Meaningful Use



Stage 1 Core and Menu Progress Checklist

This progress checklist is designed to assist the Eligible Professional (EP) in tracking Stage 1 Core and Menu measures during a reporting period. Tracking your progress on a weekly basis is important so that you can clearly see how your practice compares to the threshold of each measure and where improvement is needed. You could also use this checklist to track your progress in anticipation of your reporting period to monitor which areas of measurement indicate a weakness.

To track your progress, you will run a weekly Functional Measures report, as outlined below, and enter the results in the checklist on Page 2.

How to Use the Checklist

- 1. Print the checklist on Page 2.
- 2. Complete the information at the top of the checklist, including "Reporting Period."
- 3. Indicate which Menu Measures you plan to attest to by checking the box by each.
- 4. At the end of the week, print the Functional Measures Report:
 - a. In the Kareo EHR, hover over Menu in the top left and click **Reports**.
 - b. Select MU1: Functional Measures from the drop-down menu.
 - c. Select a date range. For Stage 1, Year 1, the date range should reflect the 90-day consecutive period for which you want to attest for Meaningful Use. For all other stages, you must attest to specific calendar quarters.
 - d. Select a provider from the User drop-down list.
 - e. Click Print Report.
 - f. The report displays in Adobe. Print using the Adobe print function.
- 5. Transfer the results in the report to your checklist.
- 6. Repeat each week for the duration of your reporting period to track improvements or weaknesses, and ensure that all selected measures have been satisfied.



	Stage 1, Year 1	☐ Stage 1, Year 2					
I am an Eligible Professional.							
I have completed the CMS Registration.	Reporting Period:		April - June 2014				
	Any continuous 90 days		July - September 2014				
	Begin before July 1, 2014		October - December 2014				
	Must attest by October 1, 2014 to avoid penalties						
	I am an Eligible Professional.	I am an Eligible Professional. I have completed the CMS Registration. Reporting Period: Any continuous 90 days Begin before July 1, 2014	I am an Eligible Professional. I have completed the CMS Registration. Reporting Period:				

			Must attest by Oct	.00011,2	017106	voia pe	11010102										
				Week (Enter Dates Above Numbers)													
Attest	Requirement#	MU Requirement	Threshold				4		6	7	8	9		11		13	Final
All thirteen (13) Core Requirements are mandatory:																	
Yes	Core #1	CPOE (Patients)	>30%														
Yes	Core#1 Alt	CPOE (Meds)	>30%														
Yes	Core#2	Drug-drug, drug-allergy checks	Yes/No	Functionality is integrated into Kareo EHR, Measure requires no futher action YES								YES					
Yes	Core#3	Problem lists	> 80%														
Yes	Core#4	ePrescribing	> 40%														
Yes	Core #5	Active medication list	>80%														
Yes	Core#6	Active medication allergy list	>80%														
Yes	Core #7	Demographics	>50%														
Yes	Core #8	Vital signs	>50%														
Yes	Core#9	Smoking status	>50%														
Yes	Core #10	Clinical decision support	Yes/No	Functionality is integrated into Kareo EHR, Measure requires no futher action								YES					
Yes	Core #11	Patient electronic access	>50%														
Yes	Core #12	Clinical summaries	>50%														
Yes	Core #13	Protect electronic health information	Yes / No														
	Select four (4) of	the following seven (7) requirements:															
Yes	Menu #1	Drug-formulary checks	Yes / No	Functi	onality i	s integra	ated int	o Kared	EHR, M	easure	require	s no futh	ner actio	on			YES
Yes	Menu#2	Lab test results (must have eLabs)	> 40 %														
Yes	Menu#3	Patient lists	Yes / No	Functi	onality i	s integra	ated int	o Kared	EHR, M	easure	require	s you to	generat	e one r	eport		YES
Yes	Menu#4	Patient reminders	> 20%														
Yes	Menu #5	Patient education	>10%														
Yes	Menu#6	Medication reconciliation	>50%														
Yes	Menu #7	Summary of care record	>50%														
	Select one (1) of t	he following two (2) requirements:															
Yes	Menu #8	Immunization registries	Yes / No	Functi	onality i	s integra	ated int	o Kared	EHR, M	easure	require	s you to	generat	e one r	eport		
Yes	Menu #9	Syndromic surveillance data	Yes / No						EHR, M		•	•	_		-		
		•	•		,	3							_				