

Meaningful Use - CORE	MEASURE #	OBJECTIVE/MEASURE:	Using in WebChart?	Additional Notes
<p><b>Allergy List</b></p> <p>Num/Denom NO EXCLUSION</p> <p>NUMERATOR: The # of unique patients in the denominator who have at least one entry (or an indication that the patient has NKDA) recorded as structured data in their medication allergy list. (See definition of 'unique patients' in additional notes column)</p> <p>DENOMINATOR: # of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency departments during the EHRreporting period. The definition of "a unique patient" is provided under the objective of CPOE</p>	<p>C06</p> <p>MEASURE: MORE THAN 80% OF ALL UNIQUE PATIENTS SEEN BY THE EP OR ADMITTED TO THE ELIGIBLE HOSPITAL'S OR CAH'S INPATIENT OR EMERGENCY DEPT (POS21 OR 23) HAVE AT LEAST ONE ENTRY (OR AN INDICATION THAT THE PATIENT HAS NO KNOWN MEDICATION ALLERGIES) RECORDED AS STRUCTURED DATA</p> <p>THRESHOLD: The percentage must be more than 80% in order for an EP, eligible hospital or CAH to meet this measure.</p>	<p>OBJECTIVE: MAINTAIN ACTIVE MEDICATION ALLERGY LIST</p>	<p>Current presenting allergies should display &amp; can be accessed from/on the Patient Summary chart tab and in patient headers if it's turned on (user preference). Also in the separate Allergies or E-Meds chart tab (with a button to document that the patient has no known medication allergies) and within any point and click exams. All allergies or NKDA must be documented as structured data and pulled into/shown on the encounter. Using the encounter or the Allergy/Meds module, input specific allergies or mark NKDA button. Make sure encounters bring in the allergy section and have NKDA option also for documenting.</p>	<p><b>DEFINITION OF UNIQUE PATIENTS:</b> WEBCHART SHOWS CALCULATIONS (NUMERATOR/DENOMINATOR/%) BASED ON UNIQUE PATIENT PER CMS. Unique Patient (definition)– If a patient is seen by an EP more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. (WebChart Note: the details link will still open &amp; display every encounter for all patients and their individual compliancy status for the measure for each visit no matter how many times they were seen).</p> <p><a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/6MedicationAllergyList.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/6MedicationAllergyList.pdf</a></p>
<p><b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b></p> <p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for an entry (including NKDA) in the patient's encounter. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p> <p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p> <p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>				
<p><b>Chart Vitals</b></p> <p>Num/Denom EXCLUSION: AVAILABLE</p> <p>NUMERATOR: The # of patients in the denominator who have at least one entry of their height, weight &amp; blood pressure are recorded as structure data.</p> <p>DENOMINATOR: # of unique patients age 2 or over seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency dept during the EHRperiod.</p> <p>EXCLUSION: An EP who sees no patients 2 years or older would be excluded from this requirement. Additionally, an EP who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice would be excluded from this requirement. EPs must select NO next to the appropriate exclusion, then click the APPLY button in order to attest to the exclusion.</p>	<p>C08</p> <p>MEASURE: RECORD &amp; CHART CHANGES IN: VITAL SIGNS /HEIGHT/ WEIGHT/ BP/ CALCULATE &amp; DISPLAY BMI/PLOT &amp; DISPLAY GROWTH CHARTS FOR CHILDREN 2-20 YEARS INCLUDING BMI</p> <p>THRESHOLD: The resulting percentage must be more than 50% in order for an EP, eligible hospital or CAH to meet this measure.</p>	<p>OBJECTIVE: Record and chart changes in the following vital signs: (A) Height (B) Weight (C) Blood pressure (D) Calculate and display body mass index (BMI) (E) Plot and display growth charts for children 2-20 years, including BMI</p>	<p>Vitals should display &amp; can be accessed from/on the Patient Summary chart tab and in a separate Vital Signs or Vitals chart tab and within any point and click exams. Vitals must have height, weight, calculated BMI, blood pressure and an Observations/Flowsheets chart tab to graph results. All vitals must be documented as structured data using the encounter. Vitals layout must have BP split into two fields (systolic/diastolic) for auto-calculation to work. Using the encounter or the Vitals tab, input Height, Weight, BP and click button to calculate BMI or hit tab key to have BMI calculated at each visit. Create flowsheet in Observations tab with BMI observation. Program Growth Chart and/or flowsheet in observations tab. NOTE: This query will not work for a client whose observation codes for these observations have not been merged (e.g. if there are two obs codes for "BODY HEIGHT", a subquery will return two rows which will break the query.) Make sure if changing the vitals layouts, to check the observation codes and merge if need be. If even <i>one</i> vital is meaningful to your practice; you then must report on all 3 (height/weight/BP) per CMS</p>	<p>MIE can program an "alert" when entering vitals if BMI is out of the range. MIE can also program the system to automatically mark "Dietary Consult" in the 'plan' for the NQF measure regarding Adult Weight Screening.</p> <p><a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/8RecordVitalSigns.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/8RecordVitalSigns.pdf</a></p>
<p><b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b></p> <p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for these vitals observations documented in the patient's encounter. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p> <p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p> <p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>				

<b>Clinical Summary</b>	<b>C13</b>	OBJECTIVE: PROVIDE CLINICAL SUMMARIES FOR PATIENTS FOR EACH OFFICE VISIT	<p>Can print <i>PATIENT SUMMARY/EDUCATION</i> from 'view' of encounters (at bottom) in the <i>PRINT ALL</i> section or click POST TO NMC which is the electronic method (to NoMoreClipboard which is easiest) for our auto-calculation to count towards this measure. Must be provided for &gt;50% of all office visits within 3 business days. MIE has changed the look of the PAT ED sheet in that section to encompass the requirements that the clinical summary is to have for easiness of printing and distributing to patients for this measure. Auto-calculation looks at this Patient Summary/Education sheet rendered OR if the POST TO NMC button was clicked.</p> <p><a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/13ClinicalSummaries.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/13ClinicalSummaries.pdf</a></p>	
Num/Denom EXCLUSION: AVAILABLE	MEASURE: CLINICAL SUMMARIES PROVIDED TO PATIENTS FOR MORE THAN 50% OF ALL OFFICE VISITS WITHIN 3 BUSINESS DAYS			
NUMERATOR: # of patients in the denominator who are provided a clinical summary of their visit within 3 business days.	THRESHOLD: The resulting percentage must be more than 50% in order for an EP, eligible hospital, or CAH to meet this measure.			
DENOMINATOR: # of office visits by the EP during the HER reporting period.	The clinical summary can be provided through a PHR, patient portal on the web site, secure e-mail, electronic media such as CD or USB fob, or printed copy. If the EP chooses an electronic media, they would be required to provide the patient a paper copy upon request.			
EXCLUSION: Any EP who has no office visits during the EHR reporting period. EPs must enter "0" in the Exclusion box to attest to exclusion from this requirement.				
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b>			<p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for the doc.type WCPATED and archived print definition and/or the POST NMC button clicked to send electronically via NMC. If the service date of the document matches the date of the encounter, then it will count towards the measure. Click the 'print' or 'batch' link at the end of the encounter 'view' and it will print or batch the Patient Summary/Education sheet (doc.type WCPATED). Make sure you have the new Pat Ed 'look'. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p>	
			<p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p>	
			<p><i>QUICK VIEW TAB: Can fix any patients that were documented for this measure for encounters that are closed.</i></p>	
			<p><i>PER the CMS gov website <a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf">www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf</a> : An after-visit summary that provides a patient with relevant and actionable information and instructions containing the patient name, provider's office contact information, date and location of visit, an updated medication list, updated vitals, reason(s) for visit, procedures and other instructions based on clinical discussions that took place during the office visit, any updates to a problem list, immunizations or medications administered during visit, summary of topics covered/considered during visit, time and location of next appointment/testing if scheduled, or a recommended appointment time if not scheduled, list of other appointments and tests that the patient needs to schedule with contact information, recommended patient decision aids, laboratory and other diagnostic test orders, test/laboratory results (if received before 24 hours after visit), and symptoms.</i></p>	
<b>Decision Support</b>	<b>C11</b>	OBJECTIVE: IMPLEMENT ONE CLINICAL DECISION SUPPORT RULE RELEVANT TO SPECIALTY OR HIGH CLINICAL PRIORITY ALONG WITH THE ABILITY TO TRACK COMPLIANCE ON THAT RULE	<p><b>Attestation Yes or No</b></p> <p>Implement one clinical decision support rule relevant to <b>each specialty</b> or high clinical priority along with the ability to track compliance for that rule. The practice can use all of the rules in MIE's MASTER system under Control-&gt;Scripted Rules, or choose a few that they would like to run. Contact MIE Implementer if need some installed.</p> <p><a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/11ClinicalDecisionSupportRule.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/11ClinicalDecisionSupportRule.pdf</a></p>	
Attest Yes or No NO EXCLUSION	Implement one clinical decision support rule.			
<b>WEBCHART:</b>	<p><i>Run the scripted rules prn. MIE Implementer can install one rule and show how to run the rule for their system. There are 85 scripted rules that are automatically put in for WebChartNOW installs/db creations. Can look at that and have programming put one in for existing practices or get the rule they'd like to use and have programming add it to their system. When the system runs the rules, they then show in the warnings layout. Also warnings section can be programmed to show in the encounter. Make sure warnings/alerts/reminders is shown in interactive patient summary tab, encounters, and warnings chart tab to see these. Can run a report to list all patient's not compliant with that guideline/scripted rule.</i></p>			

<b>Demographics</b>	<b>C07</b>	OBJECTIVE: RECORD DEMOGRAPHICS: PREFERRED LANGUAGE/ GENDER/ RACE/ ETHNICITY/ DATE OF BIRTH			
Num/Denom NO EXCLUSION	MEASURE: MORE THAN 50% OF ALL UNIQUE PATIENTS SEEN BY THE EP OR ADMITTED TO THE ELIGIBLE HOSPITAL'S OR CAH'S INPATIENT OR EMERGENCY DEPT (POS21 OR 23) HAVE DEMOGRAPHICS RECORDED AS STRUCTURED DATA		<p>Make sure to always document the additional demographics fields they are asking for (race, ethnicity, primary language, DOB, gender) by using the encounter (this Social History section to be part of the encounter) or can also document on the demographics tab so it's brought into the encounter and/or chart tab named Social History (install chart tab named Social History layout. The social history layout from MIE MASTER is not really the same as existing clients may be using.). May need to alter forms to capture this info when patient fills out forms so can enter data into WebChart or when sending forms to other practices for referrals. ACCORDING TO MEASURE: If a patient declines to provide all or part of the demographic information, or if capturing a patient's ethnicity or race is prohibited by state law, such a notation entered as structured data would count as an entry for purposes of meeting the measure. In regards to patients who do not know their ethnicity, EPs should treat these patients the same way as patients who decline to provide race or ethnicity— identify in the patient record that the patient declined to provide this information and use the declined to answer radio button provided. EP's are not required to communicate with the patient in his or her preferred language in order to meet the measure of this objective.</p>		
NUMBERATOR: The # of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.	THRESHOLD: The resulting percentage must be more than 50% in order for an EP, eligible hospital or CAH to meet this measure. Most EP's and all eligible hospital and CAHs would have access to this information through direct patient access. Some EPs without direct patient access would have this information communicated as part of the referral from the EP who identified the service as needed by the patient. Therefore, CMS does not include an exclusion for this objective and associated measure.			<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/7RecordDemographics.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/7RecordDemographics.pdf</a>	
DENOMINATOR: # of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency depts during the EHR reporting period. A unique patient is discussed under the objective of CPOE.					
EXCLUSION: None					
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b>			<p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for these demographics &amp; observations documented in the patient's encounter. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p> <p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p> <p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>		
<b>Drug Interaction</b>	<b>C02</b>	OBJECTIVE: IMPLEMENT DRUG-DRUG & DRUG-ALLERGY INTERACTION CHECKS	<b>Attestation Yes or No</b>		
Attest Yes or No NO EXCLUSION	MEASURE: THE EP, ELIGIBLE HOSPITAL, CAH HAS ENABLED THIS FUNCTIONALITY FOR THE ENTIRE EHR REPORTING PERIOD		Implement drug-drug and drug-allergy interaction checks. All WebChart systems have this by default.	<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/2DrugInteractionChecks.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/2DrugInteractionChecks.pdf</a>	
<b>WEBCHART:</b>			<p><i>WebChart already does this for you as long as the meds and allergies are entered in the patient's chart using the auto-complete and FDB choices. Free text allergies/meds does not trigger the drug-to-drug alerts since they are unrecognized in FDB (you will receive a warning message that you are adding an unknown and that it won't trigger interactions). Will get interaction alerts via prescribe module, via prescribing in the encounter and/or warnings tabs. Make sure system has a warnings chart tab, warnings/alerts on their interactive patient summary tab and warnings in the encounter layout. Make sure encounters have allergies &amp; medications &amp; prescribing sections for entering.</i></p>		

<b>E-copy to Patient (if they ask)</b>	<b>C12</b>	<b>OBJECTIVE:</b> Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	<p>Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies). This only needs to be done <b>ON REQUEST</b> from the patient. <b>FIRST:</b> If patient requested electronic copy of records (or you've asked patient if they want an electronic copy of their records and they said Yes) when working in the encounter, make sure to checkmark the <input type="checkbox"/> Pt Requested Electronic Copy of Medical Records. The auto-calculation for denominator that is available for this is based on that being checkmarked or not. <b>THEN:</b> from the 'view' of the encounter at the bottom click POST TO NMC or from Patient Summary chart tab, in the specific patient's chart, a staff member should click on the "Post Summary to NoMoreClipboard.com" button. User can also "Post Summary to NMC" from the Personal Health Record chart tab that should be added to the system by the MIE Implementer.</p> <p>You may then print out the pick up code for the patient to use to access their electronic record through NMC for free. Once a patient registers with NoMoreClipboard, you won't get a pick up code sheet anymore. Also in the December MU meeting, Doug showed other ways to be able to get e-copies to patients (burn batch to a disk, save CCD/CCR using file export chart to a flash drive, etc). The NMC pickup code # is stored as an observation. MIE can program this code to print on any document if wish (other than the pickup code sheet that automatically renders).</p>	<p><a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/12ElectronicCopyofHealthInformation.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/12ElectronicCopyofHealthInformation.pdf</a></p>
Num/Denom EXCLUSION: AVAILABLE	<b>MEASURE:</b> More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days			
NUMERATOR: The # of patients in the denominator who receive an electronic copy of their electronic health information within 3 business days.	<b>THRESHOLD:</b> The resulting percentage must be more than 50% in order for an EP, eligible hospital, or CAH to meet this measure.			
DENOMINATOR: The # of patients of the EP or eligible hospital's or CAH's inpatient or emergency depts who request an electronic copy of their electronic health information four business days prior to the end of the EHRreporting period.				
EXCLUSION: any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHRreporting period.				
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b>			<p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks if the <input type="checkbox"/> Pt Requested Electronic Copy of Medical Records in the encounter is checkmarked or not and a Post to NMC button to render a pickup code has been performed (available in 3 different places in WebChart). Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived. 'Recalculate' link needed for this measure if Post to NMC is done outside the encounter.</i></p> <p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p> <p><i>QUICK VIEW TAB: Can fix any or click the <a href="#">recalculate</a> button since this measure is set up for auto-calculation for encounters that are closed. Also from the encounter 'listing' view, click create CCD document is another way</i></p>	
<b>Exchange (capability to exchange information electronically)</b>	<b>C14</b>	<b>OBJECTIVE:</b> Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	<b>Attestation Yes or No</b> Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically. Contact your MIE Implementer to have this set up to perform your one test.	<p><a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/14ElectronicExchangeofClinicalInformation.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/14ElectronicExchangeofClinicalInformation.pdf</a></p>
Attest Yes or No NO EXCLUSION	<b>MEASURE:</b> Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information			
<b>WEBCHART:</b>			<b>**MIE working on this electronic exchange since can't be done via flashdrive or electronic media for attestation. (MIE Implementer; please contact Angie for status or setup info)</b>	

<b>Med List (maintain active medications list)</b>	<b>C05</b>	OBJECTIVE: Maintain active medication list		
Num/Denom NO EXCLUSION	MEASURE: More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or Emergency department (PO10S 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data		Medications should display & can be accessed from/on the Patient Summary chart tab and from the separate chart tab named E-Meds (with a button to document that the patient is not taking any medications). Presenting Medications list should also be programmed to show within any point and click exams. All medications must be documented as structured data. For patients with no active medications, an entry must still be made to the active medication list indicating that there are no active medications. Using the encounter or the Meds module, input specific medications the patient is taking or click the "document patient has no Medications" button provided in the E-Meds chart tab or checkmark the <input type="checkbox"/> No Medications in the encounter entry side. Make sure encounter has medications section and the option also to document if a patient doesn't have medications by the check box <input type="checkbox"/> No Medications.	<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/5ActiveMedicationList.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/5ActiveMedicationList.pdf</a>
NUMERATOR: The # of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	THRESHOLD: The resulting percentage must be more than 80% in order for an EP, eligible hospital or CAH to meet this measure. Detailed discussion of the more than 80% threshold can be found under the objective of maintaining an up-to-date med list.			
DENOMINATOR: The # of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient.				
EXCLUSION: There are no exclusions for this objective and it's associated measure.				
<p><b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b></p> <p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for an entry (including No Medications checkbox marked) in the patient's encounter. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p>				
<p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p>				
<p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>				
<b>Meds CPOE (Computerized Provider Order Entry)</b>	<b>C01</b>	OBJECTIVE: Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines		
NUM/DENOM EXCLUSION: AVAILABLE	MEASURE: More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE		Use Computerized Physician Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. All point and click exams used by a provider should include a Plan section which allows for medication ordering and prescribing and refilling prescriptions and <input type="checkbox"/> Continue Same Medical Rx checkbox. Make sure the encounters have the 'new' meds plan layout look. Using the encounter or the Prescribe link in the Meds module, prescribe all medications using WebChart. Using the encounter or the E-meds module, perform medication refills. Can also use SureScripts e-refills module feature. Make sure encounters have the 'new' Meds Plan layout/look so that users will be warned before they are allowed to submit an encounter where the user has written an 'invalid' script. Each field required by our code will trigger an alert if data has not been entered to make a valid script from the encounter.	<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/1CPOEforMedicationOrders.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/1CPOEforMedicationOrders.pdf</a>
NUMERATOR: The # of patients in the denominator that have at least one medication order entered using CPOE.				
DENOMINATOR: The # of unique patients with at least one medication in their medication list seen by the EP during the EHRreporting period.	THRESHOLD: The resulting percentage must be more than 30% in order for an EP, eligible hospital or CAH to meet this measure.			
EXCLUSION: Any EP who writes fewer than 100 prescriptions during the EHRreporting period. EP's must enter the # of prescriptions written during the EHRreporting period in the Exclusion box to attest to exclusion from this requirement.				
<p><b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b></p> <p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for prescriptions done or refilled by the provider during encounter date of service and/or if <input type="checkbox"/> Continue Same Medical Rx checkbox is checked in the encounter meds 'plan' area. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p>				
<p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p>				
<p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>				

<b>Problem List</b>	<b>C03</b>	OBJECTIVE: Maintain an up-to-date problem list of current and active diagnoses		
Num/Denom NO EXCLUSION		MEASURE: More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data	Problems should display & be accessed from/on the Patient Summary chart tab, also in the Past Medical History and Health Conditions chart tabs, and from within any point and click exams. All problems must be documented as structured data. Using the encounter in a past medical conditions section and the Impression area or Conditions module; enter the current, active, and past diagnoses relevant to the current care of the patient. Need to make sure the checkbox option <input type="checkbox"/> NKH -'No Known History is programmed on the Past Medical History section of any existing encounters so user can document (checkmark) if patient has no known problems.	<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/3MaintainProblemList.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/3MaintainProblemList.pdf</a>
NUMERATOR: The # of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.				
DENOMINATOR: # of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency dept during the EHR reporting period.		THRESHOLD: The resulting percentage must be more than 80% in order for an EP, eligible hospital or CAH to meet this measure.		
EXCLUSION: None				
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b>		<p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for an entry in the problem list entries or that NKH is documented. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p> <p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p> <p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>		
<b>Quality Reporting</b>	<b>C10</b>	OBJECTIVE: Report ambulatory clinical quality measures to CMS or the States	<b>Attestation Yes or No</b> Under Quick View make sure each provider Opts In and chooses the measures they would like to participate in. Attesting to the measure of this objective indicates that the EP will submit complete ambulatory clinical quality measure information as required during the attestation process. During attestation, EPs will also attest to the numerators, denominators, and exclusions for individual ambulatory clinical quality measures.	<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/10ClinicalQualityMeasures-CQMs.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/10ClinicalQualityMeasures-CQMs.pdf</a>
Attest Yes or No NO EXCLUSION		MEASURE: For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule		
<b>WEBCHART:</b>		<p><i>Make sure each provider (EP) has been enrolled in the Meaningful Use "OPT-IN" link in WebChart sidemenu tab named QUICK VIEW and checkmarked which measures to track. To chart your own progress, use the QUICK VIEW side tab in the MEANINGFUL USE portlet (checkmark to make sure that portlet is shown on your view). This is where you see the calculations (numerator/denominator) and ability to correct/override. Also within the encounter, make sure the QUALITY section is installed where the physician can also override or document measures for the patient's visit. Also make sure the QUALITY section is installed within the encounter entry side <b>and</b> on the 'view' of the encounter. Admin/Superuser/EP with security can also run 2 different reports (MU Compliance &amp; MU Enrollment) to see what measures EP is tracking/calculating on in WebChart (Needs FEB RC for 2nd report). **Make sure system setting E-Chart; Encounters; Meaningful Use Visit Types has listed enc.visit types only the practice is using. Other's will be weeded out.</i></p>		
<b>Security</b>	<b>C15</b>	OBJECTIVE: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	<b>Attestation Yes or No</b> The EP will need to complete self <b>attestation</b> to satisfy this requirement.	<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/15ProtectElectronicHealthInformation.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/15ProtectElectronicHealthInformation.pdf</a>
Attest Yes or No NO EXCLUSION		MEASURE: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.		MIE recording available on this from our monthly MU meeting. Visit <a href="http://www.mieweb.com">www.mieweb.com</a> , <i>Meaningful Use</i> tab at the top, then see our recordings available. This was discussed in the January 2011 recording.
<b>WEBCHART:</b>		<p><i>Burden is on the practice. This measure was discussed in January 27, 2011 MU monthly meeting on how we interpret this and to do. See recording of that meeting on our website if need guidance. Each EP has to attest to this measure and each EP should at least 'review' the security risk analysis document(s) if their practice team conducted the analysis instead of the individual EP.</i></p>		

<b>Smoking Status</b>	<b>C09</b>	<b>OBJECTIVE:</b> More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data		
<b>Num/Denom</b> <b>EXCLUSION:</b> AVAILABLE	<b>MEASURE:</b> More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.		Document smoking status for patients 13 years old or older. Smoking status should display & can be accessed from/on the Patient Summary chart tab, in the separate Social History chart tab and within any point and click exams. The social history layout should be the new version that is geared to Meaningful Use smoking data collection. The smoking status must be documented as structured data via the encounter. Make sure to document the Smoking Cessation Counseling portion of the Social History layout that appears when smoking status is selected. The new layout/look stores as observations. If you want this automatic calculation to work, the observations need to be in the database and stored as structured data per the measure.	
<b>NUMERATOR:</b> The # of patients in the denominator with smoking status recorded as structured data.				
<b>DENOMINATOR:</b> # of unique patients age 13 or older seen by the EP during the EHRreporting period.	<b>THRESHOLD:</b> The resulting percentage must be more than 50% in order foan EP, eligible hospital or CAH to meet this measure.			<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/9RecordSmokingStatus.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/9RecordSmokingStatus.pdf</a>
<b>EXCLUSION:</b> Any EP who sees no patients 13 years or older. Eps must enter '0' in the Exclusion box to attest to exclusion from this requirement.				
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b> <p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for a smoking status entry (observation) on patient's 13 and older linked to the encounter. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p>				
<p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p>				
<p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>				
<b>eRx (Electronic Prescribing)</b>	<b>C04</b>	<b>OBJECTIVE:</b> More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.		
<b>Num/Denom</b> <b>EXCLUSION:</b> AVAILABLE	<b>MEASURE:</b> Generate and transmit permissible prescriptions electronically (eRx)		All prescribers should be enrolled in e-RX through SureScripts via WebChart username screen. Generate and transmit permissible prescriptions electronically (eRx). Encounters should be on 'new' meds layout in the plan area for support of alerts if enter in an invalid script from the encounters, etc. All providers should be enrolled in SureScripts and need to prescribe >40% of permissible prescriptions via the e-Rx module in WebChart. Still need to bill the Gcode on your billing. 2011 includes some minimum requirements billing Gcode and 10 that have to be done in first half of year 2011. Contact CMS e-prescribe help desk for more information. Make sure your MY SETTINGS preference is set to 'transmit' so that radio button will always be defaulted when prescribing.	
<b>NUMERATOR:</b> The # of prescriptions in the denominator generated and transmitted electronically				
<b>DENOMINATOR:</b> # of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHRreporting period.	<b>THRESHOLD:</b> The resulting percentage must be more than 40% in order for an EP, eligible hospital or CAH to meet this measure.			<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/4PermissiblePrescriptions.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/4PermissiblePrescriptions.pdf</a>
<b>EXCLUSION:</b> Any EP who writes fewer than 100 prescriptions during the EHRreporting period. EP's must enter the # of prescriptions written during the EHRreporting period in the Exclusion box to attest to exclusion from this requirement.			See separate documentation on this (and was discussed User Advisory meeting 1/19/11 also) Contact CMS e-prescribing incentive help desk also. The optional E-refills module/feature with SureScripts also available. Run report E-MEDS PRINTED/FAXED/ESENT to see where you stand & if you possibly fall into the exclusion.	
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b> <p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for eligible prescriptions sent via e-send method. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p>				
<p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p>				
<p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>				
<p><i>Run report E-MEDS PRINTED/FAXED/ESENT to see your # of prescriptions done in the date range you enter for monitoring and/or for exclusion provided.</i></p>				

ALTERNATE - Choose Immunizations (required core) and 4 others to make 5 total			
<b>Condition Report</b>	<b>M03</b>	OBJECTIVE: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.	<p><b>Attestation Yes/No</b> Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach. Practices can use the Ad Hoc Report under Reports-&gt;Visits-&gt;Ad Hoc Report or the Conditions Report under Reports-&gt;Visits-&gt;Conditions/ICD9 Report.</p> <p><a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/3PatientLists.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/3PatientLists.pdf</a></p>
Attest Yes or No NO EXCLUSION	MEASURE: Generate at least one report listing patients of the EP with a specific condition.		
<b>WEBCHART:</b> <i>WebChart provides 2 methods to produce this attestation measure. 1) Conditions/ICD9 Report from reports sidemenu tab (make sure practice has this report in their Reports tab. 2) Ad Hoc report using the conditions section. System on demand reporting.</i>			
<b>eLab</b>	<b>M02</b>	OBJECTIVE: Incorporate clinical lab test results into EHR as structured data.	<p><a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/2ClinicalLabTestResults.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/2ClinicalLabTestResults.pdf</a></p> <p>Incorporate clinical lab test results into certified EHR technology as structured data. Practices can receive results electronically from their lab vendor or manually enter lab result values as discrete data from within the point and click encounter, on the observations/flowsheets chart tab or within a custom lab entry layout. WebChart interfaces with many facilities, hospitals and lab vendors. WebChart displays these values in an electronic format. MIE Implementer can get a quote to the practice for any lab interfaces (billable quote). You can manually also enter lab results via a flowsheet/observations section to encounter(s) if you don't interface for results.</p>
Num/Denom EXCLUSION: AVAILABLE	MEASURE: More than 40 percent of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.		
NUMERATOR: The # of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data. All WebChart encounters with electronic labs (storage type=13)			
DENOMINATOR: The # of lab tests ordered during the EHRreporting period by the EP whose results are expressed in a positive or negative affirmation or as a number. All WebChart encounters with electronic labs (storage type=13) and scanned labs (storage_type=7, doc_type='WCLAB').	THRESHOLD: The resulting percentage must be more than 40% in order for an EP, eligible hospital or CAH to meet this measure.		
EXCLUSION: An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHRreporting period. Eps must select NO next to the appropriate exclusion, then click the APPLY button in order to attest to the exclusion.			
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b>	<p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks denominator for interface lab results (storage type=13), and doc.type WCLAB (storage type=7), and stored lab observations with Template Id of "Lab Results". System checks numerator for electronic labs (storage type=13) or observations with template ID of "Lab Results". Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived. (MIE Implementer needs to make sure TEMPLATE ID on any manually keyed in lab result fields/flowsheets are set to ('Lab Results').</i></p> <p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p> <p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>		

<b>Formulary</b>	<b>M01</b>	OBJECTIVE: Implement drug formulary checks.		
<p>Attest Yes or No EXCLUSION: AVAILABLE</p> <p>EXCLUSION: An EP who writes fewer than 100 prescriptions during the EHR reporting period can be excluded from this objective and associated measure. EPs must enter '0' in the Exclusion box to attest to exclusion from this requirement.</p>		MEASURE: The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.	<p><b>ATTESTATION Yes or No</b> Implement drug formulary checks. Practices can view formulary information at the time of prescribing by clicking the 'F' button from e-meds or encounters meds plan (when prescribing from encounter). This currently only shows formulary information for Medicare Drug plans. Save the patient's Medicare Drug Plan in the e-meds tab field. Can also access formulary from Drug Guide tab.</p>	<p><a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/1DrugFormularyChecks.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/1DrugFormularyChecks.pdf</a></p>
<p><b>WEBCHART:</b> From WebChart, make sure the Medicare patient has the DRUG PLAN field entered in their Meds tab. Formularies will not show unless the patient has a Medicare drug plan set in their e-Meds tab. Then, click Prescribe link or prescribe from the encounter meds plan area, then prescribe a medication (name), then type in the form. After selecting the form, you see the (f) button to click to see the Drug Formulary popup on the screen. This can also be accessed from the Drug Guide link/tab your system has. Search for a drug in the Drug Guide module, scroll down to the FORMULARY section and type in/select from the auto-complete the Medicare drug plan and click DISPLAY. The formulary will display on the screen. Make sure system has Drug Guide tab installed.</p>				
<b>Immunization Registry</b> (Mandatory to select to report on since this is the only selection left that is a public health objective). ONC rescinded the syndromics requirement for an EHR to become certified, effectively it makes the Immunizations measure mandatory. Each practice must select this measure as one of their five.	<b>M09</b>	OBJECTIVE: Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.	<p><b>Attestation Yes / No</b> Capability to submit electronic data to immunization registries of Immunization Information Systems and actual submission in accordance with applicable law and practice. Practices will need to interface with their state immunization registry. FREE configuration on system. Contact MIE Implementer with your state registry information.</p>	
<p>Attest Yes or No EXCLUSION: AVAILABLE</p> <p>EXCLUSION: If an EP does not perform immunizations during the EHR reporting period, or if there is no immunization registry that has the capacity to receive the information electronically, then the EP would be excluded from this requirement. EPs must select NO next to the appropriate exclusion(s), then click the APPLY button in order to attest to the exclusion(s).</p>		MEASURE: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).	<p>**PER MEASURE INFO: 1) the test to meet the measure of this objective must involve the actual submission of information to a registry or immunization information system, if one exists that will accept the information. Simulated transfers of information are not acceptable to satisfy this objective. 2) The transmission of actual patient information is not required for the purposes of a test. The use of test information about a fictional patient that would be identical in form to what would be sent about an actual patient would satisfy this objective. 3) If multiple EPs are using the same certified EHR technology in a shared physical setting, testing would only have to occur once for a given certified EHR technology 4) An unsuccessful test to submit electronic data to immunization registries or immunization information systems will be considered valid and would satisfy this objective.</p>	<p><a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/9ImmunizationRegistriesDataSubmission.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/9ImmunizationRegistriesDataSubmission.pdf</a></p>
<p><b>WEBCHART:</b> <a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/MU_Stage1_ReqOverview.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/MU_Stage1_ReqOverview.pdf</a> page 14 states * At least 1 public health objective must be selected. Immunizations is the only public health objective one left since ONC rescinded the syndromics measure requirement for an EHR to become certified. PRACTICES MUST SELECT/CHECKMARK THIS MEASURE IN WEBCHART as one of their 5, but there is an exclusion available. Using the injection module, submit electronic data, one attempt per physician, in order to qualify for this measure. Upon set up of the immunization registry per your state, your MIE Implementer will show you how to transmit injections (and receive from the registry if registry provides bidirectional service). This is a required MU measure and if one is available in their state, we need to have it configured on their WC system. Contact MIE Implementer.</p> <p>This is a Menu Set measure which means it is one of the optional set out of which they need to pick 5. However, 1 of the 5 they pick has to be a public health measure, and there were only 2 of those in the original rule – Immunizations and Syndromics. ONC rescinded the requirement for an EHR to become certified, effectively it makes the Immunizations measure mandatory. Each practice <b>must</b> select this measure as one of their five. WebChart report named: Immunization totals may be helpful in determining immunizations and possibility for exclusion (if practice documents using Injection/Immunization tab in WebChart).</p>				

<b>Medication Reconciliation</b>	<b>M07</b>	<b>OBJECTIVE:</b> The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.		
Num/Denom EXCLUSION: AVAILABLE	<b>MEASURE:</b> The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP. The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.		The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation. Medication Reconciliation -- The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider. If signed up for this measure in WebChart, the checkboxes <input type="checkbox"/> Pt was transitioned into my care and <input type="checkbox"/> Medication reconciliation done will appear on the encounter's "Presenting Medications" section for documentation. If these are checkmarked when appropriate, WebChart will automatically calculate that for this measure. Medication Reconciliations can be done other ways and by our FroozHie method, but the checkboxes in the encounter to note it was done or manually marking include/pass in the Quality section of the encounter will calculate for this measure for reporting.	<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/7MedicationReconciliation.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/7MedicationReconciliation.pdf</a>
<b>NUMERATOR:</b> The # of transitions of care in the denominator where medication reconciliation was performed.	<b>DENOMINATOR:</b> The # of transitions of care during the EHRreporting period for which the EP was the receiving party of the transition.			
	<b>EXCLUSION:</b> An EP who was not the recipient of any transitions of care during the EHRreporting period.			
	<b>THRESHOLD:</b> The resulting percentage must be more than 50% in order for an EP, eligible hospital or CAH to meet this measure.			
<p><b>WEBCART CALCULATION DOCUMENTING OPTIONS:</b></p> <p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for stored observation name 'Patient was transitioned into my care for this visit' and 'Medication reconciliation done' which is stored when the checkmarks <input type="checkbox"/> Pt was transitioned into my care for this visit &amp; <input type="checkbox"/> Medication Reconciliation was done are checkmarked on the encounter entry side. Those checkboxes &amp; items only show up on the encounter *if* you are enrolled in the MU measure to track. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p> <p><b>QUALITY SECTION:</b> on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</p> <p><b>QUICK VIEW TAB:</b> Can fix any patients that were documented for this measure for encounters that are closed.</p>				
<b>Patient Reminders</b>	<b>M04</b>	<b>OBJECTIVE:</b> Send reminders to patients per patient preference for preventive/follow-up care.	Send reminders to patients per patient preference for preventive/follow up care.	<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/4PatientReminders.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/4PatientReminders.pdf</a>
Num/Denom EXCLUSION: AVAILABLE	<b>MEASURE:</b> More than 20 percent of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.			
<b>NUMERATOR:</b> The # of patients in the denominator who were sent the appropriate reminder.	<b>DENOMINATOR:</b> The # of unique patients 65 years old or OLDER or 5 years old or YOUNGER.			
<b>EXCLUSION:</b> An EP who has no patients 65 years old or older or 5yrs old or younger with records maintained using certified EHR technology.	<b>THRESHOLD:</b> The resulting percentage must be more than 20% in order for an EP to meet this measure.			
<p><b>WEBCART CALCULATION DOCUMENTING OPTIONS:</b></p> <p><i>***Partially automatic calculation. Denominator is auto-calculated. User must MANUALLY DOCUMENT <b>NUMERATOR</b> FOR CALCULATION** Not automatically calculated in WebChart. Provider needs to checkmark this measure being passed for the patient in the QUALITY section based on unique patient definition by CMS.</i></p> <p><b>QUALITY SECTION:</b> Provider needs to checkmark this measure in the QUALITY section to include and/or pass the patient for this measure. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</p> <p><b>QUICK VIEW TAB:</b> Can fix any patients that were documented for this measure for encounters that are closed.</p>				

<b>PHR (Timely Access)</b>	<b>M05</b>	OBJECTIVE: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP.		
Num/Denom EXCLUSION: AVAILABLE		MEASURE: At least 10 percent of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	Provide patients with timely electronic access to their health information (including problem list, medications lists, medication allergies) within four business days of the information being available to the EP. From the 'VIEW' of the encounter at the bottom click the POST TO NMC button. Or from Patient Summary chart tab click on the "Post Summary to NoMoreClipboard.com" button. You may then print out the pick up code for the patient to use to access their electronic record through NMC for free. Once the patient has registered with NoMoreClipboard, you won't get a pickup code sheet to print anymore. There are other ways to get PHR to patient timely: in MIE's December MU meeting, we showed other ways to be able to get e-copies to patients (burn batch to a disk, save CCD/CCR using export chart to a flash drive, etc).	
NUMERATOR: The # of patients in the denominator who hoave timely (available to the patient within 4 business days of being updated in the certified EHR technology) electronic access to their health information online.				
DENOMINATOR: The # of unique patients seen by the EP during the EHRreporting period.				<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/5PatientElectronicAccess.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/5PatientElectronicAccess.pdf</a>
EXCLUSIONS: Any EP that neither orders nor creates lab tests or information that would be contained in the problem list, medication list, medication allergy list (or other information as listed at 45 CFR 170.304(g)) during the EHRreporting period.		THRESHOLD: The resulting percentage must be at least 10% in order for an EP to meet this measure.		
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b>				*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for stored observation name 'NMC CCR Upload Attempt' and result starting with 'Document ( '. which is rendered when 'post summary' button is clicked in WebChart. Post Summary to NMC user is easily accessible and found in 3 different places in WebChart. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed & archived.
				QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed & archive will the patient's measure be tallied in the calculations page in Quick View tab.
				QUICK VIEW TAB: Can fix any patients that were documented for this measure for encounters that are closed.
<b>Patient Education</b>	<b>M06</b>	OBJECTIVE: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	Education resources or materials do not have to be stored within or generated by the certified EHR. However, the provider should utilize certified EHR technology in a manner where the technology suggests patient-specific educational resources based on the information stored in the certified EHR technology. The provider can make a final decision on whether the education resource is useful and relevant to a specific patient. Near the "plan" area of the encounter, checkmark the box <input type="checkbox"/> <b>Patient Education material given</b> and then it will 'pass' the patient for this measure.	
Num/Denom NO EXCLUSION		MEASURE: More than 10 percent of all unique patients seen by the EP are provided patient-specific education resources.		
NUMERATOR: The # of patients in the denominator who were provided patient education specific resources.				
DENOMINATOR: # of unique patients seen by the EP during the EHRreporting period.		THRESHOLD: The resulting percentage must be more than 10% in order for an EP, eligible hospital or CAH to meet this measure.	**MIE Implementer: make sure this checkbox is programmed on the encounters.	<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/6Patient-specificEducationResources.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/6Patient-specificEducationResources.pdf</a>
EXCLUSION: None			WebChart offers this as drug-guides, Krames or Healthwise interface, can program www.familydoctor.org free link in encounters, handouts stored in forms library, VIS handout documentation, etc.	
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b>				*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for stored encounter extended value name 'Patient Education material given' which is stored when the checkmark <input type="checkbox"/> Patient Education material given is checkmarked on the encounter entry side. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed & archived.
				QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed for this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed & archive will the patient's measure be tallied in the calculations page in Quick View tab.
				QUICK VIEW TAB: Can fix any patients that were documented for this measure for encounters that are closed.
<b>PATIENT EDUCATION INTERFACE INFO:</b>				MIE can interface with Krames or Healthwise. Contact MIE Implementer for a quote. The interface is not required to meet the patient education measure for MU. You can manually give out pat.ed documents to satisfy the measure. We can set up a link within the encounter to <a href="http://www.familydoctor.org">familydoctor.org</a> also go to there to print off pat.ed sheets. Document VIS handouts in the Injections module. Can document your own forms/patient education sheets given in encounters by checkmark method or free-text box or in plan area (like counseling) to also document those handouts. Drug Guides from prescribing module also count. **In WebChart, you must always manually mark this measure passed using the QUALITY section for each patient you hand pat.ed sheets out to.

<b>Summary of Care - CCD</b>	<b>M08</b>	OBJECTIVE: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.		
Num/Denom EXCLUSION: AVAILABLE	MEASURE: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.		The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral. From the encounter, you can print off the encounter summary and use the QUALITY section to document the measure. Electronically: from the Patient Summary chart tab click on the Patient Chart File Export option CCR or CCD etc. The EP can send an electronic or paper copy of the summary care record directly to the next provider or can provide it to the patient to deliver to the next provider, if the patient can reasonably expected to do so.	
NUMERATOR: The # of transitions of care and referrals in the denominator where a summary of care record was provided.		THRESHOLD: The percentage must be more than 50% in order for an EP, eligible hospital or CAH to meet this measure.		
DENOMINATOR: # of transitions of care and referrals during the EHRreporting period for which the EP or eligible hospital's or CAH's inpatient or emergency dept was the transferring or referring provider.				<a href="http://www.cms.gov/EHRIncentivePrograms/Downloads/6Patient-specificEducationResources.pdf">http://www.cms.gov/EHRIncentivePrograms/Downloads/6Patient-specificEducationResources.pdf</a>
EXCLUSIONS: An EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHRreporting period.			We are able to communicate between WebChart systems as well with CCD, but normally as a default use CCR in those various send methods. If you Create CCD Document from here, it will open up the specially formatted XML version of their medical record in a separate window. The user can then choose to save it or on to a media device for the patient, or whatever they may choose.	
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b>				***MANUALLY DOCUMENT FOR CALCULATION** Not automatically calculated in WebChart. Provider needs to checkmark this measure being included and/or passed for the patient in the QUALITY section if referring patient out and sending an electronic or paper copy of Summary of Care.
				QUALITY SECTION: Provider needs to checkmark this measure in the QUALITY section to include and/or pass the patient for this measure. Not until the encounter is closed & archive will the patient's measure be tallied in the calculations page in Quick View tab.
				QUICK VIEW TAB: Can fix any patients that were documented for this measure for encounters that are closed.
<b>Syndromics (rescinded)</b>	<b>M10</b>	<b>RESCINDED PER ONC</b>	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	

To demonstrate Meaningful Use successfully, eligible professionals (EP), eligible hospital's and CAHs are required also to report clinical quality measures specific to eligible professionals or eligible hospitals and CAHs. Eligible professionals must report on 3 required core CQMs, and if the denominator of ONE of these measures or more of the required core measures is 0, then EPs are required to report results for up to 3 alternate core measures. [http://www.cms.gov/QualityMeasures/03\\_ElectronicSpecifications.asp](http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp) Guideline: [https://www.cms.gov/ehrincentiveprograms/downloads/guide\\_to\\_cqms.pdf](https://www.cms.gov/ehrincentiveprograms/downloads/guide_to_cqms.pdf)

**Quality Reporting CORE - Choose 3 Core or Alt Core SEE PQRI TABLE also for corresponding PQRI measures that will count if you do PQRI**

<p><b>Adult Weight Screening</b></p>	<p>NQF-0421</p>	<p>OBJECTIVE: Adult Weight Screening &amp; Follow-up</p>	<p><b>This is PQRI as well.</b> Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented. Make sure to calculate BMI in vitals section (from height/weight entered) and document a plan. WebCharts BMI alert &amp; automation of Dietary Consult order item is most useful. Practices can turn off the automated BMI alert by system setting: WebChart Settings Disable Meaningful Use BMI alert</p>	<p>THIS MEASURE IS SPLIT INTO 2 CHILDREN MEASURES TO REPORT ON MIE can program an "alert" when entering vitals if BMI is out of the range. MIE can also program the system to automatically mark "Dietary Consult" in the 'plan' for the NQF measure regarding Adult Weight Screening. Also a guideline alert is available if you do vitals outside an encounter. Can also hard-text on clinical summary nutrition/dietary consult info and smoking cessation info (pretemplated text).</p>
<p>This parent measure has 2 'children' measures it is made of. 2 numerator/2 denominator calculations to attest on for this measure.</p>	<p>MEASURE: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.</p>			
<p><b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b></p> <p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for age and BMI calculation. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived. For webchart to automatically include an encounter in this measure the patient must be between the ages of 18 and 64 and have a BMI documented. To pass the measure either the BMI must be in range (&gt;=18.5 and &lt;25) or you have to document that you noted a Dietary Consultation *or* BMI Management order item noted. Any order on the plan containing the words "Dietary Consult" or "BMI Management" or having a CPT code of 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 43847, 43848, 97804, 98961, 98962, 99078 will satisfy it. If something is done out side of webchart, then simply check the box for the measure to indicate the measure is passed.</i></p> <p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed fo this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p> <p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>				
<p><b>Hypertension - BP Measurement</b></p>	<p>NQF-0013</p>	<p>OBJECTIVE: Hypertension: Blood Pressure Measurement</p>	<p>Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded. Using the encounter input the BP values for the visit. Or use the Vitals chart tab to input BP at each visit and bring those values into the encounter vitals section for the visit. Enter impression diagnosis and/or presenting problem list conditions. Vitals layout must be the new layout that has BP split into two fields (systolic/diastolic) for WebChart auto-calculation to work.</p>	
<p>This parent measure has 2 'children' measures it is made of. 2 numerator/2 denominator calculations to attest on for this measure.</p>	<p>MEASURE: Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.</p>			
<p><b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b></p> <p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System looks for diagnosis of hypertension and BP values entered from the encounter. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p> <p><i>QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed fo this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p> <p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>				
<p><b>Tobacco Use</b></p>	<p>NQF-0028</p>	<p>OBJECTIVE: Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention</p>	<p>a) Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months. b) Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention. The smoking status in the new Social History section must be documented as structured data via the encounter. Make sure to document the Smoking Cessation Counseling portion of the Social History layout that appears when smoking status (observation) is selected. If you want this automatic calculation to work, the observations need to be in the database and stored as structured data per the measure.</p>	<p>THIS MEASURE IS SPLIT INTO 2 CHILDREN MEASURES TO REPORT ON</p>
<p>This parent measure has 2 'children' measures it is made of. 2 numerator/2 denominator calculations to attest on for this measure.</p>	<p>MEASURE: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.</p>			
<p><b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b></p> <p><i>*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. Two calculations. System checks for a smoking status entry (observation= Current Every Day or Current Some Day or Current Unknown or Former Smoker w/ Quit Date within the year parameters set by CMS) on patient's 18 and older linked to the encounter within last 24 months and looks at the Tobacco Cessation Counseling observation entry. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed &amp; archived.</i></p> <p><i>QUALITY SECTION: Provider needs to checkmark this measure in the QUALITY section to include and/or pass the patient for this measure. Not until the encounter is closed &amp; archive will the patient's measure be tallied in the calculations page in Quick View tab.</i></p> <p><i>QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.</i></p>				

ALTERNATE CORE		EPs must report on the 3 required core CQMs and if the denominator of one or more of the required core measures is zero, then EPs are required to report results for up to 3 alternate core measures. Essentially an alternate core CQM measure has to take the place of a zero denominator core CQM measure.	
Childhood Immunization	NQF-0038	OBJECTIVE: Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio(IPV), one measles,mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. In the encounter, document the injections if this applies. Encounter may need injections listedit showing what injections are documented in patient's chart history/presenting imm/inj list.
This parent measure has 12 'children' measures it is made of. 12 numerator/12 denominator calculations to attest on for this measure.			
MEASURE: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio(IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.			
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b>		*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. WebChart report named: Immunization totals may be helpful in determining immunizations and possibility for exclusion (if practice documents using Injection/Immunization tab in WebChart).	
		QUALITY SECTION: Provider needs to checkmark this measure in the QUALITY section to include and/or pass the patient for this measure. Not until the encounter is closed & archive will the patient's measure be tallied in the calculations page in Quick View tab.	
		QUICK VIEW TAB: Can fix any patients that were documented for this measure for encounters that are closed.	
Influenza 50+	NQF-0041	OBJECTIVE: Preventive Care and Screening: Influenza Immunization for Patients = 50 Years Old	<b>This is PQRI as well.</b> Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February). Document if gave or patient had received a flu shot between Sept-Feb in imm/inj tab. Encounter may need injections listing to show what injections patient has had/with date.
MEASURE: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).			
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b>		*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. System checks for age, injection codes and encounter date of service. Patient's status of included/passed will be tallied in the calculations summary after encounter is closed & archived. WebChart report named: Immunization totals may be helpful in determining immunizations and possibility for exclusion (if practice documents using Injection/Immunization tab in WebChart).	
		QUALITY SECTION: Provider needs to checkmark this measure in the QUALITY section to include and/or pass the patient for this measure. Not until the encounter is closed & archive will the patient's measure be tallied in the calculations page in Quick View tab.	
		QUICK VIEW TAB: Can fix any or click the <u>recalculate</u> button since this measure is set up for auto-calculation for encounters that are closed.	
Weight (Peds)	NQF-0024	OBJECTIVE: Weight Assessment and Counseling for Children and Adolescents	Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year. The Pediatric encounter is built with nutrition and physical activity/exercise counseling to mark/document that will count towards this measure. In other encounters, can document "Dietary Consultation", "Physical Activity Consultation" in the plan or an e-order list or plan notes then go to QUALITY section and checkmark include and/or pass for the measure.
This parent measure has 9 'children' measures it is made of. 9 numerator/9 denominator calculations to attest on for this measure.			
MEASURE: Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.			
<b>WEBCHART CALCULATION DOCUMENTING OPTIONS:</b>		*This measure is automatically evaluated by the system, but EP should review them. They can be overridden using the checkboxes. 9 calculations. The Pediatric encounter is built with nutrition and physical activity/exercise counseling to mark/document that will count towards this measure. Also, any order on other encounter's plan containing the words " <b>Dietary Consult</b> " or having a CPT code of 97802, 97803, 97804 will satisfy Nutrition portion of this measure. Any order on the plan containing the words " <b>Physical Activity Consult</b> " will satisfy the other portion of this measure too. If something is done outside of webchart, then simply check the box for the measure to indicate the measure is passed.. If something is done outside of webchart, then simply check the box for the measure to indicate the measure is passed.	
		QUALITY SECTION: on the encounter entry or view portion of the encounter exam, the auto-calculation * will show if this patient is included and/or passed fo this measure (WebChart's auto-calculation helps you determine this). However provider can manually checkmark this measure included and/or passed if want to document it manually/over-ride. Not until the encounter is closed & archive will the patient's measure be tallied in the calculations page in Quick View tab.	
		QUICK VIEW TAB: Can fix any patients that were documented for this measure for encounters that are closed.	
		THIS MEASURE IS SPLIT INTO 12 CHILDREN MEASURES TO REPORT ON IF WILL NEED TO ATTEST ON THIS MEASURE	
		THIS MEASURE IS SPLIT INTO 9 CHILDREN MEASURES TO REPORT ON IF WILL NEED TO ATTEST ON THIS MEASURE	

**ALTERNATE - Choose 3**

EP will submit complete ambulatory clinical quality measure information as required during the attestation process. During attestation, EP's will also attest to the numerators, denominators, and exclusions for individual ambulatory clinical quality measures. Continue to do PQRS in 2011 in addition to the quality reporting measures for meaningful use. EPs must select 3 additional CQMs from a set of 38 CQMs (excluding the core/alternate core measures noted/described above). It is acceptable to have a '0' denominator provided the EP does not have an applicable population. [http://www.cms.gov/QualityMeasures/03\\_ElectronicSpecifications.asp](http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp) and [http://www.cms.gov/apps/ama/license.asp?file=/QualityMeasures/Downloads/EP\\_MeasureSpecifications.zip](http://www.cms.gov/apps/ama/license.asp?file=/QualityMeasures/Downloads/EP_MeasureSpecifications.zip)

<p><b>Alcohol/Drug Dependence</b> This parent measure has 6 'children' measures it is made of. 6 numerator/6 denominator calculations to attest on for this measure.</p>	<p>NQF-0004</p>	<p>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement</p>	<p>The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.</p> <p><b>**MANUALLY DOCUMENT FOR CALCULATION**</b></p>	<p>THIS MEASURE IS SPLIT INTO 6 CHILDREN MEASURES TO REPORT ON IF SELECTING THIS OPTIONAL MEASURE</p>
<p><b>Anti-depressant</b> This parent measure has 2 'children' measures it is made of. 2 numerator/2 denominator calculations to attest on for this measure.</p>	<p>NQF-0105</p>	<p>Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment</p>	<p>This is PQRI as well. The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.</p> <p><b>**MANUALLY DOCUMENT FOR CALCULATION**</b></p>	<p>THIS MEASURE IS SPLIT INTO 2 CHILDREN MEASURES TO REPORT ON IF SELECTING THIS OPTIONAL MEASURE</p>
<p><b>Asthma (Persistent)</b> This parent measure has 3 'children' measures it is made of. 3 numerator/3 denominator calculations to attest on for this measure.</p>	<p>NQF-0036</p>	<p>Use of Appropriate Medications for Asthma</p>	<p>Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total). MIE Dec 2010RC software: Made grouping convention for Meaningful Use measures. For example, NQF 0036 5-11 and NQF 0036 12-50 are now considered children of NQF 0036. When you enroll in NQF 0036, you will be enrolled in both of the children also. When viewing compliance reports, the parent measure will not be shown.</p> <p><b>**MANUALLY DOCUMENT FOR CALCULATION</b></p>	<p>THIS MEASURE IS SPLIT INTO 3 CHILDREN MEASURES TO REPORT ON IF SELECTING THIS OPTIONAL MEASURE</p>
<p><b>Asthma - Assessment</b></p>	<p>NQF-0001</p>	<p>Asthma Assessment</p>	<p>This is PQRI as well. Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.</p> <p><b>**MANUALLY DOCUMENT FOR CALCULATION</b></p>	
<p><b>Asthma - Therapy</b></p>	<p>NQF-0047</p>	<p>Asthma Pharmacologic Therapy</p>	<p>This is PQRI as well. Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.</p> <p>*This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.</p>	
<p><b>Blood Pressure Control</b></p>	<p>NQF-0018</p>	<p>Controlling High Blood Pressure</p>	<p>The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.</p> <p>*This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.</p>	
<p><b>Breast Cancer - Hormonal Therapy</b></p>	<p>NQF-0387</p>	<p>Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer</p>	<p>This is PQRI as well. Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.</p> <p>*This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.</p>	

Breast Cancer Screen	NQF-0031	Breast Cancer Screening	This is PQRI as well. Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.  *This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.	Preventive Care portlet & section best used for this
CAD - Antiplatelet	NQF-0067	Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD	This is PQRI as well. Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.  *This measure is automatically determined by the system, but may be overridden.	
CAD - Beta Blocker	NQF-0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	This is PQRI as well. Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.  **MANUALLY DOCUMENT FOR CALCULATION**	
CAD - LDL-Lowering	NQD-0074	Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL- Cholesterol	This is PQRI as well. Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).  *This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.	
Cervical Cancer Screen	NQF-0032	Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer  *This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.	Preventive Care portlet & section best used for this
Chlamydia Screen This parent measure has 3 'children' measures it is made of. 3 numerator/3 denominator calculations to attest on for this measure.	NQF-0033	Chlamydia Screening for Women	Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.  *This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.	THIS MEASURE IS SPLIT INTO 3 CHILDREN MEASURES TO REPORT ON IF SELECTING THIS OPTIONAL MEASURE
Colon Cancer - Chemotherapy	NQF-0385	Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	This is PQRI as well. Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.  *This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.	
Colorectal Cancer Screen	NQF-0034	Colorectal Cancer Screening	This is PQRI as well. Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.  *This measure is automatically determined by the system, but may be overridden.	Preventive Care portlet & section best used for this
Diabetes - A1c Control	NQF-0575	Diabetes: Hemoglobin A1c Control (<8.0%)	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.  *This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.	
Diabetes - A1c Poor Control	NQF-0059	Diabetes: Hemoglobin A1c Poor Control	This is PQRI as well. Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.  *This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.	
Diabetes - BP	NQF-0061	Diabetes: Blood Pressure Management	This is PQRI as well. Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.  *This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.	

Diabetes - Eye Exam	NQF-0055	Diabetes: Eye Exam	This is PQRI as well. Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.  **MANUALLY DOCUMENT FOR CALCULATION**	
Diabetes - Foot Exam	NQF-0056	Diabetes: Foot Exam	This is PQRI as well. The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).  *MANUALLY DOCUMENT FOR CALCULATION**	
Diabetes - LDL This parent measure has 2 'children' measures it is made of. 2 numerator/2 denominator calculations to attest on for this measure.	NQF-0064	Diabetes: Low Density Lipoprotein (LDL) Management and Control	This is PQRI as well. Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).  *This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.	THIS MEASURE IS SPLIT INTO 2 CHILDREN MEASURES TO REPORT ON IF SELECTING THIS OPTIONAL MEASURE  Our auto-calculation looks for any observation result whose observation name begins with 'LDL'
Diabetes - Urine Screen	NQF-0062	Diabetes: Urine Screening	This is PQRI as well. Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy. Condition entered for patient of diabetes (type 1 or type 2).  *This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.	Our auto-calculation looks at any observation name that begins with 'microalbumin'; observation name that begins with 'nephropathy'; patient has nephropathy as an active condition; patient has had a 'nephropathy-related procedure'; patient has been prescribed, or is currently taking a medication that is classified as an 'ACE inhibitors/ARB'. Patient with condition entered of diabetes (type 1 or type 2).
Diabetic Retinopathy - Evaluat	NQF-0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	This is PQRI as well. Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.  *This measure is <b>partially</b> automatically determined by the system (the denominator), but may be overridden. NUMERATOR: Provider must check box to indicate that the exam was done and pass patient. DENOMINATOR: Our auto-calculation looks at Patients aged 18 years and older with a diagnosis of diabetic retinopathy	
Diabetic Retinopathy - Ongoing	NQF-0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	This is PQRI as well. Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.  **MANUALLY DOCUMENT FOR CALCULATION**	
HF - ACE/ARB	NQF-0081	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Svstolic Dvsfunction (LVSD)	This is PQRI as well. Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.  *This measure is <b>partially</b> automatically determined by the system (the denominator), but may be overridden. NUMERATOR: Provider must check box to indicate that prescription done or therapy prescribed and pass patient.	
HF - Beta Blocker	NQF-0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	This is PQRI as well. Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.  *This measure is <b>partially</b> automatically determined by the system (the denominator), but may be overridden. NUMERATOR: Provider must check box to indicate that the prescription therapy was done and pass patient.	

HF - Warfarin	NQF-0084	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation	<p>This is PQRI as well. Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.</p> <p>*This measure is <b>partially</b> automatically determined by the system (the denominator), but may be overridden. NUMERATOR: Provider must check box to indicate that the warfarin therapy prescription was done and pass patient.</p>	
IVD - Aspirin	NQF-0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	<p>This is PQRI as well. Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.</p> <p>*This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.</p>	
IVD - BP Management	NQF-0073	Ischemic Vascular Disease (IVD): Blood Pressure Management	<p>This is PQRI as well. Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (&lt;140/90 mmHg).</p> <p>*This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.</p>	
<p>IVD - Lipid Control</p> <p>This parent measure has 2 'children' measures it is made of. 2 numerator/2 denominator calculations to attest on for this measure.</p>	NQF-0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	<p>Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C&lt;100 mg/dL.</p> <p><b>**MANUALLY DOCUMENT FOR CALCULATION**</b></p>	THIS MEASURE IS SPLIT INTO 2 CHILDREN MEASURES TO REPORT ON IF SELECTING THIS OPTIONAL MEASURE
Low Back Pain - Imaging	NQF-0052	Low Back Pain: Use of Imaging Studies	<p>Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.</p> <p><b>**MANUALLY DOCUMENT FOR CALCULATION**</b></p>	
POAG	NQF-0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	<p>This is PQRI as well. Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.</p> <p><b>**MANUALLY DOCUMENT FOR CALCULATION**</b></p>	
Pharyngitis Testing	NQF-0002	Appropriate Testing for Children with Pharyngitis	<p>This is PQRI as well. Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</p> <p>*This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.</p>	
Pneumonia Vaccination	NQF-0043	Pneumonia Vaccination Status for Older Adults	<p>This is PQRI as well. Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.</p> <p>*This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.</p>	MIE Implementer can program a custom section for this on encounters to track pneumonia vaccine & tracking refusal, etc based on 65 years and older age criteria. Contact Implementer.

<b>Prenatal HIV Screen</b>	NQF-0012	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)	<p>Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.</p> <p>*This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.</p>	
<b>Prenatal Immune Globulin</b>	NQF-0014	Prenatal Care: Anti-D Immune Globulin	<p>Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.</p> <p>*This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes.</p>	
<b>Prostate Cancer - Bone Scan Use</b>	NQF-0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	<p>This is PQRI as well. Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.</p> <p><b>**MANUALLY DOCUMENT FOR CALCULATION**</b></p>	
<b>Tobacco Cessation</b> This parent measure has 2 'children' measures it is made of. 2 numerator/2 denominator calculations to attest on for this measure.	NQF-0027	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	<p>Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. Can document on the handouts section (if encounter has one) or the counseling section of the plan, etc.</p> <p>*This measure is automatically evaluated by the system, but EP should review them. They can be over-ridden using the check boxes. System checks for a smoking status entry (observation= Current Every Day or Current Some Day or Current Unknown or Former Smoker w/ quit date within the year parameters set by CMS) on patient's 18 and older linked to the encounter and looks at the Tobacco Cessation Counseling observation entry.</p>	<p>THIS MEASURE IS SPLIT INTO 2 CHILDREN MEASURES TO REPORT ON IF SELECTING THIS OPTIONAL MEASURE</p>