

**IDAHO MEDICAID ELECTRONIC HEALTH RECORD (EHR) INCENTIVE PROGRAM: MEANINGFUL USE
OBJECTIVES AND CLINICAL QUALITY MEASURES
FREQUENTLY ASKED QUESTIONS**

Questions	Answers
<p>If multiple eligible professionals (EPs) are using the same certified EHR technology (CEHRT) across several physical locations, can a single test meet the measure for the Stage 2 objective that requires the successful electronic exchange of a summary of care document with a different EHR?</p>	<p>Yes. Providers that use the same EHR technology and share a network for which their organization either has operational control of or license to use can conduct one test for the successful electronic exchange of a summary of care document with a different EHR.</p>
<p>Would an EP be required to report on the "Electronic Notes" objective even if he or she did not see patients during their reporting period?</p>	<p>The measure requires that electronic progress notes be created for 30 percent of an EP's unique patients who have at least one office visit during the EHR reporting period.</p> <p>An EP can claim an exclusion from reporting this objective if he or she demonstrates that they had no office visits during the EHR reporting period for which they are attesting.</p>
<p>If multiple EPs are using the same CEHRT across several physical locations, can a single test or onboarding effort serve to meet the public health measures for Stage 1 and 2 meaningful use?</p>	<p>Idaho does not currently accept syndromic surveillance submissions from EPs. However, the Idaho Immunization Registry allows Stage 1 EPs to submit at the clinic level but Stage 2 EPs must submit individually.</p>
<p>In what ways can an EP meet the 10% threshold for the transitions of care and referrals objective?</p>	<p>An EP, eligible hospital (EH), or critical access hospital (CAH) could use three distinct approaches (which could also be used in combination) to meet this measure. The first two rely solely on the use of CEHRT, while the third is slightly different.</p>

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	<p>For the first two approaches, this measure can only be met if the EP, EH, or CAH uses the capabilities and standards included as part of CEHRT to electronically transmit summary care records for transitions of care and referrals.</p> <p>For the third approach, the EP, EH, or CAH must use its CEHRT to create a summary care record for transitions of care and referrals, but instead of using a transport standard specified in the Office of the National Coordinator's certification, the EP, EH, or CAH may use a Nationwide Health Information Network Exchange participant to facilitate the electronic transmission to the recipient.</p>
<p>How should EPs select menu objectives for Stage 2 of the Medicaid EHR Incentive Programs?</p>	<p>All EPs participating in Stage 2 are required to report three meaningful use objectives from the menu set of six.</p> <p>We encourage EPs to select menu objectives that are relevant to their scope of practice and claim an exclusion for a menu objective only in cases where there are no remaining menu objectives for which they qualify, or if there are no remaining menu objectives that are relevant to their scope of practice.</p> <p>Starting in 2014 for both Stage 1 and Stage 2, meeting the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set. An EP must meet the measure criteria for five objectives in Stage 1 (three objectives in Stage 2) or report on all the menu set objectives through a combination of meeting exclusion criteria and meeting the measure.</p>
<p>When creating a clinical summary as part of an office, do all of the information elements specified by CMS for a clinical summary need to be individually listed?</p>	<p>No. The Stage 2 final rule did not include any requirements on the design of the clinical summary.</p>
<p>When maintaining an up-to-date problem list, can both SNOMED CT as well as non-SNOMED CT (for example ICD-9 or ICD-10) elements be included to meet the measure?</p>	<p>When an EP, EH, or CAH begins its 2014 EHR reporting period (for Stage 1 or Stage 2) it will need to use 2014 Edition CEHRT which only permits recording patient problems in SNOMED CT.</p>

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When reporting on the Patient Electronic Access, what if there is a delay in the availability of the view, download, and transmit functionality?	<p>Beginning in 2014, for the Patient Electronic Access objective for Stage 1 and Stage 2, often referred to as the view, download, and transmit (VDT) objective, if there is a delay in availability of VDT for a minimal amount of time (examples include ineffective implementation or downtime throughout the reporting period for reasons such as system maintenance), providers may still meet meaningful use if they:</p> <ul style="list-style-type: none">• Have 2014 CEHRT for the full reporting period• Meet the threshold for the measure(s) <p>However, in order to count patients in the numerator for the 50% measure threshold for both Stage 1 and 2, patients must have the ability to view online, download, AND transmit their health information within four business days (or within 36 hours of discharge for eligible hospitals). For Stage 2, patients must also have the ability to view, download, and transmit to a third party their health information to meet the 5% measure threshold, even if the patient only takes one of these actions.</p>