
# EHR Incentive Program:

# Using gEHRiMed™ to Achieve Meaningful Use

## Requirements and Related Forms

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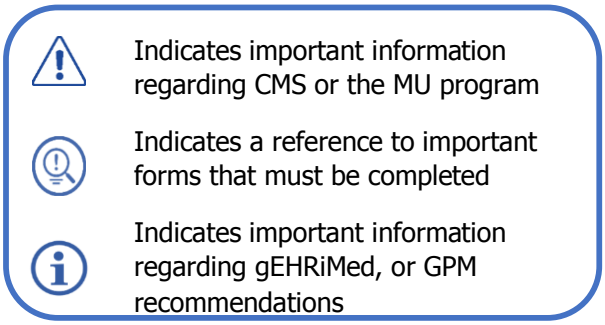
Version # 2015-11.25

# Contents

## *How to Use this Guide*

The following guide is meant to give practices and providers a basic understanding of the requirements for achieving Meaningful Use and how aspects of MU are integrated into gEHRiMed™. This information does not constitute legal advice, nor is it meant to offer a set strategy for achieving Meaningful Use. Geriatric Practice Management (GPM) always recommends that each practice develops their Meaningful Use strategy a number of months prior to the beginning of the reporting period.

Throughout this guide, you will come across a few icons to help to highlight important information. The key to Right identifies these icons and provides an explanation for their purpose.




The icon for important forms refers to gEHRiMed™ specific forms that are required to set a practice up for Meaningful Use. The majority of the forms that must be complete are located at www.gEHRiMed.com/meaningfuluse , however a couple of forms (when indicated) will need to be requested from gEHRiMed™ support.

## *Meaningful Use Overview and Resources*

The Medicaid and Medicare EHR Incentive Programs were developed to provide incentives for eligible healthcare providers to encourage adoption of electronic health record (EHR) software. These programs not only require that eligible professionals (EPs) acquire and use the EHR software; EP's must also show that it is being used in a meaningful way by meeting certain criteria on a number of measures and objectives (Meaningful Use).

Meaningful Use is intended to promote better patient care, improve quality of care, and promote transparency and efficiency by using certified technology instead of traditional paper records. CMS promoted this program in distinct stages for eligible professionals to incorporate and acclimate to changes in workflows. Becoming a meaningful user requires that EPs actually demonstrate that they can use certified technology in a way that aligns with the goals set by CMS. Eligible Professionals may still receive Medicaid incentive payments should they become meaningful users during any year prior to 2022. Meaningful Use is a program legislated for inclusion in Medicare MIPS (Merit based Incentive Payment System).

Incentive payments for Eligible Professionals (EPs) are based on individual practitioners. If you are part of a practice, each eligible professional may qualify for an incentive payment if each eligible professional successfully demonstrates meaningful use of certified EHR technology. Each eligible professional is only eligible for one incentive payment per year, regardless of the number of practices or locations he or she provides services.

The definition of an Eligible Professional differs between Medicare and Medicaid. For the *typical* practice using gEHRiMed, the difference is that only Licensed Physicians are governed by the Medicare Program. Medicaid extends eligibility to Nurse Practitioners. Please see the rules of each program for additional guidance. Physician Assistants are not included in the Meaningful Use Program.

Below is an overview of the difference between the Medicaid and Medicare EHR Incentive Programs.

| Medicaid Program | Medicare Program |
|---|---|
| Every state runs its own program | Run by CMS |
| Program runs from 2011 through 2021 | The last year to begin this program was 2014. |
| Maximum incentive amount is $63,750 (across 6 years of program participation) | Payment reductions began in 2015 for providers who are eligible but choose not to participate |
| No Medicaid payment reductions if you choose not to participate | NPs are not considered Eligible Professionals |
| In the first year, providers can receive an incentive payment for adopting, implementing, or upgrading a certified EHR. | |
| In all remaining years, providers will meet meaningful use guidelines, just like in the Medicare program. | |

**Unlike the Medicare EHR Incentive Program, which is run by CMS, the Medicaid program is state run. This means that requirements and deadlines could vary state to state. For state specific information, please use the links below to access the list of state contacts or to contact your Regional Extension Center (REC).**

- State Contacts: https://www.cms.gov/apps/files/statecontacts.pdf
- Regional Extension Center (REC): http://www.healthit.gov/providers-professionals/listing-regional-extension-centers

**In order to receive the full benefit of the Medicaid EHR Incentive Program, all Eligible Providers must enroll by 2016.** An EP can receive up to $63,750 over a 6 year period through the Medicaid EHR Incentive program. Eligible MD/DO and Nurse Practitioners must have a minimum of 30% Medicaid patient volume in order to be eligible for the Medicaid Program.

## Are you Eligible?

CMS has developed a web tool that will help determine whether or not you are eligible to participate in the EHR Incentive Program. This tool will also help to explain whether you may qualify for the Medicare and/or Medicaid EHR Incentive Program. Use the link below to access the web tool.

www.cms.gov/Regulations-and-Guidance/Legislation/EHRincentivePrograms/Eligibility.html

## Getting Started

Once you know you're eligible to participate, each provider (or a group appointed administrator on behalf of the provider(s)) must register with CMS, regardless of the program you choose to participate in (Medicare or Medicaid). Below is a link to the CMS site as well as the information you'll need to sign up. Please note that registering with CMS is not the same as attesting; once you've registered you will be sent further information on how to attest.

- Register with CMS: https://ehrincentives.cms.gov/hitech/login.action

What you'll need to register:

- Provider NPI number
- National Plan and Provider Enumeration System (NPPES) user ID and password (the same information that's used to log in to PECOS)
- gEHRiMed's 2014 Edition CMS Certification ID: **A014E01NB2RNEAL (This ID number should be generated each time a provider registers. It is determined by the unique set of certifications used to gain 'complete' status. (For example, gEHRiMed™ is currently certified with two ePrescribing Solutions – DrFirst and Prescribers Connection. Additional options are possible, please exercise caution – do not copy and paste!!!**
- CMS Tax Identification Number (TIN) to select where the payment will go

## Participation Timeline - Medicaid

Once you've determined if you are eligible for the Medicaid program, you can Adopt, Implement, or Upgrade (AIU) a certified EHR, or demonstrate meaningful use in your first year to earn incentives. For 2016, a provider who has received an AIU payment but not any subsequent Meaningful Use payments can demonstrate for any 90-day period. Providers in other stages will, more than likely, have to demonstrate a full year of Meaningful Use. Please visit the following link for more information regarding participation:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html

## What's Required to Achieve Meaningful Use?

CMS recently published a final rule in October 2015 which sets out the plan for achieving Meaningful Use for reporting periods of 2015-2018. To better prepare EPs for MU Stage 3, which begins in 2018, CMS has adopted Modified Stage 2, which has condensed many of the measures and objectives in the previous two stages. All eligible professionals new to Meaningful Use will attest to the newest Modified Stage 2 Objectives starting in 2016. Providers can no longer attest to previous Stage 1 or Stage 2 requirements. Modified Stage 2 consists of 10 individual objectives that participants must satisfactorily meet. The Meaningful Use program is a pass/fail program, and all 10 objectives must be met in order to attest for MU. Many of the objectives do have alternate measures and/or exclusions for first year participants. The chart below shows the 10 individual objectives that are required. It is the responsibility of each EP to comprehend each objective and how it is measured. gEHRiMed™ does provide more in depth material on each individual measure which can be found in Appendix 1. Please contact your state's REC Center, refer to CMS, and/or gEHRiMed™ user content for more information regarding Meaningful Use Objectives. Providing ongoing practice level consultation on Meaningful Use is beyond the scope of gEHRiMed™ services, but outside consultants are available should you or your practice require additional guidance. The requirements may also vary by state, and are subject to additional interpretation by the Regional Extension Centers.

| Modified Stage 2 Objectives | | | |
|---|---|---|---|
| **1** | Protect Patient Health Information. | **6** | Patient Specific Information |
| **2** | Clinical Decision Support | **7** | Medication Reconciliation |
| **3** | Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders | **8** | Patient Electronic Access (VDT) |
| **4** | Generate and transmit permissible prescriptions electronically (eRx) | **9** | Secure Messaging |
| **5** | Health Information Exchange | **10** | Public Health Reporting |

## What are electronic Clinical Quality Measures (eCQMs)?

According to CMS, eCQMs are tools that help measure and track the quality of health care services provided by eligible professionals, eligible hospitals and critical access hospitals (CAHs) within our health care system. These measures use data associated with providers' ability to deliver high-quality care or relate to long term goals for quality health care. Eligible Professionals are required to submit CQM data to successfully achieve Meaningful Use.

gEHRiMed™ supports a representative number of Clinical Quality Measures and they are seamlessly integrated in our software. All of the available CQMs in gEHRiMed™ record this data in the background during the course of the provider's workflow.

There are no thresholds to meet for Clinical Quality Measures; you simply report the data exactly as it is calculated by your certified EHR. eCQMs also qualify as PQRS measures; if they are used for that purpose, significant additional thresholds apply. A discussion of using eCQMs for PQRS reporting is beyond the scope of this overview.

For more detailed information regarding each EHR Incentive Program, please visit the links below

- CMS Overview: Getting Started: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html

## Penalties and Deadlines

Physicians who see Medicare patients and do not meet the requirements for Meaningful Use during 2016 will be subject to a payment adjustment on 2018 Medicare Part B payments. Meaningful Use must be met in each subsequent year to avoid additional payment adjustments, up to a maximum of 5%. This penalty does not apply to Nurse Practitioners or Physicians Assistants. Physicians who work in Nursing Facility Settings may be able to qualify for a Medicare EHR Hardship Exemption.

Use the link below to access the CMS site for more information regarding payment adjustments.

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html

The chart below demonstrates expected Medicare Part B FFS payment adjustments should a provider not achieve Meaningful Use.

| Performance Year | Payment Year | Medicare MU Penalty |
|---|---|---|
| 2016 | 2018 | 3-4% |
| 2017+ | 2019+ (note MIPS begins) | 3-5% |

| Deadline | Objective |
|---|---|
| **January 1** | Reporting period begins for Eligible Professionals |
| **February 29*** | Attestation deadline for Medicare eligible professionals |
| **October 1** | Last day for Eligible Professionals to begin their 90-day reporting period |
| **December 31** | End of calendar year and end of the reporting period for eligible professionals |

The chart to the left identifies some of the important dates and deadlines for the EHR Incentive Programs

*Attestations deadlines may vary by state for the Medicaid EHR Incentive Program. Check your state website or contact your local REC for state specific information.

## *Common Difficulties Beginning Meaningful Use*

### Time Sensitivities

A number of Meaningful Use objectives may be time consuming or require changes and/or modifications to the provider's traditional workflow. Some objectives require that providers meet a certain threshold of patient engagement. In order to avoid any delay in beginning or achieving Meaningful Use, Geriatric Practice Management (GPM) recommends that each practice develops their Meaningful Use strategy a number of months prior to the beginning of the reporting period. We strongly urge the use of a Meaningful Use consultant (e.g. Regional Extension Service or a private contractor). Achieving Meaningful Use is a detailed process – which requires obsessive attention to obscure activities.

### Registries and Health Information Exchanges (HIEs)

Setting up an interface with a public health registry was a required measure in the previous Stage 1 and Stage 2. However, In Modified Stage 2, CMS has substantially lowered the burden so that EPs must only show that they are in "active engagement" with public health agencies.

Although not all states have registries in place, those that do may require that a connection is established between gEHRiMed™ and the registry to transmit public health data in a specified format. Due to these Meaningful Use requirements a number of state registries have a significant backlog for establishing and finalizing these connections. The sooner you are able to begin this process, the better. Eligible Professionals will be able to meet the public health objective outside of gEHRiMed, by registering with the public health agency in each jurisdiction.

At www.gEHRiMed.com/meaningfuluse you will find a form to submit a request to GPM for additional information on connecting with your existing HIE.

If your state does not have an established or working public health registry to which you can send information, you may qualify for an exclusion from this measure. Being excluded from this measure does not mean that you are excluded from, or unable to achieve, Meaningful Use. Please contact your Public Health Agency or REC Center for more information regarding Public Health Reporting requirements.

## Lab Interfaces

Lab interfaces will also require a configuration process. However, incorporating clinical lab-test results is optional and not required to achieve MU. GPM can begin the process of integrating laboratory data interfaces by filling out a form at www.gEHRiMed.com/meaningfuluse or by contacting your Account Manager for details.

Laboratory results can be manually entered into gEHRiMed™ without configuring laboratory interfaces.

## e-Prescribing

e-Prescribing (eRxing) is required to successfully achieve Meaningful Use. While e-Prescribing is relatively easy to set up, it remains one the most challenging aspects of Meaningful Use for LTC providers. Not only are a large number of LTC facility pharmacies currently unable to accept electronic prescriptions, but even for those that can, the current EHR ePrescribing workflow does not fit well into the SNF/NF survey requirements.

Another issue arises around the way prescriptions are tracked – gEHRiMed™ can only track and report the prescriptions you record using an integrated eRx package. Therefore, facility based orders are not tracked, however, they would count towards the total prescription count.

In order to activate ePrescribing and sign up all prescribers and non-prescribers, please contact your gEHRiMed™ Account manager or visit www.gEHRiMed./meaningfuluse for the necessary enrollment forms.

EPs who write less than 100 prescriptions may qualify for an exclusion for the e-Prescribing measure which requires more than 50 percent of permissible prescriptions to be sent electronically. However, the EP is required to track the number of prescriptions written during the EHR reporting period in order to attest to exclusion from this requirement. The exclusion is only for the ePrescribing measure and does not exclude the EP from related measures, such as Drug Interaction Checks/Clinical Decision Support Rules and CPOE (Computerized Provider Order Entry) for medication orders.

Many PA/LTC physicians experience difficulty with e-Prescribing measures due to the overwhelming inability to e-Prescribe for LTC pharmacies. You may want to discuss with your state REC to see if you may qualify for a hardship exception. Also refer to the Hardship Exception section below for more information. Providers using gEHRiMed™ have successfully met Meaningful Use ePrescribing thresholds, but they report this is the most difficult of all performance measures in the LTC Setting.

## Clinical Decision Support Rules

Clinical Decision Support (CDS) rules, once activated, are integrated into the provider's workflow and, when relevant, display a pertinent and actionable alert during the course of the provider's work. To successfully meet MU, you must enable 5 CDS rules during the entirety of the reporting period.

ePrescribing must also be activated for the entire reporting period in order to fully complete these rules. In Modified Stage 2, Drug Interaction Checks is a measure included in the CDS Objective and this ability must be enabled throughout the duration of the reporting period. This functionality is only activated once a provider is signed up to ePrescribe.

GPM will activate five CDS rules for each eligible professional. If you intend to "opt out" or change any or all of the offered CDS rules, please visit www.gEHRiMed.com/meaningfuluse. Located there, you will find a form that must be completed to "opt out" and/or deactivate CDS rules. In order to achieve Meaningful Use, 5 CDS must be activated during the entirety of your reporting period. "Opting-out" of one or more CDS rules may result in failure of achieving Meaningful Use.

To properly define and develop additional CDS rules in a meaningful way, GPM will require additional information to identify the practice or provider specific needs on how the rules should be incorporated and what is considered relevant and actionable. For a more in-depth look at CDS rules and integrating them in a meaningful way, please visit the site below:

http://healthit.ahrq.gov/ahrq-funded-projects/clinical-decision-support-cds-initiative

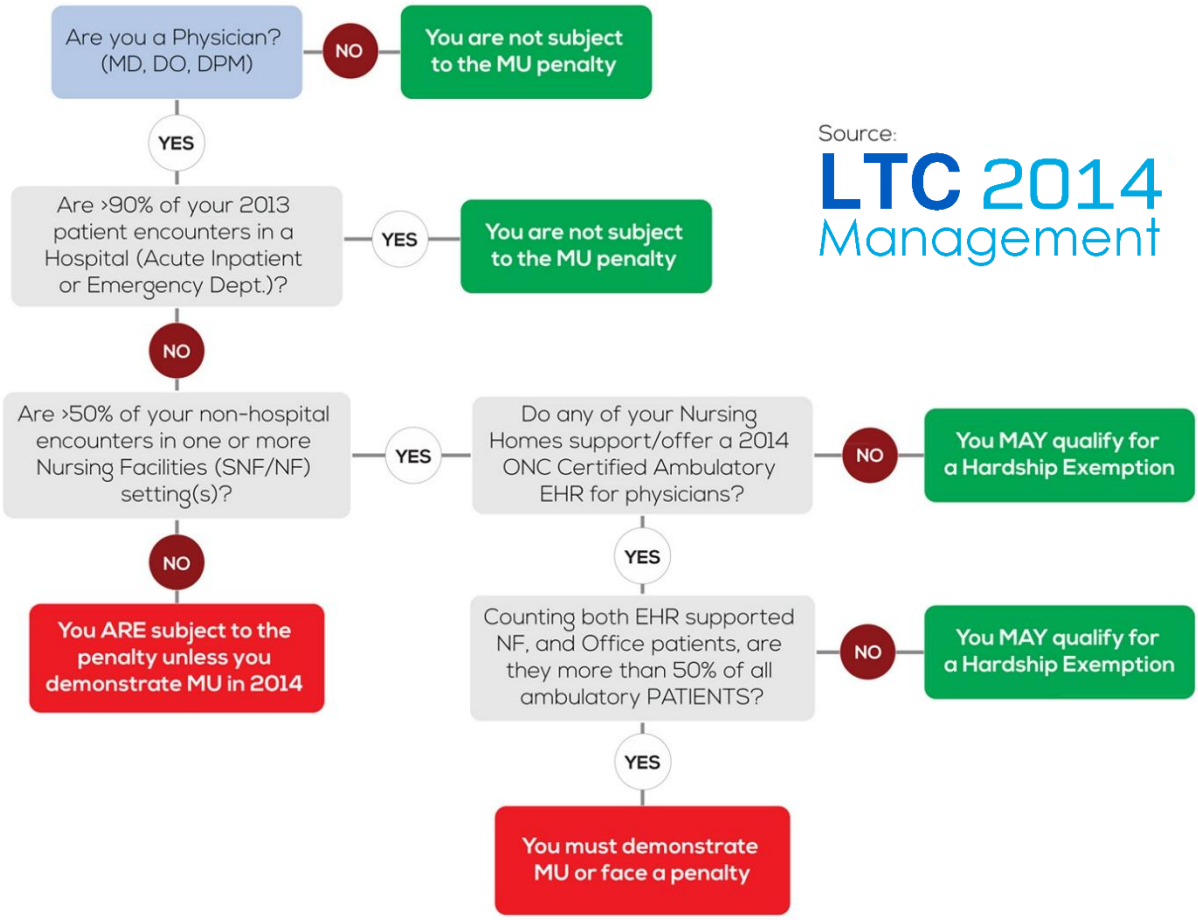
## *Hardship Exception*

Physicians who perform a majority of their ambulatory work in a SNF/NF setting are probably eligible for the Hardship Exception. The Hardship Exception allows qualifying eligible professionals to be exempt from Medicare payment adjustments for a specific reporting period if they can show that demonstrating meaningful use would result in a significant hardship. If the hardship continues year-to-year, a new application must be submitted each year, and can be submitted for a total of 5 years. Applications must be submitted to CMS by July 1, 2016 to receive a hardship for the 2017 reporting year. Applications will be available on the CMS Website by April or May 2016. GPM has published annual guidance on completing the CMS Medicare Hardship Exemption application in the past. We expect to continue this practice until CMS' form becomes self-explanatory.

If a qualifying eligible professional is able to successfully submit a hardship exception and avoid the payment adjustment, GPM still encourages the EP to attempt Meaningful Use. If the EP is able to successfully demonstrate MU, s/he will still be eligible to receive the Incentive Payment. The skills needed to achieve Meaningful Use will be critical to successfully navigating the MIPS (Merit based Incentive Payment System) performance year which begins in 2017. MIPS is supposed to replace free standing PQRS, VBP (Value Based Purchasing), Meaningful Use, and Maintenance of Certification.

We understand that the hardship application is confusing, but we are aware that AMDA is working directly with CMS to get a more PA/LTC physician focused explanation. The guide below was developed by LTCManagement.com to help determine if you will qualify for a hardship exception.

**Hardship Exemption Questionnaire**




The link below offers guidance from AMDA on qualifying for, and applying for, a hardship exemption:

http://www.amda.com/practice-management/hardship-exceptions.cfm

For the majority of PA/LTC providers, hardship exceptions will be requested under section 3.3 - Lack of control over the availability of Certified EHR Technology. This is due to the patient's official medical record being the property of the nursing facility, not the provider. In these cases, gEHRiMed™ is used as a tool for the providers to record clinical notes, not as the custodian of the official medical record. However, you may want to discuss this with your state REC for further information.

For more information on Hardship Exceptions and links to the application, please visit the CMS site below:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html

## *How gEHRiMed™ Helps You Achieve Meaningful Use*

gEHRiMed™ is a Certified EHR with the functionality to capture data for Meaningful Use. During the course of a provider's daily gEHRiMed™ workflow, transactions are tracked as actions are performed and are applied towards Meaningful Use measures.

A number of Modified Stage 2 objectives are integrated into this workflow. Additional reporting requirements are integrated and tracked when ePrescribing is performed; refer to the ePrescribing section of this guide for additional information.

If you are planning to pursue meaningful use, you will need certain functionalities enabled and will need to work with your GPM account manager or technical support specialist to ensure your accounts are configured properly to attest for meaningful use. (CDS, eRx, etc.)

### How to Track Your Meaningful Use Progress

The Clinical Measure Dashboard is the best tool to use to get an overview of where you stand on each MU measure. Since the dashboard is updated in real time you don't need to wait until the next day or next week to track your progress. You can easily see your progress and what actions you need to take to meet Meaningful Use.

If you are planning to pursue meaningful use, please contact GPM technical support for access to the dashboard. Permissions are needed to access the Clinical Measures Dashboard.

The Dashboard filters data by Stage, Provider, and Date Range. Test patients (patient records flagged as test patients) are filtered out of meaningful use data. Date Range can be Custom, Quarterly or Full Year. Select the filter criteria then click *Search*. gEHRiMed™ also has the functionality for you to experiment with meaningful use workflows using test patients. You can then view the measure counts for test patients only.

For more information on the Clinical Measure Dashboard please visit the ZenDesk Help Desk for the gEHRiMed™ FAQ "How Can I Track My Meaningful Use Progress". If you are unable to locate the FAQ, please contact support.

## *Required Information and Documentation*

An authorized representative from **each** organization must visit www.gEHRiMed.com/meaningfuluse and complete the MU User Form regarding any providers from your practice who will be participating in Meaningful Use for the upcoming year.

**Any practice intending to begin their Meaningful Use reporting period on January 1, 2016 must complete the forms from the site mentioned above by December 18, 2015. Otherwise, please submit all forms at least 60 days prior to your reporting period start date.**

The forms listed below are referenced in this packet and are located at www.gEHRiMed.com/meaningfuluse. These are required to be returned if any provider from your practice will be attempting to meet Meaningful Use in 2016. Completion of these forms will set the company defaults; if provider specifics are required, an additional form must be requested.

## *Appendix 1: Modified Stage 2 Objectives*


### OBJECTIVE 1: PROTECT PATIENT HEALTH INFORMATION

- Conduct or review a security risk analysis in accordance with 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as a part of EP's risk management process.

### gEHRiMed™ WORKFLOW

It is best practice and advisable that your respective security analysis be continuous in nature. As each individual practice might differ substantially, it is your practices' responsibility to comply with this measure as best for your practice's workflow. While gEHRiMed™ has many security features, including dual authentication login and encryption of data and reports, we are not responsible as to the methods in which your practice secures ePHI. CMS has guided the implementation of security analysis by stating:

> We note that a security risk analysis is not a discrete item in time, but a comprehensive analysis covering the full period of time for which it is applicable; and the annual review of such an analysis is similarly comprehensive. In other words, the analysis and review are not merely episodic but should cover a span of the entire year, including a review planning for future system changes within the year or a review of prior system changes within the year.
>
> http://www.gpo.gov/fdsys/pkg/FR-2015-10-16/pdf/2015-25595.pdf

### MEASURE CALCULATION

Eligible professionals (EPs) must attest YES to conducting or reviewing a security risk analysis and implementing security updates as needed to meet this measure.

### CONSIDERATIONS:

It is highly encouraged and advisable that the security risk analysis be performed by an individual(s) or organization who specializes in the complexities of Health IT. More information regarding implementation of a security management process can be found by contacting your local Regional Extension Center, The Office of the National Coordinator for Health Information technology (ONC), and/or membership organizations such as AAFP or AMA.

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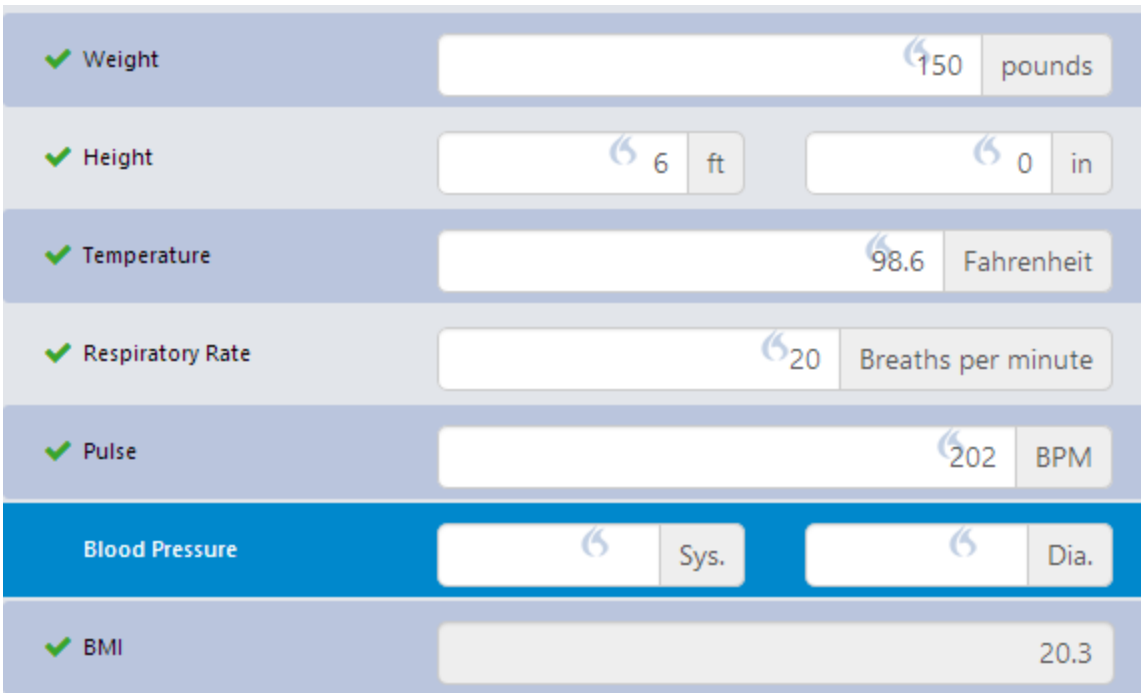
## OBJECTIVE 2: CLINICAL DECISION SUPPORT

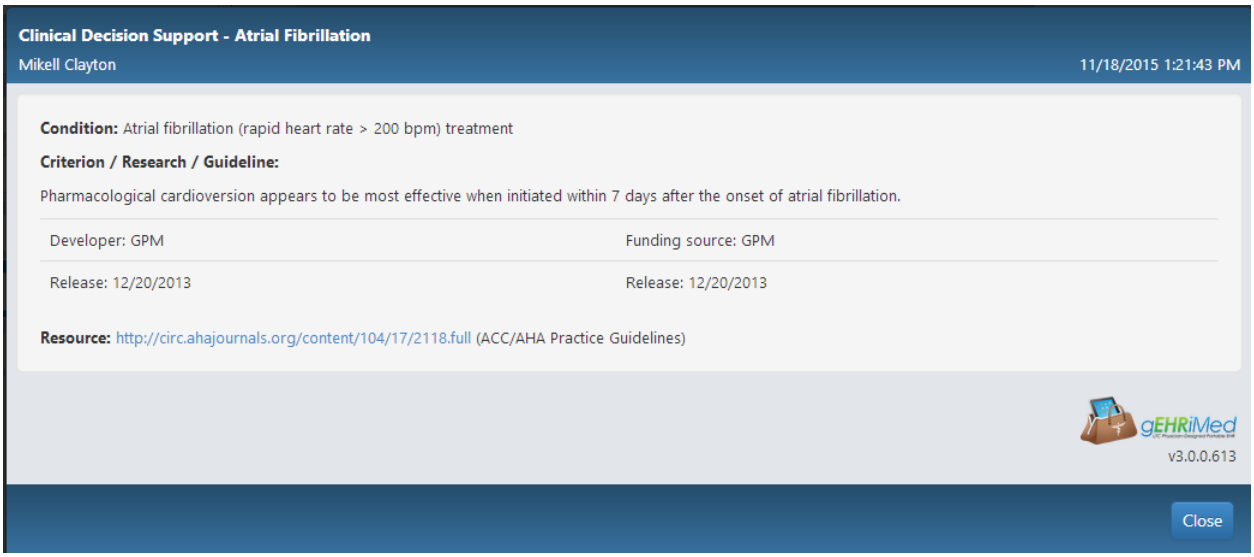
- Measure 1: Implement **five** clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EPs' scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. [1]
- Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period. [2]

## gEHRiMed™ WORKFLOW

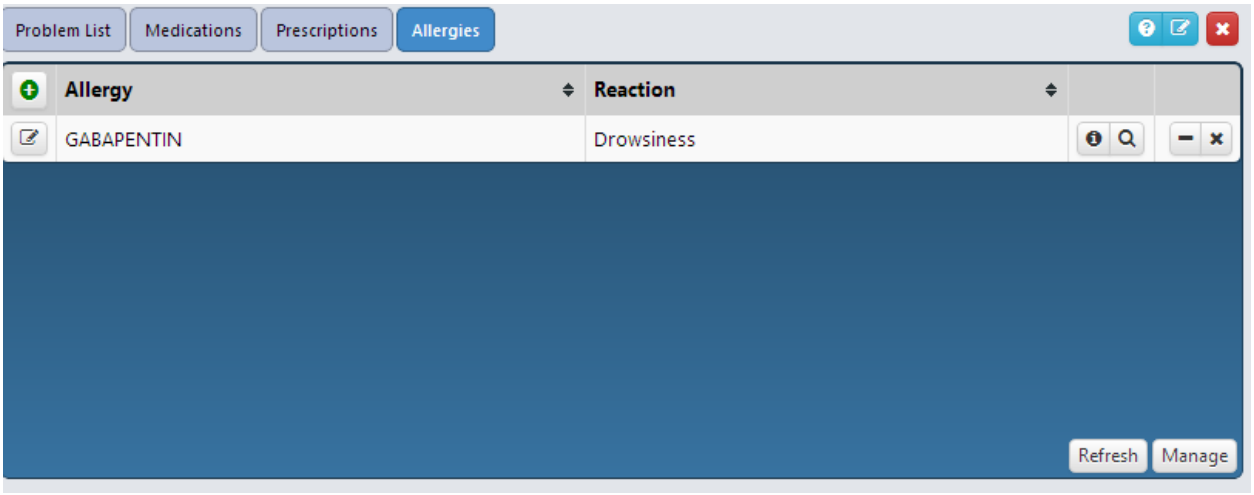
[1] Clinical Decision Support (CDS) rules are prompts triggered by EHR events and data to provide information at appropriate times to enhance patient care. CDS rules are activated by GPM. Each provider indicates to GPM which of the available CDS rules is most appropriate and the rules are activated for the reporting period.

For example: When entering a patient's pulse greater than 200 beats per minute in the **Vitals** tab in gEHRiMed, a CDS intervention immediately is prompted for the EPs acknowledgement.

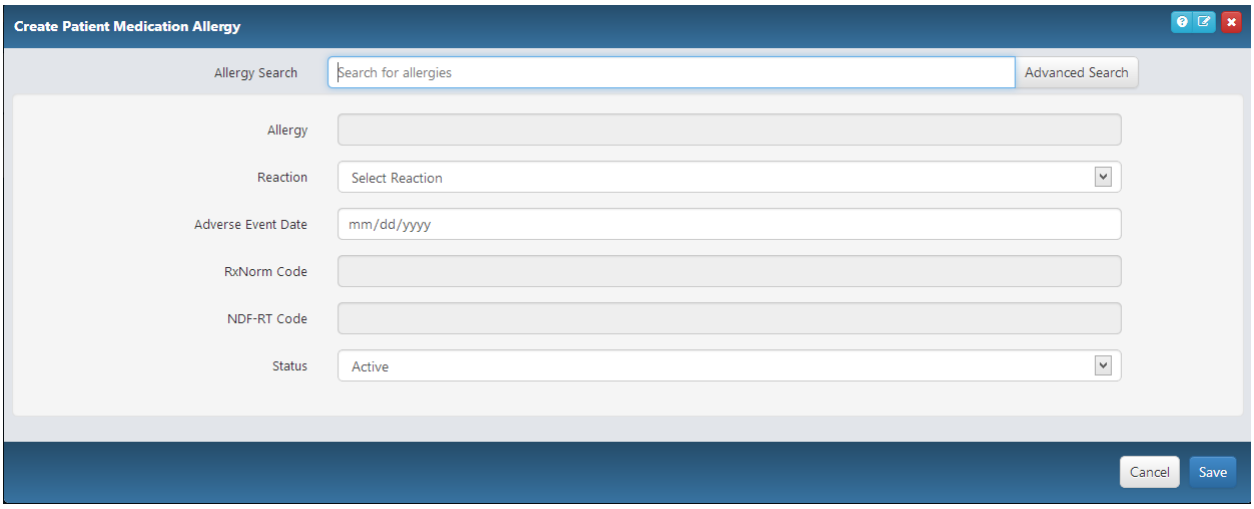



[2] To add an allergy, click the **Add** icon  .




The Create Patient Medication Allergy window is shown.



To add or change an allergy, select an ingredient or class from the available list by typing search terms in the **Allergy Search** field. The search is performed as you type once you have entered 3 characters. Select a record from the list. The selection of an ingredient populates the fields **Allergy** and **RxNorm Code**. If the selected record is a drug class, **NDF-RT Code** will also be populated.

To indicate the patient has no known allergies, select the value NKDA - *No Known Allergies* then click **Save**.

gEHRiMEd™ currently uses PrescribersConnection™ for electronic prescribing. With this functionality, an EP will be able to enable drug-drug interaction functionality.

## MEASURE CALCULATION

[1] CDS Rule- EP must attest "Yes" to having implemented 5 clinical Decision Support Rules for the length of the reporting period to meet this measure.

[2] Drug-Formulary Check-Eligible professionals (EPs) must attest YES to having enabled this functionality and having had access to internal or external formulary for the entire EHR reporting period to meet this measure.

In order to satisfactorily meet the drug allergy component, the qualifying patient is included in the denominator for an EP designated as the billing provider for a signed encounter for the patient within the reporting period.

The patient is included in the numerator if one or more medication allergy list entries have been recorded as structured data[3] for the patient. This includes a structured entry indicating the patient has no known allergies.

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## OBJECTIVE 3: COMPUTERIZED PROVIDER ORDER ENTRY

- Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.
- Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR period are recorded using computerized provider order entry
- Measure 3: More than 30 percent of radiology orders created by the EP during the reporting period are recorded using computerized provider order entry.

For any EP who writes fewer than 100 medications orders, laboratory orders, or radiology orders respectively may be subject to an exclusion.

## GEHRIMED™ WORKFLOW

**Definition of Terms**

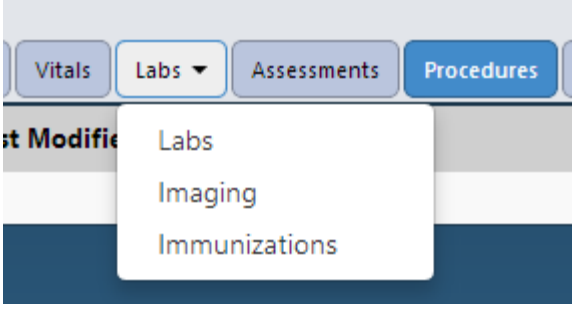
**Computerized Provider Order Entry (CPOE)** – CPOE entails the provider's use of computer assistance to directly enter medication orders, laboratory orders, and radiology orders from a computer or mobile device. The order is also documented or captured in a digital, structured, and computable format for use in improving safety and organization.

**Additional Information**

- The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology.
- Any licensed healthcare professional can enter orders into the medical record for purposes of including the order in the numerator for the objective of CPOE if they can enter the order per state, local and professional guidelines.
- The order must be entered by someone who could exercise clinical judgment in the case that the entry generates any alerts about possible interactions or other clinical decision support aides. This necessitates that the CPOE occurs when the order first becomes part of the patient's medical record and before any action can be taken on the order.
- Electronic transmittal of the medication order to the pharmacy, laboratory, or diagnostic imaging center is not a requirement for meeting the measure of this objective. However, a separate objective addresses the electronic transmittal of prescriptions and is a requirement for EPs to meet Meaningful Use.

CPOE of medications can be entered as structured data[1] through PrescribersConnection™ by selecting the ***eRx*** tab.


Laboratory and radiology orders can be entered by selecting "***Labs***" from the ***Patient Detail*** screen. The provider may then choose from the drop-down menu wither "***Labs***" or ***"Imaging***".




## CONSIDERATIONS

It is recognized that for LTPAC providers, orders must be entered at the facilities that in most instances do not have CEHRT available. This requires dual entry of orders. Each provider will need to consider if this is achievable, and strategize accordingly to meet this objective.

## MEASURE CALCULATION

All unique patients seen in the reporting period are calculated in the denominator. The patient is counted in the numerator if patient has a medication, laboratory, or radiology order entered during encounter.

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## OBJECTIVE 4: ELECTRONIC PRESCRIBING

- More than 50 percent of permissible prescriptions[1] written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

### gEHRiMed™ Workflow

gEHRiMed's™ ePrescribing service, PrescribersConnection™, satisfactorily fulfils the requirements of the eRx objective by populating drug formulary information relevant to the individual patient's insurance

and allows the EP to successfully transmit the prescription electronically to a pharmacy that has the capability of accepting electronic prescriptions.

### MEASURE CALCULATION

The qualifying prescription is included in the denominator of the EP who writes the prescription.

The qualifying prescription is included in the numerator if the prescription is generated and transmitted electronically.

NOTE: The denominator in gEHRiMed™ can only reflect prescriptions written using an integrated prescribing solution and will not reflect prescriptions generated or transmitted by other means.

The Eligible provider must attest "**yes**" that the drug-formulary function was enabled throughout the duration of the reporting period.

### CONSIDERATIONS:

Prescriptions electronically submitted through PrescribersConnection™ will not automatically appear on the facility EMR. It is the responsibility of the eligible professional to discuss and incorporate workflows to integrate facilitation and management of medications between the pharmacy and the facility.

gEHRiMed™
LTC Physician-Designed Portable EHR

## OBJECTIVE 5: HEALTH INFORMATION EXCHANGE

- The EP transitions or refers his/her patients to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than **10 percent** of transitions of care and referrals.

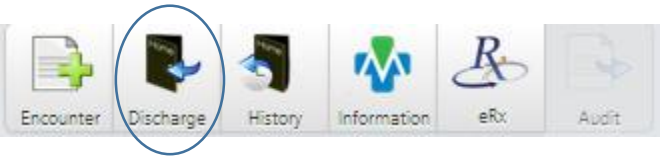
### gEHRiMed™ WORKFLOW

Transition of care objectives are relevant to the movement of a patient from one clinical setting to another or from one EP to another.

When a transition or referral occurs, a standardized summary of care record is created which contains information such as the most current problem list, medication list, medication allergy list, and care plan. This record provides the receiving provider with the most up-to-date information for the patient. For specifics on what a summary of care record may or must contain, see the CMS measure specification.

**Patient Discharge**

A patient is transitioned to another provider's care and a patient discharge record is created in gEHRiMed™.




**Generate Summary of Care Document**

When a patient is discharged in gEHRiMed™, the provider performing the discharge may create the Summary of Care at that time. The transferring party must provide the Summary of Care document to the receiving party.

gEHRiMed™ supports a few methods of providing a summary of care record. A qualifying Summary of Care document can only be created in conjunction with the patient discharge action in gEHRiMed™. Generating a CCDA record from Patient Detail is not counted towards this measure.

**Download *(not available on all platforms)***

The CCDA record can be downloaded as an encrypted file (Windows only). Using appropriate privacy and security measures, this file can be provided in a "hardcopy" format by opening and printing the document, or the encrypted file can be provided electronically.

To print the Summary of Care, extract and open the downloaded file, then use a compatible browser to view the document and print. For more information, see the document *About CCDA*.

***Print (not available on all platforms)***

The Summary of Care can be printed to provide to the patient so the patient can provide the document to the receiving provider.

**Send**

The CCDA can be sent electronically to another participating organization via the DIRECT protocol. [1]

**Summary of Care**

| | | | |
|---|---|---|---|
| **Patient** | BOY BLUE | | |
| **Date of birth** | April 27, 1956 | **Sex** | Male |
| **Race** | White | **Ethnicity** | Hispanic or Latino |
| **Contact info** | Work Place:<br>123 TEST AVE<br>ASHEVILLE, NC 28801, US<br>Tel: 1 999-999-9999 | **Patient IDs** | 7260401 2.16.840.1.113883.3.2934 |
| **Language** | eng | | |
| **Document Id** | 31440703-5CF0-452C-AEA8-B1F939D2AEA2 2.16.840.1.113883.3.2934 | | |
| **Document Created:** | November 16, 2015, 11:48:40, EST | | |
| **Performer** | Mikell Clayton of GPM | | |
| **Author** | Mikell Clayton | | |
| **Contact info** | Work Place:<br>16 Biltmore Ave<br>Suite 300<br>Asheville, NC 28801, US<br>Tel: 1 123-456-7890 | | |
| **Encounter Id** | 0 2.16.840.1.113883.3.2934 | | |
| **Encounter Date** | From November 16, 2015, 11:48:40 to November 16, 2015, 11:48:40 | | |
| **Document maintained by** | -GPM Support | | |
| **Contact info** | Work Place:<br>16 Biltmore Ave<br>Suite 300<br>Asheville, NC 28801, US<br>Tel: 1 123-456-7890 | | |

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## MEASURE CALCULATION

Discharge transitions performed by the EP within the reporting period are included in the denominator.

The transition is included in the numerator if the transition record indicates the Summary of Care was provided in conjunction with the transition.

gEHRiMed™
LTC Physician-Designed Portable EHR

## OBJECTIVE 6: PATIENT SPECIFIC EDUCATION

- Measure: Patient-specific education resources identified by CEHRT are provided to patients for more than **10 percent** of all unique patients with office visits seen by the EP during the reporting period.

## gEHRiMed™ WORKFLOW

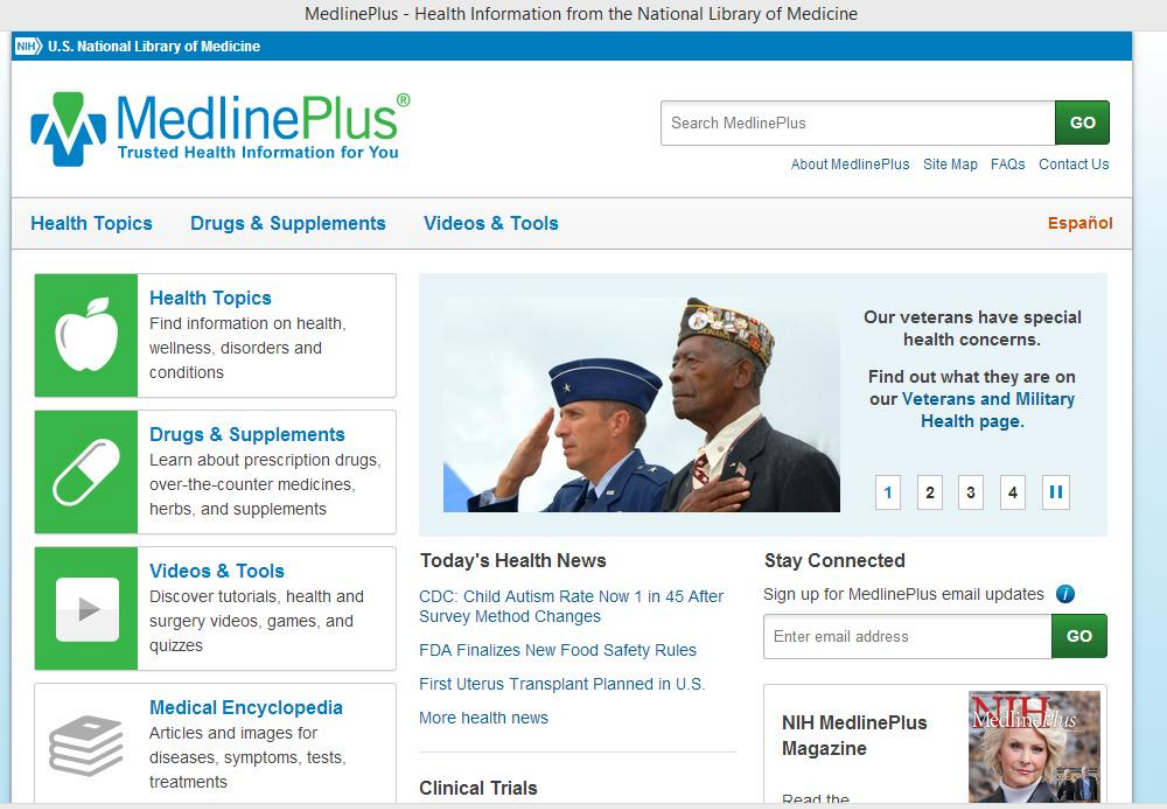
### Locate Educational Materials and Provide to Patient

gEHRiMed™ provides links to educational materials. To locate resources related to the patient's problem list, medication list, allergy list, or laboratory results, click the icons  .

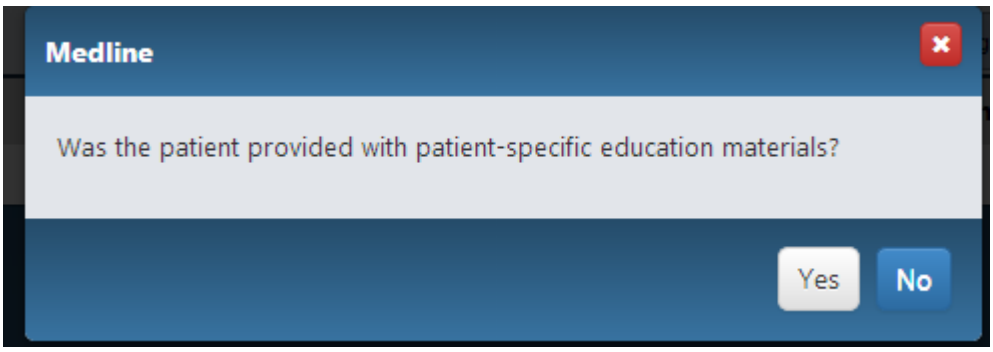
### Record Educational Resources Provided

To record that appropriate education resources have been provided to the patient, from ***Patient Detail***, click the ***Information*** button located under the ***Signed/Unsigned Encounters*** ribbon.


A browser window opens, displaying the MedLine Plus website.




After closing the browser window, the **Medline** dialog is shown. If you have provided the patient with education materials, select **Yes**. This action is recorded indicating the date that it was recorded.




## MEASURE CALCULATION

The qualifying patient is included in the denominator for an EP designated as the billing provider for a signed encounter for the patient within the reporting period.

The patient is included in the numerator when a record of educational materials provided exists for the patient within the reporting period.

## CONSIDERATIONS

According to CMS, "CEHRT must be used to identify patient specific education resources, these resources or materials do not have to be maintained within or generated by CEHRT." It is the responsibility of each provider to implement a workflow that supports the provision of patient-specific information. It is advisable to compile educational resources for high priority health conditions in your practice and identify the patient population who can utilize them.

## OBJECTIVE 7: MEDICATION RECONCILIATION

- The EP performs medication reconciliations for more than **50 percent** of transitions of care in which the patient is transitioned into the care of the EP.

## gEHRiMed™ WORKFLOW

Transition of care objectives are relevant to the movement of a patient from one clinical setting to another or from the care of one EP to another. When a patient is transitioned into a provider's care, medication reconciliation is performed to identify the most accurate list of medications that the patient is taking. There are several places where a transition can be indicated in the gEHRiMed™ workflows.

**New Patient**

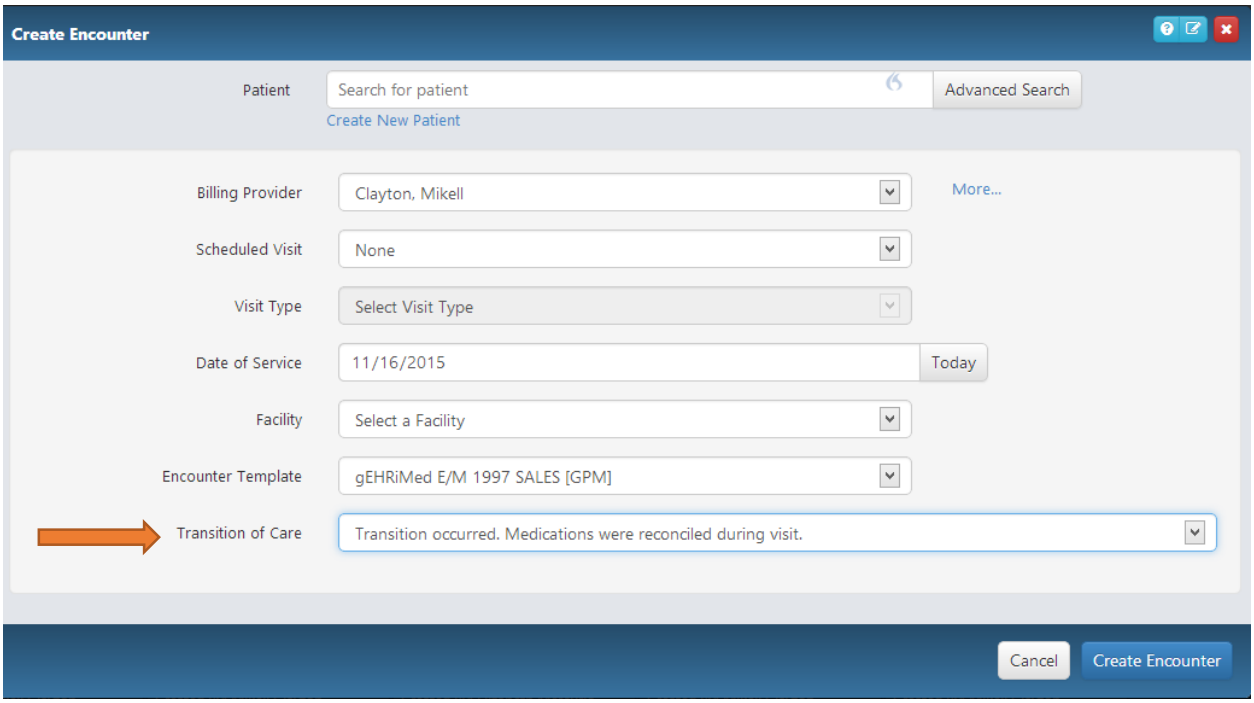
A patient is transitioned to a provider's care and a patient record is created in gEHRiMed.

**Patient Encounter**

At the time that an encounter is performed, the provider indicates that a patient was transitioned and medication reconciliation was performed.

**Patient Re-Admission**

A patient who has an existing medical record in gEHRiMed™ is transitioned to a provider's care.



## MEASURE CALCULATION

Transitions that occur within the reporting period for qualifying patients seen by an EP are included in the denominator for an EP.

The transition is included in the numerator if the transition record indicates medication reconciliation was performed in conjunction with the transition.

## CONSIDERATIONS

CMS defines a transition of care as: The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. It is the responsibility of each practice to define and understand what constitutes as a transition of care and to implement appropriate actions.

## OBJECTIVE 8: PATIENT ELECTRONIC ACCESS (VDT)

- More than **50 percent** of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

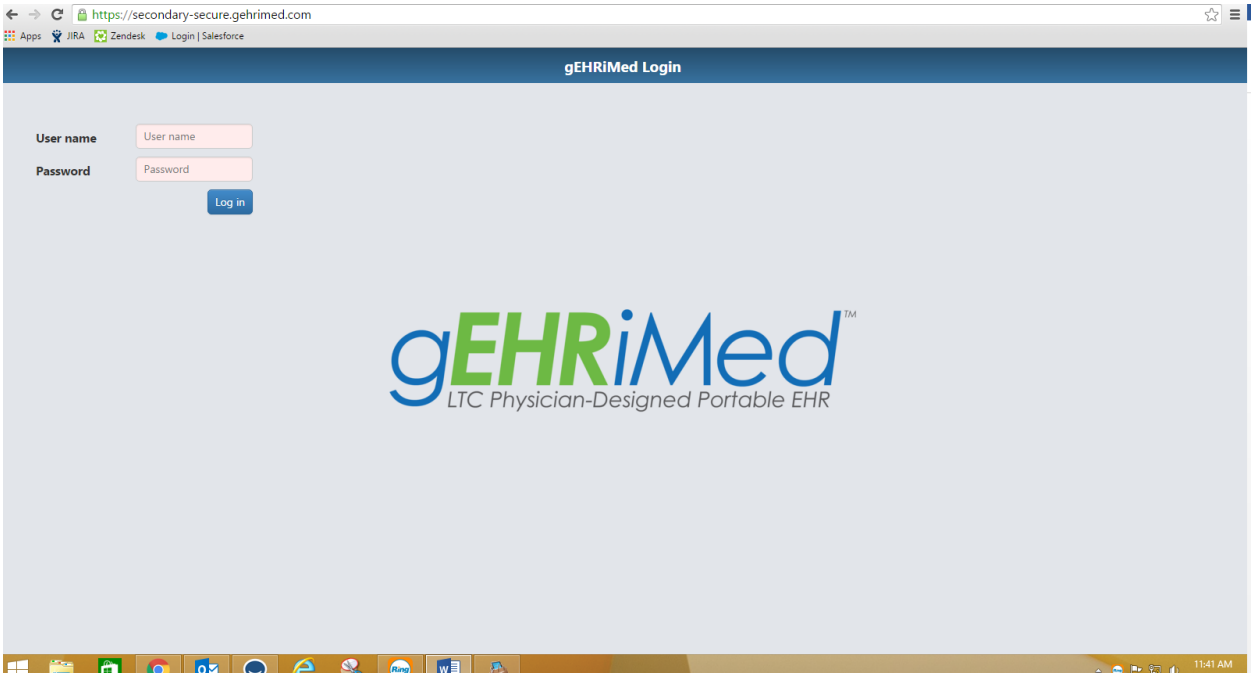
## gEHRiMed™ WORKFLOW

Patient portal user accounts can be created for authorized patient representatives. The patient must have a valid Social Security number in gEHRiMed™. The provider records the first and last name and email address for the patient representative. The representative must then register his/her gEHRiMed™ patient portal account using the Social Security number of the patient.

The patient portal allows the representative to view a list of recent signed encounters for the patient, download clinical summaries for the encounters, and send the provider a secure message about the encounter. The patient representative may also send a message containing the clinical summary to an email address for a participating organization using the DIRECT protocol.

Information is available through the patient portal in real time, once an encounter is signed.

Patient Representatives can login to the patient portal via a secure website.



## MEASURE CALCULATION

The qualifying patient is included in the denominator for an EP designated as the billing provider for a signed encounter for the patient within the reporting period.

The patient is included in the numerator once the encounter is signed.

****In order to satisfactorily meet this objective if reporting in 2016, AT LEAST ONE patient must view, download, or transmit to a third party, their individual health record during the reporting period.****

## CONSIDERATIONS

Exclusions to this measure requires an eligible provider to seek information outside of gEHRiMed. To exclude this measure an eligible provider must conduct 50 percent or more of his or her patient encounters 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 FCC on the first day of the EHR reporting period.



## OBJECTIVE 9: SECURE MESSAGING

- For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.

## gEHRiMed™ WORKFLOWS

Secure Messaging is enabled via the patient portal. Once the patient has established a username and password (or patient's authorized representative), the patient or authorized representative can initiate a message to a provider.

## MEASURE CALCULATION

An EP must attest "**Yes**" that the capability for patients to send and receive a secure electronic message was enabled during the EHR reporting period.

## CONSIDERATIONS

While the Patient Portal is a valuable tool to better facilitate patient care, it is the responsibility of the provider to define with patients, and authorized patient representatives, what messages are permissible to send via the portal and to set up reasonable expectations of response time to messages. The patient portal is not intended to relay messages that are urgent in nature or of a high level of acuity.

## OBJECTIVE 10: PUBLIC HEALTH REPORTING

- **Measure Option 1: Immunization Registry Reporting**
  - The EP is in active engagement with a public health agency (PHA) to submit immunization data. An EP may claim an exclusion for this measure if the EP:
    - Does not administer any immunizations to any of its populations for which data is collected;
    - Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet CEHRT definition at the start of the EHR reporting period; or
    - Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.
- **Measure Option 2: Syndromic Surveillance Reporting**
  - An EP is in active engagement with a public health agency to submit syndromic surveillance data. An EP may claim an exclusion for this measure if the EP:
    - Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their syndromic surveillance system;
    - Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
    - Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.
- **Measure Option 3: Specialized Registry Reporting**
  - The EP is in active engagement to submit data to a specialized registry. An EP may claim an exclusion if the EP:
    - Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in his/her jurisdiction during the EHR reporting period;
    - Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet CEHRT definition at the start of the EHR reporting period; or
    - Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

## gEHRiMed™ WORKFLOWS

Active engagement may be demonstrated by any of the following options:

1. ***Completed registration to submit data***- Registration must have been completed within 60 days after the start of the EHR reporting period.
2. ***Testing and validation***- The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the Clinical Data Registry (CDR) within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
3. ***Production***- The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Providers can demonstrate meaningful use by using communications and information provided by a PHA or CDR to the provider directly. A provider also may demonstrate meaningful use by using communications and information provided by a PHA or CDR to the practice or organization of the provider as long as the provider shares the same CEHRT as the practice or organization.

## CONSIDERATIONS

In order to successfully attest to the Public Health Reporting Objective, it requires the provider to take action outside of gEHRiMed.

gEHRiMed™ is certified for immunization information and transmission to registries and Public Health Agencies; however some states do not have Public Health Agencies or registries that are *capable of accepting* this sort of data—or, if they are capable, they may not have declared "readiness to receive" this sort of data. If a provider finds that is indeed the case for one or more of these Measure Options, it may be possible to claim a measure Exclusion on those grounds, or on the basis simply that, for instance, the provider does not administer any immunizations in the first place.

*Note: Items denoted in red specifically denote an action that a provider must take outside of gEHRiMed™.