MEANINGFUL USE RESOURCES AND FREQUENTLY ASKED QUESTIONS

A guide to the available resources and the most common questions concerning the Meaningful Use incentive program and eClinicalWorks® Version 9.0.
# CONTENTS

**MEANINGFUL USE**

<table>
<thead>
<tr>
<th>Section I: Recommended Resources</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Knowledgebase: Meaningful Use Resource Center</td>
<td>5</td>
</tr>
<tr>
<td>Video: An Overview of the Final Regulations for Meaningful Use Webcast</td>
<td>5</td>
</tr>
<tr>
<td>Live Webinar: Becoming a Meaningful User</td>
<td>5</td>
</tr>
</tbody>
</table>

| Final Rulings | 6 |

<table>
<thead>
<tr>
<th>Section II: FAQ</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Eligibility and Application of Providers or Practices</td>
<td>7</td>
</tr>
<tr>
<td>- Do I (or does my practice) qualify for Meaningful Use?</td>
<td></td>
</tr>
<tr>
<td>- Will my practice have to upgrade our hardware before upgrading to a Meaningful Use certified version?</td>
<td></td>
</tr>
<tr>
<td>- Is this money only for practices newly adopting EHR? If my practice is already using eClinicalWorks, will we qualify for incentive?</td>
<td></td>
</tr>
<tr>
<td>- What if some of the providers in my practice are not using the EHR?</td>
<td></td>
</tr>
<tr>
<td>- How does my practice apply/enroll/sign up for Meaningful Use?</td>
<td></td>
</tr>
<tr>
<td>- Do I need to be enrolled with PECOS?</td>
<td></td>
</tr>
<tr>
<td>- Am I required to meet all requirements to qualify for an incentive for CMS?</td>
<td></td>
</tr>
<tr>
<td>- Can I use multiple systems to meet the requirements of Meaningful Use?</td>
<td></td>
</tr>
<tr>
<td>- What are the different phases of Meaningful Use?</td>
<td></td>
</tr>
<tr>
<td>- How will attestation be performed?</td>
<td></td>
</tr>
<tr>
<td>- Are the measures (numerator and denominator) just for Medicaid or Medicare patients?</td>
<td></td>
</tr>
<tr>
<td>- Can state Medicaid programs require more than the national measures?</td>
<td></td>
</tr>
<tr>
<td>- Will all 10 Menu Set objectives be required for Stage 2?</td>
<td></td>
</tr>
<tr>
<td>- Do I need to report on Clinical Quality Measures if they do not pertain to my practice?</td>
<td></td>
</tr>
<tr>
<td>- Are Clinical Quality Measures calculated by patient or by provider?</td>
<td></td>
</tr>
<tr>
<td>- Should CPT code G8447 be used to report e-prescribing to CMS?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B: Participation in Other Incentive Programs</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Can I also participate in PQRI (Medicare Physician Quality Reporting Initiative) in addition to the EHR program?</td>
<td></td>
</tr>
<tr>
<td>- Can I also participate in EHR Demo (Medicare Electronic Health Records Demonstration) in addition to the EHR Incentive program?</td>
<td></td>
</tr>
<tr>
<td>- Can I also participate in MCMP (Medicare Care Management Performance Demonstration) in addition to the EHR Incentive program?</td>
<td></td>
</tr>
<tr>
<td>- Can I also participate in eRx (Electronic Prescribing Incentive) in addition to the EHR Incentive program?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C: Incentive Payments</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>- How much money will I make?</td>
<td></td>
</tr>
<tr>
<td>- When will I start getting paid?</td>
<td></td>
</tr>
</tbody>
</table>
Topics

- It looks like my practice could qualify for both Medicare and Medicaid incentives. Can I collect both? Which one should I choose?
- Do I have to prove Meaningful Use on the Medicaid program the first year?
- Can EPs earn incentive payments for the 2011 PQRS, 2011 eRx Incentive Program, and the EHR Incentive Program at the same time?
- Could I be penalized for not participating after 2015?
- How will you actually get your Meaningful Use money?

D: eCW Certification and Features

- How do I find out how to use eClinicalWorks to meet the requirements of Meaningful Use? What training do you offer for Meaningful Use?
- Does eClinicalWorks software meet the requirements of Meaningful Use? Is eCW certified for Meaningful Use?
- Does eCW guarantee meeting requirements of Meaningful Use?
- How will eClinicalWorks help the providers at my practice meet their Meaningful Use requirements?
- Is eClinicalWorks ONC-ATCB certified?
- If features like Patient Portal or Surescripts for e-Prescribing are required for Meaningful Use, will eClinicalWorks charge me for this?
- How do I run the reports for Meaningful Use?
- When will eClinicalWorks finalize the ability to electronically submit Clinical Quality Measures?
- How can I satisfy measure 170.302 (o)-(w): Complying with HIPAA Privacy and Security Rules?
- Must EPs use the EHR in the exact way it was tested and certified?
- Can a certified EHR simply alert EPs to available educational resources, or does the certified EHR actually have to generate the educational resources?
- Must EPs be on eClinicalWorks Version 9.0 for the entire reporting period?
- How is eClinicalWorks’ certification number entered for CMS?

E: Related Terms

- What is ARRA?
- What is CCD (Continuity of Care Document)?
- What is CCR (Continuity of Care Record)?
- What is a Certified EHR?
- What is Clinical Decision Support?
- What are Clinical Quality Measures?
- What is a Complete EHR?
- What are Core Objectives?
- What is a Critical Access Hospital (CAH)?
- What is an EHR (Electronic Health Record)?
- What are EHR Modules?
- What is an EP (Eligible Professional)?
Topics

- What is the Health Information Technical Policy Committee?
- What is the Health Information Technology Standards Committee?
- What is HIE (Health Information Exchange)?
- What is HITECH?
- What is an IFR (Interim Final Rule)?
- What is Interoperability?
- What is LOINC (Logical Observation Identifiers Names and Codes)?
- What is a Meaningful EHR User?
- What is the Medicaid EHR Incentive Program?
- What is the Medicare Advantage (MA) EHR Incentive Program?
- What is the Medicare Fee-For-Service (FFS) EHR Incentive Program?
- What are Menu Set Objectives?
- What is an NPRM (Notice of Proposed Rule Making)?
- What are Objectives and Measures?
- What is ONC or ONCHIT?
- What is PECOS?
- What is Structured Data?
- What is a Transition of Care?

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Meaningful Use became one of the most frequently used terms in the healthcare industry in 2009. Through a series of laws and regulations, the definition of Meaningful Use is being defined and implemented from 2011 through 2015. The intention of Meaningful Use, through the use of certified EHR technology, is to improve the quality of care, efficiencies, and safety in treating patients. Meaningful Use is just one of the necessary steps in improving our healthcare infrastructure.

Section I: Recommended Resources

The following resources are available for no additional cost to learn more about Meaningful Use. These currently focus on the 2011 requirements, and will expand as rules are finalized. As more resources become available to our clients, we will issue updates to this FAQ.

Online Knowledgebase: Meaningful Use Resource Center

Visit http://eclinicalworks.com/meaningfuluse for:
- Screenshots and instructions on compliance with Stage 1 requirements
- Definitions of associated terms
- Links to other relevant documentation and websites

Video: An Overview of the Final Regulations for Meaningful Use Webcast

An overview of the Meaningful Use final rule can download from the Meaningful Use section of http://support.eclinicalworks.com. The following information is available in this video:
- Overview of Meaningful Use final rule
- Insight as to how eClinicalWorks will guide clients to Meaningful Use success

Live Webinar: Becoming a Meaningful User

Register at http://support.eclinicalworks.com/training/index.php for training on Meaningful Use Overview:
- Two-hour interactive session with a product specialist available for questions.
- Live demonstration of features for compliance with Stage 1 requirements.
- Offered at various times each month for your convenience. Recordings of the Meaningful Use Webinars are posted to the eCW Knowledgebase and on http://my.eclinicalworks.com.
Meaningful Use

- Other more detailed trainings, including: *Meaningful Use Feature Review I and II* (ideal for experienced eCW users seeking more details on how to use features to satisfy Meaningful Use objectives), *Labs/DI Setup and Admin* for CPOE, *Surescripts/RxHub* for e-Prescribing, *Patient Portal* for sharing PHR with patients, and many other relevant topics.

**Final Rulings**

**The final ruling can be found at the following locations:**

**1.** Centers for Medicare and Medicaid - EHR Incentive Program


   This ruling sets the guidelines for the incentive programs made available through the American Recovery and Reinvestment Act of 2009 (ARRA). It defines who is eligible for incentive dollars through these three programs:

   - Medicare Fee-for-Service (FFS) Program
   - Medicare Advantage Program
   - Medicaid Program

   Within each of these programs there are guidelines set as to how providers are to use Electronic Health Record technology in order to qualify to receive the incentive dollars supporting their adoption of an EHR. This phase of Meaningful Use adoption is referred to as Stage 1. Providers will be required to report data to CMS that demonstrates their usage of an EHR system.

   Review the CMS EHR Incentive Program website for a detailed understanding of the program at: [https://www.cms.gov/EHRIncentivePrograms/](https://www.cms.gov/EHRIncentivePrograms/)

**2.** Office of the National Coordinator - Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology


   To support the success of Meaningful Use and the effective adoption of EHR technology, the ONC was tasked with establishing requirements for Electronic Health Record vendors. This ruling was released in coordination with the CMS EHR Incentive Program to ensure that vendors comply with minimum product capabilities and standards to support Stage 1 objectives and measures. EHR vendors are expected to enhance their products and make the required functionality available to providers.
3. Office of the National Coordinator – Temporary Certification Program for Health Information Technology


With standards in place for Meaningful Use, it is also necessary to qualify the EHR technologies that meet the criteria established. This builds further confidence for providers and patients that the technology being used to support their records is compliant.

The ruling established is the first phase of the certification program designed to accelerate the formation of ONC – Authorized Testing and Certification Bodies (ONC-ATCBs). The ONC-ATCBs will be responsible for testing and certifying EHR vendors.

In order for healthcare providers to achieve Meaningful Use, they must be using a product and version that is certified according to the Meaningful Use criteria.

Click here to see a list of ONC-ATCBs.

Click here to view the ONC Certified Health IT Product List.

Click here for details about the eClinicalWorks certification status.

Section II: FAQ

A: Eligibility and Application of Providers or Practices

The official CMS website dedicated to EHR incentive programs provides a variety of helpful information on eligibility, registration, Meaningful Use objectives, and upcoming EHR training and events. This page can be accessed from the following location: http://www.cms.gov/EHRIncentivePrograms/01_Overview.asp#TopOfPage.

Do I (or does my practice) qualify for Meaningful Use?

A helpful resource on this topic can be found at: http://www.cms.gov/EHRIncentivePrograms/01_Overview.asp#TopOfPage.

For details on incentives provided by CMS, please refer to either:

- OR
- The CMS EHR Incentives Web site, which can be found at: http://www.cms.gov/EHRIncentivePrograms/35_Meaningful_Use.asp#TopOfPage

eClinicalWorks provides your practice the tools needed, but it is up to you to put them to Meaningful Use to improve patient care. We not only offer the tools, we also offer training to help you identify areas where your office could improve in your implementation. eClinicalWorks is in the process of creating a Meaningful use section on http://my.eclinicalworks.com. This portion of the Customer Care Portal will provide you with various resources available for no additional charge, which include:

- Live webinars
- A recorded web session
- A written guide
- Links to other helpful topics
Will my practice have to upgrade our hardware before upgrading to a Meaningful Use certified version?

Possibly. The eClinicalWorks minimum specifications indicate that a 64-bit operating system is required for the server. eClinicalWorks strongly encourages this specification for optimal performance. However, you may choose to conduct this upgrade if you are currently on a 32-bit server machine that meets the additional requirements specified. Be advised that a decline in performance may be encountered if you choose this path, and optimal performance can only be achieved with hardware that meets the minimum requirements.

Review the Hardware Requirements document (updated, Feb. 2011) located at https://my.eclinicalworks.com > Documents > Manuals > Getting Started with V9 or Technical Reference. The Hardware Requirements have been updated to include general software requirements as well.

Is this money only for practices newly adopting EHR? If my practice is already using eClinicalWorks, will we qualify for incentive?

There is no requirement that the practice be newly adopting the EHR; the stipulation is that the practice be using it meaningfully. So whether you have had our system for years or are just getting started, you may qualify for incentive by meeting the requirements of Meaningful Use.

What if some of the providers in my practice are not using the EHR?

Since incentives are paid per provider rather than per practice, those putting the EHR to Meaningful Use may still be eligible for incentive.

How does my practice apply/enroll/sign up for Meaningful Use?

Registration details are available on the CMS EHR Incentive Program Web site: http://www.cms.gov/EHRIncentivePrograms/01_Overview.asp#TopOfPage. eClinicalWorks will send out an e-mail newsletter with the latest news when any new information emerges on the topic. Please sign up for our newsletter from the Help menu within the eClinicalWorks application.

Do I need to be enrolled with PECOS?

While more details are still pending, CMS will announce prior to providing incentive payments for Medicare that PECOS records will be used to verify Medicare enrollment. If you enrolled prior to November 2003 and have not since updated, you need to re-enroll. For more information, please visit the following web site: http://www.cms.gov/EHRIncentivePrograms/08_Getting_Started.asp#TopOfPage.

Am I required to meet all requirements to qualify for an incentive for CMS?

To meet the Stage 1 requirements for Meaningful Use, eligible professionals must demonstrate all of the 15 Core Objectives, and 5 out of 10 Menu Set Objectives (one of the 5 Menu Set Objectives must pertain to public health). It should be noted that the ruling allows for certain exclusions based on the type of care provided by the eligible professional.

A subset of these measures allows for Medicaid to provide additional requirements based on state-level abilities (e.g., immunization registry reporting and public health reporting). These modifications require approval through the Medicare EHR incentive program.
Can I use multiple systems to meet the requirements of Meaningful Use?

Yes, though each solution implemented must be certified for Meaningful Use. eClinicalWorks commits to having our comprehensive EHR solution certified such that clients can meet all aspects of Meaningful Use with eClinicalWorks. This will require the usage of our PM (patient information/demographics), EMR, e-Prescribing, Patient Portal, and P2P solution suite. The eClinicalWorks Meaningful Use task force is evaluating the certification strategy.

What are the different phases of Meaningful Use?

The program consists of three stages:

- **Stage 1:**
  Stage 1 is the criteria documented in the Final Rule that begins in 2011 and 2012, and continues to be applicable for all payment years until updated by future rule-making. Stage 1 criteria can be reviewed in depth within the *Meaningful Use Stage 1 Criteria* section of our website.

- **Stage 2 (definition expected by the end of 2011, effective starting in 2013):**
  Stage 2 will build on the objectives from Stage 1 in the following areas:
  - Disease and medication management
  - Clinical decision support
  - Patient accessibility to personal health information
  - Transitions of care
  - Quality measure reporting
  - Communication with health agencies.

- **Stage 3 (definition expected by the end of 2013, effective starting in 2015):**
  Stage 3 will include the objectives of Stage 1 and 2 and will put a priority on improvements in the following areas:
  - Quality, safety, and efficiency
  - Clinical decision support for conditions rated as high priority for the nation
  - Patient accessibility to self-management
  - Accessibility of comprehensive patient data
  - Improved health outcomes for the population.

How will attestation be performed?


For a sneak peak of the attestation process, please see: http://www.cms.gov/EHRIncentivePrograms/Downloads/AttestationSneakPeek.pdf
### Are the measures (numerator and denominator) just for Medicaid or Medicare patients?

No. These numbers reflect all patients you have seen. Meaningful Use reporting is based on the whole of each eligible provider’s patient population.

### Can state Medicaid programs require more than the national measures?

Yes. There are four objectives for which state Medicaid programs can require additional informational. These are:

- **Generating lists of patients by condition** - Specific conditions can be required.
- **Reporting Immunizations** - How and where this information is submitted can be specified.
- **Reportable Lab Results** - How and where this information is submitted can be specified.
- **Reporting Syndromic Surveillance** - How and where this information is submitted can be specified.

### Will all 10 Menu Set objectives be required for Stage 2?

Yes. It will be easier to make the transition if you prepare to meet them all now.

### Do I need to report on Clinical Quality Measures if they do not pertain to my practice?

Yes. All you will need to do is show that the denominator for each applicable measure (core and alternative) is 0.

### Are Clinical Quality Measures calculated by patient or by provider?

By provider. However, the Meaningful Use tab (in development) will let you see which measures are being met per patient.

### Should CPT* code G8447 be used to report e-prescribing to CMS?

No. This code is for PQRI and is not involved with e-prescription reporting for Meaningful Use.

*CPT only © 2010 American Medical Association. All rights reserved.

### B: Participation in Other Incentive Programs

**Can I also participate in PQRI (Medicare Physician Quality Reporting Initiative) in addition to the EHR program?**

Yes, providers are able to participate in both of these programs. CMS provides a fact sheet that gives an overview of these two programs: [http://www.cms.gov/MLNProducts/downloads/Medicare-Incentive-Payments_Tip-Sheet.pdf](http://www.cms.gov/MLNProducts/downloads/Medicare-Incentive-Payments_Tip-Sheet.pdf).

**Can I also participate in EHR Demo (Medicare Electronic Health Records Demonstration) in addition to the EHR Incentive program?**

Yes, eligible professionals may participate in both.
Can I also participate in MCMP (Medicare Care Management Performance Demonstration) in addition to the EHR Incentive program?

Yes, eligible professionals may participate in both.

Can I also participate in eRx (Electronic Prescribing Incentive) in addition to the EHR Incentive program?

CMS provides a fact sheet explaining the various incentive programs, which indicates the programs that can be participated in consecutively:  http://www.cms.gov/MLNProducts/downloads/Medicare-Incentive-Payments_Tip-Sheet.pdf.

As per this fact sheet, you may not participate in the Medicare EHR incentive program in conjunction with the Medicare eRX incentive program. You may participate in the eRX incentive program if you elect to participate in the Medicaid EHR incentive program.

This fact sheet also provides helpful information on other incentive programs, such as PQRI.

C: Incentive Payments

How much money will I make?

The maximum total incentive payment is $44,000.00 for the Medicare program; maximum payment for the Medicaid program is $63,750. Beginning in 2015, eligible professionals that are not Meaningful Users will incur negative payment adjustments for their covered services. CMS provides a fact sheet that explains the payment structure and additional details for calculating the payment amounts you are eligible to receive, which is available at:  http://www.cms.gov/MLNProducts/downloads/CMS_eHR_Tip_Sheet.pdf.

When will I start getting paid?

According to an education session conducted by CMS, payments from Medicare can begin as early as May 2011 for those that have demonstrated Meaningful Use for the 90-day period required for the first year. Information was not provided for Medicaid, and this can vary for each state’s program. The presentation slides from this education session can be viewed at:  http://www.cms.gov/EHRIncentivePrograms/Downloads/EHR_Incentive_Program_Agency_Training_v8-20.pdf.

For more information on incentive payments, refer to the following links:

- http://questions.cms.hhs.gov/app/answers/detail/a_id/10160
- http://questions.cms.hhs.gov/app/answers/detail/a_id/10161
- http://questions.cms.hhs.gov/app/answers/detail/a_id/9815
It looks like my practice could qualify for both Medicare and Medicaid incentives. Can I collect both? Which one should I choose?

A practice must choose whether to collect incentives from Medicare or from Medicaid, and may not collect from both in the same year. However, you may choose to switch your application from one program to the other one time only throughout the entire incentive program. To choose what is best for your practice, please refer to:


  OR

- The CMS EHR Incentives Website, which can be found at: [http://www.cms.gov/EHRIncentivePrograms/35_Meaningful_Use.asp#TopOfPage](http://www.cms.gov/EHRIncentivePrograms/35_Meaningful_Use.asp#TopOfPage)

Do I have to prove Meaningful Use on the Medicaid program the first year?

No. With Medicaid, the incentive is paid for the first year just for having a certified EMR. For year two you will have to exhibit Meaningful Use of that certified EMR for 90 continuous days during the calendar year.

Can EPs earn incentive payments for the 2011 PQRS, 2011 eRx Incentive Program, and the EHR Incentive Program at the same time?

Perhaps. For more information, refer to the following link: [http://questions.cms.hhs.gov/app/answers/detail/a_id/10474/kw/eRx%20Incentive%20Program/session/L3NpZC9fEfWZUNvaw%3D%3D](http://questions.cms.hhs.gov/app/answers/detail/a_id/10474/kw/eRx%20Incentive%20Program/session/L3NpZC9fEfWZUNvaw%3D%3D)

Could I be penalized for not participating after 2015?

Yes. Medicare can penalize providers that qualify for Meaningful Use but do not participate by 2015. Medicaid does not currently have a penalty incorporated.

How will you actually get your Meaningful Use money?

Once an EP successfully attests for Meaningful Use, CMS checks to see if they have generated the required Medicare revenue to warrant the $18,000 incentive (i.e., $24,000 in charges). If so, CMS issues the check. If not, CMS waits until the EP reaches $24,000 in charges and then issues the check. For EPs with very small Medicare populations, CMS will wait until February 2012 to receive all of the EP’s claims for 2011. They will then send an incentive in the amount of 75% of the EP’s 2011 Medicare charges.
Meaningful Use

D: eCW Certification and Features

How do I find out how to use eClinicalWorks to meet the requirements of Meaningful Use?  What training do you offer for Meaningful Use?

We are committed to helping you fully leverage our software in order to improve patient care. We offer three free webinar training courses covering the Meaningful Use objectives and the corresponding eClinicalWorks functionality. We are also offering a series of Meaningful Use Informational Webcasts for free. Recordings of these sessions are available on http://my.eclinicalworks.com.

eClinicalWorks has created a Meaningful Use section on http://my.eclinicalworks.com. This portion of the Customer Care Portal will provide you with various resources available for no additional charge, which include:

- Live webinars
- A recorded web session
- A written guide
- Links to other helpful topics

Stay tuned for updates by registering for our newsletter under the Help menu within the eClinicalWorks application.

Does eClinicalWorks software meet the requirements of Meaningful Use?  Is eCW certified for Meaningful Use?

While the entities that will certify software for Meaningful Use are yet to be named by ONC, eClinicalWorks is poised to qualify for this certification and will keep you updated on the process as more information becomes available. In the meantime, you can start adapting your practice to Meaningful Use by taking advantage of the education available on http://my.eclinicalworks.com.

For more information on the certification process, visit: http://healthit.hhs.gov/portal/server.pt?open=512&objID=2885&parentname=CommunityPage&parentid=376&mode=2&in_hi_userid=12059&cached=true

Does eCW guarantee meeting requirements of Meaningful Use?

eClinicalWorks guarantees that our software will meet the Meaningful Use criteria as defined through ARRA, thereby reducing the risk that practices face in investing in new technology. It is, however, up to each provider to put the software to Meaningful Use. To educate yourself on how to accomplish this, refer to the resources available to you on http://my.eclinicalworks.com.
How will eClinicalWorks help the providers at my practice meet their Meaningful Use requirements?

eClinicalWorks offers several methods of education and evaluation on Meaningful Use requirements:

- A wide variety of documentation available on [http://my.eclinicalworks.com](http://my.eclinicalworks.com) in the Meaningful Use section. This documentation is being updated often, so be sure to check back from time to time for new information.

Meaningful Use Assessment Program - An eCW trainer will assess each of the eligible providers at your practice and provide a report on all the objectives for which they are compliant/non-compliant, including guidance on how to become compliant for all objectives (for $100/hour). If further assistance is needed, remote remediation training can be provided in 4-hour (for $400) or 8-hour (for $750) sessions. If on-site training is desired, a minimum of two days training can be requested (for $1,000 plus travel expenses).

Is eClinicalWorks ONC-ATCB certified?

Yes. eClinicalWorks has been certified as a Complete EHR for version 8.0.47MU.

If features like Patient Portal or Surescripts for e-Prescribing are required for Meaningful Use, will eClinicalWorks charge me for this?

These are part of a suite of services you may utilize to improve efficiency and patient care. The Meaningful Use program is intended to give you an incentive for utilizing services like these to reduce disparities and improve care. eClinicalWorks is putting together a strategy to assist providers using our product to attain Meaningful Use in the most economical fashion. Free versions of any add-ons that are required for Meaningful Use will be provided to all clients.

How do I run the reports for Meaningful Use?

Meaningful Use, Adoption, Quality (MAQ) dashboards are tools created to help measure provider and practice performance on Meaningful Use adoption. These dashboards help you to:

- Identify provider and practice patterns around EMR usage
- Track changes in clinical charting patterns over time
- Side-by-Side provider and practice comparison of MU measures
- Compare provider and practice performance against community, state, and national standards
- Build automation to proactively inform the providers if they do not meet the thresholds set for Meaningful Use or at a community level
- Experience efficiency gains and improved quality of care
- View population health trends

When will eClinicalWorks finalize the ability to electronically submit Clinical Quality Measures?

This requirement is for Phase 2 (2015) and will be in place well before that.
Meaningful Use

How can I satisfy measure 170.302 (o)-(w): Complying with HIPAA Privacy and Security Rules

Eligible Providers must conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1). Providers must then implement security updates and correct security deficiencies as necessary. This measure is reported through self-attestation.

While the eClinicalWorks software application provides the adequate and necessary tools to safeguard PHI (Protected Health Information), it is the obligation of each eligible provider to conduct an actual risk analysis/assessment. To help you reach the standard of conducting/reviewing a security risk analysis per Federal Rule 45 CFR 164.308(a)(1), the following websites are recommended as resources:


Must EPs use the EHR in the exact way it was tested and certified?

In most cases, no. For more information, refer to the following location:

http://questions.cms.hhs.gov/app/answers/detail/a_id/10473/p/21%2C26%2C1139

Can a certified EHR simply alert EPs to available educational resources, or does the certified EHR actually have to generate the educational resources?

Educational materials do not have to be stored within or generated by the certified EHR. However, the certified EHR should be utilized by the EP in a manner where the appropriate patient-specific educational resources are suggested based on the information stored within the EHR technology. The EP has the final decision on whether an educational resource is

Must EPs be on eClinicalWorks Version 9.0 for the entire reporting period?

Yes. EPs must be on eClinicalWorks Version 9.0 for the entire 90-day reporting period.

How is eClinicalWorks’ certification number entered for CMS?

When you are registering, there is an option/step for looking up of the product you are using. You must select one of the certified versions of eClinicalWorks from this product listing. Since eCW is a Complete EHR, you only have to select our product and no others. Once you have done this, you can add it to your cart, and then you are given a certification number. This is the certification number that you enter into the system. It is not related to eClinicalWorks’ ONC certification number.

If you experience any problems, contact the CMS EHR Incentive Program Help Line at: (888) 734-6433.
E: Related Terms

What is ARRA?

The American Recovery and Reinvestment Act was signed into law by President Obama in 2009, encompassing the HITECH Act (Health Information Technology for Economic and Clinical Health). The objective of the HITECH Act is to provide reimbursement incentives for eligible professionals and hospitals who demonstrate meaningful use of EHR (electronic health records); to establish standards, implementation specifications, and certification criteria for EHRs; and protecting privacy and security of health information.

What is CCD (Continuity of Care Document)?

CCD is a standard created by HL7 Clinical Document Architecture for the use of exchanging patient health summary records and contains data that is defined by ASTM Continuity of Care Record (CCR).

What is CCR (Continuity of Care Record)?

The ASTM Continuity of Care Record is a standard specification developed for the electronic sharing of patient health summary records.

What is a Certified EHR?

Certified EHR Technology means a Complete EHR or a combination of EHR modules that meets the requirements indicated in the Final Rule for the initial set of standards, implementation specifications, and certification criteria for electronic health record Technology, and has been tested and certified in accordance with the certification program established by the National Coordinator as having met all applicable certification criteria adopted by the Secretary of HHS.

What is Clinical Decision Support?

In the Final Rule, CMS proposes clinical decision support to be defined as health information technology functionality that builds upon the foundation of an EHR to provide persons involved in care processes with general and person specific information, intelligently filtered and organized, at appropriate times, to enhance health and healthcare.
**What are Clinical Quality Measures?**

Clinical Quality Measures are defined in the Final Rule to consist of measures of processes, experience, and/or outcomes of patient care, observations or treatment that relate to one or more quality aims for healthcare such as effective, safe, efficient, patient centered, equitable, and timely care.

According to the CMS website, eligible professionals must report from the table of 44 clinical quality measures, which includes 3 Core, 3 Alternate Core, and 38 additional CQMs.

- Core CQMs - Eligible professionals must report on three (3) required core CQMs, and if the denominator of one (1) or more of the required core measures is zero (0), then EPs are required to report results for up to three (3) alternate core measures.
- EPs must also select three (3) additional CQMs from a set of 38 CQMs (excluding the core/alternate core measures). It is acceptable to have a zero (0) denominator provided the EP does not have an applicable population.

In sum, EPs must report on six (6) total measures: three (3) required core measures (substituting alternate core measures where necessary) and three (3) additional measures. A maximum of nine (9) measures would be reported if the EP needed to attest to the three (3) required core, the three (3) alternate core, and the three (3) additional measures.


**What is a Complete EHR?**

A Complete EHR is EHR technology that meets all applicable certification criteria for Meaningful Use.

**What are Core Objectives?**

For Stage 1, Meaningful Use consists of 25 objectives for Eligible Professionals (and 24 for Eligible Hospitals). Of these, 15 are Core Objectives, which are required. The remaining 10 objectives make up the Menu Set, from which the provider may select 5 (one of the 5 Menu Set Objectives must pertain to public health).

**What is a Critical Access Hospital (CAH)?**

A CAH (Critical Access Hospital) has been certified to receive cost-based reimbursement from Medicare under a different set of CoP (Medicare Conditions of Participation) than other hospitals. This is intended to reduce facility closures by improving financial performance.

**What is an EHR (Electronic Health Record)?**

The definition of an EHR according to the Final Rule is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, Progress Notes, problem lists, medications, vital signs, past medical history, immunizations, laboratory data and diagnostic imaging reports. The EHR automates and streamlines the clinician’s workflow. The EHR has the ability to generate a complete record of a clinical patient encounter - as well as supporting other care-related activities directly or indirectly via interface - including evidence-based decision support, quality management, and outcomes reporting.
Meaningful Use

**What are EHR Modules?**

An EHR Module is any service, component, or combination of modules that meets at least one of the certification criterion for Meaningful Use.

**What is an EP (Eligible Professional)?**

For the Medicare incentive, eligible professionals (EPs) are: Doctors of Medicine, Osteopathy, Dental Surgery or Dental Medicine, Podiatric Medicine, Optometry, and Chiropractors.

For the Medicaid incentive, EPs are: Physicians (Pediatricians have special eligibility and payment rules), Nurse Practitioners, Certified Nurse-Midwives, Dentists, and Physician Assistants who provide services in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is led by a PA.

Additionally, one of the following criteria must be met:

- Minimum 30% Medicaid patient volume
- Minimum 20% Medicaid patient volume, and is a pediatrician
- Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy patients

EPs may not be hospital-based.

**What is the Health Information Technical Policy Committee?**

One of two committees developed through the ARRA responsible for advising the National Coordinator on the creation of national standards and certification criteria for certified EHR technology and the demonstration of meaningful use.

**What is the Health Information Technology Standards Committee?**

One of two committees developed through the ARRA responsible for advising the National Coordinator on the creation of national standards and certification criteria for certified EHR technology and the demonstration of Meaningful Use.

**What is HIE (Health Information Exchange)?**

As defined by HIMSS, Health Information Exchange (HIE) is commonly used interchangeably with RHIO. Typically, an HIE is a project or initiative focused around electronic data exchange between two or more organizations or stakeholders. These parties have agreed upon use of common technology and applied standards to support participation in the specific HIE initiative. The central purpose of a typical HIE is to foster the electronic exchange of health-related information between these parties. This exchange may include clinical, administrative, and financial data across a medical and or business trading area. HIEs may or may not be represented through a legal business entity or a formal business agreement between the participating parties.

**What is HITECH?**

The objective of the HITECH (Health Information Technology for Economic and Clinical Health) Act is to provide reimbursement incentives for eligible professionals and hospitals who demonstrate meaningful use of EHR (electronic health records); to establish standards, implementation specifications, and certification criteria for EHRs; and to protect privacy and security of health information. The American Recovery and Reinvestment Act (ARRA) was signed into law by President Obama in 2009, encompassing the HITECH Act.
What is an IFR (Interim Final Rule)?

An interim final rule adds, changes, or deletes regulatory text and contains a request for comments. The subsequent final rule may make changes to the text of the interim final rule.

What is Interoperability?

The definition of interoperability according to the Health Information and Management Systems Society (HIMSS) as it applies to the healthcare industry is: the ability of health information systems to work together within and across organizational boundaries in order to advance the effective delivery of healthcare for individuals and communities.

What is LOINC (Logical Observation Identifiers Names and Codes)?

The purpose of LOINC® is to facilitate the exchange and pooling of clinical results for clinical care, outcomes management, and research by providing a set of universal codes and names to identify laboratory and other clinical observations.

What is a Meaningful EHR User?

CMS has provided the proposed definitions for an eligible professional or hospital who demonstrates the usage of an EHR according to the objectives set forth in the rule-making. Congress indicates three over-arching requirements:

- Use of a certified EHR in a meaningful manner
- The EHR is Internet-connected to allow for the electronic exchange of health information for improving the quality of patient care
- The submission of Clinical Quality Measures

What is the Medicaid EHR Incentive Program?

The CMS website provides the following definition: “The Medicaid EHR incentive program will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology in their first year of participation and demonstrate meaningful use for up to 5 remaining participation years. Medicaid EHR incentive programs are voluntarily offered by individual states and territories and may begin in 2011. Eligible professionals can receive up to $63,750 over the 6 years that they choose to participate in the program. Eligible hospital incentive payments may begin as early as 2011, depending when the state begins its program. 2016 is the last year a Medicaid eligible hospital may begin the program and the hospital payments are based on a number of factors, beginning with a $2 million base payment.”
What is the Medicare Advantage (MA) EHR Incentive Program?

The CMS website provides the following definition: “In the HITECH Act, Congress provided for the same EHR incentive payments that are available to Medicare hospitals and eligible professionals. However, under the Medicare Advantage (MA) program, EHR incentive payments are made only to Medicare Advantage organizations that are licensed as HMOs, or in the same manner as HMOs, by a State. These Medicare Advantage organizations are potentially entitled to EHR incentive payments by way of MA-affiliated hospitals (that is, hospitals that are under the same ownership and control as the Medicare Advantage organization) and Medicare Advantage eligible professionals. To learn more, please visit: http://www.cms.gov/EHRIncentivePrograms/60_Medicare_Eligible_Professional.asp#TopOfPage.

Medicare Advantage eligible professionals are individuals that are either:

- Employed by the Medicare Advantage organization, or
- Employed by a partner of the Medicare Advantage organization, where they furnish at least 80% of that entity’s Medicare patient care services to enrollees of the MA organization.

Further, Medicare Advantage eligible professionals must furnish at least 80% of their Medicare-related professional services to enrollees of the MA organization and must furnish, on average, at least 20 hours per week of patient care services.”

What is the Medicare Fee-For-Service (FFS) EHR Incentive Program?

The CMS website provides the following definition: “Also known as ‘Original Medicare’, the Medicare EHR incentive program will provide incentive payments to eligible professionals (EPs) and eligible hospitals that demonstrate Meaningful Use of certified EHR technology. Participation can begin as early as 2011. Eligible professionals who are meaningful EHR users can receive up to $44,000 over 5 years under the Medicare incentive program. And, there’s extra incentive for eligible professionals who provide services in a Health Professional Shortage Area (HPSA). Eligible hospital incentive payments may begin as early as 2011 and are based on a number of factors, beginning with a $2 million base payment. To learn more please visit: http://www.cms.gov/EHRIncentivePrograms/60_Medicare_Eligible_Professional.asp#TopOfPage.”

What are Menu Set Objectives?

For Stage 1, Meaningful Use consists of 25 objectives for Eligible Professionals (and 24 for Eligible Hospitals). Of these, 15 are Core Objectives, which are required. The remaining 10 objectives make up the Menu Set, from which the provider may select 5 (one of the 5 Menu Set Objectives must pertain to public health).

What is an NPRM (Notice of Proposed Rule Making)?

An NPRM is a proposed rule which must be put forth before a final rule can be published. It represents the plan or intention for the rule and solicits public comment. After the public comments are reviewed and any modifications to the proposed rule are made, a final rule is then published. The final rule is then codified in the Code of Federal Regulations.
### What are Objectives and Measures?

An Objective is one of the requirements you must meet for Meaningful Use. In the Final Rule, there are 25 Objectives for eligible professionals and 24 for eligible hospitals. Of these, some are Core Objectives and some are Menu Set Objectives.

For more information on Core Objectives, refer to the section titled [What are Core Objectives?](#) on page 17.

For more information on Menu Set Objectives, refer to the section titled [What are Menu Set Objectives?](#) on page 20.

Each Meaningful Use Objective is tied to a Meaningful Use Measure defining how providers and hospitals can demonstrate Meaningful Use of certified EHR technology.

### What is ONC or ONCHIT?

ONC (Office of the National Coordinator for Health Information Technology) is the primary federal entity responsible for coordinating the nationwide efforts to implement and use health information technology and promote the electronic exchange of health information. ONC is formally a part of the Office of the Secretary of the U.S. Department of Health and Human Services (HHS). The National Coordinator position was created in 2004 through an Executive Order, then followed in 2009 by a legislative mandate as part of the HITECH Act.

### What is PECOS?

Provider Enrollment, Chain and Ownership System (PECOS). While more detail is still pending, CMS is announcing that PECOS records will be used to verify Medicare enrollment prior to making Medicare EHR incentive payments.

### What is Structured Data?

Structured Data is data that has a specified data type and response categories within an electronic record or file. Structured Data allows for the retrieval and exchange of data to be accurate.

### What is a Transition of Care?

A *transition of care* is defined as the movement of a patient from one setting of care (*e.g.*, a hospital, ambulatory primary or specialty care practice, long-term care, home health, rehabilitation facility, etc.) to another.

eClinicalWorks Version 9 allows Front Office staff to mark encounters as *Transition of Care*. 
APPENDIX A: NOTICES

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