



## Objective 2: Clinical Decision Support

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

**MEASURE 1:** EPs must attest YES to implementing five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. -

**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.

**If the EHR does not provide a report indicating these functionalities are enabled take screenshots to keep with your Meaningful Use documents!**

Your Practice Support Consultants are here to help!

Contact us with any questions or concerns you may have.

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### Breaking News!!!!!!

**CMS has issued guidance for 2016 registry reporting.**

**[FAQ #14393](#) (New):** Can a provider register their intent after the first 60 days of the reporting period in order to meet the measures if a registry becomes available after that date?

If a registry declares readiness at any point in the calendar year after the initial 60 days, a provider may still register their intent to report with that registry to meet the measure under Active Engagement Option 1.

However, a provider who could report to that registry may still exclude for that calendar year if they had already planned to exclude based on the registry not being ready to allow for registrations of intent within the first 60 days of the reporting period.

**[FAQ #14397](#) (New):** What should a provider do in 2016 if they did not previously intend to report to a public health reporting measure that was previously a menu measure in Stage 2 and they do not have the necessary software in CEHRT or the interface the registry requires available in their health IT systems? What if the software is potentially available but there is a significant cost to connect to the interface?

..... Therefore, in order that providers are not held accountable to obtain and implement new or additional systems, we will allow providers to claim an alternate exclusion from certain public health reporting measures in 2016 if they did not previously intend to report to the Stage 2 menu measure...[read the full FAQ](#).

## CMS Extends the Meaningful Use Hardship Application Deadline!



Are you fluent in Spanish?  
Do you interpret in a healthcare setting?  
Register [here](#) to build your medical terminology skill!

CMS announced that the new hardship application deadline for eligible professionals has been **extended to July 1, 2016**. This will allow providers more time to submit the hardship application to avoid negative adjustments to Medicare payments in 2017.

The new streamlined hardship exception application requires less information and one form may be submitted on behalf of all providers in the clinic. The form is available [here](#). Instructions for completing the form are available [here](#).

Please read these FAQs for additional guidance **[FAQ #14113](#)** and **[FAQ #12845](#)**.

Providers who experienced a hardship caused by the timing of the Final Rule may select 2.2d on the 2017 hardship form. This selection does not require any additional documentation. The application should be submitted electronically and a copy should be retained by the practice.

### Medical Terminology for Interpreters - Basic Glossary of Anatomy Terms

Friday, May 13, 2016 and Friday, May 27, 2016 (2-Day Workshop)  
8:30 am - 5:00 pm (BOTH DAYS) | CENTER FOR LEARNING AND DEVELOPMENT

This two-day course is designed for fluent bilingual individuals who are currently providing interpreter services in the healthcare setting or are in the process of beginning to work as interpreters. This training has an additional emphasis on medical terminology.

**Speaker:** Maria Velez, MS  
Charlotte AHEC

**Credit:** 1.4 CEUs / 14 Contact Hours

**Fee:** \$250.00 Registration  
Breakfast & Lunch Provided



For more information or to register please visit [www.charlotteahec.org](http://www.charlotteahec.org)  
Contact: Chanyne Cupil at 704.512.6710 or [Chanyne.Cupil@carolinashhealthcare.org](mailto:Chanyne.Cupil@carolinashhealthcare.org)



NCHIE



NCHIEA

NCHIE, a subsidiary of CCNC, ceased operations on February 29, 2016. The operation of the HIE transitioned to NC Health Information Exchange Authority (NCHIEA).

#### If I had a contract with NCHIE what does this mean for me?

- All participants must sign the new State Participation Agreement
- You may elect to continue to submit data through CCNC
- Changes to the HIE do not impact a practice's relationship with CCNC - TECCAs remain valid, services provided by CCNC and NCCCN will continue

Who can I contact for more information? [scline@n3cn.org](mailto:scline@n3cn.org)

## Patient-Centered Medical Home (PCMH) – What's the Buzz About?

By now you have most certainly heard a thing or two about PCMH. You may be wondering: What are the benefits? How much does it cost? How long does it take? How do I get started? Who can help? **We can!**

#### To learn more sign up for these [NCQA free webinars](#):

- Getting On Board – Learn It
- Getting On Board – Earn It
- Getting On Board – Keep It

**Next step** – Call your Practice Support Consultant to find out how we can help you achieve recognition!