

Stage I Meaningful Use

MEANINGFUL USE OBJECTIVES FOR CLINICS

Clinical Quality Measures for Eligible Professionals (EPs)

Must meet 6 of the 44 Clinical Quality Measures—3 from the Core or Core Alternate Sets and 3 from the Additional Set;

Must meet all Core Objectives and 5 Menu Set Objectives

Eligible Professional/Clinic Clinical Quality Measures		
CHOOSE 3 CORE SET	NQF 0013	Hypertension: Blood Pressure Measurement
	NQF 0028	Preventive Care and Screening Measure pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
	NQF 0421	Adult Weight Screening and Follow-Up
	PQRI 128	
CHOOSE 3 ALTERNATE CORE SET	NQF 0024	Weight Assessment and Counseling for Children and Adolescents
	NQF 0041	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
	PQRI 110	
	NQF 0038	Childhood Immunization Status
CHOOSE 3 ADDITIONAL SET		<ul style="list-style-type: none"> • Anti-Depressant Medication Management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment • Asthma: Assessment • Asthma: Pharmacologic Therapy • Asthma: Use of Appropriate Medications • Blood Pressure: Controlling High Blood Pressure • Cancer Screening: Breast Cancer • Cancer Screening: Cervical Cancer • Cancer Screening: Colorectal Cancer • Chlamydia Screening for Women • Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI) • Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol • Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD • Diabetes: Blood Pressure Management • Diabetes: Eye Exam • Diabetes: Foot Exam • Diabetes: Hemoglobin A1c Control (<8.0%) • Diabetes: Hemoglobin A1c Poor Control (>9.0%) • Diabetes: Low Density Lipoprotein (LDL) Management and Control • Diabetes: Urine Screening • Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care • Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy • Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricle Systolic Dysfunction (LVSD) • Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) • Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation • Ischemic Vascular Disease (IVD): Blood Pressure Management • Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control • Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic • Low Back Pain: Use of Imaging Studies • Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer • Oncology Colon Cancer: Chemotherapy for State III Colon Cancer Patients • Oncology Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients • Pharyngitis: Appropriate Testing for Children • Pneumonia: Vaccination Status for Older Adults • Prenatal Care: Anti-D Immune Globulin • Prenatal Care: Screening for Human Immunodeficiency Virus (HIV) • Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation • Smoking and Tobacco Use Cessation, Medical Assistance: (a) Advising Smokers and Tobacco Users to Quit, (b) Discussing Smoking and Tobacco Use Cessation Medication, (c) Discussing Smoking and Tobacco Use Cessation Strategies • Substance Abuse: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - (a) Initiation, (b) Engagement

Core Objectives for Eligible Professionals (EPs)

Must meet all Core Objectives, 5 Menu Set Objectives and 6 Clinical Quality Measures

Core Objective	Objective Explanation	Measure	Exclusions
Computerized Physician Order Entry (CPOE)¹	Directly entered by any licensed health-care professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital or CAH have at least one medication entered using CPOE	Any EP who wrote fewer than 100 prescriptions during the EHR reporting year
E-Prescribing (eRx)	Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	Any EP who wrote fewer than 100 prescriptions during the EHR reporting year
Report Ambulatory Clinical Quality Measures to CMS/ States¹	Report clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation; for 2012, electronically submit clinical quality measures	None
Implement One Clinical Decision Support Rule¹	Implement one clinical decision support rule and the ability to track compliance with the rule	Implement one clinical decision support rule	None
Provide Patients with an Electronic Copy of their Health Information, upon request¹	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all unique patients of the EP, eligible hospital or CAH 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
Provide Clinical Summaries for Patients for Each Office Visit	Provide clinical summaries for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days	Any EPs who have no office visits during the EHR reporting period
Drug-Drug and Drug-Allergy Interaction Checks¹	Implement drug-drug and drug-allergy interaction checks	The EP, eligible hospital or CAH has enabled this functionality for the entire EHR reporting period	Any EP who write fewer than 100 prescriptions during the EHR reporting year
Record Demographics¹	Record demographics: preferred language, gender, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have demographics as recorded structured data	None
Maintain Up-to-date Problem List of Current and Active Diagnoses¹	Maintain up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry or an indication that no problems are known for the patient recorded as structured data	None
Maintain Active Medication List¹	Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data	None
Maintain Active Medication Allergy List¹	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data	None
Record and Chart Changes in Vital Signs¹	Record and chart vital signs: height, weight, blood pressure, calculate and display BMI, 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 the EP or admitted to the eligible hospital or CAH, height, weight, and blood pressure are recorded as structured data	Any EP who sees only patients ≤ 2 yrs old OR Any EP who believes that all three vital signs of height, weight and blood pressure have no relevance to their scope of practice may attest and be excluded
Record Smoking Status for Patients 13 Years or Older¹	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years or older seen by the EP or admitted to the eligible hospital or CAH have smoking status recorded as structured data	None
Capability to Exchange Key Clinical Information Among Providers of Care and Patient-authorized Entities Electronically¹	Capability to exchange key clinical information (ex: problem list, medication list, medication allergies, 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	None
Protect Electronic Health Information¹	Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308(a)(1) and implement updates as necessary and correct identified security deficiencies as part of the EP's, eligible hospital's or CAH's risk management process	None

¹ Menu Set Objective for eligible hospitals/CAHs - measurement and exceptions may differ.

Menu Set Objectives for Eligible Professionals (EPs)

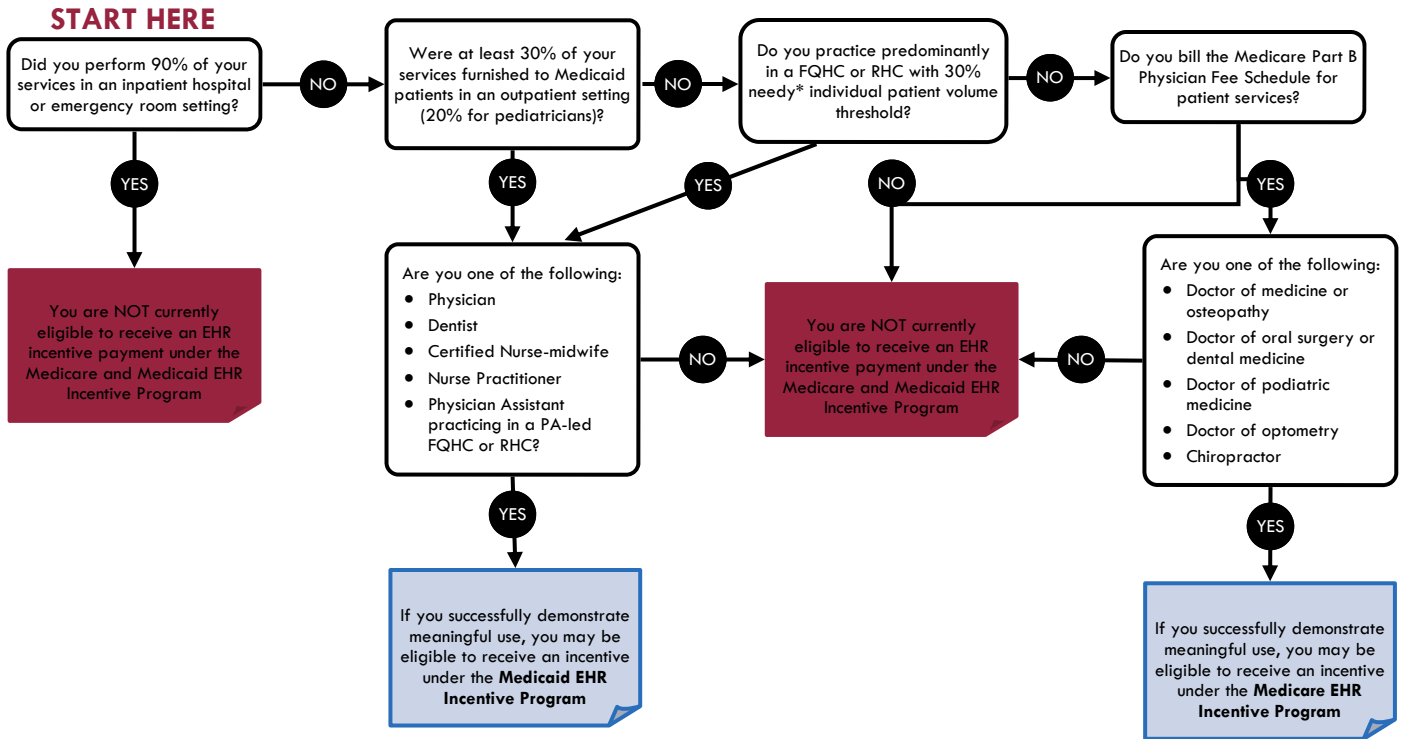
Choose 5 Objectives of the 10 Menu Set; Must meet all Core Objectives, 5 Menu Set Objectives and 6 Clinical Quality Measures

Core Objective	Objective Explanation	Measure	Exclusions
Drug-formulary Checks¹	Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period	Any EP who write fewer than 100 prescriptions during the EHR reporting year
Incorporate Clinical Lab Test Results as Structured Data¹	Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab test results ordered by the EP, or an authorized provider of the eligible hospital or CAH, 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	Any EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period
Generate Lists of Patients by Specific Conditions¹	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition	None
Send Reminders to Patients per Patient Preference for Preventative/Follow-up Care	Send reminders to patients per patient preference for preventative/follow-up care	More than 20% of all unique 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
Provide Patients with Timely Electronic Access to their Health Information	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within 4 business days of the information being available to the EP	More than 10% of all unique patients 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 the health information subject to the EP's discretion to withhold certain information	Any EP that neither orders nor creates any of the information listed in the ONC final rule 45 CFR 170.304(g) (lab test results, problem lists, medication list and medication allergy list)
Use Certified EHR Technology to Identify Patient-specific Education Resources and Provide to Patient, if appropriate¹	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 or admitted to the eligible hospital or CAH are provided patient-specific education resources	None
Medication Reconciliation¹	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient transitioned into the care of the EP or admitted to the eligible hospital or CAH	Any EP that was not on the receiving end of any transition of care during the EHR reporting period
Summary of Care Record for each Transition of Care/Referrals¹	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care record for each transition of care or referral	The EP, eligible hospital or CAH 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	Any EP that does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period
Capability to Submit Electronic Data to Immunization Registries/Systems^{1 2}	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of the certified EHR technology's capability 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, eligible hospital or CAH submits such information have the capacity to receive such information electronically)	Any EP that has not given any immunization during the EHR reporting period
Capability to Provide Electronic Syndromic Surveillance Data to Public Health Agencies^{1 2}	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of the certified EHR technology's capability 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, eligible hospital or CAH submits such information have the capacity to receive such information electronically)	Any EP that does not collect any reportable syndromic information on their patients during the EHR reporting period

¹ Menu Set Objective for eligible hospitals/CAHs - measurement and exceptions may differ

² At least 1 public health objective must be selected

Medicare & Medicaid Electronic Health Record (EHR) Incentive Programs Determining Eligibility



Notes on Eligibility and Calculation

- The definitions for Meaningful Use are the same for the Medicaid and Medicare programs
- Reporting period is 90 consecutive days for the 1st year and 1 year subsequently
- EPs may not participate in both the Medicare and Medicaid programs (but may switch **once** between the Medicare and Medicaid programs)
- Two types of %-based measures are included in demonstrating Meaningful Use:
 - Denominator is all patients seen during the EHR reporting period, regardless of whether or not their records are in certified EHR
 - Denominator is actions or subsets of patients seen during the EHR reporting period, including patients or actions taken on behalf of those patients whose records are in certified EHR
- For RHC EPs to receive the maximum Medicare incentive funding, Medicare Part B Physician Fee Schedule charges for the calendar year must equal \$24,000.
 - Charges less than \$24,000 for Medicare Part B Physician Fee Schedule will be reimbursed at 75% of total charges.

***NEEDY INDIVIDUAL** is defined as individuals receiving Medicaid, CHP+ or CICP and/or receive services at either no cost or reduced cost based on a sliding scale.

Maximum Medicaid Incentive Payments based on the First CY in which an EP Adopts, Implements or Upgrades						
Calendar Year	Medicaid EPs beginning adoption, implementation or upgrade in					
	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Maximum Medicare Incentive Payments based on the First CY in Which an EP Participates					
Calendar Year	First CY in which the EP received an incentive payment				
	2011	2012	2013	2014	2015 +
2011	\$18,000				
2012	\$12,000	\$18,000			
2013	\$8,000	\$12,000	\$15,000		
2014	\$4,000	\$8,000	\$12,000	\$12,000	
2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
2016		\$2,000	\$4,000	\$4,000	\$0
Total	\$44,000	\$44,000	\$39,000	\$24,000	\$0

- EPs who furnish 50% or more of their services over the period of one calendar year in an HPSA can receive up to a 10% increase in incentive funding
- Medicare Advantage Organization EPs qualify for the same incentive funding if either:
 - Furnish, on average, at least 20 hours/week of patient-care services and be employed
 - Be employed by, or be a partner of, an entity that through contract with the qualifying
 - MAO furnished at least 80% of the entity's Medicare patient care services to enrollees of the qualifying MAO