

Meaningful Use (Stage 1) Strategy Checklist - 2013

Meaningful Use (MU) of Electronic Health Records (EHRs) for **Medicare** and **Medicaid** eligible professionals may yield providers a maximum incentive payment of \$44,000 or \$63,750, respectively. Rhode Island Quality Institute's Regional Extension Center (REC) has developed this checklist to assist you in your achievement of Stage 1 Meaningful Use. This is not an exhaustive plan for MU, but rather a guide to help navigate meaningful use requirements. For a more detailed analysis, consider hiring a technical service consultant, available at discounted rates in the RI REC Vendor Marketplace.

Practice Name: _____
 Reviewed Check list with (name/s): _____
 Date(s) Reviewed: _____
 RI REC Relationship Manager _____

	Important Steps	Notes/Planning /Timeline
<input type="checkbox"/>	<p>Create Meaningful Use (MU) Strategy:</p> <ol style="list-style-type: none"> 1. Start with RI REC's MU Strategy Packet 2. Determine Eligibility (Medicare, Medicaid, neither) 3. Discuss potential incentive payments & potential penalties 4. Create MU Strategy: <ul style="list-style-type: none"> <input type="checkbox"/> Choose Target Date to Attest to Meaningful Use*: _____ <input type="checkbox"/> Choose measures <input type="checkbox"/> Assign resources to create a plan and manage project <p>*In 2014, all EPs will report only on a 90 day period, per the Stage 2 Meaningful Use Final Rule</p>	
<input type="checkbox"/>	<p>Self- Assessment</p> <ol style="list-style-type: none"> 1. On a scale of 1 to 10, what is your comfort level that your practice will attest to meaningful use? _____ 2. On a scale of 1 to 10, what is your comfort level that your practice will be able to dedicate time and resources needed to attest to meaningful use? _____ 	
	<p>NOTES:</p>	

Meaningful Use (Stage 1) Strategy Checklist

Important Steps	Notes/Planning
<input type="checkbox"/> Determine Eligibility & Potential Incentive Payment: 1. Which incentive program are you eligible for? <input type="checkbox"/> Medicaid (minimum 30% of patient volume; 20% patient vol. for pediatricians) <input type="checkbox"/> Medicare (incentive dollars related to allowable charges, see Eligibility) <input type="checkbox"/> Unsure (see Eligibility) 2. Eligibility: http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp 3. EHR Incentive Payment Schedule for Medicaid and Medicare: http://www.cms.gov/EHRIncentivePrograms/35_Basics.asp#TopOfPage	
<input type="checkbox"/> Verify that you are using a certified EHR: Go to http://onc-chpl.force.com/ehrcert - The Certified HIT Product List (CHPL). To achieve Meaningful Use, Stage 1, you need to be <i>meaningfully using</i> a certified version of EHR software. EHRs are certified by the Office of the National Coordinator (ONC), to ensure that providers will be able to electronically capture data and share information. If your EHR is not certified, contact your vendor for an upgrade timeline.	
<input type="checkbox"/> Know your NPI number and NPPES web user account login information: Know your National Provider Identifier (NPI) and Provider Enumeration System (NPPES) web user account login information. Visit website for application instructions: https://nppes.cms.hhs.gov/NPPES/ or call the NPI Enumerator contact at 800-465-3203 or by email customerservice@npienumerator.com .	
<input type="checkbox"/> Setting up a Proxy - Identity and Access Management (I&A): If you would like to authorize an individual to work on your behalf in the EHR Incentive Program Registration & Attestation system, you will need to permit them access to do so. Refer to page #5 on the Medicaid EHR Incentive Program instructions or visit website for instructions: https://nppes.cms.hhs.gov/NPPES/IACreateLogin.do or the call the EHR Incentive Program Information Center at 888-734-6433.	
<input type="checkbox"/> Register for the Medicare or Medicaid EHR Incentive Program: CMS recommends that providers register even if they are not yet ready to attest. Visit the CMS website to register: https://ehrincentives.cms.gov/hitech/login.action <ul style="list-style-type: none"> • Medicare Registration instructions: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf • Medicaid Registration instructions: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf 	
<input type="checkbox"/> Determine your attestation reporting time period: Medicare: Year 1: 90 Day Period - Demonstrate meaningful use of certified EHR technology Year 2+: Full Year (Jan 1-Dec 31) - Demonstrate meaningful use of certified EHR technology. Medicaid: Year 1: Attest to “A/I/U: adopt, implement or upgrade” of certified EHR technology Year 2: 90 Day Period - Demonstrate meaningful use of certified EHR technology Year 3+: Full Year (Jan 1-Dec 31) - Demonstrate meaningful use of certified EHR technology.	



<input type="checkbox"/>	Review Meaningful Use Measures: <ul style="list-style-type: none"> <input type="checkbox"/> Core (All 15 are required) <input type="checkbox"/> Menu Measures (Choose 5 of 10) <input type="checkbox"/> Clinical Quality Measures (3 Core or Alternate Core + 3 additional, up to 9) 	
<input type="checkbox"/>	Attestation tools to try: <ol style="list-style-type: none"> 1. Try out the Attestation Calculator for the Medicare EHR Incentive Program: http://www.cms.gov/apps/ehr/ 2. Try out the Attestation Worksheet for the Medicare EHR Incentive Program: https://www.cms.gov/EHRIncentivePrograms/Downloads/EP_Attestation_Worksheet.pdf 	
<input type="checkbox"/>	Assess Current Status & Create a Plan to meet Meaningful Use Requirements: Need help addressing gaps in MU? RI REC Vendor Marketplace consultants are available: http://docehrtalk.org/selecting-ehr/vendor-marketplace-participants	
<input type="checkbox"/>	Attest to Meaningful Use & Receive Payment: Medicare: <ul style="list-style-type: none"> - Visit the CMS website to attest: http://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp - Attestation instructions: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP_Attestation_User_Guide.pdf - Help Desk: EHR Incentive Program Information Center - 888-734-6433 Medicaid: <ul style="list-style-type: none"> - Visit the MAPIR website to attest: https://www.dhs.ri.gov/secure/logonMAPIR.do - Visit the RI Dept. of Human Services website for attestation instructions: http://www.dhs.ri.gov/DefaultPermissions/ElectronicHealthRecordsIncentiveProgram/ta/bid/997/Default.aspx - Help Desk: MAPIR Customer Service Help Desk - 1-800-964-6211 	
<input type="checkbox"/>	Apply for REC subsidy for eligible PCP providers after attesting to Meaningful Use: Contact your REC Relationship Manager or RIREC@riqi.org	

Meaningful Use Core Objectives and Measures

All of these must be met in order to receive the EHR incentives.		
<input type="checkbox"/>	1. Do you use computerized physician order entry (CPOE) for medication orders and do more than 30% of your patients have at least one medication in their medication list ordered by CPOE? 2013: Alternate measure: are more than 30% of medication orders created by EP recorded using CPOE?	
<input type="checkbox"/>	2. Is drug-drug and drug-allergy interaction checking enabled in your EHR system?	
<input type="checkbox"/>	3. Do you maintain an up-to-date problem list of current and active diagnoses for more than 80% of your patients? Does the problem list have at least one structured entry?	
<input type="checkbox"/>	4. Are at least 40% of your permissible prescriptions sent electronically?	
<input type="checkbox"/>	5. Do you maintain an active medication list for more than 80% of your patients? Does the medication list have at least one structured entry?	
<input type="checkbox"/>	6. Do you maintain an active medication allergy list for more than 80% of your patients? Does the medication allergy list have at least one structure entry?	
<input type="checkbox"/>	7. Do you record demographics, including preferred language, gender, race, ethnicity and date of birth, as structured data for more than 50% of your patients?	
<input type="checkbox"/>	8. Do you record and chart changes in vital signs (height, weight and BP) for more than 50% of patients age 2 and over as structured data? 2013: <u>Optional</u> to report on BP for patients 3 and over/height and weight for all ages, new exclusions (see CMS "Stage 1 Changes Tipsheet" for details on new exclusions)	
<input type="checkbox"/>	9. Do you record smoking status for more than 50% of all unique patients 13 years or older?	
<input type="checkbox"/>	10. Do you report on ambulatory clinical quality measures (CQMs) from your EHR? Do you know how to utilize your EHR system to report on 6 CQMs (3 core or alternate core, 3 additional)? <i>If your reporting period is in 2013, then Core 10 will not be a separate objective where providers attest that they will report on CQMs.</i>	<i>Please review CQM measures on following pages.</i>
<input type="checkbox"/>	11. Have you implemented at least one clinical decision support rule besides drug-drug and drug-allergy interaction checks?	
<input type="checkbox"/>	12. Do you, upon request, provide more than 50% of your patients with an electronic copy of their health information within 3 business days?	
<input type="checkbox"/>	13. Do you provide clinical summaries for more than 50% of all office visits within three business days?	
<input type="checkbox"/>	14. Does your EHR have the ability to exchange key clinical information among providers electronically? Have you conducted at least one test of this functionality?*	
	<i>If your reporting period is in 2013, then Core 14 is no longer required.</i>	



<input type="checkbox"/>	15. Have you conducted a security risk analysis [in accordance with 45 CFR 164.308(a)(1) requirements] for your system prior to or during the EHR reporting period, incorporating any available security updates and correcting all identified deficiencies?	
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Meaningful Use Menu Objectives and Measures

A minimum of five out of these ten must be met in order to receive EHR incentives. One of the achieved menu measures must be a public health measure #.		
<input type="checkbox"/>	1. Is drug formulary checking enabled in your EHR? Have you accessed at least one internal or external drug formulary from your EHR?	
<input type="checkbox"/>	2. Do you incorporate clinical lab test results into your EHR as structured data for more than 40% of all clinical lab test results?	
<input type="checkbox"/>	3. Have you generated at least one report of patients by specific condition to use for quality improvement, reduction of disparities, research or outreach?	
<input type="checkbox"/>	4. Do you send reminders, per patient preference, to more than 20% of unique patients 65 years or older or 5 years old or younger for preventive/follow-up care?	
<input type="checkbox"/>	5. Do you provide more than 10% of unique patients access to their health information (lab results, problem list, medication lists, allergy list) within 4 business days of information being updated in the EHR, subject to your discretion to withhold certain information?	
<input type="checkbox"/>	6. Do you use your EHR to identify patient-specific education resources and provide such resources to more than 10% of unique patients?	
<input type="checkbox"/>	7. Do you perform medication reconciliation for more than 50% of transitions of care?	
<input type="checkbox"/>	8. Do you create and provide a summary of care record for more than 50% of transitions of care or referrals?	
<input type="checkbox"/>	9. Have you submitted at least one test of electronic data to the state's immunization registry, including follow up submission if the test is successful? #	<i>The RI Department of Health does not currently accept this type of data for <u>adult patients</u>.</i>
<input type="checkbox"/>	10. Have you submitted at least one test of electronic syndromic surveillance data to public health agencies, including follow up submission if the test is successful? #	<i>The RI Department of Health does not currently accept this type of data.</i>
	# Beginning in 2013, all of the public health objectives will require that providers perform at least one test of their Certified EHR Technology's capability to send data to public health agencies, except where prohibited.	



Meaningful Use Clinical Quality Measures (CQMs)*

All eligible providers are required to submit clinical data on 3 core (or up to 3 alternate core measures) and 3 additional clinical quality measures (CQMs), for a minimum of 6 CQMs, up to maximum of 9 CQMs. If the core measures do not apply to a provider, (ie. They do not have an applicable population) they will still need to report a “0” denominator for that measure.

- Only choose CQMs that are certified as part of your certified EHR. These may be found on The Certified HIT Product List (CHPL) at: <http://onc-chpl.force.com/ehrcert> .
- All values reported should be the values produced by the certified EHR technology.

Core Set CQMs – report all 3 core measures. * If any of the 3 core measures are reported with zero values for the denominator, you are required to substitute an alternate core measure. For example if: NQF 0028 & NQF 0421 are 0; report 2 measures from the alternate core measures.

<input type="checkbox"/>	Hypertension: Blood Pressure Measurement (NQF 0013)	
<input type="checkbox"/>	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention (NQF 0028)	
<input type="checkbox"/>	Adult Weight Screening and Follow-up (NQF 0421)	

Alternate Core Set CQMs – use if cannot meet above core set. * If you reported 0 for all 3 core measures, you must report on all 3 alternate core measures even if you will report zeroes for all 6 measures. If you reported a 0 for 2 core measures you will need to report 2 alternate core measures, likewise, if you reported 0 for 1 core measure you are required to report 1 of the 3 alternate core measures.

<input type="checkbox"/>	Weight Assessment and Counseling for Children and Adolescents(NQF 0024)	
<input type="checkbox"/>	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older (NQF 0041)	
<input type="checkbox"/>	Childhood Immunization Status (NQF 0038)	

Additional Set CQM– must complete 3 of 38. *Select any 3 measures that apply to your practice. It is acceptable to have zero for the denominator if that is the value produced by the certified EHR technology. Three additional measures are required for a total of 6-9 measures depending on the number of core and alternate core measures.

<input type="checkbox"/>	<input type="checkbox"/> Diabetes: Hemoglobin A1c Poor Control (NQF 0059) <input type="checkbox"/> Diabetes: Low Density Lipoprotein (LDL-C) Control (NQF 0064) <input type="checkbox"/> Diabetes: High Blood Pressure Management (NQF 0061) <input type="checkbox"/> Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (NQF 0081) <input type="checkbox"/> Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI) (NQF 0070) <input type="checkbox"/> Pneumonia Vaccination Status for Patients \geq 65 yrs. Old (NQF 0043) <input type="checkbox"/> Breast Cancer Screening (NQF 0031) <input type="checkbox"/> Colorectal Cancer Screening (NQF 0034) <input type="checkbox"/> Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD (NQF 0067) <input type="checkbox"/> Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (NQF 0083) <input type="checkbox"/> Anti-depressant medication management: (a) Effective Acute Phase	
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Treatment, (b)Effective Continuation Phase Treatment (NQF 0105)

- Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation (NQF 0086)
- Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy (NQF 0088)
- Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (NQF 0089)
- Asthma Pharmacologic Therapy (NQF 0047)
- Asthma Assessment (NQF 0001)
- Appropriate Testing for Children with Pharyngitis (NQF 0002)
- Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer (NQF 0387)
- Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients (NQF 0385)
- Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (NQF 0389)
- Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies (NQF 0027)
- Diabetes: Dilated Eye Exam (NQF 0055)
- Diabetes: Urine Screening for Microalbumin or Medical Attention for Nephropathy (NQF 0062)
- Diabetes: Foot Exam (NQF 0056)
- Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol (NQF 0074)
- Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation (NQF 0084)
- Ischemic Vascular Disease (IVD): Blood Pressure Management Control (NQF 0073)
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic (NQF 0068)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement (NQF 0004)
- Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)(NQF 0012)
- Prenatal Care: Anti-D Immune Globulin (NQF 0014)
- Controlling High Blood Pressure (NQF 0018)



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| <ul style="list-style-type: none"><input type="checkbox"/> Cervical Cancer Screening (NQF 0032)<input type="checkbox"/> Chlamydia Screening for Women (NQF 0033)<input type="checkbox"/> Use of Appropriate Medications for Asthma (NQF 0036)<input type="checkbox"/> Low Back Pain: Use of Imaging Studies (NQF 0052)<input type="checkbox"/> Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (NQF 0075)<input type="checkbox"/> Diabetes: Hemoglobin A1c Control (<8.0%) (NQF 0575) | |
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Additional Notes:

To learn more about how the Rhode Island Quality Institute's Regional Extension Center (REC) can serve you, please call (888) 858-4815, e-mail RIREC@riqi.org or visit DocEHRtalk.org.

