

2015 Edition Certification Companion Guide

Automated Measure Calculation - 45 CFR 170.315(g)(2)

Links will be updated as available: [Final Rule Preamble](#) – [Test Procedure](#) – [Test Data](#)

Version 1.0 – Last Updated 2/5/2016

New/Revised/Unchanged Compared to 2014 Edition	Gap Certification Eligible	Base EHR Definition	In Scope for Certified EHR Technology Definition
Revised	Fact-specific ¹	No	Yes

Certification Requirements

This certification criterion was adopted at § 170.315(g)(2). Quality management system ([§ 170.315\(g\)\(4\)](#)) and accessibility-centered design ([§ 170.315\(g\)\(5\)](#)) need to be certified as part of the overall scope of the certificate issued to the product.

- When a single quality management system (QMS) is used, the QMS only needs to be identified once. Otherwise, the QMS' need to be identified for every capability to which it was applied.
- When a single accessibility-centered design standard is used, the standard only needs to be identified once. Otherwise, the accessibility-centered design standards need to be identified for every capability to which they were applied; or, alternatively the developer must state that no accessibility-centered design was used.

Regulation Text

Automated measure calculation. For each EHR Incentive Programs percentage-based measure that is supported by a capability included in a technology, record the numerator and denominator and create a report including the numerator, denominator, and resulting percentage associated with each applicable measure.

¹ The gap certification eligibility of this criterion at § 170.315(g)(1) depends on any modifications to the certification criteria to which these criteria apply and relevant Stage 3 meaningful use objectives and measures.

Criterion Subparagraph	Technical Explanations and Clarifications	Standard(s) Referenced
Applies to entire criterion	<ul style="list-style-type: none"> • Technical outcome – A user can create a report that includes the numerator, denominator, and resulting percentage for each applicable percentage-based EHR Incentive Programs measure supported. <p>Clarifications:</p> <ul style="list-style-type: none"> • ONC administers the ONC Health IT Certification Program; CMS administers the EHR Incentive Programs. Questions regarding requirements for the EHR Incentive Programs should be directed to CMS. • ONC has issued an FAQ on testing and certification for the <u>2014</u> Edition automated numerator recording (§ 170.314(g)(1)) and automated measure calculation (§ 170.314(g)(2)) certification criteria for measures which are no longer included in the meaningful use criteria based for EHR reporting periods in 2015 -2017 based on updates included in the CMS final rule. [see also 80 FR 62761, 80 FR 62785, 80 FR 62875] Although this FAQ references the 2014 Edition certification criteria for automated numerator recording and automated measure calculation, the policy applies to testing and certification for the <u>2015</u> Edition automated numerator recording (§ 170.315(g)(1)) and automated measure calculation (§ 170.315(g)(1)) certification criteria if the Health IT Module will be used to report on measures in 2016 and 2017. <ul style="list-style-type: none"> ○ The following measures are no longer applicable for CMS EHR Incentive programs: <ul style="list-style-type: none"> ▪ Demographics ▪ Vital signs ▪ Smoking status ▪ Clinical summaries ▪ Incorporate lab results ▪ Patient reminders ▪ Electronic notes ▪ Imaging ▪ Family health history ▪ Problem list ▪ Medication list ▪ Medication allergy list ▪ Advance directives ▪ Electronic medication administration record (eMAR) ▪ Send labs from EH to EP. 	N/A

Criterion Subparagraph	Technical Explanations and Clarifications	Standard(s) Referenced
Applies to entire criterion, continued	<p>Continued from previous page</p> <ul style="list-style-type: none"> • Please refer to CMS’ EHR Incentive Programs webpage for more resources on specific measures. • The capability for technology to populate the numerator before, during, and after the reporting period depends on the numerator and denominator statements for the meaningful use measure. Developers should refer to the numerator and denominator statements in the measure specification sheets provided by CMS to determine the reporting period technology needs to support. Although being put on observation in the outpatient department (POS 22) by itself would not qualify a patient towards counting in the denominator for the ED Visits method, please note that the first part of Scenario E in IN170.314(g)(2) – 3.03 specifies an admission to the inpatient department (POS 21) after being placed on observation in POS 22. The admission as an inpatient is what qualifies the patient for the denominator of the All ED Visits method in this scenario. Patients who are admitted as inpatients, regardless of whether they may have been admitted previously, should be included in the denominator for both eligible hospital denominator methods. • It is possible for the action of “record” in this certification criterion to be implemented in different ways. For example, “record” could comprise the ability of a centralized analytics Health IT Module to accept or retrieve raw data from another Health IT Module or Health IT Modules. Other possible methods could include a Health IT Module that accepts or retrieves raw data, analyzes the data, and then generates a report based on the analysis; a Health IT Module that separately tracks each capability with a percentage-based meaningful use measure and later aggregates the numbers and generates a report; or an integrated bundle of Health IT Modules in which each of the Health IT Modules that is part of the bundle categorizes relevant data, identifies the numerator and denominator and calculates, when requested, the percentage associated with the applicable EHR Incentive Programs measure. In each of these examples, the action of “record” means to obtain the information necessary to generate the relevant numerator and denominator. [see also FAQ #20] • What is required for certification for this criterion depends on the type of flexibility identified by CMS. <ul style="list-style-type: none"> ○ In some cases, CMS identifies certain measurement flexibilities that are limited to “either/or” options. In these cases, technology presented for certification must be able to calculate the percentage based on <u>both</u> identified options. <p style="text-align: right;">Continued on next page</p>	N/A

Criterion Subparagraph	Technical Explanations and Clarifications	Standard(s) Referenced
Applies to entire criterion, continued	<p>Continued from previous page</p> <ul style="list-style-type: none"> ○ In cases where CMS has identified measurement flexibilities that are open-ended and dependent on a unique decision by an EP, eligible hospital, or CAH at the practice/organization-level for a given EHR reporting period (such as: calculating hospital admissions based on the observation services method or the all ED method; including controlled substances in the eRx measure or not, and excluding certain orders from the CPOE measure because they are protocol/standing orders), then the technology presented for certification is not required to support every possible method of calculation in order to meet this certification criterion. Rather, the technology must support at least one calculation method for this certification criterion. We strongly encourage technology developers to work with their clients and to incorporate as many of these practice/organization-level open-ended flexibilities in the technology as appropriate to make the meaningful use measures as relevant as possible to their clients' scopes of practice. [77 FR 54244–54245 and ONC FAQ #32] ● Capabilities to perform automated measure calculation are split into two sections. (1) The ability to address required capabilities across any Health IT Module included for testing (global) and (2) the ability to perform required capabilities specified by specific measures listed above (measure specific). <ul style="list-style-type: none"> ○ Global requirements included the ability for the module to create reports for measures for a specific reporting period. In the inpatient care setting only, the ability to allow eligible hospitals and critical access hospitals to calculate emergency department admissions using one of two methods (observation services method or all ED visits methods) must be made available. CMS FAQ 10126 provides additional details on each method. ○ Measure specific requirements address the capability of the technology to electronically record the numerator and denominator and resulting percentage for each meaningful use objective with a percentage-based measure and the capability to create a report that includes the numerator, denominator and resulting percentage recorded that is associated with each percentage-based meaningful use measure. <p style="text-align: right;">Continued on next page</p>	N/A

Criterion Subparagraph	Technical Explanations and Clarifications	Standard(s) Referenced
Applies to entire criterion, continued	<p>Continued from previous page</p> <ul style="list-style-type: none"> • We also apply to the 2015 Edition “automated measure calculation” criterion the clarification and guidance included for certification to the 2014 Edition “automated measure calculation” criterion in the 2014 Edition Release 2 rulemaking (79 FR 10920 and 54445). <ul style="list-style-type: none"> ○ A Health IT Module may be certified to only the “automated measure calculation” certification criterion (§ 170.315(g)(2)) in situations where the Health IT Module does not include a capability that supports a EHR Incentive Programs percentage-based measure, but can meet the requirements of the “automated measure calculation” certification criterion. ○ An example of this would be an “analytics” Health IT Module where data is fed from other health IT and the Health IT Module can record the requisite numerators, denominators and create the necessary percentage report as specified in the “automated measure calculation” certification criterion. • ONC-ACBs can certify a Health IT Module to either § 170.315(g)(1) or (g)(2) per FAQ #28. ONC-ACBs should refer to the scenarios outlined in FAQ #28 for further details. • The test data used for this criterion is supplied by ONC and is organized into 5 Test Data scenarios which include 5 different Test Cases and facilitating testing requires all data to be preloaded before testing would begin. 	N/A

Note: This Certification Companion Guide (CCG) is an informative document designed to assist with health IT product development. The CCG is not a substitute for the 2015 Edition final regulation. It extracts key portions of the rule’s preamble and includes subsequent clarifying interpretations. To access the full context of regulatory intent please consult the 2015 Edition final rule, the EHR Incentive Program – Stage 3 final rule, or other included regulatory reference. The CCG is for public use and should not be sold or redistributed.

Version History

Version #	Change(s) Summary	Date Made
1.0	Initial Publication	Feb 5, 2016