ScriptSuRe
daw Systems, Inc.

Whitepaper

MEANINGFUL USE

Meaningful Use – Stage 1:

EHR Incentive Program Information

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This document is designed to assist and inform our clients about Meaningful Use and the EHR Incentive Program generally. Daw Systems, Inc. is not responsible for any omissions contained herein. As there are several phases of Meaningful Use and the program may change from time to time, we encourage all users to consult the CMS website and direct all questions to the Centers for Medicare and Medicaid Services (CMS). For more information visit: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html

What is Medicare/Medicaid EHR Incentive Program?

The Medicare and Medicaid EHR Incentive Programs will provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. Providers must implement and use a "meaningful use" qualifying EMR in order to qualify for payment for the Medicare ($18,000) and Medicaid ($21,250) EHR Incentive Program. Each eligible professional is only eligible for one incentive payment per year, regardless of how many practices or locations at which he or she provide services. Each professional can participate in only one program so they must chose which program is right for them at the time of registration. Professionals must also attest, or legally state, through Medicare's or Medicaid's secure web site that they have used EHR technology in a meaningful way. The path to receiving a payment can be briefly summarized by confirming eligibility, deciding on which program best fits the professional, registering, installing an EMR program, and reporting usage.

What is EHR Technology?

ScriptSure EMR 8.0 is Certified EHR technology: Certificate #: 05312012-1467-8

The term "EHR" stands for "Electronic Health Record". Another term often used is "EMR", which stands for "Electronic Medical Record". EHR technology is software that is capable of storing electronic health information about individual patients. The type of information stored may include patient demographics, medical history, medication and allergies, immunization status, laboratory test results, radiology images, vital signs, and personal stats like age and weight.

What is "Meaningful Use"?

"Meaningful use" essentially means what it says. Providers must use certified EHR technology in a meaningful manner. In other words, providers need to show they're using the technology for the majority of patient care. This includes such technology as e-prescribing and electronic exchange of health information. The goals of meaningful use are to improve care coordination, reduce healthcare disparities, engage patients and their families to improve population and public health, and ensure adequate privacy and security. Meaningful use is measured by 15 core Clinical Quality Measures (CQMs) and 5 out of 10 menu measures. Meaningful use will need to be successfully demonstrated for a consecutive 90-day period in your first year of participation (and for a full year in each subsequent years) to receive EHR incentive payments.

What are the Eligibility Requirements?

For each program listed below, the requirements are listed.

Medicare Eligible Professionals:

- Doctor of medicine or osteopathy
- Doctor of dental surgery or dental medicine
- Doctor of podiatry
- Doctor of optometry
- Chiropractor

Medicaid Eligible Professionals:

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioner
- Certified nurse-midwife
- Dentist
- Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic led by a physician assistant
- Meet one of the following criteria
  - Have minimum 30% Medicaid patient volume
  - Have minimum 20% Medicaid patient volume, and is a pediatrician (Children's Health Insurance Program patients do not count toward the Medicaid patient volume criteria
  - Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

Hospital-based professionals who perform more than 90% of services in a hospital inpatient (Place of Service code 21) or emergency room (Place of Service code 23) setting are not eligible for incentive payments.

How much could Eligible Professionals Receive?

Eligible professionals may qualify to receive the payments below (see separate charts below for Medicare and Medicaid).

NOTE: Medicare eligible professionals who predominantly furnish services in an area designated as a Health Professional Shortage Area (HPSA) will receive a 10% increase in their annual EHR incentive payments. The additional 10% HPSA incentive is not available for eligible professionals who participate in the Medicaid EHR Incentive Program.

Medicare EHR Incentive Payment Schedule				
Payment Year	2011	2012	2013	2014
2011	$18,000.00	-	-	-
2012	$12,000.00	$18,000.00	-	-
2013	$8,000.00	$12,000.00	$15,000.00	-
2014	$4,000.00	$8,000.00	$12,000.00	$12,000.00
2015	$2,000.00	$4,000.00	$8,000.00	$8,000.00
2016	-	$2,000.00	$4,000.00	$4,000.00
TOTAL	$44,000.00	$44,000.00	$39,000.00	$24,000.00

Medicaid EHR Incentive Payment Schedule						
Payment Year	*2011*	*2012*	*2013*	*2014*	*2015*	*2016*
2011	$21,250.00	-	-	-	-	-
2012	$8,500.00	$21,250.00	-	-	-	-
2013	$8,500.00	$8,500.00	$21,250.00	-	-	-
2014	$8,500.00	$8,500.00	$8,500.00	$21,250.00	-	-
2015	$8,500.00	$8,500.00	$8,500.00	$8,500.00	$21,250.00	-
2016	$8,500.00	$8,500.00	$8,500.00	$8,500.00	$8,500.00	$21,250.00
2017	-	$8,500.00	$8,500.00	$8,500.00	$8,500.00	$8,500.00
2018	-	-	$8,500.00	$8,500.00	$8,500.00	$8,500.00
2019	-	-	-	$8,500.00	$8,500.00	$8,500.00
2020	-	-	-	-	$8,500.00	$8,500.00
2021	-	-	-	-	-	$8,500.00
TOTAL	$63,750.00	$63,750.00	$63,750.00	$63,750.00	$63,750.00	$63,750.00

How do I Register?

Eligible professionals (EP) may register immediately for the Medicare EHR Incentive Program, even before a certified EHR has been installed. The Medicaid EHR Incentive Program is a voluntary program established by Congress, administered individually by each State and territory. About 5 states/territories have not yet launched their program, but all states/territories should be launched by October 2012. Eligible professionals must choose which incentive program they wish to participate in when registering. Most professionals will maximize incentive payment by participating in the Medicaid Program.

To register, you'll need:

- An NPI
- National Plan and Provider Enumeration System (NPPES) User ID and Password
- Decision on which program to register for (Medicaid or Medicare)
- Payee Tax Identification Number (if you are reassigning your benefits)
- Payee National Provider Identifier (NPI)(if you are reassigning your benefits)
- An approved enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS)
- Download the registration guide for the selected program http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html#BOOKMARK3
- Go to https://ehrincentives.cms.gov/hitech/login.action to begin the registration

How is "Meaningful Use" measured?

Simply explained, providers must demonstrate that they are using the EMR system in place by measuring their use and reporting the results. Stage 1 (2011 and 2012) Meaningful Use requires that providers meet the requirements for 15 core measures and 5 out of 10 menu measures. A summary of the core measures and menu measures are provided at the end of this document. Stage 2 (expected to be implemented in 2013) and Stage 3 (expected to be implemented in 2015) will continue to expand through future rule making. Meaningful use is also measured by Clinical Quality Measures (CQMs). They are required as part of the meaningful use requirements for the Medicare and Medicaid EHR Incentive Programs. CQMs are a mechanism for assessing observations, treatment, processes, experience, and/or outcomes of patient care. Eligible professionals must also report on 6 total CQMs: 3 required core measures (substituting alternate core measures where necessary) and 3 additional measures (selected from a set of 38 clinical quality measures). The ScriptSure application includes the following CQMs:

- Core Measures (Underlined measures are REQUIRED for all eligible professionals)
  NOTE: If any of the required core measures have a patient population of "0", then report the amount of alternate core measures needed to substitute. For example, for the hypertension core measure, if no patients have been diagnosed with hypertension, then the patient population would be "0".
  - Adult weight screening and follow-up
  - Hypertension: blood pressure measurement
  - Preventive care and screening measure pair: a. tobacco use assessment, b. tobacco cessation intervention
  - Preventive care and screening: Influenza, Immunization for Patient >= 50 years old
  - Childhood Immunization Status
- Additional Measures
  - 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
  - Controlling high blood pressure

- Low back pain: use of imaging studies

See this helpful presentation on reporting CQMs: CQM Webinar.

How do I attest?

For the Medicare EHR Incentive Program, meaningful use must be demonstrated through CMS' web-based Registration and Attestation System at https://ehrincentives.cms.gov/hitech/login.action . In the Medicare & Medicaid EHR Incentive Program Registration and Attestation System, providers will fill in numerators and denominators for the meaningful use objectives and clinical quality measures, indicate if they qualify for exclusions to specific objectives, and legally attest that they have successfully demonstrated meaningful use.

For the Medicaid EHR Incentive Program, providers will follow a similar process using their state's Attestation System. Each state has a scheduled launch date. Most states have already launched their program with the exception of approximately 5 states/territories that will be launched by October 2012. The schedule can be viewed at http://www.cms.gov/apps/files/statecontacts.pdf .

See the Centers for Medicare and Medicaid Services Website for more detailed questions and answers about attesting.

When Should I Attest?

- For the Medicaid EHR Incentive Program, please follow your state's guidelines on attesting deadlines. Links to each state's informational websites can be found on the scheduler for Medicaid EHR Incentive Program launch calendar.
- For the Medicare EHR Incentive Program, February 28, 2013 is the last day for eligible professionals to register and attest to receive an Incentive Payment for the calendar year 2012.

CORE MEASURES AND MENU MEASURES

Below is a summary of Objectives that the practice and the ScriptSure EMR 8.0 software can help clients satisfy:

Core Objectives (15) for Eligible Professionals			
	Objective	*Measure*	*Exclusion*
1	Use computerized order entry for 30% of patient office visits	More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.	Any EP who writes fewer than 100 prescriptions during the EHR reporting period.
2	Implement drug-drug and drug-allergy interaction checks	This function must be enabled for entire EHR reporting period	None
3	Maintain up-to-date problem list of current and active diagnoses for 80% patients	More than 80% 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.	None
4	Generate and transmit permissible prescriptions electronically (eRx) for 40% of prescriptions	More than 40 % of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Any EP who writes fewer than 100 prescriptions during the EHR reporting period.
5	Maintain active medication list for 80% of patients	More than 80 % 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.	None
6	Maintain active medication allergy list for 80% of patients	More than 80 % 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.	None
7	Record all of the following demographics for 50% of patients: • Preferred language • Gender • Race • Ethnicity • Date of birth	More than 50 % of all unique patients seen by the EP have demographics recorded as structured data.	None

8	Record and chart changes in the following vital signs for 50% of patients: • Height • Weight • Blood pressure • Calculate and display body mass index • Plot and display growth charts for children 2-20 years, including BMI	For more than 50 % of all unique patients age 2 and over seen by the EP, height, weight, and blood pressure are recorded as structured data.	Any EP who either see no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice.
9	Record smoking status for patients 13 years old or older for 50% of patients	More than 50 % of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Any EP who sees no patients 13 years or older.
10	Report on at least 6 ambulatory CQMs to CMS or, in the case of Medicaid EPs, the States	Successfully report to CMS ambulatory clinical quality measures selected by CMS in the manner specified by CMS.	None
11	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Implement one clinical decision support rule	None
12	Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies) upon 50% of the requests	More than 50 % of all patients who request an electronic copy of their health information are provided it within 3 business days.	Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.
13	Provide clinical summaries for 50% of patients for each office visit	Clinical summaries provided to patients for more than 50 % of all office visits within 3 business days.	Any EP who has no office visits during the EHR reporting period.
14	Capability to exchange key clinical information (for example, problem list, medication list, allergies, and diagnostic test results), among providers of care and patient authorized entities	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	None

	electronically		
15	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 with the requirements 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.	None

Core Menu Objectives (10) for Eligible Professionals

	Objective	*Measure*	*Exclusion*
1	Implement drug formulary checks	The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.	Any EP who writes fewer than 100 prescriptions during the EHR reporting period.
2	Incorporate clinical lab-test results into EHR structured data	More than 40 % of all clinical lab test results ordered by the EP 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.	An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period.
3	Generate a list of patients by specific conditions	Generate at least one report listing patients of the EP with a specific condition.	None
4	Send patient reminders per patient preference for preventive/follow-up care	More than 20 % of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	An EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology.
5	Provide patients with timely electronic access to their health information (including lab results, problem list,	At least 10 % of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology)	Any EP that neither orders nor creates lab tests or information that would be

	medication lists, and allergies) within 4 business days of the information being available to the EP.	electronic access to their health information subject to the EP's discretion to withhold certain information.	contained in the problem list, medication list, medication allergy list (or other information as listed at 45 CFR 170.304(g)) during the EHR reporting period.
6	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10 % of all unique patients seen by the EP are provided patient specific education resources.	None
7	Medication reconciliation for 50% of relevant encounters	The EP performs medication reconciliation for more than 50 % of transitions of care in which the patient is transitioned into the care of the EP.	An EP who was not the recipient of any transitions of care during the EHR reporting period.
8	The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral	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 % of transitions of care and referrals.	An EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period.
9	Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice	Performed at least one test of 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 has the capacity to receive the information electronically).	An EP who administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically.
10	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice	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 an EP submits such information has the capacity to receive the information electronically).	An EP who does not collect any reportable syndromic information on their patients during the EHR reporting period or does not submit such information to any

			public health agency that has the capacity to receive the information electronically.

ScriptSure EMR 8.0 software provides a screen for reporting CQMs. Providers can review the results on screen and export them to an Excel spreadsheet. It is imperative that providers review the CQMs regularly to ensure that they are meeting the core objectives of the program they have registered for.

Recommendations

The process of integrating an EMR alone can be challenging and meeting the requirements of Meaningful Use can make that even more difficult. ScriptSure EMR 8.0 gives you all the tools and ability to meet Meaningful Use certification. Here are some secondary considerations as you adopt an EMR and meet meaningful use:

- Create and modify office workflow to ensure proper and complete data entry to meet the requirements.
- Ensure privacy and security compliance for your office(s).
- Utilize EHR-based quality performance measurements within the software.
- Create patient Health Information Exchange (HIE) workflow.
- Educate staff: Discuss the why and how of achieving Meaningful Use and the benefits to your staff.
- Ensure that everyone on staff is doing their part.

To learn more about **ScriptSure EMR 8.0** Certified software that can help you secure Meaningful Use Dollars, please visit www.dawsystems.com / www.scriptsure.com or call 1.866.755.1500.

PLEASE REFER DIRECTLY TO WWW.CMS.GOV FOR UPDATES AND NEW INFORMATION.

ScriptSure EMR 8.0 - Stage 1 Meaningful Use Checklist

Core Objectives: Achieve All 15		Completed?
1	Record demographics for 50% of patients in ScriptSure	
2	Record and chart vital signs for 50% of patients in ScriptSure	
3	Send prescriptions electronically (eRx) for 40% of prescriptions	
4	Use ScriptSure for computerized order entry for 30% of patient office visits	
5	Perform drug-drug and drug-allergy interaction checks (automatically done in ScriptSure)	
6	Maintain active medication list for 80% of patients	
7	Maintain active medication allergy list for 80% of patients	
8	Maintain up-to-date problem list of current and active diagnoses for 80% patients	
9	Record smoking status for patients 13 years old or older for 50% of patients in ScriptSure	
10	Use ScriptSure to provide clinical summaries for 50% of patients for each office visit	
11	Report on at least 6 Clinical Quality Measures to CMS or, in the case of Medicaid EPs, the States	
12	Use at least one clinical decision support rule in ScriptSure that is relevant to specialty	
13	Use ScriptSure to provide patients with an electronic copy of their health information upon 50% of the requests	
14	Use ScriptSure to exchange key clinical information among providers of care & authorized entities electronically	
15	Implement appropriate technical safeguards to protect electronic health information created / maintained in EHR	

Menu Objectives: Achieve At least 5	*(Asterisk items recommended by Daw Systems, Inc.)	Completed?
1	*Use ScriptSure automated drug formulary checks	
2	*Use ScriptSure for clinical lab-test results (structured data)	
3	*Generate a list of patients by specific conditions	
4	*Medication reconciliation for 50% of relevant encounters	
5	*Use ScriptSure to identify patient-specific education resources for 10% of patients and provide to the patient	
6	Send patient reminders per patient preference for preventive/follow-up care	
7	Provide patients with timely electronic access to their health information within 4 days of availability to provider	
8	Provide a summary of care for each patient that is transitioned or referred to another provider	
9	Use ScriptSure to submit electronic data to immunization registries according to applicable law/practice	
10	Use ScriptSure to submit electronic syndromic surveillance data to public health agencies	

Important Information, Dates & Helpful Links

- If you qualify for Medicaid incentives, you do not need to fulfill the above Meaningful Use criteria for your first year: you only need to adopt ScriptSure EMR 8.0, then submit "Adopt, Implement, or Upgrade" (AIU) documentation to your state Medicaid program for year 1. Year 2 and beyond you must demonstrate MU. State-specific AIU documentation is found here: http://www.cms.gov/apps/files/statecontacts.pdf. If you have already submitted your AIU documentation, you must then use ScriptSure EMR 8.0 for a minimum period of 90 days or until you have achieved (or qualified for exclusions) for 15 core measures and met at least 5 Menu objectives listed above, in order to get the maximum incentive payment. Visit: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html
- If you only qualify for Medicare incentives, you must demonstrate 90 days of Meaningful Use (AIU does not apply).