

CREDIBLE

Behavioral Healthcare Software

Secure. Proven. Easy to Use.



Meaningful Use Guide for Credible Software

2011 v 0718

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Introduction

On June 1, 2011, Credible Behavioral Health Version 6.1 attained ONC-ATCB 2011/2012 Complete EHR certification status from the Certification Commission for Health Information Technology (CCHIT®), an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB).¹ The certification means that Credible software can support the Stage 1 meaningful use measures required to qualify eligible providers (EPs) for funding under the American Recovery and Reinvestment Act.²

Credible Behavioral Health Version 6.1 was tested and certified for:

- All general criteria §170.302(a) - §170.302(v)
- All ambulatory criteria §170.304(a) - §170.304(j)
- Ambulatory clinical quality measures NQF 0004, NQF 0013, NQF 0024, NQF 0027, NQF 0028, NQF 0038, NQF 0041, NQF 0105, and NQF 0421 per §170.304(j)

Since subsequent releases will consist of modifications and updates that will not affect the ability of Credible Behavioral Health Version 6.1 to comply with the certification criteria, the version number will not change until the next stage of Meaningful Use. These releases will be identified by season/year. To verify the current version of the software, go to the Partner Config screen (Admin tab > Partner Config).

This guide is for Credible Partners that have EPs pursuing meaningful use incentive payments through the Medicare or Medicaid EHR Incentive Programs. It provides the configuration and use information necessary to use Credible in a meaningful way and the measure information you need for attestation purposes.



¹ Certificate Number: CC-1112-306540-1. www.cchit.org/products/2011-2012/arrafinalruleeligibleprovider/3112. CCHIT® is a registered mark of CCHIT.

² Stage 1 sets the baseline for electronic data capture and information sharing. Stage 2 and Stage 3 (expected implementation in 2013 and 2015 respectively) will expand on Stage 1 baseline and be developed through future rule making.

Disclaimer

The instructions in this guide are based on the steps Credible followed to receive certification from an ONC-ATCB (click [here](#) to see Credible's certification criteria detail view). Regardless of whether you follow these instructions or adjust them to suit the needs of your organization, it is your responsibility to ensure that the steps you follow and the results you generate comply with all Meaningful Use requirements.

For more information on how you can meet the Meaningful Use requirements, refer to the [CMS EHR Meaningful Use Overview](#).

§170.302(a) Drug-Drug, Drug-Allergy Interaction Checks

Objective

- (1) **Notifications** – Automatically and electronically generate and indicate in real-time, notifications at the point of care for drug-drug and drug-allergy contraindications based on medication list, medication allergy list, and computerized provider order entry (CPOE)

Measure

The EP has enabled this functionality for the entire EHR reporting period.

CMS core measure 2 of 15 ([spec sheet](#))

You will not be able to attest to meeting this objective without the Credible eRx module.

When you create a prescription in Credible, the system automatically checks for interactions with existing medications and allergies in the client's record. If the existing medication was added through the Add Medication function, it has to have been selected from the autopopulated dropdown to be included in the check. The same is true for existing allergies. The matching required for an interaction notification will not occur if the medication or allergy was entered via free text. All existing medications added through Create Prescription will be included in the drug-drug check (free text is not an option).

Settings Security Matrix: RxView or PhysicianOrdersView, PrescriptionCreate or PrescriptionCreateNonSPI if you are not a prescriber

Steps to Configure Your Implementation or Account Manager needs to turn on Credible eRx in your system.

Steps to Use 1. Add a medication or create a prescription: Client tab > Client's name > **Medications** (or Orders) on nav bar.

Medication

- Click the **Add Medication** button.
- In the Medication field, enter the name of the medication or the first few letters in the name. *Select the appropriate medication from the dropdown that displays.*
- Enter the dosage, frequency, rationale, quantity, and number of refills.
- If applicable, select the provider from the dropdown.

Prescription

- Click the **Create Prescription** button.
- Search for and select the medication you want to prescribe in the Medication Search screen.
- If you are not a prescriber, select the appropriate one from the Provider dropdown.
- Fill out the rest of the Sig Builder tab and print, e-send, or e-fax the prescription.

- e. If the medication is a prescription, select Yes from the Is Prescription dropdown and enter the name of the pharmacy.
- f. Enter any instructions in the text box provided.
- g. Enter the start date for the medication and click **Add Medication**.

2. Add an allergy:

- a. Client tab > Client's name > **Allergy** on nav bar > **Add Allergy** button.
- b. In the Allergy field, start typing the name of the allergy. *Select the appropriate entry from the dropdown that displays.*
- c. If necessary, enter additional text in the field provided.
- d. Use the Severe dropdown to indicate the severity of the allergy.
- e. Enter a description of the reaction in the field provided (required).
- f. If you want to flag the allergy is a medical allergy for reporting purposes, select the Med Allergy checkbox. This flag has no impact on the drug-allergy interaction check that happens when creating a prescription.
- g. Click **Add Allergy**.

3. Create a prescription *for a medication that you know will interact with the medication and allergy added in steps 1 and 2*. The Create Prescription screen will have a warning message about the interactions and a tab for each interaction ([example](#)).

- a. Review the interactions information and if necessary, change the medication you are prescribing.
- b. If you are not a prescriber, select the appropriate one from the Provider dropdown.
- c. Fill out the rest of the Sig Builder tab and print, e-send, or e-fax the prescription.

Objective

- (2) *Adjustments* – Adjust notifications provided for drug-drug and drug-allergy interaction checks

Measure

The EP has enabled this functionality for the entire EHR reporting period.

You will not be able to attest to meeting this objective without the Credible eRx module.

In Credible, you can set up a custom severity level message for the interaction tab for the different type/severity level combinations. The custom message is not login (security) profile specific – all profiles that can see that security level's message will see the same message. Example: the standard message for a level 3/moderate drug-drug interaction is "SEVERITY LEVEL: 3-Moderate Interaction: Assess the risk to the patient and take action as needed." By adding a custom severity level message, you can change it to "SEVERITY LEVEL: 3-Moderate Interaction: Review client's medical history and document rationale for prescribing this medication in lieu of alternatives." Note that the remaining text of the interaction message (mechanism of action, clinical effects, and so on) is not changed.

Settings Security Matrix: SeverityLevelAdmin

Steps to Configure Your Implementation or Account Manager needs to turn on Credible eRx in your system.

- Steps to Use**
1. Admin tab > **Med Severity Levels** (under Lookups and Code Tables).
 2. Enter a custom message in the Description field for one or more of the type/severity level combinations.
 3. Click **Save**.

§170.302(b) Drug-Formulary Checks

Objective

Electronically check if drugs are in a formulary or preferred drug list

Measure

The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.

CMS menu set measure 1 of 10 ([spec sheet](#))

You will not be able to attest to meeting this objective without the Credible eRx and Credible eRx Formulary and Benefits modules.

A formulary is a list of prescription drugs and non-drug items such as insulin test strips that are covered by a pharmacy benefit manager (PBM)/payer.³ On a *weekly* basis, formulary data is automatically pulled from the PBMs and stored in your Credible system. When you create a prescription, Credible uses the medication code from the client's prescription (Rx) eligibility and the payer's formulary data to determine the formulary status. If a drug is on the list, it is considered "on-formulary." Each on-formulary drug is assigned a preferred level -- a PBM/payer rating of that drug's effectiveness and value compared to other drugs in the same therapeutic class. The higher the level, the greater the preference. Some on-formulary medications are designated as "non preferred."

The system displays the formulary status and supporting data in the Prescription tab above the Sig Builder/Free Text Sig tabs. If the medication is on-formulary, it will be in blue and the preferred level will be indicated. If the medication is off-formulary, unknown, or non-reimbursable, it will be in red. **Important:** the system does not block an employee from prescribing an off-formulary medication.

If the medication is non-preferred, has a low preferred level, or is off-formulary, you can:

- Switch to another plan if the client has multiple drug plans to see if the medication has a higher preferred level or is on-formulary for that plan
- Select a different medication from the On Formulary Alternatives list; the alternative medications in the list will have an equal or higher preferred level to the current medication selected

³ A PBM is a third-party administrator contracted by a payer to manage its prescription drug program. A PBM processes and pays prescription drug claims and creates and maintains the drug formulary for a health plan.

Settings Security Matrix: RxView or PhysicianOrdersView, PrescriptionCreate or PrescriptionCreateNonSPI if you are not a prescriber

Steps to Configure Your Implementation or Account Manager needs to turn on Credible eRx and Credible eRx Formulary and Benefits in your system.

- Steps to Use**
1. Check the client's Rx eligibility:⁴
 - a. Make sure the client has a service to associate the Rx eligibility request with. It must be a completed or incomplete service that was started in the past 24 hours or a service that is scheduled for any time today or tomorrow.
 - b. Client tab > Client's name > **Medications** on nav bar > **Rx Eligibility** button.
 - c. If you are not a prescriber, select the appropriate one from the Provider dropdown.
 - d. Click **Run Rx Eligibility**.
 - e. After reviewing the Rx eligibility information, click **Done**.

You can click the Rx eligibility button at any time to review the information pulled during the last check.
 2. Create a prescription for the client:
 - a. Client tab > Client's name > **Medications** (or Orders) on nav bar > **Create Prescription** button.
 - b. Search for and select the medication you want to prescribe in the Medication Search screen.
 - c. Review the formulary data in the Create Prescription screen.
 - If the client has multiple drug plans and you want to check the medication against the formulary for another plan, select it from the list and click **Switch**. Note that there is no connection between a client's insurance providers listed in the system and the list of drug plans. The drug plans are returned through Rx Eligibility.
 - If the medication is off-formulary or on-formulary but you want a medication with a higher preferred level, select a different medication from the On Formulary Alternatives list and click **Choose Alt Med**.
 - d. If you are not a prescriber, select the appropriate one from the Provider dropdown.
 - e. Fill out the rest of the Sig Builder tab and print, e-send, or e-fax the prescription.

⁴ You can only request Rx eligibility information for a client once every 72 hours (the information does not change that often) and there has to be a service to associate the request with. The following information is sent in the eligibility request: First Name, Last Name, Address, City, State, Zip DOB, and Gender.

§170.302(c) Maintain Up-To-Date Problem List

Objective

Electronically record, modify, and retrieve a patient's problem list

Measure

See [§170.302\(n\)\(1\)](#)

The problem list is defined as a listing of ICD-9-CM codes for a client (Axes I, II, and III). In Credible, you can record Axis I - V diagnoses for a client and update them when necessary. For Axis I - III diagnoses, the system records the date each diagnosis is changed (directly or through mapping). Employees can keep the list up-to-date by entering a resolved date when a diagnosis has been resolved and by creating a new assessment and removing diagnoses when they are no longer applicable. Resolved diagnoses will not be copied over when you start a new assessment for the client.

Settings Security Matrix: DxView, DxUpdate and/or DxFormsAdd

Steps to Configure N/A

Steps to Use To create the initial assessment for a client:

1. Client tab > Client's name > **Diagnosis** on nav bar.
2. Record a client's problems:
 - a. Click **Start New Assessment**.
 - b. In the Axis I section, select the Primary diagnosis and then click the scroll icon and fill out the detail fields provided.
 - c. Repeat the step above for the Secondary through Sixth Axis I diagnoses and Axis II diagnoses as appropriate.
 - d. In the Axis III section, click the ellipsis button to the right of the first text field for the Primary medical condition to access the ICD-9 CM Picker popup. Locate and select the appropriate diagnosis and then click the scroll icon and fill out the detail fields provided.
 - e. Repeat the step above for the Secondary, Tertiary, Fourth, and Fifth Axis III conditions as appropriate.
 - f. Click **Save**.

3. Modify a client's problems:
 - a. Click **Update Assessment**.
 - b. If an Axis I-III diagnosis has been resolved, click the scroll icon and fill in the Date Resolved field.
 - c. Update any other detail fields as appropriate.
 - d. If necessary, add new diagnoses.
 - e. Click **Save**.

To create a new assessment with different diagnoses and view the old assessment in History:

1. Click **Start New Assessment**.
2. Change one or more existing diagnoses by selecting different ones from the dropdowns.
3. Click **Save**.
4. Click **History** and then click the **view** button for the old assessment to review the details.

§170.302(d) Maintain Active Medication List

Objective

Electronically record, modify, and retrieve a patient's active medication list as well as medication history

Measure

See §170.302(n)(2)

In Credible, you can add a medication to a client's record through the Add Medication or Create Prescription function (the latter requires the Credible eRx module). Both functions are available on the Client Medications and Physicians Orders screens. You use the Client Medications screen to manage a client's medications. While you can edit a current or concurrent medication at any time, you cannot edit a prescribed medication after it has been sent to a pharmacy or printed. If a prescription fails to send, you can edit it as part of the retry function. If appropriate, you can delete a medication or discontinue a prescribed medication. The system records all changes made to a medication or prescription – use the available history button to review the changes.

If a client has no active medications listed, there will be a "Client has reported no current medications" checkbox on the Client Medications screen. Selecting the checkbox affirms that you have reviewed the client's medication history and verified that he or she is not currently taking any medications. Behind the scenes, a no_med_flag field is set to true and can be used for reporting purposes. If a medication is added to the client's record, the system removes the checkbox and changes no_med_flag to false. If the last medication for a client is deleted or discontinued, the checkbox will become available again. However, you must manually select it to reaffirm that the client has reported no current medications – the system will not automatically reselect it.

Settings Security Matrix: RxView or PhysicianOrdersView, RxUpdate or PrescriptionCreate or PrescriptionCreateNonSPI if you are not a prescriber

Steps to Configure N/A

Steps to Use To add a concurrent medication:

1. Client tab > Client's name > **Medications** (or Orders) on nav bar > **Add Medication**.
2. In the Medication field, enter the name of the medication or the first few letters in the name. Select the appropriate medication from the dropdown that displays.
3. Enter the dosage, frequency, rationale, quantity, and number of refills.
4. If applicable, select the provider from the dropdown.
5. If the medication is a prescription, select Yes from the Is Prescription dropdown and enter the name of the pharmacy.

6. Enter any instructions in the text box provided.
7. Enter the start date for the medication and click **Add Medication**.

To prescribe a medication:

1. Client tab > Client's name > **Medications** (or Orders) on nav bar > **Create Prescription**.
2. Search for and select the medication you want to prescribe in the Medication Search screen.
3. If you are not a prescriber, select the appropriate one from the Provider dropdown.
4. Fill out the rest of the Sig Builder tab and print, e-send, or e-fax the prescription.

To edit a current or concurrent medication:

1. Client tab > Client's name > **Medications** on Client nav bar.
2. Click **edit**, make the necessary changes, and click **Update Medication**.

To discontinue or reject a prescribed medication:

1. Click **discont** or **reject** and click **OK** when the confirmation popup displays.
2. If a Reason popup displays, enter the reason you are discontinuing or rejecting the prescription and click **Save**.⁵

To delete a concurrent medication, click **delete** and click **OK** when the confirmation popup displays.

To view the history for a medication, click **history**. After viewing the history, click **Close History** to return to the active medication list.

If a client is not currently taking any medications and you have confirmed this fact with him or her, click the "Client has reported no current medications" checkbox.

⁵ Select *Use Med History Notes* in Partner Config to enable the Reason popup.

§170.302(e) Maintain Active Medication Allergy List

Objective

Electronically record, modify, and retrieve a patient's active medication allergy list as well as medication allergy history

Measure

See [§170.302\(n\)\(3\)](#)

In Credible, you can add an allergy to a client's record through the Add Allergy function and edit it if necessary. If appropriate, you can discontinue an allergy or delete it from the client's record.

If a client has no active allergies listed, there will be a "Client has reported no allergies" checkbox on the Client Allergies screen. Selecting the checkbox affirms that you have reviewed the client's medical history and verified that he or she has no current allergies. Behind the scenes, a no_allergy_flag field is set to true and can be used for reporting purposes. If an allergy is added to the client's record, the system removes the checkbox and changes no_allergy_flag to false. If the last allergy for a client is discontinued or deleted, the checkbox will become available again. However, you must manually select it to reaffirm that the client has reported no allergies – the system will not automatically reselect it.

Settings Security Matrix: AllergyView, AllergyUpdate

Steps to Configure N/A

Steps to Use Add an allergy:

1. Client tab > Client's name > **Allergy** on nav bar > **Add Allergy** button.
2. In the Allergy field, start typing the name of the allergy. *Select the appropriate entry from the dropdown that displays.*
3. If necessary, enter additional text in the field provided.
4. Use the Severe dropdown to indicate the severity of the allergy.
5. Enter a description of the reaction in the field provided (required).
6. If you want to flag the allergy is a medical allergy for reporting purposes, select the Med Allergy checkbox. *This flag has no impact on the drug-allergy interaction check that happens when creating a prescription.*
7. Click **Add Allergy**.

To edit an allergy, click the corresponding button. Make the necessary changes and click **Update Allergy**.

To delete an allergy, click the corresponding button and click **OK** when the confirmation popup displays.

To discontinue an allergy:

1. Click **discont**.
2. In the popup that displays, enter the reason you are discontinuing the allergy and click **Save**.

To view a list of discontinued allergies, click **Show Discontinued**. Mouse over the info icon to see the reason the allergy was discontinued.

If you have confirmed with the client that he or she does not have any allergies, click the “Client has reported no allergies” checkbox.

§170.302(f) Record and Chart Vital Signs

Objective

- (1) *Electronically record, modify, and retrieve a patient's vital signs including at a minimum, the height, weight, and blood pressure*

Measure

See [§170.302\(n\)\(9\)](#)

In Credible, the Medical Profile screen has fields for height, weight, and blood pressure (resting and standing). For the blood pressure requirement, you only have to fill out the systolic and diastolic measurement fields for resting or standing blood pressure. Only height, weight, and blood pressure are counted towards meeting this objective – all other medical profile fields are optional.

Settings Security Matrix: MedicalProfileView, MedicalProfileUpdate

Steps to Configure N/A

Steps to Use

To record a client's vital signs in a medical profile:

1. Client tab > Client's name > **Medical Profile** on nav bar.
2. Enter the appropriate values in both height fields (enter 0 in the inches field if appropriate).
3. Enter the appropriate value in the Weight field.
4. Fill out the other fields as appropriate and click **Save Profile**.

To modify an existing medical profile:

1. Client tab > Client's name > **Medical Profile** on nav bar. The active profile is displayed.
2. Make the necessary changes or additions and click **Save Medical Profile**.

To create a new medical profile and view the old one:

1. Click **Start New Profile**. The system saves the old profile in history and clears the vital signs and check in notes in preparation for the new profile. The Profile Date defaults to the current date and time.
2. If necessary, change the profile date and/or time.
3. Enter the vital signs and any check in notes.
4. If appropriate, change the vision/hearing/mobility status and medical conditions of the client.
5. Click **Save Medical Profile**.
6. Click the **History** button and then the **view** button for the old medical profile. Click **Show Active Profile** to return to the new profile.

Objective

Measure

- (2) *Automatically calculate and display body mass index (BMI) based on a patient's height and weight* See §170.302(n)(9)

Credible automatically calculates the BMI for a client based on his or her height and weight. Note that the BMI calculation will only occur if you fill out both height fields (feet and inches) and the weight field.

Settings Security Matrix: MedicalProfileView

Steps to Configure N/A

Steps to Use Client tab > Client's name > **Medical Profile** on nav bar.
BMI is displayed in the upper right corner. Mouse over the info icon to see the corresponding weight status.

Objective

Measure

- (3) *Plot and electronically display, upon request, growth charts for patients 2-20 years* See §170.302(n)(9)

Credible performs growth chart calculations for clients of all ages. Viewing growth charts for adults can be useful if they are on medications that cause weight gain. To display the charts (weight/BMI and height) for a client, there must be a date of birth (DOB) in his or her client profile and the feet, inches, and weight fields in the medical profile must be filled out. To show progression in the growth charts, a client needs to have one or more historical medical profiles that have different values in the feet, inches, and weight fields (see above for the steps to create a new medical profile). The client's age at each data point is determined by the effective date of the medical profile.

Settings Security Matrix: MedicalProfileView

Steps to Configure N/A

- Steps to Use**
1. Make sure the client has a DOB in his or her profile and that both height fields and the weight field are filled out in the medical profile.
 2. Client tab > Client's name > **Medical Profile** on nav bar.
 3. Click **View Height & Weight Charts**.

§170.302(g) Smoking Status

Objective

Electronically record, modify, and retrieve the smoking status of a patient. Smoking status types must include current every day smoker, current some day smoker, former smoker, never smoker, smoker, current status unknown, and unknown if ever smoked.

Measure

See [§170.302\(n\)\(10\)](#)

In Credible, you can add a dropdown for Smoking Status to the client profile. Your system has the necessary custom lookup category and lookup items to set up the dropdown. The lookup items are the official status types and codes from the CDC and should not be changed.

Settings Security Matrix: DataDictionary, ClientUpdate

Steps to Configure

1. Admin tab > **Data Dictionary** > Table source = Clients | Type = View.
2. Insert the smoking_status field and set it as a Lookup field (lookup parameters: Lookup Table = LookupDict, Lookup Description = lookup_desc, Lookup Category = smoking_status).
3. Select the User View checkbox.
4. Click **Match Update to View** or add the field to the Update screen manually.

Steps to Use

1. Client tab > Client's name > **Profile** on nav bar.
2. Click **Update**, select the appropriate value from each of the smoking status dropdown, and then click **Update Client**.

§170.302(h) Incorporate Laboratory Test Results

Objective

- (1) Receive results. Electronically receive clinical laboratory test results in a structured format and display such results in human readable format

Measure

See [§170.302\(n\)\(11\)](#)
Method 1 requires the Credible eLabs module.

There are two different methods you can use in Credible to accomplish this objective.

- Method 1: use Credible eLabs to electronically import lab results into a client's record. When a lab sends results back, they are automatically imported into the client's record. Separate contracting is required for this module and the average lead time is 12 weeks. For more information, send an email to contracts@credibleinc.com. Refer to the Credible eLabs Configuration document for settings and the steps to configure and use (available July 29, 2011).
- Method 2: receive lab results in electronic form (for example, in an email or document) and manually enter them into Credible.

Method 2

Settings Security Matrix: eLabs

Your Implementation or Account Manager needs to turn on the result entry feature in your system.

- Steps to Configure**
1. Employee tab > Employee's name > **Config** on Employee nav bar.
 2. Select Insurance Card/Attachment Scanner and click **Save Employee Config**.

- Steps to Use**
1. Client tab > Client's name > **eLabs** on Client nav bar > **Add Result**.
 2. In the Lab Results header screen:
 - a. Enter the order number (required).
 - b. Select the physician that ordered the lab test (employees with is_doctor = Yes are included in the list).
 - c. Select the lab from the Facility dropdown. If the lab isn't in the list, enter its code and name in the fields provided. It will be added to the list the next time you access the Lab Results header screen. If a lab result doesn't have a facility, it will not be included in the client's [Continuity of Care Record](#).

- d. Enter the collection and received dates (required; the dates cannot be in the future).
 - e. Enter the specimen source, specimen condition, and test type and click **Save**.
 3. In the Lab Results details screen, enter the results of the first lab test associated with the order.
 - a. Click the Lab Picker button to search for and select the lab or enter the code and name of the test in the fields provided. To use lab results as a trigger for a clinical support or as criteria in Advanced Client Search, the test code and name entered must be valid.

To work with the Labs Picker popup: enter the first few numbers of the LOINC code or part of the lab test name, select the appropriate test from the list provided, and click **done**. The Test Code and Test Name fields are autopopulated based on your selection.
 - b. Use the Value, Abnormality, Units, and Range fields to record the details of the lab result.
 - c. If the result is outside of the applicable range, select the Panic checkbox.
 - d. Click the calendar picker icon to select the Result Date (required; you can also enter it manually).
 - e. Click **Save Lab Result**.
 4. Repeat step 3 for each lab test associated with the order.
 - To edit or remove test results from the client's record, use the corresponding button.
 - To add results for another order, click **Start New Result Header** and repeat steps 2 – 4.
 - To view the results entered, click **Return to Labs**. The Abnormal checkbox is automatically checked if the Abnormality is set to High or Low.

If you need to edit or remove manually entered test results from the client's record, use the corresponding button.

Objective

Measure

- (2) Display test report information. Electronically display all the information for a test report specified at 42 CFR 493.1291(c), (1) through (7)

See [§170.302\(n\)\(11\)](#)

With the eLabs function on the Client nav bar, you can view the lab results in a client's record.

[Settings](#) Security Matrix: eLabs

[Steps to Configure](#) N/A

[Steps to Use](#) Client tab > Client's name > **eLabs** on nav bar.

While can edit and delete manually entered lab results, you can only delete lab results received electronically through Credible eLabs.

Objective

Measure

- (3) Electronically attribute, associate, or link a laboratory test result to a laboratory order or patient record.

See [§170.302\(n\)\(11\)](#)

In Credible, lab results – whether entered manually or received electronically through Credible eLabs – are automatically linked to a client's record.

[Settings](#) N/A

[Steps to Configure](#) N/A

[Steps to Use](#) N/A

170.302(i) Generate Patient Lists

Objective

Electronically select, sort, retrieve, and generate lists of patients according to, at a minimum, the data elements included in a problem or medication list, demographics, and lab test results

Measure

Generate at least one report listing patients of the EP with a specific condition

CMS menu set measure 3 of 10 ([spec sheet](#))

In Credible, you can use Advanced Client Search (ACS) to generate lists of clients that meet specific search criteria. Examples:

- Under the age of 12 with asthma and are taking Advair: WHERE statement = Age < 12 AND Medications Like advair
- Coronary artery disease, total cholesterol over 200, and are taking Lisinopril: Axis III condition = coronary artery disease and WHERE statement = Age < 50 AND Medications Like lisinopril
- Allergic to penicillin: Allergy 1 in Advanced Search Filter (accessed via the Medical button) = penicillin
- Liver disease and an INR test result greater than 2.4: Axis III condition = liver disease and Lab Test 1 in Advanced Search Filter = 6301-6 > 2.4

Creating a saved report with your search criteria makes it easy to generate the client list again in the future.

Settings Security Matrix: AdvSearch, AdvSearchExport

Steps to Configure N/A

Steps to Use To generate a client list:

1. Client tab > **advanced search** button.
2. Enter and/or select the appropriate search criteria.
 - Problem list – select an Axis I and/or Axis II diagnosis from the dropdowns and/or enter the ICD-9-CM code or name of the Axis III condition in the corresponding field. If appropriate, select Primary Only to search only the primary diagnoses for the selected Axis filters.

- Medication list – in the WHERE statement, select the Medications or Med Class field from the Column dropdown. Select the appropriate operator and enter the name (full or partial) of the medication or med class in the Value field.

Use the NOT = operator to find clients that are not taking the specified medication. Use = or LIKE to find clients that are taking the medication. If you select =, it automatically changes to LIKE and the system searches for clients taking a medication with a name that is like but not necessarily exactly the same as the one you entered. Note that the system only searches ACTIVE medications.

Use the COUNTS (Period Start/Period End) fields to find clients who were taking the medication during a specific date range.

- Demographics – in the WHERE statement, select a demographic field and the appropriate operator and enter the desired value. Example: to find all clients under the age of 18, select Age and less than (<) and enter 18 in the Value field.
- Medical profile, allergies, and laboratory test results: click the **Medical** button and use the fields provided to enter search criteria.

The Any/All radio buttons only apply to a single section. *If multiple sections are filled in, the client must meet the criteria in all filled-in sections.* For example, assume the Medical Profile and Allergies sections are filled in and Medical Profile = Any and Allergies = All.

(medical profile value 1 OR medical profile value 2) AND (allergy 1 AND allergy 2)

Clients must meet either of the profile values AND both allergies.

If a client's allergy has been discontinued, he/she will not be returned in the search results.

For labs, click in a Lab Test field to display the Labs Picker popup. Enter the code or name of the lab test, select the appropriate test from the list provided, and click **Done**. To base the search on a specific result, select the appropriate operator and enter the desired value.

3. To include the information you are searching on in the search results, click **Custom Fields** and select the fields that correspond to your search criteria. For example, Medications, Medication Class, Allergies, and Axis III Conditions from the Special Fields section or a profile field that corresponds the demographic field specified in the WHERE statement. Currently, a lab result sort field and custom field are not available.
4. To sort the search results by the information you are searching on, select the corresponding field from the Sort By dropdown.
5. Click **Filter**.

To create a saved report:

1. Click **Saved Reports** and enter a name for your saved report in the field to the right of the Save Report button.

Tip: if you enter today's date in the Period Start (Start Date) and/or Period End (End Date) fields and create a saved report, the current date will be the default for those fields the next time anyone runs the report.

2. If you want to let other employees run the report (it will appear in the Saved Reports dropdown for other users), do one of the following:
 - Select a specific team (you do not have to be assigned to the team) from the **Save Team** dropdown. When a team is selected, only the employee who created the report and the employees on the specified team can run it.
 - Select the **Global View** checkbox. When Global View is selected, all employees can view it even if a team is selected.

When there is no team assignment and Global View is not selected, only the employee who created the saved report can view it.

3. Click **Save Report**.

To generate a client list from a saved report, click **Saved Reports** and select the report from the Saved Reports dropdown.

170.302(j) Medication Reconciliation

Objective

Electronically compare two or more medication lists

Measure

See [§170.302\(n\)\(15\)](#)

Method 1 requires the Credible eRx and Credible eRx Formulary and Benefits modules

There are two different methods you can use in Credible to accomplish this objective.

- Method 1: electronically pull a client's medication history for the past two years from the PBMs. Review the list with the client and if appropriate, use the plus sign to add a medication from the list to the client's record. This is the recommend method.
- Method 2: scan and attach an externally sourced medication list to a client's record. Review the list with the client and if appropriate, use the Add Medication function to add a medication to the client's record.

Method 1 Notes

Important: the medications in the PBM Medication History list are for informational purposes only. They are not part of the client's record in Credible and therefore are not considered for the drug/drug interaction checks that happen when you create a prescription. You do have the option of adding a medication in the medication history list to the client's record. Once added, it will be part of the drug/drug interaction checks. Note that adding a medication doesn't delete it from the medication history list; it will be reported every time you pull the medication history if it is within the two-year timeframe.

Every time you update the medication history for a client, the system replaces the old list with the new information. The medication history list will include medications prescribed via Credible.

You can enable the "Show PBM Med History" function at the client level.

Best practice:

1. Set up an ROI for showing medication history in Credible and have the client sign it before turning on the Show PBM Med History function.
2. Pull the medication history for a client and review the list with the client.
3. Add current medications from the medication history list to the client's record.
4. Ask the client if he or she is taking other medications that aren't on the list (such as self-pay or over-the-counter) and add them to the client's record via the Add Medication function.

Method 1

Settings Security Matrix: DataDictionary, ClientUpdate, RxView, RxUpdate

Steps to Configure Your Implementation or Account Manager needs to turn on the Credible eRx and Credible eRx Formulary and Benefits modules in your system. Your organization must also be participating in electronic prescribing.

The client must be enrolled in a drug plan to retrieve medication history.

1. Admin tab > **Data Dictionary** > Table source = Clients, Type = View
2. Insert the show_pbm_medhistory field.
3. Click **Match Update to View** or add the field to the Update screen manually.

Steps to Use Have the client sign a “Show Med History” ROI and then update his/her client profile so show_pbm_medhistory = YES (Client nav bar > **Profile** button > **Update**).

1. Client tab > Client’s name > **Medications** on Client nav bar. There is a PBM Medication History section at the bottom of the screen.

If there isn’t a Last Updated date/time stamp on the Rx Eligibility button, click it to check Rx eligibility for the client (Rx eligibility information has to be pulled once before you can access a client’s medication history).

If the client has medication history records, they are displayed in the PBM Medication History list. You can mouse over the source, prescriber name, and pharmacy name to view additional details.

Method 2

Security Matrix: ClientFileAdd, ClientFileView, RxView, RxUpdate

1. Employee tab > Employee’s name > **Config** on Employee nav bar.
2. Select Insurance Card/Attachment Scanner, and click **Save Employee Config**.

1. Scan (if needed) and attach the externally sourced medication list to the client’s record (**Attachments** on Client nav bar > **Scan New** or **Attach New**).
2. Click **Medications** on Client nav bar to view the client’s current medication list.
3. Right-click on **Attachments** on Client nav bar and select Open in New Window.
4. Click on the desired attachment. Depending on the file type, it may open in Internet Explorer or a separate application (such as Microsoft Word).
3. Compare the two lists and update the list in Credible as needed.

2. Click the **Update History** button at any time to get the latest medication history for the client.

For the steps to add a medication in the PBM Medication History list to the client's medication list in Credible, click [here](#).

§170.302(k) Submission to Immunization Registries

Objective

Electronically record, modify, retrieve, and submit immunization information

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 was successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically)

CMS menu set measure 9 of 10 ([spec sheet](#))

In Credible, you can add immunizations to a client's record and then export that information to a file for submission to an immunization registry. To meet standards for interoperability, the immunization file is in Health Level Seven (HL7 v 2.5.1) format. When adding an immunization in Credible, the immunization and manufacturer dropdowns are populated with options from the CDC.

General information on immunization registries: www.cdc.gov/vaccines/programs/iis/default.htm

Vaccine list: www2a.cdc.gov/nip/IIS/IISStandards/vaccines.asp?rpt=cvx

Manufacturer list: www2a.cdc.gov/nip/IIS/IISStandards/vaccines.asp?rpt=mvx

Settings Security Matrix: DataDictionary, ClientUpdate, MedicalProfileView, MedicalProfileUpdate

Partner Config: Use Immunizations, Immunization HL7 Exports

Steps to Configure Add dropdowns for race_omb and ethnicity_omb to the Client table. Your system has the necessary custom lookup categories and lookup items – with the Office of Management and Budget's race and ethnicity descriptions and the CDC's HL7 codes – to set up the dropdowns.

1. Admin tab > **Data Dictionary** > Table source = Clients | Type = View.
2. Insert the race_omb field and set it as a Lookup field (Lookup Table = LookupDict, Lookup ID & External ID = lookup_id, Lookup Description = lookup_desc or lookup_code, Lookup Category = category that corresponds to field).
3. Select the User View checkbox.
4. Repeat steps 2 and 3 for ethnicity_omb.
5. Click **Match Update to View** or add the fields to the Update screen manually.

Steps to Use Make sure the client's profile has the following information: last name, first name, DOB, gender, race, ethnicity, address data (street address, city, state, zip code, country, address type), and home telephone number. It is included in the HL7 file and is necessary for the successful receipt of the file. To help capture the information, make the fields required in the client profile or intake form that maps to the profile.

Important: to capture race and ethnicity, you must use the race_omb and ethnicity_omb fields and lookups provided. Using any other fields will not work.

The following fields are hardcoded: Country = USA, Address type = M (for mailing), and Patient ID Number Type = PI.

To record an immunization:

1. Client tab > Client's name > **Medical Profile** on Client nav bar.
2. If there is not any existing data in the header, vision/hearing/mobility, or medical conditions sections, enter known medical information (except immunizations) about the client and click **Save Medical Profile**.
3. Select the name of the immunization and if known, the amount, date/time it was administered, manufacturer, and lot number.
4. Click **Add Immunization**.

To delete an immunization, click the **delete** button in the immunization record row and then click **OK** when the confirmation popup displays.

To modify an immunization, you need to delete the record and then reenter it with the necessary changes.

To generate an immunization file, click **Export Immunization HL7** and save the file locally. Note that you can only export immunizations from the active medical profile.

Uploading the file to the desired immunization registry occurs outside of Credible.

§170.302(I) Public Health Surveillance

Objective

Electronically record, modify, retrieve, and submit syndrome-based public health surveillance information

Measure

Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow up submission if the test was successful (unless none of the public health agencies to which the EP submits such information has the capacity to receive the information electronically)

CMS menu set measure 10 of 10 ([spec sheet](#))

In Credible, you can generate syndromic surveillance data for one or more visits associated with a client episode. The syndromic data is in HL7 format for interoperability and reflects the diagnosis at the time of service. After selecting the submitter and receiver, you have the option of encrypting the data and/or creating a zip file. Before you encrypt the data, make sure the receiving agency has the ability to decrypt Advanced Encryption Standard (AES) 256-bit encryption. You will need to provide the agency with the encryption key you specify.

As shown in the example below, a syndromic data file should have at least five segments: MSH, EVN, PID, PV1, and PV2. If multiple visits are included in the file, there will be PV1 and PV2 segments for each visit.

Example:

```
MSH|^~\&|Credible BH|CDC Software|20110608123531|ADT^A08|20110608123531|P|2.3.1|||||WINDOWS-1252
EVN||20110608123531
PID|||1010^^^CREDIBLEBH^PI||Doe^John||19520526|M||1002-5^American Indian/Alaskan^HL70005|123 Main Street^Apt
12B^Dover^NH^12345^USA^M||^PRN^^^^603^5551212|||||||2186-5^Not Hispanic or Latino^HL70189
PV1|1|O||A|||||||7|||||142|||||||20110601091500
PV2|1||488.0^INFLUENZA DUE TO IDENTIFIED AVIAN INFLUENZA VIRUS^I9
```

Settings Security Matrix: BillingConfig, DataDictionary, ClientEpisodeUpdate or ClientEpisodeFormsUpdate, VisitDataEntry or VisitEntryWeb

Partner Config: Ability to Create Syndromic HL7, Use Client Episodes

- Steps to Configure**
1. Set up a HIPAA config entry for each submitter/receiver pairing (Billing tab > Billing Office/Claim Config). The Receiver Application Name is the only piece of information from the HL7 Info section that is included in the HL7 file.

2. Add dropdowns for admission_type, admission source, and patient_class to the Client Episode table. Your system has the necessary custom lookup categories and lookup items – with HL7 codes – to set up the dropdowns.
 - a. Admin tab > **Data Dictionary** > Table source = Clients | Type = View.
 - b. Insert the admission_type field and set it as a Lookup field (Lookup Table = LookupDict, Lookup ID = hl7_code, External ID = lookup_id, Lookup Description = lookup_desc or lookup_code, Lookup Category = category that corresponds to field).
 - c. Repeat steps above for admission_source and patient_class.
 - d. Click **Match Update to View** or add the fields to the Update screen manually.

Steps to Use

1. Make sure the client has:
 - a. Last name, first name, DOB, gender, race, ethnicity, address data (street address, city, state, zip code, country, address type), and home telephone number in his or her client profile. The following fields are hardcoded: Country = USA, Address type = M (for mailing), and Patient ID Number Type = PI.
Important: to capture race and ethnicity, you must use the race_omb and ethnicity_omb fields and lookups provided. Using any other fields will not work.
 - b. An active episode with values in the admission type, admission source, and patient class fields.
 - c. One or more visits associated with the active episode that have a diagnosis directly associated with the visit – that is, the diagnosis was selected, not “defaulted in.” Often, public health surveillance data is associated with an Axis III diagnosis.
2. Client tab > Client's name > **Episodes** on Client nav bar > **view** button for active episode > **Generate Syndromic HL7**.
3. In the Generate Syndromic HL7 screen, select the receiver/submitter pairing from the corresponding dropdown.
4. Select the type of trigger event that initiated the generation of the method and the processing type. The options for these dropdowns are specified by the CDC. The processing type indicates how to process the message as defined in HL7 processing rules.
5. If you want to encrypt the data, select the corresponding checkbox and enter an encryption key in the field that displays. Always use a mix of lowercase/uppercase letters, digits, and special characters.
6. To create a zip file with the data, select the corresponding checkbox.
7. Deselect any visits you do not want to generate syndromic data for and then click **Generate Syndromic HL7**. The syndromic data displays below the visit list unless you opted to create a zip file. For the zip file output, a File Download popup displays. Open or save the file. Sending the data or zip file to the desired agency occurs outside of Credible.

§170.302(m) Patient-Specific Education Resources

Objective

Electronically identify and provide patient-specific education resources according to, at a minimum, the data elements included in the patient's: problem list; medication list; and laboratory test results as well as provide such resources to the patient.

Measure

See [§170.302\(n\)\(5\)](#)

In Credible, you use the Clinical Support tool and the Credible Client Portal to provide client-specific education resources. You can base a clinical support on any combination of medication, medication class, diagnosis, and lab test result. To further qualify a clinical support, you can specify a gender, age range, and/or another client field.

A clinical support tool can include text, a URL, and a file. When a client meets the conditions specified in the clinical support tool, it is added to his or her record and accessible to him or her via the Client Portal.

When an employee adds a medication, diagnosis, or lab result to a client record, the system searches existing clinical support tools for a match on medication, medication class, diagnosis, or lab result. *If a match is found*, the system then checks the client's profile for a match on the qualifying criteria – the demographic fields. If there is a match, the clinical support is added to the client record. Note that a clinical support item will not trigger just on a match of the demographic fields.

Notes:

- For the addition of a medication, addition/update of a diagnosis, and addition of a lab test result to trigger a clinical support, it must be made *after* the clinical support is set up.
- If a client record matches the same clinical support multiple times, the system will not add another instance of the support until the status of the initial one is no longer Active. If the medication, diagnosis, or lab result that triggered a clinical support is deleted, the support will be deleted from the client's record if the status is still set to New. For any other status, the system will delete the PK deleted flag in the clinical support, which will make the clinical support no longer active. If a client has an additional medication, diagnosis, or lab that is part of the clinical support *but did not trigger it*, deleting the medication/diagnosis/lab from the client record will not affect the clinical support.
- You need to add clinical support files to the system before you can add them to a clinical support tool.
- The system records employee and client actions related to clinical supports in the HIPAA logs

Settings Security Matrix: ClinicalSupportAdmin, ClinicalSupportView, ClientUserView

Client User Security Matrix: ClinicalSupportCU

You need to have your Implementation or Account Manager turn on the Client Portal for your system. As an alternative to using the Client Portal for client access to education resources, you can print out the materials and give them to the client.

Steps to Configure Optional: make the clinical support section available on the Client Portal home page: Admin tab > **Home Page Config > Client User Home Page Admin** and then select Clinical Support for left bar or center bar.

To add a clinical support file to the system:

1. Admin tab > **Clinical Support > Clinical Support Files.**
2. Click **Attach New** (or Scan New if appropriate and if your Employee Config is set up for scanning).
3. Specify the folder you want to store the file in and enter a description of it.
4. Browse to select the file and click **Upload File.**

To set up a clinical support:

1. Admin tab > **Clinical Support > Add New Clinical Support Tool.**
2. In the Summary field, enter a description of the clinical support (required).
3. Enter at least one medication, medication class, diagnosis, or lab test result. You can select multiple medications, medication classes, diagnoses, and/or lab test results. If you select a combination of medication, medication class, diagnosis, and lab test, it creates an OR matching scenario. If you select multiple options within a category, it creates an AND matching scenario for that category.
 - a. Click the corresponding field. A Clinical Support Picker popup displays.
 - b. For a medication or medication class, enter the first three letters in the Name field to display a list of possible matches. For a diagnosis or lab test, enter the first three digits of the code in the Axis Code/LOINC field or the first three letters of diagnosis or lab in the Diagnosis/Labs field.
 - c. Select the appropriate options. A total count is displayed at the top of the popup.
 - d. Click the total count to view a list of all options selected so far. If you need to remove a selected option, click it.
 - e. Click **Done.**
4. Optional: if you entered a lab test and want to qualify the match further, enter the result range in the fields provided. If you selected multiple lab tests, the range will apply to all the tests.

5. If applicable, enter additional clinical support criteria: gender, age range, and/or a specific client field. If you select a client field, enter the appropriate value in the Other Client Field Value field.
6. Use the Clinical Support Text, URL (make sure you include http://), and File fields to provide educational resources.
7. Select the Push To Client checkbox. Note that this only makes the clinical support eligible to be pushed to the Client Portal by an employee – it will not automatically go out.
8. Click **Add Clinical Support Tool**.

For the steps to:

- Set up the Client Portal, click [here](#).
- Give a client user access to the Client Portal, click [here](#).

Steps to Use

1. Add the appropriate medication, medication class, diagnosis, or lab test/result to the client's record to trigger the clinical support. Since a clinical support can only be accepted once, the clinician should decide if he or she is going to accept it or if it should be pushed to the portal for the client to accept it.
2. To accept the client's clinical support and/or push it to the Client Portal:
 - a. Client tab > Client's name > **Clinical Support** on Client nav bar. A list of all clinical supports that have not been accepted yet displays (All Active status).
 - b. Click **select** to view the details of a clinical support.
 - c. Select Accepted from the Accepted dropdown and/or select the Push to Portal checkbox.
 - d. To keep the clinical support active, select the corresponding checkbox.
 - e. Click **Save Clinical Support**.

For a *client user* to view/accept education resources:

1. Log into the Credible Client Portal and click **Clinical Support** on the nav bar.
2. Click **select** to display clinical support details.
3. After reviewing info, select the Accepted checkbox and click **Save Clinical Support**.

§170.302(n) Automated Measure Calculation

Objective

For each meaningful use objective with a percentage-based measure, electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage associated with each applicable meaningful use measure

Measure

There are 16 percentage-based measures.

In Credible, an “office visit” (terminology used by CMS) is defined as a visit that has a clinical summary. To meet this requirement, you need to set up a visit type to include a clinical summary and select it when adding/scheduling a visit for a client. Clinical summary access is through the Visit Details screen and Credible Client Portal.

In Credible, the recording and reporting is done through a custom export that you create with the Export tool. Credible has created queries that will automatically calculate the required numerator, denominator, and percentage for each percentage-based measure. You can use these queries (and modify them if necessary) or build your own. The queries are available in the Credible Library.

Settings Security Matrix: FormBuilder, FormBuilderEdit, ClientFormsUpdate, ClientVisitSummaryView

Steps to Configure You need to have the Form Builder module. Your Implementation or Account Manager needs to turn on Form Builder and the Client Portal for your system.

Click [here](#) for the steps to configure a clinical summary.

To build a custom export:

1. Reports tab > **Export Tool** on nav bar.
2. Enter the name of the export and select Custom Query from the Form/Table Name dropdown.
3. Enter or copy the query into the Custom Query field and click **New Export**.
4. Build a custom export using your own query or the Credible query. If you build your own query, include the following WHERE clause and fill in the Custom Param 1 and Param 2 fields so you can specify a date range when running the export.
WHERE ClientVisit.rev_timein >= @param1 AND ClientVisit.rev_timein < DATEADD(d,1,@param2)
5. Optionally, select the Show on Reports Tab checkbox to make the export available in the Last Run list.

Steps to Use Add a visit for client, selecting the visit type When running the exports, select the Header Row checkbox and enter the appropriate dates in the Start Date and End Date fields.

Objective

- (1) *Maintain an **up-to-date problem list** of current and active diagnoses*

Measure

More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data

CMS core measure 3 of 15 ([spec sheet](#)) | Query: *MU-A-Up to date problem list

CMS

Credible

Denominator Number of unique patients seen by the EP during the EHR reporting period

Unduplicated/distinct count of clients having at least one visit where the start date/time is in the EHR reporting period and a clinical summary is included

Numerator Number 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

Unduplicated/distinct count of clients in the denominator-Credible who have at least one entry for Axis I, II, or III with a Date Created that is on or before the end date of the EHR reporting period

The federal regulations are not clear on when the diagnosis needs to be entered. Because of this, the Credible query for this objective looks for clients that have a visit in the reporting period and clients that have at least one problem entered in Credible before the end of the reporting period. The query calculates the unduplicated count of clients who have been seen in the reporting period and have at least one entry of Axis I-III entered prior to the end of the reporting period. See [§170.302\(c\) Maintain Up-To-Date Problem List](#).

Objective

(2) **Maintain *active medication list***

Measure

More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data

CMS core measure 5 of 15 ([spec sheet](#)) | Query: *MU-B-Active medication list

CMS

Credible

Denominator Number of unique patients seen by the EP during the EHR reporting period

Unduplicated/distinct count of clients having at least one visit where the start date/time is in the EHR reporting period and a clinical summary is included

Numerator Number 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

Unduplicated/distinct count of clients in the denominator-Credible who have at least one entry in his/her Client Medications list with a status of CURRENT or have the “Client has reported no medications” checkbox selected (no_med_flag = true in the client’s record)

Per the Federal Register:⁶ “As with the objective of maintaining a problem list, we clarify that the indication of “none” should distinguish between a blank list that is blank because a patient is not on any known medications and a blank list because no inquiry of the patient has been made.” By selecting the “Client has reported no medications” checkbox, your staff is affirming that the client is not on any known medications. See [§170.302\(d\) Maintain Active Medication List](#).

⁶ Vol. 75, No. 144 /Wednesday, July 28, 2010 /Rules and Regulations, pages 44338-9

Objective

(3) **Maintain *active medication allergy list***

Measure

More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data

CMS core measure 6 of 15 ([spec sheet](#)) | Query: *MU-C-Active allergy list

CMS

Credible

Denominator Number of unique patients seen by the EP during the EHR reporting period

Unduplicated/distinct count of clients having at least one visit where the start date/time is in the EHR reporting period and a clinical summary is included

Numerator Number of patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) in their medication allergy list

Unduplicated/distinct count of clients in the denominator-Credible who have at least one current entry in his/her Client Allergies list OR have the “Client has reported no allergies” checkbox selected (no_allergy_flag = true in the client’s record)

Per the Federal Register: “We agree that information on all allergies, including non medication allergies, provide relevant clinical quality data. However, while we agree that collecting all allergies would be an improvement, current medication allergy standards exists [*sic*] in a structured data format that may be implemented in Stage 1. We hope to expand this measurement to include all allergies as the standards evolve and expand to include non-medication allergies.”⁷

In Credible, for reporting purposes, you can flag an allergy a medication allergy. For the purposes of this objective, the presence of any allergy, whether or not the Med Allergy checkbox is selected, is evidence of having documented the client’s medication allergies. Likewise, selecting the “Client has reported no allergies” checkbox is evidence that your staff has documented (affirmed) that the client has no medication allergies. See [§170.302\(d\) Maintain Active Medication List](#).

⁷ Vol. 75, No. 144 /Wednesday, July 28, 2010 /Rules and Regulations, page 44339

Objective

- (4) Record **demographics**: preferred language, gender, race, ethnicity, and date of birth

Measure

More than 50% of all unique patients seen by the EP have demographics recorded as structured data

CMS core measure 7 of 15 ([CMS spec sheet](#)) | Query: *MU-D-Record demographics

CMS

Credible

Denominator Number of unique patients seen by the EP during the EHR reporting period

Unduplicated/distinct count of clients having at least one visit where the start date/time is in the EHR reporting period and a clinical summary is included

Numerator Number 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

Unduplicated/distinct count of clients in the Credible denominator where the following Client Profile fields are not left blank (not null): preferred_language, sex, race_omb, ethnicity_omb, dob

If other fields in the Client Profile or Client Extended Profile are used to record these demographics, modify the custom export query accordingly. Note that a complete set of demographics is required for each client. See [§170.304\(c\) Record Demographics](#).

Objective

- (5) *Identify **patient-specific education resources** and provide if appropriate*

Measure

More than 10% of all unique patients seen by the EP are provided patient-specific education resources

CMS menu set measure 6 of 10 ([spec sheet](#)) | Query: *MU-F-Patient education

CMS

Credible

Denominator Number of unique patients seen by the EP during the EHR reporting period

Unduplicated/distinct count of clients having at least one visit where the start date/time is in the EHR reporting period and a clinical summary is included

Numerator Number of patients in the denominator who are provided patient-specific education resources

Unduplicated/distinct count of clients in the Credible denominator who have at least one Clinical Support item created during the reporting period that was accepted and/or pushed to the portal

Provision of resources is documented by either accepting the Clinical Support item and/or or pushing it to the Client Portal (where the client can access the resources on his/her own timeframe). Requires the configuration of Clinical Support items. See [§170.302\(m\) Patient-Specific Education Resources](#).

Objective

- (6) *Provide patients **with timely electronic access to their health information** (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP*

Measure

At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in Credible) electronic access to their health information subject to the EP's discretion to withhold certain information

CMS menu set measure 5 of 10 ([spec sheet](#)) | Query: *MU-E-Timely access

CMS

Credible

Denominator Number of unique patients seen by the EP during the EHR reporting period

Unduplicated/distinct count of clients having at least one visit where the start date/time is in the EHR reporting period and a clinical summary is included

Numerator Number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online

Unduplicated/distinct count of clients in the Credible denominator where there are four or less business days in between the start date/time of the visit and the transfer date of the visit

Note that this objective is similar to [§170.302\(n\)\(12\)](#), providing an electronic copy of health information. By using the Client Portal, clients can have immediate electronic access to lab results, diagnoses, medications, and allergies – there is no time delay between entering data in your system and making it available on the Client Portal. Since the objective includes the timeframe of four business days, we have included visits as well.

Assumption: upon finishing a service, the provider has that session's information available; documenting it in Credible makes it available to the client through the Client Portal. Because all other data is available immediately, the only piece of information that needs to be measured is the visit itself – to determine if employees are documenting services in a timely manner. See [§170.304\(g\) Timely Access](#).

Objective

- (7) Use **computerized provider order entry (CPOE)** for medication orders

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

Measure

More than 30% of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE

CMS core measure 1 of 15 ([spec sheet](#)) | Query: *MU-G-Use CPOE

CMS

Credible

Denominator Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period

Unduplicated/distinct count of clients having at least one visit where the start date/time is in the EHR reporting period and a clinical summary is included and there is an entry in his/her Client Medications list⁸

Numerator Number of patients in the denominator that have at least one medication order entered using CPOE

Unduplicated/distinct count of clients in the denominator-Credible where the entry in the Client Medications list was selected from the medication search results list (Create Prescription) or autopopulated dropdown (Add Medication) and an employee was selected as the provider

When you create a prescription in Credible, both requirements for the Credible numerator are automatically met. If you use the Add Medication function, you need to select the medication from the dropdown without editing and select an employee as the provider. A medication entered via free text or for an outside provider is excluded from the calculation for the Credible numerator. See [§170.304\(a\) Computerized Provider Order Entry](#).

⁸ For percentage-based measures, each client has to have a visit in Credible to meet the “seen by the EP” requirement. And to be considered an “office visit” (terminology used by CMS), the visit has to have a summary. In Credible, this requirement is met when the visit type has the Include Summary setting selected.

Objective

- (8) *Generate and transmit permissible **prescriptions electronically** (eRx)*

Measure

More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology

You cannot attest to meeting this objective without the Credible eRx module.

CMS core measure 4 of 15 ([spec sheet](#)) | Query: *MU-H-Electronic prescriptions

CMS

Credible

Denominator Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period

Count of medications prescribed and successfully submitted (via paper, fax, or electronically) in Credible where the creation date is in the date range of the EHR reporting period and the medication is not a Schedule 2 drug

Numerator Number of prescriptions in the denominator generated and transmitted electronically

Count of medications prescribed and successfully submitted *electronically* in Credible where the creation date is in the EHR reporting period and the medication is not a Schedule 2 drug

Regulations may dictate that other Schedules should be excluded. If that is the case and you are using the Credible query, edit it so that Meds.drug_schedule is >= the number representing the lowest permissible drug schedule. See [§170.304\(b\) Electronic Prescribing](#).

Objective

(9) *Record and chart changes in **vital signs**; plot and display **growth charts***

Record and chart changes in the following *vital signs*: height, weight, and blood pressure. Calculate and display body mass index (BMI). Plot and display growth charts for children 2-20 years, including BMI.

Measure

For more than 50% of all unique patients age 2 or over seen by the EP, height, weight, and blood pressure are recorded as structured data

CMS core measure 8 of 15 ([spec sheet](#)) | Query: *MU-I-Vital signs

CMS

Credible

Denominator Number of unique patients age 2 or over seen by the EP during the EHR reporting period

Unduplicated/distinct count of clients whose age at the time of running the report is 2 years or greater and have at least one visit where the start date/time is in the EHR reporting period and a clinical summary is included

Numerator Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data

Unduplicated/distinct count of clients in the Credible denominator who have values in the medical profile for height (both feet and inches) and weight and a complete blood pressure (both systolic and diastolic fields) for resting or standing

Only height, weight, and blood pressure are counted towards this objective. BMI is automatically calculated based on height and weight (feet, inches, and weight fields need to be filled out). All other medical profile fields are optional in terms of meeting this objective. See [§170.302\(f\) Record and Chart Vital Signs](#).

Objective

- (10) Record **smoking status** for patients 13 years or older

Measure

More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data

CMS core measure 9 of 15 ([spec sheet](#)) | Query: *MU-J-Smoking status

CMS

Credible

Denominator Number of unique patients age 13 or older seen by the EP during the EHR reporting period

Unduplicated/distinct count of clients having at least one visit where the start date/time is in the EHR reporting period and a clinical summary is included

Numerator Number of patients in the denominator with smoking status recorded as structured data

Unduplicated/distinct count of clients in the Credible denominator where the Client Profile field smoking_status is not left blank (not null)

If another field in the Client Profile or Client Extended Profile is used to record smoking status, modify the custom export query accordingly. See [§170.302\(g\) Smoking Status](#).

Objective

- (11) Incorporate **clinical lab-test results** as structured data

Measure

More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data

CMS menu set measure 2 of 10 ([spec sheet](#)) | Query: *MU-K-Lab results

CMS

Credible

Denominator Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number

Number of lab tests results where the employee is the Ordering Clinician for the labwork and the result date is in the date range of the report

Numerator Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data

Number of lab test results in the denominator whose results are either a number or contain the word 'positive' or 'negative'

See [§170.302\(h\) Incorporate Laboratory Test Results](#)

Objective

- (12) *Provide patients with an **electronic copy of their health information** (including diagnostic test results, problem list, medication lists, medication allergies) upon request*

Measure

More than 50% of all patients of the EP who request an electronic copy of their health information are provided it within 3 business days

CMS core measure 12 of 15 ([spec sheet](#)) | Query: *MU-L-Electronic copy

CMS

Credible

Denominator Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period

Unduplicated/distinct count of clients having at least one client user account and the Requested Date is in the date range of the EHR reporting period

Numerator Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days

Unduplicated/distinct count of clients in the Credible denominator where there is three or less business days in between the Requested Date and Creation Date

If your organization is not using the Client Portal, you need to determine what you will provide electronically to clients and how this will be documented.

A business day is defined as a date that is both a weekday (Monday to Friday) and is not marked as a holiday. To enable the Company Holidays function, select *Use Company Holidays* in Partner Config. To designate a day as a company holiday: Admin tab > **Company Holidays** > click the appropriate date. See [§170.304\(f\) Electronic Copy of Health Information](#).

Objective

- (13) Provide **clinical summaries** for patients for each office visit

Measure

Clinical summaries provided to patients for more than 50% of all office visits within three business days

CMS core measure 13 of 15 ([spec sheet](#)) | Query: *MU-M-Clinical summary

CMS

Credible

Denominator Number of unique patients seen by the EP for an office visit during the EHR reporting period

Unduplicated/distinct count of clients having at least one visit where the start date/time is in the EHR reporting period and a clinical summary is included

Numerator Number of patients in the denominator who are provided a clinical summary of their visit within three business days

Unduplicated/distinct count of clients in the Credible denominator where there are three or less business days between the start date/time of the visit and the transfer date and there is at least one client user account for the client created within three days of the start date/time of the service

With the Client Portal, a client can obtain a clinical summary as soon as the visit is transferred to Credible or signed and submitted. See [§170.304\(h\) Clinical Summaries](#).

Objective

- (14) Send **reminders to patients** per patient preference for preventive/follow up care

Measure

More than 20% of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period

CMS menu set measure 4 of 10 ([spec sheet](#)) | Query: *MU-N-Patient reminders

CMS

Credible

Denominator 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

Unduplicated/distinct count of clients having at least one visit where the start date/time is in the EHR reporting period and a clinical summary is included and the client's age at the time of running the report is <=5 or >=65

Numerator Number of unique patients 65 years old or older or 5 years old or younger

Unduplicated/distinct count of clients in the Credible denominator that have at least one planner entry (scheduled visit) where the Planner.export_date is in the date range of the reporting period

The client's status at the time of running the report is not a criterion. See [§170.304\(d\) Patient Reminders](#).

Objective

(15) Perform *medication reconciliation* when receiving a patient

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

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

CMS menu set measure 7 of 10 ([spec sheet](#)) | Query: *MU-O-Medication reconciliation

CMS

Credible

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

Numerator Number of transitions of care in the denominator where medication reconciliation was performed

Number of transitions into care

Number that have 'yes' in the form for the reconciliation question

You may need to edit an existing form or create a new one to capture the referral and provide the summary record to the receiving party. The **MU-O-Medication reconciliation* query is based on form 1084 MU-TRANSFER / REFERRAL in the Credible Library.

Note that the form and question IDs will be different after you copy it to your domain.

See [170.302\(j\) Medication Reconciliation](#).

Objective

- (16) Provide **summary of care record** for each transition of care or referral

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 of 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 provides a summary of care record for more than 50% of transitions of care and referrals

CMS menu set measure 8 of 10 ([spec sheet](#)) | Query: *MU-P-Patient referral with summary

CMS

Credible

Denominator Number of transitions of care and referrals during the HER reporting period for which the EP was the transferring or referring provider

Number of referrals out

Numerator Number of transitions of care and referrals in the denominator where a summary of care record was provided

Number that have 'yes' in the form for the summary question

You may need to edit an existing form or create a new one to capture the referral and provide the summary record to the receiving party. The **MU-P-Patient referral with summary* query is based on form 1084 MU-TRANSFER / REFERRAL in the Credible Library.

Note that the form and question IDs will be different after you copy it to your domain.

See [§170.304\(i\) Exchange Clinical Information and Patient Summary Record](#).

§170.302(o) Access Control

Objective

Assign a unique name and/or number for identifying and tracking user identity and establish controls that permit only authorized users to access electronic health information

Measure

§170.302(o) - §170.302(v) fall under CMS core measure 15 of 15 ([spec sheet](#)) which has the following measure: the EP must attest YES to having conducted or reviewed a security risk analysis in accordance with the requirements under [45 CFR 164.308\(a\)\(1\)](#), implemented security updates as necessary, and corrected identified security deficiencies prior to or during the EHR reporting period

Logins

When you add an employee to your Credible system, he/she is automatically assigned a unique ID. To make the employee a “user,” you need to create a login that consists of a unique username/password combination and a login profile to control what information and functions he or she has access to once logged in. Typically, a user login profile is based on a functional role such as Front Desk staff, Nurse, Billing Supervisor, or Administrator and has different Security Matrix rights assigned to it. There are Security Matrix rights for administrative functions, admin time, assignments, attachments, billing, clients, Credible eRx, eMAR, employees, forms, funds, MyCredible admin, physicians’ orders, reports, and the scheduler.

The system will prevent you from adding a user with a username that already exists in the system. In addition, a login profile is required when setting up a user or client user. For security purposes, a password update is required the first time a user or client user logs in after having his/her password set up/changed by someone else.

For additional password security, you can enable one or more of the following Partner Config settings: Password Expiration, Block Dictionary Words in Passwords, and Use Strong Passwords. If you use the Password Expiration feature, you can set up a nightly notification trigger to alert employees when their passwords are about to expire.

You also use unique usernames/passwords and login profiles to control “client user” read-only access to the Credible Client Portal. Typically, a client user login profile is based on the role of the individual as it relates to the client – for example, ClientUser for the actual client and ClientParent for the client’s mother and/or father. By assigning rights in the Client User Security Matrix, you control which parts of a client’s record a client user can view when logged into the portal.

Assignments

In Credible, assignments – employee-program, client-program, and employee-client – are needed for employees to provide services and gain access to client records.

Settings Security Matrix: SecurityUpdate, UserAdd, ClientUserView, UserUpdate, PasswordUpdate
Your Implementation or Account Manager needs to turn on the Client Portal for your system.

- Steps to Configure**
1. Set up user login profiles for your system: Admin tab > **Login Profiles**.
 2. Assign the appropriate Security Matrix settings to each user login profile: Admin tab > **Security Matrix**.
 3. Create a login for an employee:
 - a. Employee tab > Employee's name > **Login**.
 - b. If necessary, change the system-supplied username (the default is the first letter of the employee's first name and his/her last name). The system will let you know if the username is already taken when you try to add the user.
 - c. Enter a password and then reenter it in the Password Again field (click [here](#) for password rules).
 - d. Enter the employee's personal and office email.
 - e. Select the appropriate login profile from the dropdown and click **Add User**.
 4. Create assignments for an employee: Employee tab > Employee's name > **Program** and **Client** buttons on the nav bar.

For the steps to:

- Set up the Client Portal, click [here](#).
- Give a client user access to the Client Portal, click [here](#).

Steps to Use N/A

§170.302(p) Emergency Access

Objective

Permit authorized users (who are authorized for emergency situations) to access electronic health information during an emergency

Measure

CMS core measure 15 of 15 ([spec sheet](#))

If an emergency situation arises with a client and the assigned employee is not available, you can “take” emergency access to that client’s record if you have the security right *ClientEmergencyAccess*. Note that you can only take emergency access for yourself – you cannot assign it to another employee. Emergency access only grants assignment to the client – what you can do once assigned will be determined by the Security Matrix rights assigned to your login profile. Assignment given through emergency access must be manually unassigned if needed.

With two notification triggers, the appropriate staff can be notified when emergency access has been taken. While the notifications are not required, they are highly recommended and should be set up before you enable the Emergency function.

Emergency client assignments are recorded in the client and employee HIPAA logs.

Settings Security Matrix: ClientEmergencyAccess, ClientView, ClientViewLog, NotificationTriggers
Partner Config: Allow Emergency Access

Steps to Configure Optional but recommended: set up the notification triggers (**Admin tab > Notification Triggers > Add a New Trigger Entry**).

- Employee Granted Emergency Access – Occur = 0, Send To = Team Leaders & Supervisors
- Client Record Granted Emergency Access – Occur = 0, Send To = Specified Employee; select employee who is currently assigned to client

- Steps to Use
1. Employee tab > **My Record** > **Emergency** on Employee nav bar.
 2. Enter your password in the field provided and click **Continue**. The Emergency Client Assignment screen displays with filtering fields at the top. Searching for the client you need emergency access to minimizes inadvertent access to personal health information.
 3. Use the filtering fields to search for the client you need emergency access to. Only clients that you are not already assigned to will be included in the results.
 4. Find the client in the search results and click **assign**. The Client Overview screen for the client displays. (At this time, notification triggers will be sent and the emergency assignment will be logged.)
 5. Once the emergency access is no longer needed, use the Client function on the Employee nav bar to unassign the client from your record.

§170.302(q) Automatic Log-Off

Objective

Terminate an electronic session after a predetermined time of inactivity

Measure

CMS core measure 15 of 15 ([spec sheet](#))

You can configure your Credible system to automatically log off users that are inactive for a specified amount of time. If you prefer, you can have the system clear (blank) a user's screen instead of logging him or her off. Inactivity is defined as no clicks, key presses, or scrolls. If a user is inactive for the specified amount of time, a timeout warning popup displays: "Your session is about to expire. You will be redirected in X seconds. Do you want to Continue your session?"

The idle logout functionality applies to the following screens:

- Client List, Client Overview, Client Profile screens
- Treatment Plan screen
- Client Episodes
- Client Visit List screen
- Multiaxial Assessment (Diagnosis) screen
- Insurance Coverage screen
- Client Medical Profile screen
- Client Medications, Client Allergies, and Physicians Orders screens
- Client notes screen

The idle logout functionality is only one part of the security process to protect electronic health information. You should have other controls in place such as logging off when complete, using password-protected screen savers, not leaving passwords out, and locking the office and windows.

Settings Partner Config: Idle Logout, Idle Logout Redirect

Steps to Configure By default, Idle Logout is set to No Timeout. To configure, select a duration option from the Idle Logout dropdown and change the Idle Logout Redirect option if necessary.

Steps to Use If the timeout warning popup displays, do one of the following:

- Click **YES** to keep your session active.
- Click **NO, Log Off** to log off or clear (blank) your screen – the behavior depends on how your administrator has set up the redirect in Partner Config.

If your screen goes blank, click any tab to reactive your session.

The alternatives to clicking NO, Log Off are ignoring the popup or clicking the X in the upper right corner.

§170.302(r) Audit Log

Objective

(1) Record actions related to electronic health information in accordance with the standard specified in 170.210(b)

(2) Generate an audit log for a specific time period and sort entries according to any of the elements specified in the standard at 170.210(b)

Measure

CMS core measure 15 of 15 ([spec sheet](#))

Credible automatically records actions related to clients, employees, and visits. With the Log function, you can view the actions related to a single client, employee, or visit. With the Global HIPAA report, you can report on an action for all clients, employees, or visits.

Settings Security Matrix: ClientVisitViewLog, ClientViewLog
Report Security: Global HIPAA Log

Steps to Configure N/A

Steps to Use To view the log for a single client or employee, navigate to his or her Overview screen and click **Log** on the nav bar. You can filter the log by action type and start date.

To view the log for a single visit: Visit tab > **log** button

To view the actions for all clients, employees, or visits:

1. Reports tab > **Admin** > **Global HIPAA Log**.
2. Select the entity and action you want to report on.
3. Change the date range if necessary and click **Run Report**.
4. To sort the log, click one of the column headers.

§170.302(s) Integrity

Objective

- (1) Create a message digest in accordance with the standard specified in 170.210(c)
- (2) Verify in accordance with the standard specified in 170.210(c) upon receipt of electronically exchanged health information that such information has not been altered
- (3) Detect the alteration of audit logs

Measure

The EP must attest YES to having conducted or reviewed a security risk analysis in accordance with the requirements under [45 CFR 164.308\(a\)\(1\)](#), implemented security updates as necessary, and corrected identified security deficiencies prior to or during the EHR reporting period

CMS core measure 15 of 15 ([spec sheet](#))

To ensure the integrity of the electronic health information sent from your browser to the Credible Web server, our digital certificate uses the SHA-1 signature hash algorithm. Hash values are used to verify the integrity of files exchanged between different agencies. Credible generates a unique “File Hash” value for each CCR you generate and includes it in a text file when you use the ZIP file output option. Similarly, when you import a CCR or CCD, Credible generates a Received Hash value. For Meaningful Use attestation, you may need to generate a CCR and then import it to demonstrate that the hash values match.

Settings Security Matrix: ClientFileView, ClientFileAdd

Partner Config: Show Hashing, Use Client Summary Features

Steps to Configure N/A

Steps to Use To view Credible’s digital certificate:

1. Click the padlock icon in Internet Explorer.
2. Click **View certificates > Details**. The Show field defaults to <All>. The Signature algorithm field = sha1RSA indicating it is a SHA-1 certificate.

To demonstrate the hash values match:

1. Generate a CCR from the client’s profile (see [§170.304\(h\) Clinical Summaries](#)) and then import it into the client’s record on your Test domain (see [§170.304\(i\) Exchange Clinical Information and Patient Summary Record](#)).
2. In the File Attachments screen, mouse over the Hash icon (a red circle icon next to Date Attached) and verify that the hash values match.

§170.302(t) Authentication

Objective

Verify that a person or entity seeking access to electronic health information is the one claimed and is authorized to access such information

Measure

CMS core measure 15 of 15 ([spec sheet](#))

Credible uses a unique username/password combination and domain name to authenticate an individual logging into your system. The domain name is typically an abbreviation or acronym of your company name. Once logged in, the user's login profile controls what information and functions he or she has access to. The system uses the same authentication process for a client user logging into the Credible Client Portal.

Settings N/A

- Steps to Configure**
1. Set up login profiles for your system.
 - a. Admin tab > **Login Profiles**.
 - b. Add the different security profiles for your system.
 2. Assign the appropriate Security Matrix settings to each user and client user login profile (Admin tab > **Security Matrix**).

- Steps to Use** To create a login for an employee:
1. Employee tab > Employee's name > **Login** on the nav bar.
 2. If necessary, change the system-supplied username (the default is the first letter of the employee's first name and his/her last name). The system will let you know if the username is already taken when you try to add the user.
 3. Enter a password and then reenter it in the Password Again field (click [here](#) for password rules).
 4. Enter the employee's personal and office email.
 5. Select the appropriate login profile from the dropdown and click **Add User**.
- To remove a user:
1. Employee tab > Employee's name > **Login** on the nav bar > **Delete User** in the User Edit screen.
 2. Click **Click Here to Delete This User Login**.
 3. Edit the employee's profile and change the status to Inactive. This method is the best practice because it removes the user's access but retains his or her employee record.

§170.302(u) General Encryption

Objective

Encrypt and decrypt electronic health information in accordance with the standard specified in §170.210(a)(1), unless the Secretary determines that the use of such algorithm would pose a significant security risk for Certified EHR Technology ([Annex A: Approved Security Functions for FIPS PUB 140-2](#))

Measure

CMS core measure 15 of 15 ([spec sheet](#))

Credible uses the Secure Sockets Layer (SSL) protocol and Advanced Encryption Standard (AES) 256-bit encryption to protect electronic health information that is sent from your browser to the Credible Web server. SSL provides authentication, data integrity, and data confidentiality through encryption. The padlock icon in your browser and the "https://" prefix in the URL indicate that your connection to the Credible Web server is secure.

SSL also protects electronic health information that is sent between the Credible Web server and Surescripts.

[Settings](#) N/A

[Steps to Configure](#) N/A

[Steps to Use](#) N/A

§170.302(v) Encryption When Exchanging Electronic Health Information

Objective

Encrypt and decrypt electronic health information when exchanged in accordance with the standard specified in §170.210(a)(2).

Measure

CMS core measure 15 of 15 ([spec sheet](#))

In Credible, you have the option of encrypting a client's Continuity of Care Record (CCR) when you are generating it. Before you send the CCR and encryption key to another agency, make sure it has the ability to decrypt data protected with AES 256-bit. (You can also encrypt the syndromic surveillance data for a visit.)

Settings N/A

Steps to Configure N/A

Steps to Use Generate an encrypted CCR from the client's profile (see [§170.304\(h\) Clinical Summaries](#)). To encrypt the CCR, you select the corresponding checkbox and enter an encryption key in the field that displays. Always use a mix of lowercase/uppercase letters, digits, and special characters. Uploading the encrypted file and encryption key to the receiving agency occurs outside of Credible.

To decrypt a CCR/CCD received from another provider or organization:

1. Save the CCR/CCD file locally.
2. Client tab > Client's name > **Attachments** > **Import Client Summary**.
3. Enter or select the folder you want to upload the file to.
4. Enter a description of the file.
5. If desired, select Public to make the file available in the Client Portal.
6. If the file is encrypted, select Decrypt File and enter the decryption password in the field that displays.
7. Browse for and select the ZIP or XML file.
8. Click **Upload File**.

If you uploaded a zip file, the system will automatically unzip it. You can access the file in the File Attachments screen.

§170.304(a) Computerized Provider Order Entry

Objective

Electronically record, store, retrieve, and modify, at a minimum, the following order types:

- (1) Medications
- (2) Laboratory
- (3) Radiology/imaging

Measure

See [§170.302\(n\)\(7\)](#)

In Credible, the Physicians Orders function lets you add an order to a client's record and view and manage current, pending, and completed orders. An order can be for medications, labs, consultations, therapy, psych evaluations, or radiology. There is also an "Other" category you can use if the order doesn't fall into one of the standard categories.

To add and manage orders, you need to be a doctor (there is an "Is Doctor" field in the Employee Profile) or have the appropriate rights (see below).

If a client has current orders, pending orders, or completed orders, you will see the details of those orders in the corresponding sections, as well as buttons for the actions that can be taken with the orders. Orders begin the cycle as current orders, become pending orders once they're signed, and move to Order History once they're completed. Nurses typically complete pending orders.

Settings Security Matrix: PhysicianOrdersView, PhysicianOrdersAdd, and PhysicianOrderLineComplete or PhysicianOrdersSignAll

Partner Config: Physician Order/Assigned Physician (optional)

Steps to Configure N/A

Steps to Use To add an order:

1. Client tab > Client's name > **Orders** on Client nav bar.
2. In the New Order section of the Physicians Orders screen, select the tab that corresponds to the order category.
3. Enter the order in the Order text box.
4. If you are entering the order after the actual Order Date, use the Order Date calendar picker to enter the correct date. If you don't enter a date, the current date will be the Order Date.

5. Click **Add Order** when done. The new order appears in the Current Orders section.

To edit a current order:

1. Click the **edit** button that corresponds with the order you want to modify. The Order text box displays with the existing order information.
2. Revise the order and click **Edit Order** to save the changes. The screen refreshes and the update appears in the Order column in the Current Orders section.

To sign a current order: if you are a doctor or an employee with the appropriate right, the **Sign** button will be active. Click it to sign the order. The screen refreshes and the order is now in the Pending Orders section instead of in the Current Orders section.

To complete a pending order, you must be logged into the system and have the appropriate credentials (typically a nurse). Click the **complete** button to complete the order. The screen refreshes and the order is now in the Order History section instead of in the Pending Orders section.

To discontinue an order:

1. Click **discont.**
2. In the popup that displays, enter the reason for the discontinuation and click **Save**.

To view discontinued orders, click **Show Discontinued**. After viewing the discontinued orders, click **Show Current** to return to the current orders.

§170.304(b) Electronic Prescribing

Objective

Electronically generate and transmit prescriptions and prescription-related information in accordance with:

- (1) The standard specified in §170.205(b)(1) or §170.205(b)(2)
- (2) The standard specified in §170.207(d)

Measure

See [§170.302\(n\)\(8\)](#)

You cannot attest to meeting this objective without the Credible eRx module.

With the Credible eRx module, prescribers -- employees with a Surescripts Provider Identifier (SPI) number set up in Credible -- and nonprescribers with the appropriate security rights can electronically create and send prescriptions. You can send a prescription to a pharmacy electronically as long as the medication is not a controlled substance II-V.

If you are not a prescriber but have the PrescriptionCreateNonSPI right, you can submit a prescription for a prescriber without approval.

Settings For prescribers: Credible sends a prescriber's information to Surescripts and then enters the SPI number assigned into your Credible system; no additional security rights are necessary.

For non-prescribers: PrescriptionCreate or PrescriptionCreateNonSPI

To create prescriptions, you need to have the Credible eRx module and your Implementation or Account Manager needs to turn it on in your system.

Steps to Configure Fill out the *Credible-defined* fields listed below for registered prescribers and other employees using Credible eRx and for clients receiving the prescriptions.

Employee profile fields:

- first_name
- last_name
- address1
- city
- state
- zip
- work_phone
- fax_number
- email
- npi
- dea (optional but recommended)

Client profile fields:

- first_name
- last_name
- sex
- dob

If you are not sure which fields in the Employee or Client Profile screens correspond to the fields above, access the Employee or Clients table in the Data Dictionary, find the corresponding column names, and then see what the view labels are.

Steps to Use To add an order:

1. Client tab > Client's name (or **view** button) > **Medications** (or Orders) on Client nav bar
2. Click **Create Prescription** on the Client Medications screen (or Add Prescription on the Physicians Orders screen).
3. Search for the drug by medication name, drug class, condition, or any combination of these three filters. In the Medication and Condition fields, you can enter the first few letters of the name and then select the appropriate option from the list provided. *Do not select* a controlled substance II-V.
4. Click the appropriate medication in the list to select it. The Create Prescription screen for the medication you selected displays.
5. If you are a nonprescriber, select the prescriber from the Provider dropdown.
6. Use the Sig Builder or Free Text Sig tab to enter the directions for how to use the medication. Note: if you switch between the Sig Builder and Free Text Sig tabs, the system will take the input from the active tab when you move to the next screen. Data is not shared between the two tabs.
7. Enter the quantity and select the quantity units (for example, capsules, drops, or ounces) for the prescription.
8. Fill out any other fields as necessary.
9. Click **Send To Pharmacy**. The Pharmacy Search screen displays.
 - If this is your first time accessing the screen, there won't be any pharmacies in the list. Once you start electronically sending prescriptions to pharmacies, the system will populate the list based on your selections with the most recent selection at the top of the list.
 - To show only mail order pharmacies, click **Show Mail Order**.
To include fax only pharmacies in the list, select the corresponding checkbox and click **Search**.
Note that mail order only trumps fax only – if you select Include 'Fax Only' Pharmacies and click Show Mail Order, only mail order pharmacies will be returned in the search results.
10. If necessary, search for a pharmacy with the filtering fields and **Search** button.
11. Select a pharmacy from the list. A 'finalize prescription' screen displays so you can review the prescription details.

12. If you need to change the dosage information or pharmacy, click the corresponding Edit button.
13. Use the radio buttons to specify whether the pharmacy can substitute a different medicine than the one you have prescribed.
14. Click **Send**, **Send & Copy**, or **Submit for Approval** to finish the prescription. If you use Submit for Approval, have the prescriber approve and complete the prescription.

§170.304(c) Record Demographics

Objective

Electronically record, modify, and retrieve patient demographic data including preferred language, gender, race, ethnicity, and date of birth (DOB). Enable race and ethnicity to be recorded in accordance with the standard specified at §170.207(f)

Measure

See [§170.302\(n\)\(4\)](#)

In the client profile in Credible, you can add dropdowns for Preferred Contact Method, Preferred Language, Ethnicity, and Race and a calendar picker field for date of birth. To add the dropdowns, you set up the fields as lookups using the existing custom lookup categories. For Preferred Language, Ethnicity, and Race, the lookup categories are prepopulated with lookup items.

- Preferred Language: 50 most widely spoken languages⁹
- Ethnicity and Race: values from the CDC website that are accordance with Federal standards

Settings DataDictionary, AdminLookupUpdate, ClientUpdate

Steps to Configure

1. Admin tab > **Data Dictionary** > Table source = Clients | Type = View.
2. Insert the preferred_contact, preferred_language, ethnicity_omb, race_omb fields and set them as Lookup fields (lookup parameters: Lookup Table = LookupDict, Lookup Description = lookup_desc or lookup_code, Lookup Category = category that corresponds to the field). If you use different Client Profile or Client Extended Profile fields for race and ethnicity, the lookup items must be coded in accordance with Federal standards.¹⁰
3. Select the User View checkbox.
4. Click **Match Update to View** or add the field to the Update screen manually.
5. **Admin** tab > **Custom Lookup Items**.
6. Select preferred_contact_method from the Category dropdown and click **Display**.
7. Add different methods of contact to the category (for example, email, regular mail, or phone).

⁹ www.photius.com/rankings/languages2.html

¹⁰ www.whitehouse.gov/omb/fedreg_1997standards (OMB Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, Statistical Policy Directive No. 15, October 30, 1997)

Steps to Use To record demographics for a new client: Client tab > **add client** > select the appropriate values when adding a client to the system and save.

To record demographics for an existing client:

1. Click the Client tab.
2. Click the Client name or ID in Client List screen.
3. Click the **Profile** button on the Client nav bar.
4. In Client Profile screen: click **Update**, select the appropriate value from each of the new dropdowns, and then click **Update Client**.

To view a client's demographics:

1. Click the Client tab.
2. Click the Client name or ID in the Client List screen.
3. Click the Profile button on the Client nav bar.

§170.304(d) Patient Reminders

Objective

Electronically generate a patient reminder list for preventive or follow-up care according to patient preferences based on, at a minimum, the data elements included in:

1. Problem list
2. Medication list
3. Medication allergy list
4. Demographics
5. Laboratory test results

Measure

See [§170.302\(n\)\(14\)](#)

In Credible, with a custom export and the Show Exports function in Advanced Client Search, you can make it easy for Front Desk staff to generate a client reminder list that includes each client's preferred method of contact.

Settings ReportList, ExportBuild, ExportRun, AdvSearch

Steps to Configure

1. **Reports** tab > **Export Tool** on nav bar.
2. Enter the name of the export, select Planner from the Form/Table Name dropdown, and click **New Export**.
3. From the Col to Update dropdown, select export_date (to record the date when the export is run).
4. Select the Is Advanced Search checkbox.
5. Select the appropriate fields from the Export Fields folders. Recommendations:
 - a. Planner: plan_date
 - b. Clients: name fields, address fields, contact fields such as email and phone number, and preferred_contact_method
 - c. VisitType: Visit Type
6. In the Where Clause, include custom param fields for Planner.plan_date so you can specify a date range when running the export. If you want to generate the reminder list for a specific visit type, include that as a custom param field as well.
7. Enter the labels for the custom parameters.
8. Click **Next Step**.
9. In the Export Details screen, change the export name for each field if necessary and click **Finish**.

- Steps to Use
1. Client tab > **advanced search**.
 2. Select **Show Exports** checkbox.
 3. Enter search criteria and click **Filter**. There is an Export column in the search results and all the checkboxes are selected by default.
 4. Uncheck the Export checkbox for any clients you don't want to run the export on. To deselect all the checkboxes, click the Export column header.
 5. From the Export dropdown at the bottom of the search results, select the client reminder export and click **Generate Export**.
 6. Enter the appropriate values in the Parameter fields.
 - If necessary, change the format of the export results with the dropdown provided.
 - To display the header row or show line numbers, select the corresponding checkbox.
 7. Click **Run Export**.

§170.304(f) Electronic Copy of Health Information

Objective

Create an electronic copy of a patient's clinical information, including, at a minimum, diagnostic test results, problem list, medication list, and medication allergy list (1) in human readable format and (2) on electronic media or through some other electronic means in accordance with the standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2)

Measure

See §170.302(n)(12)

For the following data elements, the applicable standard must be used:

1. Problems -- the standard specified in §170.207(a)(1) or at a minimum, the version of the standard specified in §170.207(a)(2)
2. Laboratory test results – at a minimum, the version of the standard specified in §170.207(c)
3. Medications – the standard specified in §170.207(d)

In Credible, this requirement is met by providing client users (the client, parent, guardian, and so on) read-only access to a client's health information through the Credible Client Portal.

Settings Security Matrix: DataDictionary, ClientUserView, ClientView, ClientVisitView, ClientVisitViewExt
 Client User Security Matrix: eLabsCU, AllergyViewCU, ClientFileViewCU, ClientInsuranceViewCU, ClientNotesViewCU, ClientUserSummaryView, ClientVisitListCU, ClinicalSupportCU, ContactsViewCU, DxViewCU, eLabsCU, ExternalProviderViewCU, FamilyViewCU, FinancialsViewCU, MedicalProfileViewCU, PlannerViewCU, RxViewCU, TxViewCU, ViewPrivateFolderCU

Your Implementation or Account Manager needs to turn on the Client Portal in your system.

Steps to Configure To set up the Client Portal:

1. Select the fields you want client users to view:
 - a. **Admin tab > Data Dictionary**
 - b. Make sure Table Source = Clients and Type = View and then click **Submit**.
 - c. For each field that you want a client user to have view access to, select the User View checkbox and click **update**.

2. Add a client user login profile:
 - a. **Admin tab > Login Profiles > Add a New Security Profile Entry.** You need to add at least one login profile where Is Client User = True.
 - b. In the Profile Code field, enter the name of the profile.
 - c. Enter a description, select True from the Is Client User dropdown, and click **Add Security Profile.**
3. Set up multiple client user login profiles if you want to vary the parts of a record client users have access to. For example, you can have one full access profile and several partial access profiles. You use the Client User Security Matrix to control the parts of a record profile has access to.
4. Set up the Client User Security Matrix:
 - a. **Admin tab > Client User Security Matrix.**
 - b. Select the options you want each client user profile to have access to and click **Save All.**
5. Give users the right to add client users by selecting *ClientUserView* for the appropriate profiles in the Security Matrix.
6. Configure the Client User Home Page:
 - a. **Admin tab > Home Page Config > Client User Home Page Admin.**
 - b. Select the options you want to display on the Client Portal home page and click **Save.**

To give a client user access to the Client Portal:

1. Client tab > Client's name > **Users** on Client nav bar > **Add User.**
2. Enter a username for the client user.
3. Enter the first and last name of the client user and enter his or her email address.
4. Enter the date the client user requested access to an electronic copy of his/her health information (default is current date).
5. Select the client user profile from the dropdown and click **Add User.** The Password Update screen displays.
6. Enter a password for the client user in the New Password field and then enter it again in the second password field. Note that a client user will have to change his or her password during the initial login to the portal.
7. Click **Update Password.** The User Accounts screen displays with the user account you created.

If a client user needs to access the records for more than one client, he or she will need separate logins as you can only access a single client's record when logged into the Client Portal.

Steps to Use

1. Give the login information and your domain name to each client user.
2. Give client users the Client Portal URL www.credibleportal.com and let them know they will need to enter a new password when they first log in.
3. Once logged into the Portal, click the different buttons on the nav bar to view the different parts of a client's record.

§170.304(g) Timely Access

Objective

Provide patients with online access to their clinical information, including, at a minimum, lab test results, problem list, medication list, and medication allergy list.

Measure

See [§170.302\(n\)\(6\)](#)

In Credible, timely access to a client's record is accomplished through the Credible Client Portal. For the Client Portal settings and steps to configure and use, click [here](#).

[Settings](#) N/A

[Steps to Configure](#) N/A

[Steps to Use](#) N/A

§170.304(h) Clinical Summaries

Objective

Provide clinical summaries to patients for each office visit that include, at a minimum, diagnostic test results, problem list, medication list, and medication allergy list. If the clinical summary is provided electronically it must be (1) in human readable format and (2) on electronic media or through some other electronic means in accordance with the standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2)

For the following data elements, the applicable standard must be used:

- (a) Problems – the standard specified in §170.207(a)(1) or, at a minimum, the version of the standard specified in §170.207(a)(2)
- (b) Laboratory test results – at a minimum, the version of the standard specified in §170.207(c)
- (c) Medications – the standard specified in §170.207(d)

Measure

CMS core measure 15 of 15 ([spec sheet](#))

In Credible, the human readable format requirement is met through read-only access to clinical summaries for visits in the Credible Client Portal. The electronic media requirement is met by generating a client's Continuity of Care Record (CCR) that includes clinical summary information.

To securely exchange a client's health information with another agency (for example, for transfer of care), you can generate an encrypted Continuity of Care Record (CCR). A CCR includes the From/To details you enter in the CCR Generator screen, basic demographics, current allergies and diagnoses, current medications with an internal provider/prescriber, and lab results that have a facility associated with them.

You can generate a CCR that is based on the information that was current when a visit was signed and submitted – if the visit type was set up to include a summary. The information in a time-of-visit CCR will not change to reflect updates made to a client's record after the visit's Signed date/time. Note that time-of-visit CCRs will not be available for visits created in MobileForm or for visits created before the client summary feature was enabled (the functionality is not retroactive).

Best practice:

1. Have the client sign an ROI for sending his or her CCR to another agency.
2. Encrypt the CCR and enclose it in a zip file. Before you send an encrypted file to another agency, make sure it has the ability to decrypt data protected with Advanced Encryption Standard (AES) 256-bit. .

Settings Security Matrix: FormBuilder, FormBuilderEdit, ClientFormsUpdate, ClientVisitSummaryView, ClientVisitViewExt

Client User Security Matrix: ClientUserSummaryView, ClientVisitListCU

Partner Config: Use Client Summary Features

You need to have the Form Builder module. Your Implementation or Account Manager needs to turn on Form Builder and the Client Portal for your system.

- Steps to Configure**
1. Configure the visit (service) type to include a clinical summary and support time-of-visit CCR generation.
 - a. **Admin** tab > **Visit Type**.
 - b. Add a new service type or edit an existing one.
 - c. Select Include Summary checkbox and click **Save**.
 2. Set up questions in the form so they will be included in the clinical summary. To meet this objective, you must include injected lab results, diagnoses, medications, and allergies.
 - a. Select the **Forms** tab and click the **new version** button for an existing form or add a new form.
 - b. For any question that you want to include in the summary, select the Include in Summary checkbox. Minimally, you need to include questions that inject a client's current lab results, diagnoses, medications, and allergies.
 - c. Make sure the category has one question that *doesn't inject data* that is *Category Required* to ensure the injected data is saved in the clinical summary.
 - d. Build and activate the form and then link it to the visit type you updated above.
 3. Give staff and client users the right to view clinical summaries.

- Steps to Use** To access a clinical summary:
1. Give client users access to the Client Portal.
 2. Once logged in: **Visit** button on the nav bar > **print** button in the Summary column in the Client Visit List screen.

If summary notes were entered, they will be in the header section of the clinical summary. The information below the header section corresponds to the questions in the form that you set up to include in the summary – for example, injected lab results, diagnoses, medications, and allergies.

To generate a time-of-visit CCR:

1. Complete a visit with the visit type you set up to include a summary.
2. Visit tab > **view** button for visit.
3. Click the **Create CCR** link in the Transfer XML/CCR field.
4. Follow steps 2 – 6 for generating a real-time CCR.

§170.304(i) Exchange Clinical Information and Patient Summary Record

Objective

(1) Electronically receive and display a patient's summary record from other providers and organizations including, at a minimum, diagnostic tests results, problem list, medication list, and medication allergy list in accordance with the standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2). Upon receipt of a patient summary record formatted in the alternative standard, display it in human readable format.

(2) Electronically transmit a patient summary record to other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, and medication allergy list in accordance with the standard (and applicable implementation specifications) specified in §170.205(a)(1) or §170.205(a)(2).

For the following data elements, the applicable standard must be used:

(A) Problems – the standard specified in §170.207(a)(1) or, at a minimum, the version of the standard specified in §170.207(a)(2)

(B) Laboratory test results – at a minimum, the version of the standard specified in §170.207(c)

(C) Medications – the standard specified in §170.207(d)

Measure

See [§170.302\(n\)\(6\)](#)

In Credible, you use the Import Client Summary function to electronically receive a CCR or a Continuity of Care Document (CCD) from other another provider or organization. If the file is encrypted, you will need the encryption/decryption key from the sending agency. The uploading action is logged in the HIPAA logs.

When the system imports the CCR/CCD, it creates a PDF version and attaches it to the client's record. Like any other attachment, you can make a CCR or CCD available to client users in the Credible Client Portal.

You can generate a CCR that is based on the current information in the client's profile.

The requirement to electronically transmit a patient summary record to other providers and organizations is similar to [§170.304\(f\) Electronic Copy of Health Information](#).

Settings Security Matrix: ClientVisitSummaryView, ClientFileView, ClientFileAdd
Client User Security Matrix: ClientFileViewCU
Partner Config: Use Client Summary Features
Your Implementation or Account Manager needs to turn on the Client Portal in your system.

Steps to Configure For information on setting up the Client Portal, click [here](#).

- Steps to Use**
1. Save the CCR/CCD file from the external provider or organization locally.
 2. Client tab > Client's name > **Attachments** > **Import Client Summary**.
 3. Enter or select the folder you want to upload the file to.
 4. Enter a description of the file.
 5. If desired, select Public to make the file available in the Client Portal.
 6. If the file is encrypted, select Decrypt File and enter the decryption password in the field that displays.
 7. Browse for and select the ZIP or XML file.
 8. Click **Upload File**.

If you uploaded a zip file, the system will automatically unzip it. You can access the file in the File Attachments screen.

To generate a real-time CCR for a client:

1. Client tab > Client's name > **Profile** on Client nav bar > **Generate CCR**.
2. Fill out the Summary detail section:
 - a. In the From field, enter your name or the name of your agency (required).
 - b. In the "from" Role field, enter your job title or information that further identifies your agency (required).
 - c. Optional: use the To field and "to" Role field to identify the person and/or agency receiving the client summary.
 - d. Optional: enter the reason the CCR is being sent.

3. Encrypt the CCR by selecting the corresponding checkbox and entering a key in the field that displays. Always use a mix of lowercase/uppercase letters, digits, and special characters. Jot down the key as you will need to send it to the receiving agency.
4. Select the zip file output option and click **Generate Summary**. (You should only use the “Print summary to screen” option for review purposes.)
5. Save the file locally. The zip file contains the CCR in an XML document and the hash value in a text document.
6. Upload the zip file and encryption key to the receiving agency – this process occurs outside of Credible.

§170.304(j) Calculate and Submit Clinical Quality Measures

Objective

(1) Calculate

- (i) Electronically calculate all of the core clinical measures specified by CMS for EPs
- (ii) Electronically calculate, at a minimum, three clinical quality measures specified by CMS for EPs, in addition to those clinical quality measures specified in paragraph (1)(i)

(2) Submit. Electronically submit calculated clinical quality measures in accordance with the standard and implementation specifications specified in §170.205(f)

Measure

Credible has been certified for the following ambulatory clinical quality measures endorsed by the [National Quality Forum](#) (NQF):

- [NQF 0004](#) Alcohol and Drug Dependence (CMS – EP)
- [NQF 0013](#) Hypertension: Blood Pressure Measurement (Core)
- [NQF 0024](#) Youth Weight Assessment (Core)
- [NQF 0027](#) Tobacco Use Cessation (CMS – EP)
- [NQF 0028](#) Preventive Care: Tobacco Use Assessment & Tobacco Cessation (Core)
- [NQF 0038](#) Childhood Immunization Status (Core)
- [NQF 0041](#) (PQRI 110) Influenza Immunization (Core)
- [NQF 0105](#) Depression Management (CMS – EP)
- [NQF 0421](#) (PQRI 128) Adult Weight Screening (Core)

Calculating the clinical quality measures and submitting the results is how you demonstrate that you are using Credible in a meaningful way. The Physician Quality Reporting System (Physician Quality Reporting), formerly known as the Physician Quality Reporting Initiative (PQRI), requires that EPs report data on quality measures for covered professional services furnished to Medicare beneficiaries. For more information, visit the CMS website for PQRS: www.cms.gov/PQRS.

In Credible, you use the PQR Outcomes report to calculate the percentages for the different measures and generate an XML file for electronic submission. For 2011 Physician Quality Reporting, you can submit the data to “CMS on your Medicare Part B claims, a qualified Physician Quality Reporting registry, or CMS via a qualified electronic health record (EHR) product.”

You use custom exports to calculate all of the clinical quality measures. For some of the measures, you need to use web forms to capture the data. Credible has built forms and queries to help you in this effort – you can copy them from the Credible Library. The National Quality Forum (www.qualityforum.org) maintains the clinical details for the outcomes measures. To access the details, you need to register for a free membership with NQF.

Disclaimer: the exports and forms referenced in the measures below are based on Credible's understanding of each measure. Having our software certified by an ONC-ATCB is not a verification of our understanding or that the exports are calculating raw clinical data correctly according to the NQF outcome specifications. You are responsible for understanding each NQF measure, reviewing Credible's approach, and modifying if necessary. If you need additional detail about a measure, contact your PQR registry or the steward for the measure (listed in the summary of each measure), review the documentation at the NQF website, and/or review the PQRS documentation at CMS.

Settings Security Matrix: FormBuilder, FormBuilderEdit, ClientFormsUpdate, DataDictionary, ClientUpdate, ReportList, ExportBuild, ExportRun, AdvSearch

Report Security: PQR Outcomes

You need to have the Form Builder module and your Implementation or Account Manager needs to turn it on in your system.

- Steps to Configure**
1. Add the NPI, tin, and pqri_waiver_signed fields to the Employee Profile:
 - a. Admin tab > **Data Dictionary** > Table source = Employee | Type = View.
 - b. Insert the npf field with a max length of 50.
 - c. Insert the tin field with a max length of 9.
 - d. Insert the pqri_waiver_signed field and set it as a Boolean field with a max length of 1.
 - e. Click **Match Update to View** or add the field to the Update screen manually.
 2. Copy the forms referenced in the measures below from the Credible Library to your system.
 - a. For each form copied, click **New Version** and then **Build** and **Activate**.
 - b. Add a visit type for each form and link the form to it.
 3. Copy the queries referenced in the measures below from the Credible Library or create your own to build the custom exports that will perform the necessary calculations. The queries are attachments in reference # 33111, Clinical Quality Measures (PQRS).

- Steps to Use** For each provider you are going to report on:
1. Verify that the PQR waiver has been signed and then update the Employee Profile so the corresponding field = True.
 2. Update the Employee Profile with the provider's tax identification number.

To calculate: when running an export to calculate the measure, select the Header Row checkbox and enter the appropriate dates in the Start Date and End Date fields.

To report on the quality measures and generate a PQR XML file:

1. Reports tab > **Employee** on nav bar > **PQR Outcomes** > **Run Report**. Any existing PQRs will be listed. You can view, edit, or delete an existing PQR with the corresponding buttons.
2. To create a new PQR:
 - a. Click **Start New PQR**.
 - b. Select the submission type and method and click **Save**.
 - Select Test and the 6 months method if you are submitting a test file to the registry.
 - Select Payment and the 12 months method if you are submitting a real production file for an incentive payment.
 - c. Select the Billing Provider/Employee and enter the date range you want to report on.
 - d. Enter the PQR number for the quality measure. If the measure does not have one, use the last three digits of the NQF number.
 - e. Fill in the appropriate values for Eligible Instances, Meet Performance Instances, and Exclusions (Meet Performance Instances must be less than the Eligible Instances).
 - Eligible instances is the denominator for the percentage – how many clients did you see that met the basic criteria (age, visit type, and so on)
 - Meet Performance is part of the numerator – of the clients meeting the basic criteria in the Eligible Instances, how many of them met the outcome measure (they had the right number of vaccinations, were asked about smoking, and so on)
 - Exclusions do not apply to every outcome and for outcomes with exclusions, you might not have any clients that meet the exclusion criteria. If you enter a value in the Exclusions field, the system will subtract the value from the Meet Performance Instances value for the numerator. Exclusion example: for the flu vaccine, the exclusions are people aged 50 years and older who cannot take a flu vaccine due to allergies, bad reaction in the past, or personal reasons.
 - f. Click **Save PQR Outcome**. The outcome is displayed. You can edit or delete it with the buttons provided.

3. You can edit or delete the outcome results with the buttons provided. If you delete the results, the header information you set up in step 2b will be retained.
4. After you have generated the outcomes for the appropriate providers and measures, click **Create PQR XML** and save the file locally.
5. Upload the file to CMS or a qualified PQR registry – this process occurs outside of Credible.

Title	Description
0004 <i>Alcohol and Drug Dependence (CMS – EP)</i> Initiation and engagement of alcohol and other drug dependence (AOD) treatment: a. Initiation, b. Engagement	Percentage of adults aged 18 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment Assessment of the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment
Steps to Use	<ol style="list-style-type: none"> 1. Complete a chart review for each client aged 18 years and older with AOD and then complete the web form (#1093 NQF 0004 CHART REVIEW). 2. Run the export to measure (*NQF 0004 Initiation and Engagement AOD Treatment).

Title	Description
0013 <i>Hypertension: Blood Pressure Measurement (Core)</i>	<p>Percentage of patients aged 18 years and older with a diagnosis of hypertension with blood pressure <140/90 mm Hg OR patients with blood pressure \geq 140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during most recent office visit within a 12-month period</p> <p>Denominator: all patients 18 years and older with a diagnosis of hypertension</p> <p>Numerator: all patients in denominator with blood pressure <140/90 mm Hg OR \geq 140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit within a 12-month period</p>
Steps to Use	<ol style="list-style-type: none"> 1. Use the Medical Profile to record a client's blood pressure (see §170.302(f) Record and Chart Vital Signs). 2. Use the Diagnosis function to record a diagnosis of hypertension (Axis III, 401 to 405). 3. Use Create Prescription to prescribe the medications (see §170.304(b) Electronic Prescribing). 4. Run the export to measure (*NQF 0013 Blood pressure measurement).
Title	Description
0024 <i>Youth Weight Assessment (Core)</i> Body mass index (BMI) 2 through 18 years of age	<p>Percentage children, 2 through 18 years of age, whose weight is classified based on BMI percentile for age and gender</p> <p>Denominator: all clients 2 through 18 years of age with a well child visit in the measurement period month</p> <p>Numerator: all clients in the denominator who were classified based on BMI percentile for age and gender</p>
Steps to Use	<ol style="list-style-type: none"> 1. Use the Medical Profile to record a client's height and weight (see §170.302(f) Record and Chart Vital Signs). 2. Add a visit for each client aged 2 to 18 and complete the web form to document BMI percentile (#1097 WELL CHILD VISIT). (CDC BMI Percentile Calculator for Child and Teen) 3. Run the export to measure (*NQF 0024 Body Mass Index (BMI) 2 through 18 years).

Title

0027 *Tobacco Use Cessation (CMS – EP)*

Smoking cessation, medical assistance: a. Advising smokers to quit, b. Discussing smoking cessation medications, c. Discussing smoking cessation strategies

Description

Number of patients 18 and older who responded to the survey and indicated that they were current smokers and had one or more visits during the measurement year

a: Advising Smokers to Quit: The number of patients in the denominator who responded to the survey and indicated that they had received advice to quit smoking from a doctor or other health provider during the measurement year.

b: Discussing Smoking Cessation Medications: The number of patients in the denominator who responded to the survey and indicated that their doctor or other health provider recommended or discussed medications to assist with quitting smoking during the measurement year.

c: Discussing Smoking Cessation Strategies: The number of patients in the denominator who responded to the survey and indicated that their doctor or health care provider recommended or discussed methods and strategies other than medication to assist with quitting smoking during the measurement year.

- Steps to Use**
1. Add a visit for each client aged 18 and older and complete the web form (#1102 SMOKING SURVEY).
 2. Run the export to measure (*NQF 0027 Smoking Cessation).
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Title

0028 *Preventive Care: Tobacco Use Assessment and Cessation (Core)*

Measure pair: a. Tobacco use assessment, b. Tobacco cessation intervention

Description

Percentage of patients who were queried about tobacco use one or more times during two-year measurement period

Percentage of patients identified as tobacco users who received cessation intervention during two-year measurement period

Denominator:

a: All patients > 18 years of age at the beginning of the two-year measurement period Patient Selection:

CPT codes for patient visits: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99385-99387, 99395-99397, 99401-99404

And Patient's age is > 18 years

b: All patients > 18 years of age identified as tobacco users at the beginning of the two-year measurement period

Numerator:

a: Patients who were queried about tobacco use one or more times

b: Patients identified as tobacco users who received cessation intervention

Cessation intervention may include smoking cessation counseling (for example, advise to quit or referral for counseling) and/or pharmacologic therapy

- Steps to Use**
1. Add a visit for each client aged 18 and older and complete the web form (#1103 OFFICE VISIT).
 2. Run the export to measure (*NQF 0028 Tobacco Use / Cessation).
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Title0038 *Childhood Immunization Status (Core)***Description**

Percentage of children 2 years of age who had four DtaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV), and four pneumococcal conjugate vaccines by their second birthday

Denominator: a systematic sample drawn from children who turn two years of age during the measurement year

Numerator:

For each antigen/vaccination, the number of children having the specified number of vaccinations (number of children having 4 DtaP/DT vaccinations, number of children having 3 IPV vaccinations, and so on)

Steps to Use

1. Record immunizations for children who turn two years of age during the measurement year in their Medical Profile.
 2. Run the export to measure (*NQF 0038 Childhood Immunization Status).
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Title	Description
0041 <i>Influenza Immunization (Core)</i> <i>Preventive care and screening: influenza immunization for patients \geq 50 years old</i>	<p>Patients who received influenza vaccination from September through February of the year prior to the measurement period</p> <p>Denominator: all clients => 50 years of age at the beginning of the one-year measurement period</p> <p>Patient Selection: CPT codes for patient visits: 99201-99205, 99212-99215, 99241-99245, 99354-99355, 99386-99387, 99396-99397, 99401-99404, 90471-90474 And Patient's age is > 50 years at the beginning of the one-year measurement period</p> <p>Numerator: clients in the denominator who received influenza vaccination from September through February of the year prior to the measurement period</p> <p>ICD-9-CM codes for need vaccine: V04.81</p> <p>Or CPT procedure codes for adult influenza vaccine: 90656, 90657, 90658, 90660</p> <p>Or HCDCS code: G0008</p> <p>Or Medical record includes documentation of patient report of having received the vaccination</p>
Steps to Configure	Add a generic field to the Client Profile to record the reason for not receiving the vaccination.
Steps to Use	<ol style="list-style-type: none"> 1. For each client older than 50 years, record immunizations clients older than 50 year in their Medical Profile. If a client did not receive the vaccination, update his or her Client Profile with the reason. 2. Run the export to measure (*NQF 0041 Influenza Vaccination).

Title	Description
<p>0105 <i>Depression Management (CMS – EP)</i></p> <p>New episode of depression: (a) Optimal practitioner contacts for medication management, (b) Effective Acute Phase treatment, (c) Effective Continuation Phase treatment</p>	<p>Percentage of patients diagnosed with new episode of depression and treated with antidepressant medication and who had at least three follow-up contacts with a practitioner during 84-day (12-week) Acute Treatment Phase</p>
Steps to Use	<ol style="list-style-type: none"> 1. Complete a chart review for each client diagnosed with a new episode of depression and treated with antidepressant medication and then complete the web form (#1094 NQF 0105 CHART REVIEW). 2. Run the export to measure (*NQF 0105 New Episode of Depression).

Title	Description
<p>0421 <i>Adult Weight Screening (Core)</i></p> <p>Adult weight screening and follow-up</p>	<p>Percentage of patients aged 18 years and older with a calculated BMI documented in the medical record AND a documented follow-up plan if the most recent BMI is outside the parameters</p> <p>Parameters: age 65 and older BMI > or = 30 or < 22; age 18-64 BMI > or = 25 or < 18.5</p>
Steps to Use	<ol style="list-style-type: none"> 1. Use the Medical Profile to record a client's height and weight (see §170.302(f) Record and Chart Vital Signs). 2. Add a visit for each client and complete the web form document the follow-up plan (#1094 NQF 0105 CHART REVIEW). 3. Run the export to measure (*NQF 0421 Adult Weight Screening).
