



EHR Incentive Program:  
Using gEHRiMed™ to Achieve  
Meaningful Use

Requirements and Related Forms

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## 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](http://www.gEHRiMed.com/meaningfuluse) , however a

couple forms (when indicated) will need to be requested from gEHRiMed™ support.



Indicates important information regarding CMS or the MU program



Indicates a reference to important forms that must be completed



Indicates important information regarding gEHRiMed, or GPM recommendations

## Meaningful Use Overview and Resources

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

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 how many practices or locations at which he or she provides services.

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	Program runs from 2011 through 2016
Maximum incentive amount is \$63,750 (across 6 years of program participation)	Maximum incentive amount is \$43,720 (across 5 years of program participation)
No Medicaid payment reductions if you choose not to participate	Payment reductions begin in 2015 for providers who are eligible but choose not to participate
In the first year, providers can receive an incentive payment for adopting, implementing, or upgrading a certified EHR.	In the first year and all remaining years, providers must demonstrate meaningful use of certified EHR technology to get incentive payments.
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>

## 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 Programs. This tool will also help to determine whether you qualify for the Medicare or Medicaid EHR Incentive Program. Use the link below to access the web tool.

[www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Eligibility.html](http://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)
- gERHiMed's 2014 Edition CMS Certification ID: **A014E01NB2RNEAL**
- CMS Tax Identification Number (TIN) to select where the payment will go

## Participation Timeline

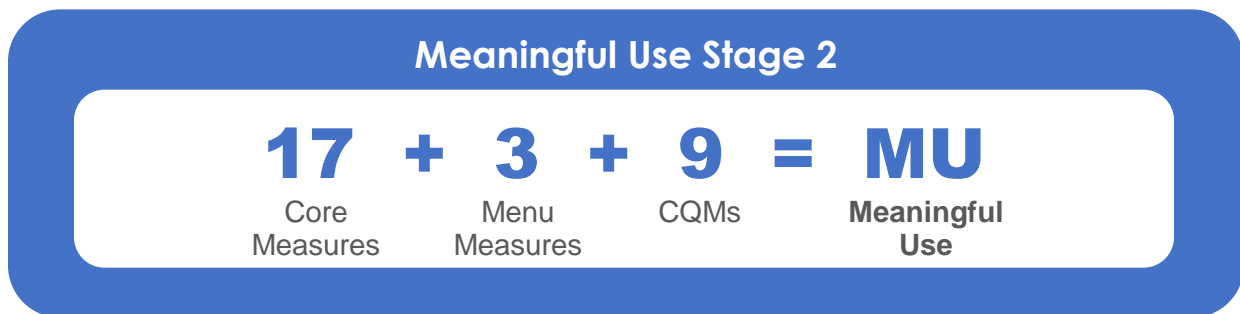
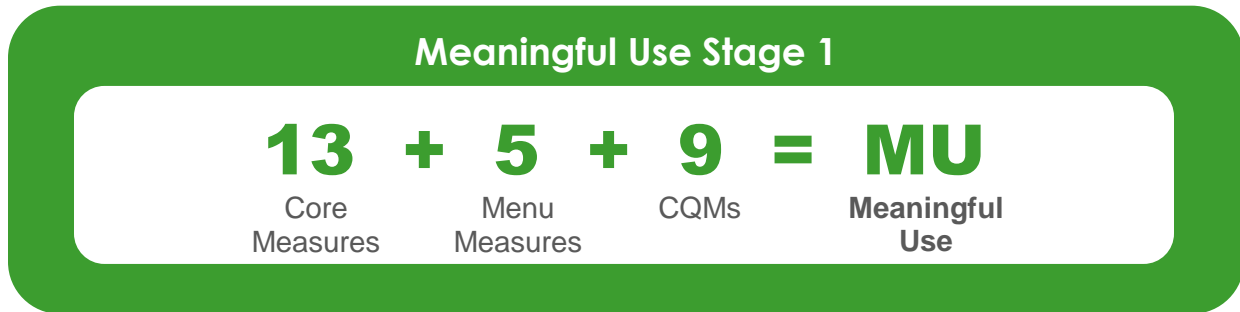
Once you've determined eligibility, CMS has a tool to determine which year you will demonstrate Stage 1, Stage 2, and Stage 3 of meaningful use. If you're participating in the Medicaid program, you can Adopt, Implement, or Upgrade (AIU) a certified EHR or demonstrate meaningful use in your first year to earn incentives.

[http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html#.U\\_dcnvldWSo](http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Participation-Timeline.html#.U_dcnvldWSo)

## What's Required to Achieve Meaningful Use?

In addition to meeting the thresholds for the core and menu objectives, all eligible professionals have to report on Clinical Quality Measures, also known as CQMs. Below are the basic requirements for meeting Stage 1 and 2 Meaningful Use.

A list of Stage 1 and Stage 2 Core and Menu objectives is provided later in this guide (page 12)



To the right is a list of CQMS that gEHRiMed is currently certified for (as of time of publication). Due to the fact that EHR's must be certified for individual CQMs, not all 64+ measures are currently available.

There are no thresholds to meet for Clinical Quality Measures, you simply report the data exactly as it is calculated by your certified EHR.

Current gEHRiMed CQMs
<p><b>NQS Domain: Clinical Process/ Effectiveness</b></p> <p><u>CMS127v2</u>: Pneumonia Vaccination Status for Older Adults</p> <p><u>CMS149v2</u>: Dementia: Cognitive Assessment</p> <p><u>CMS161v2</u>: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment</p> <p><u>CMS165v2</u>: Controlling High Blood Pressure</p>
<p><b>NQS Domain: Patient and Family Engagement</b></p> <p><u>CMS90v3</u>: Functional Status Assessment for Complex Chronic Conditions</p>
<p><b>NQS Domain: Patient Safety</b></p> <p><u>CMS139v2</u>: Falls: Screening for Future Fall Risk</p> <p><u>CMS68v3</u>: Documentation of Current Medications in the Medical Record</p>
<p><b>NQS Domain: Population/ Public Health</b></p> <p><u>CMS138v2</u>: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p><u>CMS147v2</u>: Preventive Care and Screening: Influenza Immunization</p> <p><u>CMS2v3</u>: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</p> <p><u>CMS69v2</u>: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</p>

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](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Getting_Started.html)
- Medicaid Program, Stage 1: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHR\\_Medicaid\\_BegGuide\\_Stage1.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHR_Medicaid_BegGuide_Stage1.pdf)
- Medicare Program, Stage 1: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHR\\_Medicare\\_Stg1\\_BegGuide.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHR_Medicare_Stg1_BegGuide.pdf)
- Stage 2 Guide: [http://www.cms.gov/eHealth/downloads/eHealthU\\_EPsGuideStage2EHR.pdf](http://www.cms.gov/eHealth/downloads/eHealthU_EPsGuideStage2EHR.pdf)

## Penalties and Deadlines

Eligible professional who see Medicare patients and do not meet the requirements for Meaningful Use during 2015 will be subject to a payment adjustment starting on 2017 Medicare Part B payments. Meaningful Use must be met in each subsequent year to avoid additional payment adjustments, up to a maximum of 5%.

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

Deadline	Objective
<b>January 1</b>	Reporting period begins for Eligible Professionals
<b>February 28*</b>	Attestation deadline for Medicare eligible professionals
<b>October 3</b>	Last day for Eligible Professionals to begin their 90-day reporting period
<b>December 31</b>	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 measures require customized interfaces to be configured for you practice which can be a time consuming process. Other measures require 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 (January 1<sup>st</sup> for those providers in Stage 1, Year 2 or later).



## Registries and Health Information Exchanges (HIEs)

Setting up an interface with a public health registry is a required measure in both Stage 1 (M-8 or M-9) and Stage 2 (C-16 or M-1, 5, 6). 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 signification backlog for establishing and finalizing these connections. The sooner you are able to begin this process, the better.



At [www.gEHRiMed.com/meaningfuluse](http://www.gEHRiMed.com/meaningfuluse) you will find a form that must be completed to make GPM aware of the registry or HIE your practice is attempting to connect with.

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.

## Lab Interfaces

Lab interfaces will also require a configuration process. However, incorporating clinical lab-test results is optional in Stage 1 (M-4) and not mandatory until Stage 2 (C-10).



At [www.gEHRiMed.com/meaningfuluse](http://www.gEHRiMed.com/meaningfuluse) you will find a form that must be completed to make GPM aware of the labs your practice is attempting to connect with.

Since lab results can be manually entered into the EHR software, the only exclusion for this measure is if the EP did not order any lab tests during the reporting period or if none of the results came back as a number or positive/negative response.

## e-Prescribing

e-Prescribing (eRxing) is required to successfully achieve Meaningful Use. 2014 certified ePrescribing software can be used to satisfy a number of measures in both Stage 1 (C-1, C-2, C-4, C-5, M-1) and Stage 2 (C-1, C-2, C-6).

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 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 the gEHRiMed™ support department 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 40 percent of eligible 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.

### **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 pop up alert during the course of the provider’s work.

ePrescribing must also be activated for the entire reporting period in order to fully complete these rules.

In Stage 1, Drug Interaction Checks, measure C-2, is separate from the required CDS measure C-10. In Stage 2, Drug Interaction Checks is included as measure 2 of the CDS measure C-6. This functionality is only activated once a provider is signed up to ePrescribe.

<b>gEHRiMed currently offers the following CDS rules</b>
Diabetes Diagnosis from Glucose Testing
Warfarin Medication
Influenza Vaccine and Egg Allergies
Atrial Fibrillation
Yearly Mammograms
Metformin Medication



In order to avoid ‘alert fatigue’ GPM will only activate CDS rules when requested. At [www.gEHRiMed.com/meaningfuluse](http://www.gEHRiMed.com/meaningfuluse) you will find a form that must be completed to set these rules up.

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.

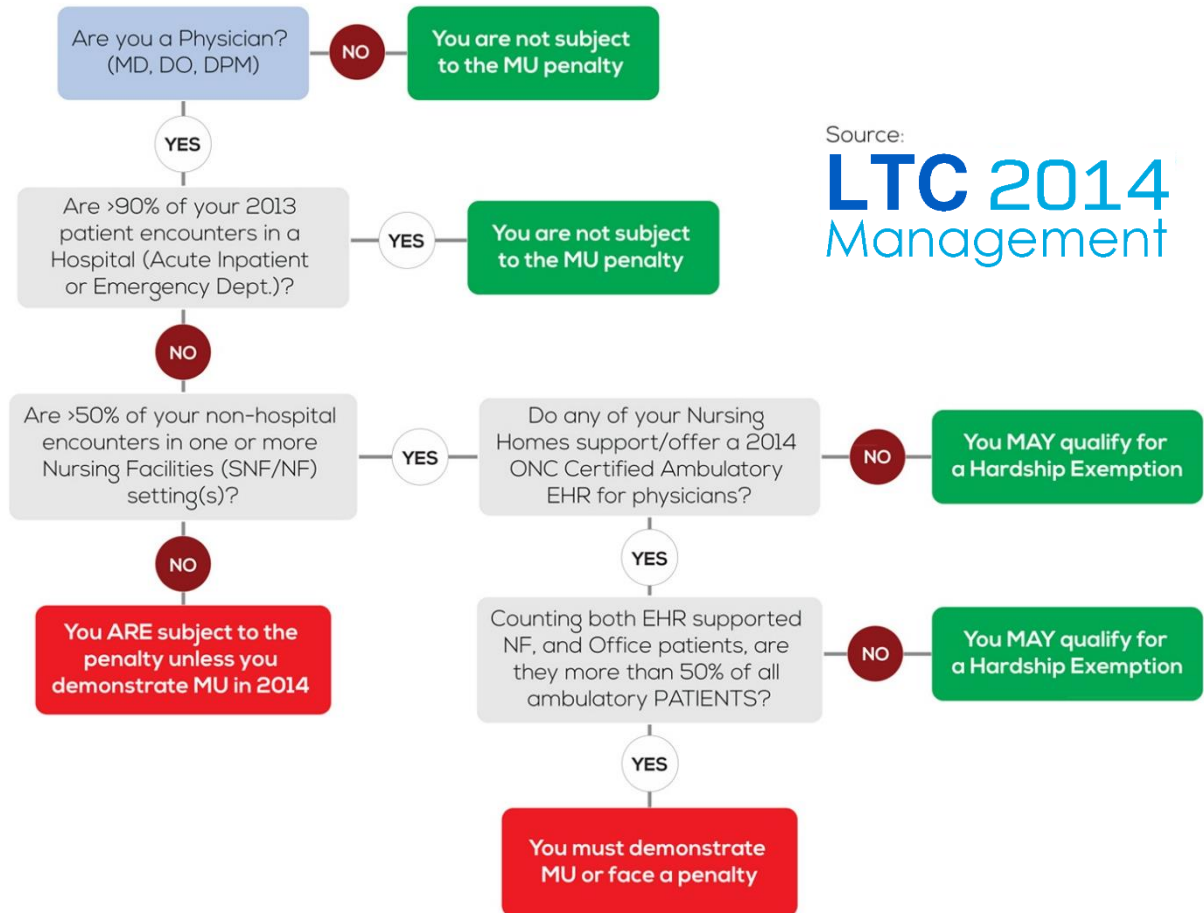




If a qualifying eligible professional is able to successfully submit a hardship exception and avoid the payment adjustment, GPM still encourages the EP to attempt Meaningful Use. If the EP is able to successfully demonstrate MU, they will still be eligible to receive the Incentive Payment.

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](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 they perform actions and are applied towards Meaningful Use measures.

A number of Stage 1 and 2 measures are integrated into this workflow. The chart to the right identifies some of these measures. Additional measures 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 need to work with GPM technical support to ensure your accounts are configured properly for your stage of meaningful use. (CDS, eRx, etc)

Demographics	Stage 1 C-7 Stage 2 C-3
Vitals	Stage 1 C-8 Stage 2 C-4
Smoking Status	Stage 1 C-9 Stage 2 C-5
Problem List	Stage 1 C-3 Stage 2 C-8
E-Mailing of Clinical Summaries	Stage 1 C-12 Stage 2 C-8

## **How to Track Your Meaningful Use Progress**

The Clinical Measure Dashboard is the best tool to quickly see where you stand on each MU measures. 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 tech 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 patient) 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 only test patients.

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 **every** organization must log on to [www.gEHRiMed.com/meaningfuluse](http://www.gEHRiMed.com/meaningfuluse) and answer the first questions regarding whether any provider from your practice will be participating in Meaningful Use for the upcoming year.



**Any practice intending to begin their Meaningful Use reporting period on January 1, 2015 must complete the forms from the site mentioned above by December 1, 2014. 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](http://www.gEHRiMed.com/meaningfuluse). These are required to be returned if any provider from your practice will be attempting to meet Meaningful Use in 2015. Completion of these forms will set the company defaults, if provider specifics are required an additional form must be requested.

- Public Health Registries & HIEs
- Labs/Imaging Interface
- Clinical Decision Support Rules

**Attachment 1: Stage 1 & 2 Core and Menu Objective**

<b>Stage 1</b>		<b>Stage 2</b>	
<b>Core Objectives (all 13 are required)</b>		<b>Core Objectives (all 17 are required)</b>	
<b>1</b>	Computerized provider order entry (CPOE)	1	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders
<b>2</b>	Drug-drug and drug-allergy checks	2	Generate and transmit permissible prescriptions electronically (eRx)
<b>3</b>	Maintain an up-to-date problem list of current and active diagnoses	3	Record demographic information
<b>4</b>	E-Prescribing (eRx)	4	Record and chart changes in vital signs
<b>5</b>	Maintain active medication list	5	Record smoking status for patients 13 years old or older
<b>6</b>	Maintain active medication allergy list	6	Use clinical decision support to improve performance on high-priority health conditions
<b>7</b>	Record demographics	7	Provide patients the ability to view online, download and transmit their health information
<b>8</b>	Record and chart changes in vital signs	8	Provide clinical summaries for patients for each office visit
<b>9</b>	Record smoking status for patients 13 years or older	9	Protect electronic health information created or maintained by Certified EHR Technology
<b>10</b>	Implement clinical decision support	10	Incorporate clinical lab-test results into Certified EHR Technology
<b>11</b>	Provide patients with the ability to view, download, or transmit their health information online	11	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
<b>12</b>	Provide clinical summaries for patients for each office visit	12	Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care
<b>13</b>	Protect electronic health information	13	Use certified EHR technology to identify patient-specific education resources
		14	Perform medication reconciliation
		15	Provide summary of care record for each transition of care or referral
		16	Submit electronic data to immunization registries
		17	Use secure electronic messaging to communicate with patients on relevant health information
<b>Menu Objectives 5 are required – 1 must be a public health objective*</b>		<b>Menu Objectives 3 are required</b>	
<b>1</b>	Drug formulary checks	1	Submit electronic syndromic surveillance data to public health agencies
<b>2</b>	Incorporate clinical lab-test results	2	Record electronic notes in patient records
<b>3</b>	Generate lists of patients by specific conditions	3	Imaging results accessible through CEHRT
<b>4</b>	Send reminders to patients for preventive/follow-up care	4	Record patient family health history
<b>5</b>	Patient-specific education resources	5	Report cancer cases to a public health central cancer registry
<b>6</b>	Medication reconciliation	6	Report specific cases to a specialized registry
<b>7</b>	Summary of care record for transitions of care		
<b>8</b>	Submit electronic data to immunization registries*		
<b>9</b>	Submit electronic syndromic surveillance data to public health agencies *		