



# eCW *mu*

A Guide to Meaningful Use with eClinicalWorks

*eClinicalWorks*

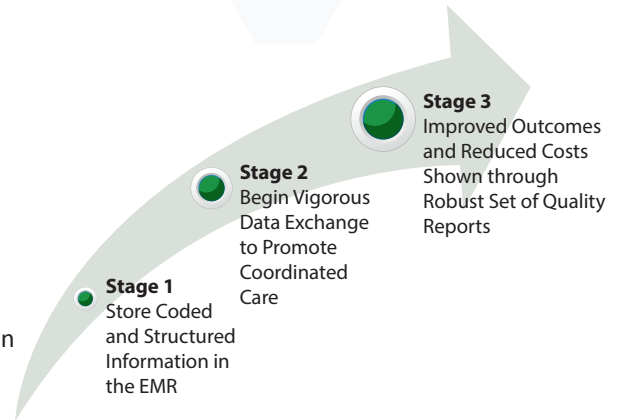


# What is Meaningful Use?

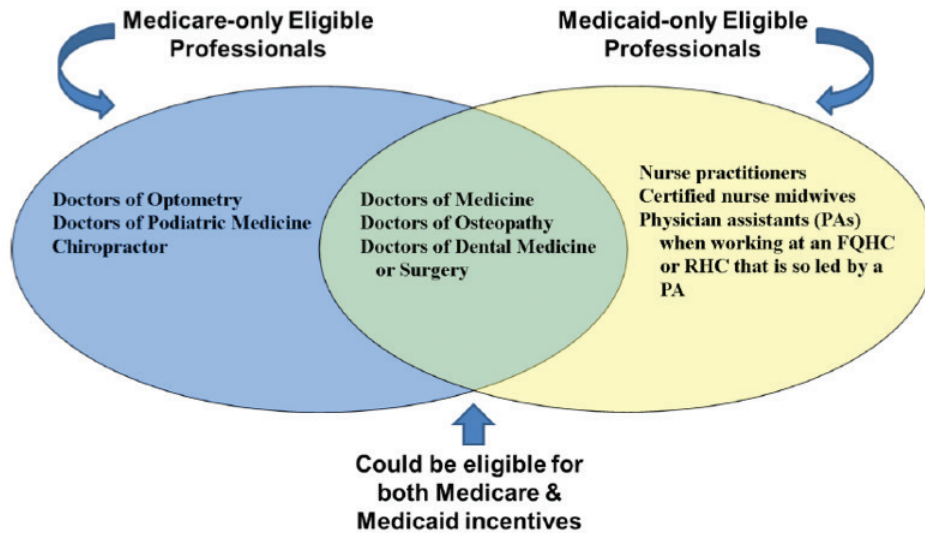
The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals for the “meaningful use” of certified EHR technology to improve patient care.

Eligible professionals (EP) can receive up to \$44,000 (or \$24,000 if the participant begins in 2014) through the Medicare EHR Incentive Program and up to \$63,750 through the Medicaid EHR Incentive Program as they adopt, implement, upgrade or demonstrate Meaningful Use of certified EHR technology.

The Medicare and Medicaid EHR Incentive Programs are staged in three steps with increasing requirements for participation.



# Who is Eligible?



This image from CMS lays out which providers are eligible for MU Medicare, Medicaid or Both programs.

To qualify for Medicaid EHR Incentive Program, EP must have a minimum of 30% Medicaid patient volume (or 20% for pediatricians).

To qualify for Medicare EHR Incentive Program, an EP must bill Medicare Part B and see at least 10% of their visits as outpatient.

# The Clock is Ticking...

- The last year to begin participation in the Medicare EHR Incentive Program is 2014.
- Beginning 2015, Medicare EPs who do not successfully demonstrate Meaningful Use will be subject to a payment adjustment. The payment reduction starts at 1% and increases each year that a Medicare eligible professional does not demonstrate Meaningful Use, up to a maximum of 5%.
- The last year that an EP can begin participation in the Medicaid EHR Incentive Program is 2016.
- October 3rd, 2013 is the last date to begin participation in the incentive program from 2013.

# Meaningful Use Stage 1 in 2014

Core Objectives - Required			
#	Measure	Threshold	Change from previous years <sup>+</sup>
1	Record Demographics	50%	
2	Maintain Active Medication List	80%	
3	Maintain Active Medication Allergy List	80%	
4	Record and Chart Changes in Vital Signs	50%	Exclusions updated for height & weight and/or BP for 3 years & above
5	Record Smoking Status for Patients 13 years old or older	50%	
6	Maintain up-to-Date Problem List of Current and Active Diagnoses	80%	
7	Computerized Provider Entry of Medications	30%	Additional option to calculate measure based on Medication order
8	Implement Drug-Drug and Drug-Allergy Interaction Checks	Self - Attestation	
9	Generate and Transmit Permissible ePrescriptions	40%	Exclusion updated to include no ePrescription pharmacy within 10 miles of radius
10	Clinical Decision Support Rule	Self - Attestation	
11	Provide Clinical Summaries for Patients for Each Office Visit	50%	
12	Provide patients the ability to view online, download and transmit their health information within four business days	50%	Replaces core measure of electronic copy of health information and menu measure of timely electronic access
13	Protect Electronic Health Information	Self - Attestation	

Menu Objectives- 5 out of 9 measures			
#	Measure	Threshold	Change from previous years <sup>+</sup>
1	Implement Drug Formulary Checks	Self-Attestation	
2	Incorporate Lab Tests	40%	
3	Patient Lists by Patient Condition	Self-Attestation	
4	Send Patient Reminders per Patient Preference	20%	
5	Patient Specific Education	10%	
6	Medication Reconciliation	50%	
7	Summary of Care Record	50%	
8	Submit Immunization Data to the State Registry	Self-Attestation	
9	Syndromic Surveillance Data	Self-Attestation	

- CQM Objective is incorporated directly into the definition of a meaningful EHR user and EP is still required to submit CQMs in order to successfully participate in the program.
- Beginning in 2014, cannot select a Menu objective and claim an exclusion for it if there are other Menu objectives they can meet.

+ For complete list of changes, view the Stage 1 Changes tip sheet by CMS:

<http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1ChangesTipsheet.pdf>

# Meaningful Use Stage 2

Core Objectives - Required				
#	Measure	Stage 1 Threshold	Stage 2 Threshold	Changes from Stage 1
1	Use Computerized Provider Order Entry (CPOE) for Medication, Laboratory and Radiology Orders	30%	60%	Also includes CPOE of Labs & DI at 30%
2	Generate and Transmit Permissible Prescriptions Electronically (eRx)	40%	50%	Includes Rx Formulary check
3	Record Demographics	50%	80%	
4	Record and Chart Vital Signs	50%	80%	
5	Record Smoking Status for Patients 13 years old or older	50%	80%	Includes two additional smoking statuses.
6	Use Clinical Decision Support to Improve Performance on High-Priority Health Conditions	1 Rule	5 Rules	4 More Rules related to CQMs, Includes Drug-Drug/ Allergy
7-1	Provide Timely Online Access to Health Information within 4 Business Days	10%	50%	Replaces core tmeasure of electronic copy of health information and menu measure of timely electronic access
7-2	Patients View, Download, or Transmit to a Third Party their Health Information.	N/A	5%	
8	Provide Clinical Summaries for Patients for Each Office Visit	50%	50%	Changed from 3 business days to 1 day
9	Protect Electronic Health Information	Self-Attestation	Self-Attestation	
10	Incorporate Clinical Lab-Test Results	40%	55%	<b>Menu to Core</b>
11	Generate Lists of Patients by Specific Conditions	Self-Attestation	Self-Attestation	<b>Menu to Core</b>
12	Send Patient Reminders per Patient Preference	20%	10%	<b>Menu to Core</b> , Includes all ages
13	Patient Specific Education Resources	10%	10%	<b>Menu to Core</b>
14	Medication Reconciliation	50%	50%	<b>Menu to Core</b>
15-1	Provide Summary of Care Record at each Transition of Care	50%	50%	Includes Up-to-date problem List (a), Active Medication(b) and Active Medication Allergy List(c) & Moved from Menu to Core  15-2 and 15-3 are <b>New Measures</b>
15-2	Provide Summary of Care record at each Transition of Care - Electronically.	NA	10%	
15-3	Exchange Summary of Care record at each Transition of Care to EP on another CEHRT or with CMS designated EHR.	NA	Self-Attestation	
16	Capability to Submit Electronic Data to Immunization Registry	Self-Attestation	Self-Attestation	<b>Menu to Core</b>
17	Use Secure Electronic Messaging to Communicate with Patients on Relevant Health Information.	N/A	5%	<b>New Measure</b>

+For detailed description of measures, view Stage 2 Measure toolkit by CMS:

[http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2\\_MeaningfulUseSpecSheet\\_TableContents\\_EPs.pdf](http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EPs.pdf)

Menu Objectives – 3 out of 6 measures				
#	Measure	Stage 1 Threshold	Stage 2 Threshold	Changes from Stage 1
1	Capability to Submit Electronic Syndromic Surveillance Data to Public Health Agencies	Self - Attestation	Self - Attestation	
2	Record Electronic Notes in Patient Records	N/A	30%	New Measure
3	Imaging Results Consisting of the Image Itself and any Explanation is Accessible Through CEHRT	N/A	10%	New Measure
4	Record Family Health History as Structured Data	N/A	20%	New Measure
5	Capability to Identify and Report Cancer Cases to a Public Health Central Cancer Registry	N/A	Self – Attestation	New Measure
6	Capability to Identify and Report Specific Cases to a Specialized Registry (other than a cancer registry)	N/A	Self – Attestation	New Measure

## Clinical Quality Measures 2014

CQMs are no longer a core Meaningful Use objective; however, EPs are still required to submit CQMs in order to successfully participate in the program.

- Beginning in 2014, all providers, regardless of whether they are in Stage 1 or Stage 2 of Meaningful Use, will be required to report on the 2014 CQMs.
- In 2014, EPs must report on 9 of the 64 approved CQMs.
- Recommended core CQMs - encouraged but not required.
  - 9 CQMs for the adult population.
  - 9 CQMs for the pediatric population.
- Selected CQMs must cover at least 3 out of 6 of the National Quality Strategy domains.



## CQM Reporting Options for EP Beginning 2014

Category <sup>+</sup>	Submission Type
EPs in First Year of Demonstrating MU <sup>++</sup>	Attestation
EPs Beyond the First Year of Demonstrating MU	Electronic

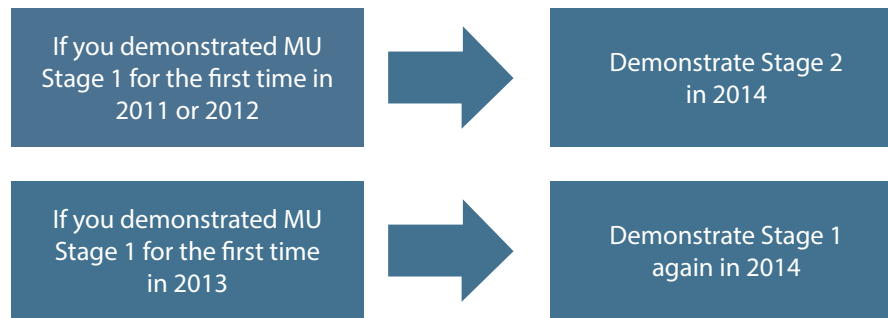
<sup>+</sup> For complete list of options, view the CQM tip sheet.

<http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/ClinicalQualityMeasuresTipsheet.pdf>

<sup>++</sup> Attestation is required for EPs in their first year of demonstrating Meaningful Use because it is the only reporting method that would allow them to meet the submission deadline of October 1 to avoid a payment adjustment.

# Meaningful Use in 2014

## Stage of MU in 2014



[Visit the CMS website](#) to determine your EHR incentive program participation timeline.

## Reporting Period in 2014

All providers regardless of their stage of MU are only required to demonstrate MU for a three-month EHR reporting period in 2014:

- Medicare Providers – 3-month reporting period is fixed to one of the four quarters of the calendar year for EPs (Q1, Q2, Q3 or Q4)
- Medicaid Providers – 3-month reporting period is not fixed (verify with your state)

## 2014 Certified EHR Technology

- Regardless of which Meaningful Use stage you are demonstrating in 2014, you need to use 2014 certified EHR Technology.
- eClinicalWorks V10 is a 2014 Certified EHR Technology.



eClinicalWorks V10  
CC-2014-955447-1

## Preparing for Stage 2

### Stage 1 Measures With More Requirements

- Continue “Meaningful Use” of eClinicalWorks
- Exceed the MU Stage 1 requirements (higher thresholds & more measures)

### Patient Engagement

Stage 2 has greater emphasis on Patient Engagement, which includes Objectives such as Patient Electronic Access, Patient Reminder, Patient Education and Secure Electronic Messaging.

- Provide health information access using [Patient Portal](#) and [healow smartphone app](#)
- Send Patient Reminders using [healow Messenger](#) (recommended)

### Interoperability

Interoperability is the cornerstone of the Meaningful Use Stage 2. The objectives include Summary of Care Record, Submit Immunization Data, Imaging Results, etc.

- [Join the Network™](#) to send peer-to-peer communication and exchange summary of care record
- Connect with your state immunization registry

### Choose Your Measures

- Select Stage 2 Menu Objectives (select 3 out of 6 objectives)
- Select 9 CQMs from at least 3 National Quality Strategy Domains

# Path to Meaningful Use with eClinicalWorks

1

## Become Familiar with Meaningful Use (MU) Program

- Determine whether you are [eligible for Medicare or Medicaid Incentive Program](#).
- Beware of important MU program [deadlines](#).
- [Visit the participation timeline calculator](#) to determine your stage and reporting period in a given year.
- Find out if you qualify for a hardship exemption from the [CMS website](#) to avoid penalties.

2

## Choose Your Measures

- All Core Measures must be met.
- Choose Menu measures (5 out of 10 measures for Stage 1 in 2013, 5 out of 9 measures in 2014 – 3 out of 6 for Stage 2).
- Select [Clinical Quality Measures](#) (6 out of 44 CQMs for Stage 1 in 2013 – 9 out of 64 for both Stage 1 & Stage 2 beginning 2014).

3

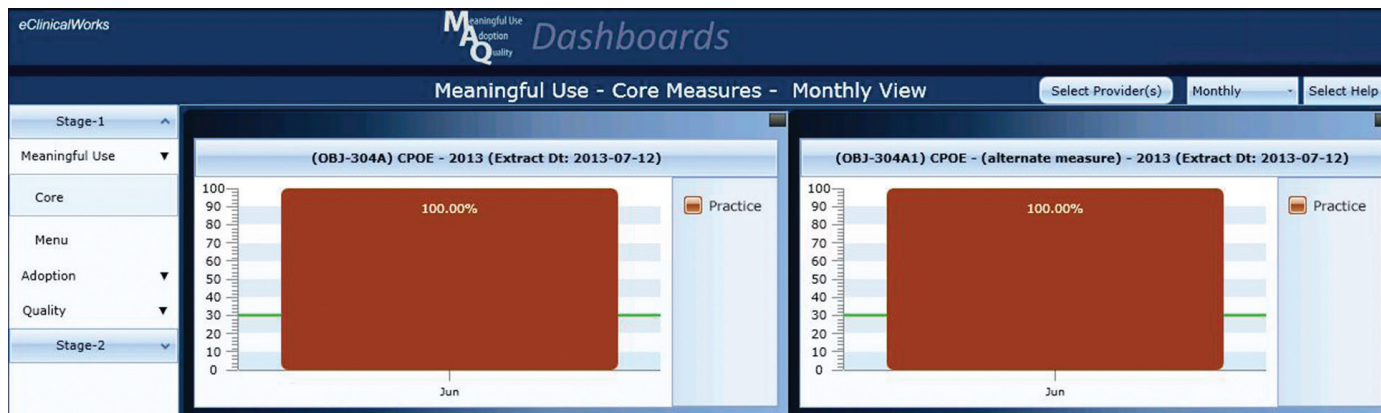
## Measure Setup and Workflow Changes

- Measures require setup and/or specific workflows that must be followed to become compliant.
- Refer to our [MU Training Scenarios Guide](#) to verify that you are following the workflow and that the setup has been completed.

4

## Track Your Performance

- Tracking your MU compliance is easy with the eCW [MAQ Dashboards](#). This tool tracks all of your measures that have thresholds, putting you in control of your compliance.
- Remember to meet the self-attest measures as well.



5

## Prepare Your Documentation

- Any provider participating in MU can be subject to a [pre- or post-payment audit](#).
- The eClinicalWorks [MU Audit Toolkit](#) will help you prepare for potential audits.

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## Register & Attest for Meaningful Use

- Registration and Attestation for Meaningful Use is done on the [CMS website](#) for Medicare participants.
- Attestation for Medicaid MU is done on the EP's [State's incentive program website](#).
- During attestation you will report denominator and numerator data along with your compliance on self-attestation measures.
- Once successfully attested most receive their incentive dollars in four to eight weeks.

# Meaningful Use Consulting Services

eClinicalWorks is committed to helping practices achieve Meaningful Use (MU) compliance and attest for the EHR Medicare and Medicaid incentives. As part of this commitment, we offer a mix of remote and on-site services, including:

**Meaningful Use Project Management Consulting Service** – includes assignment of MU Consultant to the practice, who will:

- Act as a point of contact for all Meaningful Use-related questions
- Provide guidance on the setup required for Core and Menu measures and CQMs
- Educate providers and staff on efficient ways to comply with MU measures
- Review MAQ Dashboard on a monthly or ad hoc basis to track compliance with MU and identify gaps
- Guide on often-overlooked self-attestation measures
- Assist with Medicare or Medicaid Attestation
- Help prepare for potential MU audits

**Meaningful Use Consultation Service** – An eClinicalWorks MU Specialist will:

- Remotely connect to a practice's database and educate the designated person(s) on the criteria needed to meet the MU Objectives
- Provide guidance on the setup required for Core and Menu measures and CQMs
- Discuss the setup of eCW modules that can assist with meeting Meaningful Use
- Help to understand the MAQ Dashboard, including a review of non-MAQ Dashboard objectives
- Consultation is four hours (can be split into separate two-hour sessions)

**Two-Day On-Site Meaningful Use Consulting** – An eClinicalWorks EHR and MU Specialist will:

- Provide guidance on the setup required for Core and Menu measures and CQMs on site
- Discuss the setup of eClinicalWorks modules that can assist with meeting Meaningful Use
- Help in understanding the MAQ Dashboard, including a review of self-attest/yes-no objectives
- Educate all staff members – Front Office, Clinical, and Managerial staff on MU
- Provide guidance on how to prepare for potential MU audits

*The Meaningful Use Consulting service at eCW was extremely instrumental in our providers becoming Meaningful Users. Without this service we would have felt lost and could have potentially missed preparing information that could have cost us thousands.*

Jay S. Gottlieb, DO. FAOCD. FOCOO

*The Meaningful Use Consulting Service was invaluable to our achieving Meaningful Use. They were always readily available during the measuring period to answer questions and make sure our process was correct. They then walked us through the reporting process. It felt like a concierge service!*

Steven David, MD

Additional MU information is available on [my.eclinicalworks.com](http://my.eclinicalworks.com)