Medicare & Medicaid EHR Incentive Programs

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Eligibility

Who is Eligible to Participate?

- Eligibility was defined in statute
- Hospital-based EPs are NOT eligible for incentives
  - DEFINITION: 90% or more of their covered professional services in either an inpatient (POS 21) or emergency room (POS 23) of a hospital
  - Incentives are based on the individual, not the practice

Medicare-only Eligible Professionals

Medicaid-only Eligible Professionals

Doctors of Optometry
Doctors of Podiatric Medicine
Chiropractor

Doctors of Medicine
Doctors of Osteopathy
Doctors of Dental Medicine
   or Surgery

Nurse practitioners
Certified nurse midwives
Physician assistants (PAs)
   when working at an FQHC
   or RHC that is so led by a
   PA

Could be eligible for both Medicare & Medicaid incentives

Hospitals only eligible for Medicare incentive

Hospitals only eligible for Medicaid incentive

Subsection(d) hospitals in 50 U.S. states and the District of Columbia*
Critical Access Hospitals (CAHs)*

*without 10% Medicaid

Most subsection(d) hospitals/ acute care hospitals
Most CAHs

Children's hospitals
Acute care hospitals in the territories
Cancer hospitals

Could be eligible for both Medicare & Medicaid (most hospitals)
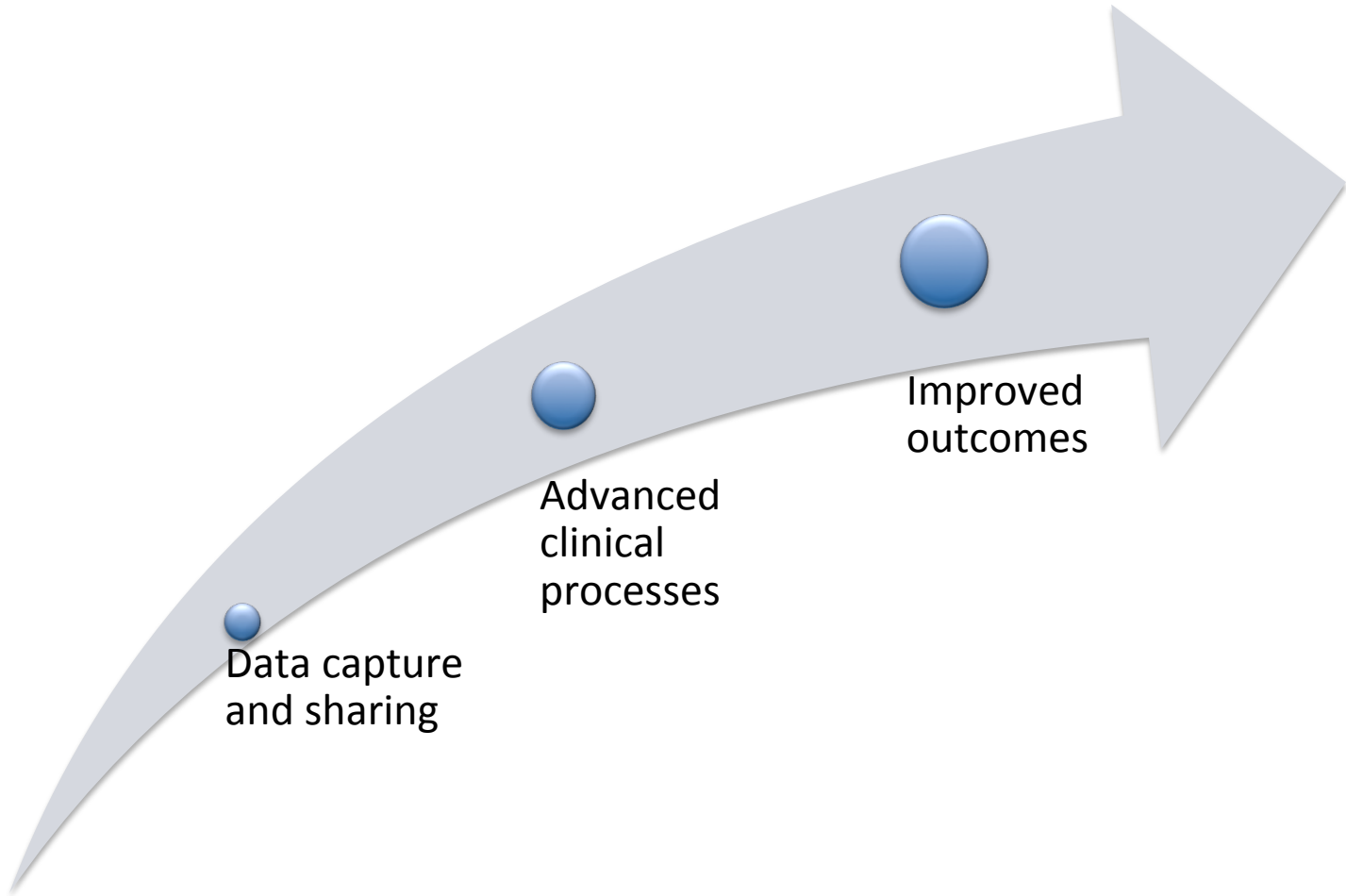
EP Eligibility: Medicaid Basics

- Must be one of 5 types of EPs
- Must either:
  - Have ≥ 30% *Medicaid* patient volume (≥ 20% for pediatricians only); or
  - Practice predominantly in an FQHC or RHC with ≥30% *needy individual* patient volume
- Licensed, credentialed
- No OIG exclusions, living
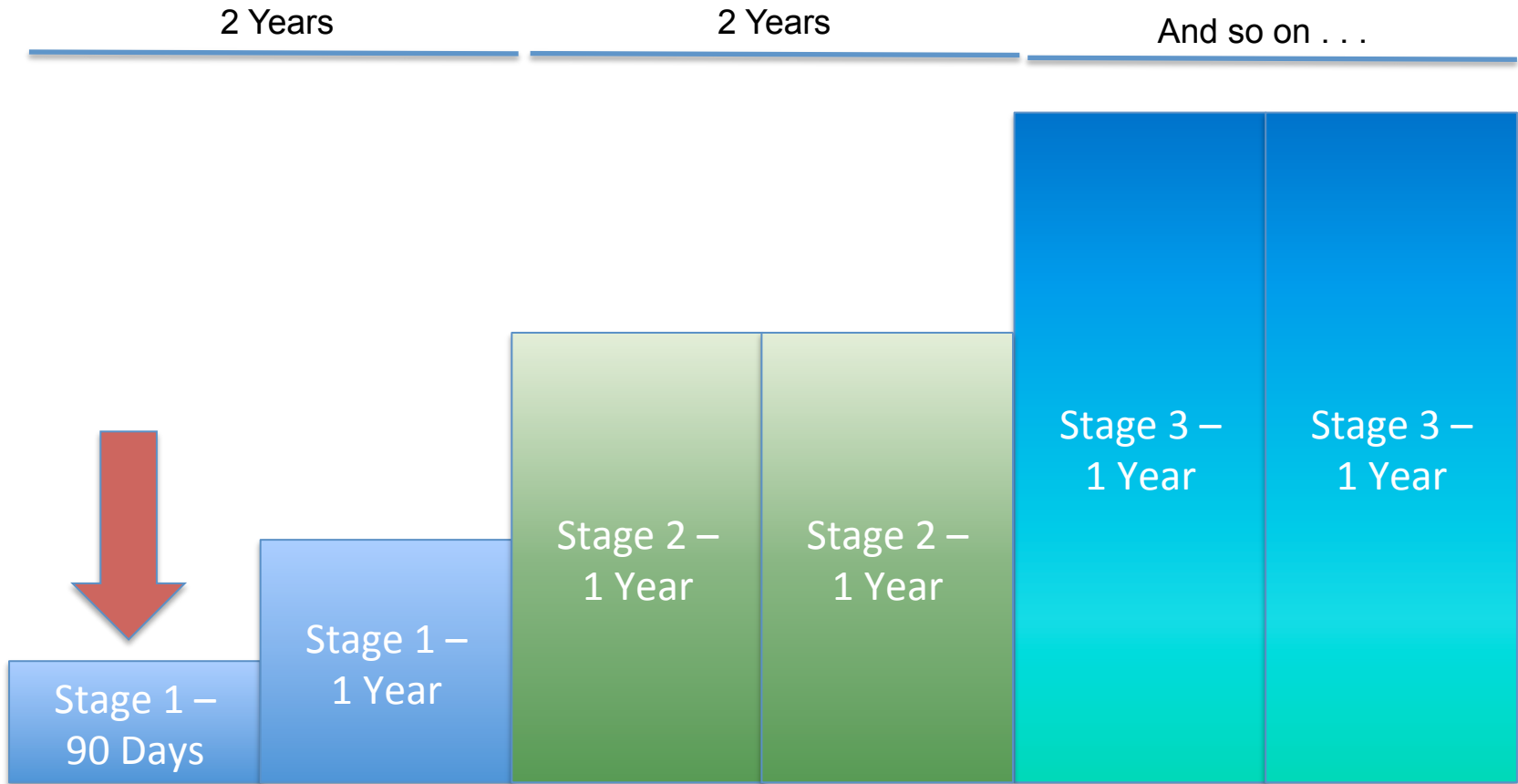- Must not be hospital-based

Meaningful Use

A Conceptual Approach to Meaningful Use

Improved outcomes

Advanced clinical processes

Data capture and sharing

What are the Requirements of Stage 1 Meaningful Use?

| 2 Years | 2 Years | And so on . . . |

Stage 1 – 90 Days

Stage 1 – 1 Year

Stage 2 – 1 Year

Stage 2 – 1 Year

Stage 3 – 1 Year

Stage 3 – 1 Year

What are the Requirements of Meaningful Use?

- Basic Overview of Meaningful Use:
  - Reporting period is 90 days for first year and 1 year subsequently
  - Progressive stages of participation
  - Reporting through attestation
  - Objectives and Clinical Quality Measures
  - Reporting may be yes/no or numerator/denominator attestation
  - To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology

What are the Requirements of Stage 1?

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 1 EP Core Objectives

15 Core Objectives

1. Computerized physician order entry (CPOE)
2. E-Prescribing (eRx)
3. **Report ambulatory clinical quality measures to CMS/States**
4. Implement one clinical decision support rule
5. Provide patients with an electronic copy of their health information, upon request
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics
9. Maintain an up-to-date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years or older
14. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
15. Protect electronic health information

Stage 1 EP Menu Objectives

5 of 10 Menu Objectives

1. Drug-formulary checks
2. Incorporate clinical lab test results as structured data
3. Generate lists of patients by specific conditions
4. Send reminders to patients per patient preference for preventive/follow up care
5. Provide patients with timely electronic access to their health information
6. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
7. Medication reconciliation
8. Summary of care record for each transition of care/referrals
9. Capability to submit electronic data to immunization registries/systems*
10. Capability to provide electronic syndromic surveillance data to public health agencies*

* At least 1 public health menu objective + 4 others

Applicability of Meaningful Use Objectives and Measures

- Some MU objectives not applicable to every provider's clinical practice, thus they would not have any eligible patients or actions for the measure denominator. Exclusions do not count against the 5 deferred measures

- In these cases, the eligible professional, eligible hospital or CAH would be excluded from having to meet that measure
  - Eg: Dentists who do not perform immunizations; Chiropractors do not e-prescribe

Stages of Meaningful Use

Improved outcomes

Advanced clinical processes

Data capturing and sharing

Stage 1
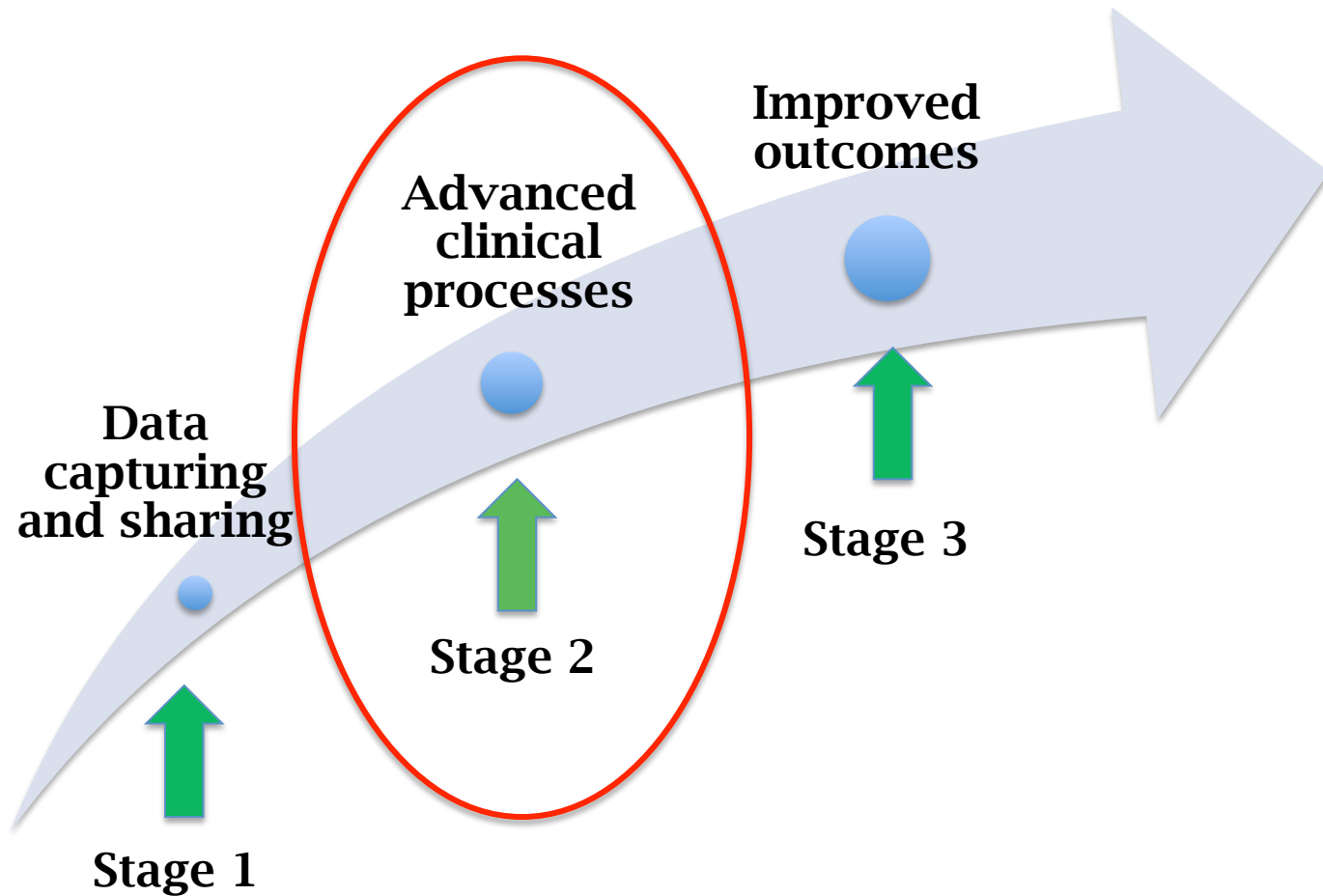
Stage 2

Stage 3

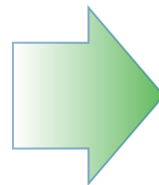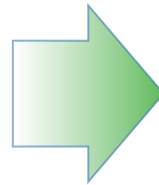# What are the Requirements of Stage 2 Meaningful Use?

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

New for Stage 2

EP

- Secure Messaging
- Family Health History
- Imaging Results
- Registry Reporting
- Progress Notes

Hospital

- Online Patient Information
- Family Health History
- Imaging Results
- Registry Reporting
- Progress Notes
- E-Prescribing
- eMAR
- Electronic lab results

Closer Look at Stage 2: Patient Engagement

- **Patient engagement** – engagement is an important focus of Stage 2.

Requirements for Patient Action:
- <u>More than 5% of patients</u> must send secure messages to their EP
- <u>More than 5% of patients</u> must access their health information online

- **EXCLUSIONS** – CMS is introducing exclusions based on broadband availability in the provider's county.

Closer Look at Stage 2: Electronic Exchange

Stage 2 focuses on actual use cases of electronic information exchange:

- **Stage 2 requires that a provider send a summary of care record for <u>more than 50%</u> of transitions of care and referrals.**

- **The rule also requires that a provider electronically transmit a summary of care for <u>more than 10%</u> of transitions of care and referrals.**

- **At least one summary of care document sent electronically to recipient with different EHR vendor or to CMS test EHR.**

Stage 2 EP Core Objectives

Core Objective	Measure
1. CPOE	Use CPOE for more than **60%** of medication, **30%** of laboratory, and **30%** of radiology
2. E-Rx	E-Rx for more than **50%**
3. Demographics	Record demographics for **more than 80%**
4. Vital Signs	Record vital signs for **more than 80%**
5. Smoking Status	Record smoking status for **more than 80%**
6. Interventions	Implement **5** clinical decision support interventions + drug/drug and drug/allergy
7. Labs	Incorporate lab results for **more than 55%**
8. Patient List	Generate patient list **by specific condition**
9. Preventive Reminders	Use EHR to identify and provide reminders for preventive/follow-up care for **more than 10%** of patients with two or more office visits in the last 2 years

Stage 2 EP Core Objectives

Core Objective	Measure
10. Patient Access	Provide online access to health information for **more than 50%** with **more than 5%** actually accessing
11. Visit Summaries	Provide office visit summaries for **more than 50%** of office visits
12. Education Resources	Use EHR to identify and provide education resources **more than 10%**
13. Secure Messages	**More than 5%** of patients send secure messages to their EP
14. Rx Reconciliation	Medication reconciliation at **more than 50%** of transitions of care
15. Summary of Care	Provide summary of care document for **more than 50%** 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**
16. Immunizations	Successful ongoing transmission of immunization data
17. Security Analysis	Conduct or review security analysis and incorporate in risk management process

Stage 2 EP Menu Objectives

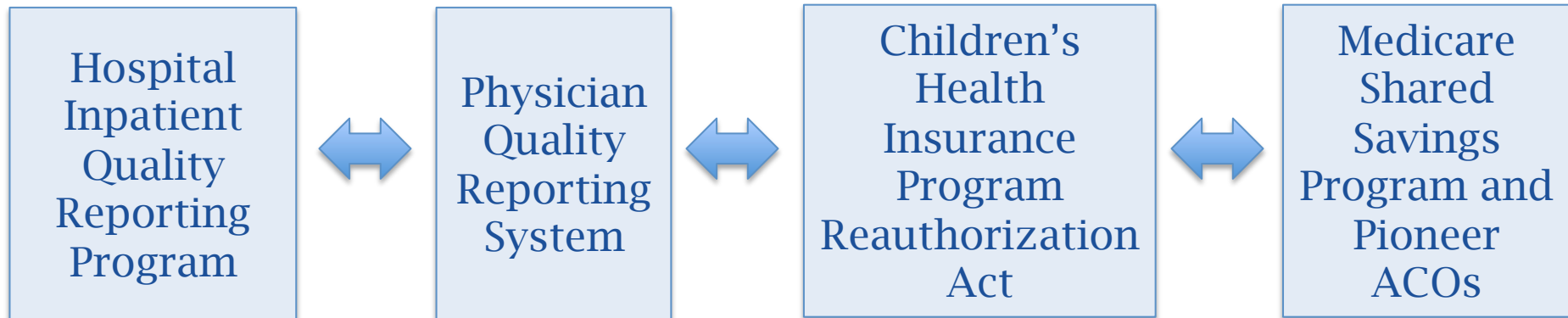| Menu Objective	Measure
1. Imaging Results	More than **10%** of imaging results are accessible through Certified EHR Technology
2. Family History	Record family health history for more than **20%**
3. Syndromic Surveillance	Successful ongoing transmission of syndromic surveillance data
4. Cancer	Successful ongoing transmission of cancer case information
5. Specialized Registry	Successful ongoing transmission of data to a specialized registry
6. Progress Notes	Enter an electronic progress note for **more than 30%** of unique patients

Clinical Quality Measures

Aligning CQMs Across Programs

- CMS's commitment to alignment includes finalizing the **same CQMs used in multiple quality reporting programs** for reporting beginning in 2014

- Other programs include Hospital IQR Program, PQRS, CHIPRA, and Medicare SSP and Pioneer ACOs

| Hospital Inpatient Quality Reporting Program | ⟷ | Physician Quality Reporting System | ⟷ | Children's Health Insurance Program Reauthorization Act | ⟷ | Medicare Shared Savings Program and Pioneer ACOs |

Electronic Submission of CQMs Beginning in 2014

- Beginning in 2014, all Medicare-eligible providers in their second year and beyond of demonstrating meaningful use **must electronically report** their CQM data to CMS.

- Medicaid providers will report their CQM data to their state, which may include electronic reporting.
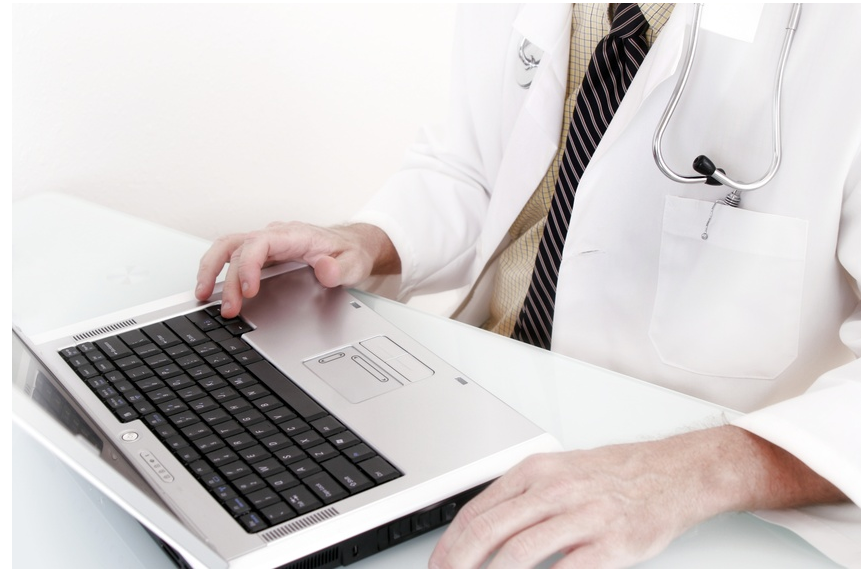
CQM Selection and HHS Priorities

All providers must select CQMs from **at least 3 of the 6** HHS National Quality Strategy domains:

- ❏ Patient and Family Engagement
- ❏ Patient Safety
- ❏ Care Coordination
- ❏ Population and Public Health
- ❏ Efficient Use of Healthcare Resources
- ❏ Clinical Processes/Effectiveness

NATIONAL QUALITY STRATEGY

Changes to CQMs Reporting

Prior to 2014

EPs

Report 6 out of 44 CQMs
- 3 core or alt. core
- 3 menu

Eligible Hospitals and CAHs

Report 15 out of 15 CQMs

Beginning in 2014

EPs

Report 9 out of 64 CQMs

Selected CQMs must cover at least 3 of the 6 NQS domains

Recommended core CQMs:
9 for adult populations
9 for pediatric populations

Eligible Hospitals and CAHs

Report 16 out of 29 CQMs

Selected CQMs must cover at least 3 of the 6 NQS domains

Stage 2 Resources

CMS Stage 2 Webpage:

- http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html

Links to the Federal Register

Stage 2 Meaningful Use Specification Sheets

Tipsheets:

- Stage 2 Overview

- 2014 Clinical Quality Measures

- Payment Adjustments & Hardship Exceptions (EPs & Hospitals)

- Stage 1 Changes

- Stage 1 vs. Stage 2 Tables (EPs & Hospitals)