

2015 Edition §170.315(g)(1) Automated Numerator Recording				
Testing Components:				
				ONC Supplied Test Data
Test Procedure Version 1.0 – Last Updated 10/18/16				

Please consult the Final Rule entitled: 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications for a detailed description of the certification criterion with which these testing steps are associated. We also encourage developers to consult the Certification Companion Guide in tandem with the test procedure as they provide clarifications that may be useful for product development and testing.

Note: The order in which the test steps are listed reflects the sequence of the certification criterion and does not necessarily prescribe the order in which the test should take place.

Required Tests

The following table provides a description of the Stage 2 2015 - 2017 and Stage 3 Medicare and Medicaid Electronic Health Record (EHR) Incentive Program objectives and the ACI Modified Stage 2 and ACI objectives supported by the measure calculation (numerator recording (§170.315(g)(1)) certification criteria.

Meaningful Use Stage 2 2015 – 2017, Stage 3, and ACI Percentage-Based Measures	Certification Criteria that Directly Correlate with Utilization Expected by Meaningful Use Percentage-based measure(s)	Comments, Additional Certification Criteria
<p>Required Test 1</p> <p>Stage 2 Objective 4 and Stage 3 Objective 2</p> <p>ACI Modified Stage 2 Objective 2 Measure 1 and ACI Objective 2 Measure 1</p>	<p>§170.315(b)(3) Electronic Prescribing</p> <p>§170.315(a)(10) Drug- Formulary and Preferred Drug List Checks</p>	
<p>Required Test 2</p> <p>Stage 2 Objective 8 Measure 1 and Stage 3 Objective 5 Measure 1</p> <p>ACI Modified Stage 2 Objective 3 Measure 1 and ACI Objective 3 Measure 1</p>	<p>§170.315(e)(1) View, Download, and Transmit to 3rd party</p> <p>§170.315(g)(7) Application access – patient selection</p> <p>§170.315(g)(8) Application access – data category request</p> <p>§170.315(g)(9) Application access – all data request</p>	<p>§170.315(g)(7) Application access – patient selection, §170.315(g)(8) Application access – data category request, §170.315(g)(9) Application access – all data request support the Stage 3 measure only</p>

Meaningful Use Stage 2 2015 – 2017, Stage 3, and ACI Percentage-Based Measures	Certification Criteria that Directly Correlate with Utilization Expected by Meaningful Use Percentage-based measure(s)	Comments, Additional Certification Criteria
<p>Required Test 3</p> <p>Stage 2 Objective 6 and Stage 3 Objective 5 Measure 2</p> <p>ACI Modified Stage 2 Objective 4 Measure 1 and ACI Objective 3 Measure 2</p>	<p>§170.315(a)(13) Patient-Specific Education Resources</p>	
<p>Required Test 4</p> <p>Stage 2 Objective 8 Measure 2 and Stage 3 Objective 6 Measure 1</p> <p>ACI Modified Stage 2 Objective 3 Measure 2 and ACI Objective 4 Measure 1</p>	<p>§170.315(e)(1) View, Download and Transmit to 3rd party</p> <p>§170.315(g)(7) Application access – patient selection</p> <p>§170.315(g)(8) Application access – data category request</p> <p>§170.315(g)(9) Application access – all data request</p>	<p>§170.315(g)(7) Application access – patient selection, §170.315(g)(8) Application access – data category request, §170.315(g)(9) Application access – all data request support the Stage 3 measure only</p>
<p>Required Test 5</p> <p>Stage 2 Objective 7 and Stage 3 Objective 7 Measure 3</p> <p>ACI Modified Stage 2 Objective 7 Measure 1 and ACI Objective 5 Measure 3</p>	<p>§170.315(b)(2) Clinical information reconciliation</p> <p>OR</p> <p>§170.315(b)(2) Optional - clinical information reconciliation and incorporation (CIRI)</p>	<p>§170.315(b)(1) Transitions of care – receive, display, and incorporate summary care records may support electronic receipt of transitions of care/referral summaries</p> <p>OR</p> <p>§170.315(b)(2) Optional - clinical information reconciliation and incorporation (CIR)</p>
<p>Required Test 6</p> <p>Stage 3 Objective 6 Measure 3</p> <p>ACI Objective 4 Measure 3</p>	<p>§170.315(e)(3) Patient Health Information Capture</p>	
<p>Required Test 7</p> <p>Stage 3 Objective 7 Measure 2</p> <p>ACI Objective 5 Measure 2</p>	<p>§170.315(b)(1) Transitions of Care</p>	

Meaningful Use Stage 2 2015 – 2017, Stage 3, and ACI Percentage-Based Measures	Certification Criteria that Directly Correlate with Utilization Expected by Meaningful Use Percentage-based measure(s)	Comments, Additional Certification Criteria
Required Test 8 Stage 2 Objective 5 and Stage 3 Objective 7 Measure 1 ACI Modified Stage 2 Objective 6 Measure 1 and ACI Objective 5 Measure 1	§170.315(b)(1) Transitions of Care	
Required Test 9 Stage 2 Objective 9 and Stage 3 Objective 6 Measure 2 ACI Modified Stage 2 Objective 5 Measure 1 and ACI Objective 4 Measure 2	§170.315(e)(2) Secure Messaging	
Required Test 10 Stage 2 Objective 3 Measure 1 and Stage 3 Objective 4 Measure 1	§170.315(a)(1) Computerized Provider Order Entry (CPOE) – Medications	
Required Test 11 Stage 2 Objective 3 Measure 2 and Stage 3 Objective 4 Measure 2	§170.315(a)(2) CPOE – Laboratory	
Required Test 12 Stage 2 Objective 3 Measure 3 and Stage 3 Objective 4 Measure 3	§170.315(a)(3) CPOE – Diagnostic Imaging	

(g)(1) Automated numerator recording. For each percentage-based measure, technology must be able to create a report or file that enables a user to review the patients or actions that would make the patient or action eligible to be included in the measure’s numerator. The information in the report or file created must be

of sufficient detail such that it enables a user to match those patients or actions to meet the measure's denominator limitations when necessary to generate an accurate percentage.

Standards:

None.

Organization:

The tests are organized as follows:

- The Global Required Test section addresses required capabilities across any or all modules that can be demonstrated once for each module, combination of modules, or complete set of modules of the Health IT Module being tested.
- Required Tests 1 through 12 are measure-specific sections that address required capabilities for each measure.

For the Global Required Test

Within the global section, the test procedure addresses the capability of the Health IT Module to create reports for measures for a specified reporting period. For Inpatient settings, this test procedure addresses the capability for the Health IT Module to allow eligible hospitals and critical access hospitals to calculate emergency department (ED) admissions using one of two methods (observation services method vs. all ED visits method). The test procedure also addresses the capability for the Health IT Module to allow Eligible Clinicians to calculate ACI measures as the group level. The group level is defined as a TIN, and health IT developers must demonstrate that data can be deduplicated and aggregated for multiple NPIs that fall under a single TIN. Finally, the global section addresses the capability of the Health IT Module to allow Eligible Providers/Eligible Clinicians (EP/EC) to calculate measures at the individual EP/EC level.

- Record – evaluates the capability to electronically record the numerator for each objective with a percentage-based measure.
 - The health IT developer identifies the measure that will be used for the Global Required Test.
 - The health IT developer identifies the method(s) by which the Health IT Module records the numerator measure elements for the chosen measure.
 - The tester records all numerator measure elements for the method(s) by which the Health IT Module records the numerator for the chosen measure specified in System Under Test in the Global Required Test.
 - The tester verifies that the numerator, as applicable to §170.315(g)(1), that is recorded is accurate and complete, based on the measure elements described in Test Lab Validation in the Global Required Test.

Within each of the reports in the Global Required Test, the test procedures address the capabilities to report the chosen measure. A single set of test patients has been created for use in the Global Required Test.

- Report – evaluates the capability to create a report that includes the numerator for §170.315(g)(1) associated with the chosen percentage-based measure.
 - The user enters all of the test patients from the Required Global Test tab in the Test Data (i.e. User setup prior to testing).

- Using the identified functions of the Health IT Module, the Tester creates a report that includes the numerator for the chosen measure based on the supplied test data from the Global Required Test.
- The tester records the numerator for each measure, as specified in the System Under Test in the Global Required Test.
- The tester verifies that the increments in the numerator produced in the delta report are accurate and complete and represent the expected values, based on the supplied test data, and reflecting the Information Types found in System Under Test of the Global Required Test. The tester uses the English Statements described in the Test Guide for the Global Required Test.

For Measure Specific Sections

Within each of the measure-specific sections, the test procedure addresses the capability to record the numerator for §170.315(g)(1) for each measure for Stage 2 2015 – 2017 and Stage 3 of meaningful use and the Stage 2 Modified ACI measures and the ACI measures:

- Record – evaluates the capability to electronically record the numerator for each objective with a percentage-based measure.
 - The health IT developer identifies the method(s) by which the Health IT Module records all numerator measure elements for each measure.
 - The tester records all numerator measure elements for the method(s) by which the Health IT Module records the numerator for each measure.
 - The tester verifies that the numerator, as applicable to §170.315(g)(1), that is recorded is accurate and complete, based on the measure elements described in the Test.

Within each of the measure-specific sections, the test procedures address the capabilities to report each measure for Stage 2 2015 – 2017 and Stage 3 of meaningful use and the Stage 2 Modified ACI measures and the ACI measures. A single set of test patients has been created that occur across all required tests. As such, the tester must choose at least two patients from each scenario from the single list of test patients and ensure that a test patient that appears in at least two scenarios is chosen.

- Report – evaluates the capability to create a report that includes the numerator for §170.315(g)(1) associated with each percentage-based measure.
 - The user enters the test patients designated by the tester (i.e. User setup prior to testing).
 - The user enters the test data for the test patients selected, starting with those in Scenario 1.
 - Using the identified functions of the Health IT Module, the Tester creates a report that includes the numerator for each measure based on the supplied test data from Test Data Scenario 1 (baseline measure report).
 - The tester records the numerator for each measure.
 - The tester selects the test patients from the single list, choosing test patients that appear in Test Data Scenario 2 to modify the numerator. The Tester enters the information for the Test Case(s) selected.
 - The tester selects the test patients from the single list, choosing test patients that appear in Test Data Scenario 3 to populate the numerator and denominator. The Tester enters the information for the Test Case(s) selected.
 - The tester selects the test patients from the single list, choosing test patients that appear in Test Data Scenario 4 that does not record the numerator. The Tester enters the information for the Test Case(s) selected.

- Using the identified functions of the Health IT Module, the User creates the report that includes the numerator associated with each percentage-based measure, based on the health IT developer supplied test data and the supplied test data (delta report).
- The tester verifies that the increments in the numerator produced in the delta report are accurate and complete and represent the expected increments in comparison to the baseline measure report, based on the health IT developer supplied test data and added Tester-selected test data set from the supplied test data, and reflecting the method(s) used to record the numerator. The tester uses the English Statements described in the Test Guide for each measure.

The test data for §170.315(g)(1) are previously supplied. ONC supplies Test Cases to be used during the test, and the health IT developer supplies information as directed in the test data. The measure specific test data is organized into a single set of 14 test cases which are used across all required tests. As such, each test case appears in the same scenario in each required test, though the numerator and denominator may not increment the same across each required test. Test cases will be selected from the single list of test patients, ensuring that at least two test cases from each scenario are chosen, and that at least one test case that appears in multiple scenarios is chosen.

Each measure-specific Test Description provides a Measure Element list and English Statements for each measure. The English Statements derive from the CMS Stage 2 2015 – 2017 and Stage 3 final rule definitions of a measure’s numerators and the Quality Performance Program final rule definitions of an ACI measure’s numerators. The Measure Element list deconstructs the English Statements to provide the discrete measure elements for recording the numerator (g1).

Criteria ¶	System Under Test	Test Lab Verification
<p>(g)(1) Required Global Test</p>	<ol style="list-style-type: none"> 1. The user, using the identified Health IT Module functions and the supplied Test Data Scenario(s), is able to record values and create reports for the following reporting periods (at a minimum): <ol style="list-style-type: none"> a) Eligible Professional Individual Reports, Eligible Clinician Individual Reports, Eligible Clinical Group Reports and/or Eligible Hospital/Critical Access Hospital Reports: Any 90 consecutive days within a calendar year, including 90 day periods that span across more than 3 months; calendar year quarters (first, second, third, fourth); and calendar year. 2. The Health IT developer identifies the method(s) by which the Health IT Module records all numerator measure elements for each measure. 3. The user enters all five test patients from the Required Global Test section of supplied test data. The user creates a report that includes the numerator for a chosen measure based on the test data. 4. (Ambulatory Only) The user creates a report for two Eligible Professionals/Eligible Clinicians (these may be two separate reports) and increments the numerator of patients entered based on the test data instructions. 5. (Ambulatory and Inpatient) The user creates a report for a single TIN that includes the three Eligible Clinicians in the test data with distinct NPIs and increments the numerator of patients entered for all Eligible Clinicians in the TIN based on the test data instructions. 	<ol style="list-style-type: none"> 1. The tester verifies that the Health IT Module is able to accurately adjust the reporting period types and that the numerator (g1) information is accurate and complete for each reporting period and measure. 2. The tester verifies that the numerators recorded, as applicable to §170.315(g)(1), are accurate and complete, based on the measure elements described in the Test. 3. The tester verifies that the increments in the numerator produced in the delta report are accurate and complete and represent the expected increments in comparison to the baseline measure report, based on the Health IT developer-supplied test data and added Tester-selected test data set from the supplied test data, and reflecting the method(s) used to record the numerator (g1). The tester uses the English Statements described in the Test Guide for each measure. 4. (Ambulatory only) The tester verifies the creation of report(s) for two Eligible Professionals that includes the chosen Test Data Scenario, and that the numerator is created correctly and without omission. 5. (Ambulatory and Inpatient) The tester verifies the creation of a report for a single TIN that includes the chosen Test Data Scenario, and that the numerator is created correctly and without omission. 6. (Inpatient only) The tester verifies the following: <ol style="list-style-type: none"> a) That calculation of the Observation Services Method is accurate and includes test patients with types A, B, D, and E stated in and listed below Step 6 in Information Types, of System Under Test.

Criteria ¶	System Under Test	Test Lab Verification
	<p>a) The three providers provided in the Required Global Test of the Test Data are to have three distinct NPIs and but the same TIN.</p> <p>6. (Inpatient Only) The user creates a report using both methods for inpatient admission:</p> <p>a) Observation Services Method b) All emergency department (ED) Visits Method</p> <p>The Required Global test designates each test patient by one of the following patient and encounter information types:</p> <p>Information Types</p> <p>(A) Direct admission to inpatient department. (B) Admitted to the ED and then admitted to the inpatient department. (C) Admitted to the ED and discharged from the ED. (D) Admitted to the ED and received observation services and then admitted to the inpatient department. (E) Admitted to the inpatient department upon receiving observation services in the outpatient department of the hospital.</p>	<p>b) That calculation of the All ED Visits Method is accurate and includes test patients with the information types C, stated in and listed below Step 6 in Information Types, of System Under Test.</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 1</p> <p>Stage 2 Objective 4 and Stage 3 Objective 2</p> <p>ACI Modified Stage 2 Objective 2 Measure 1 and ACI Objective 2 Measure 1</p>	<p>The user records and reports a baseline report and a delta report. Any prescriptions written by the EP/EC in an ambulatory setting, or discharge medication orders in an inpatient setting, will record the numerator once per prescription transmitted electronically and queried for a drug formulary for a patient who was seen/admitted during the reporting period.</p> <p>Measure Description</p> <p><i>Stage 2 Measure:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP): More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified Health IT; b) Eligible Hospital/Critical Access Hospital (EH/CAH): More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified Health IT. 	<p>The tester verifies that the baseline and delta reports are created correctly and without omission and include sufficient detail to match the patients or actions in the numerator report to the measure’s denominator limitations. The tester will use the information provided in Required Test 1 and use ONC Test Data Scenario(s) 1, 2, 3 and 4.</p>

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 2 Measure English Statements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: The number of prescriptions generated, queried for a drug formulary and transmitted electronically b) Inpatient: <ul style="list-style-type: none"> • Numerator: The number of prescriptions generated, queried for a drug formulary and transmitted electronically <p><i>Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: Prescription generated, queried for a formulary and transmitted electronically b) Inpatient: <ul style="list-style-type: none"> • Numerator: Prescription generated, queried for a formulary and transmitted electronically <p><i>Stage 3 Measure:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP): More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT. b) Eligible Hospital/Critical Access Hospital (EH/CAH): More than 25 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT. 	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 3 Measure English Statements:</i></p> <ul style="list-style-type: none"> a) Ambulatory <ul style="list-style-type: none"> • Numerator: The number of prescriptions, queried for a drug formulary, and transmitted electronically using CEHRT. b) Inpatient: <ul style="list-style-type: none"> • Numerator: The number of prescriptions generated, queried for a drug formulary and transmitted electronically. <p><i>Stage 3 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: Prescription generated, queried for a formulary and transmitted electronically. b) Inpatient: <ul style="list-style-type: none"> • Numerator: Prescription generated, queried for a formulary and transmitted electronically. <p><i>ACI Modified Stage 2 Measure</i></p> <ul style="list-style-type: none"> a) Eligible Clinician (EC): At least one permissible prescription written by the MIPS EC is queried for a drug formulary and transmitted electronically using certified EHR technology. <p><i>ACI Modified Stage 2 English Statements:</i></p> <ul style="list-style-type: none"> a) Numerator: The number of prescriptions generated, queried for a drug formulary, and transmitted electronically using certified EHR technology. <p><i>ACI Modified Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Numerator: Prescription generated, queried for a formulary and transmitted electronically 	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>ACI Measure:</i></p> <ul style="list-style-type: none"> a) EC: At least one permissible prescription written by the MIPS EC is queried for a drug formulary and transmitted electronically using certified EHR technology. <p><i>ACI English Statements:</i></p> <ul style="list-style-type: none"> a) Numerator: The number of prescriptions generated, queried for a drug formulary, and transmitted electronically using certified EHR technology. <p><i>ACI Measure Elements:</i></p> <ul style="list-style-type: none"> a) Numerator: Prescription generated, queried for a formulary and transmitted electronically. 	

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 2</p> <p>Stage 2 Objective 8</p> <p>Measure 1 and Stage 3 Objective 5 Measure 1</p> <p>ACI Modified Stage 2 Objective 3 Measure 1 and ACI Objective 3 Measure 1</p>	<p>The user through the identified Health IT Module functions and with the supplied View, Download, Transmit (VDT) List, records and reports a baseline report and a delta report.</p> <p>The act of giving a patient timely online access to his or her health information will record the numerator if:</p> <p>Stage 2: the information is made available within 4 business days after the information is made available to the EP or within 36 hours of discharge from the EH/CAH, for patients seen by the EP or discharged from the inpatient or emergency department (POS 21 or 23) of the EH/CAH during the reporting period.</p> <p>Stage 3: the information is made available to the patient within 48 hours of its availability to the provider for an EP or within 36 hours of its availability to the provider for an eligible hospital or CAH.</p> <p>ACI Modified Stage 2: the information is made available within 4 business days after the information is made available to the EC for patients seen by the EC during the performance period.</p> <p>ACI: the information is made available to the patient within 48 hours of its availability to the EC.</p>	<p>The tester verifies that the Health IT Module functions make information available online and for Stage 3 via an API for patient viewing within the timelines specified, and includes all of the following information.</p> <p>Stage 2 Ambulatory Setting Only:</p> <ul style="list-style-type: none"> a) Patient name b) Provider’s name and office contact information c) Current and past problem list d) Procedures e) Laboratory test results f) Current medication list and medication history g) Current medication allergy list and medication allergy history h) Vital signs (height, weight, blood pressure, BMI, growth charts) i) Smoking status j) Demographic information (preferred language, sex, race, ethnicity, date of birth) k) Care plan field(s), including goals and instructions l) Any known care team members including the primary care provider (PCP) of record

Criteria ¶	System Under Test	Test Lab Verification
	<p>Measure Description</p> <p><i>Stage 2 Measure:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP): More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. b) Eligible Hospital/Critical Access Hospital (EH/CAH): More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information. <p><i>Stage 2 Measure English Statements:</i></p> <ul style="list-style-type: none"> a) Ambulatory : <ul style="list-style-type: none"> • Numerator: The number of patients who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP. b) Inpatient: <ul style="list-style-type: none"> • Numerator: The number of patients who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH. 	<p>Stage 2 Inpatient Setting Only:</p> <ul style="list-style-type: none"> a) Patient name b) Admit and discharge date and location. c) Reason for hospitalization d) Care team including the attending of record as well as other providers of care e) Procedures performed during admission f) Current and past problem list g) Current medication list and medication history h) Current medication allergy list and medication allergy history i) Vital signs at discharge j) Laboratory test results (available at time of discharge). k) Summary of care record for transitions of care or referrals to another provider l) Care plan field(s), including goals and instructions. m) Discharge instructions for patient n) Demographics maintained by hospital (sex, race, ethnicity, date of birth, preferred language) o) Smoking status

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> a. Date and time information available to the EP; b. Date and time information made available online to patient. b) Inpatient: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> a. Date and time information made available online to patient; b. Date and time of discharge <p><i>Stage 3 Measure:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP): For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient’s health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider’s CEHRT. b) Eligible Hospital/Critical Access Hospital (EH/CAH): For more than 80 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23): (1) The patient (or the patient-authorized representative) is 	<p>Stage 3</p> <ul style="list-style-type: none"> a) Common Clinical Data Set (which should be in their English representation) b) Provider’s name and office contact information (ambulatory setting only) c) Admission and discharge dates and locations; discharge instructions; and reason(s) for hospitalization (inpatient setting only) d) Laboratory test report(s) e) Diagnostic image report(s) <p>The tester verifies that the baseline and delta reports are created correctly and without omission and include sufficient detail to match the patients or actions in the numerator report to the measure’s denominator limitations. The tester also verifies that the numerator is not recorded when provider action(s) to release information online or to an API are completed after 4 business days of availability for EPs/ECs or 36 hours of discharge for EH/CAHs. The tester shall also verify that the numerator is not recorded when the provider does not take any action(s) to release patient information online or to an API. The tester will use the information provided in Required Test 2 and use ONC Test Data Scenario(s) 1, 2, 3, and 4.</p>

Criteria ¶	System Under Test	Test Lab Verification
	<p>provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient’s health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider’s CEHRT.</p> <p><i>Stage 3 English Statements:</i></p> <p>a) Ambulatory:</p> <ul style="list-style-type: none"> • Numerator: The number of patients who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured meet the technical specifications of the API in the provider's CEHRT. <p>b) Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of patients who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured meet the technical specifications of the API in the provider's CEHRT. 	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 3 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> a. Date and time information available to the EP; b. Date and time information made available online to patient; c. Date and time information made available to an API. b) Inpatient: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> a. Date and time information made available online to patient; b. Date and time information made available to an API c. Date and time of discharge <p><i>ACI Modified Stage 2 Measure</i></p> <ul style="list-style-type: none"> a) At least one patient seen by the MIPS EC 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 EC's discretion to withhold certain information. <p><i>ACI Modified Stage 2 English Statements:</i></p> <ul style="list-style-type: none"> a) Numerator: The number of patients (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party. <p><i>ACI Modified Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Numerator: <ul style="list-style-type: none"> • Date and time information available to the EC; • Date and time information made available online to patient. 	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>ACI Measure:</i></p> <p>a) EC: For at least one unique patient seen by the MIPS EC (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 EC 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 API in the MIPS EC's CEHRT.</p> <p><i>ACI English Statements:</i></p> <p>a) Numerator: The number of patients (or patient authorized representatives) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the MIPS EC's certified EHR technology.</p> <p><i>ACI Measure Elements:</i></p> <p>a) Numerator:</p> <ul style="list-style-type: none"> • Date and time information available to the EC; • Date and time information made available online to patient; • Date and time information made available to an API. 	

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 3 Stage 2 Objective 6 and Stage 3 Objective 5 Measure 2</p> <p>ACI Modified Stage 2 Objective 4 Measure 1 and ACI Objective 3 Measure 2</p>	<p>The user through the identified Health IT Module functions and with the supplied Patient Education List, records and reports a baseline report and a delta report. For all measures, for the Health IT Module to record the numerator, the provider must provide patient-specific resources identified by the Health IT Module no earlier than the first day of the calendar year of the reporting/performance period (for a 90-day reporting period only), during the reporting/performance period (for a 90-day and full calendar year reporting period), or no later than the last day of the calendar year of the reporting period to populate and record the numerator (for a 90-day and full calendar year reporting period).</p> <p>Measure Description <i>Stage 2 Measure:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP): Patient-specific education resources identified by Certified Health IT Module (CEHRT) are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the reporting period b) Eligible Hospital/Critical Access Hospital (EH/CAH): More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by Certified Health IT Module. 	<p>The tester verifies that the baseline and delta reports are created correctly and without omission and that they include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 3 and use ONC Test Data Scenario(s) 1, 2, 3, and 4.</p>

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 2 Measure English Statements:</i></p> <p>a) Ambulatory:</p> <ul style="list-style-type: none"> • Numerator: The number of patients who were provided patient-specific education resources identified by the CEHRT <p>b) Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Number of patients who are subsequently provided patient-specific education resources identified by CEHRT <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory</p> <ul style="list-style-type: none"> • Numerator: Provision of patient specific education resource(s) identified by the CEHRT <p>b) Inpatient</p> <ul style="list-style-type: none"> • Numerator: Provision of patient specific education resource(s) identified by the CEHRT <p><i>Stage 3 Measure:</i></p> <p>a) Eligible Provider/Eligible Hospital/CAH (EP/EH/CAH): The EP, eligible hospital or CAH must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</p>	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient</p> <ul style="list-style-type: none"> • Numerator: The number of patients who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT, during the EHR reporting period <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient</p> <ul style="list-style-type: none"> • Numerator: Provision of electronic access to patient specific education resource(s) identified by the CEHRT. <p><i>ACI Modified Stage 2 Measure:</i></p> <p>a) The MIPS EC must use clinically relevant information from certified EHR technology to identify patient-specific educational resources and provide access to those materials to at least one unique patient seen by the MIPS EC.</p> <p><i>ACI Modified Stage 2 English Statements:</i></p> <p>a) Numerator: The number of patients who were provided access to patient-specific educational resources using clinically relevant information identified from certified EHR technology during the performance period.</p> <p><i>ACI Modified Stage 2 Measure Elements:</i></p> <p>a) Numerator: Provision of patient specific education resource(s) identified by the CEHRT.</p>	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>ACI Measure:</i></p> <ul style="list-style-type: none"> a) The MIPS EC must use clinically relevant information from certified EHR technology to identify patient-specific educational resources and provide electronic access to those materials to at least one unique patient seen by the MIPS eligible clinician. <p><i>ACI English Statements:</i></p> <ul style="list-style-type: none"> a) Numerator: The number of patients who were provided electronic access to patient-specific educational resources using clinically relevant information identified from certified EHR technology. <p><i>ACI Measure Elements:</i></p> <ul style="list-style-type: none"> a) Numerator: Provision of electronic access to patient-specific education resource(s) identified by the CEHRT. 	

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 4 Stage 2 Objective 8 Measure 2 and Stage 3 Objective 6 Measure 1</p> <p>ACI Modified Stage 2 Objective 3 Measure 2 and ACI Objective 4 Measure 1</p>	<p>The user through the identified Health IT Module functions and with the supplied View, Download, Transmit (VDT) List, records and reports a baseline report and a delta report. For all measures, for the Health IT Module to record the numerator, the patient must view, download, or transmit their health information during the reporting period or for Stage 3 and ACI measures only, access their health information through an API during the reporting period.</p> <p>Measure Description <i>Stage 2 Measures:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP): For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period. b) Eligible Hospital/Critical Access Hospital (EH/CAH): For an EHR reporting period in 2017, more than 5 percent of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) view, download or transmit to a third party their health information during the EHR reporting period. 	<p>The tester verifies that the Health IT Module functions make the following information available:</p> <p>Ambulatory Setting Only:</p> <ul style="list-style-type: none"> a) Patient name b) Provider’s name and office contact information c) Current and past problem list d) Procedures e) Laboratory test results f) Current medication list and medication history g) Current medication allergy list and medication allergy history h) Vital signs (height, weight, blood pressure, BMI, growth charts) i) Smoking status j) Demographic information (preferred language, sex, race, ethnicity, date of birth) k) Care plan field(s), including goals and instructions l) Any known care team members including the primary care provider (PCP) of record

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 2 Measure English Statements:</i></p> <p>a) Ambulatory:</p> <ul style="list-style-type: none"> • Numerator: The number of patients (or patient-authorized representative) who view, download, or transmit to a third party their health information. <p>b) Inpatient Measure:</p> <ul style="list-style-type: none"> • Numerator: The number of patients (or patient-authorized representative) who view, download, or transmit to a third party their health information. <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory:</p> <ul style="list-style-type: none"> • Numerator: Patient views, downloads or transmits their information. <p>b) Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Patient views downloads or transmits their information. 	<p>Inpatient Setting Only:</p> <ul style="list-style-type: none"> a) Patient name b) Admit and discharge date and location. c) Reason for hospitalization d) Care team including the attending of record as well as other providers of care e) Procedures performed during admission f) Current and past problem list g) Current medication list and medication history h) Current medication allergy list and medication allergy history i) Vital signs at discharge j) Laboratory test results (available at time of discharge). k) Summary of care record for transitions of care or referrals to another provider l) Care plan field(s), including goals and instructions. m) Discharge instructions for patient n) Demographics maintained by hospital (sex, race, ethnicity, date of birth, preferred language) o) Smoking status <p>The tester will use the information provided in Required Test 4 and use ONC Test Data Scenario(s) 1, 2, 3 and 4.</p>

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 3 Measure:</i></p> <ul style="list-style-type: none"> a) Eligible Provider (EP): During the EHR reporting period, more than 10 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either: (1) view, download or transmit to a third party their health information; or (2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or (3) a combination of (1) and (2). b) Eligible Hospital/CAH (EH/CAH) : During the EHR reporting period, more than 10 percent of all unique patients (or their authorized representatives) discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) actively engages with the electronic health record made accessible by the provider and either: (1) view, download or transmit to a third party their health information; or (2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or (3) a combination of (1) and (2). 	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory:</p> <ul style="list-style-type: none"> • Numerator: The number of unique patients (or their authorized representatives) who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) who have accessed their health information through the use of an API during the EHR reporting period. <p>b) Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of unique patients (or their authorized representatives) who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) who have accessed their health information through the use of an API during the EHR reporting period. <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> a. Patient views, transmits, or downloads their information; b. Patient accesses their information via API. 	

Criteria ¶	System Under Test	Test Lab Verification
	<p>b) Inpatient:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> a. Patient views, transmits, or downloads their information; b. Patient accesses their information via API. <p><i>ACI Modified Stage 2 Measure:</i></p> <p>a) At least one patient seen by the MIPS EC during the performance period (or patient-authorized representative) views, downloads, or transmits their health information to a third party during the performance period.</p> <p><i>ACI Modified Stage 2 English Statements:</i></p> <p>a) Numerator: The number of unique patients (or their authorized representatives) who have viewed online, downloaded, or transmitted to a third party the patient’s health information during the performance period.</p> <p><i>ACI Modified Stage 2 Measure Elements:</i></p> <p>a) Numerator: Patient views, downloads or transmits their information</p> <p><i>ACI Measure:</i></p> <p>a) During the performance period, at least one unique patient (or patient-authorized representatives) seen by the MIPS EC actively engages with the EHR made accessible by the MIPS EC. An MIPS EC may meet the measure by either: (1) view, download or transmit to a third party their health information; or (2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the MIPS eligible clinician's certified EHR technology; or (3) a combination of (1) and (2).</p>	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>ACI English Statements:</i></p> <p>a) Numerator: The number of unique patients (or their authorized representatives) who have viewed online, downloaded, or transmitted to a third party the patient’s health information during the performance period and the number of unique patients (or their authorized representatives) who have accessed their health information through the use of an API during the performance period.</p> <p><i>ACI Measure Elements:</i></p> <p>a) Numerator:</p> <ul style="list-style-type: none"> • Patient views, transmits, or downloads their information; • Patient accesses their information via an API. 	

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 5 Stage 2 Objective 7 and Stage 3 Objective 7 Measure 3</p> <p>ACI Modified Stage 2 Objective 7 Measure 1 and ACI Objective 5 Measure 3</p>	<p>The user through the identified Health IT Module functions and with the supplied Medication Reconciliation, Medication Allergy (Stage 3 only), and Current Problem (Stage 3 only) test data, records and reports a baseline report and a delta report. The Health IT Module will record the numerator if the provider performs reconciliation no earlier than the first day of the calendar year of the reporting/performance period (for a 90-day reporting/performance period only), during the reporting/performance period (for a 90-day and full calendar year reporting/performance period), or no later than the end of the calendar year (for a 90-day reporting/performance period only).</p> <p>Measure Description <i>Stage 2 Measures:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP): The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP during the reporting period b) Eligible Hospital/Critical Access Hospital (EH/CAH): The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's Inpatient or emergency department (POS 21 or 23) during the reporting period. 	<p>The tester verifies that the baseline and delta reports are created correctly and, without omission and that they include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 5 and use ONC Test Data Scenario(s) 1, 2, 3 and 4.</p>

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 2 Measure English Statements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: Medication reconciliation was performed b) Inpatient: <ul style="list-style-type: none"> • Numerator: Medication reconciliation was performed <p><i>Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: User indication that medication reconciliation occurred b) Inpatient: <ul style="list-style-type: none"> • Numerator: User indication that medication reconciliation occurred <p><i>Stage 3 Measure:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP): For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: <ul style="list-style-type: none"> a. Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. b. Medication allergy. Review of the patient's known medication allergies. c. Current Problem list. Review of the patient's current and active diagnoses. 	

Criteria ¶	System Under Test	Test Lab Verification
	<p>b) Eligible Hospital/Critical Access Hospital (EH/CAH): For more than 80 percent of transitions or referrals received and patient encounters in which the EH or CAH has never before encountered the patient, the EH/CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:</p> <ol style="list-style-type: none"> a. Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. b. Medication allergy. Review of the patient's known medication allergies. c. Current Problem list. Review of the patient's current and active diagnoses. <p><i>Stage 3 Measure English Statements:</i></p> <ol style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Medication reconciliation was performed ○ Medication allergy reconciliation was performed ○ Current problem list reconciliation was performed. b) Inpatient: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Medication reconciliation was performed ○ Medication allergy reconciliation was performed ○ Current problem list reconciliation was performed. 	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 3 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: User indication that medication, medication allergy, and problem list reconciliation occurred b) Inpatient: <ul style="list-style-type: none"> • Numerator: User indication that medication, medication allergy, and problem list reconciliation occurred <p><i>ACI Modified Stage 2 Measure</i></p> <ul style="list-style-type: none"> a) The MIPS EC performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS EC. <p><i>ACI Modified Stage 2 Measure English Statements</i></p> <ul style="list-style-type: none"> a) Numerator: The number of transitions of care or referrals where medication reconciliation was performed. <p><i>ACI Modified Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Numerator: <ul style="list-style-type: none"> • User indication that medication reconciliation occurred 	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>ACI Measure:</i></p> <p>a) For at least one transition of care or referral received or patient encounter in which the MIPS EC has never before encountered the patient, the MIPS EC performs clinical information reconciliation. The clinician must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.</p> <p><i>ACI Measure English Statements:</i></p> <p>a) Numerator: The number of transitions of care or referrals where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.</p> <p><i>ACI Measure Elements:</i></p> <p>a) Numerator:</p> <ul style="list-style-type: none"> • User indication that medication, medication allergy, and problem list reconciliation occurred 	

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 6 Stage 3 Objective 6 Measure 3</p> <p>ACI Objective 4 Measure 3</p>	<p>The user through the identified Health IT Module functions and with the supplied Coordination of Care Data, records and reports a baseline report and a delta report. The Health IT Module will record the numerator when patient generated data or data from a non-clinical setting are incorporated during the reporting/performance period.</p> <p>Measure Description</p> <p><i>Stage 3 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of patients for whom data from non-clinical settings, which may include patient-generated health data, is captured through the CEHRT into the patient record during the EHR reporting period. <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Patients with non-clinical data incorporated into the record ○ Patients with patient-generated health data incorporated into the record 	<p>The tester verifies that the baseline and delta reports are created correctly and, without omission and that they include sufficient detail to match the patients or actions in the numerator report to the measure’s denominator limitations. The tester will use the information provided in Required Test 6 and use ONC Test Data Scenario(s) 1, 2, 3 and 4.</p>

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>ACI Measure:</i></p> <p>a) Patient-generated health data or data from a non-clinical setting is incorporated into the certified EHR technology for at least one unique patient seen by the MIPS EC during the performance period.</p> <p><i>ACI Measure English Statements:</i></p> <p>a) Numerator: The number of patients for whom data from non-clinical settings, which may include patient-generated health data, is captured through the certified EHR technology into the patient record during the performance period.</p> <p><i>ACI Measure Elements:</i></p> <p>a) Numerator:</p> <ul style="list-style-type: none"> • Patients with non-clinical data incorporated into the record • Patients with patient-generated health data incorporated into the record 	

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 7 Stage 3 Objective 7 Measure 2</p> <p>ACI Objective 5 Measure 2</p>	<p>The user through the identified Health IT Module functions and with the supplied Summary of Care Incorporation Data, records and reports a baseline report and a delta report.</p> <p>The Health IT Module will record the numerator when the provider receives and incorporates a summary of care record no earlier than the first day of the calendar year of the reporting/performance period (for a 90-day reporting/performance period only), during the reporting/performance period (for a 90-day and full calendar year reporting/performance period), or no later than the end of the calendar year (for a 90-day reporting/performance period only).</p> <p>Measure Description <i>Stage 3 Measure:</i></p> <p>a) Eligible Professional (EP)/Eligible Hospital/Critical Access Hospital (EH/CAH): For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, eligible hospital or CAH incorporates into the patient's EHR an electronic summary of care document.</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Number of patient encounters where an electronic summary of care record received is incorporated by the provider into the certified EHR technology. 	<p>The tester verifies that the baseline and delta reports are created correctly and, without omission and that they include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 7 and use ONC Test Data Scenario(s) 1, 2, 3 and 4.</p>

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 3 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Ambulatory/Inpatient: <ul style="list-style-type: none"> • Numerator: Summary of care record <ul style="list-style-type: none"> ○ Received through query or request ○ Incorporated into the record. <p><i>ACI Measure:</i></p> <ul style="list-style-type: none"> a) For at least one transition of care or referral received or patient encounter in which the MIPS EC has never before encountered the patient, the MIPS EC receives or retrieves and incorporates into the patient's record and electronic summary of care document. <p><i>ACI Measure English Statements:</i></p> <ul style="list-style-type: none"> a) Numerator: The number of transitions of care or referrals where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list. <p><i>ACI Measure Elements:</i></p> <ul style="list-style-type: none"> a) Numerator: Summary of care record <ul style="list-style-type: none"> • Requested and unavailable • Received through query or request • Incorporated into the record 	

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 8 Stage 2 Objective 5 and Stage 3 Objective 7 Measure 1</p> <p>ACI Modified Stage 2 Objective 6 Measure 1 and ACI Objective 5 Measure 1</p>	<p>The user through the identified Health IT Module functions and with the supplied Summary of Care List, records and reports a baseline report and a delta report. The Health IT Module will record the numerator when a provider creates and transmits/exchanges a summary of care record, and confirms receipt of the transmitted/exchanged summary of care record no earlier than the first day of the calendar year of the reporting/performance period (for a 90-day reporting/performance period only), during the reporting/performance period (for a 90-day and full calendar year reporting/performance period), or no later than the end of the calendar year (for a 90-day reporting/performance period only).</p> <p>Measure Description</p> <p><i>Stage 2 Measure:</i></p> <p>a) Eligible Professional (EP)/Eligible Hospital/Critical Access Hospital (EH/CAH): The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must -- (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.</p> <p><i>Stage 2 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of instances where a summary of care record was created using CEHRT and exchanged electronically. 	<p>The tester verifies that the baseline and delta reports are created correctly and, without omission and that they include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 8 and use ONC Test Data Scenario(s) 1, 2, 3 and 4.</p> <p>The tester shall verify that at a minimum, the following fields (listed below) in the summary of care record contain all of the information (or an indication of none) prior to numerator population. If a summary of care record does not contain all of the information (or an indication of none), the numerator should not be recorded for both Ambulatory & Inpatient Settings:</p> <ol style="list-style-type: none"> a. Current problem list b. Current medication list c. Current medication allergy list

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Ambulatory/Inpatient: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Summary of care record created and exchanged ○ Summary of care record receipt confirmed <p><i>Stage 3 Measure:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP)/Eligible Hospital/Critical Access Hospital (EH/CAH): The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care: (1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record. <p><i>Stage 3 Measure English Statements:</i></p> <ul style="list-style-type: none"> a) Ambulatory/Inpatient: <ul style="list-style-type: none"> • Numerator: The number of instances where a summary of care record was created using certified EHR technology and exchanged electronically. <p><i>Stage 3 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Ambulatory/Inpatient: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Summary of care record created and exchanged ○ Summary of care record receipt confirmed 	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>ACI Modified Stage 2 Measure:</i></p> <p>a) The MIPS EC that transitions or refers their patient to another setting of care or health care provider (1) uses certified EHR technology to create a summary of care record; and (2) electronically transmits such summary to a receiving health care provider for at least one transition of care or referral.</p> <p><i>ACI Modified Stage 2 Measure English Statements:</i></p> <p>a) Numerator: The number of transitions of care and referrals where a summary of care record was created using certified EHR technology and exchanged electronically.</p> <p><i>ACI Modified Stage 2 Measure Elements:</i></p> <p>a) Numerator:</p> <ul style="list-style-type: none"> • Summary of care record created and exchanged • Summary of care record receipt confirmed <p><i>ACI Measure</i></p> <p>a) For at least one transition of care or referral, the MIPS EC that transitions or refers their patient to another setting of care or health care provider (1) creates a summary of care record using certified EHR technology; and (2) electronically exchanges the summary of care record.</p>	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>ACI Measure English Statements:</i></p> <p>a) Numerator: The number of transitions of care and referrals where a summary of care record was created using certified EHR technology and exchanged electronically.</p> <p><i>ACI Measure Elements:</i></p> <p>a) Numerator:</p> <ul style="list-style-type: none"> • Summary of care record created and exchanged • Summary of care record receipt confirmed 	

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 9 Stage 2 Objective 9 and Stage 3 Objective 6 Measure 2</p> <p>ACI Modified Stage 2 Objective 5 Measure 1 and ACI Objective 4 Measure 2</p>	<p>The user through the identified Health IT Module functions and with the supplied Secure Electronic Messaging List, records and reports a baseline report and a delta report. The Health IT Module will record the numerator when the provider sends a secure message during the reporting/performance period.</p> <p>Measure Description <i>Stage 2 Measure:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP): For an EHR reporting period in 2017, for more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period. For an EHR reporting period in 2016, the threshold for this measure is at least one message sent. b) Eligible Hospital/Critical Access Hospital (EH/CAH): None <p><i>Stage 2 Measure English Statements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: The number of patients 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). b) Inpatient: None 	<p>The tester verifies that the baseline and delta reports are created correctly and, without omission and that they include sufficient detail to match the patients or actions in the numerator report to the measure’s denominator limitations. The tester will use the information provided in Required Test 9 and use ONC Test Data Scenario(s) 1, 2, 3 and 4.</p>

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ EP Replies to Secure Electronic Message from Patient or Patient Representative ○ EP Sends Secure Electronic Message to Patient or Patient Representative <p><i>Stage 3 Measure:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP)/Eligible Hospital/Critical Access Hospital (EH/CAH): For more than 25 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative. For an EHR reporting period in 2016, the threshold for this measure is at least one message sent rather than 25 percent. For an EHR reporting period in 2017, the threshold for this measure is 5 percent rather than 25 percent. <p><i>Stage 3 Measure English Statements:</i></p> <ul style="list-style-type: none"> a) Ambulatory/Inpatient: <ul style="list-style-type: none"> • Numerator: The number of patients for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period. 	

Criteria ¶	System Under Test	Test Lab Verification
	<p><i>Stage 3 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Ambulatory/Inpatient: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ EP/EH Replies to Secure Electronic Message from Patient or Patient Representative ○ EP/EH Sends Secure Electronic Message to Patient or Patient Representative ○ EP/EH Sends Secure Message to Provider Including Patient or Patient Representative <p><i>ACI Modified Stage 2 Measure:</i></p> <ul style="list-style-type: none"> a) For at least one patient seen by the MIPS EC during the performance period, a secure message was sent using the electronic messaging function of certified EHR technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative) during the performance period. <p><i>ACI Modified Stage 2 Measure English Statements:</i></p> <ul style="list-style-type: none"> a) Numerator: The number of patients 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. <p><i>ACI Modified Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> a) Numerator: 	

Criteria ¶	System Under Test	Test Lab Verification
	<ul style="list-style-type: none"> • EC Replies to Secure Electronic Message from Patient or Patient Representative • EC Sends Secure Electronic Message to Patient or Patient Representative <p><i>ACI Measure</i></p> <p>a) For at least one unique patient seen by the MIPS EC during the performance period, a secure message was sent using the electronic messaging function of certified EHR technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative) during the performance period.</p> <p><i>ACI Measure English Statements:</i></p> <p>a) Numerator: The number of patients 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.</p> <p><i>ACI Measure Elements:</i></p> <p>a) Numerator:</p> <ul style="list-style-type: none"> • EC replies to secure electronic message from patient or patient representative • EC sends secure electronic message to patient or patient representative • EC sends secure message to provider including patient or patient representative 	

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 10 Stage 2 Objective 3 Measure 1 and Stage 3 Objective 4 Measure 1</p>	<p>The user through the identified Health IT Module functions and with the supplied Computerized Provider Order Entry (CPOE) – Medications List, records and reports a baseline report and a delta report. The Health IT Module will record the numerator when medication orders are ordered using CPOE.</p> <p>Measure Description <i>Stage 2 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 60 percent of medication orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p><i>Stage 2 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of medication orders recorded using CPOE <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Medication order recorded using CPOE <p><i>Stage 3 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 60 percent of medication orders created by the EP or authorized providers of the eligible hospital or CAH inpatient or</p>	<p>The tester verifies that the baseline and delta reports are created correctly and, without omission and that they include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 10 and use ONC Test Data Scenario(s) 1, 2, 3 and 4.</p>

Criteria ¶	System Under Test	Test Lab Verification
	<p>emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of medication orders recorded using CPOE <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Medication order recorded using CPOE 	

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 11 Stage 2 Objective 3 Measure 2 and Stage 3 Objective 4 Measure 2</p>	<p>The user through the identified Health IT Module functions and with the supplied Computerized Provider Order Entry (CPOE) – Laboratory List, records and reports a baseline report and a delta report. The Health IT Module will record the numerator when laboratory orders are ordered using CPOE.</p> <p>Measure Description <i>Stage 2 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 30 percent of laboratory orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p><i>Stage 2 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of laboratory orders recorded using CPOE <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Laboratory order recorded using CPOE <p><i>Stage 3 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 60 percent of laboratory orders created by the EP or authorized providers of the eligible hospital or CAH inpatient or</p>	<p>The tester verifies that the baseline and delta reports are created correctly and, without omission and that they include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 11 and use ONC Test Data Scenario(s) 1, 2, 3 and 4.</p>

Criteria ¶	System Under Test	Test Lab Verification
	<p>emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of laboratory orders recorded using CPOE <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Laboratory order recorded using CPOE 	

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 12 Stage 2 Objective 3 Measure 3 and Stage 3 Objective 4 Measure 3</p>	<p>The user through the identified Health IT Module functions and with the supplied Computerized Provider Order Entry (CPOE) – Radiology List, records and reports a baseline report and a delta report. The Health IT Module will record the numerator when Radiology orders (Stage 2) or Diagnostic Imaging (Stage 3) are ordered using CPOE.</p> <p>Measure Description</p> <p><i>Stage 2 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 30 percent of radiology orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p><i>Stage 2 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of radiology orders recorded using CPOE <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Radiology order recorded using CPOE <p><i>Stage 3 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 60 percent of diagnostic imaging orders created by the EP or authorized providers of the eligible hospital or CAH</p>	<p>The tester verifies that the baseline and delta reports are created correctly and, without omission and that include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 12 and use ONC Test Data Scenario(s) 1, 2, 3 and 4.</p>

Criteria ¶	System Under Test	Test Lab Verification
	<p>inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of diagnostic imaging orders recorded using CPOE <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Diagnostic imaging order recorded using CPOE 	

Document History

Version Number	Description of Change	Date
1.0	Final Test Procedure	October 07, 2016

Dependencies: For all related and required criteria, please refer to the [Master Table of Related and Required Criteria](#).