Support Electronic Referral Loops by Sending Health Information (HIE Option 1)

07/08/2024 7:58 pm EDT

You can enter the data generated from sending direct messages DrChrono to your Healthmonix MIPSpro account.

Description

For at least one transition of care or referral, the MIPS-eligible clinician that transitions or refers their patient to another setting of care or health care provider — (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.

Exclusion

Any MIPS-eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.

Definitions

Transition of Care – 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 MIPS-eligible clinician.

Referral – Cases where one provider refers a patient to another, but the referring provider maintains his or her care of the patient as well.

Summary of Care Record – All summary of care documents used to meet this objective must include the following information if the MIPS-eligible clinician knows it:

- Patient name
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Smoking status
- Current problem list (eligible clinicians may also include historical problems at their discretion)*
- Current medication list*
- Current medication allergy list*
- Laboratory test(s)
- Laboratory value(s)/result(s)
- Vital signs (height, weight, blood pressure, BMI)
- Procedures
- Care team member(s) (including the primary care provider of record and any additional known care team members beyond the referring or transitioning clinician and the receiving clinician)*
- Immunizations
- Unique device identifier(s) for a patient's implantable device(s)
- Care plan, including goals, health concerns, and assessment and plan of treatment
- Referring or transitioning clinician's name and office contact information
- Encounter diagnosis
- Functional status, including activities of daily living, cognitive and disability status
- Reason for referral

Current problem lists – At a minimum a list of current and active diagnoses.

Active/current medication list – A list of medications that a given patient is currently taking.

Active/current medication allergy list – A list of medications to which a given patient has known allergies.

Allergy – An exaggerated immune response or reaction to substances that are generally not harmful.

*__Note:__ A MIPS eligible clinician must verify that the fields for current problem list, current medication list, and current medication allergy list are not blank and include the most recent information known by the MIPS-eligible clinician as of the time of generating the summary of care document or include a notation of no current problem, medication and/or medication allergies.

Reporting Requirements

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.

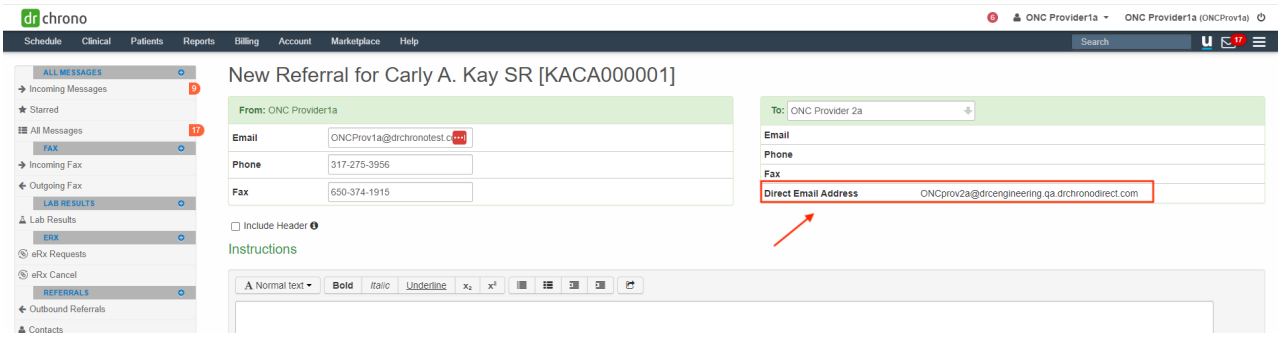
In DrChrono, the numerator is all referrals sent by the Clinician/Practice Group during the reporting period that were sent via Direct Messaging and the message status was confirmed as received.

Denominator - Number of transitions of care and referrals during the performance period for which the MIPS-eligible clinician was the transferring or referring clinician.

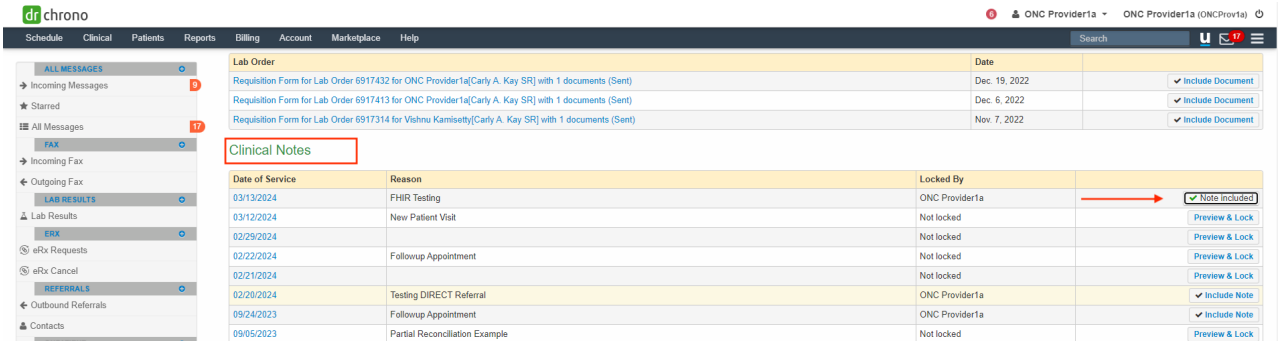
In DrChrono, the denominator is all referrals sent by the Clinician/Practice Group during the reporting period whether faxed or sent via Direct Messaging.

*It is important that a Direct email is used and linked to the appropriate Locked Clinical Note for it to count.

Direct Email Address



Associated Clinical Note



You can enter your data in your Healthmonix MIPSpro account and **Save**.