



Meaningful Use Guide

TRAKnet™ PM
Advanced Practice Management Solutions

BioMedix™

Meaningful Use



Do you have questions about Meaningful Use and how to qualify for the federal funding for Electronic Health Record (EHR) adoption?

BioMedix™ has the answers to frequently asked questions.

As a physician, am I eligible to participate in the EHR incentive program?

Yes, physicians who participate in Medicare are eligible to participate in the program. The incentive is based on 75% of the Medicare allowed amount or the maximum payment available for each reporting period (see the schedule below).

How much is the incentive worth to me?

There is a total of \$44,000 available to Eligible Providers (EPs) through the Medicare incentive program. The payments will be made based on reporting criteria over a 5-year period. The schedule is listed below:

Year 1: \$18,000	Year 3: \$8,000	Year 5: \$2,000
Year 2: \$12,000	Year 4: \$4,000	

How will I report on “meaningful use”?

The first reporting period for meaningful use can be any 90-day period during the calendar year of 2011 or 2012 to qualify for all five years’ worth of payments. An EP who satisfies the meaningful use criteria for 90 consecutive days in the first reporting period using a certified software system will be eligible for the incentive program. EPs will report through attestation that they are meeting or exceeding the meaningful use criteria during this first reporting period. To qualify in years two through five, EPs will need to report their meaningful use electronically,

most likely through a report that will be generated by the EHR system.

My software was certified for Certification Commission for Health Information Technology (CCHIT) in 2008. Will it now qualify as “certified software”?

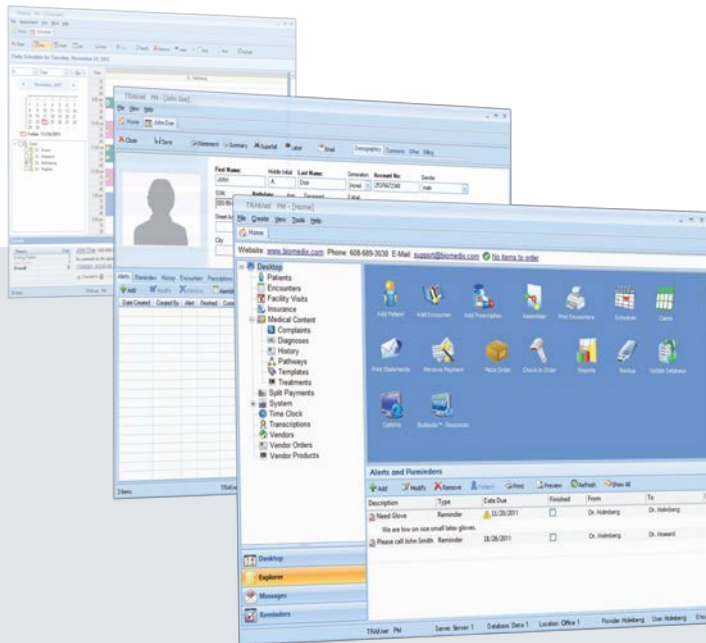
No. Only software that has been approved for the ARRA 2011 standards will qualify for the incentive program. CCHIT is one of the certification bodies that were approved to test and certify EHR software compliance with the ARRA 2011 standards.

What is the purpose of “certified software”?

Certifying EHR software assures the buyer and end users of the software that the technology has the necessary security, usability and interoperability to meet or exceed the meaningful use criteria required to participate in the Medicaid and Medicare EHR incentive programs.

Is EHR adoption mandatory?

While not mandatory, those who choose to delay or not implement this technology are subject to reductions in their Medicare reimbursements. In 2012, those who are not e-prescribing will be subject to a 1% reduction, followed by a 1.5% reduction in 2013 and 2.0% in 2014 and beyond. In addition, those who are not utilizing a certified EHR in a meaningful way by 2015 will be subject to a 1% reduction in Medicare reimbursements, ramping up to as much as 5% in 2017 and beyond.



When can I apply for the EHR incentive money?

EPs can begin to register for the program in January 2011. Meaningful Use attestation began in April 2011. Registration and other information regarding the incentive program will be available at: <http://www.cms.gov/EHRIncentivePrograms>. Payments began in May of 2011.

Does the Computerized Physician Order Entry (CPOE) meaningful use criterion require that I enter all medication orders into my EHR?

According to the final rule for the Medicaid and Medicare Incentive Program, any licensed healthcare professional may enter medication orders into a patient's medical record per local, state and professional guidelines. In addition, for the remaining meaningful use criteria, there are no limitations of who must enter information into the health record.

Why would I invest in EHR now?

Many Physicians have yet to make the leap to Electronic Health Records. When the majority decide that the time has come, resources at companies both large and small are going to be stretched to capacity. Implementing your software sooner rather than later gives you the best opportunity to have a positive and successful software implementation with experienced training staff and well-trained support departments.

Check with your software vendor to make sure they will put in writing with a money back guarantee that their system will allow you to qualify for the incentive program so long as you demonstrate its meaningful use.

What are the meaningful use criteria?

The criteria are broken down into a Core Set of 15 criteria and measures, and EPs are being asked to pick 5 more criteria from a Menu Set of 10 criteria. See the next few pages for a more in-depth look at these criteria.

Meaningful Use Criteria- 15 Core Measures

Meaningful Use Requirements

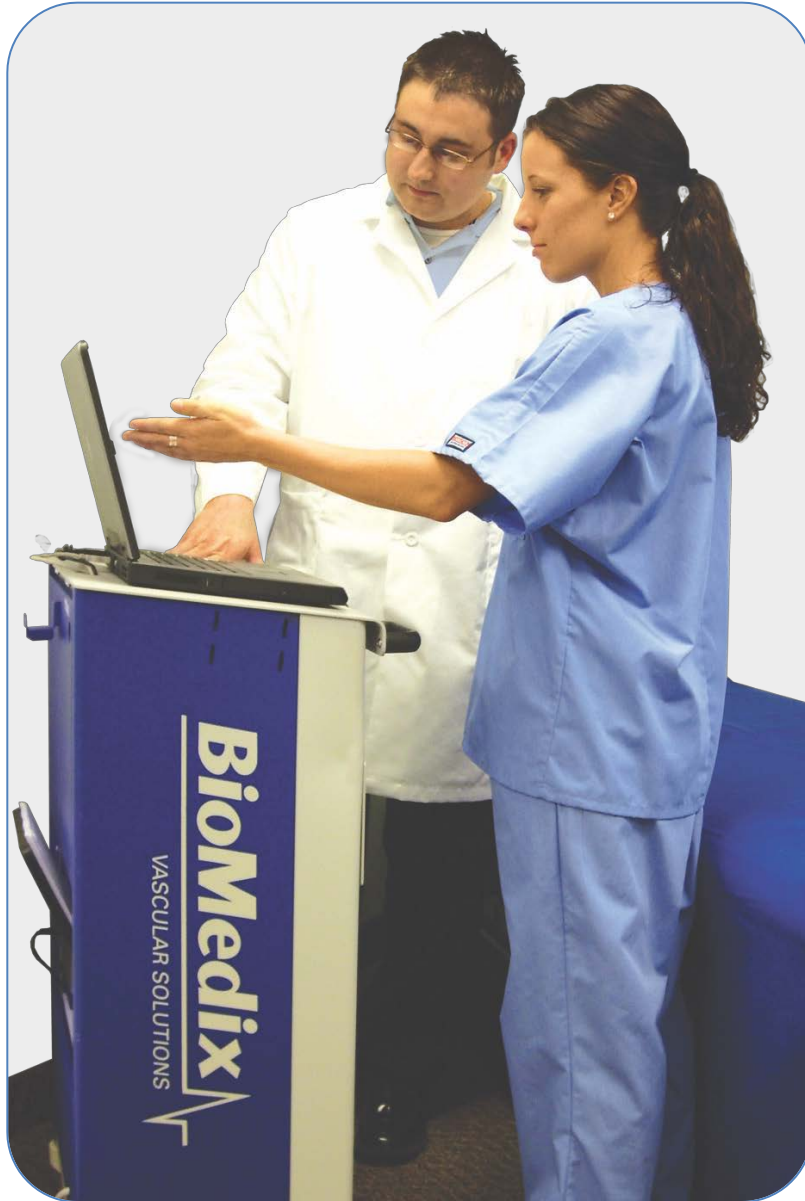
Objective	Measure	TRAKnet™ PM Qualifying Steps
170.304(a) Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication entered using CPOE.	Add encounter. Select Orders tab. Select "Prescriptions", click "Add" button. Write script (print or send electronically).
170.302(b) Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	TRAKnet™ PM uses the Lexi-Comp commercial drug database and the Unique Ingredient Identifier (UNII) substance registration system to check for drug interactions.
170.302(c)(i) Maintain an up-to-date problem list of current and active diagnoses.	More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Add diagnoses for a patient or select "Diagnoses" in their chart by clicking "Add" and selecting "Patient has no diagnoses." Patient must have an encounter during the reporting period.
170.304(b) Generate and transmit permissible prescriptions electronically (eRx).	More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Add prescription. Send electronically to Surescripts®.
170.302(d) Maintain active medication list.	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	The electronic patient chart within TRAKnet™ PM allows for the entry of patient medications as structured data using the National Drug Code (NDC).

Meaningful Use Requirements Continued

Objective	Measure	TRAKnet™ PM Qualifying Steps
170.302(e) Maintain active medication allergy list.	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Patient's Chart > Charting > History > Allergies > Click "Add" Button. Select specific allergies or select the "No known allergies" checkbox. Patient must have an encounter during the reporting period.
170.304(c) Record all of the following demographics: (A) Preferred language (B) Gender (C) Race (D) Ethnicity (E) Date of birth	More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data.	Required patient demographics in the patient's chart: Preferred Language, Gender, Race, Ethnicity, Date of Birth. Patient must have an encounter during the reporting period.
170.302(f)(1) Record and chart changes in the following vital signs: (A) Height (B) Weight (C) Blood pressure (D) Calculate and display body mass index (BMI) (E) Plot and display growth charts for children 2-20 years, including BMI	For more than 50 percent of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structured data.	Select "Vitals" from the patients chart. Click "Add" button. Patient must have an encounter during the reporting period. The electronic patient chart within TRAKnet™ PM allows for the entry of vital signs as structured data. Once entered, vital signs are then used to automatically calculate Body Mass Index (BMI) and display growth charts for patients.
170.302(g) Record smoking status for patients 13 years old or older.	More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	The electronic patient chart within TRAKnet™ PM allows for the entry of smoking status as structured data. Patient's Chart > Charting > Quality Measure > click "Add" and select "Smoking Status".
170.304(j) Report ambulatory clinical quality measures to CMS.	Successfully report to Centers for Medicare & Medicaid Services (CMS) ambulatory clinical quality measures selected by CMS in the manner specified by CMS.	EP must run the Quality Measures report and use the data when attesting to CMS or their specific state.

Meaningful Use Requirements Continued

Objective	Measure	TRAKnet™ PM Qualifying Steps
170.304(e) Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Create and implement one clinical decision support rule.	Only one CDR required. Desktop > Tools > Patient Queries. Select "Clinical Decision Rules". Click "Add". Fill in appropriate demographic and other conditions of the rule. Click "Save."
170.304(f) Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies) upon request.	More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.	A patient's electronic health information can be exported from TRAKnet™ PM as a Continuity of Care Document (CCD) and given to the patient in a readable form. Patient's Chart > File > Export > CCD > For Patient.
170.304(h) Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days.	Percentage of all the encounters, within the reporting period, where a CCD was exported for the patient. Encounter > File Export > CCD > For Patient.
170.304(i) Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of the certified EHR technology's capacity to electronically exchange key clinical information.	Practice will need to sign up for Microsoft® HealthVault™. Patient must give TRAKnet™ permission to upload CCDs. From patient's chart click File > Export > Continuity of Care Document (CCD) > For HealthVault™... Practice must save the file in a shared CCD export folder (stored in the TRAKnet™ PM export folder on the server). Start-up service must be installed on practice's server by BioMedix™ Customer Service. Service will run the upload process upon start-up and every 24 hours afterwards. CCD must be uploaded to HealthVault™ to meet this requirement.
170.302(o) Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	This must be done manually and outside of TRAKnet™ PM. However, TRAKnet™ PM provides access control and authentication, automatic log-off, audit log, integrity (i.e. SHA-1), and encryption of data at rest and in motion to ensure that protected health information remains safe and secure. Completed at each office using a HIPAA Manual.



Meaningful Use Criteria – Menu

Menu Set of 10 Measures

Select 5 measures, 1 must come from the Public Health/Population Improvements.

OBJECTIVE:		
Improving Quality, Safety, Efficiency, and Reducing Health Disparities		
Criteria	Measure	TRAKnet™ PM Qualifying Feature Set
170.302(b) Drug formulary checks.	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	TRAKnet™ PM is Surescripts certified and has the ability to check formularies from Pharmacy Benefit Managers (PBMs) to see if a drug is approved, and if not, what the therapeutic alternatives are.
170.302(h) Incorporate laboratory test results.	More than 40 percent of all clinical lab test results ordered by the EP for patients admitted during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	TRAKnet™ PM has the ability to import lab results from vendors using HL7 and record the results as discrete data within each patient's chart.
170.302(i) Generate patient lists.	Generate at least one report listing patients of the EP with a specific condition.	TRAKnet™ PM can create, display, print, and export lists of patients based on data elements in demographics, medications, diagnoses, or lab results.
170.304(d) Patient reminders.	More than 20 percent of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	TRAKnet™ PM can create, display, print, and export lists of patients based on data elements in demographics, medications, diagnoses, or lab results for the purpose of sending reminders regarding preventive and/or follow-up care.
OBJECTIVE:		
Engage Patients and Families in their Healthcare		
Criteria	Measure	TRAKnet™ PM Qualifying Feature Set
170.302(m) Patient specific education resources.	More than 10 percent of all unique patients seen by the EP are provided patient-specific education resources.	Within TRAKnet™ PM, patient education links can be created for diagnoses, medications and lab tests. These links are then displayed, when applicable, and can be provided to patients at time of care.
170.304(g) Timely access.	More than 10 percent of all unique seen by the EP are provided timely (available to the patient within 4 business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	TRAKnet™ PM has partnered with Microsoft® HealthVault™ to allow patients to access their health record information electronically in a timely manner.

Menu Set of 10 Measures *(continued)*

<u>OBJECTIVE:</u>		
<i>Improve Care Coordination</i>		
Criteria	Measure	TRAKnet™ PM Qualifying Feature Set
170.302(j) Medication reconciliation.	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	TRAKnet™ PM has the ability to perform medication reconciliation for patients as well as the ability to record that medication reconciliation was performed when receiving patients from other providers.
170.304(i) Exchange clinical information and patient summary record.	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.	To record transitions of care within TRAKnet™ PM, incoming and outgoing provider referral orders can be created. As part of this order, a Continuity of Care Document (CCD) can be provided as an attachment to reflect the summary of care for the patient during that transition.
<u>OBJECTIVE:</u>		
<i>Improve Population and Public Health</i>		
Criteria	Measure	TRAKnet™ PM Qualifying Feature Set
170.302(k) Submission to immunization registries.	Performed at least one test of the certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive such information electronically).	TRAKnet™ PM can record immunizations for patients and transmit immunization history to other systems using HL7.
170.302(l) Public health surveillance.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which the EP has the capacity to receive such information electronically).	TRAKnet™ PM can record electronic syndromic surveillance data and transmit the information to other systems using HL7.



For more information

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<https://www.cms.gov/EHRIncentivePrograms>