

MU for Eligible Professionals

Stage 1 and Stage 2 in 2014

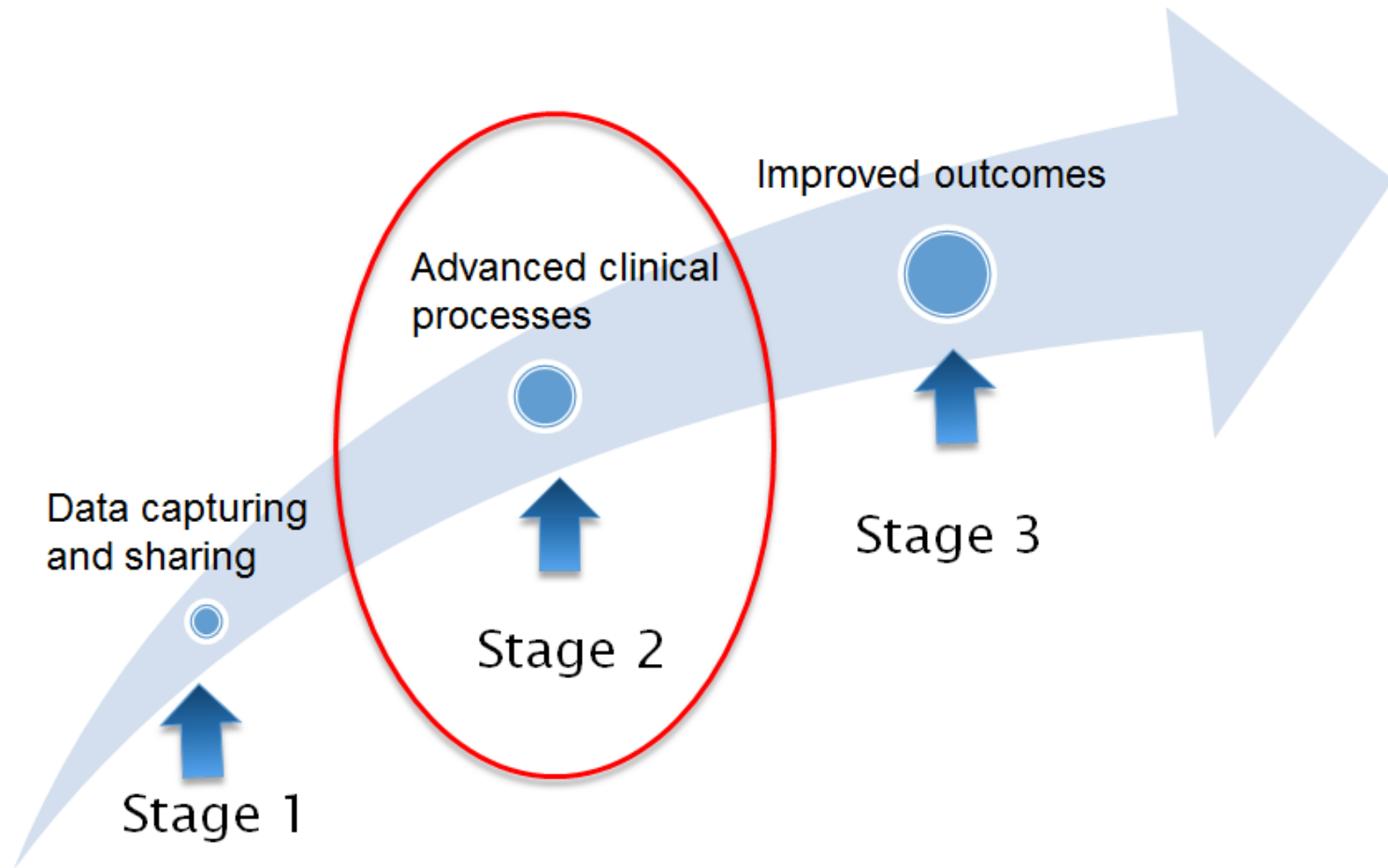
Objectives

- Understand CMS EHR Incentive Program
 - Medicare and Medicaid Incentives
 - Eligibility
 - Stage 1 and 2, 2014
 - Payment Adjustments
- Understand and differentiate between Performance Measures and Clinical Quality Measures for all stages

What is Meaningful Use?

- Meaningful Use (MU) is using certified EHR technology to:
 - Improve quality, safety, and efficiency
 - Reduce health disparities
 - Engage patients and families in their health care
 - Improve care coordination
 - Improve population and public health
 - Maintain privacy and security

Stages of Meaningful Use



Eligible Professionals

Eligibility

Eligible Professionals

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.

Hospital-based

- **Hospital-based eligible professionals are not eligible for incentive payments.**
 - An eligible professional is considered hospital-based if 90 percent or more of his or her services are performed in a hospital inpatient (Place Of Service code 21) or emergency room (Place Of Service Code 23) setting.

Medicaid Eligibility

Patient Volume

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 Patient Volume Calculation

- Medicaid encounters include:
 - Medicaid paid claims
 - Zero paid claims
 - Individuals enrolled in Medicaid at the time of service
 - CHIP encounter for patients in Title 19 and Title 21 Medicaid expansion programs (still cannot include CHIP stand-alone Title 21 encounters)
 - Uncompensated Care (Tribal and Urban only)
- Patient Volume Reporting Period:
 - Across a 90-day period in the last 12 months preceding the provider's attestation or across a 90-day period in the previous calendar year

EP Patient Volume Calculation

EP Patient Volume Calculation 2013 – Non-Medicaid Expansion State (Federal Sites)

Numerator =	Medicaid Paid + Zero Paid Claims + Medicaid Enrolled*
Denominator =	All encounters for the EP

EP Patient Volume Calculation 2013 – Medicaid Expansion State (Federal Sites)

Numerator =	Medicaid Paid + Zero Paid Claims + CHIP (Title 19 Expansion + Title 21 Expansion) + Medicaid Enrolled*
Denominator =	All encounters for that EP

*Stand-alone Title 21 encounters cannot be included.

EP Needy Patient Volume

EP Patient Volume Calculation – Needy Individual (Tribal and Urban Sites)

Numerator =	Medicaid Paid + Zero Paid Claims + Medicaid Enrolled + CHIP (Title 19 + Title 21) + Uncompensated Care*
Denominator =	All Encounters for that EP

All Tribal/Urban clinics are deemed FQHC/RHC for the purpose of the CMS EHR incentive program.

MU Incentives and Reporting Periods

Incentive Program Timelines

Eligible Professionals – CY 2014

01/01/14	First day of calendar and EHR reporting year
10/01/14	LAST day to begin 90-day reporting period
12/31/14	Last day of calendar year and EHR reporting year
02/28/15*	Last day to register and attest for CY 2014

*Registration and attestation timelines may vary by state.

Medicare and Medicaid Differences

Medicare	Medicaid
<p>Must initiate participation by 2014</p> <p>Must participate by 2012 to receive the maximum incentive payment</p> <p>Program ends in 2016</p>	<p>Must initiate participation by 2016</p> <p>Must participate by 2016 to receive the maximum incentive payment</p> <p>Program ends in 2021</p>
<p>Must demonstrate MU in Year 1 over a consecutive 90-day reporting period</p>	<p>A/I/U option for Year 1</p>
<p>Medicare payment reductions begin in 2015 for EH/EPs who do not demonstrate MU of certified EHR technology</p>	<p>No Medicaid payment reductions</p>

EP Medicaid Timeline and Incentives

2011	2012	2013	2014*	2015	2016	2017
A/I/U \$21,250	Stage1 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	Stage1 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	Stage1 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
For CY 2014, the reporting period for all EPs, regardless of their stage, has been reduced to a three-month reporting period. States have the option to limit this reporting period to the quarters within the CY or to any consecutive 90-day period.					A/I/U \$21,250	Stage 1 90 Days \$8,500

EP Medicare Timeline and Incentives

2011	2012	2013	2014*	2015	2016
Stage1 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
	Stage1 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
		Stage1 90 Days \$15,000	Stage 1 3 Months* \$12,000	Stage 2 365 Days \$8,000	Stage 2 366 Days \$4,000
			Stage1 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.

Payment Adjustments

Payment Adjustments

- Medicare EPs who are not meaningful EHR users in CY 2013 are subject to payment adjustments beginning in CY 2015.
- How much?
 - EPs: One percent of Part B Physician Fee Schedule potentially rising to five percent

Sequestration

- A two-percent reduction will be applied to any Medicare EHR incentive payment for a reporting period that ends on or after April 1, 2013. If the final day of the reporting period occurs before April 1, 2013, those incentive payments will not be subject to the reduction.
 - Note: This reduction does not apply to Medicaid EHR incentive payments, which are exempt from the mandatory reductions.

Demonstrating Meaningful Use

Stage 1 and Stage 2, 2014

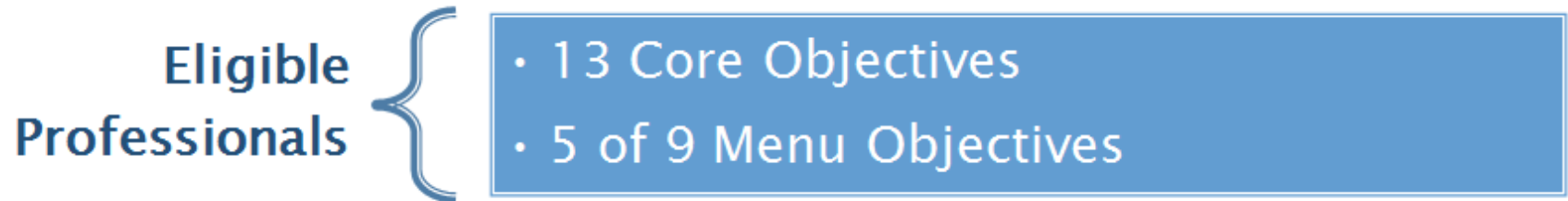
2014 CEHRT

- Starting in 2014, all participants in an EHR Incentive Program, regardless of stage, will have to implement 2014 Certified Electronic Health Record Technology (CEHRT).
- RPMS EHR 2014 certification is pending.
- COTS EHR users need to contact their vendors for information regarding the status of 2014 CEHRT.

2014 MU Reporting Period

- All providers, regardless of their stage of MU, are only required to demonstrate MU for a three-month EHR reporting period in 2014.
- CMS is permitting this one-time, three-month reporting period in 2014 to give providers, who must upgrade to 2014 CEHRT, adequate time to implement their new certified EHR systems.

Performance Measures Stage 1, 2014



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.
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. Change to measure and exclusions added.
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). New Measure

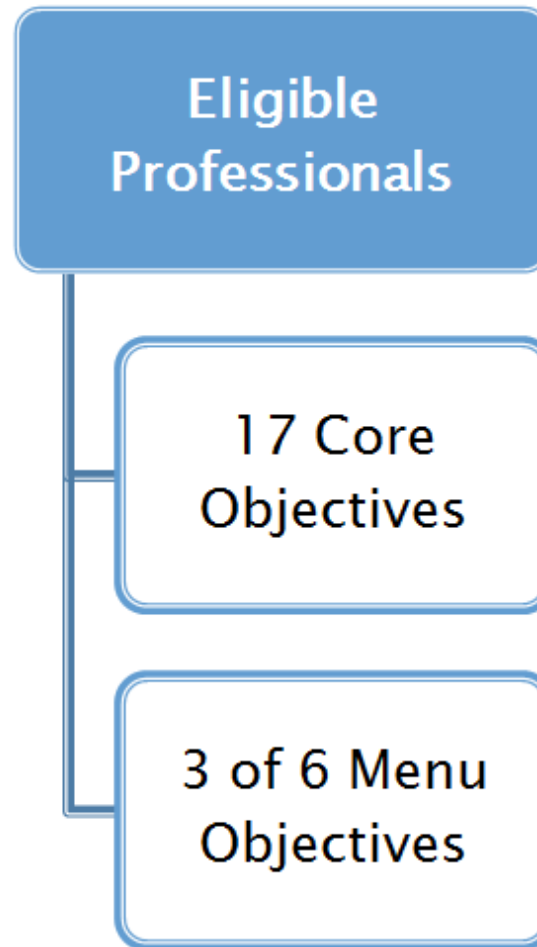
Stage 1, 2014 MENU SET MEASURES

Drug Formulary Checks	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period. (Yes/No)
Patient Lists	Generate at least one report listing patients of the EP with a specific condition. (Yes/No)
Patient Reminders	More than 10% of all unique patients are provided patient-specific education resources.
Patient Education	More than 10% of all unique patients are provided patient-specific education resources.
Transition of Care Summary	The EP that 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.

Stage 1, 2014 MENU SET MEASURES (cont.)

Medication Reconciliation	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.
Clinical Lab Test Results	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.
Immunization Registries	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. (Yes/No)
Syndromic Surveillance	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. (Yes/No)

Performance Measures Stage 2, 2014



Stage 2 Changes

- 2014 Certified Electronic Health Record Technology
 - Certification ensures that the EHR technology offers the necessary capabilities, functionalities, and security to help providers achieve MU.
- Performance Measures
 - Thresholds increased
 - Menu Set measures moved to Core
 - Measures removed
 - Measures added
- Clinical Quality Measures
 - Increased reporting
 - New reporting tools and process

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	<p>(1): Implement 5 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.</p> <p>(2): The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p>
Patient Lists	Generate at least 1 report listing patients of the EP with a specific condition.
Medication Reconciliation	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.

Stage 2 Core Performance Measures (cont.)

<p>Summary of Care</p>	<p>(1): Provides a summary of care record for more than 50% of transitions of care and referrals.</p> <p>(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.</p> <p>(3): At least 1 summary care record must be electronically transmitted to a recipient with a different EHR vendor or to the CMS test EHR.</p>
<p>Clinical Summaries:</p>	<p>Clinical summaries provided to the patients or patient-authorized representatives within one business day for more than 50% of office visits.</p>
<p>Immunization Registries Data Submission</p>	<p>Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.</p>
<p>Protect Electronic Health Information</p>	<p>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.</p>
<p>Reminders for Preventive Care</p>	<p>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.</p>

Stage 2 Core Performance Measures (cont.)

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

Stage 2 New Core Performance Measures

Patient Electronic Access	<p>(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.</p> <p>(2): More than 5% of all unique patients seen (or their authorized representative) view, download or transmit their health information.</p>
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.

Stage 2 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.

2014 Clinical Quality Measures

Clinical Quality Measures 2014

Eligible Professionals

- 9 CQMs

Note: The changes to CQM reporting apply to both Stage 1 and Stage 2.

NQS Domains

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population and Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Processes/Effectiveness

*EPs must select CQMs from at least three of six HHS National Strategy domains.

CMS ID	Eligible Professional Clinical Quality Measures (Pediatric)	Domain
126	Use of appropriate medications for asthma	Clinical Processes/Effectiveness
136	ADHD: Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication	Clinical Processes/Effectiveness
75	Children who have dental decay or cavities	Clinical Processes/Effectiveness
146	Appropriate testing for children with pharyngitis	Efficient Use of Health care Resources
154	Appropriate treatment for children with upper respiratory infection (URI)	Efficient Use of Health care Resources
155	Weight assessment and counseling for nutrition and physical activity for children and adolescents	Population/Public Health
153	Chlamydia screening for women	Population/Public Health
117	Childhood immunization status	Population/Public Health
2	Preventive care and screening for clinical depression and follow-up plan	Population/Public Health

CMS ID	Eligible Professional Clinical Quality Measures (Adult)	Domain
50	Closing the referral loop: receipt of specialist report	Care Coordination
165	Controlling high blood pressure	Clinical Processes/Effectiveness
166	Use of imaging studies for low back pain	Efficient Use of Health care Resources
90	Functional status assessment for complex chronic conditions	Patient and Family Engagement
156	Use of high-risk medications in the elderly	Patient Safety
68	Documentation of current medications in the medical record	Patient Safety
138	Preventive care and screening: Tobacco use screening and cessation intervention	Population/Public Health
2	Preventive care and screening for clinical depression and follow-up plan	Population/Public Health
69	Preventive care and screening: Body Mass Index (BMI) screening and follow-up	Population/Public Health

CQM Electronic Reporting

- Beginning in 2014, Medicare providers beyond their first year of participation must electronically report their CQMs to CMS.
- Medicaid providers will report data per state guidelines.

Resources

Resources

- CMS Tool Kit: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_Toolkit_EHR_0313.pdf
- CMS Stage 2 References: 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
- Stage 2 Meaningful Use Rule: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>
- 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/>
- USET Training videos: www.usetinc.net/ehr

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