

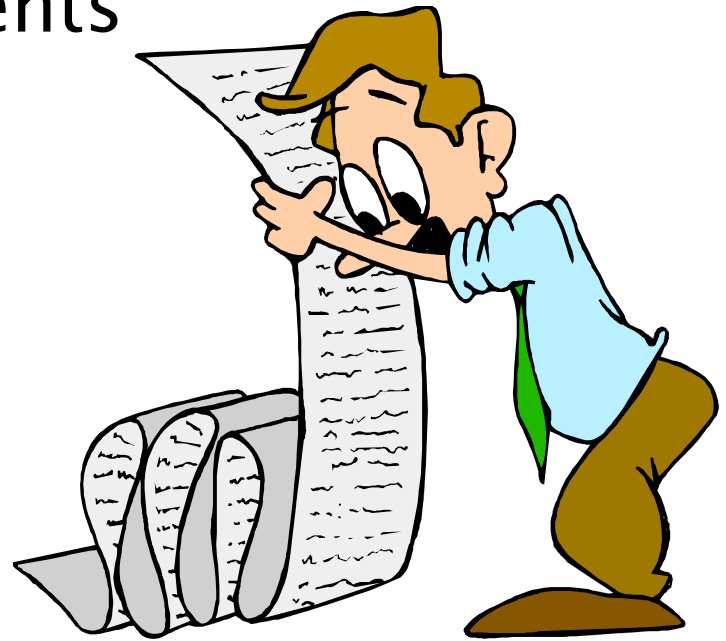
# Stage 2 Meaningful Use

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# Attesting in 2014

## Important Things to Know

- ✓ Basic Program Requirements
- ✓ 2014 Program Year
- ✓ Stage 1
- ✓ Clinical Quality Measures
- ✓ Stage 2
- ✓ Payment Adjustments



# Basic Program Requirements



# Eligibility

Medicare EPs	Medicaid EPs
Doctors of Medicine*	Doctors of Medicine*
Doctors of Osteopathy*	Doctors of Osteopathy*
Doctors of Dental Medicine or Surgery*	Doctors of Dental Medicine or Surgery*
Doctors of Optometry	Nurse Practitioners
Doctor of Podiatric Medicine	Certified Nurse Midwives
Chiropractors	Physician Assistants (PAs) when working at an FQHC or RHC that is so led by a PA

\*Providers are eligible for both programs but may only participate in one program.

# Patient Volume

## Eligible Professionals:

- 30 percent Medicaid patient volume
- 20 percent for pediatricians (will receive 2/3 of the maximum payments)

Note: The Medicare Incentive Program has no patient volume criteria.

# EP Medicaid Timeline and Incentives

2011	2012	2013	2014*	2015	2016	2017
A/I/U \$21,250	Stage 1 90 Days \$8,500	Stage 1 365 Days \$8,500	Stage 2 3 Months* \$8,500	Stage 2 365 Days \$8,500	Stage 3 366 Days \$8,500	
	A/I/U \$21,250	Stage 1 90 Days \$8,500	Stage 1 3 Months* \$8,500	Stage 2 365 Days \$8,500	Stage 2 366 Days \$8,500	Stage 3 365 Days \$8,500
		A/I/U \$21,250	Stage 1 3 Months* \$8,500	Stage 1 365 Days \$8,500	Stage 2 366 Days \$8,500	Stage 2 365 Days \$8,500
			A/I/U \$21,250	Stage 1 90 Days \$8,500	Stage 1 366 Days \$8,500	Stage 2 365 Days \$8,500
				A/I/U \$21,250	Stage 1 90 Days \$8,500	Stage 1 365 Days \$8,500
					A/I/U \$21,250	Stage 1 90 Days \$8,500

# EP Medicare Timeline and Incentives

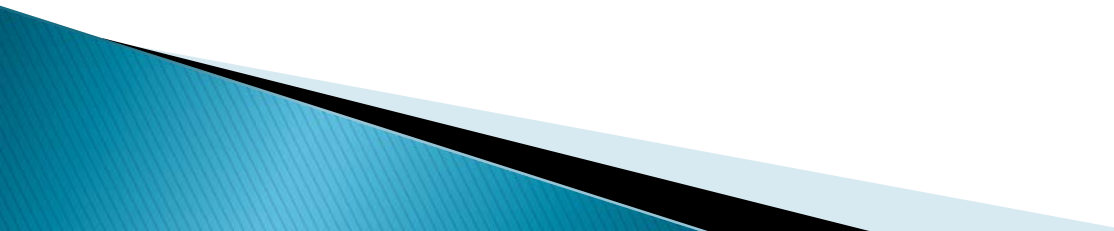
2011	2012	2013	2014*	2015	2016
Stage 1 90 Days \$18,000	Stage 1 366 Days \$12,000	Stage 1 365 Days \$8,000	Stage 2 3 Months* \$4,000	Stage 2 365 Days \$2,000	Stage 3 366 Days
	Stage 1 90 Days \$18,000	Stage 1 365 Days \$12,000	Stage 2 3 Months* \$8,000	Stage 2 365 Days \$4,000	Stage 3 366 Days \$2,000
		Stage 1 90 Days \$15,000	Stage 1 3 Months* \$12,000	Stage 2 365 Days \$8,000	Stage 2 366 Days \$4,000
			Stage 1 3 Months* \$12,000	Stage 1 365 Days \$8,000	Stage 2 366 Days \$4,000

\*For CY 2014, the reporting period has been reduced to three months based on the quarters within the calendar year (Jan. 1 – March 31, April 1 – June 30, July 1 – Sept. 30, Oct. 1 – Dec. 30). Incentives are based on 75 percent of allowable Medicare Part B charges.


# 2014 Program Year



# 2014 Program Year

- ▶ 90 day reporting period regardless of stage
    - AIU does not have a meaningful use reporting period
  - ▶ Last year to switch programs
  - ▶ Last year to initiate participation in Medicare Incentive program
- 

# 2014 Certification

- ▶ ALL participants in an EHR Incentive Program regardless of stage, will have to implement 2014 Certified Electronic Health Record Technology (CEHRT).
  - ▶ RPMS EHR: Certification testing completed, awaiting certification from ONC.
  - ▶ COTS EHR: Contact your vendor for information regarding status of 2014 CEHRT.
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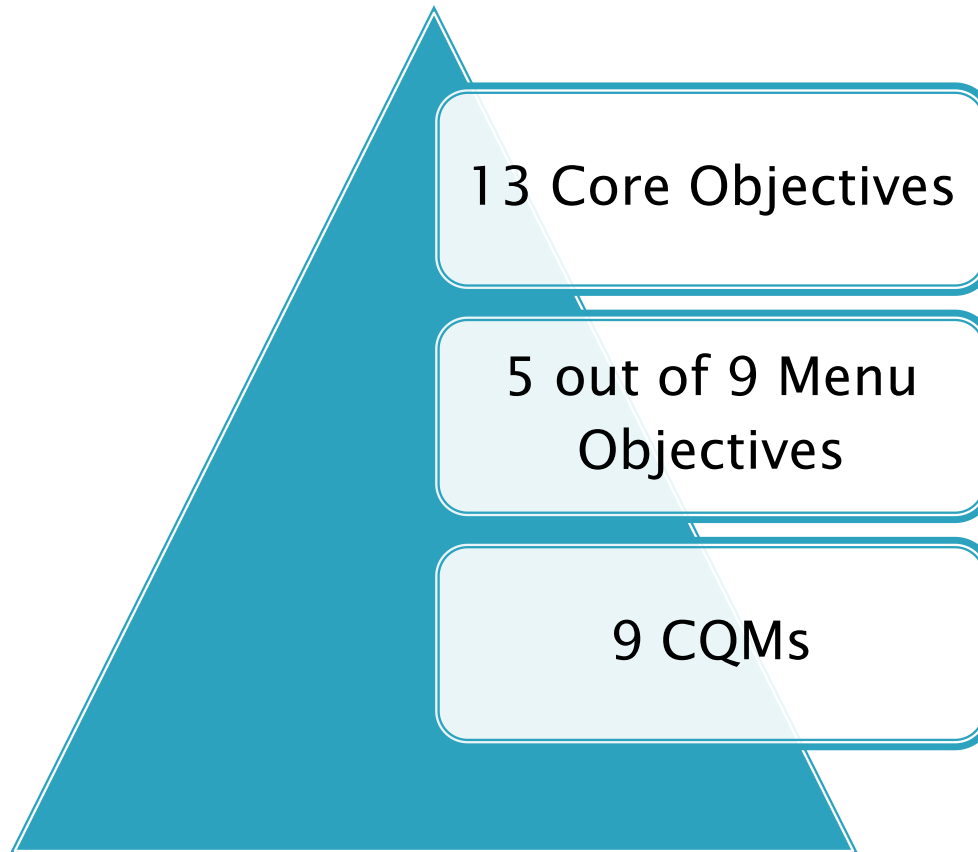


Stage 1

# Stage 1 Changes

- ▶ Performance Measures
  - Record and Chart Changes in Vital Signs
  - Patient Electronic Access
- ▶ Exclusions for Menu Objective
  - EPs no longer permitted to count an exclusion toward the minimum 5 menu objectives
  - Applies to Stage 1 and Stage 2

# Stage 1 Requirements



# Stage 1, 2014 Core Performance Measures

**CPOE**

More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

**Drug Interaction Checks**

The EP has enabled this functionality for the entire EHR reporting period. (Yes/No)

**Record Demographics**

More than 50% of all unique patients seen by the EP have demographics recorded as structured data. (Preferred Language, Gender, Race, Ethnicity & Date of birth)

**Record Vital Signs**

More than 50% of all unique patients seen by the EP during the EHR reporting period have BP (for patients age 3+ only) and height/length and weight (for all ages) recorded as structured data.

**Maintain Problem List**

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.

**Active Medication List**

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.

**Medication Allergy List**

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.

# Stage 1, 2014 Core Performance Measures (cont.)

## Clinical Decision Support

Implement one clinical decision support rule. (Yes/No)

## Record Smoking Status

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

## e-RX

More than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.

## Protect Electronic Health Information

Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process. (Yes/No)

## Clinical Summaries

Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.

## Patient Electronic Access (View/Download/ Transmit)

More than 50% of all unique patients seen by the EP are provided timely online access to their health information (within 4 business days after the information is available to the EP).

# Stage 1, 2014 Menu Set Measures

<b>Drug Formulary Checks</b>	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period. (Y/N)
<b>Patient Lists</b>	Generate at least one report listing patients of the EP with a specific condition. (Y/N)
<b>Patient Reminders</b>	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.
<b>Patient Education</b>	More than 10% of all unique patients are provided patient-specific education resources.
<b>Transition of Care Summary</b>	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.
<b>Medication Reconciliation</b>	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.
<b>Clinical Lab Test Results</b>	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated into CEHRT.
<b>Immunization Registries</b>	Performed at least one test of CEHRT's capacity to submit electronic data to immunization registries and follow up submission if the test is successful. (Y/N)
<b>Syndromic Surveillance</b>	Performed at least one test of CEHRT's capacity to provide electronic syndromic surveillance data to public health agencies and follow up submission if the test is successful. (Y/N)





# Clinical Quality Measures (CQMs)

# 2014 Clinical Quality Measures – CQMs

- ▶ EPs report on 9
- ▶ Recommended Core set for Adult and Pediatrics
- ▶ No threshold
- ▶ Must cover at least three of the six National Quality Strategy Domains (NQSD)

Patient Safety

Clinical  
Processes  
and  
Effectiveness

Care  
Coordination

Efficient Use  
of Healthcare  
Resources

Population  
and Public  
Health

Patient and  
Family  
Engagement

# Recommended CQM Measures

## Adult Recommended Measures

## Pediatric Recommended Measures

Controlling high blood pressure

Appropriate testing for children with pharyngitis

Use of high-risk medications in the elderly

Weight assessment and counseling for nutrition and physical activity for children and adolescents

Preventive care and screening: tobacco use screening and cessation intervention

Chlamydia screening for women

Use of imaging studies for low back pain

Use of appropriate medications for asthma

Preventive care and screening: clinical depression screening and follow-up

Childhood immunization status

Documentation of current medications in the medical record

Appropriate treatment for children with upper respiratory infection (URI)

Preventive care and screening: Body Mass Index (BMI) screening and follow-up

ADHD: Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication

Closing the referral loop: receipt of specialist report

Preventive care and screening: clinical depression screening and follow-up

Functional status assessment for complex chronic conditions

Children who have dental decay or cavities

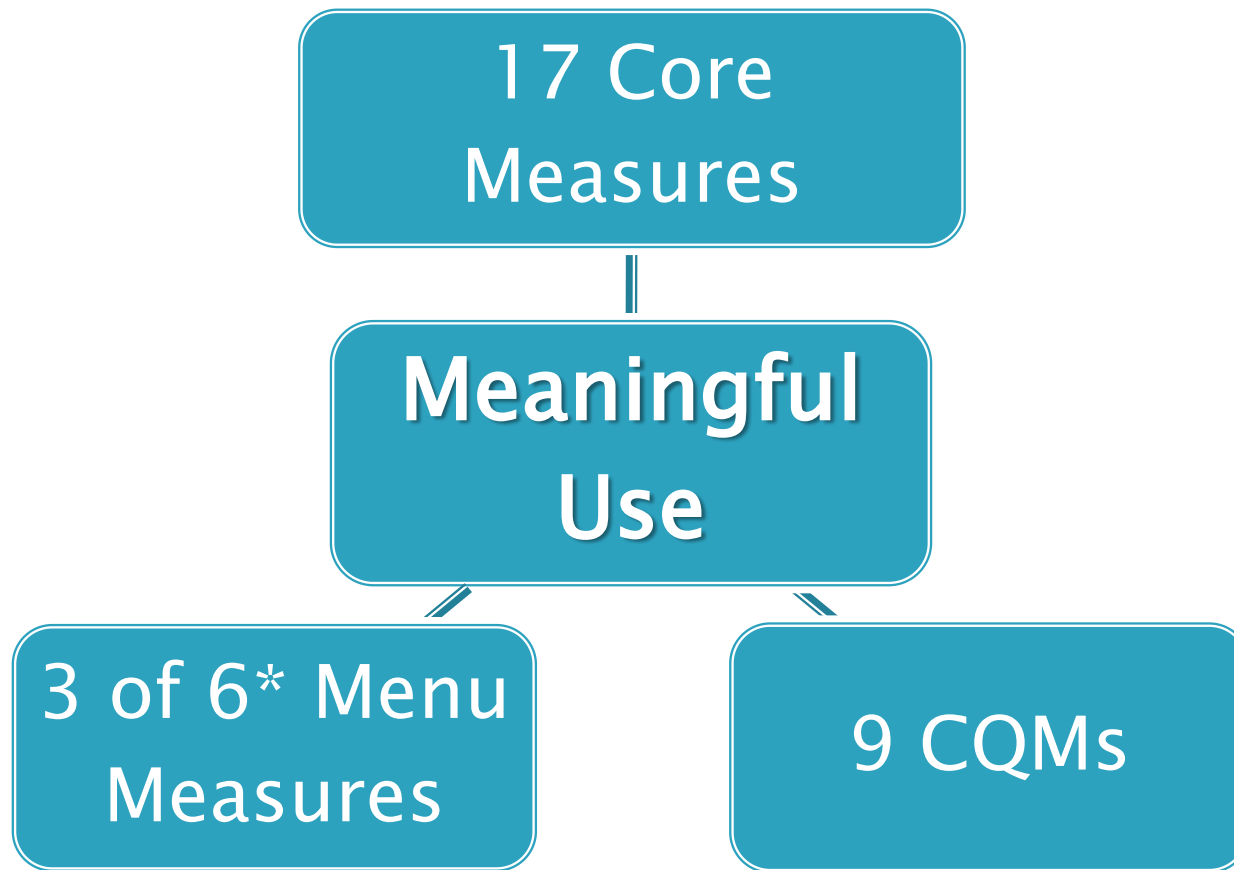
# Moving on to Stage 2



# Stage 2 Changes

- ▶ Performance Measures
  - Thresholds increased
  - Menu Set measures moved to Core
  - Measures removed
  - Measures added
- ▶ Clinical Quality Measures (CQMs)
  - Increased Reporting

# Stage 2 Requirements



**\*RPMS EHR will not support the Cancer Registry measure.**

# Stage 2 Core Performance Measures

## CPOE

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

## e-Prescribing (eRx)

More than 50% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

## Record Vital Signs

More than 80% of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.

## Record Demographics

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

## Record Smoking Status

More than 80% of all unique patients 13 years old or older seen by the EP during the EHR reporting period have smoking status recorded as structured data.

## Clinical Decision Support Rule

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

(2): The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

# Core Performance Measures continued...

<b>Patient Lists</b>	Generate at least one report listing patients of the EP with a specific condition.
<b>Medication Reconciliation</b>	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.
<b>Summary of Care</b>	(1): Provides a summary of care record for more than 50% of transitions of care and referrals. (2): Provides a summary of care record using electronic transmission through CEHRT or eHealth Exchange for more than 10% of transitions of care and referrals. (3): At least one summary care record must be electronically transmitted to a recipient with a different EHR vendor or to the CMS test EHR.
<b>Clinical Summaries:</b>	Clinical summaries provided to the patients or patient-authorized representatives within one business day for more than 50% of office visits.
<b>Immunization Registries Data Submission</b>	Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.
<b>Protect Electronic Health Information</b>	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 stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.

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## Core Performance Measures continued...

### Reminders for Preventive Care

More than 10% of all unique patients who have had two 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.

### Education Resources

More than 10% of all unique patients seen by the EP are provided specific education resources identified by CEHRT.

### Clinical Lab Test Results

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

### Patient Electronic Access

(1): More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (available within 4 business days after the information is available to the EP) online access to their health information.  
(2): More than 5% of all unique patients seen or discharged (or their authorized representative) view, download or transmit their health information.

### Secure Electronic Messaging

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

# Menu Measures

## Syndromic Surveillance

Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period.

## Report Specific Cases

Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.

## Electronic Notes

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. The text of the electronic note must be text searchable and may contain drawings and other content.

## Imaging Results

More than 10% of all tests whose result is one or more images ordered by an EP during the EHR reporting period are accessible through CEHRT.

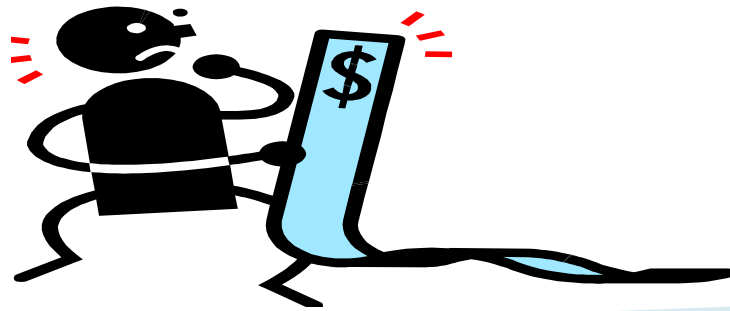
## Family Health History

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

## \*Cancer Registry

Successful ongoing transmission of cancer case information.

# Payment Adjustments



# Avoiding 2015 Payment Adjustments

- ▶ Must demonstrate meaningful use through the Medicare or Medicaid Incentive Program
- ▶ How much?
  - EPs: One percent of Part B Physician Fee Schedule potentially rising to five percent
- ▶ Previous Meaningful Users
  - Reporting period must have ended by 12/31/2013
  - Must have attested by Medicare or state deadline
- ▶ New Meaningful Users
  - End reporting period by 09/30/2014
  - Attest by 10/01/2014 through Medicare or through state

# Hardship Exceptions

## ▶ Infrastructure

- EP must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure (e.g., lack of broadband)

## ▶ New Eligible Professionals

## ▶ Unforeseen Circumstances

- Natural disasters or other unforeseeable barrier

## ▶ Patient Interaction

- Lack of face-to-face or telemedicine interaction with patient
- Lack of follow-up need with patients

## ▶ Practice at Multiple Locations

- Lack of control over availability of CEHRT for more than 50% of patient encounters

## ▶ 2014 EHR Vendor Issues

- The EP's vendor was unable to obtain 2014 certification or the EP was unable to implement meaningful use due to 2014 EHR certification delays.

# Resources

CMS Stage 2 References: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage\\_2.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html)

Clinical Quality Measures: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014\\_ClinicalQualityMeasures.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html)

2014 Edition Standards and Certification Criteria Final Rule:  
<http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-20982.pdf>

IHS Meaningful Use website: <http://www.ihs.gov/meaningfuluse/>

Payment Adjustments & Hardship Exceptions:  
[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj\\_Hardship.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html)

# California Area MU Contact Information

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# Questions?



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