

MEANINGFUL USE: AN UPDATE

October 10, 2013

PROPRIETARY AND CONFIDENTIAL



DISCLAIMER

DISCLAIMER:

- ☞ Information about incentives and measures are subject to change by the ONC at any given time
- ☞ This presentation is for the purpose of:
 - ✓ Stage 1/2 Meaningful Use only
 - ✓ Medicare incentive for Eligible Professionals (EPs) only



WHERE ARE WE GOING?

- **Meaningful Use Stage 1 Audits**
- **Meaningful Use Stage 2 Preparation**



MU AUDITS BACKGROUND INFO

- Up to 10% of all providers who attest for MU will be audited
- Audits can occur up to 6 years into the future
- Audits can be performed pre-payment or post-payment
- Random audits are being performed but some audits will “target suspicious or anomalous data.”
- Figliozi and Company have been contracted by CMS to perform MU audits
- Medicaid is a separate audit program determined by each State



WHAT IS ENTAILED?

- **Provider will receive a letter from CMS/Figliozzi & Company requesting MU information**
- **Provider will have a timeframe of a couple of weeks to gather requested information and submit it for review**
 - **Submission can be done via a provided secure web portal or via mail**
- **After submitting requested information, additional information may be required**
- **Figliozzi & Company will make the final determination on whether provider has sufficient documentation to prove valid attestation**



HOW TO PREPARE

- **PRINT AND SAVE ALL DOCUMENTATION WHEN ATTESTING**
- **Have proof of certified EHR for reporting period**
 - **Contracts with version number, screen shots of system with version number, letter from vendor**
- **Report with all numerators and denominators**
 - **Must show the provider's name and certified version of EHR**
- **Documentation of evidence to support attestation for all other measures**



NON-PERCENTAGE-BASED MEASURES

- **Drug-drug/Drug-Allergy Interaction Checks**
 - *One or more screen shots from the EHR that are dated during the reporting period showing this functionality*
- **Report Ambulatory Clinical Quality Measures**
 - *Report from the EHR to validate all clinical quality measure data entered during attestation*
- **Protect Electronic Health Information**
 - *Report that documents the procedures performed and the analysis results. Report should be dated prior to the end of the reporting period.*



NON-PERCENTAGE-BASED MEASURES

- **Electronic Exchange of Clinical Information**
 - *Dated screenshots from the EHR system that document a test exchange of clinical information*
 - *An email or screenshot from another system to show a successful or unsuccessful test*
 - *A letter or email from the receiving provider confirming the test with specific information (date of exchange, name of providers, and outcome of the test)*
- **Drug Formulary Checks**
 - *Screenshots from the EHR that are dated during the reporting period showing this functionality*



NON-PERCENTAGE-BASED MEASURES

- **Generate Lists of Patients by Specific Conditions**
 - *Report from EHR that is dated during the reporting period. Patient-identifiable information may be masked/blurred before submission.*
- **Immunization Registry Submission**
 - *Dated screenshots from the EHR system that document a test submission to NJIIS*
 - *An email or screenshot from another system to show a successful or unsuccessful test*
 - *A letter or email from NJIIS confirming the test with specific information (date of exchange, name of provider, and outcome of the test)*



NON-PERCENTAGE-BASED MEASURES

- **Exclusions**
 - *Report from the EHR that shows a zero denominator for the measure or other documents to support the exclusion*
- **All screenshots should be dated during the reporting period and show proof of certified EHR and attested provider**

Questions?



MEANINGFUL USE STAGE 2



MEDICARE INCENTIVE TIMELINE

Maximum Payment by Start Year	2011	2012	2013	2014	2015	2016
2011	1	1	1	2	2	3
\$43,720	\$18,000	\$12,000	\$7,840 Reduction (\$160)	\$3,920 Reduction (\$80)	\$1,960 Reduction (\$40)	
2012		1	1	2	2	3
\$43,480		\$18,000	\$11,760 Reduction (\$240)	\$7,840 Reduction (\$160)	\$3,920 Reduction (\$80)	\$1,960 Reduction (\$40)
2013			1	1	2	2
\$38,220			\$14,700 Reduction (\$80)	\$11,760 Reduction (\$240)	\$7,840 Reduction (\$160)	\$3,920 Reduction (\$80)
2014				1	1	2
\$23,520				\$11,760 Reduction (\$240)	\$7,840 Reduction (\$160)	\$3,920 Reduction (\$80)



WHAT DOES STAGE 2 MEAN TO YOU?

- Starting in 2014, providers participating in the EHR Incentive program who have met Stage 1 for 2 or 3 years will have to meet Stage 2 criteria



CORE MEASURES

- **17 Core Measures**
- **All are required to be met**
- **Focus on sharing of data**
 - **Patient portals**
 - **Transmitting information**
- **Many Stage 1 measures remain but increase in required threshold**



CORE MEASURES

Computerized Provider Order Entry

Measure: *More than 60% of medication, 30% of laboratory, and 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.*

Translation: *For at least 60% of medication orders, 30% of laboratory orders, and 30% of radiology orders, the provider or a licensed staff person will have to use the EHR's CPOE module to enter those orders.*

Exclusion: *You can be excluded from this objective if you write fewer than 100 medication, radiology, or laboratory orders during the reporting period.*



CORE MEASURES

ePrescribing

Measure: *More than 50% of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically.*

Translation: *More than 50% or all prescriptions the provider writes have to be compared to at least one formulary and sent electronically by the EHR.*

Exclusion: *You can be excluded from this objective if you write fewer than 100 prescriptions during the reporting period or if you don't have a pharmacy that can accept eRx within 10 miles of the practice.*



CORE MEASURES

Record Demographics

Measure: *More than 80% of all unique patients seen by the EP have demographics recorded as structured data.*

Translation: *More than 80% of patients have the following recorded in the EHR: preferred language, gender, race, ethnicity, and date of birth.*

Exclusion: *None*



CORE MEASURES

Record Vital Signs

Measure: *More than 80% of all unique patients seen by the EP have blood pressure (pts age 3 and older) and/or height and weight (all pts) recorded as structured data.*

Translation: *More than 80% of patients who are 3 and older have blood pressure recorded. More than 80% of patients have height and weight recorded.*

Exclusion: *You can be excluded if any or all vital signs are not relevant to your scope of practice (height and weight always go together).*



CORE MEASURES

Record Smoking Status

Measure: *More than 80% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.*

Translation: *More than 80% of patients who are 13 and older smoking status recorded.*

Exclusion: *You can be excluded if you don't see any patients 13 or older.*



CORE MEASURES

Use Clinical Decision Support

Measure: *Implement 5 clinical decision support interventions related to 4 or more clinical quality measures for the entire reporting period. Also, enable drug-drug/drug-allergy interaction checking functionality.*

Translation: *Implement 5 different alerts or clinical information (based on CQMs if possible) that will trigger based upon dx or treatment. Implement drug-drug/drug-allergy interaction checks.*

Exclusion: *No exclusion for clinical decision support. You can be excluded from the interaction checking if you write less than 100 medication orders during the reporting period.*



CORE MEASURES

Provide Pts the Ability to View Online, Download, & Transmit their Health Information

Measure: *More than 50% or all unique patients are provided online access to their health info within 4 business days after the info is available to the EP. More than 5% of all unique patients view, download, or transmit to a third party their health information.*

Translation: *More than half of patients have to have access to their health information online and more than 5% have to actually access it.*

Exclusion: *You can be excluded from meeting this objective if you do not order or create any of the required information, except for “Patient name” and “Provider name” and office contact information. You can also be excluded if your practice is in an area with low broadband availability.*



CORE MEASURES

Additional Info: The following must be made available online

- *Patient name*
- *Provider's name and office contact information*
- *Current and past problem list*
- *Procedures*
- *Laboratory test results*
- *Current medication list and medication history*
- *Current medication allergy list and medication allergy history*
- *Vital signs (height, weight, blood pressure, BMI, growth charts)*
- *Smoking status*
- *Demographic information (preferred language, sex, race, ethnicity, date of birth)*
- *Care plan field(s), including goals and instructions, and any known care team members including the PCP*



CORE MEASURES

Provide Clinical Summaries

Measure: *Clinical summaries are provided to patients within one business day for more than 50% of office visits.*

Translation: *More than half of patients have to receive a clinical summary within one day.*

Exclusion: *If you do not conduct any office visits.*



CORE MEASURES

Protect Electronic Health Information

Measure: *Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308 (a)(1), including addressing the encryption/security of data at rest and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.*

Translation: *Conduct a security review based upon the HIPAA Security Rule regulations to identify and correct any problems that could make your patients' information vulnerable.*

Exclusion: *None*



CORE MEASURES

Incorporate Clinical Lab-test Results

Measure: *More than 55% of all clinical lab tests ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in Certified EHR Technology as structured data.*

Translation: *Over 55% of lab test results that have a numerical or positive/negative result are recorded in the EHR.*

Exclusion: *If you do not order any lab tests or if no results are numerical or positive/negative.*



CORE MEASURES

Generate Lists of Patients by Specific Conditions

Measure: *Generate at least one report listing patients of the EP with a specific condition.*

Translation: *You can choose with condition is clinically relevant and then generate a report of those patients with that condition.*

Exclusion: *None*



CORE MEASURES

Identify Patients Who Should Receive Reminders for Preventative/Follow-up Care

Measure: *More than 10% of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.*

Translation: *Now only applies to patients who you have seen at least twice over the past 2 years.*

Exclusion: *No office visits in the 24 months prior to the reporting period.*



CORE MEASURES

Identify Patient-Specific Education Resources and Provide Those to the Patient

Measure: *More than 10% of all unique patients with office visits are provided patient-specific education resources.*

Translation: *Over 10% of patients should be recommended education resources.*

Exclusion: *No office visits during the reporting period.*



CORE MEASURES

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.*

Translation: *For over half of patients you see after receiving care from another provider, medication information should be updated by comparing to an external list.*

Exclusion: *You do not see any patients after they received care from another provider.*



CORE MEASURES

Provide Summary of Care Record for Each Transition of Care or Referral

Measure: *The EP must do the following*

- 1. Provide a summary of care record for more than 50% of transitions of care and referrals.*
- 2. 10% of summary of care records must be sent either electronically using the EHR or via an eHealth Exchange*
- 3. Either conduct a successful test of electronic exchange with a recipient who has a different EHR or with the CMS test EHR.*



CORE MEASURES

Provide Summary of Care Record for Each Transition of Care or Referral

Translation: *For over half of the patients you refer to another provider or transfer to another setting of care (e.g., nursing home), you have to send the next provider of care either an electronic or paper summary of care document that is generated by your certified EHR.*

Of those summary of care documents you send, more than 10% must be sent electronically—either directly to a recipient or using the eHealth Exchange standards.

At least one of the summary of care documents that are sent electronically must be sent to someone who is using a completely different EHR vendor or to the CMS designated test EHR.

Exclusion: *You transfer a patient to another setting or refer a patient to another provider less than 100 times during the reporting period.*



CORE MEASURES

Submit Electronic Data to Immunization Registries

Measure: *Successful ongoing submission of electronic immunization data from EHR to an immunization registry for the entire reporting period*

Translation: *You must submit immunization information to a registry on a continuing basis.*

Exclusion: *You do not administer immunizations to any of the populations for which data is collected by your jurisdiction's immunization registry.*

You operate in a jurisdiction where no immunization registry is capable of accepting the specific standards required for your EHR or provides timely information on capability to receive immunization data.

You operate in a jurisdiction for which no immunization registry that is capable of accepting the specific can enroll additional EPs.



CORE MEASURES

Use Secure Electronic Messaging to Communicate with Patients

Measure: *A secure message was sent using the electronic messaging function of EHR by more than 5% of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.*

Translation: *You have to make sure that more than 5% of patients actually send you a secure message.*

Exclusion: *You can be excluded if you have no office visits during the reporting period. You can also be excluded if you practice in an area with low broadband availability.*



MENU MEASURES

- **6 Menu Measures**
 - **You must choose 3**
- **There are some exclusions, however you cannot select a menu objective and claim the exclusion if there are other menu objectives you could report on instead.**

MENU MEASURES

Submit Electronic Syndromic Surveillance Data to Public Health Agencies

Measure: *The EP performs successful ongoing submission of electronic syndromic surveillance data to a public health agency for the entire reporting period.*

Translation: *You must submit syndromic surveillance data to a registry on a continuing basis*

Exclusion: *You are not in a category of providers that collect ambulatory syndromic surveillance information on patients during the reporting period.*



MENU MEASURES

Submit Electronic Syndromic Surveillance Data to Public Health Agencies

Additional Exclusions: *You operate in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by your EHR or where no public health agency provides timely information on the capability to receive syndromic surveillance data.*

You operate in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by your EHR can enroll additional EPs.



MENU MEASURES

Record Electronic Notes in Patient Records

Measure: *Enter at least one electronic progress note created, edited and signed by an EP for more than 30% of unique patients with at least one office visit during the EHR reporting period. Electronic progress notes must be text-searchable. Non-searchable notes do not qualify, but this does not mean that all of the content has to be character text. Drawings and other content can be included with searchable text notes under this measure.*

Translation: *For more than 30% of patients, a progress note must be entered into the EHR.*

Exclusion: *None*



MENU MEASURES

Imaging Results Accessible Through EHR

Measure: *More than 10% of all tests whose result it one or more images ordered by the EP during the reporting period are accessible through the EHR.*

Translation: *For more than 10% or all tests that yield an image, the results must be accessible through the EHR. You can either store the images in the EHR or have a link to an external viewer.*

Exclusion: *You order less than 100 tests that yield an image during the reporting period or you don't have access to electronic imaging results at the start of the reporting period.*



MENU MEASURES

Record Patient Family Health History

Measure: *More than 20% of all unique patients seen by the EP during the reporting period have a structured data entry for one or more first-degree relatives.*

Translation: *For more than 20% of patients, a family health history must be recorded.*

Exclusion: *You have no office visits during the reporting period.*



MENU MEASURES

Report Cancer Cases to a Public Health Central Cancer Registry

Measure: *Successful ongoing submission of cancer case information from an EHR to a public health central cancer registry for the entire reporting period.*

Translation: *You must submit cancer case information to a registry on a continuing basis*

Exclusion: *You do not diagnose or directly treat cancer.*



MENU MEASURES

Report Cancer Cases to a Public Health Central Cancer Registry

Additional Exclusions: *You operate in a jurisdiction for which no public health agency is capable of receiving electronic cancer case information in the specific standards required for your EHR or where no public health agency for which you are eligible provides timely information on the capability to receive electronic cancer case information.*

You operate in a jurisdiction for which no public health agency that is capable of receiving electronic cancer case information in the specific standards required for your EHR can enroll additional EPs.



MENU MEASURES

Report Specific Cases to a Specialized Registry

Measure: *Successful ongoing submission of specific case information from an EHR to a specialized registry for the entire reporting period.*

Translation: *You must submit specific case information to a registry on a continuing basis.*

Exclusion: *You do not diagnose or directly treat any disease associated with a specialized registry sponsored by a national specialty society or the public health agencies in your jurisdiction.*

You operate in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which you are eligible is capable of receiving electronic specific case information in the specific standards required by your EHR.



MENU MEASURES

Report Specific Cases to a Specialized Registry

Additional Exclusions: *You operate in a jurisdiction where no public health agency or national specialty society for which you are eligible provides timely information on the capability to receive information into specialized registries.*

You operate in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which you are eligible is capable of receiving electronic specific case information in the specific standards required by your EHR can enroll additional EPs.



WHAT IF NONE OF THE MENU OBJECTIVES ARE RELEVANT?

- If this is the case and you qualify for all of the exclusions for each of the menu objectives, you can select 3 menu objectives and claim the exclusion for each.

CLINICAL QUALITY MEASURES

- All providers attesting to Meaningful Use in 2014 will submit new CQM data regardless of Stage 1 or Stage 2.
- All Medicare eligible professionals have the option of submitting three months of CQM data online through the CMS Registration & Attestation System.
- Medicare eligible professionals also have the option to submit a full year of data electronically using the QRDA format to receive credit for the EHR Incentive Program and the Physician Quality Reporting System.
- Please note that your attestation for the Medicare EHR Incentive Program is not complete until you submit clinical quality measure data, so your EHR incentive payment will be held until your electronic submission is processed.



CLINICAL QUALITY MEASURES

- EPs must report on 9 of 64 possible CQMs
- CQMs must cover at least 3 of the 6 available National Quality Strategy domains
 - Patient and Family Engagement
 - Patient Safety
 - Care Coordination
 - Population and Public Health
 - Efficient Use of Health Care Resources
 - Clinical Processes/Effectiveness



DO I NEED TO UPGRADE MY EHR?

- YES!!!!**
- Even if you already have a certified EHR, you will have to adopt or upgrade to the new certification in order to participate in 2014.**
 - This applies to both Stage 1 and Stage 2 MU providers**



SPECIAL REPORTING PERIOD IN 2014

For 2014 only

- All providers, regardless of their stage of MU, are only required to submit data for a 90-day period in 2014.
- Medicare providers who have already completed 1 year of MU must select a 3 month reporting period fixed to a quarter of the calendar year
 - January 1, 2014 – March 31, 2014
 - April 1, 2014 – June 30, 2014
 - July 1, 2014 – September 30, 2014
 - October 1, 2014 – December 31, 201
- Medicare providers in their first year of MU (and Medicaid providers) may select any 90 day period during the calendar year.



WHAT HAPPENS IF YOU DON'T DO MU?

- Penalties for failing to comply with Meaningful Use will commence in 2015
- A 1% reduction in Medicare Fee Schedule will apply for each year of failing to meet MU
 - 2015 – 1%
 - 2016 – 2%
 - 2017 – 3%
 - Etc. (Not to exceed 5%)



PENALTIES

Year of Penalty	Existing Meaningful Users	New Meaningful Users
2015	MU for CY 2013	90 days no later than 7/3/14 (submit by 10/1/14)
2016	MU for CY 2014	90 days no later than 7/3/15 (submit by 10/1/15)
2017	MU for CY 2015	90 days no later than 7/3/16 (submit by 10/1/16)
2018	MU for CY 2016	90 days no later than 7/3/17 (submit by 10/1/17)
2019	MU for CY 2017	90 days no later than 7/3/18 (submit by 10/1/18)

HELPFUL RESOURCES

Topic	Resource	Description
MU Audit	MU Audit Tipsheet	A PDF document that explains the expectations and requirements of a MU audit
MU Audit	Sample Audit Letter	A PDF document that is an example of a MU Audit letter a provider might receive
Certified EHR Technology	CPHL Certified EHR List	A webpage with a comprehensive listing of certified EHRs with certification IDs
Stage 2	Stage 2 Overview Tipsheet	A PDF document that explains the Stage 2 requirements and objectives
Stage 2	Stage 2 Specification Sheets	A PDF document that provides detailed information for each Stage 2 objective
Stage 2	Payment Adjustments & Ex Tipsheet	A PDF document that explains payment adjustments and hardship exemptions
Stage 2	Stage 1 vs Stage 2 Comparison Table	A PDF document that gives a side-by-side look at Stage 1 vs Stage 2
Clinical Quality Measures (CQMs)	2014 CQMs Tipsheet	A PDF document explains the CQM requirements for 2013 and 2014

Questions?

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