ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

Meaningful Use 2016

Reporting period for 2016:
- Entire 2016 calendar year.
- Exception – Anyone attesting for the first time in 2016 attests for any consecutive 90 days.

ICANotes EHR Certification Number: **1314E01P5LOTEAR**

First Steps:

Tracking Meaningful Use Measures in ICANotes

Step 1:   **Request that ICANotes enable these rules for your group: Meaningful Use Measures, Patient Portal Sync, Direct Messaging, Always Generate CCDA, and Clinical Quality Measures**. You can email this request to ticket@icanotes.com or call us at 443-569-8778.

Step 2:   Turn On Clinical Decision Support Rules and **Patient Education Material:**   Go to the Chart Room. Click on the drawer labeled Settings & Directories. Then click the Options Tab on the Specific to Individual tab. Check the following boxes to allow the program to automatically prompt you to print these items: **Clinical Decision Support Rules** and **Patient Education Material. You will not comply with these measures unless you check these boxes.**

Step 3: Workflow –

Make sure that **your workflow** is setup so that the **doctor's id** will be used to report on:

Objective 5 (Health Information Exchange/Summary of Care) and **Objective 7** (Medication Reconciliation) to ensure proper credit.

Now let's describe how to document the information you will need to attest to the 10 measures for 2015 required for Meaningful Use.

Step 4:   What are the objectives? A total of 10 objectives and 9 Clinical Quality Measures remain. There are no separate Stages 1 and 2 or Core and Menu Measures.

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

Full details of the objectives from CMS can be found at:

https: //www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_TableofContents.pdf

The 2016 objectives are:

Objective 1:   Protect Electronic Health Information
Objective 2:   Clinical Decision Support
Objective 3:   CPOE
Objective 4:   eRx
Objective 5:   **Health Information Exchange (Summary of Care/Referral)**
Objective 6:   Patient-Specific Education
Objective 7:   **Medication Reconciliation**
Objective 8:   Patient Electronic Access (VDT)
Objective 9:   Secure Messaging
Objective 10:   Public Health Reporting

Certified Clinical Quality Measures

Certified CQMs

Clinical Quality Measures Reporting for 2016

Since there are no thresholds for this measure, you don't need to monitor your progress.
Clinical Quality Measures reports will be generated by ICANotes staff.

Helpful Resources

Specific details about measures can be answered via Centers for Medicare and Medicaid Services (CMS). Here are some direct links and phone numbers that may be helpful.

- **EHR Information Center Help Desk: (888) 734-6433 / TTY: (888) 734-6563** Hours of operation: Monday-Friday 8: 30 am-4: 30 pm in all time zones (except on Federal holidays)
- **CMS EHR Incentive Programs: www.cms.gov/EHRIncentivePrograms**
- **HHS Office of the National Coordinator for Health IT: certified EHR technology list http: //healthit.hhs.gov/CHPL**
- **NPPES Help Desk:** Visit https: //nppes.cms.hhs.gov/NPPES/Welcome.do **(800) 465-3203 - TTY (800) 692-2326**
- **PECOS Help Desk:** Visit https: //pecos.cms.hhs.gov/ **(866)484-8049 / TTY (866)523-4759**
- **Identification & Authentication System (I&A) Help Desk, PECOS External User Services (EUS) Help Desk:** Phone: 1-866-484-8049 – TTY 1-866-523-4759**|E-mail:** EUSSupport@cgi.com
- **State Medicaid Incentive help desks**

This document describes how to enter information into ICANotes so that the Meaningful Use Report will track the numerators and denominators needed for attestation data.

Meeting Meaningful Use Standards

You will collect data or report on 10 objectives. You will then go back online and attest to what you have collected. The Clinical Quality Measures report will be generated by ICANotes staff.

To qualify for meaningful use, you do not have to collect the required information for every patient – just for the percentage of patients the government stipulates for each measure. The percentages specified in the threshold for each of the measures tell you how much information you need to collect.

Note: Two objectives – those with ** – must be reported using the doctor's user id to be counted in the reports.

Objective 1:   Protect electronic health information

https: //www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_1ProtectPatientHealthInfoObjective.pdf

Objective: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.

This objective must be done within your practice. It is not generated by ICANotes.

Measure: Conduct or review a security risk analysis in accordance with the requirements in45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.

Brief Explanation –
A review must be conducted for each EHR reporting period and any security updates and deficiencies that are identified should be included in the provider's risk management process and implemented or corrected as dictated by that process.

Addressing the security including **encryption** of ePHI created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3)

For your information - ICANotes data is remotely hosted and protected at rest through a secure data center where ICANotes stores the data. Secure practices are in place within ICANotes and at the data center as well as among ICANotes staff to prevent unauthorized use of ICANotes data. Data is encrypted during transmission to customers.

45 CFR 164.312(a)(2)(iv) (*from Technical Safeguards) https: //www.law.cornell.edu/cfr/text/45/164.312* **(iv) *Encryption and decryption (Addressable).*** Implement a mechanism to encrypt and decrypt electronic protected health information.

45 CFR 164.306(d)(3): *(see Implementation specifications subpart)*
https: //www.law.cornell.edu/cfr/text/45/164.306

Note as per the Law concerning when a Security Risk Analysis must be conducted: https: //s3.amazonaws.com/public-inspection.federalregister.gov/2015-25595.pdf

"… it is acceptable for the security risk analysis to be conducted outside the EHR reporting period if the reporting period is less than one full year. However, the analysis or review must be conducted within the same calendar year as the EHR reporting period, and if the provider attests prior to the end of the calendar year, it must be conducted prior to the date of attestation. An organization may conduct one security risk analysis or review which is applicable to all EPs within the organization, provided it is within the same calendar year and prior to any EP attestation for that calendar year. However, each EP is individually responsible for their own attestation and for independently meeting the objective.

Security Risk Analysis Resources: A number of resources that may help you follow those steps and perform a Security Risk Analysis to meet this objective include:
- ONC's Guide to Privacy and Security of Health Information
  http: //www.healthit.gov/sites/default/files/pdf/privacy/privacy-and-security-guide.pdf
- Health IT Guidance
  http: //www.healthit.gov/providers-professionals/security-risk-assessment-tool
- Consultant: Mike Semel, HIPAA Consultant, 888-897-3635, http: //www.semelconsulting.com/about-us/
- Clearwater Compliance https: //www.clearwatercompliance.com/

Objective 2:   Clinical Decision Support

https: //www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_2ClinicalDecisionSupportObjective.pdf

Objective: Use clinical decision support to improve performance on high-priority health conditions.

In order for EPs to meet the objective they must satisfy both of the following measures:

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

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

Measure 1
- From the Chart Room, select " **Settings & Directories**"
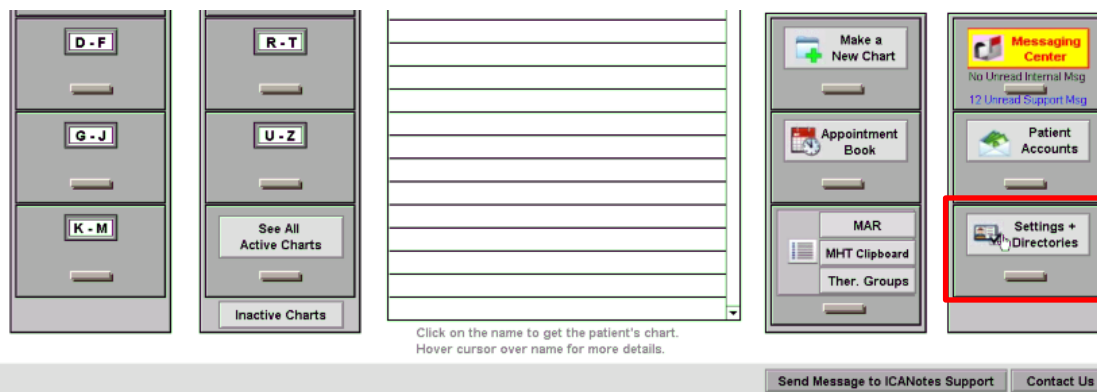
- Click the Options Tab on the Specific to Individual tab
- Check the box next to:
  - **Clinical Decision Support Rule**
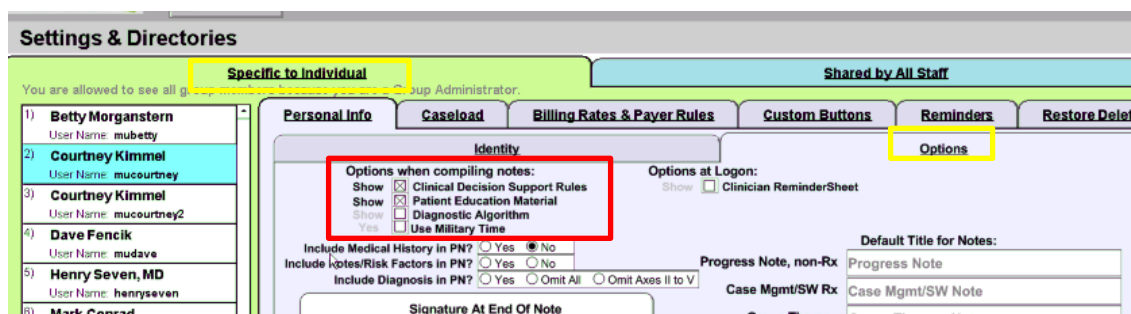
EPs will attest YES to having enabled clinical decision support for the length of the reporting period to meet this measure.

Clinical Decision Support rules are generated when the note is compiled, offering appropriate recommendations to the doctor at that time. The rules are generated based on patient age, diagnosis, medications, test results etc. - similar to patient education materials.

Rules include going to treatment algorithms for depression, depression with suicide, elevated BUN lab results, demographics over 65 including BMI, Blood pressure checks, psychosis. Medications such as tegratol, Lamictal, MAO inhibitors, Paxil, Serzone, Zoloft are some of the examples.

Compile the note. You can then view/print our reference documents that are triggered by these types of things mentioned above.

You will know it is a Clinical Decision Support prompt because the window will be labeled Clinical Decision Support when it pops up on their screen.

Measure 2

Patient's drug-drug and drug-allergy reactions must be completed in **BOTH** ICANotes and in DrFirst.

> Psych PN, part 1 – Drug Reactions
> Fill out all the information in Part I under Drug Reactions. Fill out drug reactions or click None.

> Add the DrFirst ePrescribing Program to your account.   To license this program contact sales@icanotes.com. After activating, click on > to ePrescribing PN Part 1 and fill out the appropriate Drug-Drug and Drug-Allergy reactions in DrFirst.

Eligible professionals must attest **YES** to having enabled drug-drug and drug-allergy interaction checks for the length of the reporting period to meet this measure.

Exclusion: For Measure 2 only, any EP who writes fewer than 100 medication orders during the EHR reporting period.

Objective 3:   CPOE (> 60 % medication, > 30 % laboratory, > 30 % radiology)

https: //www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_3CPOEObjective.pdf

Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.

An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.

Measure: More than 60% of medication, 30% of laboratory, and 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.
You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

Measure 1:   Medication (> 60 %)
Denominator: Number of medication orders created by the EP during the EHR reporting period
Numerator: The number of orders in the denominator recorded using CPOE
Threshold: The resulting percentage must be more than 60% in order for an EP to meet this measure
Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period

- Select "PN, Part 2" tab

- Enter Medication orders; handled via e-prescribing

Measure 2:   Laboratory (> 30 %)
Denominator: Number of laboratory orders created by the EP during the EHR reporting period
Numerator: The number of orders in the denominator recorded using CPOE
Threshold: The resulting percentage must be more than 30% in order for an EP to meet this measure
Exclusion: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period

- Select "PN, Part 2" tab

- Select "Clinical Order Sheet"

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

- Select "Lab & Imaging…" button

- Select the "New Order" button

- Enter information for lab test being ordered
- Select the "Save" button

Measure 3:   Radiology (> 30 %)

Denominator: Number of radiology orders created by the EP during the EHR reporting period
Numerator: The number of orders in the denominator recorded using CPOE
Threshold: The resulting percentage must be more than 30% in order for an EP to meet this measure
Exclusion: Any EP who writes fewer than 100 radiology orders during the EHR reporting period

- Select "PN, Part 2" tab

- Select "Clinical Order Sheet"

- Select "Lab & Imaging…" button

- Select the "New Order" button

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

- Enter information for radiology test being ordered
- Select the "Save" button

Objective 4:   ePrescribing (> 50 %)

https: //www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_4ePrescribingObjective.pdf

Objective: Generate and transmit permissible prescriptions electronically (eRx).

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

Denominator: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or Number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period
Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT
Threshold: The resulting percentage must be more than 50% in order for an EP to meet this measure
Exclusion: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period; **OR** does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

Meaningful Use requires that you use an e-prescription system and that 50% of your prescriptions be e-prescribed.

If you use DrFirst e-Rx from within ICANotes to e-prescribe medications, this measure will be automatically calculated for you and meeting this measure will be easy.   To set up Dr First through ICANotes, contact sales@icanotes.com.

Objective 5:   Health Information Exchange (formerly Summary of Care/Referral)**

Note: This objective must be reported using the doctor's user id to be counted in the reports.

https: //www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_5HealthInformationExchangeObjective.pdf

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.

Measure: *The EP who transitions or refers their patient to another setting of care or provider of care must:*
1) *use CEHRT to create a summary of care record;* **AND**

2) *electronically transmit such summary to a receiving provider for more than 10 % of transitions of care and referrals.*

Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.
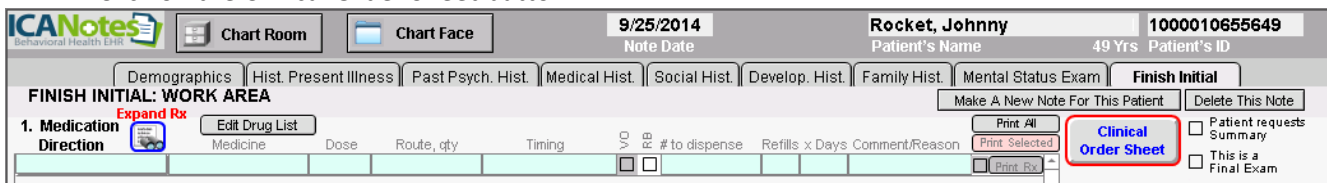**Numerator**:   The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT (ICANotes) and exchanged electronically.
Threshold: The percentage must be more than 10 percent in order for an EP to meet this measure.
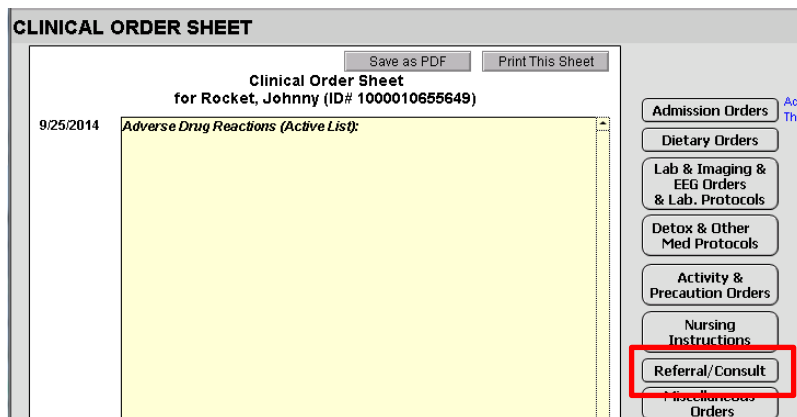**Exclusion**:   Any EP who transfers a patient to another setting or refers a patient to another provider **less** than 100 times during the EHR reporting period.

This measure must be recorded using the doctor's user id to be counted in the reports.
- Go to Psych PN, part 2 or the Finish Initial tab of your Complete Evaluation.
- Click on the Clinical Order Sheet button.

- Click the "Referral/Consult" button.

- Click the **+New** button under **Make a Referral** at the upper left.

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

- Fill out all appropriate information. Complete steps 1-3 on the referral page.   Hit Save.   Hit Back.
- Compile the note.
- Record the date you are sending the referral to the provider on the Preview screen for the compiled note,
- To get credit you must send at least 10 % of your referrals electronically.
- Click the box "eSent to Provider. See below.

- Next, click Create Clinical Summary.

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

- On the next screen click "Compile this Note"

- Go to upload.icanotes.com site to retrieve the summary, save and send to the provider using secure methods to protect PHI.

To send a Summary of Care document electronically, you can sign up for a Kno2 account which can be used to electronically send patient information to other providers from directly within ICANotes. More information is available at: http: //kno2.com/

OR

You can use an eFax service which is HIPAA Compliant.

Objective 6:   Patient-Specific Education Resources (>10 %)

https: //www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_6PatientSpecificEducationObjective.pdf

Objective: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

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

Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate (> 10% of unique patients are provided resources)

Denominator: All unique patients seen during the reporting period
Numerator: Number of patients in the denominator provided patient-specific education resources
Threshold: The resulting percentage must be more than > 10%
Exclusion: Any EP who has no office visits during the EHR reporting period

There are 2 ways to use Patient Education Resources:

A). From the Chart Room, open the **Settings + Directories** file drawer.
- Click the Options Tab on the Specific to Individual tab
- Check the box next to:
  - **Patient Education Material**

After enabling this setting, the option to print Patient Education Material will appear any time you make changes or additions to Test Results, Medications or Diagnoses. **To qualify for this measure, you must say yes and Print the document.**

B). Another way to get supplemental patient education credit occurs through the logs and a blue InfoButton which shows up on the right of the logs.

If a provider clicks on the InfoButton, a link to information in MedLinePlus shows up. See the screenshots below. Because the InfoButton can't be associated with a specific note/encounter an empty checkbox occurs on the encounter..

Click on the empty checkbox at the end of the encounter if you print something from the logs.

You MUST click in the empty checkbox at the end of the encounter to receive credit.

The supplemental education is tied to ICANotes links that were provided and certified. The measure documentation states that the patient education information offered should be provided through the certified EHR.

Sample Screenshots from Medication Log and *i* InfoButton:

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

Results of clicking on *i* (InfoButton) are below:

Objective 7:   Medication Reconciliation (> 50 %)

https: //www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_7MedicationReconciliationObjective.pdf

Objective: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

IMPORTANT: This measure must be done as part of the *complete evaluation note* and the note compiled using the doctor's user id to be counted in the reports.

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

Objective: 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.

Denominator: Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition

Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.

Threshold: The resulting percentage must be more than 50% in order for an EP to meet this measure

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

** This measure must be done as part of the *complete evaluation note* and using the doctor's user id to be counted in the reports.**

A medication reconciliation is identifying the most accurate list of medications 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.

At the time of your initial evaluation, deciding whether those medications will be continued, stopped or have their dosage altered, writing additional orders now that the patient is under your care, arriving at a final decision and recording the changes.

- Start a new **Complete Evaluation**.

- Go to the **Finish Initial** tab
- Click the **Medication Reconciliation** Button.

- **Complete the RX section on the Reconciliation Form**

Step 1: Click the on the left side to add a medication under step 1 to open the fields to add a new medication.

Click Details if you wish to add more details to the prescription. "Details" is only available when adding medications in step 1.

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

Step 2: Decide how to proceed with the medication:

- Continue – medication, dose, route and timing remain the same
- Continue but change – the medication dose, route, and timing can be changed
- External provider Rx – used in outpatient setting to document medications that another doctor prescribes
- Hold – used in inpatient setting to hold a medication during the patient's admission

Clicking continue will bring you to the RX Order Review window where you can review the medication.

- Click **Submit** to add the medication to the column on step 3.

Step 3: Review the medications. Click **Confirm** to create the med reconciliation note.

18

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

Once confirmed, the medications will show on Medications in the work area. See below

- **Click** on "Return to Progress Note"
- **Finish** the complete evaluation
- **Compile** the note.   **Must do this to get credit.**

Objective 8: **Provide patients the ability to view online health information (VDT)**

https: //www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_8PatientElectronicAccessObjective.pdf

Objective: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

Measure 1:   More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information, with the ability to view, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

19

Measure 2: At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a 3rd party his or her health information during the reporting period.

Exclusions: Any EP who:
a. Neither orders nor creates any of the information listed for inclusion as part of the measures;
OR
b. Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Measure 1:
Denominator: Number of unique patients seen by the EP during the EHR reporting period
Numerator: The number of patients in the denominator who have timely online access to their health information to view, download, and transmit to a third party
Threshold: The resulting percentage must be more than 50% in order for an EP to meet this measure

To comply with Measure 1, EPs must use the Patient Portal to make electronic CCDAs available to their patients. You must invite 50% of all patients seen during the reporting period to access their information from the Patient Portal.

Enable Patient Portal Functionality: You must ask ICANotes to enable the Patient Portal functionality on your account. Call Support at 443-569-8778 or email ticket@icanotes.com to request that these rules be enabled: **Patient Portal Sync, Always Generate CCDA, and Direct Messaging.**
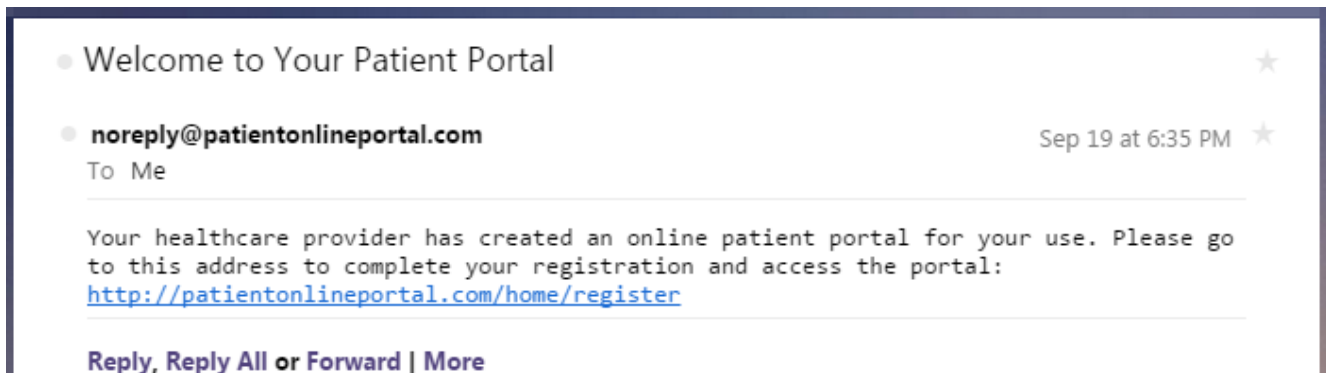
Second, for each patient seen, you will need to do the following:
- Enter the patient's **Email** in Demographics.
- Make sure you are listed as the Assigned Provider.
- Check the **Enable** box directly below the Email field to enable the patient's access to the portal.

The patient will receive the following email invitation to register for an account on the patient portal:

Note that the email invitation does not identify the name of your practice. This is to protect the patient's privacy. You will want to make sure the patient is aware of the portal and how to use it. Please provide patients with these **Patient Portal Instructions** and encourage them to register and login.

You will be able to monitor whether or not a patient has accessed the portal from the Patient Information screen in Demographics. If the patient has registered and logged in successfully, these words will appear next to the Portal field: "***patient has accessed portal**." A **Reset PW** button will also appear. If the patient needs to have their portal password reset, you can do that for them by clicking the **Reset PW** button.

Measure 2:
Denominator: Number of unique patients seen by the EP during the EHR reporting period
Numerator: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information
Threshold: **At least one patient (or patient-authorized representative) in order for an EP to meet this measure.**
Exclusion: Any EP who neither orders nor creates any of the information listed for inclusion as part of both measures, except for "Patient Name" and "Provider's name and office contact information," may exclude **both** measures.

Any EP that conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude only the **second** measure.

Complying with Measure 2 requires that at least one patient seen during the reporting period actually logs in and uses the Patient Portal to view, download, or transmit their health information. This action can also be taken by an authorized representative of the patient, but the patient will have to invite that representative to register as an authorized user on the Portal. We recommend that you provide all patients the **Patient Portal Instructions** document to encourage them to use the Portal.

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.
You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

The Patient Portal Access log tracks which patients view, download, or transmit their information (see screenshot on next page). The only way you can monitor how many patients have performed these actions is to run the Meaningful Use Report for Objective 8.

My History < Back

Access Log

From 09/22/2014 to 09/22/2014   Activity All

User	Action	Time	Patient	Document	Recipient
Sloane , Victoria	Transmit	9/22/14 11:51 AM	Sloane , Victoria	CCDA_9991004010659966	sandy@icanotes.com
Sloane , Victoria	Download	9/22/14 11:50 AM	Sloane , Victoria	CCDA_9991004010659966	
Sloane , Victoria	View	9/22/14 11:47 AM	Sloane , Victoria	CCDA_9991004010659966	

Objective 9:   Secure electronic messaging

https: //www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_9SecureElectronicMessagingObjective.pdf

Objective: Use secure electronic messaging to communicate with patients on relevant health information.

Measure: *The* **capability** *for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.*

Threshold: Patient Portal capability must be fully enabled during the reporting period.
Exclusion: Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
- Follow the steps for Objective 8 to:
  o Enable the Patient Portal for your practice
  o Invite patients to register for an account on the Patient Portal
  o Provide the patient with Patient Portal Instructions
- Regularly check the **Patient Portal** section of the Messaging Center for secure messages from your patients

22

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at **866-847-3590** or send an email to **sales@icanotes.com** to proceed with training.

- When you reply to a secure message from a patient, they will receive an email at their regular email address notifying them to check the portal for a secure message from their provider.

Say Yes to enabling capability for Secure Messaging when you Attest.

Objective 10:   Public Health Reporting:

https: //www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_10PublicHealthObjective.pdf

Objective: The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

An EP scheduled to be in Stage 2 in 2015 must meet 2 measures.

ICANotes providers can take exclusions for these.

Measure Option 1:   Immunization Registry Reporting –Take Exclusion

Measure 1:   *The EP is in active engagement with a public health agency to submit immunization data..*

Exclusions: Any EP that meets one or more of the following criteria may be excluded from this objective:
(1) the EP does not administer any of the immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period;
 (2) the EP operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for CEHRT at the start of their EHR reporting period; or

3) the EP Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

Measure 2 – **Syndromic Surveillance Reporting: Take Exclusion**.
The EP is in active engagement with a public health agency to submit syndromic surveillance data.

Exclusions: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP:

(1) Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;
(2) Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
(3) Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

Measure Option 3 – Specialized Registry Reporting: Take Exclusion.   *The EP is in active engagement to submit data to a specialized registry.*

Exclusions: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP--
(1) Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;
(2) Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
(3) Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the HER reporting period.

Certified Clinical Quality Measures (CQMs):
ICANotes staff will run the Clinical Quality Measures Report for you at the end of your attestation period. Since there are no thresholds for this measure, you don't need to monitor your progress against achieving the measure.

Providers must report on 9 CQMs, and they must cover 3 of the 6 domains. Each measure is assigned a domain by CMS (e.g., Population/Public Health, Patient Safety, etc.).

Threshold: There is **no** threshold or percentages attached to CQMs –9 CQMs must be chosen and they must cover at least 3 of the available domains.

ICANotes is certified for the 9 CQMs listed below:

- CMS002v3 NQF 0418 Preventive Care and Screening: Clinical Depression Domain: Population/Public Health
- CMS68v3 NQF 0419 Documentation of Current Medications Domain: Patient Safety

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.
You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

- CMS69v2 NQF 0421 Preventive care and Screening: BMI Domain: Population/Public Health
- CMS50v2 Closing the referral loop: receipt of specialist report Domain: Care Coordination
- CMS 138v2 NQF 0028 Preventive Care and Screening: Tobacco Domain: Population/Public Health
- CMS165v2 NQF 0018 Controlling High Blood Pressure Domain: Clinical Process/Effectiveness
- CMS 127v2 NQF 0043 Pneumonia Vaccination Status for Older Adults Domain: Clinical Process/Effectiveness
- CMS 128v2 NQF 0105 Anti-Depressant Medication Management Domain: Clinical Process/Effectiveness
- CMS 130v2 NQF 0034 Colorectal Cancer Screening Domain: Clinical Process/Effectiveness

For specialties like psychiatry, providers may not find any Clinical Quality Measures relevant to their practice. It is acceptable for there to be 0 in the numerators and denominators for all or some of these measures if they are not relevant to a provider's practice; however, 9 measures must be reported on.

If you have any questions about the instructions for one or more of these measures, please contact 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

MEANINGFUL USE TRACKING REPORT

You can run this report any time of the day or evening because there are fewer measures to report on than previously.

To run a report which will provide you with the numerators, denominators, and thresholds achieved for each of the meaningful use measures:

- Select "Reports" from the menu at the top of the screen
    - Select "Meaningful Use Measures"
        - Identify the clinician
        - Input the Start and End date for the reporting period
        - Click "Go"

ICANotes now offers Meaningful Use assistance. Our flat rate for unlimited help is $1500 or as needed assistance at $125 per hr.   We can also schedule an 1.5 hr. initial training at a cost of $250 which could then be applied towards the $1500.

You may wish to review the ICANotes Meaningful Use documentation below. Feel free to give us a call at 866-847-3590 or send an email to sales@icanotes.com to proceed with training.

Measure	Numerator	Denominator	Percentage	Threshold
Core Measures				
3) CPOE Rx	75	75	100%	60%
CPOE Radiology Orders	0	0	0%	30%
CPOE Lab Orders	0	0	0%	30%
4) Generate and Transmit eRX	75	75	100%	50%
5) Health Information Exchange				
1) Create a summary of care record	0	0	0%	10%
2) Electronically transmit summary	0	0	0%	10%
6) Patient-specific education	164	373	44%	10%
7) Medication reconciliation	118	125	94%	50%
8) Patient Electronic Access				
1) Electronic copy of patient health information	373	373	100%	50%
2) Patient VDT health information	0	373	100%	1%

Attesting to Meaningful Use

You will need your vendor's EHR certification number (ICANotes is **1314E01P5LOTEAR**). Proceed to https://ehrincentives.cms.gov/hitech/login.action where you will register yourself and your EHR.   Note that this can be done at any time before, during, or after you have completed your Meaningful Use reporting.

You will first create a login and password, then log into the system. You will also need to have your NPI number handy. If you do not have an NPI number, you can use MPPES. Click on the Register tab and select the program type you are registering for and then confirm that you do have a certified EHR by clicking "yes." You will pick the type of provider you are and then enter the ICANotes certification number (**1314E01P5LOTEAR**). Next select what type of entity will be receiving the money.

You will be presented with a preview page to review the information you have entered. If it is correct, submit the information. You are now registered to receive incentive payments. Your next step is to attest to using your EHR in a meaningful way.