Navigating the Meaningful Use Jungle

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Agenda

- Incentive/penalties timelines
- Brief review of Stage 1 with changes for 2014
- Brief review of Stage 2
- Pain points and solutions for Stage 2
- Changes to Final Rule effective 10/1/2014
- MU Additional Resources
- “MU Feud”
# EP Medicare EHR Incentive Timeline

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Maximum Incentive Payments Based on the First CY in Which An EP Participates in the Program (with stages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$18,000 S1Y1</td>
</tr>
<tr>
<td>2012</td>
<td>$12,000 S1Y2 $18,000 S1Y1</td>
</tr>
<tr>
<td>2013</td>
<td>$8000 S1Y3 $12,000 S1Y2 $18,000 S1Y1</td>
</tr>
<tr>
<td>2014</td>
<td>$4000 S2Y1 $8000 S2Y1 $12,000 S1Y2 $18,000 S1Y1</td>
</tr>
<tr>
<td>2015</td>
<td>$2000 S2Y2 $4000 S2Y2 $8000 S2Y1 $12,000 S1Y2</td>
</tr>
<tr>
<td>2016</td>
<td>$0 S2Y3 $2000 S2Y3 $4000 S2Y2 $8000 S2Y1</td>
</tr>
<tr>
<td>Total</td>
<td>$44,000 $44,000 $42,000 + $38,000 +</td>
</tr>
</tbody>
</table>

**2014** is the last year to begin the Medicare program!

An EP who first successfully demonstrates meaningful use of certified EHR technology for 2015 will not qualify for any Medicare EHR incentive payments.
An EP who successfully demonstrates meaningful use of certified EHR technology for the Medicaid EHR incentive program, is eligible to earn up to $63,750. Years may be skipped in the Medicaid program, and the program will pay incentives through 2021. The last year to begin the Medicaid program is 2016.

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Maximum Incentive Payments Based on the First CY in Which An EP Participates in the Program (with stages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$21,250 AIU</td>
</tr>
<tr>
<td>2012</td>
<td>$8500 S1Y1</td>
</tr>
<tr>
<td>2013</td>
<td>$8500 S1Y2</td>
</tr>
<tr>
<td>2014</td>
<td>$8500 S2Y1</td>
</tr>
<tr>
<td>2015</td>
<td>$8500 S2Y2</td>
</tr>
<tr>
<td>2016</td>
<td>$8500 S2Y3</td>
</tr>
<tr>
<td>Total</td>
<td>$63,750</td>
</tr>
</tbody>
</table>
Hospitals can begin receiving EHR incentive payments in any federal fiscal year (FY) from FY 2011 to FY 2015, but payments will decrease for hospitals that start receiving payments in 2014 and later. Incentive payments to eligible hospitals and CAHs are based on a number of factors, beginning with a $2 million base payment.

<table>
<thead>
<tr>
<th>First Payment Year</th>
<th>Medicare EH &amp; CAHs (stages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2011</td>
<td>$$$ S1Y1</td>
</tr>
<tr>
<td>FY 2012</td>
<td>$$$ S1Y1</td>
</tr>
<tr>
<td>FY 2013</td>
<td>$$$ S1Y1</td>
</tr>
<tr>
<td>FY 2014</td>
<td>$$$ S1Y1</td>
</tr>
<tr>
<td>FY 2015</td>
<td>$$$ S1Y1</td>
</tr>
<tr>
<td>FY 2016</td>
<td>$$$ S1Y1</td>
</tr>
</tbody>
</table>
### Tables 11 & 12, from page 54095 of the Final Rule

**Medicare eligible professionals who are not meaningful users will be subject to a payment adjustment beginning on January 1, 2015.**
Timelines for EPs to Avoid Payment Adjustments

**Table 13, from page 54101 of the Final Rule**

<table>
<thead>
<tr>
<th>EP payment adjustment year (calendar year)</th>
<th>Demonstrate MU during EHR reporting period 2 years prior to year of payment adjustment</th>
<th>For an EP demonstrating meaningful use for the first time in the year prior to the payment adjustment year, EHR reporting period is a continuous 90-day reporting period beginning no later than</th>
<th>Apply or otherwise qualify for an exception no later than</th>
</tr>
</thead>
</table>

**Notes:** (CY refers to the calendar year, January 1 through December 31 each year.) The timelines for CY 2020 and subsequent calendar years will follow the same pattern.
Eligible professionals can apply for hardship exceptions in the following categories:

- **Infrastructure**: Eligible professionals 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**: Newly practicing eligible professionals who would not have had time to become meaningful users can apply for a 2-year limited exception to payment adjustments.

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

- **2014 EHR Vendor Issues**: The eligible professional’s EHR vendor was unable to obtain 2014 certification or the eligible professional was unable to implement meaningful use due to 2014 EHR certification delays.
Eligible professionals can apply for hardship exceptions in the following categories: (cont’d)

- **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.

- **PECOS Specialties:** An EP that has a primary specialty listed in PECOS as anesthesiology, radiology or pathology 6 months prior to the first day of the payment adjustments that would otherwise apply. The specialty codes include diagnostic radiology (30), nuclear medicine (36), interventional radiology (94), anesthesiology (05), and pathology (22).
### Payment Adjustments for EHSs and CAHs

#### Table 15—Percentage Decrease in Applicable Hospital Percentage Increase for Hospitals That Are Not Meaningful EHR Users

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital payment update is subject to EHR payment reduction</td>
<td>25%</td>
<td>50%</td>
<td>75%</td>
</tr>
</tbody>
</table>

#### Table 16—Timeline for Eligible Hospitals to Avoid Payment Adjustment

<table>
<thead>
<tr>
<th>Hospital payment adjustment year (fiscal year)</th>
<th>Demonstrate MU during EHR reporting period 2 years prior to year of payment adjustment</th>
<th>Or</th>
<th>For an eligible hospital demonstrating meaningful use for the first time in the year prior to the payment adjustment year use a continuous 90-day reporting period beginning no later than:</th>
<th>Or</th>
<th>Apply for an exception no later than:</th>
</tr>
</thead>
</table>

**Notes:** (FY refers to the Federal fiscal year: October 1 to September 30. For example, FY 2015 is October 1, 2014 through September 30, 2015.) The timelines for FY 2020 and subsequent fiscal years follow the same pattern.

*Tables 15 & 16, from pages 54103 & 54108 of the Final Rule*
Medicare Subsection (d) eligible hospitals can apply for hardship exceptions in the following categories:

- **Infrastructure** — Eligible hospitals 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** — Eligible hospitals with new CMS Certification Numbers (CCNs) that would not have had time to become meaningful users can apply for a limited exception to payment adjustments. The hardship exception is limited to one full-year cost reporting period.

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

- **2014 EHR Vendor Issues** — The hospital’s EHR vendor was unable to obtain 2014 certification or the hospital was unable to implement meaningful use due to 2014 EHR certification delays.
Critical Access Hospitals (CAHs) can apply for hardship exceptions in the following categories:

- **Infrastructure** — 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 CAHs** — CAHs with new CMS Certification Numbers (CCNs) that would not have had time to become meaningful users can apply for a limited exception to payment adjustments. The hardship exception is limited to one full year after the CAH accepts its first patient.

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

- **2014 EHR Vendor Issues** — The hospital’s EHR vendor was unable to obtain 2014 certification or the hospital was unable to implement meaningful use due to 2014 EHR certification delays.
## Stage 1 2014

<table>
<thead>
<tr>
<th>EPs</th>
<th></th>
<th>EHs &amp; CAHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Measures</td>
<td>13 required</td>
<td>Core Measures</td>
</tr>
<tr>
<td>Menu Measures</td>
<td>5 of 9 choices</td>
<td>Menu Measures</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>9 measures covering at least 3 of 6 National Quality Strategy (NQS) domains</td>
<td>Clinical Quality Measures (CQMs)</td>
</tr>
</tbody>
</table>
2014 Changes for Stage 1

- Required 2014 CEHRT software
- Vital Signs
  - Exclusions added for splitting BP and height/weight
  - Age requirement revised to 3 years and older for BP, height/weight for all
- Provide patients the ability to view, download and transmit patient data
  {Replaced electronic copy (core) and timely electronic access (menu)}
- Menu set exclusion limited
  - No longer can take an exclusion if there are other menu objectives which can be met without an exclusion
- Clinical Quality Measures (CQMs):
  - EPs report 9 of 64
  - EHs report 16 of 29
  - Must cover 3 National Quality Strategy domains
## Stage 2 2014

<table>
<thead>
<tr>
<th></th>
<th>EPs</th>
<th>EHs &amp; CAHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Measures</td>
<td>17 required</td>
<td>16 required</td>
</tr>
<tr>
<td>Menu Measures</td>
<td>3 of 6 choices</td>
<td>3 of 6 choices</td>
</tr>
<tr>
<td>Clinical Quality Measures (CQM)</td>
<td>9 measures covering at least 3 of 6 National Quality Strategy (NQS) domains</td>
<td>16 measures covering at least 3 of 6 National Quality Strategy (NQS) domains</td>
</tr>
</tbody>
</table>
Stage 2 Core and Menu Objectives

Eligible Professionals

Report on all 17 Core Objectives:
1. Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders
2. Generate and transmit permissible prescriptions electronically (eRx)
3. Record demographic information
4. Record and chart changes in vital signs
5. Record smoking status for patients 13 years old or older
6. Use clinical decision support to improve performance on high-priority health conditions
7. Provide patients the ability to view online, download and transmit their health information
8. Provide clinical summaries for patients for each office visit
9. Protect electronic health information created or maintained by the Certified EHR Technology
10. Incorporate clinical lab-test results into Certified EHR Technology
11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
12. Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care
13. Use certified EHR technology to identify patient-specific education resources
14. Perform medication reconciliation
15. Provide summary of care record for each transition of care or referral
16. Submit electronic data to immunization registries
17. Use secure electronic messaging to communicate with patients on relevant health information

Report on 3 of 6 Menu Objectives:
1. Submit electronic syndromic surveillance data to public health agencies
2. Record electronic notes in patient records
3. Imaging results accessible through CEHR
4. Record patient family health history
5. Identify and report cancer cases to a State cancer registry
6. Identify and report specific cases to a specialized registry (other than a cancer registry)
“This might hurt a little.....”
Core 7: Provide patients the ability to view online, download, and transmit their health information, within 4 business days of the information being available to the EP.

- Patients must be enticed by the practice to access the patient portal
- Advertise, advertise, and advertise some more
- Be sure patient portal is user friendly and functioning
- Have staff knowledgeable about how the portal works and what it can do for the patient

Pain Point = Difficulty in getting more than 5% of unique patients seen during the EHR reporting period to actually access the patient portal
Core 12: Use clinically relevant information to identify patients who should receive reminders for preventative/follow-up care and send these patients reminders, per patient preference.

- PCPs who are part of Blueprint practices, should try to align their reminders with conditions being tracked for NCQA
- Specialists have to be more creative – choose a diagnosis or condition that is frequently encountered, and create a way to encourage proper ongoing care
- Be consistent with whatever process the practice decides to send reminders for
- Monitor reports frequently to be sure staff is complying with the reminder plans

**Pain Point** = Identifying what the health care organization can and should send reminders for. Reminders cannot be for already scheduled care.
Core 15: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care for each transition or care or referral.

Pain Point = New workflows must be created to handle incoming and outgoing documentation, and the EHR needs to have access to referring providers’ and organizations’ secure addresses.

- First, find out from your vendor whether you need an outside HISP, or if it is included in your current software.
- Determine how a SOC document gets generated in your EHR, and determine what staff member and at what point will this be done.
- Obtain referral providers’ secure Direct email addresses and get them built into your EHR for ease of use.
- Realize that over time, this functionality will be a valuable timesaver and useful for both the referring and receiving offices.
Core 16: Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.

- First, go to: [http://healthvermont.gov/hc/meaningful_use.aspx](http://healthvermont.gov/hc/meaningful_use.aspx)
- Click on the appropriate Link to Instructions
- For EPs, complete and submit the registration form to the Vermont Department of Health via e-mail within 60 days of the start of your Meaningful Use reporting period for Stage 2
- Also need to have VHIE agreement with VITL signed
- Do not delay in responding to VDH’s invitation to begin onboarding

**Pain Point** = Practices have been waiting a long time to get connected to the Vermont Department of Health Immunization Registry. EPs are often unaware there is a formal registration process with VDH for Stage 2, to get interfaces built through VITL to the immunization registry.
Public Health Meaningful Use

The Vermont Department of Health has enhanced its information systems to replace paper-based reporting with electronic reporting which will allow Eligible Professionals and Eligible Hospitals with certified electronic medical records to meet the Meaningful Use measures related to Public Health.

Public Health Objectives

### Public Health Objectives for Eligible Hospitals

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Information Systems</td>
<td>All 3 measures are required</td>
</tr>
<tr>
<td>Electronic Laboratory Reporting (ELR)</td>
<td>Ongoing submission of data</td>
</tr>
<tr>
<td>Syndromic Surveillance</td>
<td>Link to Instructions</td>
</tr>
</tbody>
</table>

#### Pick 1 of 3
- 1 test submission of data
- Link to Instructions

### Public Health Objectives for Eligible Professionals

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
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</tr>
<tr>
<td>1 test submission of data</td>
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</tr>
</tbody>
</table>

#### Link to Instructions
Core 17: Use secure electronic messaging to communicate with patients on relevant health information.

**Pain Point** = This measure requires patients to take initiative to engage on their own, and will require new workflows and responsibilities for staff members.

- Help staff understand this will benefit everyone in the long run
- Help patients understand that this new messaging option is available
- Assist patients in signing up for your portal
- Advertise, advertise, advertise – emphasize the benefits for patients of email versus calling, or waiting until their next visit
Menu 3: Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.

**Pain Point** = EPs cannot just exclude this measure because they don’t have a PACS system in house, and so creative and redundant work-arounds sometimes have to be created to meet the measure.

- Image must be available in your CEHRT, not necessarily stored there
- Determine how your software will record image availability, and determine what your workflow for tests with image results might be
- Example, a PCP office without an in house PACS system, downloads and scans every chest x-ray the EP orders, in order to meet the threshold of greater than 10% are available
- In the future, radiology reports will be able to be received electronically with images embedded in the report
CMS

Announcement!

On 8/29/2014
For 2014 Only

Extension of Stage 2

Stage 2 will be extended to span the course of three years, and Stage 3 will not be scheduled to begin for EPs until CY 2017, and for EHs and CAHs it will begin in FY 2017.

2014 CEHRT Flexibility

For providers who are experiencing difficulties fully implementing 2014 Edition CEHRT to attest this year, they will have several options available. Providers scheduled to demonstrate Stage 2 of meaningful use in 2014 can:

Demonstrate [2013 Definition of Stage 1](#) of meaningful use with 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT

Demonstrate [2014 Definition of Stage 1](#) of meaningful use with 2014 Edition CEHRT

Demonstrate Stage 2 of meaningful use with 2014 Edition CEHRT
Things to be aware of...


- Exemptions from meeting Stage 2 in 2014 will be considered only for delays in availability being experienced by the VENDOR. Examples:
  - A provider is waiting on the vendor for updates
  - The software has functionality or safety problems and does not yet contain all required components
  - A vendor has identified an issue and is sending out patches

- Unacceptable reasons for exemption from Stage 2:
  - Internal issues (expense)
  - Staff changes and turnover
  - Waiting too long to engage the vendor
  - Refusing to purchase software updates

- With one exception, if an EP cannot meet a measure needed for Stage 2, they cannot attest.
An EP’s ability, who is in Stage 2 in 2014, to use the new flexibility options to report Stage 1 measures, hinge on the following portion of the final rule:

*These proposed alternatives are available only for those providers that could not fully implement 2014 Edition CEHRT to meet meaningful use for an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability.*

CMS provides more detail on the use of the phrase “fully implement”:

*A provider’s ability to fully implement all of the functionality of 2014 Edition CEHRT may be limited by the availability and timing of product installation, deployment of new processes and workflows, and employee training.*

CMS will be asking Stage 2 EPs to attest to the fact that CEHRT was not available in time for them to fully implement the Stage 2 Objectives if they choose to use the Stage 1 Objectives instead.
The “one exception” reason CMS allows for EPs to slide back to Stage 1:

- CMS makes ONE exception for EPs not being able to achieve a Core measure – that of the Transition of Care.
- CMS announced that providers not able to meet the transition / summary of care measure because other providers with whom they refer to have been delayed in implementing 2014 CEHRT due to vendor issues, may attest to Stage 1.
- Providers must retain documentation of why they were unable to meet the measure’s 10% threshold.
- *the sending provider may experience significant difficulty meeting the 10 percent threshold, despite the referring provider’s ability to send the electronic document, if the intermediary or the recipient of the transition or referral is experiencing delays in the ability to fully implement 2014 Edition CEHRT. We acknowledge referring providers may not be able to meet the summary of care measure in 2014, if receiving providers they frequently work with have not upgraded to 2014 Edition CEHRT.*
- A referring provider under this circumstance may attest to the 2014 Stage 1 objectives and measures for the EHR reporting period in 2014. However, the referring provider must retain documentation clearly demonstrating that they were unable to meet the 10 percent threshold... (highlighted sections are from the Final Rule)
Reference Links

- Final Rule 9/4/2012
- Payment Adjustment Hardship Exception Tip Sheet for EPs
- Payment Adjustment Hardship Exception Tip Sheet for EHs & CAHs
- 2014 Stage 1 For Eligible Professionals
- 2014 Stage 1 For Eligible Hospitals
- Vermont Department of Health Meaningful Use
- CMS 8/29/14 Press Release for Final Rule
- EHR Incentive Programs 2014 Final Rule Quick Guide
- CMS Educational Resources
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