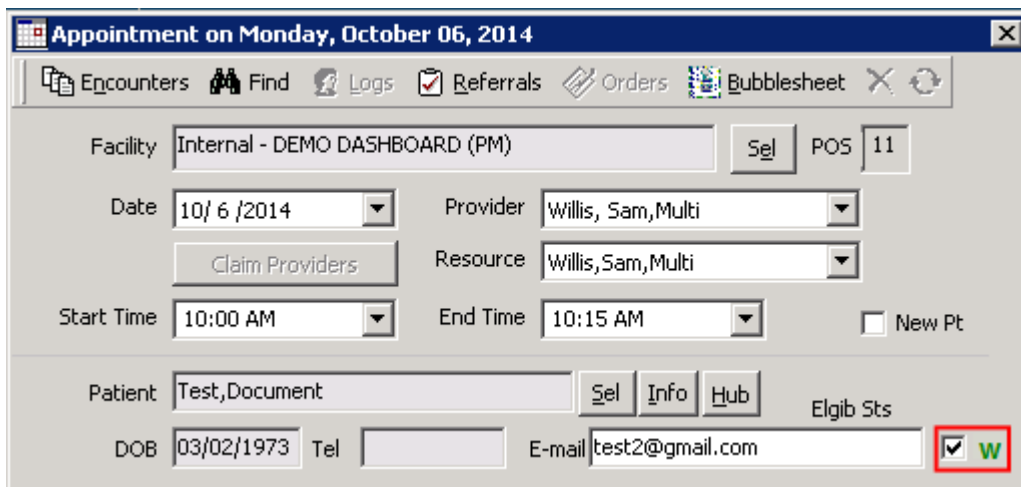
Recording E&M Codes

- 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, then select a reason from the Reason drop-down list*

Web Enable Patient

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

E-mail*

Don't Web Enable Reason:

- Does not have E-Mail
- Does not want to be web enabled
- Does not want to share E-Mail
- Other

PI - HIE - 1: Support Electronic Referral Loops by Sending Health Information

Objective

Health Information Exchange

Measure

For at least one transition of care or referral, the MIPS-eligible clinician that transitions or refers their patient to another setting of care or provider of care must perform the following:

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

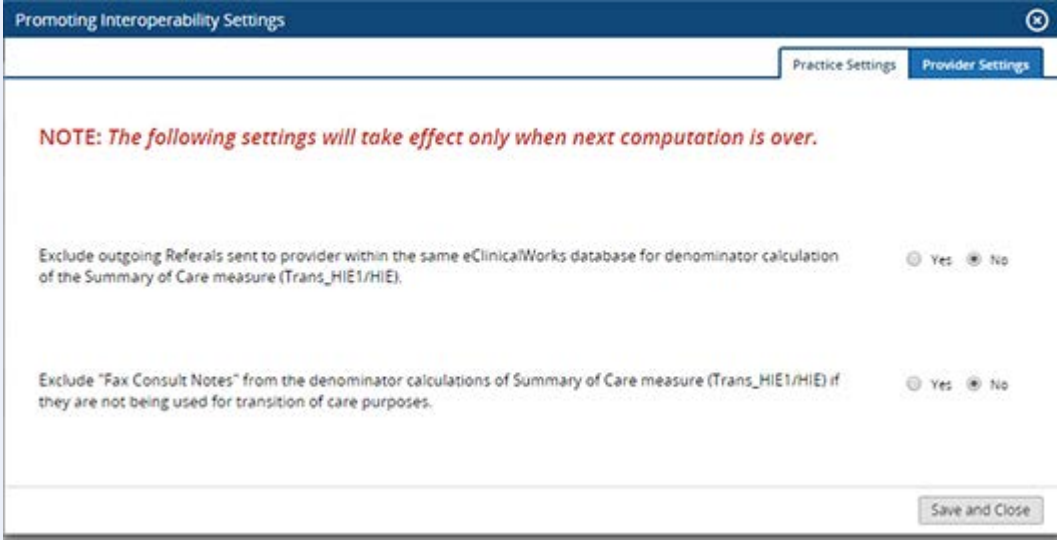
The following sections are related to HIE 1:

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

HIE 1 Denominator Criteria

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

Denominator Criteria	Area to Document within eClinicalWorks
<p>The number of transitions of care and referrals during the PI reporting period for which the EC was the transferring or referring provider where an outgoing referral has been printed, faxed, or transmitted electronically using JTN (Join the Network) during the reporting period (continued on next page)</p>	<p>Record this information from 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 > green arrow next to Fax button > Fax Consult Notes (Denominator Criteria Only) ■ 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 ■ 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) ■ Patient Hub > Share > Send eCW P2P Referral/Consult or Send eCW P2P Patient Record ■ R quick-launch link > Outgoing > New > click the green arrow icon next to the Send Referral button > Print, Print with attachments, Fax, or Fax with attachments (Denominator Criteria Only)

Denominator Criteria	Area to Document within eClinicalWorks
(continued from previous page)	<p>Note: Fax consult notes and/or referrals sent from within the same database can be excluded from this denominator using settings on the MIPS Dashboard:</p>  <p>The screenshot shows the 'Promoting Interoperability Settings' window with 'Provider Settings' selected. A red note states: 'NOTE: The following settings will take effect only when next computation is over.' There are two settings: 'Exclude outgoing Referrals sent to provider within the same eClinicalWorks database for denominator calculation of the Summary of Care measure (Trans_HIE1/HIE)' and 'Exclude "Fax Consult Notes" from the denominator calculations of Summary of Care measure (Trans_HIE1/HIE) if they are not being used for transition of care purposes.' Both have radio buttons for 'Yes' and 'No', with 'No' selected for both. A 'Save and Close' button is at the bottom right.</p> <p>These should be excluded only if the fax consult notes are used for purposes other than transition of care.</p>
	<p>IMPORTANT! Referrals are counted for a provider only if they are listed as the <i>Referral From</i> provider on the referral.</p>
	<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 the following criteria:

Numerator Criteria	Area to Document within eClinicalWorks
<p>The number of transitions of care and referrals in the denominator where a summary of care record was 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 one of the following locations:</p> <ul style="list-style-type: none"> ■ Progress Notes > Send > eTransmit ■ T quick-launch link > Send eCW P2P Patient Record ■ T quick-launch link > Send eCW P2P Referral/Consult ■ Patient Hub > Share > Send eCW P2P Referral/Consult or Send eCW P2P Patient Record ■ R quick-launch link > Outgoing > New > click the green arrow icon next to the Send Referral button > Send Electronically
	<p>IMPORTANT! For electronic transmission of summary of care records, referrals must be sent via Join The Network (JTN). 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 PI. 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 a HISP- HISP interface.</p>
	<p>IMPORTANT! 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>No known problems</i> or <i>N.K.P.</i> box in the Problem List must be checked to satisfy this numerator.</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: eClinicalWorks recommends mapping ICD codes in the Problem List to SNOMED CT codes.
	Note: The date the referral was actually transmitted must be within the PI reporting 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 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 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 EHR reporting period	This exclusion criterion is reported by self-attestation.

Features Related to HIE 1

The following features are related to HIE 1:

- [Direct Messaging Services with eClinicalWorks](#)
- [Sending Referrals](#)

Direct Messaging Services with eClinicalWorks

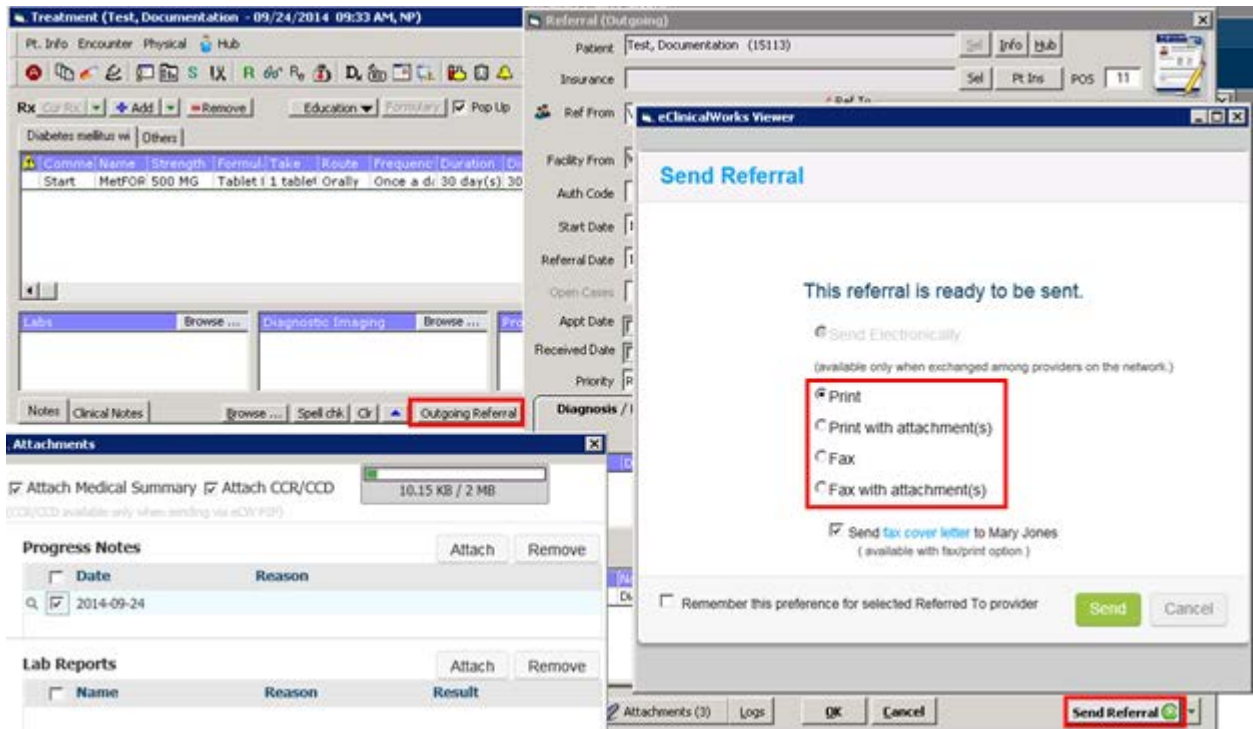
eClinicalWorks offers Direct Messaging Services with the eClinicalDirect HISP (Option 2):

- 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.

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

Progress Notes

Test, Documentation, 41 Y, M | Set info | Hub | Allergies | Billing Alert

DOB: 03/02/1973 | Appt(L): 09/24/14(SW) | Language: | Translator: No | Ins: Self Pay | Acc Bal: \$0.00 | Guar: | CLICK TO EDIT | SECURE NOTES | Enable | Not mb mail

Medical Summary | CDSS | Labs | DI | Procedures | Growth Chart | Imm/T.Inj | Encounters | Patient Docs | Flowsheets | Notes

SF

Progress Notes | Scribe | Orders | Quick Search

Plan:

Treatment:

Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled

Start MetFORMIN HCl ER Tablet Extended Release 24 Hour, 500 MG, 1 tablet with evening meal, Orally, Once a day, 30 day(s), 30

Referral To: Sam Willis (50)

Reason:

Procedures:

Immunizations:

Therapeutic Injections:

Diagnostic Imaging:

Lab Reports:

Preventive Medicine:

Next Appointment

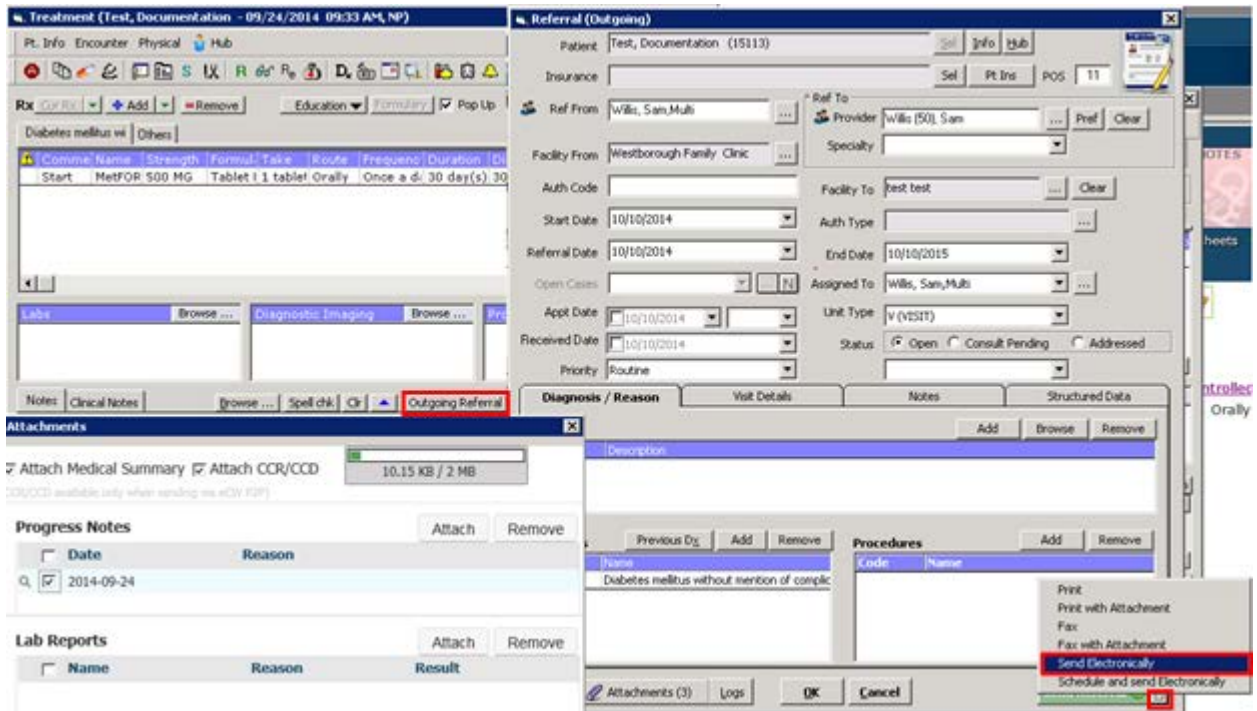
Billing Infor

Visit Code:

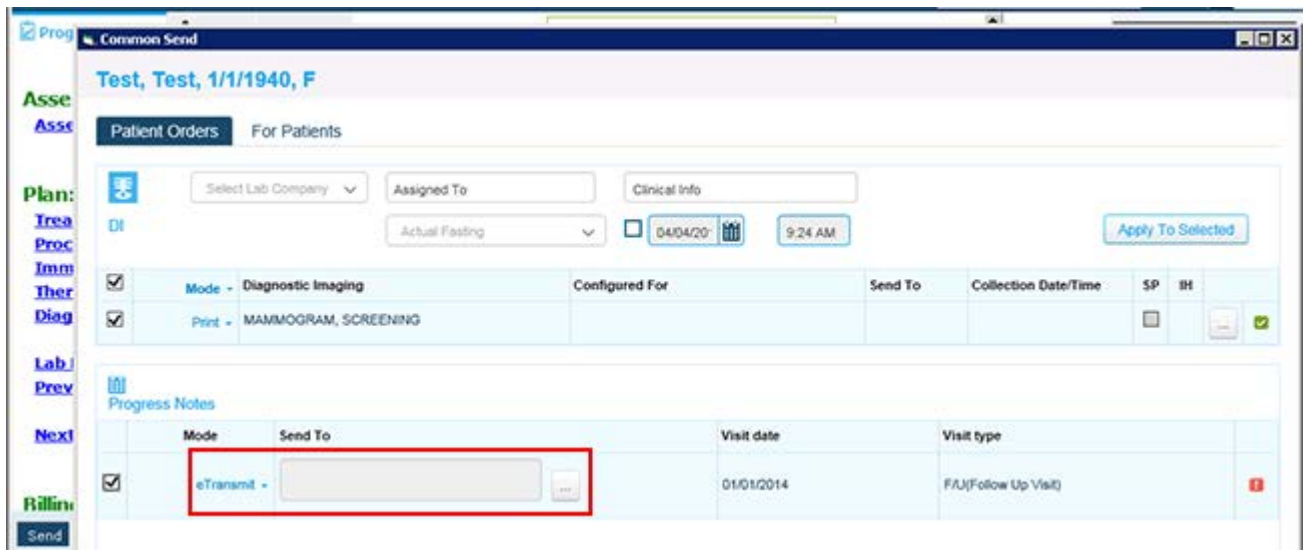
Fax
Fax Options
Fax Rx
Fax Order
Fax Labs
Fax Diagnostic Imaging
Fax Procedures
Fax ConsultNotes

Send | Print | Fax | Record | Lock | Details | Scan | Templates | Claim | Letters | Ink

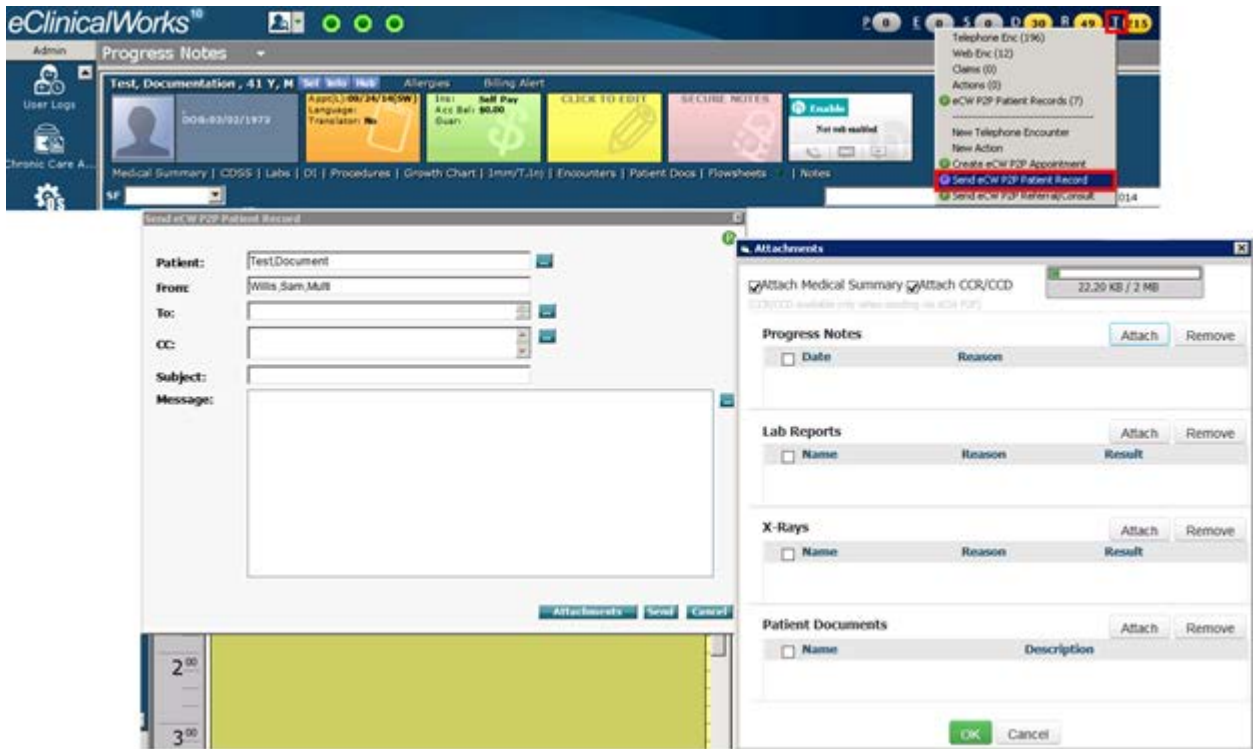
- Progress Notes > Treatment > Outgoing Referral > green arrow next to the Send Referral button > Send Electronically



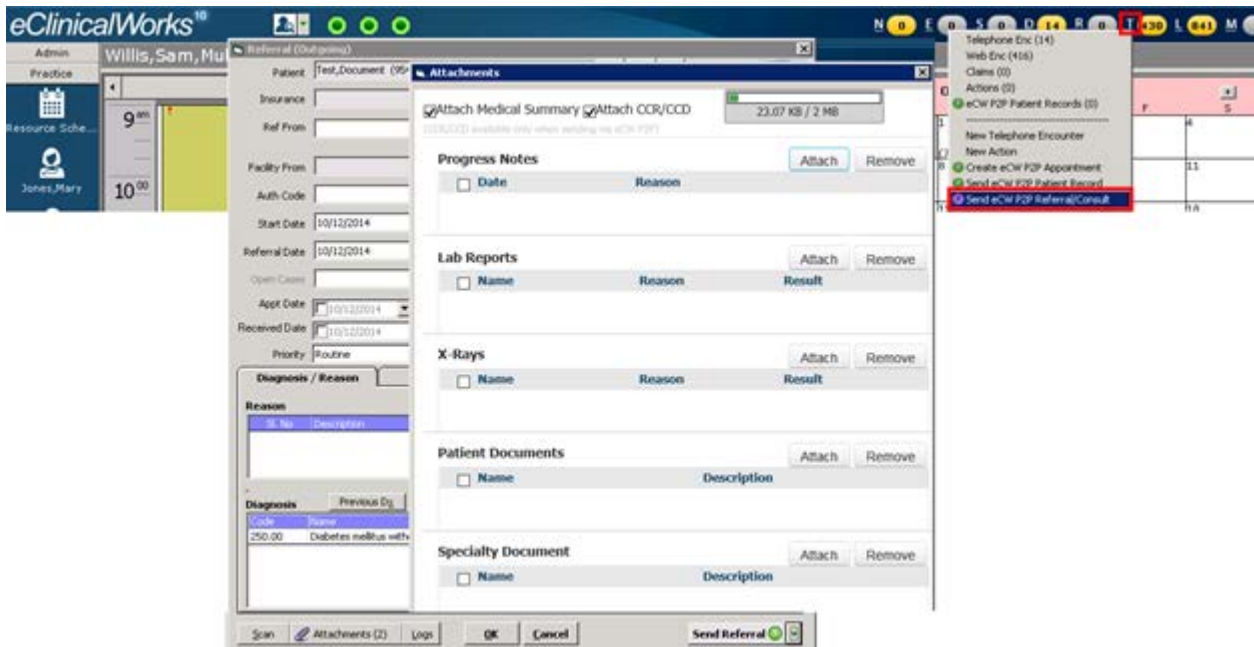
- Progress Notes > Send > eTransmit



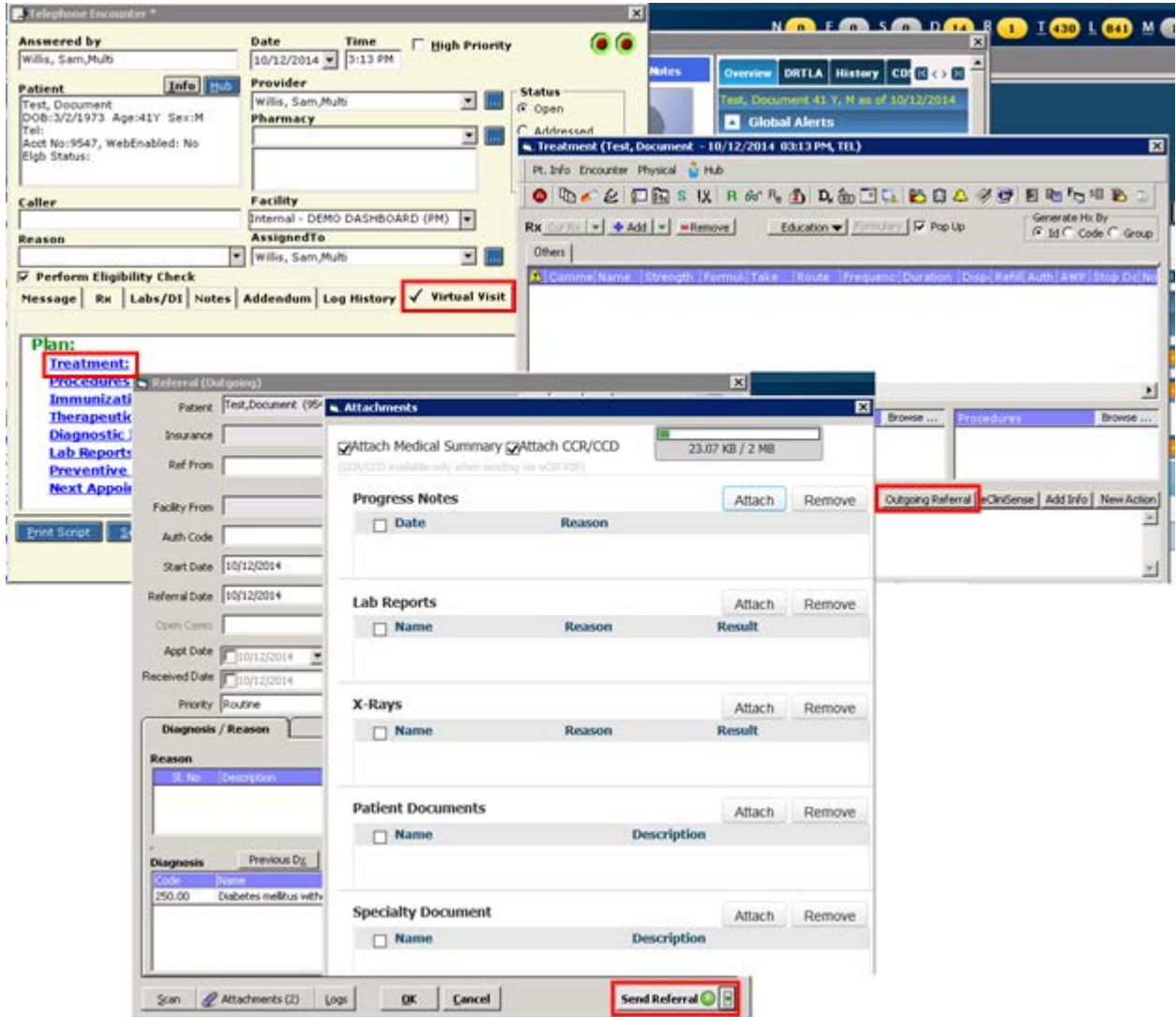
- *T* quick-launch link > Send eCW P2P Patient Record



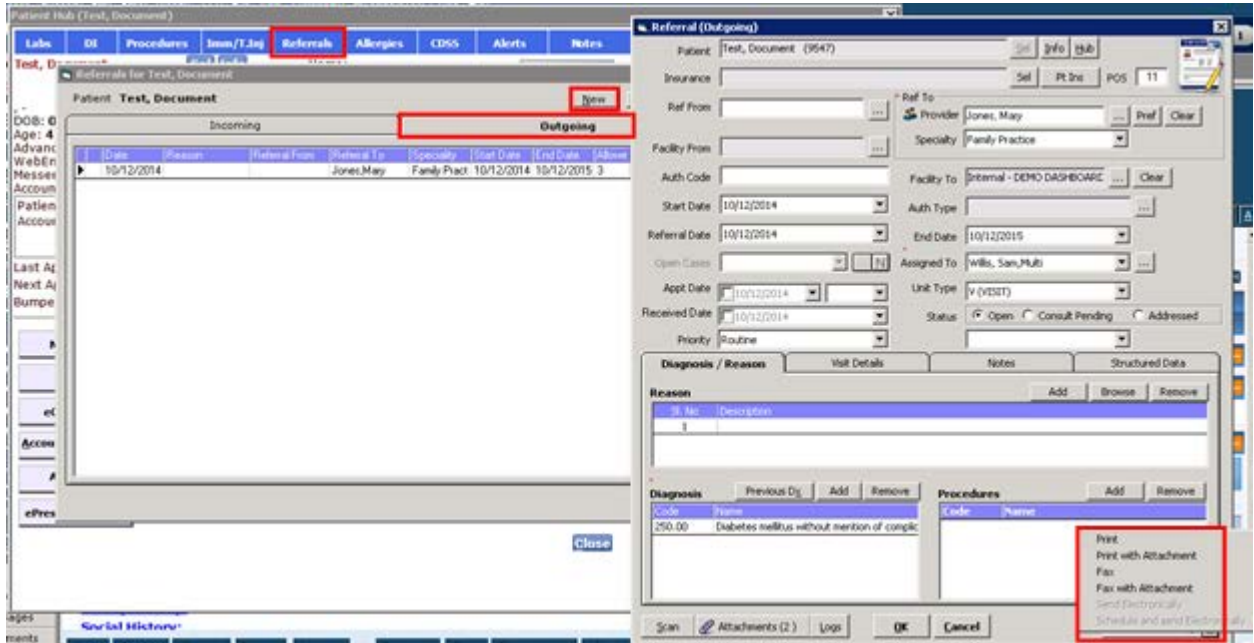
- *T* quick-launch link > Send eCW P2P Referral/Consult



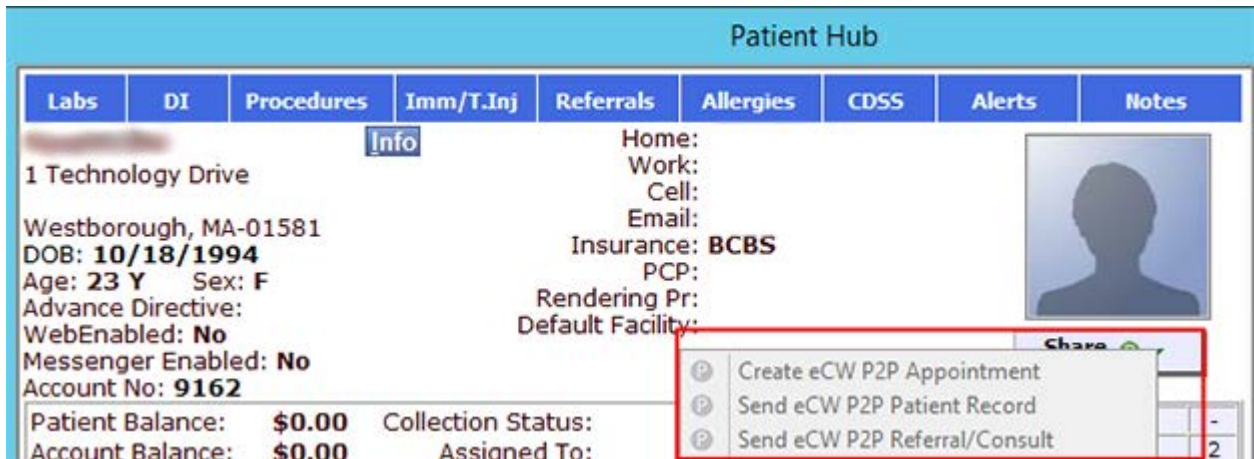
- Telephone/Web Encounter > Virtual Visit > Treatment > Outgoing Referral > Send Referral > Print, Print with attachment(s), Fax, Fax with attachment(s), or green arrow next to the Send Referral button and Send Electronically (Denominator Criteria Only)



- 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)



- Patient Hub > Share > Send eCW P2P Referral/Consult or Send eCW P2P Patient Record



- *R quick-launch link > Outgoing > New > click the green arrow icon next to the Send Referral button > Print, Print with attachments, Fax, or Fax with attachments (Denominator Criteria Only)*

Referral (Outgoing)

Patient: Test, John (9155) [Sel] [Info] [Hub]

Insurance: BCBS [Sel] Pt Ins POS 11

Ref From: Jones, Mary [...] Ref To: Provider Willis, Sam,Multi [...] Pref Clear

Specialty: [Dropdown]

Facility From: Westborough Family Practice [...] Facility To: Westborough Family Practice [...] Clear

Auth Code: [Text]

Start Date: 10/12/2017 [Dropdown] Auth Type: [Dropdown]

Referral Date: 10/12/2017 [Dropdown] End Date: 10/12/2018 [Dropdown]

Open Cases: [Dropdown] [...] N Assigned To: Willis, Sam,Multi [...]

Appt Date: 12/11/2017 [Dropdown] Unit Type: V (VISIT) [Dropdown]

Received Date: 12/11/2017 [Dropdown] Status: Open Consult Pending Addressed

Priority: Routine [Dropdown]

Diagnosis / Reason | Visit Details | Notes | Structured Data

Reason [Add] [Browse] [Remove]

Sl. No	Description
1	10/12 test 2

Diagnosis [Previous Dx] [Add] [Remove]

Code	Name
A42.1	Abdominal actinomycosis

Procedures [Add E&M] [Add] [Remove]

Code	Name
------	------

[Scan] [Attachments (3)] [Logs] [OK] [Cancel] [Send Referral] [Green Arrow Icon]

Context Menu:

- Print
- Print with Attachment
- Fax
- Fax with Attachment
- Send Electronically
- Schedule and send Elec

- R quick-launch link > Outgoing > New > click the green arrow icon next to the Send Referral button > Send Electronically

Referral (Outgoing)

Patient: Test, John (9155) [Sel] [Info] [Hub]

Insurance: BCBS [Sel] Pt Ins POS 11

Ref From: Jones, Mary [...] Ref To: Provider Willis, Sam, Multi [...] Pref Clear

Facility From: Westborough Family Practice [...] Specialty: [v]

Auth Code: [] Facility To: Westborough Family Practice [...] Clear

Start Date: 10/12/2017 [v] Auth Type: []

Referral Date: 10/12/2017 [v] End Date: 10/12/2018 [v]

Open Cases: [] [...] N Assigned To: Willis, Sam, Multi [...]

Appt Date: 12/11/2017 [v] [v] Unit Type: V (VISIT) [v]

Received Date: 12/11/2017 [v] Status: Open Consult Pending Addressed

Priority: Routine [v]

Diagnosis / Reason | Visit Details | Notes | Structured Data

Reason [Add] [Browse] [Remove]

Sl. No	Description
1	10/12 test 2

Diagnosis [Previous Dx] [Add] [Remove]

Code	Name
A42.1	Abdominal actinomycosis

Procedures [Add E&M] [Add] [Remove]

Code	Name
------	------

[Scan] [Attachments (3)] [Logs] [OK] [Cancel] [Send Referral] [Green Arrow Icon]

Context Menu: [Print] [Print with Attachment] [Fax] [Fax with Attachment] [Send Electronically] [Schedule and send Elec]

PI - HIE - 4: Support Electronic Referral Loops by Receiving and Incorporating Health Information

Objective

Health Information Exchange

Measure

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

The following sections are related to HIE 4:

- [HIE 4 Denominator Criteria](#)
- [HIE 4 Numerator Criteria](#)
- [HIE 4 Exclusion Criteria](#)
- [Features Related to HIE 4](#)

HIE 4 Denominator Criteria

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

Denominator Criteria	Area to Document within eClinicalWorks
<p>Number of patient encounters during the PI reporting period for which an EC 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</p>	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Executable: 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 > select an incoming referral or P2P patient record > OK ■ Browser: Main Menu > 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 > 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 > select an incoming referral or P2P patient record > OK
	<p>Note: Checking the <i>Transition of Care - Electronic Summary of Care Record not received</i> box excludes patients from denominator calculations.</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 4 Numerator Criteria

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

Numerator Criteria	Area to Document within eClinicalWorks
<p>If manual clinical reconciliation is performed, record each of the following categories of information to satisfy this numerator:</p>	
<ul style="list-style-type: none"> ■ Clinical information reconciliation is completed for medications 	<p>Progress Notes > Current Medication > add or review current medications, if applicable > check the Verified box</p>
<ul style="list-style-type: none"> ■ Clinical information reconciliation is completed for medication allergies 	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Progress Notes > Allergies/Intolerance > record all allergies > check the Allergies Verified box ■ Progress Notes > Allergies/Intolerance > if this patient has no known drug allergies, check the N.K.D.A box
<ul style="list-style-type: none"> ■ Clinical information reconciliation is completed for the current Problem List 	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ 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 boxes in the PL column for all ICD codes you want to add to this patient's Problem List

Numerator Criteria	Area to Document within eClinicalWorks
<p>If clinical history is imported from a CCDA/CCR (summary of care record), record each of the following categories of information to satisfy this numerator:</p>	
<ul style="list-style-type: none"> ■ Clinical information reconciliation is completed for medications 	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Progress Notes > Current Medication > add or review current medications, if applicable > check the Verified box ■ Progress Notes > click the DRTLTA tab in the ICW pane on the right > click the CCR link for a referral > click the blue arrow icons next to medications to import them into the open Progress Notes > Current Medication > add or review current medications, if applicable > check the Verified box <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>
<ul style="list-style-type: none"> ■ Clinical information reconciliation is completed for medication allergies 	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> ■ Progress Notes > click the DRTLTA tab in the ICW pane on the right > click the CCR link for a referral > click the blue arrow icons next to allergies to import them into the open Progress Notes > Allergies/Intolerance > record all allergies > check the Allergies Verified box ■ Progress Notes > Allergies/Intolerance > if this patient has no known drug allergies, check the N.K.D.A box <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>

Numerator Criteria	Area to Document within eClinicalWorks
<ul style="list-style-type: none"> Clinical information reconciliation is completed for the current Problem List 	<p>Record this information from one of the following locations:</p> <ul style="list-style-type: none"> Progress Notes > click the DRTLA tab in the ICW pane on the right > click the CCR link for a referral > click the blue arrow icons next to entries in the Problem List section to import them into the open Progress Notes > PL Verified 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 <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> <p>IMPORTANT! The PL Verified button displays in red if the problem list has not been verified.</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 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 are unable to implement the measure for a MIPS performance period in 2019	This exclusion criterion is reported by self-attestation
They receive fewer than 100 transitions of care or referrals, or they have fewer than 100 encounters with patients never before encountered during the performance period	This exclusion criterion is reported by self-attestation

Features Related to HIE 4

The following features are related to HIE 4:

- Recording Receipt of Documentation of Summary of Care
- Recording Clinical Information Sets Reconciliation (Manual Reconciliation)
- Incorporating Summary of Care Information into Progress Notes (Auto Reconciliation)

Recording Receipt of Documentation of Summary of Care

- Executable: *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 > select an incoming referral or P2P patient record > OK*

Browser: Main Menu > 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 > 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 > select an incoming referral or P2P patient record > OK

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:

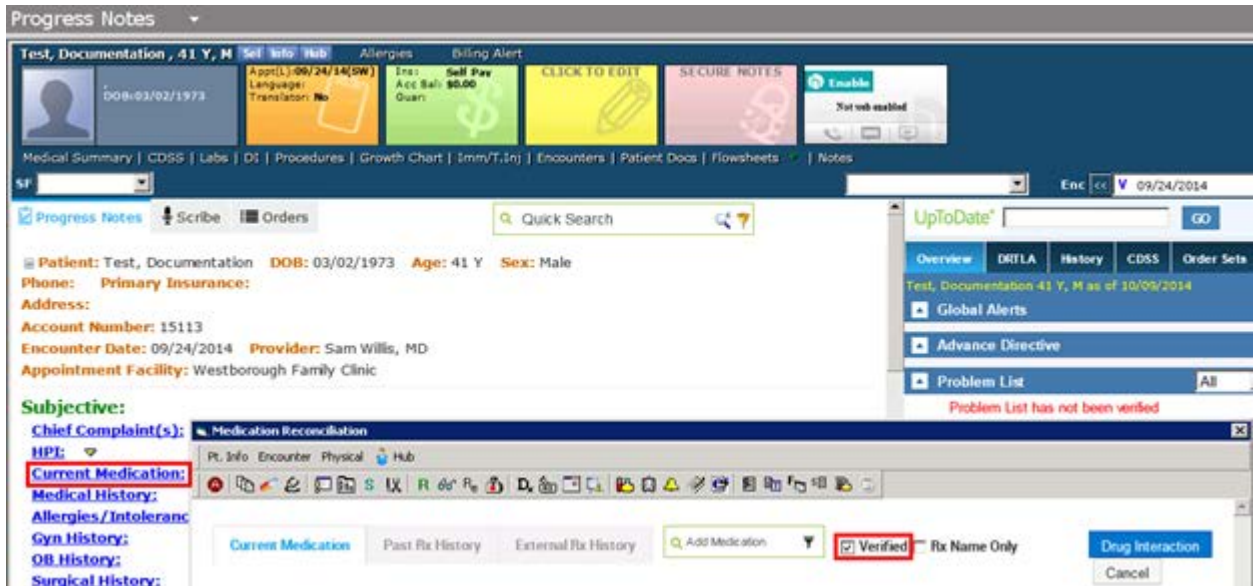
Recording Clinical Information Sets Reconciliation (Manual Reconciliation)

The following features are related to automatic reconciliation:

- Recording Medication Reconciliation (Manual Reconciliation)
- Recording Allergies Reconciliation (Manual Reconciliation)
- Recording Problem List Reconciliation (Manual Reconciliation)

Recording Medication Reconciliation (Manual Reconciliation)

- *Progress Notes > Current Medication > add or review current medications, if applicable > check the Verified box*



Recording Allergies Reconciliation (Manual Reconciliation)

- *Progress Notes > Allergies/Intolerance > record all allergies > check the Allergies Verified box*

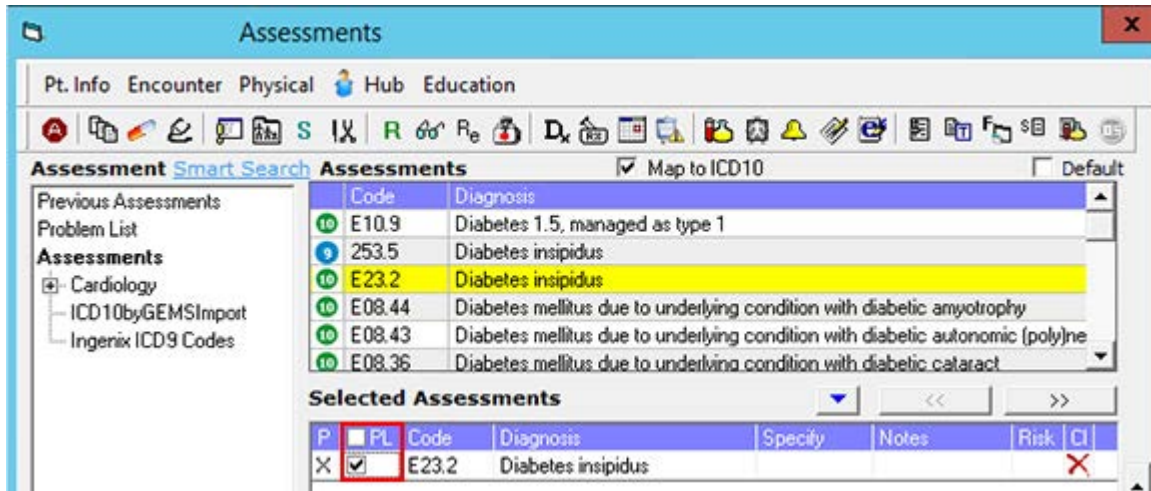


- *Progress Notes > Allergies/Intolerance > if this patient has no known drug allergies, check the N.K.D.A box*

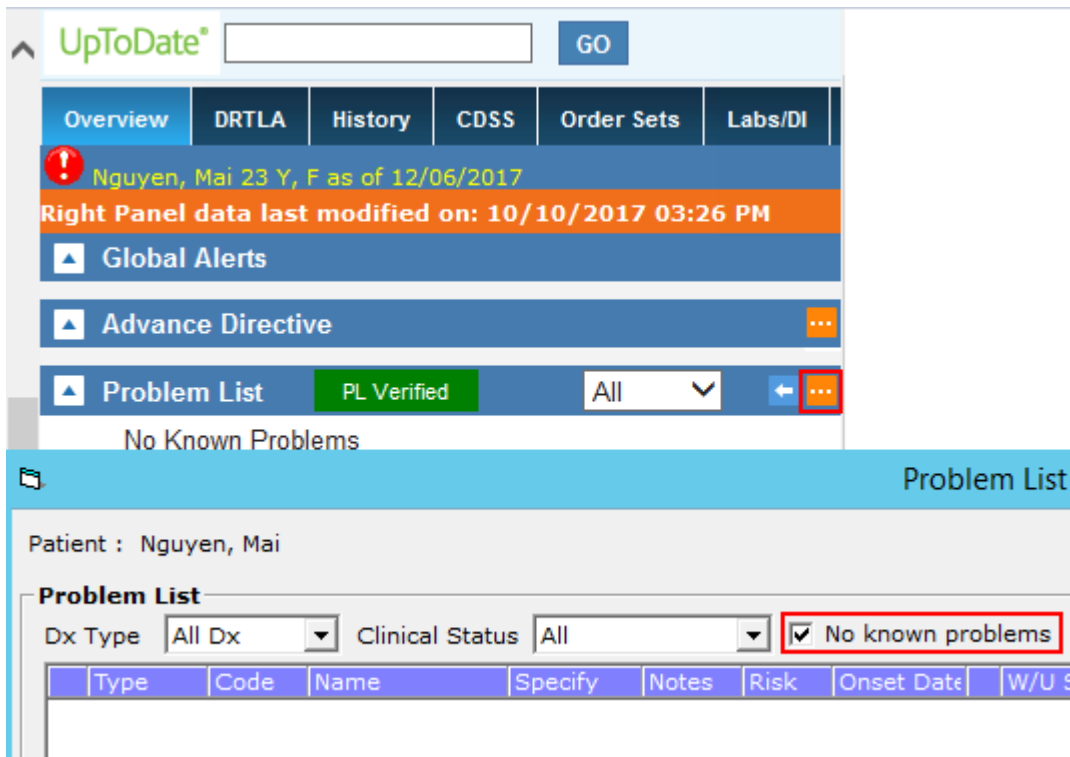


Recording Problem List Reconciliation (Manual Reconciliation)

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



- *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*



Incorporating Summary of Care Information into Progress Notes (Auto Reconciliation)

The following features are related to automatic reconciliation:

- Recording Medication Reconciliation (Auto Reconciliation)
- Recording Allergies Reconciliation (Auto Reconciliation)
- Recording Problem List Reconciliation (Auto Reconciliation)

Recording Medication Reconciliation (Auto Reconciliation)

- Progress Notes > click the DRTLA tab in the ICW pane on the right > click the CCR link for a referral > click the blue arrow icons next to medications to import them into the open Progress Notes > Current Medication > add or review current medications, if applicable > check the Verified box

Recording Allergies Reconciliation (Auto Reconciliation)

- *Progress Notes > click the DRTLTA tab in the ICW pane on the right > click the CCR link for a referral > click the blue arrow icons next to allergies to import them into the open Progress Notes > Allergies/Intolerance > record all allergies > check the Allergies Verified box*

The screenshot displays a patient's medical record interface. At the top, there are tabs for Overview, DRTLTA, History, CDSS, Order Sets, and Labs/DI. Below these is a patient summary bar with a red warning icon and text: "Right Panel data last modified on: 10/10/2017 03:26 PM". A dropdown menu shows "Last 3 months".

The left sidebar contains several expandable sections: Labs, Diagnostic Imaging, Procedure, Telephone Encounters, Web Encounters, Scenario 2.3 tin B/ provider, Message to Tin B/ Provider, Referrals, Scenario 1.3 Tin B Prov, and Scenario 1.3 Tin B Prov. A red box highlights the "CCR" link in the last scenario.

The right pane shows a "CCDA" summary with a "View CCDA" button. Underneath, there are sections for "Problem List", "Allergies", "N.K.D.A", "Medication", and "Active Medications(Medications with..)". The "Allergies" section is highlighted with a red box, and a blue arrow icon next to it is also highlighted.

Below the CCDA summary is the "Allergies" table. The table has columns for Agent/Substance, Reaction, Type, Status, Critical, and Onset Date. The "Allergies Verified" checkbox is checked and highlighted with a red box.

Agent/Substance	Reaction	Type	Status	Critical	Onset Date

Recording Problem List Reconciliation (Auto Reconciliation)

- Progress Notes > click the DRTLA tab in the ICW pane on the right > click the CCR link for a referral > click the blue arrow icons next to the Problem List heading to import this patient's Problem List into the open Progress Notes > Assessments > check the boxes in the PL column for all ICD codes you want to add to this patient's Problem List**

The screenshot shows a patient's record with several tabs: Overview, **DRTLA**, History, CDSS, Order Sets, and Labs/DI. The patient is 23 years old, female, as of 12/05/2017. A notification states: "Right Panel data last modified on: 10/10/2017 03:26 PM".

Below the notification are filters for "Last 3 months" and categories: Labs (All), Diagnostic Imaging (All), Procedure (All), Telephone Encounters, Web Encounters, and Referrals. A "CCDA" (Clinical Care Document Architecture) link is visible, with a "View CCDA" button. Under "Web Encounters", there are options for "Scenario 2.3 tin B/ provider" and "Message to Tin B/ Provider". Under "Referrals", there are options for "Scenario 1.3 Tin B Prov" and "Scenario 1.3 Tin B Prov" with a "CCR" (Clinical Care Reconciliation) link highlighted in a red box.

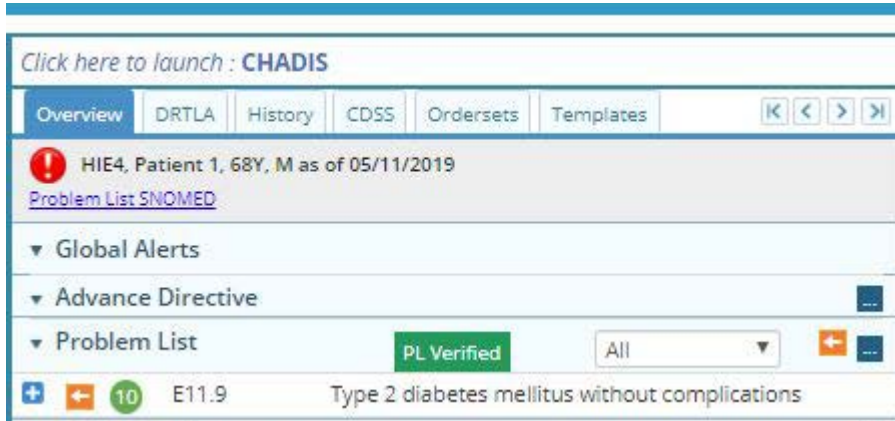
The "Assessments" window is open, showing a list of assessments. The "Assessments" tab is selected, and the "Map to ICD10" checkbox is checked. The list includes:

Code	Diagnosis
E10.9	Diabetes 1.5, managed as type 1
253.5	Diabetes insipidus
E23.2	Diabetes insipidus
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)ne
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract

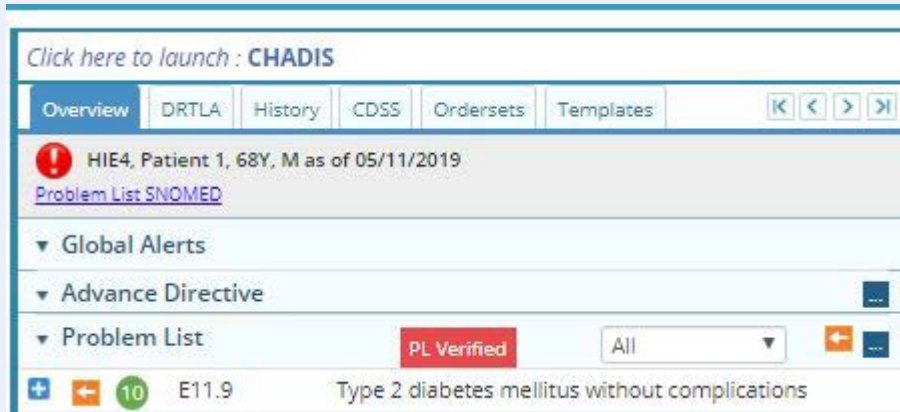
Below the list is a "Selected Assessments" table:

P	PL	Code	Diagnosis	Specify	Notes	Risk	CI
X	<input checked="" type="checkbox"/>	E23.2	Diabetes insipidus				X

- *Progress Notes > click the DRTLTA tab in the ICW pane on the right > click the CCR link for a referral > click the blue arrow icons next to entries in the Problem List section to import them into the open Progress Notes > PL Verified*



IMPORTANT! The PL Verified button displays in red if the Problem List has not been verified:



Clicking the PL verified button prompts the user 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.

PI – PHCDRR – Public Health and Clinical Data Registry Reporting Measures

MIPS-eligible clinicians must submit data for two different registries out of five registries available to earn maximum of 10 points for this objective.

Exclusions are available for the Public Health and Clinical Data Exchange objective. If an exclusion is claimed for one measure, then MIPS-eligible clinician must submit a *Yes* response for a second measure to earn the full 10 points for this objective.

If a MIPS-eligible clinician claims exclusions for both of the measures they have chosen to report on, the 10 points for this objective is redistributed to other measures.

If a MIPS-eligible clinician is unable to report on two different registries and cannot claim an exclusion, they will earn a score of zero for this objective and the Promoting Interoperability performance category.

The following sections are related to Registry Reporting Measures:

- [PI - PHCDRR - 1: Immunization Registry Reporting](#)
- [PI - PHCDRR - 2: Syndromic Surveillance Reporting](#)
- [PI - PHCDRR - 3: Electronic Case Reporting](#)
- [PI - PHCDRR - 4: Public Health Registry Reporting](#)
- [PI - PHCDRR - 5: Clinical Data Registry Reporting](#)

PI - PHCDRR - 1: Immunization Registry Reporting

Objective

Public Health and Clinical Data Registry Reporting

Measure

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

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

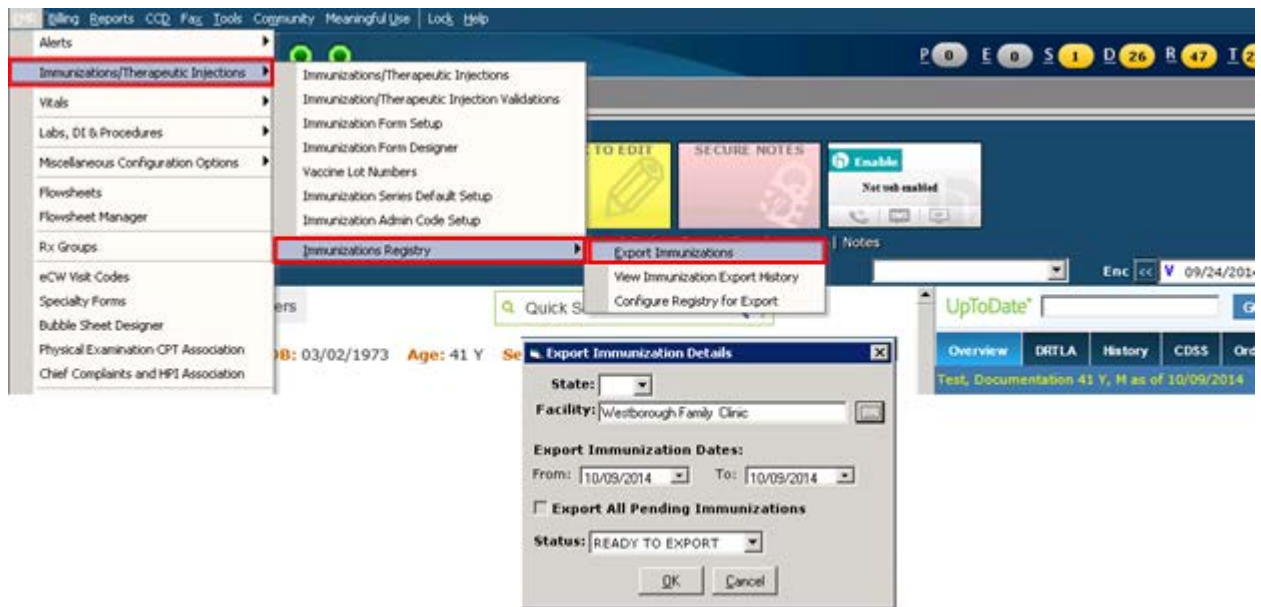
IMPORTANT! No denominator/numerator calculations are required for this measure. This measure is reported through self-attestation.

Features	Area to Document within eClinicalWorks
<p>Ongoing submissions originally achieved in a prior year using HL7 2.5.1 that are continuing</p>	<p>Executable: EMR > Immunizations/Therapeutic Injections > Immunizations Registry > Export Immunizations</p>
<p>A registration of intent within 60 days of the beginning of the PI reporting period and meet at least ONE of the following criteria:</p> <ul style="list-style-type: none"> ■ Awaiting an invitation to begin testing ■ Engaged in testing ■ Ongoing submissions using HL7 	<p>Contact your state immunization registry.</p> <p>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.</p>
<p>Note: MIPS-eligible clinicians 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.</p>	

Exporting Immunizations

- Executable: *EMR > Immunizations/Therapeutic Injections > Immunizations Registry > Export Immunizations*

Browser: *Main Menu > eCW Menu > EMR > Immunizations/Therapeutic Injections > Immunizations Registry > Export Immunizations*



PI - PHCDRR - 2: Syndromic Surveillance Reporting

Objective

Public Health and Clinical Data Registry Reporting

Measure

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

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

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

Ongoing submissions using HL7 2.5.1 that are continuing:

Criteria	Action
<p>Option 1 - Completed Registration to Submit Data</p> <ul style="list-style-type: none"> ■ The MIPS-eligible clinician registered to submit data with the Syndromic Surveillance Registry to which the information is being submitted ■ Registration was completed within 60 days after the start of the measurement period ■ The MIPS-eligible clinician is awaiting an invitation from the registry to begin testing and validation 	<p>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.</p>
<p>Note: MIPS ECs that have registered in previous years do not need to submit an additional registration to meet this requirement for each performance period.</p>	
<p>Option 2 - Testing and Validation</p> <ul style="list-style-type: none"> ■ The MIPS-eligible clinician is in the process of testing and validation of the electronic submission of data ■ Clinicians must respond to requests from the registry within 30 days 	
<p>Note: A provider’s failure to respond twice within a performance period results in that provider not meeting this measure.</p>	
<p>Option 3 - Production</p> <p>The EC has completed testing and validation of the electronic submission and is electronically submitting production data to the registry</p>	
<p>Note: MIPS-eligible clinicians 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.</p>	

PI - PHCDRR - 3: Electronic Case Reporting

eClinicalWorks is not supporting this measure at this time.

PI - PHCDRR - 4: Public Health Registry Reporting

Objective

Public Health and Clinical Data Registry Reporting

Measure

The MIPS-eligible clinician 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.

Criteria	Action
<p>Option 1 - Completed Registration to Submit Data</p> <ul style="list-style-type: none"> ■ The MIPS Eligible Clinician registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted ■ Registration was completed within 60 days after the start of the MIPS performance period ■ The MIPS EC is awaiting an invitation from the PHA or CDR to begin testing and validation 	<p>Note: CDC and any other registry that accepts CCDA via Data Portability are examples that help satisfy this measure.</p> <p>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</p>
<p>Note: MIPS ECs that have registered in previous years do not need to submit an additional registration to meet this requirement for each performance period.</p>	
<p>Option 2 - Testing and Validation</p> <ul style="list-style-type: none"> ■ The MIPS EC is in the process of testing and validation of the electronic submission of data ■ Clinicians must respond to requests from the PHA or, where applicable, the CDR within 30 days 	
<p>Note: Failure to respond twice within a MIPS performance period would result in that MIPS EC not meeting the measure.</p>	
<p>Option 3 - Production</p> <p>The EC has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR</p>	

PI - PHCDRR - 5: Clinical Data Registry Reporting

Objective

Public Health and Clinical Data Registry Reporting

Measure

The MIPS-eligible clinician 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.

Criteria	Action
<p>Option 1 - Completed Registration to Submit Data</p> <ul style="list-style-type: none"> ■ The MIPS-eligible clinician registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted ■ Registration was completed within 60 days after the start of the MIPS performance period ■ The MIPS-eligible clinician is awaiting an invitation from the PHA or CDR to begin testing and validation 	<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 PI 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). <p>For more information on Dartnet.info, refer to What is DARTnet.info?</p>
<p>Note: MIPS ECs that have registered in previous years do not need to submit an additional registration to meet this requirement for each performance period.</p>	

Criteria	Action
<p>Option 2 - Testing and Validation</p> <ul style="list-style-type: none"> ■ The MIPS EC is in the process of testing and validation of the electronic submission of data ■ Clinicians must respond to requests from the PHA or, where applicable, the CDR within 30 days 	<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>
<p>Note: Failure to respond twice within a MIPS performance period would result in that MIPS EC not meeting the measure.</p>	
<p>Option 3 - Production</p> <p>The EC has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR</p>	

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 PI 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.

For more information, visit <http://www.dartnet.info/PracticePerformanceRegistry.htm>

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