CalHIPSO

California Health Information Partnership & Services Organization

2015 Meaningful Use
CMS EHR Incentive Program

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11/12/2015 update

Disclaimer

- The information included in this presentation is for informational purposes only
- The CMS final rule reviewed in this deck may be viewed at https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications
- A CMS fact sheet about Modification is also available at http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-04-10.html
- Many aspects of the Stage 1 and Stage 2 published Final Rules are still applicable

Agenda

1. Modification Rule – 2015, 2016, 2017 and Stage 3
2. 2015 Meaningful Use Measures
3. Public Health MU
4. MU To Do's
5. Payment Adjustments
6. Audit Preparedness
7. Q & A

The 2015 – 2017 Modifications

The Stages are merging together

Timeline – Known and Anticipated

- January 29, 2015 CMS foreshadowing
- Friday April 10, 2015 – Notice of Proposed Rule Making (NPRM) Released
- 60 day comment period – comments were due June 14, 2015
- CMS Review of comments Summer 2015
- Final Ruling announced Oct. 6, 2015
- Final Rule published October 16, 2015
- Effective date December 16, 2015
- No sooner than Jan. 2016 for Medicare attestations, **Medicaid SLR by state TBD**

CMS Announcement Jan 29 2015

The Centers for Medicare & Medicaid Services (CMS) intends to engage in rulemaking this spring to help ensure providers continue to meet meaningful use requirements.

In response to input from health care providers and other stakeholders, CMS is considering the following changes to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs:

CMS Announcement Jan 29 2015

Shortening the 2015 reporting period to 90 days to address provider concerns about their ability to fully deploy 2014 Edition software

Realigning hospital reporting periods to the calendar year to allow eligible hospitals more time to incorporate 2014 Edition software into their workflows and to better align with other quality programs

CMS Announcement Jan 29 2015

Modifying other aspects of the programs to match long-term goals, reduce complexity, and lessen providers' reporting burden

These proposed changes reflect the Department of Health and Human Services' commitment to creating a health information technology infrastructure that:

CMS Announcement Jan 29 2015

Elevates patient-centered care
Improves health outcomes
Supports the providers who care for patients

While CMS intends to pursue these changes through rulemaking, they will not be included in the pending Stage 3 proposed rule. CMS intends to limit the scope of the pending proposed rule to Stage 3 and meaningful use in 2017 and beyond.

About Stage 3 …

Requires upgrade to 2015 certified EHR technology (CEHRT)

Optional in 2017 – 90 day reporting period

Mandatory in 2018 – fully year reporting unless it is a Medicaid EP's first year attesting to MU

This presentation focus: 2015 – 17 MU

Another opportunity to comment

Comments are due 12/15/2015 at 11:59 PM EST.

https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications#open-comment

Goals of Modifications Proposed Rule

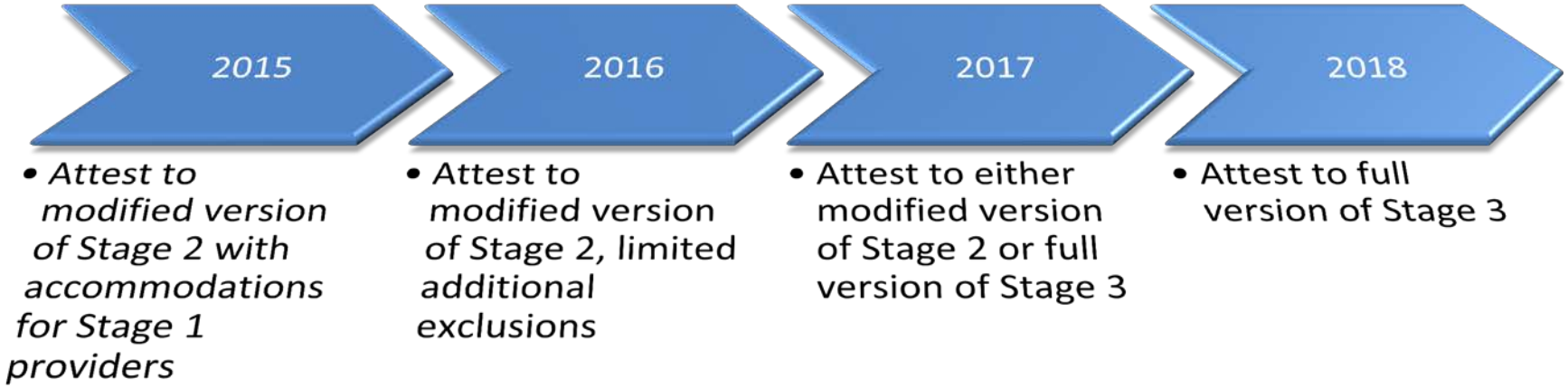
- Align with Stage 3 proposed rule to achieve overall goals of programs
- Synchronize reporting period objectives and measures to reduce burden
- Continue to support advanced use of health IT to improve outcomes for patients
- Align with Medicare Access and CHIP Reauthorization Act of 2015 and MIPS

Modification's Impact

Measure Changes

- Changed threshold for 2 measures requiring patient action
  - 2nd measure in patient electronic access (VDT)
  - Secure messaging
- Consolidating public health measures into one measure
- Changing the eligible hospital electronic prescribing objective to a core objective with exclusions
- Additional exclusions for providers who have already established the workflows

Changes to timeline



Changes to timeline

TABLE 1: STAGE OF MEANINGFUL USE CRITERIA BY FIRST YEAR

First Year Demonstrating Meaningful Use	Stage of Meaningful Use				
	2015	2016	2017	2018	2019 and future years
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2014	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2015	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2016	- NA -	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3

- Stage 1 providers have “alternate” measures & exclusions for many measures in 2015
- Stage 1 providers have “alternate” exclusions in 2016 for some measures

Who's On First

- Stage 1 Year 1, Stage 1 Year 2, Stage 2 Year 1, Stage 2 Year 2, if an EP Flexed in lieu of Stage 2…

New EPs: MU instead of AIU?

THE challenging measures

- **Review** monthly **Meaningful Use dashboard reports**, assess for gaps, corrections needed in workflow, identify successes, etc.

  - Implement patient portal – are you meeting the 50% View Download Transmit (VDT)?
    - Whether scheduled for Stage 1 or Stage 2

  - Are you meeting HIE Transitions of Care - Summary of Care Record? (Stage 2)

Patient Electronic Access – VDT Measure

Patient Electronic Access	
Objective	Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP.
Measure	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information, with the ability to view, download, and transmit to a third party.
Exclusion	Any EP who neither orders nor creates any of the information listed for inclusion, except for "Patient name" and "Provider's name and office contact information, may exclude the measure.

See 5 Page Stage 2 VDT Measure Specification Sheet:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_7_PatientElectronicAccess.pdf

Transition of Care: Summary of Care Record

Mod MU "simplifies" measure 2

Measure2: The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care that -- (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

> CMS NPRM, "…The proposed updates to this measure reflect stakeholder input regarding operational challenges in meeting this measure, and seek to increase flexibility for providers while continuing to drive interoperability across care settings and encouraging further innovation."

2015 – 2017 Measures

Measures

1. SRA (protect)
2. CDS
3. CPOE
4. eRx
5. HIE*(sum of care)
6. Education
7. Med Recon
8. VDT* (elec axs)
9. Secure Msg*

Public Health

- If scheduled for Stage 1 in 2015 then must meet **1 of 3**
- Otherwise, must meet **2 of 3**

CQMs

"2014" CQMs Report on 9 of 64 from 3 Domains

*** There are modifications to the measures as we used to know them**

These measures apply no matter whether your EP is "Stage 1" or "Stage 2" in 2015+ !!!

The Removed Measures – due to "redundant, duplicative or topped out"

1. Drug Formularies*
2. Demographics*
3. Problem List*
4. Medication List*
5. Med Allergy List*
6. Vitals*
7. Smoking Status*
8. Clinical Summary
9. Sum of Care (M1&M2)
10. Lab Results*
11. Patient List
12. Reminders
13. Electronic Notes
14. Imaging Results*
15. Family Health History

*** Incorporated into other "active" measures (VDT or HIE)**

New Participants

- All EPs and EHs can report for any 90 days in 2015
- First time EP and EH participants in 2016, any 90 day period
- Returning participants in 2016 onwards, full year reporting
- 90 day reporting for providers starting Stage 3 in 2017
- Stage 1 Year 1 Medicaid providers can always report for any continuous 90 days, regardless of the year

2016 is the last year to initiate participation in the Medicaid EHR Incentive Program

Stage 1 Providers in 2015

- Maintaining the specifications for objectives and measures that have a lower threshold or other measure differences between Stage 1 and Stage 2;
- Establishing exclusion for Stage 2 measures that do not have an equivalent Stage 1 measure associated with any Stage 1 objective,
- Or, where the provider did not plan to attest to the menu objective that would now be otherwise required.

Modified Stage 1 & Stage 2 Measures

1. Protect Electronic Health Information (Yes/No)
   - Can be conducted anytime before attestation, but during the calendar year
   - Encryption of ePHI in storage

2. Clinical Decision Support – 5 rules + Drug-drug, drug-allergy interaction (Yes/No)
   - Stage 1 2015 alternate measure – 1 CDS rule
   - Stage 2 – 4 rules must be related to Clinical Quality Measures

3. Computerized Provider Order Entry (CPOE) – > 60% Med, 30% Rad and 30% Lab
   - 2015 Stage 1 providers alternate measure report 30% med
   - 2015 Stage 1 alternate exclusion option on Rad and Lab

Modified Stage 1 & Stage 2 Measures

4. Electronic Prescribing (eRx) – > 50% EP and 10% EH
   - 2015 Stage 1 providers alternate measure report 40%
   - Hospitals can exclude in 2015 or 2016

5. HIE, aka Summary of Care, Transitions of Care – > 10% electronic
   - 2015 Stage 1 alternate exclusion
   - CMS Modified definition - created in CEHRT and transmit the summary of care record electronically

6. Patient Education > 10%
   - 2015 Stage 1 alternate exclusion

Modified Stage 1 & Stage 2 Measures

7. Medication Reconciliation > 50%
    - 2015 Stage 1 alternate exclusion

8. Patient Electronic Access to Health Information – **Measure 1** > 50% are provided access, **Measure 2** at least 1 patient VD or T
    - 2015 Stage 1 alternate exclusion for 2nd measure
        - At least one patient views, downloads or transmits information in 2015 and 2016
        - 5% VDT in 2017
9. Secure Message
    - 2015 Stage 1 alternate exclusion
        - Function was enabled in 2015
        - Message sent to at least one patient in 2016
        - > 5% in 2017 (to or in response to a patient)

Modified Stage 1 & Stage 2 Measures

Public Health Objectives

Public Health Requirement to meet Modified MU

- ❖ 2015 Stage 1 EP Must meet 1 of 3 Measures
- ❖ Stage 2 EP Must meet 2 of 3 Measures

- ➢ Measure 1 – Immunization Registry Reporting
- ➢ Measure 2 – Syndromic Surveillance Reporting
- ➢ Measure 3 – Specialized Registry

October 22, 2015 CMS FAQ 12985
https://questions.cms.gov/faq.php?id=5005&faqId=12985

Public Health CMS FAQ 12985

Question: **For 2015, how should a provider report on the public health reporting objective if they had not planned to attest to certain public health measures? Is there an alternate exclusion available to accommodate the changes to how the measures are counted?**

We do not intend to inadvertently penalize providers for their inability to meet measures that were not required under the previous stages of meaningful use. Nor did we intend to require providers to engage in new activities during 2015, which may not be feasible after the publication of the final rule in order to successfully demonstrate meaningful use in 2015.

Public Health CMS FAQ 12985

…we will allow providers to claim an alternate exclusion for a measure if they did not intend to attest to the equivalent prior menu objective consistent with our policy for other objectives and measures as described at 80 FR 62788.

EPs scheduled to be in Stage 1: Must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3. May claim an Alternate Exclusion for Measure 1, Measure 2 or Measure 3.

An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).

EPs scheduled to be in Stage 2: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3. May claim an Alternate Exclusion for Measure 2 or Measure 3 (Syndromic Surveillance Measure or Specialized Registry Reporting Measure).

Public Health Measures – Active Engagement

Section j. Public Health and Clinical Data Registry (CDR) Reporting
Page 20366
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Modifications_MU_Rule.pdf

- Active Engagement Option 1— Completed Registration to Submit Data
- Active Engagement Option 2—Testing and Validation:
- Active Engagement Option 3— Production:

Public Health Measures – Active Engagement

Active Engagement Option 1— Completed Registration to Submit Data

The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process.

Public Health Measures – Active Engagement

Active Engagement Option 2—Testing and Validation:

The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

Public Health Measures – Active Engagement

Active Engagement Option 3— Production:

The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR. We note that the change in definition is intended to better capture the activities a provider may conduct in order to engage with a PHA or CDR, and that any prior action taken to meet the non-consolidated public health reporting objectives of meaningful use Stages 1 and 2 would count toward meeting the active engagement requirement of this objective.

Modified Stage 1 & Stage 2 Measures

TABLE 6 - PUBLIC HEALTH REPORTING OBJECTIVE MEASURES FOR EPS, ELIGIBLE HOSPITALS, AND CAHs IN 2015 THROUGH 2017

Measure Number and Name	Measure Specification	Maximum times measure can count towards the objective
Measure 1 – Immunization Registry Reporting	The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.	1
Measure 2 – Syndromic Surveillance Reporting	The EP, eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	1
Measure 3 – Specialized Registry Reporting	The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit data to a specialized registry.	2 for EP, 3 for eligible hospital/CAH
Measure 4- Electronic Reportable Laboratory Results Reporting	The eligible hospital or CAH is in active engagement with a public health agency to submit ELR results.	N/A

What should you be doing today?

- Confirm CMS Program Registration for each Eligible Professional (EP)
  - NPPES/PECOS
  - Identity & Access System (I&A)
- Know (find, update, etc.) your 2015 CHPL ID (for your 2014 CEHRT)
  - http://oncchpl.force.com/ehrcert?q=chpl

What should you be doing today?

- Be sure you're working with your Public Health Registries! (Registered, On Boarded, Production)
- Pull reports to determine 2015's 90 day period of attestation completion per provider,
- Run eligibility for Medicaid (previous calendar year)
- Screen shots of Yes/No measures
- Security Risk Analysis

and think about 2016…

Fewer exclusions

More alignment across your EPs

Full year reporting – be ready on Jan 1st!

Do Gap Analysis throughout the year

Last year to begin state Medicaid Incentives

Payment Adjustments

CMS: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html

If a provider is eligible to participate in the Medicare EHR Incentive Program, they must demonstrate meaningful use in either the Medicare EHR Incentive Program or in the Medicaid EHR Incentive Program, to avoid a payment adjustment. Medicaid providers who are only eligible to participate in the Medicaid EHR Incentive Program are not subject to these payment adjustments.

Section 101(b)(1)(A) of **MACRA** (amended section 1848(a)(7)(A) of the Act to sunset the meaningful use payment adjustment for EPs at the end of CY 2018.

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA): Merit-based Incentive Payment System (MIPS), Alternative Payment Models (APMs), and a physician-focused payment model (PFPMs).

Payment Adjustments – that which you do in 2015…

Program Year 2015	EHR reporting period for a payment adjustment year	Applies to avoid a payment adjustment in CY 2016	Applies to avoid a payment adjustment in CY 2017
EPs who have not successfully demonstrated meaningful use in a prior year (new participants)	Any continuous 90-day period in CY 2015	Yes, if EP successfully attests by February 29, 2016	Yes, if EP successfully attests by February 29, 2016
EPs who have successfully demonstrated meaningful use in a prior year (returning participants)	Any continuous 90-day period in CY 2015	No	Yes, if EP successfully attests by February 29, 2016

Reference Table 18 in Modification Rule

Payment Adjustments – that which you do in 2016…

Program Year 2016	EHR reporting period for a payment adjustment year	Applies to avoid a payment adjustment in CY 2017	Applies to avoid a payment adjustment in CY 2018
EP new participants	Any continuous 90-day period in CY 2016	Yes, if EP successfully attests by October 1, 2016	Yes, if EP successfully attests by February 28, 2017
EP returning participants	CY 2016	No	Yes, if successfully attest by February 28, 2017

Reference Table 18 in Modification Rule

Payment Adjustments – that which you do in 2017…

Program Year 2017	EHR reporting period for a payment adjustment year	Applies to avoid a payment adjustment in CY 2018	Applies to avoid a payment adjustment in CY 2019
EP new participants	Any continuous 90-day period in CY 2017	Yes, if EP successfully attests by October 1, 2017	N/A
EP returning participants	N/A	N/A	N/A
Medicaid EP returning participants demonstrating Stg 3	Any continuous 90-day period in CY 2017	No	Yes, if successfully attest by February 28, 2018

Reference Table 18 in Modification Rule

Audit Preparedness

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html

Audit Information and Guidance

- Supporting Documentation for Audits
- Sample Audit Letter for EPs
- Sample Audit Letter for Eligible Hospitals & CAHs
- Audit Overview Fact Sheet
- Stage 2 Supporting Documentation for Audits

Audit Preparedness

Meaningful Use Objective	Audit Validation	Suggested Documentation
Clinical Decision Support Rule	Functionality is available, enabled, and active in the system for the duration of the EHR reporting period.	One or more screenshots from the certified EHR system that are dated during the EHR reporting period selected for attestation.
Protect Electronic Health Information	Security risk analysis of the certified EHR technology was performed prior to the end of the reporting period.	Report that documents the procedures performed during the analysis and the results. Report should be dated prior to the end of the reporting period and should include evidence to support that it was generated for that provider's system (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), provider name, practice name, etc.). **Note:** The Stage 2 measure for Protect Electronic Health Information also requires providers to address encryption/security of data stored in certified EHR technology.

Audit Preparedness

Generate Lists of Patients by Specific Conditions	One report listing patients of the provider with a specific condition.	Report with a specific condition that is from the certified EHR system and is dated during the EHR reporting period selected for attestation. Patient-identifiable information may be masked/blurred before submission.
Immunization Registries Data Submission, Reportable Lab Results to Public Health Agencies, Syndromic Surveillance Data Submission, Reporting Cancer Case Registries, and Reporting to Specialized Registries	Ongoing submission of electronic data using certified EHR technology for the entire EHR reporting period.	• Dated screenshots from the EHR system that document successful submission to the registry or public health agency. Should include evidence to support that it was generated for that provider's system (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), provider name, practice name, etc.).

Audit Preparedness

Meaningful Use Objective	Audit Validation	Suggested Documentation
		• A dated record of successful electronic transmission (e.g., screen shot from another system, etc.). Should include evidence to support that it was generated for that provider (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), provider name, practice name, etc.). • Letter or email from registry or public health agency confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties. • For exclusions to public health reporting objectives, a letter, email, or screenshot from the registry that demonstrates EP was unable to submit and would therefore qualify under one of the provided exclusions to the objective.
Exclusions	Documentation to support each exclusion to a measure claimed by the provider.	Report from the certified EHR system that shows a zero denominator for the measure or otherwise documents that the provider qualifies for the exclusion.

QUESTIONS?

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