Meaningful Use Stage 2 Overview

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Topics

- Introduction to MU
- Financial Implications
  - Allowed Exemptions
- Requirements to qualify
- Audits
- Key Dates & Next Steps
Acronyms

- MU: Meaningful Use
- EH: Eligible Hospital
- EP: Eligible Provider
- CEHRT: Certified Electronic Health Record Technology
CMS Incentives for EHR Meaningful Use

- Provides eligible hospitals (EH) and eligible provider (EP) financial incentives for adopting and meaningfully using certified electronic health record technology (CEHRT)
  - Hospital incentives start at $2M
  - Provider incentives are up to $44K over 5 years
  - Calculators available online from various professional groups
- Funds intended to offset cost to implement EHR
How to qualify

- Use a certified EHR
- Register with CMS
  - https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp
- Meet ‘Meaningful Use’ Criteria
  - Staged criteria based on year of participation
- Report to CMS
Key points

- Incentives are available
  - For Medicare EPs who achieve MU in CY 2014 or sooner
  - For Medicare EHs & CAHs who achieve MU in FFY 2015 or sooner
  - No incentive payments after 2016

- Penalties start in 2015 for eligible providers & hospitals
  - EPs & EHs have to qualify for BEFORE 2015 in order to avoid penalties

- Staged criteria – increase qualification criteria every ~2 years
  - Stage 2 Final Rule released Aug 2012

- Years are defined differently for hospitals and EPs
  - Hospitals use Federal Fiscal Year (FFY), EPs use calendar year (CY)

- You will get audited
Financial Implications

Incentives & Penalties
Incentives: Medicare EP’s

<table>
<thead>
<tr>
<th>Maximum Payment by Start Year</th>
<th>Annual Incentive Payment by Stage of Meaningful Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1</td>
</tr>
<tr>
<td>$44,000</td>
<td>$18,000</td>
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<tr>
<td>2012</td>
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* EPs who qualify for the Medicaid MU program can earn up to $63,750 in total incentives. Must have 30% Medicaid patient volume (20% for Pediatricians) Must choose either Medicare or Medicaid program – cannot receive payments from both.
Incentives: Medicare EH’s

- Start at $2 million
- Increases from there based on
  - # of Discharges (from Cost Report)
  - Medicare share (from Cost Report)
  - First year qualifying for MU
  - # of years qualifying for MU

* Hospitals with 10% Medicaid patient volume can also earn incentives through the Medicaid Incentive program.
The HITECH Act stipulates that for Medicare EP, subsection (d) hospitals and CAHs a payment adjustment applies if they are not a meaningful EHR user.

- You must successfully attest to meaningful use under either the Medicare or Medicaid EHR Incentive Program to avoid penalties.

Medicaid Acquire, Implement, Upgrade (AIU) does NOT equal attesting to MU.

- A provider receiving a Medicaid incentive for AIU would still be subject to the Medicare payment adjustment.
Qualification Year to Avoid Adjustments

- EP (CY) or Hospital (FY) who demonstrates MU in 2011 or 2012

<table>
<thead>
<tr>
<th>Payment Adjustment Year</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
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<tbody>
<tr>
<td>90-day EHR Reporting Period</td>
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<td></td>
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<td></td>
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</tr>
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- EP (CY) or Hospital (FY) who demonstrates MU in 2013 for 1stTime

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For EPs attesting in 2014 to avoid the 2015 payment adjustment, EP must attest no later than October 1, 2014, which means they must begin 90 day EHR reporting period no later than July 1, 2014.

For EHs attesting in 2014 to avoid 2015 payment adjustment the hospital must attest no later than July 1, 2014 which means they must begin 90 day EHR reporting period no later than April 1, 2014.
How much will I lose - EPs?

- % Adjustment shown below assumes **less than 75%** of EPs are meaningful users for CY 2018 and subsequent years

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<td>96%</td>
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- % Adjustment shown below assumes **more than 75%** of EPs are meaningful users for CY 2018 and subsequent years

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<td>97%</td>
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How much will I lose - hospital?

- % Decrease in the Percentage Increase to the IPPS (*Inpatient Prospective Payment System) Payment Rate that the hospital would otherwise receive for that year:

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<th>2020</th>
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<td>% Decrease</td>
<td>25%</td>
<td>50%</td>
<td>75%</td>
<td>75%</td>
<td>75%</td>
<td>75%</td>
</tr>
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- Example: If the increase to IPPS for 2015 was 2%, then a hospital subject to the payment adjustment would only receive a 1.5% increase

* Note: Payment adjustments are different for CAH’s
Payment Adjustments

To Avoid Payment Adjustments in subsequent years, EPs & hospitals must continue to demonstrate meaningful use every year
Do I really have to do this?

Hardship Exemptions
Hardship Exemptions - EPs

- **Infrastructure**
  - EPs 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 EPs**
  - Newly practicing EPs who would not have had time to become meaningful users can apply for a 2-year limited exception to payment adjustments.
Hardship Exemptions - EPs

- Unforeseen Circumstances
  - Examples may include a natural disaster or other unforeseeable barrier.

- EPs who practice at multiple locations must demonstrate that they:
  - Lack of control over availability of CEHRT for more than 50% of patient encounters

- EPs must demonstrate that they meet the following criteria:
  - Lack of face-to-face or telemedicine interaction with patients
  - Lack of follow-up need with patients

Provided for Radiology, Anesthesiology, & Pathology with a caveat from CMS:
“...physicians in these specialties should not expect that this exception will continue indefinitely, nor should they expect that we will grant exception for the full 5-year period permitted by the statute.” – Stage 2 Final Rule, p 446
Hardship Exemptions - Hospitals

- **Infrastructure:**
  - Eligible hospitals and CAHs 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 Hospitals or CAHs**
  - New eligible hospitals and CAHs with new CMS Certification Numbers (CCNs)
    - For CAHs the hardship exception is limited to one full year after the CAH accepts its first patient.
    - For eligible hospitals the hardship exception is limited to one full-year cost reporting period.

- **Unforeseen Circumstances**
  - Examples may include a natural disaster or other unforeseeable barrier.
How do I get a Hardship Exemption?

- **Apply**
  - EPs, eligible hospitals, and CAHs must apply for hardship exceptions to avoid the payment adjustments.

- **CMS must grant exceptions**
  - Hardship exceptions will be granted only if CMS determines that providers have demonstrated that those circumstances pose a significant barrier to their achieving meaningful use.

- **Mind the deadlines**
  - Applications need to be submitted no later than April 1 for hospitals, and July 1 for EPs of the year before the payment adjustment year
  - CMS encourages earlier submission
How to qualify

Stage 2 & Changes to Stage 1
What stayed the same

- Eligibility criteria
- How EH & EP payments are calculated
- Must use Certified EHR technology (CEHRT)
  - For EPs, at least 50% of EP outpatient encounters must occur at locations equipped with CEHRT
  - Denominators based on outpatient locations equipped with CEHRT
    - If the EHR at different outpatient locations isn’t integrated, you have to add up the numbers from each location in order to attest for ALL locations with a CEHRT
- Staged criteria for achieving Meaningful Use
  - Stage you must achieve depends on your year of program participation
What changed with the Final Rules

- CMS & ONC Final Rules available online
  - [http://www.healthit.gov/policy-researchers-implementers/meaningful-use-stage-2](http://www.healthit.gov/policy-researchers-implementers/meaningful-use-stage-2)
- Meaningful Use criteria exclusions modified
- Requirements for some Stage 1 criteria changed
  - Some take effect 2013, others 2014
- Stage 2 criteria finalized
- Batch reporting for groups supported starting in 2014
What changed with the Final Rules

- Clinical Quality Measures split from criteria, but still required
  - Electronic submission in 2014 for EPs & EHs in year 2 and beyond
- Medicaid eligibility expanded
  - Patient volume calculation modified
- Details on penalties and program exemptions
- Starting in 2014, all participants have to adopt 2014-Certified technology
  - Doesn’t matter which Stage you are qualifying for in 2014
  - To give providers & vendors more time to upgrade to the 2014 version, all participants have a 3-month reporting period in 2014
    - Based on federal quarters, not a self-selected 3-month period
What is in Stage 2?

**Stage 1**
- **Eligible Professionals**
  - 15 core objectives
  - 5 of 10 menu objectives
  - 20 total objectives

- **Eligible Hospitals & CAHs**
  - 14 core objectives
  - 5 of 10 menu objectives
  - 19 total objectives

**Stage 2**
- **Eligible Professionals**
  - 17 core objectives
  - 3 of 6 menu objectives
  - 20 total objectives

- **Eligible Hospitals & CAHs**
  - 16 core objectives
  - 3 of 6 menu objectives
  - 19 total objectives
Stage 2: Notable Requirements

- Some criteria require patient action (and a patient portal)
  - >5% of patients must send secure messages to their EP (EP)
  - >5% of patients must access their health information online (EH and EP)
- CPOE requirements expanded
  - Meds (60%), labs (30%), radiology (30%)
- Required elements for clinic visit summary (EP) and summary of care document (EH & EP) significantly expanded
  - Likely to have implications for clinical documentation captured in your EHR
Stage 2: Notable Requirements

- Test for HIE replaced with actual electronic exchange
  - A summary of care record must be sent for more than 50% of transitions of care and referrals
    - 10% of summary of care documents must be sent electronically
    - At least one must be sent electronically to a recipient with different EHR vendor or to CMS test EHR.
  - Electronic transmission of public health data
    - Immunizations (EP Core, EH Core), Reportable lab results (EH Core), Syndromic Surveillance (EP Menu, EH Core)
- Menu criteria for EPs
  - Ongoing submission of case information to cancer registry
  - Ongoing submission of case information to specialized registry (besides cancer)
# Clinical Quality Measures

<table>
<thead>
<tr>
<th>Provider</th>
<th>Before 2014</th>
<th>2014 and Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPs</td>
<td>Complete 6 out of 44 &lt;br&gt; o 3 core or 3 alternate core &lt;br&gt; o 3 menu</td>
<td>• Complete 9 out of 64 &lt;br&gt; • Choose at least 1 measure in 3 NQS domains* &lt;br&gt; • Recommended core CQMs include:&lt;br&gt;   o 9 CQMs for the adult population &lt;br&gt;   o 9 CQMs for the pediatric population Prioritize NQS domains</td>
</tr>
<tr>
<td>EHs and CAHs</td>
<td>Complete 15 out of 15</td>
<td>Complete 16 out of 29 &lt;br&gt; o Choose at least 1 measure in 3 NQS domains*</td>
</tr>
</tbody>
</table>

* NQS healthcare policy 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
Clinical Quality Measures: 2014

- Reporting will change for all providers, regardless of whether they are participating in Stage 1 or Stage 2
- EHR technology certified to the 2014 standards and capabilities will contain new CQM criteria
- All Medicare-eligible providers in their second year and beyond of demonstrating meaningful use must electronically report CQM data to CMS
  - Medicaid providers will electronically report CQM data to their state
- A complete list of 2014 CQMs and their associated National Quality Strategy domains will be posted on the CMS website in the future
### Stage Required by Year: Medicare EP’s

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<tbody>
<tr>
<td>2011</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>$44,000</td>
<td>$18,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$2,000</td>
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<tr>
<td>2012</td>
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</table>
### Stage Required by Year: Medicare EH’s

<table>
<thead>
<tr>
<th>First Year of Participation</th>
<th>Stages of Meaningful Use for Eligible Hospitals (Fiscal Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1</td>
</tr>
<tr>
<td>2012</td>
<td>1</td>
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<tr>
<td>2013</td>
<td>1</td>
</tr>
<tr>
<td>2014</td>
<td>1*</td>
</tr>
</tbody>
</table>

*Payments will decrease for hospitals that start receiving payments in 2014 and later*
What do I need to buy for Stage 2?
Certified EHR

For Stage 1 2011-2013 you must have either

- EHR technology certified to all 2011 Edition certification criteria OR equivalent 2014 Edition certification criteria
  - OR
- EHR technology certified to the 2014 edition certification criteria that meets the Base EHR definition and would support the objectives, measures, and their ability to successfully report CQMs for MU stage 1

For 2014 Stage 1 or Stage 2 you must have

- EHR certified to the 2014 edition certification criteria that meets the Base EHR definition and would support the objectives, measures, and their ability to successfully report CQMs for the MU stage that they seek to achieve
Example: EP for Stage 1

2014 Certification Criteria associated with MU Menu Stage 1:
- Drug-formulary checks (170.314(a)(10))
- Patient list creation (170.314(o)(14))
- Patient-specific education resources (170.314(a)(15))
- Clinical information reconciliation (170.314(b)(4))
- Incorporate lab tests & values/results (170.314(b)(5))
- Immunization information (170.314(f)(1))
- Transmission to immunization registries (170.314(f)(2))
- Transmission to PH agencies – syndromic surveillance (170.314(f)(3))

2014 Certification Criteria associated with MU Core Stage 1:
- Drug-drug, drug-allergy interaction checks (170.314(a)(2))
- Vital signs, BMI, & growth charts (170.314(a)(4))
- Smoking status (170.314(a)(11))
- eRx (170.314(b)(3))
- View, download, & transmit to 3rd Party (170.314(c)(1))
- Clinical summary (170.314(c)(2))

2014 Certification Criteria associated with a Base EHR:
- CPOE (170.314(a)(1))
- Demographics (170.314(a)(3))
- Problem list (170.314(a)(5))
- Medication list (170.314(a)(6))
- Medication allergy list (170.314(a)(7))
- Clinical decision support (170.314(a)(8))
- Transitions of care (170.314(b)(1) & (2))
- Data portability (170.314(b)(7))
- Clinical quality measures (170.314(c)(1) - (3))
- Privacy and Security CC:
  - Authentication, access control, & authorization (170.314(d)(1))
  - Auditable events & tamper resistance (170.314(d)(2))
  - Audit report(s) (170.314(d)(3))
  - Amendments (170.314(d)(4))
  - Automatic log-off (170.314(d)(5))
  - Emergency access (170.314(d)(6))
  - End-user device encryption (170.314(d)(7))
  - Integrity (170.314(d)(8))
  - Accounting of disclosures* (170.314(d)(9))

2014 ed. certification criteria for which certification may be required:
- Automated numerator recording (170.314(g)(1))
- Automated measure calculation (170.314(g)(2))
- Safety-enhanced design (170.314(g)(3))
- Quality management system (170.314(g)(4))
Example: EH for Stage 2

2014 Certification Criteria associated with MU Core Stage 2:
- Drug-drug, drug-allergy interaction checks (170.314(a)(2))
- Vital signs, BMI, & growth charts (170.314(a)(4))
- Smoking status (170.314(a)(11))
- Patient list creation (170.314(a)(14))
- Patient-specific education resources (170.314(a)(15))
- eMAR (170.314(a)(16))
- Clinical information reconciliation (170.314(b)(4))
- Incorporate lab tests & values/results (170.314(b)(5))
- View, download, & transmit to 3rd Party (170.314(e)(1))
- Immunization information (170.314(f)(1))
- Transmission to immunization registries (170.314(f)(2))
- Transmission to PH agencies – syndromic surveillance (170.314(f)(3))
- Transmission of reportable lab tests & values/results (170.314(f)(4))

2014 Certification Criteria associated with MU Menu Stage 2:
- Electronic notes (170.314(a)(9))
- Drug-formulary checks (170.314(a)(10))
- Image results (170.314(a)(12))
- Family health history (170.314(a)(13))
- Advance directives (170.314(a)(17))
- eRx (170.314(b)(3))
- Transmission of e-lab tests & values/results to providers (170.314(b)(6))

2014 Certification Criteria associated with a Base EHR:
- CPOE (170.314(a)(1))
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  - End-user device encryption (170.314(d)(7))
  - Integrity (170.314(d)(8))
  - Accounting of disclosures* (170.314(d)(9))
Key Dependencies

- When will your vendor’s 2014 certified EHR version available?
- When can you get on your vendor’s upgrade or installation schedule?
- What are your ICD-10 upgrade timelines & dependencies?
Preparing for MU Audits

- It is all or nothing
  - The law doesn’t provide a mechanism for partial incentive if you fail on one or more criteria

- When/if you get audited
  - When you get notice of audit, you will only have ~ 2 weeks to respond
  - Initial step is a desk audit. If you pass this, you avoid a field audit
    - You don’t want a field audit
  - For the desk audit, there is no human interaction
    - Package your audit materials so that it makes sense to an ‘outsider’
    - Provide the right amount of information – do not invite additional questions from auditors by providing too much or too little information

- Ask your vendor and/or peers for advise based on their experience with MU audits
Recommended audit materials

- A copy of (ONC) certification as well as licensing agreements with the vendor or invoices from the system purchase
- Documentation to support the method chosen (Observation Services or All ED Visits) to report Emergency Department (ED) admissions [Hospitals only]
- **Specific and concise** documentation for all Core and Menu Criteria (Numerator/Denominator & Yes/No)
  - Reports from your CEHRT to document the numbers you attested to for Numerator/Denominator criteria and Quality Measures
  - Documentation that demonstrates how each criteria was met
    - e.g., screen shots, training materials, reports, audit logs, policies/procedures
    - Be sure there are time/date stamps to prove screen shots, etc. were taken during the reporting period
      - Especially for Yes/No criteria
Timelines & Dates
Each year, EH must attest within 2-months of end of reporting period (i.e., Nov 30)

Oct 1, 2012
Some changes to Stage 1 criteria take effect

Oct 1, 2013
- Other changes to Stage 1 criteria take effect
- New CQM criteria take effect (Stage 1 & 2)

Apr 1, 2014
- Latest date to apply for 2015 hardship exemption
- Latest date to start 90-day reporting period & avoid 2015 penalties (must have 2014 CEHRT in place)

Jun 30, 2014
Latest date to have 2014 CEHRT in place to qualify for 2014 incentives
July 1, 2014
Latest date to attest for MU & avoid 2015 penalties

Oct 1, 2014
- Medicare Penalties begin for non-MU EH’s
- ICD-10 Deadline

CQMs for FFY2014 must be submitted electronically if reporting second year & beyond

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Each year, EP must attest within 2-months of end of reporting period (i.e., Feb 28)

Last year, EP must attest within 2-months of end of reporting period (i.e., Feb 28)

Reporting period options for 2014 attestation

Q1  Q2  Q3  Q4  90d

Last 90-day period to qualify for any MU EP incentives (Oct-Dec 2014)


Jan 1, 2013  Some changes to Stage 1 criteria take effect

Jan 1, 2014  Other changes to Stage 1 criteria take effect
  • New CQM criteria take effect (Stage 1 & 2)
  • Latest date to apply for 2015 hardship exemption
  • Latest date to start 90-day reporting period & avoid 2015 penalties (must have 2014 CEHRT in place)

Jul 1, 2014

Sep 30, 2014  Latest date to have 2014 CEHRT in place and qualify for CY2014 incentives
  • Latest date to attest for MU & avoid 2015 penalties
  • ICD-10 Deadline

Oct 1, 2014

Jan 1, 2015  Medicare Penalties begin for non-MU EP’s

CQMs for CY2014 must be submitted electronically if reporting second year & beyond


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Next Steps

- Register
  - Determine who will register and attest
- Talk to your EHR vendor about when 2014 Certified version will be available
  - Get in the queue for an install or upgrade date
- Conduct a gap analysis and plan to fill gaps
  - Stage 1 if you haven’t already
  - Stage 2
- Start compiling your audit materials
- OR… if you’ve already started your audit, review and update your audit materials based on information on recent CMS audits.
Resources

- CMS on Stage 2

- ONC on Stage 2

- My contact information
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  - 678.613.7650
2014 CQM Quarterly Reporting

For Medicare providers, the 2014 3-month reporting period is fixed to the quarter of either the fiscal (for eligible hospitals and CAHs) or calendar (for EPs) year in order to align with existing CMS quality measurement programs.

In subsequent years, the reporting period for CQMs would be the entire calendar year (for EPs) or fiscal year (for eligible hospitals and CAHs).

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Optional Reporting Period in 2014*</th>
<th>Reporting Period for Subsequent Years of Meaningful Use (Stage 1 and Subsequent Stages)</th>
<th>Submission Period for Subsequent Years of Meaningful Use (Stage 1 and Subsequent Stages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EP</td>
<td>Calendar year quarter: March 31</td>
<td>1 calendar year (January 1 - December 31)</td>
<td>2 months following the end of the reporting period (January 1 - February 28)</td>
</tr>
<tr>
<td></td>
<td>April 1 - March 31</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>July 1 - September 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>October 1 - December 31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible Hospital/CAH</td>
<td>Fiscal year quarter: October 1</td>
<td>1 fiscal year (October 1 - September 30)</td>
<td>2 months following the end of the reporting period (October 1 - November 30)</td>
</tr>
<tr>
<td></td>
<td>- December 31</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>January 1 - March 31</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>April 1 - June 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>July 1 - September 30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: The optional reporting period is provided for reference and may not be necessary for all providers.
Clinical Quality Measures: 2014

- In 2014, EPs in their first year of participation must attest to CQMs
  - Only way to meet the Oct 1 deadline to avoid 2015 penalties

- EPs in their second year and beyond can
  - Electronically submit CQMs
  - Satisfy requirements of PQRS EHR reporting option using CHERT
  - Satisfy requirements of PQRS EHR Group reporting option using CHERT
  - Satisfy requirements of Medicare Shared Savings Program of Pioneer ACOs using CEHRT
## Stage 2
### EP Core Objectives

<table>
<thead>
<tr>
<th>Core Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CPOE</td>
<td>Use CPOE for <em>more than 60% of medication, 30% of laboratory, and 30% of radiology</em></td>
</tr>
<tr>
<td>2. E-Rx</td>
<td>E-Rx for <em>more than 50%</em></td>
</tr>
<tr>
<td>3. Demographics</td>
<td>Record demographics for <em>more than 80%</em></td>
</tr>
<tr>
<td>4. Vital Signs</td>
<td>Record vital signs for <em>more than 80%</em></td>
</tr>
<tr>
<td>5. Smoking Status</td>
<td>Record smoking status for <em>more than 80%</em></td>
</tr>
<tr>
<td>6. Interventions</td>
<td>Implement 5 <em>clinical decision support interventions + drug/drug and drug/allergy</em></td>
</tr>
<tr>
<td>7. Labs</td>
<td>Incorporate lab results for <em>more than 55%</em></td>
</tr>
<tr>
<td>8. Patient List</td>
<td>Generate patient list by specific condition</td>
</tr>
<tr>
<td>9. Preventive Reminders</td>
<td>Use EHR to identify and provide reminders for preventive/follow-up care for <em>more than 10%</em> of patients with two or more office visits in the last 2 years</td>
</tr>
<tr>
<td>10. Patient Access</td>
<td>Provide online access to health information for <em>more than 50% with more than 5% actually accessing</em></td>
</tr>
<tr>
<td>Core Objective</td>
<td>Measure</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11. Visit Summaries</td>
<td>Provide office visit summaries for <strong>more than 50%</strong> of office visits</td>
</tr>
<tr>
<td>12. Education Resources</td>
<td>Use EHR to identify and provide education resources <strong>more than 10%</strong></td>
</tr>
<tr>
<td>13. Secure Messages</td>
<td><strong>More than 5%</strong> of patients send secure messages to their EP</td>
</tr>
<tr>
<td>14. Rx Reconciliation</td>
<td>Medication reconciliation at <strong>more than 50%</strong> of transitions of care</td>
</tr>
<tr>
<td>15. Summary of Care</td>
<td>Provide summary of care document for <strong>more than 50%</strong> of transitions of care and referrals with <strong>10% sent electronically</strong> and <strong>at least one sent</strong> to a recipient with a different EHR vendor or successfully testing with CMS test EHR</td>
</tr>
<tr>
<td>16. Immunizations</td>
<td>Successful ongoing transmission of immunization data</td>
</tr>
<tr>
<td>17. Security Analysis</td>
<td>Conduct or review security analysis and incorporate in risk management process</td>
</tr>
</tbody>
</table>
### Stage 2 EP Menu Objectives

<table>
<thead>
<tr>
<th>Menu Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Imaging Results</td>
<td>More than 20% of imaging results are accessible through Certified EHR Technology</td>
</tr>
<tr>
<td>2. Family History</td>
<td>Record family health history for more than 20%</td>
</tr>
<tr>
<td>3. Syndromic Surveillance</td>
<td>Successful ongoing transmission of syndromic surveillance data</td>
</tr>
<tr>
<td>4. Cancer Submission</td>
<td>Successful ongoing transmission of cancer case information</td>
</tr>
<tr>
<td>5. Specialized Registry</td>
<td>Successful ongoing transmission of data to a specialized registry</td>
</tr>
<tr>
<td>6. Progress Notes</td>
<td>Enter an electronic progress note for more than 30% of unique patients</td>
</tr>
</tbody>
</table>
### Stage 2
Hospital & CAHs Core Objectives

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<tr>
<th>Core Objective</th>
<th>Measure</th>
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<tr>
<td>1. CPOE</td>
<td>Use CPOE for <strong>more than 60% of medication, 30% of laboratory, and 30% of radiology</strong></td>
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<td>2. Demographics</td>
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<td>4. Smoking Status</td>
<td>Record smoking status for <strong>more than 80%</strong></td>
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<tr>
<td>5. Interventions</td>
<td>Implement <strong>5 clinical decision support interventions + drug/drug and drug/allergy</strong></td>
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<tr>
<td>6. Labs</td>
<td>Incorporate lab results for <strong>more than 55%</strong></td>
</tr>
<tr>
<td>7. Patient List</td>
<td>Generate patient list by specific condition</td>
</tr>
<tr>
<td>8. eMAR</td>
<td>eMAR is implemented and used for <strong>more than 10%</strong> of medication orders</td>
</tr>
<tr>
<td>9. Patient Access</td>
<td>Provide online access to health information for <strong>more than 50% with more than 5% actually accessing</strong></td>
</tr>
</tbody>
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## Stage 2
### Hospital & CAHs Core Objectives

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<tr>
<td><strong>10. Education Resources</strong></td>
<td>Use EHR to identify and provide education resources <strong>more than 10%</strong></td>
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<tr>
<td><strong>11. Rx Reconciliation</strong></td>
<td>Medication reconciliation at <strong>more than 50%</strong> of transitions of care</td>
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<tr>
<td><strong>12. Summary of Care</strong></td>
<td>Provide summary of care document for <strong>more than 50%</strong> of transitions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR</td>
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<tr>
<td><strong>13. Immunizations</strong></td>
<td>Successful ongoing transmission of immunization data</td>
</tr>
<tr>
<td><strong>14. Labs</strong></td>
<td>Successful ongoing submission of reportable laboratory results</td>
</tr>
<tr>
<td><strong>15. Syndromic Surveillance</strong></td>
<td>Successful ongoing submission of electronic syndromic surveillance data</td>
</tr>
<tr>
<td><strong>17. Security Analysis</strong></td>
<td>Conduct or review security analysis and incorporate in risk management process</td>
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Security risk analysis objective now requires consideration of encryption for data at rest and audit logs, which may require additional security solutions for clients.
## Stage 2
### Hospital and CAHs Menu Objectives

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<tr>
<th>Menu Objective</th>
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<tbody>
<tr>
<td>1. Progress Notes</td>
<td>Enter an electronic progress note for <strong>more than 30%</strong> of unique patients</td>
</tr>
<tr>
<td>2. E-Rx</td>
<td><strong>More than 10%</strong> electronic prescribing (eRx) of discharge medication orders</td>
</tr>
<tr>
<td>3. Imaging Results</td>
<td><strong>More than 20%</strong> of imaging results are accessible through Certified EHR Technology</td>
</tr>
<tr>
<td>4. Family History</td>
<td>Record family health history for <strong>more than 20%</strong></td>
</tr>
<tr>
<td>5. Advanced Directives</td>
<td>Record advanced directives for <strong>more than 50%</strong> of patients 65 years or older</td>
</tr>
<tr>
<td>6. Labs</td>
<td>Provide structured electronic lab results to EPs for <strong>more than 20%</strong></td>
</tr>
</tbody>
</table>
Stage 2
The Evolution of Stage 2

Required Elements for Clinical Visit Summary

- Patient Name
- Provider’s Name & Office Contact Info
- Date and Location of the Visit
- Reason for the Office Visit
- Current Problem List
- Current Medication List
- Current Medication Allergy List
- Procedures Performed during the Visit
- Immunizations or Medications Administered during the visit
- Vital Signs
- Lab Test Results
- List of Diagnostic Testing Pending
- Clinical Instructions
- Future Appointments
- Referrals to Other Providers
- Future Scheduled Tests
- Demographic Information
- Smoking Status
- Care Plan Field(s), including Goals and Instructions
- Recommend Patient Decision Aids
Stage 2
The Evolution of Stage 2

Required Elements for Summary of Care Document

- Patient Name
- Referring or Transitioning Provider’s Name & Office Contact Info (EP only)
- Procedures
- Encounter Diagnosis
- Immunizations
- Lab Test Results
- Vitals Signs (Height, Weight, BP)
- Smoking Status
- Functional Status, including activities of daily living, cognitive and disability status
- Demographic Information
- Care Plan Field, including Goals and Instructions
- Care Team including the PCP of Record and any additional known Care Team Members
- Discharge Instructions (Hospital only)
- Reason for Referral (EP only)
- Current Problem List*
- Current Medication List*
- Current Medication Allergy List*

* An EP or hospital must verify these three fields are not blank and include the most recent information known by the EP or Hospital at the time of generating summary of care document.