

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 **all of the EP's unique patients** 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)

The meaningful use reporting period 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

1. CPOE: The 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: The numerator must be at least 80% of the denominator.
4. Maintain active medication list: The numerator must be at least 80% of the denominator.
5. Maintain active medication allergy list: The numerator must be at least 80% of the denominator.
6. Record vital signs: The numerator must be at least 50% of the denominator unless exclusion was indicated.
7. Record smoking status: The numerator must be at least 50% of the denominator unless an exclusion is indicated.
8. Provide electronic copy of health information: The numerator must be at least 50% of the denominator.
9. Protect electronic health information: Y must be indicated to pass this measure.
10. E-prescribing: Numerator must be at least 40% of the denominator unless an exclusion is indicated.
11. Record demographics: Numerator must be at least 50% of the denominator.
12. Implement clinical decision support (CDS) rule: Must be a Y to pass this measure. Also indicate the CDS rule that was implemented.
13. Provide clinical summaries: Numerator must be at least 50% of the denominator.

MENU OBJECTIVES

Check the box in front of the objectives that have been met. Leave blank any that were not met. 5 measures must have been met and one must be a public health measure (#1 or #2). 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.

1. Check if a successful test was completed with public health for the immunization registry
 - 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 this box is checked, DHHS will confirm with the public health division that a test occurred
2. Check if a successful test was completed with public health for the syndromic surveillance
- 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 this box is checked, DHHS will confirm with the public health division that a test occurred.
3. Implement drug formulary checks: This 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: This must be a Y to meet this measure.
6. Patient-specific education: Numerator must be at least 10% of the denominator.
7. Medication reconciliation: Numerator must be at least 50% of the denominator.
8. Transition of care: Numerator must be at least 50% of the denominator.
9. Reminders to patients for preventive/follow up care: Numerator must be at least 20% of the denominator.
10. Timely access to health information: Numerator must be at least 10% 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. These measures

- All three core CQMs must be completed.
- If a measure in the core is not applicable for the patient population the practice, an EP is not excluded from reporting that measure, but the measure can be zero. If the denominators are zero, then substitute one alternate for each of the core that has a zero denominator.
- In addition to the core and alternate core, three must be selected from the additional core in the areas of diabetes, heart conditions, women's health, cancer, asthma or miscellaneous.
- For 2013, the CQMs will be submitted via attestation (included as part of the MC-150A). In 2014, new instructions will follow regarding electronically submitting the CQMs.
- It is acceptable to have zero for the denominator if that is the value produced by the certified EHR technology.