



## Tip Sheet for Clinical Decision Support

### Objective

Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

An eligible professional (EP) must satisfy both measures outlined below for this objective. In order to meet meaningful use (MU) requirements for measure 1, the threshold must be met. For measure 2, an EP must meet the threshold or qualify for the exclusion.

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

**Measure 2:** Enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire MU reporting period.

### Exclusion

**Measure 2:** An EP who writes fewer than 100 medication orders during the EHR reporting period may take an exclusion.

### If...

If an EP is planning on attesting "Yes" to measure 1 for documentation purposes, they must list the five implemented CDS interventions and which four CQMs, or high-priority health conditions, they are related to.

If an EP is planning on attesting "No" to measure 1, the result would be failing the meaningful use (MU) requirement and the attestation would not be accepted.

If an attestation does not have supporting documentation for a "Yes" response, it could result in a delay in processing. The accounting contractors (Myers and Stauffer LC) for the Department of Health Care Policy and Financing (the Department) may send communications asking for documentation and/or a notice of failure to meet meaningful use requirements.

### Why?

Participants need to have documentation to support a "Yes" response for measure 1 and be able to upload that documentation while attesting for the current program year (PY). Having proper documentation can prevent delays in processing an attestation. When EPs are subject for either pre- or post-payment audits, having the correct documentation uploaded during the attestation will benefit any organization/group or individual in validating the attestation.

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### *What?*

What are some documents that will support a “Yes” response for measure 1?

- Screenshots with date and time visible (within the MU reporting period) that demonstrate the five implemented CDS interventions. Screenshots should demonstrate what four CQMs or high-priority health conditions the interventions are related to.
- Dashboard report showing that the five CDS interventions related to at least four CQMs are enabled during the MU reporting period. If submitting a dashboard report, you must be able to support how the dashboard is determining the five interventions were enable and that they were related to CQMs. A dashboard report alone without this additional support will not be accepted.
- A letter from the Certified Electronic Health Record Technology (CEHRT) vendor confirming five CDS interventions related to four CQMs or high-priority health conditions were enabled during the MU period.
- If the documentation noted above cannot be provided, please contact Myers and Stauffer LC at [coloradoehr@mslc.com](mailto:coloradoehr@mslc.com) for further guidance on possible alternatives.

### *How?*

These tips can help EPs meet measure 1:

- Create a plan within a workflow to gather five screenshots of the chosen CDS interventions.
- Take dated, time-stamped screenshots at the beginning of the calendar year (CY) and again at the end of the CY, for a total of ten screenshots.
- EPs must use 2015 Edition CEHRT to meet Stage 3 meaningful use.
- The same interventions do not have to be implemented for the entire EHR reporting period as long as the threshold of five is maintained for the duration of the EHR reporting period.

These tips can help EPs meet measure 2:

- EPs must attest “Yes” to enabling and implementing the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
- **EXCLUSION:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

### **Additional Information**

*If...*

If an EP plans on attesting “Yes” to measure 2 for documentation purposes, drug-drug and drug-allergy interaction alerts are separate from the five CDS interventions and do not count toward the five required for measure 1.

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If an EP is planning on attesting “No” to measure 2 and does not take the exclusion, the result would be failing the MU requirement and the attestation would not be accepted.

If an attestation does not have supporting documentation for a “Yes” response it could result in a delay in processing. Myers and Stauffer LC may send communications asking for documentation and/or a notice of failure to meet requirements.

### *Why?*

Participants need to have documentation to support a “Yes” response for measure 2 and be able to upload that documentation while attesting for the current program year (PY). Making sure to have proper documentation can prevent delays in processing an attestation. When EPs are subject for either pre- or post-payment audits, having the correct documentation uploaded during the attestation will benefit any organization/group or individual in validating the attestation.

### *What?*

What are some documents that will support a “Yes” response for measure 2?

- Screenshots with date and time visible (within the MU reporting period) that demonstrate the drug-drug and drug-allergy interaction was enabled.
- Dashboard report showing measure 2 functionality is enabled during the entire MU period. If submitting a dashboard report, demonstrate within the dashboard how the drug interaction functionality was enabled. A dashboard report alone, without additional support, will not be accepted.
- A letter from the CEHRT vendor confirming the drug-drug and drug-allergy interaction functionality was enabled during the entire MU period.

### *How?*

These tips can help EPs meet measure 2:

- Create a plan within a workflow to gather screenshots.
- Take dated, time-stamped screenshots at the beginning of the CY and again at the end of the CY.
- EPs must use 2015 Edition CEHRT to meet Stage 3 MU.

## **Helpful Frequently Asked Questions from CMS**

*Question:* Can the drug-drug and drug-allergy interaction alerts of my electronic health record (EHR) also be used to meet the MU objective for implementing one clinical decision support rule for the Medicare and Medicaid Promoting Interoperability Programs?

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*Answer:* No. The drug-drug and drug-allergy checks and the implementation of clinical decision support interventions are separate measures. EPs and eligible hospitals must implement five clinical decision support interventions in addition to CDS drug-drug and drug-allergy interaction.

*Question:* What information should an eligible professional, eligible hospital, or critical access hospital participating in the Medicare or Medicaid Promoting Interoperability Programs maintain in case of an audit?

*Answer:* An audit may include a review of any of the documentation needed to support the information that was entered in the attestation. The level of the audit review may depend on a number of factors, and it is not possible to include an all-inclusive list of supporting documents. The primary documentation that will be requested in all reviews is the source document(s) that the provider used when completing the attestation. This document should provide a summary of the data that supports the information entered during attestation. Ideally, this would be a report from the certified EHR system, but other documentation may be used if a report is not available or the information entered differs from the report.”

A few examples of additional support are as follows:

- Drug-Drug/Drug-Allergy Interaction Checks and Clinical Decision Support – Proof that the functionality is available, enabled, and active in the system for the duration of the EHR reporting period.
- Protect Electronic Health Information – Proof that a security risk analysis of the certified EHR technology was performed during the calendar year (e.g., report which documents the procedures performed during the analysis and the results).
- Electronic Prescribing and Drug Formulary Checks – Proof that the functionality is available, enabled, and active in the system for the duration of the EHR reporting period.
- Public Health Reporting – Screenshots from the EHR system or other documentation that document the Active Engagement Option to which the EP attested. Alternately, a letter or email from registry or public health agency confirming the EP is in the process of testing and validation or is successfully submitting production data.
- Exclusions – Documentation to support each exclusion to a measure claimed by the provider

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### **Colorado Medicaid Registration & Attestation System**

<https://colorado-hcp-portal.xco.dcs-usps.com/hcp/provider/Home/tabid/135/Default.aspx>

- Attestation for EPs

### **CMS EHR Incentive Programs Official Website**

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

- Update Incentive Program Registration for Medicaid EPs
- Program Basics & FAQs
- Resource materials for EPs and EHs

### **Certified Health IT Product List (CHPL ID)**

<https://chpl.healthit.gov/#/search> (does not support Internet Explorer)

- 2015 Edition EHR Certification Number
- Required documentation for Medicaid attestation

### **CORHIO Meaningful Use Resources**

<https://www.corhio.org/expertise/meaningful-use-quality-payment-program/eligible-professionals-medicare>

### **Contact**

Kelly Hernandez, Medicaid EHR Incentive Program Coordinator

[medicaidEHR@corhio.org](mailto:medicaidEHR@corhio.org) or 720.285.3232

Help Desk at Gainwell Technologies (formally known as DXC) (MAPIR): Provider Services call center  
1-844-235-2387

**Provider Enrollment or Revalidation Questions:** [COProviderEnrollment@HPE.com](mailto:COProviderEnrollment@HPE.com)