



IDAHO DEPARTMENT OF

HEALTH & WELFARE

Idaho Medicaid EHR Incentive Program Stage 1 Meaningful Use

Idaho Medicaid
June 18, 2013

Stage 1 Meaningful Use – What is Meaningful Use?

- ▶ Meaningful Use is using certified EHR technology to
 - Improve quality, safety, efficiency, and reduce health disparities
 - Engage patients and families in their health care
 - Improve care coordination
 - Improve population and public health
 - All the while maintaining privacy and security
- ▶ Meaningful Use mandated in law to receive incentives

What are the Requirements of Stage 1 Meaningful Use?

- Stage 1 Objectives and Measures Reporting
- Eligible Professionals must complete:
 - 13 core objectives
 - 5 objectives out of 10 from menu set
 - 6 total Clinical Quality Measures
(3 core or alternate core, and 3 out of 38 from menu set)
- Eligible Hospitals must complete:
 - 14 core objectives
 - 5 objectives out of 10 from menu set
 - 15 Clinical Quality Measures

Meaningful Use for Hospitals

- ▶ Dually eligible Medicare and Medicaid hospitals will not have to provide meaningful use or clinical quality information to Idaho Medicaid since they will qualify for meaningful use through Medicare first
- ▶ Eligible hospitals will have to provide information to Idaho Medicaid to show that they are eligible, such as patient volume > 10%

Meaningful Use: Core Objectives

Eli

- Implement one clinical decision support rule
5. Provide patients with an electronic copy of their health information, upon request
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics
9. Maintain an up-to-date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years or older
14. ***Capability to exchange key clinical information among providers of care and patient-authorized entities electronically***
15. Protect electronic health information

Highlighted section #3 is not required for attestation and highlighted section #14 is required in Stage 2

Meaningful Use: Menu Measures

Eligible Professionals – 10 Objectives

1. Drug Formulary Checks
2. Clinical Lab Test Results
3. Patient Lists
4. Patient Reminders
5. Patient Electronic Access
6. Patient-specific Education Resources
7. Medication Reconciliation
8. Transition of Care Summary
9. Immunization Registries Data Submission
10. Syndromic Surveillance Data EPs

Meaningful Use: Clinical Quality Measures

- **Eligible Professionals– Core Set CQMs**

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0028	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up

Meaningful Use: Clinical Quality Measures

- **Eligible Professionals – Alternate Core Set CQMs**

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
NQF 0038	Childhood Immunization Status

MU: Clinical Quality Measures

Additional Set CQM– EPs must complete 3 of 38

1. Diabetes: Hemoglobin A1c Poor Control
2. Diabetes: Low Density Lipoprotein (LDL) Management and Control
3. Diabetes: Blood Pressure Management
4. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
5. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
6. Pneumonia Vaccination Status for Older Adults
7. Breast Cancer Screening
8. Colorectal Cancer Screening
9. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
10. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
11. Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment
12. Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
13. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
14. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
15. Asthma Pharmacologic Therapy
16. Asthma Assessment
17. Appropriate Testing for Children with Pharyngitis
18. Oncology Breast Cancer: Hormonal Therapy for Stage IC-III C Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

MU: Clinical Quality Measures

Additional Set CQM– EPs must complete 3 of 38 (continued)

19. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
20. 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
21. Diabetes: Eye Exam
22. Diabetes: Urine Screening
24. Diabetes: Foot Exam
25. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
26. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
27. Ischemic Vascular Disease (IVD): Blood Pressure Management
28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
29. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
30. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
31. Prenatal Care: Anti-D Immune Globulin
32. Controlling High Blood Pressure
33. Cervical Cancer Screening
34. Chlamydia Screening for Women
35. Use of Appropriate Medications for Asthma
36. Low Back Pain: Use of Imaging Studies
37. Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
38. Diabetes: Hemoglobin A1c Control (<8.0%)

CQM Reporting in 2013

- CQM reporting will remain the same through 2013.
 - 44 EP CQMs
 - 3 core or alternate core (if reporting zeroes in the core) plus 3 additional CQMs
 - Report minimum of 6 CQMs (up to 9 CQMs if any core CQMs were zeroes)
 - 15 Eligible Hospital and CAH CQMs
 - Report all 15 CQMs
- In 2012 and continued in 2013, there are two reporting methods available for reporting the Stage 1 measures:
 - Attestation
 - eReporting pilots (Medicare only)
 - Physician Quality Reporting System EHR Incentive Program Pilot for EPs
 - eReporting Pilot for eligible hospitals and CAHs
- Medicaid providers submit CQMs according to their state-based submission requirements.

Stage 1 MU Implementation

- ▶ July 1, 2013 our Idaho Incentive Management System (IIMS) will accept MU attestations
- ▶ Go to Idaho Incentive Management System (IIMS)
 - IIMS.dhw.idaho.gov

Helpful Resources

- ▶ Idaho Medicaid EHR website
 - www.MedicaidEHR.dhw.idaho.gov
- ▶ Idaho Medicaid EHR Help Desk
 - 208-332-7989
- ▶ Idaho Medicaid EHR email
 - ehrincentives@dhw.idaho.gov
- ▶ Idaho Incentive Management System (IIMS)
 - IIMS.dhw.idaho.gov
- ▶ CMS EHR website
 - www.cms.gov/EHRIncentivePrograms
- ▶ Public Health Meaningful Use of Electronic Health Records and Idaho Public Health
 - <http://healthandwelfare.idaho.gov/Health/Epidemiology/PublicHealthMeaningfulUseReporting/tabid/2176/Default.aspx>