Stage 3 Meaningful Use Tip Sheet
Health Information Exchange

Objective 7, Measure 2
October 2019

To assist Eligible Professionals in understanding Stage 3 meaningful use requirements, this tip sheet has been developed for Objective 7, Measure 2. **Objective 7, requires EPs to meet two of the measures but attest to all three**.

For complete information on this objective and the three measures, refer to the CMS Specification Sheet.

Objective 7: *The eligible professional (EP) provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their electronic health record (EHR) using the functions of certified EHR technology (CEHRT).*

- *Please refer to the Stage 3 CMS Specification Sheet for Objective 7 (HIE) for a list of required items that must be included in the summary of care document.*

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

Measure 2 Exclusion: *The total transitions or referrals received and patient encounters in which he or she has never before encountered the patient, is fewer than 100 during the EHR reporting period.*

Transition of Care *is defined as the movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum this includes all transitions of care and referrals that are ordered by the EP.*

Additional Information from the Specification Sheet:

- The exchange must comply with the privacy and security protocols for electronic protected health information (ePHI) under the Health Insurance Portability and Accountability Act (HIPAA).
- A record cannot be considered incorporated if it is discarded without the reconciliation of clinical information or if it is stored in a manner that is not accessible for EP use within the EHR.

If The Summary Of Care Record Is Not Available:

For instances where the summary of care document is *not* received upon receipt of a transition of care/referral or upon the first patient encounter with a new patient, CMS allows the provider to take certain actions to classify the summary of care as "unavailable" and, therefore, may be removed from the Measure 2 denominator.

The following actions are required to remove an instance from the Measure 2 denominator:

The provider requested an electronic summary of care record to be sent and did not receive an electronic summary of care document; **AND**

- The provider either queried at least one external source via HIE functionality and did not locate a summary of care for the patient, or the provider does not have access to HIE functionality to support such a query.

—OR—

- The provider confirmed that HIE functionality supporting query for summary of care documents was not operational in the provider's geographic region and not available within the provider's EHR network as of the start of the EHR reporting period.

When a summary of care document is received, the summary of care information needs to be incorporated into the CEHRT and the patient should not be removed from the denominator.

Supporting Documentation for the MAPIR Application

If the summary of care document is classified as "unavailable" using the process above, a signed letter on the provider's letterhead must be uploaded with the application. At a minimum, the letter must include the following information:

- The provider's name and EHR reporting period;
- The updated Measure 2 denominator after "unavailable" instances were removed;
- A detailed description of how the provider met the CMS criteria for classifying a summary of care document as unavailable.

- Florida strongly encourages providers to work with their EHR vendors to understand how their Meaningful Use Dashboard captures instances in the numerator and denominator for the measure.
- The EP is responsible for maintaining auditable documentation for prepayment verification and/or post payment audit to support that they meet the measure requirements specified in the CMS specification sheet.