



Modified Meaningful Use Stage 1 & 2 for 2015 - 2017

OBJECTIVE 1: PROTECT PATIENT HEALTH INFORMATION

MEASURE: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308 (a)(1), including addressing the encryption/security of EPHI created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.

EXCLUSION: No exclusion.

INSTRUCTIONS: Security Analysis performance, policies, procedures, and results take place outside of the RxNT application, and must be saved and documented by the EP. EPs must conduct or review a security risk analysis of CEHRT including addressing encryption/security of data, and implement updates as necessary at least once prior to the end of the EHR reporting period and attest to that conduct or review.

ATTESTATION: **This is a Yes / No Measure. Eligible Professionals (EPs) must attest YES to conducting or reviewing a security risk analysis and implementing security updates as needed to meet this measure. Backup documentation should be kept on file by the EP in case of an OIG or CMS audit.**

OBJECTIVE 2: CLINICAL DECISION SUPPORT

MEASURE (1): Implement (5) clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

MEASURE (2): The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

STAGE 1 USERS: Implement (1) CDS Rule for the entire reporting period.

EXCLUSION: No exclusion.

INSTRUCTIONS: Security Analysis performance, policies, procedures, and results take place outside of the RxNT application, and must be saved and documented by the EP. EPs must conduct or review a security risk analysis of CEHRT including addressing encryption/security of



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data, and implement updates as necessary at least once prior to the end of the EHR reporting period and attest to that conduct or review.

ATTESTATION: **This is a Yes / No Measure. Eligible Professionals (EPs) must attest YES as well as retain backup documentation should be kept on file by the EP in case of a CMS audit.**

OBJECTIVE 3: **COMPUTERIZED PROVIDER ORDER ENTRY (CPOE)**

MEASURE (1): More than 60% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

MEASURE (2): Enter More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE.

MEASURE (3): Enter More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.

STAGE 1 USERS: Enter more than 30% of medication orders created by the EP during the EHR reporting period using CPOE. Eligible Provider may claim exclusion for the Stage 2 measure for Measures (2) and (3) if scheduled to be a Stage 1 provider as there is no equivalent measure that requires CPOE for Lab Orders or CPOE for Radiology Orders.

EXCLUSION: No exclusion.

INSTRUCTIONS: To meet this measure, medications must be added to the patient's "Current Medications" tab on the patient profile page. Note: this is done automatically when a prescription is sent electronically through our system. Orders to meet the percentages for Labs and Radiology can be met by adding entries to the "Orders" tab by a licensed professional or a certified Medical Assistant.

ATTESTATION: **Eligible Professionals will need to run their ONC Measure Report using the dates that they are attesting to in the CMS Registration & Attestation system. Manually enter the output numerator and the output denominator from your RxNT ONC Measure Report. A screenshot copy of the ONC Measure Report that data is used for reporting Meaningful Use and any screens that support meeting the measure, should be kept on file by the EP in case of a CMS audit.**



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OBJECTIVE 4: ELECTRONIC PRESCRIBING

MEASURE: More than 50% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

STAGE 1 USERS: More than 40% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

EXCLUSION: Any EP who: (1) writes fewer than 100 permissible prescriptions during the EHR may exclude or does not have a pharmacy within the practice and there are no pharmacies that accept eRx within 10 miles of the practice at the end of the reporting period.

INSTRUCTIONS: To meet this measure, prescriptions must be sent electronically through the RxNT application. If you are not aware of how to send prescriptions electronically, please contact our support team to schedule a training session. If you are not currently using Electronic Prescribing of Controlled Substances, and would like to participate in the RxNT EPCS token program, please contact us for enrollment.

ATTESTATION: **Eligible Professionals will need to run their ONC Measure Report using the dates that they are attesting to in the CMS Registration & Attestation system. Manually enter the output numerator and the output denominator from your RxNT ONC Measure Report. A screenshot copy of the ONC Measure Report that data is used for reporting Meaningful Use and any screens that support meeting the measure, should be kept on file by the EP in case of a CMS audit.**

OBJECTIVE 5: HEALTH INFORMATION EXCHANGE

MEASURE: The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record, and (2) electronically transmit the summary of care to a receiving provider for more than 10% of transitions of care and referrals.

STAGE 1 USERS: Provider may claim exclusion for the Stage 2 measure if scheduled to be a Stage 1 provider as there is no equivalent measure that requires the electronic transmission of a summary of care.

EXCLUSION: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.



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INSTRUCTIONS: Only patients that have had a referral sent via the RxNT system will be counted towards this measure. Referrals can be generated from the patient profile by clicking the upper left “Menu”, then selecting “Generate Referral”. Complete the fields in each screen and select “Next”. When you reach the final page, select “Send Referral”. To complete this measure, a CCD must then be electronically transmitted. To do this, a provider must have direct email functionality enabled in their RxNT application. Next, click on “Print/Email Profile” under the left side “Menu” on the patient profile page. When the preview box opens, click “Email CCD” – the Direct Email Clinical Summary Message window will display. To meet this measure, the message must be sent to a “Direct Secure Email” recipient. Please request that your recipient provide you their Direct Secure Email address – RxNT provides our users with a Direct Secure Email Address which is displayed from the “Direct Email” link from the RxNT Home Menu screen.

Note: To count in the numerator for this measure, the EP must verify that data has been entered for the patient’s current problem list, current medication list, and current medication allergy list. These tabs cannot be empty and must include the most recent information known by the EP as of the time of generating the summary of care document (CCD).

ATTESTATION: **Eligible Professionals will need to run their ONC Measure Report using the dates that they are attesting to in the CMS Registration & Attestation system. Manually enter the output numerator and the output denominator from your RxNT ONC Measure Report. A screenshot copy of the ONC Measure Report that data is used for reporting Meaningful Use and any screens that support meeting the measure, should be kept on file by the EP in case of a CMS audit.**

OBJECTIVE 6: PATIENT SPECIFIC EDUCATION

MEASURE: Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.

STAGE 1 USERS: Provider may claim exclusion for the Stage 2 measure if scheduled to be a Stage 1 provider and did not intend to select the Stage 1 menu objective when attesting.

EXCLUSION: Any EP who has no office visits during the EHR reporting period.



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INSTRUCTIONS: There are multiple places within the RxNT application where patient-specific education resources are available. A yellow “folder” icon will be displayed to identify when an education resource link is available. This icon can be found next to descriptions for entries in the Current Meds tab, the Problems tab, and the Orders tab on the patient profile page. When this icon is clicked, the link to an education resource will be displayed and can be provided to the patient.

ATTESTATION: **Eligible Professionals will need to run their ONC Measure Report using the dates that they are attesting to in the CMS Registration & Attestation system. Manually enter the output numerator and the output denominator from your RxNT ONC Measure Report. A screenshot copy of the ONC Measure Report that data is used for reporting Meaningful Use should be kept on file by the EP in case of a CMS audit.**

OBJECTIVE 7: MEDICATION RECONCILIATION

MEASURE: The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP

STAGE 1 USERS: Provider may claim exclusion for the Stage 2 measure if scheduled to be a Stage 1 provider and did not intend to select the Stage 1 menu objective when attesting.

EXCLUSION: Any EP who was not the recipient of any transitions of care during the reporting period.

INSTRUCTIONS: To meet this measure, the transition of care must be set by entering the Referring Physician name and date referred in the Edit Patient / Add Patient demographics page. Once entered, select update to record your entry. Next, click on the Current Meds tab and select the link for “Show External Source Data”. You may then close this window. Medications received via CCD will only display in this screen. This is a workflow change in RxNT from Stage 1 in prior years, and is utilized in order to coordinate care with other healthcare providers.

ATTESTATION: **Eligible Professionals will need to run their ONC Measure Report using the dates that they are attesting to in the CMS Registration & Attestation system. Manually enter the output numerator and the output denominator from your RxNT ONC Measure Report. A screenshot copy of the ONC Measure Report that data is used for reporting Meaningful Use should be kept on file by the EP in case of a CMS audit.**



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OBJECTIVE 8: **PATIENT ELECTRONIC ACCESS**

- MEASURE (1):** More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a 3rd party their health information subject to the EP's discretion to withhold certain information.
- MEASURE (2):** At least (1) patient seen by the EP during the EHR reporting period (or patient authorized representative) views, downloads, or transmits to a 3rd party his or her health information during the reporting period.
- STAGE 1 USERS:** Provider may claim exclusion for the Stage 2 second measure if scheduled to be a Stage 1 provider and did not intend to select the Stage 1 menu objective when attesting, which does not have an equivalent measure.
- EXCLUSION:** Neither orders or creates any of the information listed for inclusion as part of the measure, or conducts 50% or more of their patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the 1st day of the reporting period.
- INSTRUCTIONS:** To meet measure (1), patients can be given access to their RxNT Patient Portal. Click on "Generate PIN" from under "Menu" in the patient profile page. The Patient Pin Code box will open displaying the pin code and instructions to the patient on how to access the RxNT Patient Portal to register to view, download, and transmit their health information. To meet measure (2) one patient that was seen during the reporting period must register and access, download, or transmit their information to a 3rd party during the EHR reporting period.
- ATTESTATION:** **Eligible Professionals will need to run their ONC Measure Report using the dates that they are attesting to in the CMS Registration & Attestation system. Manually enter the output numerator and the output denominator from your RxNT ONC Measure Report. A screenshot copy of the ONC Measure Report that data is used for reporting Meaningful Use should be kept on file by the EP in case of a CMS audit.**



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OBJECTIVE 9: SECURE MESSAGING

MEASURE: For the EHR reporting period, the capability for patients to send and receive a security electronic message with the EP was fully enabled during the entire reporting period.

STAGE 1 USERS: Provider may claim exclusion for the Stage 2 measure if scheduled to be a Stage 1 provider which does not have an equivalent measure.

EXCLUSION: Any EP who has no office visits during the EHR reporting period.

INSTRUCTIONS: To meet this measure, the patient must be logged in to their online Patient Portal. From the patient portal, select “My Messages”. In this area, the patient will then be able to select “Compose Message” – click the box to select the receiver. Once the receiver has been selected and the message has been composed, click “Send”. The User will then be able to view the patient’s message in “Messages – Patient Messages” when logged in to the RxNT application. To send the patient a secure message, click “Send Message” from the upper right of the patient profile screen.

ATTESTATION: **This is a Yes / No Measure. Eligible Professionals (EPs) must attest YES as well as retain backup documentation should be kept on file by the EP in case of a CMS audit.**

OBJECTIVE 3: PUBLIC HEALTH REPORTING

MEASURE (1): Immunization Registry Reporting. An EP scheduled to be in Stage 2 must meet (2) measures.

MEASURE (2): Syndromic Surveillance Reporting. An EP scheduled to be in Stage 2 must meet (2) measures.

MEASURE (3): Specialized Registry Reporting. An EP scheduled to be in Stage 2 must meet (2) measures.

STAGE 1 USERS: An EP scheduled to be in Stage 1 may meet (1) measure.



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EXCLUSION:

Immunization Registry:

Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP -

- a. does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the reporting period,
- b. operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the reporting period, or
- c. operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the reporting period.

Syndromic Surveillance:

- (a) is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's surveillance system,
- (b) operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EP's in the specific standards required at the start of the reporting period,
- (c) operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the reporting period.

Specialized Registry Reporting: Not applicable, due to optional certification.

INSTRUCTIONS:

Immunization Reporting: To meet this measure, users will need to complete onboarding registration with their local Immunization Registry within 60 days of the start of their reporting period. Instructions can be obtained from your registry on how they will accept ongoing submissions and the frequency for submission. To export immunization files in RxNT: edit the patient's demographics and complete the "time" of birth next to date of birth. Complete "Mother's Maiden Name" if applicable. Complete the Next of Kin tab. Once these fields are entered, select "Update" or "Add". Next, click on the Immunizations tab on the main patient profile page. Once required fields are completed, click the button to "Export As Message." This message can be used to submit to an immunization registry or information system as indicated by your Public Health Agency's guidelines and instructions. Due to the variance in state regulations, we recommend users contact their PHA contacts to ensure that you are following appropriate guidelines. Batch submission from EHR Reports can be utilized if approved by your local Immunization registry.



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PUBLIC HEALTH REPORTING cont.

Syndromic Surveillance Reporting: To meet this measure, click on Utilities on the left hand side on the main page of the Home Page, then select on EHR Reports - “Generate Syndromic Surveillance list”. Type in either the name of a diagnosis (i.e. measles) or a diagnosis code, select “Generate”. This will display a list of patients that have that diagnosis recorded in their problem list. This list can then be exported by clicking the “Export All” button at the top of the list in order to be submitted to Public Health Agencies as indicated in PHA guidelines and instructions. Due to the variance in regulations, we recommend users contact their PHA contacts to ensure that you are following appropriate guidelines. Some PHAs require testing regardless of specialty or if the provider is not currently collecting communicable data.

ATTESTATION: Eligible Professionals will need to run their **ONC Measure Report** using the dates that they are attesting to in the **CMS Registration & Attestation** system. **Manually enter the output numerator and the output denominator from your RxNT ONC Measure Report. A screenshot copy of the ONC Measure Report that data is used for reporting Meaningful Use and any screens that support meeting the measure, should be kept on file by the EP in case of a CMS audit.**

REPORT CLINICAL QUALITY MEASURES (CQM / NQF) TO CMS FOR MEANINGFUL USE OR PQRS

MEASURE: Starting in 2014, all CQMs will be submitted electronically to CMS.

EXCLUSION: No exclusion.

Instructions: To meet this measure, the clinical quality measures can be generated by going to the Utilities section of RxNT and clicking on EHR Reports - Quality Measure Reports List. Select your reporting year from the drop down menu, then select Version 2. Nine clinical quality measures (CQM) will be displayed (3 core measures and 3 alternate core measures specified by CMS, plus three additional measures specified by RxNT). To export multiple Category III measures for electronic submission, click on the box to select measure number(s) to the left. Once measure(s) are selected, click “QRDA Category III” button in order to download and save the CQM zip file. This file can then be used to transmit selected measure(s) to CMS. Measures can manually be entered in the attestation by clicking on the measure hyperlink to display output data. In order for patients to be included in CQM measures, CQM specifications must be followed. Please contact us if further information on calculating CQM measures is needed.