Important Content Update Message
We are currently updating the OP Help Center content for the release of OP 20. OP 20 (official version 20.0.x) is the certified, 2015 Edition, version of the Office Practicum software. This is displayed in your software (**Help tab > About**) and in the Help Center tab labeled Version 20.0. We appreciate your patience as we continue to update all of our content.

Objective 7: Health Information Exchange

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At time of attestation you will need a screenshot of the QIC and a download of the SQL to a CSV file. All information should be saved to your "Book of Evidence". This can be an electronic folder of all documentation for the reporting period.

Objective 7: Health Information Exchange

Objective 7 requires a practice attest to all three measures and meet the threshold for two measures for this objective. If an eligible professional takes exclusion for all three measure they may be excluded from meeting this objective.

Measure 1:

- >50% of transitions of care and referrals a summary of care record is created and electronically exchanged.

Warning: Outgoing referrals can only be sent electronically, fax is not a valid electronic method for this measure.

DENOMINATOR:

- All referrals created during the reporting period. This is the date the referral was written.
- The Referring Provider entered on the referral will have the referral counted in the denominator.

NUMERATOR:

- Referrals that qualified in the denominator which were sent electronic.

- The referral is sent using a DIRECT email address and OP received an electronic confirmation of receipt from the specialist.
- Another electronic method was used, such as HIE or a secure email, to send the referral electronic. A practice must manually select the checkbox for electronic receipt and document on the referral the confirmation information.
    - Contact the specialist for verbal confirmation.
    - Document whom you spoke with including date and time in the Internal Notes text box of the referral.

Note: **Exclusions for Objective 7/Measure 1:** May take an exclusion if either or both of the following apply.

- Transfers a patient to another setting or refers a patient to another provider fewer than 100 times during the reporting period.
- 50 percent or more patient encounters are in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the reporting period.

For information on workflow specific to this measure, click**here**.

Measure 2:

- >40% of transitions of care or referrals received and patients never before encountered, an electronic summary of care document is incorporated into the patient's record.

DENOMINATOR:

- Below are a list of events that will qualify a referral in the denominator.
    - New Patient seen during the reporting period. New patient is defined as: a visit coded and billed with 9920x or 9938x during the reporting period.
    - Response to a referral was created during the reporting period for the attesting provider.
    - Tracking entry (care transition) was created during the reporting period for the attesting provider.

NUMERATOR:

- Referrals that qualified in the denominator have a CDA imported into OP and attached to a Response or Tracking Entry (care transition).
    - New patients:
        - A Tracking entry (care transition) is created.

        - Reason for care transition contains the words new patient (not case sensitive).
        - CDA attached to the Tracking Entry.
    - Response to a referral/Tracking entry (care transition):
        - CDA attached to the Response or Tracking entry (care transition).

Exclusions for Objective 7/Measure 2: May take an exclusion if either or both of the following apply.

- For any referral response, which you request a summary electronic as a CDA and the specialist is unable or unwilling to send, you may create a Tracking entry (care transition) and select the checkbox **Electronic referral response requested from specialist.**
- Total transitions or referrals received and patient encounters in which the EP has never before encountered the patient, is fewer than 100 during the reporting period.
- 50 percent or more patient encounters are in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the Federal Communications Commission (FCC) on the first day of the reporting period.

Measure 3:

- >80% of transitions of care or referrals received and for patients never before encountered, a medication, current problems and medication allergy reconciliation is performed.

DENOMINATOR:

- Below are a list of events that will qualify a referral in the denominator.
    - New Patient seen during the reporting period. New patient is defined as: a visit coded and billed with 9920x or 9938x during the reporting period.
    - Response to a referral was created during the reporting period for the attesting provider.
    - Tracking entry (care transition) was created during the reporting period for the attesting provider.

NUMERATOR:

- Referrals that qualified in the denominator, the Reconciliation radio button was selected that medication, current problems and medication allergies was Performed or Not required. This includes entry of Reconciled by and date.
    - New patients:
        - A Tracking entry (care transition) is created.
        - Reason for care transition contains the words new patient (not case sensitive).

        - On the Tracking entry (care transition) the Reconciliation radio button was selected for Performed or Not required. In addition, entry was made for Reconciled by and Reconciliation date.
    - Response to a referral/Tracking entry (care transition):
        - On the Tracking entry (care transition) the Reconciliation radio button was selected for Performed or Not required. In addition, entry was made for Reconciled by and Reconciliation date.

> **Note**: **Exclusions for Objective 7/Measure 3:** May take an exclusion if either or both of the following apply.
>
> - Total transitions or referrals received and patient encounters in which the EP has never before encountered the patient, is fewer than 100 during the reporting period.

SQL for Objective 7

The QIC does not show patients that met and the patients that did not meet the Objective. Run the below SQL below for the detail information. A final run of the SQL should done at time of attestation and saved to a CSV file for audit purposes. If you are not familiar with running SQL's, click **here** for detail information.

Click a link below to run the SQL for the measures of Objective 7.

- **Send Referral Electronic**
- **Response to Referral Received Electronic**
- **Response to Referral Includes Reconciliation**