

2014 Edition - STAGE 1 MEANINGFUL USE SUPPLEMENT TO THE EP ENROLLMENT AND ATTESTATION (MC-150A) INSTRUCTIONS

The meaningful use supplement is completed for each eligible professional (EP) and must be signed by the individual EP. This cannot be completed by group patient volume. The information must be pulled from a report from the EHR system.

In order to successfully demonstrate meaningful use, the EP must have at least 50% of **encounters** in a practice location that has a certified EHR system. List the practice location where the certified EHR system is located (complete the Y/N and the practice location).

At least 80% of **the EP's unique patients** during the meaningful use reporting period must have their data in the certified EHR system (complete the number of unique patients that have their data in the EHR system and the total number of unique patients).

For Program Year 2014, the meaningful use reporting period is 90 days for all EPs. The meaningful use reporting period in following years must be either the 90-day or the 365-day reporting period. The meaningful use period must be within the calendar year for which the payment is being requested.

- Example: EP was in AIU and received first payment for 2012. Enrollment is completed for 2013 in January or February 2014 (attestation tail). The 90-day Meaningful Use period must be sometime in calendar year 2013.

CORE OBJECTIVES

All Core measures must be met or have appropriate exclusion.

1. CPOE: Numerator must be at least 30% of the denominator unless an exclusion is indicated.
2. Drug-to-drug and drug/allergy: Y must be indicated to pass this measure.
3. Maintain problem list: Numerator must be at least 80% of the denominator.
4. E-prescribing: Numerator must be at least 40% of the denominator.
5. Maintain active medication list: Numerator must be at least 80% of the denominator.
6. Maintain active medication allergy list: Numerator must be at least 80% of the denominator.
7. Record demographics: Numerator must be at least 50% of the denominator.
8. Record vital signs: Numerator must be at least 50% of the denominator.
9. Record smoking status: Numerator must be at least 50% of the denominator.
10. Report ambulatory CQM: This measure is no longer required.
11. Implement clinical decision support (CDS) rule: Must be a Y to pass this measure.
12. Provide patients the ability to view on-line Health Information: Numerator must be at least 50% of the denominator.
13. Provide clinical summaries: Numerator must be at least 50% of the denominator.
14. Electronic exchange of key clinical information: This measure is no longer required.
15. Protect electronic health information: Must be a Y to pass this measure.

MENU OBJECTIVES

Check the box in front of the objectives that have been met, leaving blank any that were not. 5 measures must have been met. Beginning in 2014, EPs will no longer be permitted to count an exclusion towards the minimum menu objectives on which they must report. A Public Health exclusion will count as meeting the Public Health requirement, however, it will not meet the requirement as one of the 5 menu objectives.

In order to meet the public health measure, a test must have been performed with your EHR system and public health on either immunization registry or syndromic surveillance, or an exclusion must be indicated. This test must have occurred sometime prior to the date of attestation. It is not acceptable to use the test from Year 1 to meet the measure for Year 2 (see [CMS FAQ #8910](#)).

1. Check if a test was completed with Public Health for the immunization registry. Beginning in Program Year 2014, all providers attesting to MU must complete a Public Health measure (#1 or #2). Meeting a Public Health exclusion will count as meeting the Public Health measure, however, it will not meet the requirement as one of the five objectives from the menu set.

- The test to meet the measure of this objective must involve the actual submission of information to a registry or immunization information system, if one exists that will accept the information. Simulated transfers of information are not acceptable to satisfy this objective.
 - The transmission of actual patient information is not required for the purposes of a test. The use of test information about a fictional patient that would be identical in form to what would be sent about an actual patient would satisfy this objective.
 - If multiple EPs are using the same certified EHR technology in a shared physical setting, testing would only have to occur once for a given certified EHR technology.
 - An unsuccessful test to submit electronic data to immunization registries or immunization information systems will be considered valid and would satisfy this objective.
 - If the test is successful, then the EP should institute regular reporting with the entity with whom the successful test was conducted, in accordance with applicable law and practice. There is not a measurement associated with this reporting.
 - The transmission of immunization information must use the standards at 45 CFR 170.302(k).
 - If the provider is attesting that they met this measure, DHHS will confirm with the Public Health division that a test occurred.
2. Check if a test was completed with Public Health for the syndromic surveillance. See <http://dhhs.ne.gov/publichealth/EPI/Pages/Surveillance.aspx> for further clarification of the syndromic surveillance data that Nebraska Public Health accepts at this time.
- The test to meet the measure of this objective must involve the actual submission of electronic syndromic surveillance data to public health agencies, if one exists that will accept the information. Simulated transfers of information are not acceptable to satisfy this objective.
 - The transmission of electronic syndromic surveillance data is not required for the purposes of a test. The use of test information about a fictional patient that would be identical in form to what would be sent about an actual patient would satisfy this objective.
 - An unsuccessful test to submit electronic syndromic surveillance data to public health agencies will be considered valid and would satisfy this objective.
 - If the test is successful, then the EP should institute regular reporting with the entity with whom the successful test was conducted, in accordance with applicable law and practice. There is not a measurement associated with this reporting.
 - EPs must test their ability to submit electronic syndromic surveillance data to public health agencies at least once prior to the end of the EHR reporting period. Testing may also occur prior to the beginning of the EHR reporting period. Each payment year requires its own unique test.
 - If multiple EPs are using the same certified EHR technology in a shared physical setting, testing would only have to occur once for a given certified EHR technology.
 - The transmission of syndromic surveillance information must use the standards at 45 CFR 170.302(l).
 - If the provider is attesting that they met this measure, DHHS will confirm with the Public Health division that a test occurred.
3. Implement drug formulary checks: Must be a Y to meet this measure.
4. Incorporate clinical lab test results: Numerator must be at least 40% of the denominator.
5. Generate lists by specific condition: Must be a Y to meet this measure.
6. Transition of care: Numerator must be at least 50% of the denominator.
7. Reminders to patients for preventive/follow-up care: Numerator must be at least 20% of the denominator.
8. Timely access to health information: This measure is no longer required.
9. Patient-specific education: Numerator must be at least 10% of the denominator.
10. Medication reconciliation: Numerator must be at least 50% of the denominator.

CLINICAL QUALITY MEASURES (CQMs)

Clinical Quality Measures are tools that help measure and track the quality of healthcare services provided by an EP.

- 9 out of 64 CQMs must be completed. Selected CQMs must cover at least 3 of the NQS (National Quality Strategy) Domains.
- A copy of the system generated EHR report reflecting numerators and denominators for each selected CQM must be attached to the MC-150A.
- CQMs will be submitted via attestation (included as part of the MC-150A).
- It is acceptable to have zero for the denominator if that is the value produced by the certified EHR technology.