



STI Presents

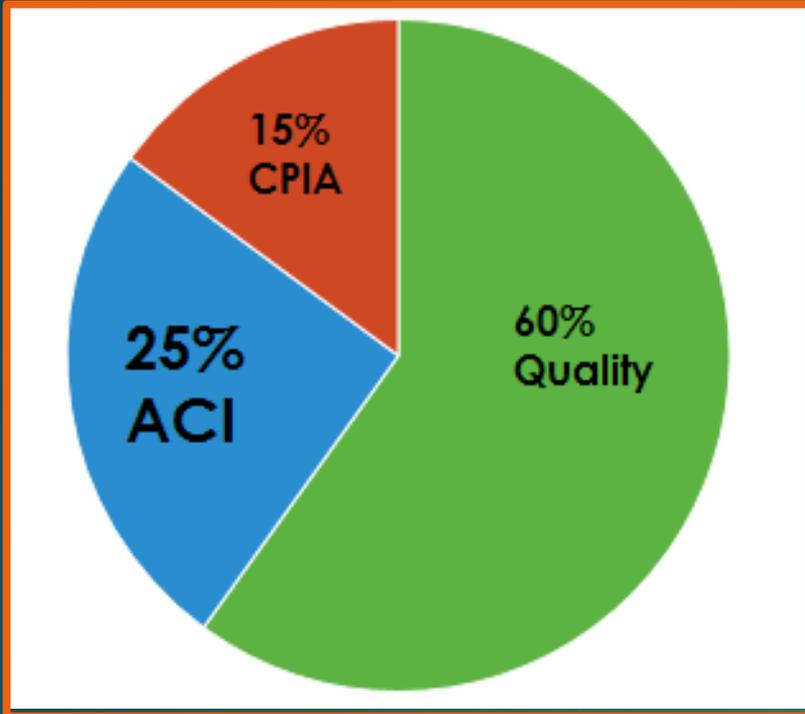
MIPS: Achieving ACI Objectives and Measures
(Advancing Care Information)

THIS PRESENTATION WILL BEGIN AT IT'S SCHEDULED TIME: NOON



The Advancing Care Information (ACI) category promotes patient engagement and electronic exchange through the use of certified EHR technology. Many ECs may be familiar with the components of the ACI category because it is very similar to the former Medicare EHR Incentive Program “Meaningful Use.” This webinar will provide you with information on the ACI requirements in 2017, how to achieve the measures/objectives and scoring.

2017 ACI Category Requirements



- Complete:
 - 4 Base Measures
- Select Measures that best suit your practice:
 - 7 Performance Measures
- Optional Bonus Points
 - 2 Activities
- Report for a minimum of 90 days
- GOAL: Achieve 100 points to receive full credit (25 points)

2017 EC Composite Score

- In addition to the base score, eligible clinicians have the opportunity to earn additional credit through a performance score and the bonus score.
- Test Pace (1 of 3 choices): Report all Base measures to avoid 2019 negative payments.

Report as Individual or as a Group



Individual

EC will be identified using the combination of billing TIN/NPI.



Group

Two or more EC identified by their NPI who have reassigned their billing rights to a single TIN.

MIPS eligible clinicians and groups must use the same identifier for all performance categories

Groups either report as a group OR as individuals

Choose ONE ACI Data Submission Mechanism



Individual

- Attestation
- QCDR
- Qualified Registry
- EHR



Group

- Attestation
- QCDR
- Qualified Registry
- EHR
- CMS Web Interface (25 or more ECs)

MIPS Eligible Clinicians may only use ONE submission mechanism per category

ACI Flexibility

Selected MIPS EC can have the ACI category reweighted to 0.

CMS will **automatically** reweight the ACI performance category to zero for:
Hospital-based MIPS EC, Non-patient Facing MIPS EC, NP, PA, CRNAs and CNS.

*Reporting is optional although if clinicians choose to report, they will be scored.

Hospital-based:

75% or more of Medicare services are performed in an inpatient, on campus outpatient department or emergency department.
(POS codes 21, 22, and 23)

Non-patient Facing:

Individual– 100 or less patient facing encounters

Group – provides 75% or more of NPIs billing under the group's TIN meet the definition for the Individual Non-patient facing clinician.

*Telehealth Services are considered as patient facing encounters

A clinician can **apply** to have their performance category score weighted to zero for the following reasons:

1. Insufficient internet connectivity
2. Extreme and uncontrollable circumstances
3. Lack of control over the availability of CEHRT

The category's weight of 25% would be added to the Quality category.

ACI Base Score Measures

Base Score Measures = 50 points

- Protect Patient Health Information
- E-Prescribing
- Provide Patient Access
- Health Information Exchange

- **Failure to perform a security risk analyses will yield 0 points for the ACI category.**
- You must have at least 1 in the numerator for E-Prescribing, Provide Patient Access, and Health Information Exchange.
- You must complete all 4 measures to receive the full 50 points. You can not receive partial points for completing some of the measures.

Base Measure

Objective: **Protect Patient Health Information**

Measure: **Security Risk Analysis**

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 certified EHR technology in accordance with requirements in 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 MIPS eligible clinician's risk management process.

Reporting Requirements

YES/NO

Failure to perform a security risk analyses will yield 0 points for the ACI category

To meet this measure, eligible clinicians must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies.

Base Measure - How do I achieve:

Objective: **Protect Patient Health Information**

Measure: **Security Risk Analysis**

<https://www.healthit.gov/providers-professionals/security-risk-assessment-tool>

Security Risk Assessment Tool

What is the Security Risk Assessment Tool (SRA Tool)?

The Office of the National Coordinator for Health Information Technology (ONC) recognizes that conducting a risk assessment can be a challenging task. That's why ONC, in collaboration with the HHS Office for Civil Rights (OCR) and the HHS Office of the General Counsel (OGC), developed a

downloadable **SRA Tool [.exe - 91.3 MB]** to help guide you through the process. This tool is not required by the HIPAA Security Rule, but is meant to assist providers and professionals as they perform a risk assessment.





Security Risk Assessment Tool

Curre

A01

§164.308(a)(1)(i) - Standard
Does your practice develop, document, and implement policies and procedures for assessing and managing risk to its ePHI?

Yes No Flag

Chart View
Create PDF/Excel
Show / hide columns

Search all Columns:

ID	Citation	Answer	Flagged	Risk Level	Current Activities	Notes	Remediation	Reason	Last Edit
A01	§164.308(a)(1)(i)	Yes						N/A	[KB]3/16/2017 4:51:28 pm



Base Measure

Objective: **Electronic Prescribing**

Measure: **Electronic Prescribing**

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.

Reporting Requirements

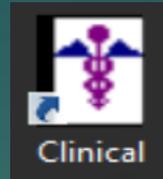
NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.
- **DENOMINATOR:** Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the performance period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the performance period.

Base Measure - How to achieve:

Objective: Electronic Prescribing

Measure: Electronic Prescribing



Medication

Medication

- Tran
- The

Add Medication

Add Medication Not Ordered

Renew Medication

Discontinue Medication

Prescribe Medication

Lipitor 40 mg tablet (Rx, Brand)

atorvastatin

Medication History Consent: NotAsked

Medication Eligibility

Medication History

Inactive Meds

Medication Info

Prescription

Route: oral

Lipitor 40 mg tablet

Action: Take

Dose: 1

Dose Units: tablet

Frequency: Every day

Dispense: 60

Add'l SIG:

Refills: 5 Substitution OK

Days Supply: 60 Max Dose:

Notes to Pharmacist: Do not include clinical information in this field

Formulary

Current Drug Selection

Payer	Medication	Status	Coverage	Copay	Copay Info
-----	Lipitor	Unknown	N/A	N/A	

Drug Alternatives (* = Payer Specified)

Payer	Medication	Status	Coverage	Copay	Copay Info
-------	------------	--------	----------	-------	------------

Payer:

Transmission: E-Prescribe

Diagnosis:

Administered during visit

Print patient prescription savings materials

Sample Lot #:

Expiration Date: 3/17/2017

Initial order created outside of Clinical

SIG: Take 1 tablet orally Every day

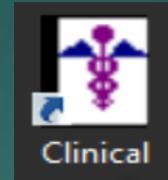
Started: 3/17/2017

Ended: 3/17/2017

Earliest Fill Date: 3/17/2017

Base Measure - How to achieve:

Objective: Electronic Prescribing
Measure: Electronic Prescribing



Confirm Prescription

Medication

Medication: Lasix 40 mg tablet Medication info

Start text: Take Route: oral Refills: 4 Date written: 01/02/2015

Form: 40 mg Dose: 1 tablet Days Supply: 600 Substitution OK: Yes

Dispense: 120 Tablet Frequency: daily Earliest Fill Date:

SIG: Take 1 tablet orally daily

Notes to Pharmacist:

Diagnosis:

For internal use only

Sample lot #: Sample exp date: Administered during visit Initial order created outside of Clinical

Prescriber

Prescriber: Doctor, Medical MD

Location: **Main**

DEA Number: AD5500031
Address: 1 Test Drive
Eagleville, PA 194032341
Phone: 610-650-9700
Fax: 610-650-9272

Patient

Name: Patient, June

DOB: 04/17/1958 Sex: Female

Address: 23 Loveland Ct
Eagleville, PA 19403

Phone: 484-215-5555

Prescription

Destination: E-Prescribe Manage patient pharmacies

Pharmacy: **CA Pharmacy 10.6MU (Retail): 65432 Cabernet Turn, Sonoma, CA 95476 (7075557071) (EPCS)**

Ready to sign Confirm and Send

< Revise Cancel

Alternative Method: Facesheet

* Lipitor 40 mg tablet Take 1 tablet orally Every day * Add medication	Queue for Printing Queue for E-Prescribe Renew Prescription Discontinue Prescription Cancel Prescription Open ePA Status dialog Medication Interactions (RxINT)
* Lexapro 10 mg tablet	
* aspirin 300 mg rectal	
Penicillins	
* HTN	Medication: Lipitor 40 mg tablet Dispense: 60 Tablet
* Tonsillectomy	Sig: Take 1 tablet orally Every day Days Supply: 60
* Father	Refills: 5
* Colon Cancer	Prescribed by: SYSADMIN
* Mother	Started: 9/1/2016 3:37:05 PM
* Hypertension	

Base Measure

Objective: **Electronic Prescribing**
Measure: **Electronic Prescribing**



Slide #: 10-11

12

To electronically prescribe a medication:

1. In an office visit note, click the “Medication” button 
2. Choose “Add Medication” (or “Renew Medication”)
3. Search for and select the medication
4. Enter all appropriate fields and click “Next”
5. Select the Location (if necessary) and the patient’s Pharmacy
6. Click “Confirm and Send”

NOTE: Prescribing a Controlled Substance

- If prescribing a controlled substance, you must have your IdenTrust token  inserted into your computer and check the box for “Ready to sign” prior to completing Step 6.
- Select “E-Prescribe” in the Transmission field. If the medication is a Schedule II controlled substance, a date must be entered in the Earliest Fill Date field.

Alternative Method: Use the options available (to queue or renew) when you right-click on the medication from the Face Sheet

Base Measure

Objective: **Patient Electronic Access**

Measure: **Provide Patient Access**

At least one patient seen by the MIPS eligible clinician during the performance period is **provided timely access** to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.

Reporting Requirements

NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party.
- **DENOMINATOR:** The number of **unique patients** seen by the MIPS eligible clinician during the performance period.

Base Measure – How To Achieve:

Objective: **Patient Electronic Access**

Measure: **Provide Patient Access**

Go To: www.sticomputer.com>Enrollments>Patient Portal>Patient portal Enrollment

You will need to enroll in Patient Portal
There is a fee for this service
 \$29/month/provider
 \$15/month/PA or NP
STI will need to configure your system
You will receive 2 training sessions

Enrollments

New Provider Enrollment for Health Portal (eRx, EPCS, DM, ePA, Labs, etc) and more	+
Immunizations	+
Meaningful Use	+
Provider Complete and Electronic Patient Statements	+
Patient Portal	-
PatientPortal Enrollment	
PatientPortal Deactivation Form	

Base Measure – How To Achieve:

Objective: Patient Electronic Access
Measure: Provide Patient Access



The screenshot shows a patient record interface with a top navigation bar containing icons for Patient, Charge, Payment, Inquire, Insurance Billing, Patient Billing, Clinical, Appointment, Remittance, Documents, Reports, and Labels. Below the navigation bar, the 'Patient Portal' button is highlighted with a red box. The form contains the following fields:

- Account #: 10067, Practice: STI University Medical
- 1.. Name and Address: Salutation, First: Donald, Middle, Last: Patient, Suffix, Address 1: 45 Second Ave, Address 2, Zip Code: 19403, City: Eagleville, State: PA, Country: USA, Primary Home: (484) 555-3333, Primary Cell: (484) - []
- 2.. Additional Information: Sex: M, DOB: 06/28/1970, SSN: .., Mar Status, Emp Status, Employer, Pat Status: 1, Fin Status, Race: Asian, White, Language: E, Ethnicity: 2, Alternate Account #, Signed Privacy Disclosure, Reminder Preference: 2, Email: dpatient@email.com
- Other: Notes, More Patient, Patient Stmt, Family Links, Phone #, Consent, Send Email

The 'Patient Portal' dialog box shows the registration status as 'Not registered'. Under 'Account settings', there are two options: 'Send an authorization email to the patient for patient portal registration.' and 'Print authorization instructions for the patient to manually register on the PatientPortal.'. Both options have an 'Authorize' button next to them, with the first one highlighted in red. There is also a checkbox for 'Suspend export on note signing' and 'OK' and 'Cancel' buttons at the bottom.

Denominator – Provider completed and signed an office note with a valid CPT code
Numerator – Authorization is sent within 4 business days of the office visit

The 'Authorize Patient' dialog box contains a question mark icon and the text: 'Do you want to authorize this patient to use the Patient Portal after saving?'. At the bottom, there are 'Yes' and 'No' buttons.

Base Measure

Objective: **Patient Electronic Access**
Measure: **Provide Patient Access**



Slide #: 15

16

To enroll the patient for the Patient Portal (with or without an email):

1. In Practice Manager, open the patient's account
2. On the Patient tab, click "Patient Portal"
3. Click the first "Authorize" option (if the patient provides you with their email address)
or Click the second "Authorize" option (if the patient does not have an email address)

NOTE: If the patient does not have an email address - Give printed instructions to the patient and encourage them to complete registration at a later time

4. Click "OK"
5. Click "YES"

NOTE: The Patient Portal button will now show as yellow,  indicating a pending registration. The button will turn green once the patient completes the registration process.

6. Click "Save" to close the patient's account

Denominator – Provider completed and signed an office note with a valid CPT code

Numerator – Authorization is sent within 4 business days of the office visit

Base Measure

Objective: **Health Information Exchange**

Measure: **Health Information Exchange**

The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.

Reporting Requirements

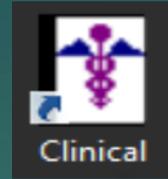
NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.
- **DENOMINATOR:** Number of transitions of care and referrals during the performance period for which the EP was the transferring or referring health care clinician.

Base Measure – How to achieve:

Objective: Health Information Exchange

Measure: Health Information Exchange



To generate and send a Transition of Care Summary through Direct Messaging

To-Do (0) Recall Check Out Reports Help

New Message/Task...
Direct Messaging
New Patient Portal Message...
View To-Do List...

Send New Message...
View Sent Messages...

To...

From

Subject: HIPAA regulations preclude Protected Health Information (PHI) from being contained in the Subject line.

Attach...

Patient... Patient, Johnny (20026)

Message

Message Confidentiality Notice: The information contained in this transmission is privileged and confidential and/or protected health information (PHI) and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). This transmission is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, dissemination, distribution, printing or copying of this transmission is strictly prohibited and may subject you to criminal or civil penalties. If you have received this transmission in error, please contact the sender immediately by replying to this message and deleting this message and any attachments from any computer.

Generate and Attach CDA Send Cancel

Direct Address Search

Last Name: smith First Name:
Clinic Name: Specialty:
City: State: pa

Search

Search Results

- Smith, A. Mitchell, Albert Einstein Healthcare Network
- Smith, Angel, Tenet Health Systems Medical, Inc.
- Smith, April, Coordinated Health
- Smith, Arthur, 9th Street Internal Medicine
- Smith, Ashlee, GMC Obstetrics/Gynecology
- Smith, Barbara, Better Health a Planned Parenthood
- Smith, Brittney, GMC Division of Medicine Inpatient
- Smith, Cathy, EHMG of PA, PC - MGC
- Smith, Cecilia
- Smith, Charlotte, Tenet Health Systems Medical, Inc.
- Smith, Cheri
- Smith, Cheri, Pinnacle Health System
- Smith, Christopher
- Smith, Clayton, FLEETWOOD FOOTCARE CENTER

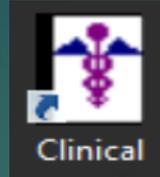
A. Mitchell Smith
Albert Einstein Healthcare Network
5501 Old York Rd
Philadelphia, PA 191413098
Direct Address: a.mitchell.smith@direct.einstein.edu

To --> Barron, Sara (sarabarron@aop.medentdirect.com)

OK Cancel

Base Measure- How to achieve

Objective: Health Information Exchange
Measure: Health Information Exchange



To generate and send a Transition of Care Summary through Direct Messaging

New Direct Message

Please limit the Direct Message content to one patient.

To...: Barron, Sara (sarabarron@aop.medentdirect.com)

From: [Dropdown]

Subject: **Referral**

Attach...: [Dropdown]

Patient...: Patient, Johnny (20026)

Message: Message Confidentiality Notice: and/or protected health information intended for the sole use of the recipient, you are notified that any use, disclosure, copying, distribution, or modification of this information is strictly prohibited and may subject you to legal action. If you have any questions, please contact the sender. Do not delete attachments from any computers.

Export Patient Document

Patient List

Name	Account/Char	DOB
Patient, Johnny	20026	1/31/1989

Document to Export: Transition of Care Summary

Note Selection: From: 1/18/2017 To: 3/19/2017

Provider Selection: Provider: **Alyson Noles, (AN)**

Matching Results: 1

Search Column: Account/Chart # Search Type: Equals

Generate and Attach CDA

Save **Cancel**

Patient Information Document Exclusions

Patient Name: Patient, Johnny
Account Number: 20026
Date of Service: N/A

The items selected (checked) will **NOT** appear in the printed or electronic versions of this document.

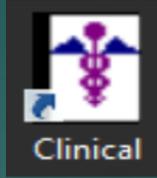
- Vital Signs**
 - Temp: 98.0F
 - Pulse: 78/Min
 - Resp: 12/Min
 - BP: 120/70 mmHg
 - Ht: 5ft
 - Wt: 113lbs
 - BMI: 22.066
 - O2 Sat: 98%
- Smoking Status**
 - Heavy tobacco smoker, over 10 cigarettes a day.
- Chief Complaint/Reason for Visit**
- Problems**
 - SCIATICA
 - LUMBAR SP/STR
 - CONSTIPATION
 - LAB EXAM PART OF ROUTINE MED EXAM
 - Arthralgia
 - LAB EXAM PART OF ROUTINE MED EXAM

OK

Do not show this dialog again.

Base Measure- How to achieve

Objective: Health Information Exchange
Measure: Health Information Exchange



To generate and send a Transition of Care Summary through Direct Messaging

Export Patient Document

Patient List: 20026

Name	Account/Char	DOB
Patient, Johnny	20026	1/31/1989

Document to Export: Transition of Care Summary

ChartMaker Clinical: Export complete. [OK]

Matching Results: 1

Search Column: Account/Chart # | Search Type: Equals

Save | Cancel

New Direct Message

Please limit the Direct Message content to one patient.

To...: Barron, Sara (sarabarron@aop.medentdirect.com)

From: paul.barone@integratedhealthandwellnesscenter.chartmakerdirect.com

Subject: Referral

Attach...: Patient Johnny_20026.xml (76.13 KB)

Patient...: Patient, Johnny (20026)

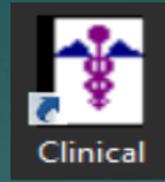
Message: Message Confidentiality Notice: The information contained in this transmission is privileged and confidential and/or protected health information (PHI) and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA). This transmission is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, dissemination, distribution, printing or copying of this transmission is strictly prohibited and may subject you to criminal or civil penalties. If you have received this transmission in error, please contact the sender immediately by replying to this message and deleting this message and any attachments from any computer.

Generate and Attach CDA | Send | Cancel

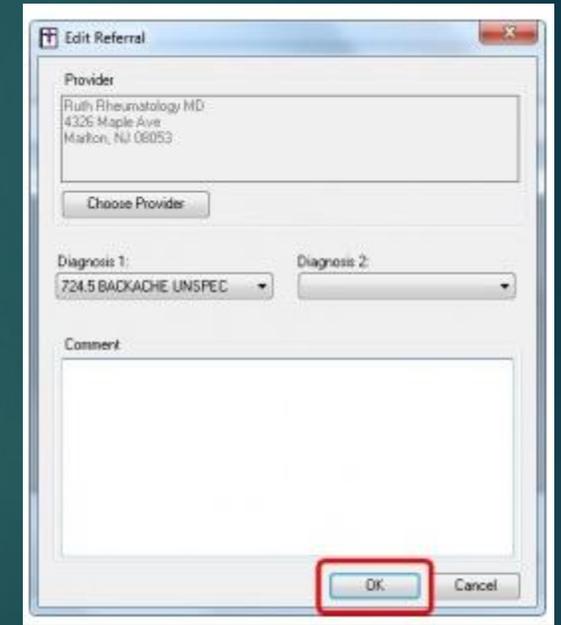
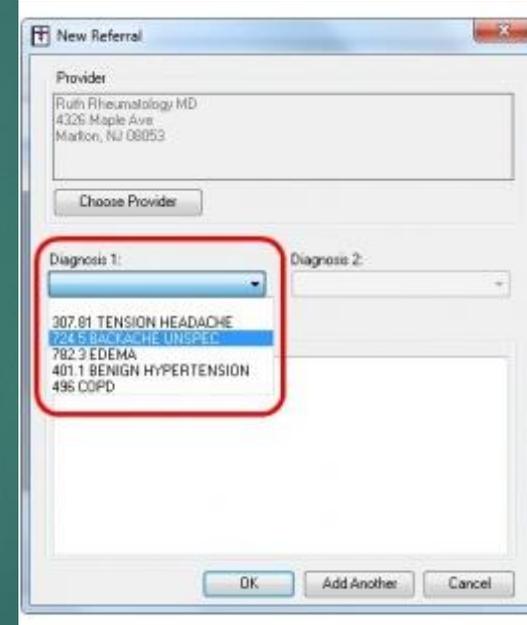
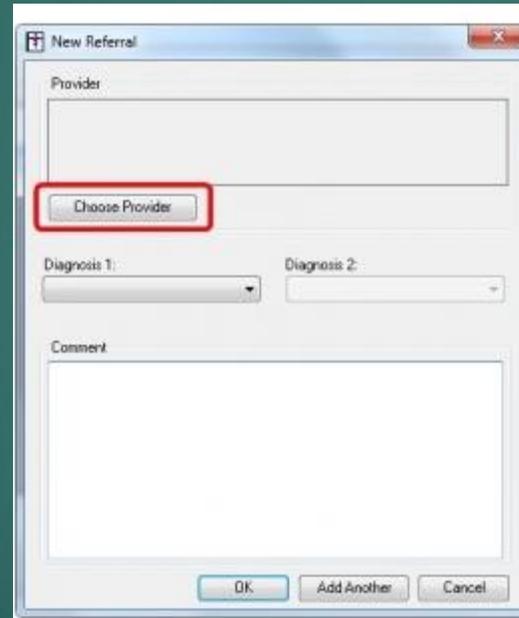
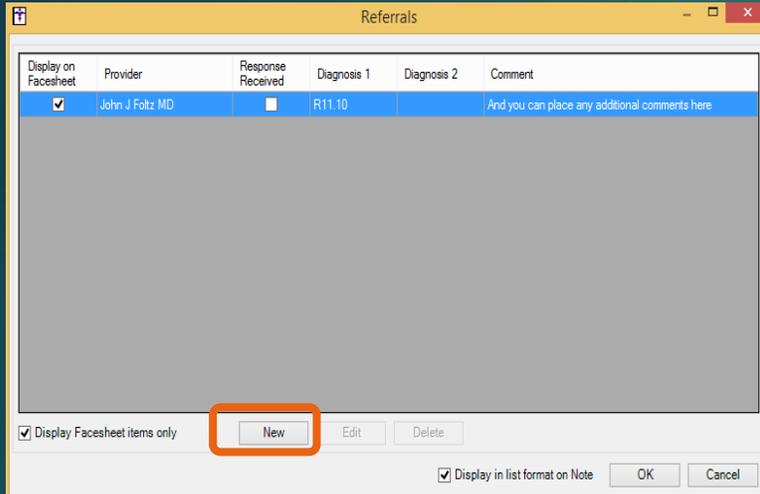
Base Measure – How to achieve

Objective: Health Information Exchange

Measure: Health Information Exchange



To document the transition of care through the “Referral Button” (Optional):



NOTE: The “Referral” button will only get you in the denominator.
You must generate and send the Transition of Care Summary through Direct Messaging

Base Measure

Objective: **Health Information Exchange**

Measure: **Health Information Exchange**



Slide #: 18 - 20

22

To generate and send a Transition of Care Summary through Direct Messaging

1. Open patient's chart
2. To-Do>Direct Messaging>Send New Message
3. Click on the "To" button
4. Enter the Last name, city and state of the provider you are sending to>Click "Search"
5. Click on the provider in the search result window to highlight it>Click "To">Click "Ok"
6. Must enter subject in "Subject" field
7. Click "Generate and Attach CDA" (This is what gives you the credit for this measure)

NOTE: Defaults to Transition of Care Summary as the Document to Export

8. Choose a provider from your practice under "Provider Selection" dropdown
9. Click "Save"
10. Check items in the "Document Exclusion" window that you do not want to appear> Click "OK"
12. Click "OK" in the Export Box
13. Select the provider who is send the document from the dropdown
14. Click "Send"

Base Measure

Objective: **Health Information Exchange**
Measure: **Health Information Exchange**



Slide #: 21

23

To document the transition of care with the Referral Button (Optional):

1. In an office visit note, click the “Referral” button
2. Click “New”
3. Click “Choose Provider”
4. Search for and highlight the appropriate Provider. Click “OK”.
5. Select at least one diagnosis from the patient’s Problem List
6. Enter Comments, if applicable
7. Click “OK”
8. Click “OK” to close the Referral dialog

NOTE: Entering information into the office visit note through the “Referral” button will only contribute to the denominator. Generating the Transition of Care Summary report will contribute to the numerator. If you enter information through the “Referral” button but do not generate a Transition of Care Summary report, you will never contribute to the numerator (meaning you will only be at 50% for this measure). In order to be at 100% for this measure, you either need to generate a transition of Care Summary through Direct Message (See steps on slide 22).

ACI Performance Score Measures

Performance Score Measures = Up to 90 points

- Health Information Exchange = 20%
- Immunization Registry Reporting = 0 or 10%
- Medication Reconciliation = 10%
- Patient-Specific Education = 10%
- Provide Patient Access = 20%
- Secure Messaging = 10%
- View, Download and Transmit = 10%

- Select measures that best fit your practice
- ECs must earn the full base score in order to earn any score in performance category.

Performance Rates for Each Measure Worth Up to 10%

Performance Rate 1-10 = 1%
Performance Rate 11-20 = 2%
Performance Rate 21-30 = 3%
Performance Rate 31-40 = 4%
Performance Rate 41-50 = 5%

Performance Rate 51-60 = 6%
Performance Rate 61-70 = 7%
Performance Rate 71-80 = 8%
Performance Rate 81-90 = 9%
Performance Rate 91-100 = 10%

Double for 20% Measures

Performance Score

Objective: **Public Health Reporting**

Measure: **Immunization Registry Reporting**

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data

Reporting Requirements

YES/NO

- To meet this measure, MIPS eligible clinicians must attest YES to being in active engagement with a public health agency to submit immunization data.

Percentage of Performance Score: 0 or 10%

Yes = 10 points

NO = 0 points

Performance Score – How to achieve

Objective: **Public Health Reporting**

Measure: **Immunization Registry Reporting**

Go to sticomputer.com



Enrollments

New Provider Enrollment for Health Portal (eRx, EPCS, DM, ePA, Labs, etc) and more +

Immunizations +

Immunizations

Immunization Registry Enrollment

For additional information regarding Immunization Registries see the various webinars, videos, and documents on our [Immunizations](#) page.

Delaware

[DELVAX Immunization Registry 2.5.1 Enrollment](#)

KIDS Plus (Philadelphia)

[KIDS Enrollment Instructions](#)

[KIDS Clinic-Enrollment Form](#)

New Jersey

[NJIS Immunization Registry 2.5.1](#)

[NJIS Consent to Share Form](#)

Performance Score

Objective: **Public Health Reporting**

Measure: **Immunization Registry Reporting**



Slide #: 26

27

- Providers who administer ANY immunizations, **MUST** be register with a Public Health Registry to submit their data.
- If you are registered no later then 60 days from the first day of your reporting period you are considered compliant with the measure requirement and can attest YES.
- Go To www.sticomputer.com>Enrollments>Immunizations
- Review the list of registries available for your state and call STI at 610-650-9700.
 - There is no cost
 - STI will provide free set up and training

Performance Score

Objective: **Medication Reconciliation**

Measure: **Medication Reconciliation**

28

The MIPS eligible clinician performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS eligible clinician

Reporting Requirements

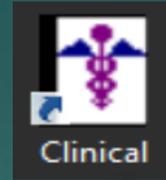
NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.
- **DENOMINATOR:** Number of transitions of care or referrals during the performance period for which the MIPS eligible clinician was the recipient of the transition or referral or has never before encountered the patient.

Performance Score – How to achieve

Objective: **Medication Reconciliation**

Measure: **Medication Reconciliation**



29

To perform a medication reconciliation:

Medication Reconciliation

Medication Reconciliation

Has this patient transitioned from another care setting?
 Not Asked Yes No

Has this patient been referred by another provider?
 Not Asked Yes No

Is this a new patient?
 Not Asked Yes No

Have you completed a Medication Reconciliation for this patient?
 Yes No

Display Results in List Format

OK Cancel

Alternative Method (Procedure Checklist):
This method will work but should be replaced with the “Medication Reconciliation” button.

Procedures

Med Reconciliation

- Medication reconciled (from inpatient facility) (1110F)
- Medication reconciled (from outpatient facility) (1111F)
- Medications not reconciled, reason not otherwise specified (8P) (1111F)

Performance Score

Objective: **Medication Reconciliation**
Measure: **Medication Reconciliation**



Slide #: 29

30

To perform a medication reconciliation:

1. Obtain a list of medications the patient was on under the care of the transferring provider
2. Open the patient's chart and compare that list with what is in ChartMaker® Clinical
3. In a chart note, click "Medication Reconciliation"
4. Select "Yes" to the appropriate method of referral and/or if they are a new patient and "Yes" that Medication Reconciliation was performed and then click "OK"
5. In the same note, enter an appropriate CPT code for the office visit

Please call STI Clinical Support Team if you need assistance with adding the "Medication Reconciliation" button to your templates.

Performance Score

Objective: **Patient Electronic Access**

Measure: **Patient Specific Education**

31

The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide access to those materials to at least one unique patient seen by the MIPS eligible clinician

Reporting Requirements

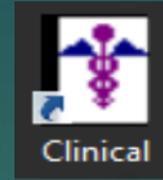
NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of patients in the denominator who were provided access to patient-specific educational resources using clinically relevant information identified from CEHRT during the performance period.
- **DENOMINATOR:** The number of **unique patients** seen by the MIPS eligible clinician during the performance period.

Performance Score – How to achieve

Objective: **Patient Electronic Access**

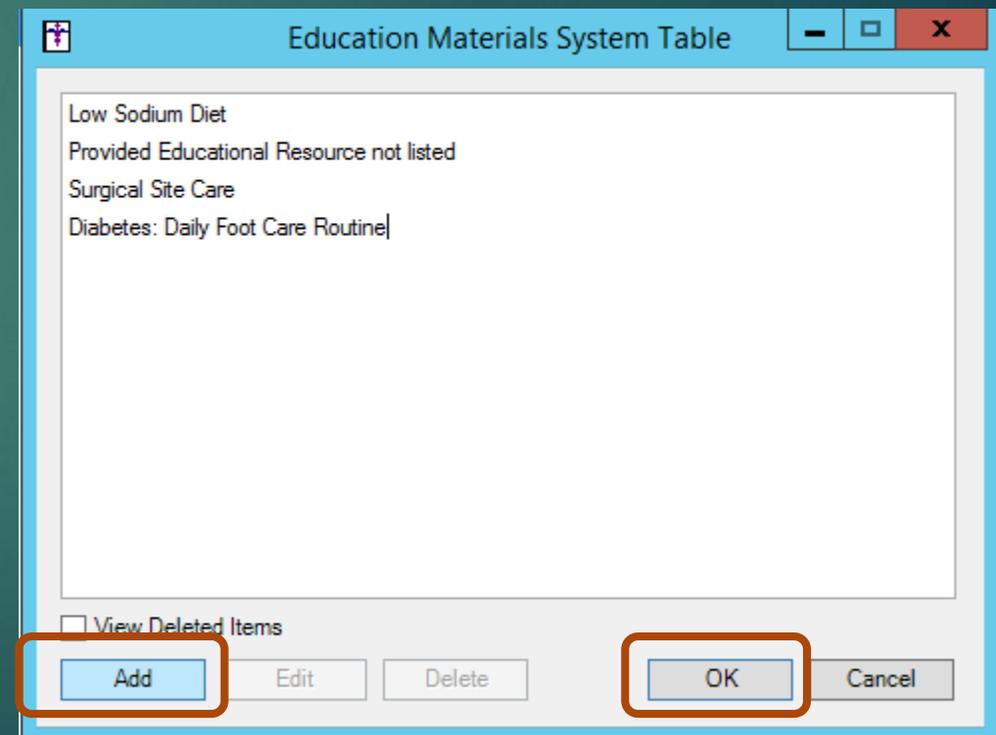
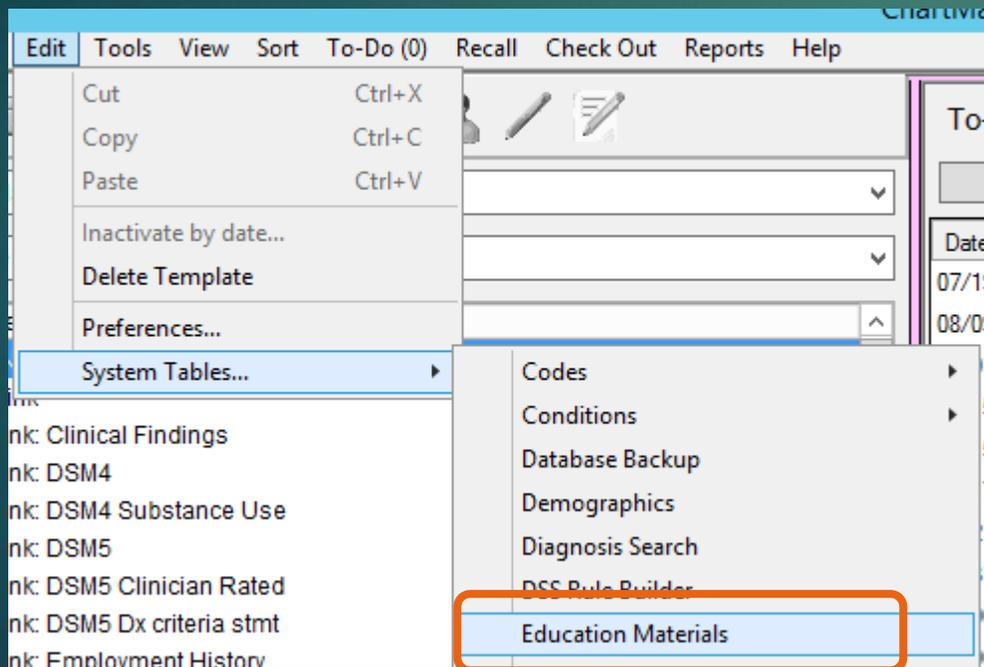
Measure: **Patient Specific Education**



32

In a patient note, you will have the option to select from your pre-defined list or from information found on MedlinePlus.

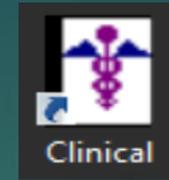
To add educational material options to the database:



Performance Score – How to achieve

Objective: Patient Electronic Access

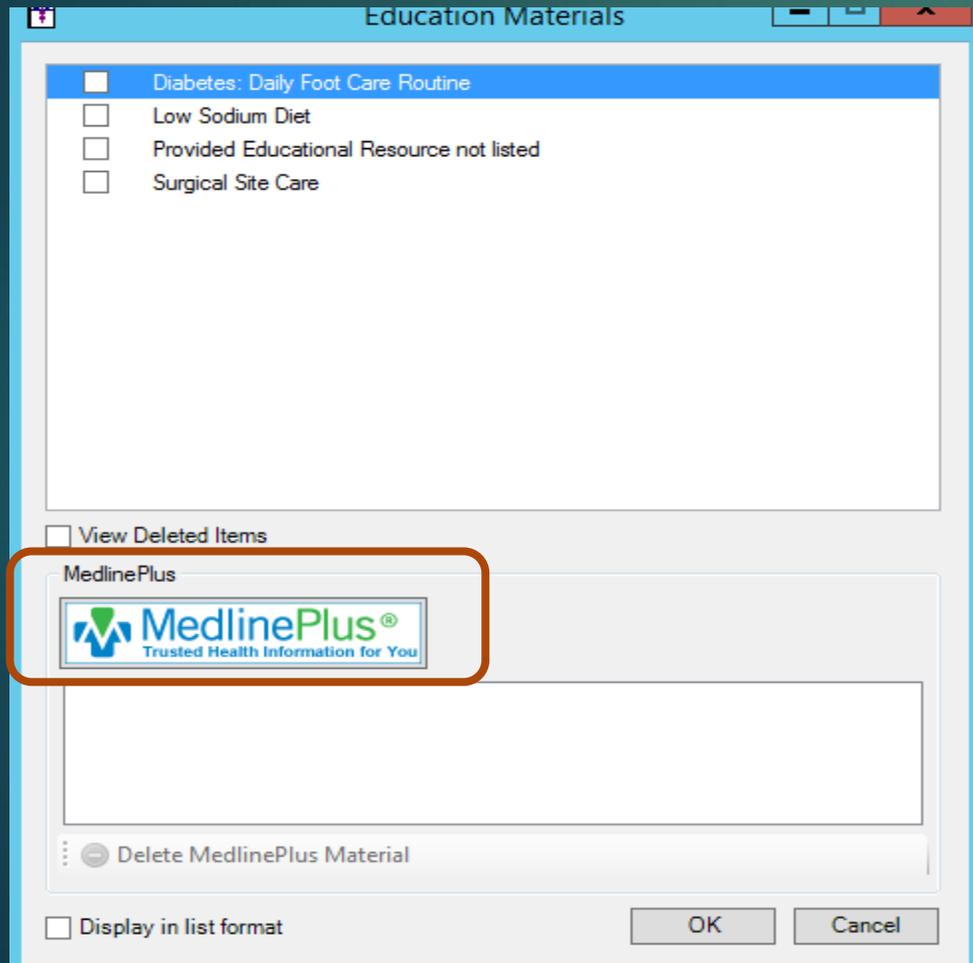
Measure: Patient Specific Education



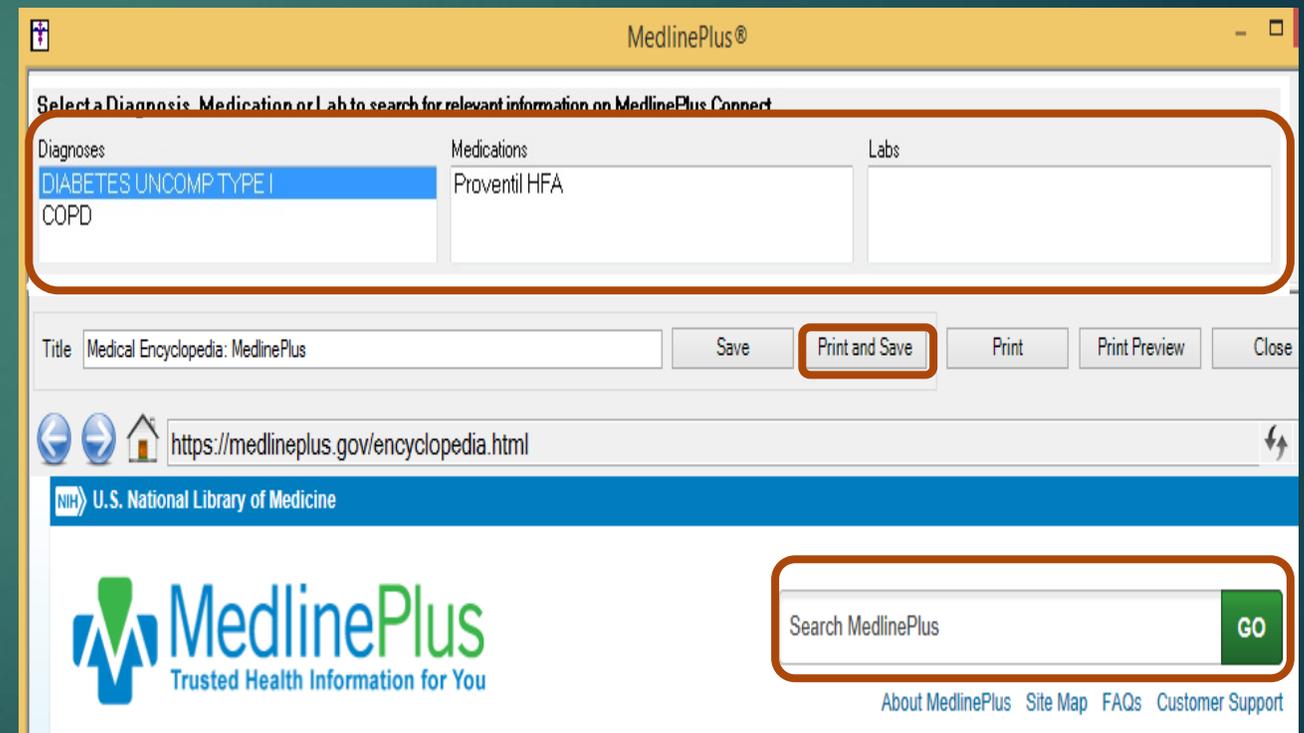
33

To document educational materials using the “Education Materials”

Education Materials



MedlinePlus



Performance Score

Objective: **Patient Electronic Access**

Measure: **Patient Specific Education**



Slide #: 32 - 33

34

To add educational material options to the database:

1. Go to Edit > System Tables > Education Materials
2. Click "Add"
3. Type the description of the educational resource
4. Click "OK" to close the Education Materials System Table dialog

NOTE: Repeat steps 2-3 for any additional educational resource options before clicking "OK".

To document educational materials using the "Education Materials" button:

1. In an office visit note, click "Education Materials"
2. 2. Select the checkbox for the item(s) you would like to document in the current note from the box at the top OR

Click "MedlinePlus" and either search by selecting one of the patient's Diagnoses, Medications or Labs from the boxes at the top OR

By typing the subject you are looking for into the search box and clicking "Go"

After selecting the appropriate item, click "Save and Print".

3. Click "OK" to close the Education Materials dialog
4. Enter an appropriate CPT code and sign your note

Performance Score

Objective: **Secure Electronic Messaging**

Measure: **Secure Electronic Messaging**

35

For at least one unique patient seen by the MIPS eligible clinician during the performance 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 the patient-authorized representative) during the performance period.

Reporting Requirements

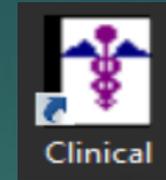
NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative), during the performance period.
- **DENOMINATOR:** Number of **unique patients** seen by the MIPS eligible clinician during the performance period.

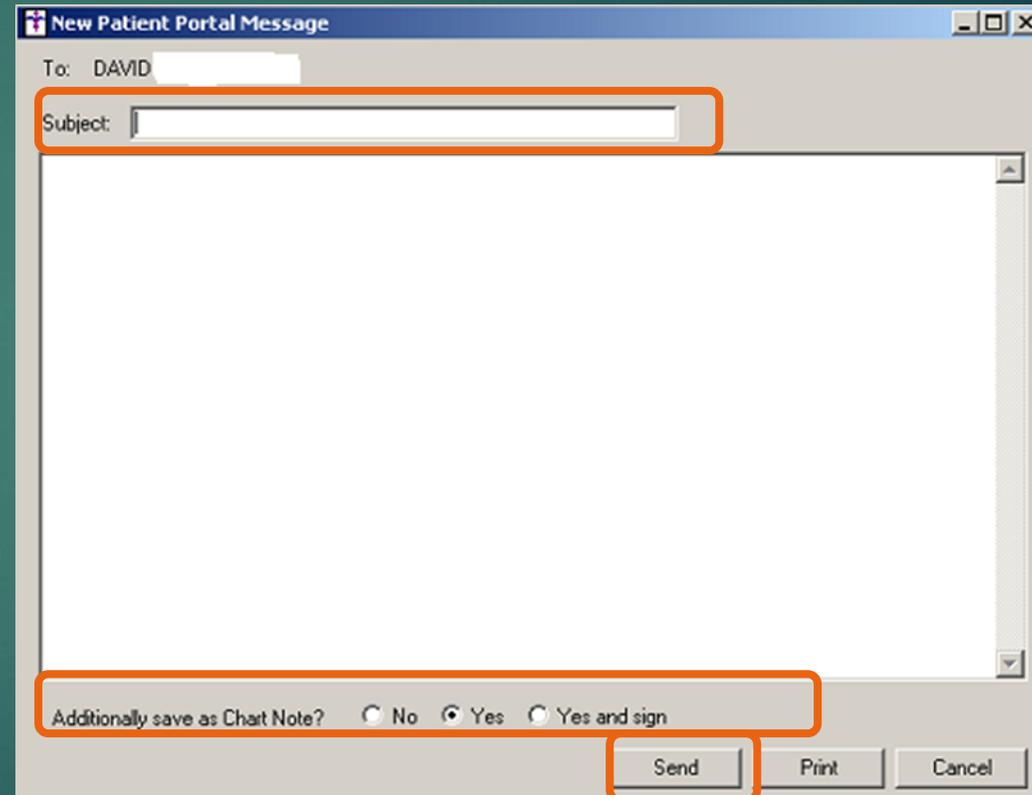
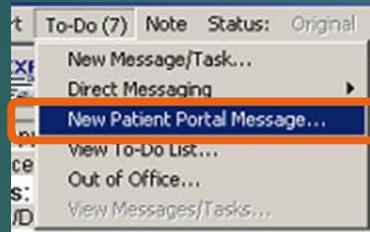
Performance Score – How to achieve

Objective: **Secure Electronic Messaging**

Measure: **Secure Electronic Messaging**



To send the patient a new secure message:



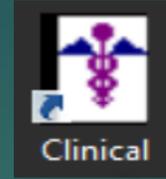
NOTE: The office visit and a sent message must occur within the performance period to count.

All message types will count toward the calculation of this measure

Performance Score – How to achieve

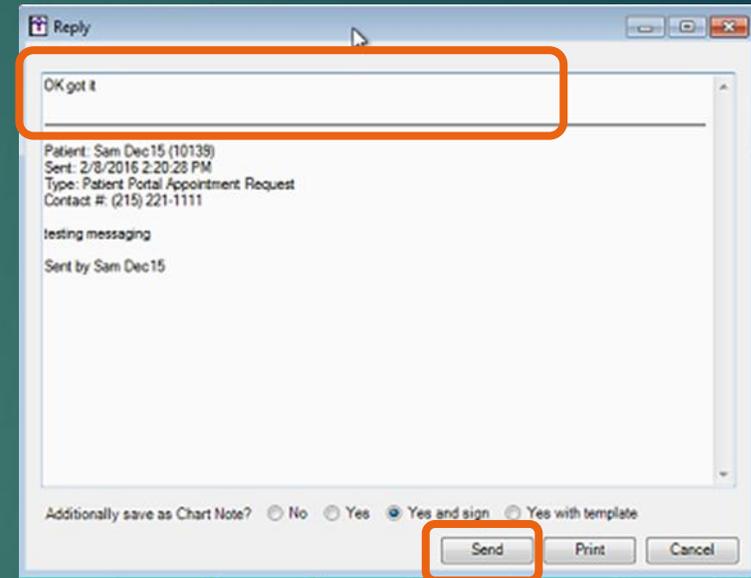
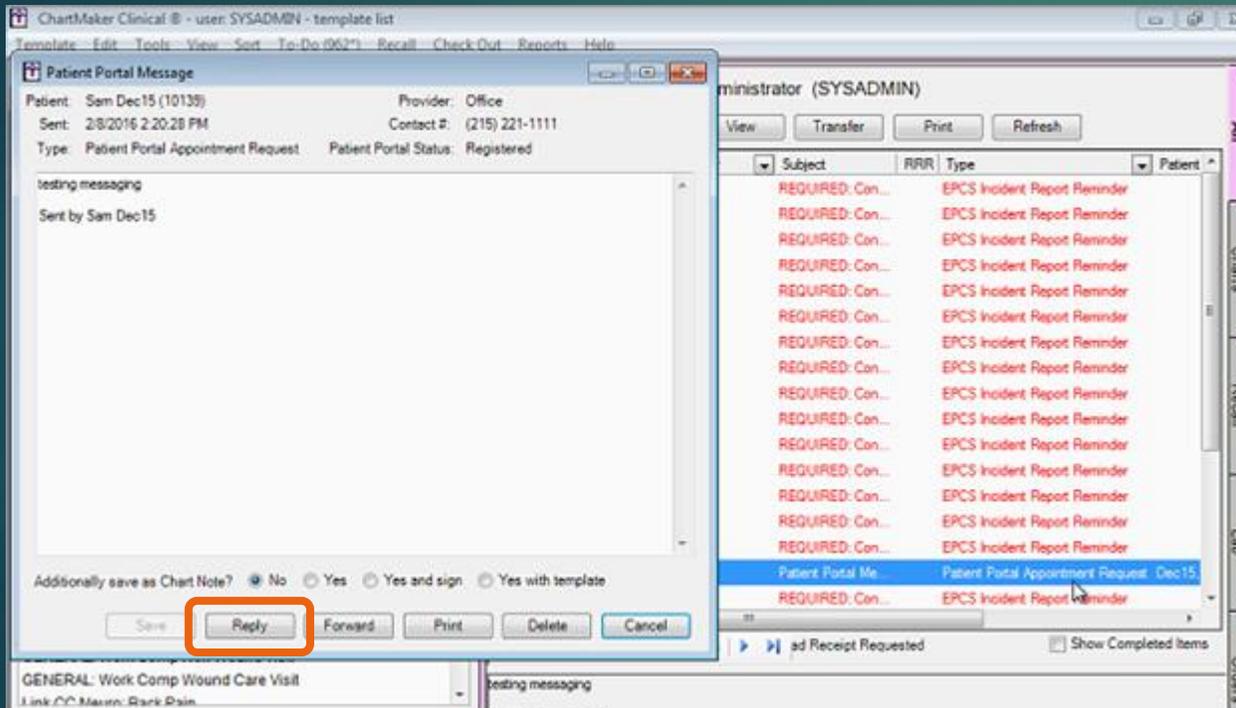
Objective: Secure Electronic Messaging

Measure: Secure Electronic Messaging



Reply to a message sent from the patient:

The provider/user MUST REPLY to the patient's message to get credit



NOTE: The office visit and a sent message must occur within the performance period to count. All message types will count toward the calculation of this message

Performance Score

Objective: **Secure Electronic Messaging**
Measure: **Secure Electronic Messaging**



Slide # 36 - 37

38

To send the patient a new secure message:

NOTE: The office visit and a sent message must occur within the performance period to count.

1. Open patient's chart
2. Click on "To-Do"> "New Patient Portal Message"
3. Enter subject and your message
4. Recommended that you save as a chart note
5. Click "Send"

Reply to a message sent from the patient:

NOTE: The office visit and a sent message must occur within the performance period to count.

The provider/user **MUST REPLY** to the patient's message to get credit

1. Double click the patient portal message on the user/provider's To-Do List
2. Click "Reply"
3. Type in your reply message in top window
4. Recommended that you save as a chart note
5. Click "Send"

NOTE: if saving as a chart note you can change the heading of the note if desired. Click "OK"

Performance Score

Objective: **Patient Electronic Access**

Measure: **View, Download or Transmit**

39

At least one patient seen by the MIPS eligible clinician during the performance period (or patient-authorized representative) views, downloads or transmits their health information to a third party during the performance period.

Reporting Requirements

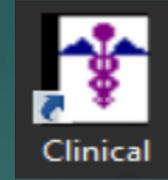
NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the performance period.
- **DENOMINATOR:** Number of **unique patients** seen by the MIPS eligible clinician during the performance period.

Performance Score – How to achieve

Objective: **Patient Electronic Access**

Measure: **View, Download or Transmit**

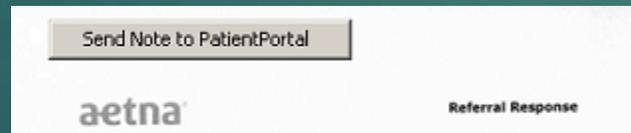


40

- Once the registration is verified, ChartMaker Clinical will automatically send updates at a pre-configured amount of time.



- In order to qualify for this measure, the provider must submit health information for their patients through the ChartMaker® Patient Portal.
- Clinical Summaries and Electronic Labs will automatically upload to the patient's portal upon signing.
- Scan documents can be uploaded by right clicking in the document and choose send to patient portal.



- The patient must also log into their Patient Portal account and either view (Clinical Summaries or Lab Reports), download or transmit their information to a third party.

Base Measure – How to achieve:

Objective: Patient Electronic Access

Measure: Provide Patient Access

41

Steps taken by the patient to complete registration and login to the Patient Portal to View/Download/Transmit information:

Tue 10/28/2014 9:35 AM
ChartMaker® PatientPortal
STI Medical Practice patient portal registration

To: [redacted]

Dear Patient,

Welcome to the ChartMaker® PatientPortal!

By registering on the patient portal, you can enter, view, modify and print your personal health records from any Internet location 24 hours a day. You can also request appointments and prescription renewals online as well as communicate with our office. The site is secure and HIPAA compliant to keep personal information safe and protected.

Begin by clicking on or pasting the following link into your Internet browser:
<https://chartmakerpatientportal.com/Account/Register?ID=bedd419c-8339-4c40-b661-470e035ff5ab&practiceID=003556e0-875f-4a6d-bfc9-7f5a04cc3a0a>
The link for registration will only be active for 60 days.

The first time you log on you will be required to review or

Regards,

Log On

Please enter your user name and password.
Your account has been successfully created. Please log in to use the patient portal.

Username

Password

[Forgot Password?](#)

Sign in

Remember me?

Create a New Account

Use the form below to create a new account.
Passwords are required to be a minimum of 8 characters in length.

Account Information

Username:

Confirm date of birth:

Password:

Confirm password:

Security question:

Answer:

Terms of use:

Patient Portal Authorization Agreement STI Computer

In the event of an emergency dial 911.
Do not use the Patient Portal.

What is the Patient Portal?
The Patient Portal is a web-based system that allows for secure communication and transfer of information between STI Computer and the patient.

Purpose of this Authorization
STI Computer offers a Patient Portal that provides secure electronic access to your medical health information and secure electronic communications between our office and you for those patients who wish to participate. Secure messaging can be a valuable communications tool, but certain precautions should be used to minimize risks. In order to manage these risks we have imposed some terms and conditions of participation. Your acceptance on this form will demonstrate that you have been informed of these risks and the conditions of participation and that you accept the risks and agree to the conditions of participation.

How the Secure Patient Portal Works
A secure web portal is a webpage that uses encryption (a form of electronic security) to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right username and password to log in to the Patient Portal site. Our Patient Portal provides a secure method of messaging to ensure your privacy is in compliance with Federal and State regulations.

I accept the terms of use

Please type the characters you see in the picture below:

 42889988

Type the text:

[Privacy & Terms](#)

Base Measure

Objective: **Patient Electronic Access**

Measure: **Provide Patient Access**



Slide #: 41

42

Steps taken by the patient to complete registration and login to the Patient Portal to View/Download/Transmit information:

1. Log into their email account and access the email regarding the Patient Portal registration
2. Click the link to access the Patient Portal to complete registration
3. Fill out the required information (Username, Date of Birth, Password, Confirm Password, Security Question and Answer)

NOTE: Date of Birth must match what is documented in Practice Manager/Clinical.

4. Accept the Terms of Use along with typing the security characters that are displayed in the picture

5. Click "Register"

6. Login using the credentials designated in Step 3

7. Complete one or all of the following actions:

a) View Clinical Summaries by clicking "Clinical Summaries"

b) View Lab results by clicking "Lab Results"

c) Download information by either going to "Clinical Summaries" or "Lab Reports" and then clicking "Download"

d) Transmitting a Clinical Summary or Lab Report by going to "Messages" and then clicking "Send a Direct message"

Bonus Points

You must satisfy all base score measures to receive bonus points

Bonus Score

Objective: **Public Health Reporting**

Measure: **Specialized Registry Reporting**

Measure: **Syndromic Surveillance Reporting**

44

Bonus Points = 5

Specialized Registry Reporting: The MIPS eligible clinician is in active engagement to submit data to a specialized registry.

AND/OR

Syndromic Surveillance Reporting: The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data

Reporting Requirements

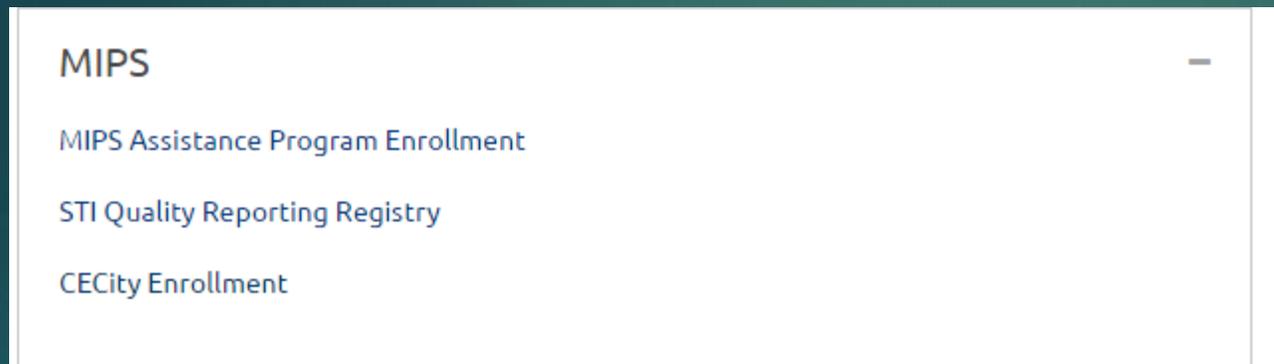
YES/NO

Bonus Score

Objective: **Public Health Reporting**

Measure: **Specialized Registry Reporting**

Go To www.sticomputer.com>Enrollments>MIPS>CECity Enrollment



In order to qualify for the bonus points, the provider must document specific case information in the EMR and submit this information to a specialized registry on an ongoing basis. For this purpose, STI has partnered with the Genesis Registry (provided by CECity). More information can be found at <http://info.cecocity.com>. CCDAs will be generated for all patients within a specified date range for the provider. The files will be sent to the STI Health Portal which will then pass them along to CECity via an SFTP process. The cost is \$399/provider/CALENDAR year.

Bonus Score

Clinical Practice Improvement Activity

46

MIPS EC who attests to completing at least **one** of the selected clinical practice improvement activities.

Score: 10 points Reporting Requirement: YES/NO

- Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record
- Anticoagulant management improvements
- Glycemic management services
- Chronic care and preventative care management for empanelled patients
- Implementation of methodologies for improvements in longitudinal care management for high risk patients
- Implementation of episodic care management practice improvements
- Implementation of medication management practice improvements
- Implementation of use of specialist reports back to referring clinician or group to close referral loop
- Implementation of documentation improvements for practice/process improvements
- Implementation of practices/processes for developing regular individual care plans
- Practice Improvements for bilateral exchange of patient information
- Use of certified EHR to capture patient reported outcomes
- Engagement of patients through implementation of improvements in patient portal
- Engagement of patients, family and caregivers in developing a plan of care
- Use decision support and standardized treatment protocols
- Leveraging a QCDR to standardize processes for screening
- Implementation of integrated PCBH model
- Electronic Health Record Enhancements for BH data capture

ACI Total Score

$$\begin{array}{|c|} \hline \text{Base Score} \\ \hline 50 \text{ Points} \\ \hline \end{array} + \begin{array}{|c|} \hline \text{Performance Score} \\ \hline \text{Up to } 90 \text{ Points} \\ \hline \end{array} + \begin{array}{|c|} \hline \text{Bonus Points} \\ \hline 15 \text{ Points} \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Total Points} \\ \hline \text{Capped at } 100 \text{ points} \\ \hline \end{array}$$

$$\begin{array}{|c|} \hline \text{Total Points} \\ \hline \end{array} \div \begin{array}{|c|} \hline 100 \\ \hline \text{Total Possible Points} \\ \hline \end{array} = \begin{array}{|c|} \hline \# \\ \hline \end{array} \times \begin{array}{|c|} \hline 25\% \\ \hline \text{Category Weight} \\ \hline \end{array} = \begin{array}{|c|} \hline \# \\ \hline \end{array}$$

$$\begin{array}{|c|} \hline \# \\ \hline \end{array} \times \begin{array}{|c|} \hline 100 \\ \hline \end{array} = \begin{array}{|c|} \hline \text{ACI Total Score} \\ \hline \end{array}$$

STI's MIPS Assistance Program

48

The coaches are working with the practices to:

- Educate them on the program and it's details
- Quality measures
 - Help them select the 6 measures & Configure the measures
 - Train them on how to document them in Clinical
- Advancing Care Information
 - Make decisions about what measures they will comply with
 - Make any necessary changes in Clinical accordingly
- Clinical Practice Improvement Activities
 - Review the options & Help them select CPIAs
 - Make changes in system to support CPIA as necessary
- Quality Registry Portal
 - Get them access to the portal
 - Familiarize them with the portal functionality
 - Show them how to review and make any corrections to the data
- Touch-base calls during the year to answer questions & assess your progress
- Assist with MIPS Attestation

STI MIPS Assistance Program

The cost of the MIPS Assistance Program is \$3750 for the 1st provider in the practice and \$1875 for each additional provider.

<http://sticomputer.com/mips-enrollment>

STI Quality Registry

The cost for the Quality Registry is \$590 per provider, per year.
But it's free for **MIPS Assistance Program clients**.

Additional Help!

- ▶ Call QPP Service Center:

1-866-288-8292

Available: Monday – Friday 8am-8pm

- ▶ Send Questions:

QPP@CMS.hhs.gov

Thank you for attending today's webinar