

The Meaning of “Meaningful Use”

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Objectives

- ▶ Provide background on federal electronic health record (EHR) incentives
- ▶ Overview of Health IT Incentives
 - Medicare/Medicaid EHR incentives
- ▶ Provide an understanding of what comprises "meaningful use" of EHR technology

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Overview

- ▶ American Recovery and Reinvestment Act of 2009 (ARRA)
 - Health Information Technology for Economic and Clinical Health (HITECH) Act
 - Significant funding to improve the health of Americans and the performance of their health care system through the adoption and use of EHRs
 - Medicare and Medicaid incentive payments for eligible professionals (EPs) and hospitals who demonstrate “meaningful use” (MU) of certified EHR technology

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Overview

- ▶ Commonly referred to as “meaningful use” or MU
- ▶ MU Goals
 - Improve care coordination
 - Improve the quality, safety, and efficiency of care while reducing disparities
 - Engage patients and their families
 - Promote population and public health
 - Promote the privacy and security of EHRs

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Overview

- ▶ Stage 1
 - Objectives EPs and hospitals must achieve to qualify for incentive payments
- ▶ Stages 2 and 3
 - To be defined in future rule-making and each will build upon the competencies required in the previous stage

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Medicare EP Eligibility

Non-hospital-based*:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Optometry
- Chiropractors
- Podiatrists

*A doctor is considered 'hospital based' and will not qualify as an EP if they perform 90% or more of their services in a hospital inpatient (POS 21) or emergency room (POS 23) setting.

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Medicaid EP Eligibility

▶ See minimum **30% Medicaid patient volume** and be a non-hospital-based*:

- Physician
- Dentist
- Certified Nurse Midwife
- Nurse Practitioner
- Physician Assistant (when practicing at a FQHC or Rural Health Center led by a Physician Assistant)

▶ See a minimum **20% Medicaid patient volume** and be a **Pediatrician**

*A doctor is considered 'hospital based' and will not qualify as an EP if they perform 90% or more of their services in a hospital inpatient (POS 21) or emergency room (POS 23) setting.

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Medicare EHR Incentive

- ▶ Maximum payout
 - \$44,000 over 5 years
- ▶ Incentive based on
 - 75% of your Medicare Part B FFS allowable charges up to defined cap
- ▶ Medicare penalties/payment adjustments
 - 2015 = 1%
 - 2016 = 2%
 - 2017 and beyond = 3%

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Medicare EHR Incentive

- ▶ Must begin by 2014 to receive incentive payments
- ▶ Last payment year is 2016
- ▶ CMS has contracted with a Payment File Development Contractor to issue payments
- ▶ PECOS enrollment required
- ▶ Physicians in underserved areas eligible for an extra 10%

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Medicare EHR Incentive

	2011	2012	2013	2014	2015	2016	2017	Total
Adopt 2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$0	\$44,000
Adopt 2012		\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
Adopt 2013			\$15,000	\$12,000	\$8,000	\$4,000	\$0	\$39,000
Adopt 2014				\$12,000	\$8,000	\$4,000	\$0	\$24,000
Adopt 2015					\$0	\$0	\$0	\$0

Note: In order to qualify for the maximum \$18,000 bonus in either 2011 or 2012, you must bill Medicare Part B for at least \$24,000 of allowable charges ($\$24,000 \times .75 = \$18,000$).

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Medicaid EHR Incentive

- ▶ Maximum payout
 - \$63,750 (over 6 years)
 - \$42,500 for pediatricians w/20–30% Medicaid patient volume (over 6 years)
- ▶ Year 1
 - **Adoption, implementation, or upgrade** (AIU) to certified EHR technology
- ▶ Year 2 and beyond
 - AIU + meaningful use

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Medicaid EHR Incentive

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	\$21,250					
CY 2012	\$8,500	\$21,250				
CY 2013	\$8,500	\$8,500	\$21,250			
CY 2014	\$8,500	\$8,500	\$8,500	\$21,250		
CY 2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
CY 2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
CY 2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
CY 2018			\$8,500	\$8,500	\$8,500	\$8,500
CY 2019				\$8,500	\$8,500	\$8,500
CY 2020					\$8,500	\$8,500
CY 2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

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Simultaneous Participation?

If I am a participant of this program, can I still participate in this program?	PQRS	Medicare eRx	Medicare EHR	Medicaid EHR
PQRS Incentive Schedule: 2011 = 1% 2012-2014 = 0.5% Penalty Schedule: 2015 = -1.5% 2016 & beyond = -2%		Yes	Yes	Yes
Medicare eRx Incentive Schedule: 2011 & 2012 = 1% 2013 = 0.5% Penalty Schedule: 2012 = -1% 2013 = -1.5% 2014 & beyond = -2%	Yes		No	Yes
Medicare EHR	Yes	No		No
Medicaid EHR	Yes	Yes	No	

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The Basics

- ▶ Use of **certified** EHR technology in a meaningful way to improve patient care, safety & quality
- ▶ Incentives based on the individual, not the practice
- ▶ Select either Medicare or Medicaid EHR Incentive Program (one switch allowed)
- ▶ First year = 90 consecutive days within the calendar year
- ▶ Subsequent years = entire calendar year
- ▶ Reporting through attestation in year one

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Certified EHR Technology

- ▶ Certified for MU
- ▶ “ATCB” = Authorized Testing and Certification Body
- ▶ ATCB tested and reported to ONC who validated the reports
- ▶ The ONC’s CHPL (Certified HIT Product List)
 - Lists all certified products and criteria
 - <http://onc-chpl.force.com/ehrcert>

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Certified EHR Technology



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Certified EHR Technology

- ▶ **Complete EHR**
 - Certified to meet all applicable certification criteria adopted by the Secretary in the Standards and Certification Criteria Final Rule
- ▶ **EHR Modules**
 - EHR technologies that have been tested and certified to at least one, but not all, of the certification criteria

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What is Meaningful Use?

- ▶ Use of certified EHR technology to:
 - **Capture** health information in a coded format
 - **Utilize** that information to track key clinical conditions
 - **Exchange** that information for care coordination purposes
 - **Report** clinical quality measures and public health information
 - **Protect** the privacy and security of personal health information

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What is Meaningful Use?



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Stage 1 Criteria

- ▶ EPs must demonstrate
 - 15 Core Set Objectives
 - 5 of 10 Menu Set Objectives
 - 6 Clinical Quality Measures (3 core or alternate core + 3 from additional set)
- ▶ Thresholds (numerator/denominator) and yes/no responses
- ▶ Exclusions may apply

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Core Set: All 15 Required

1. CPOE for meds (30%)*
2. Drug–drug/drug–allergy interaction checks (capability enabled)
3. Problem list (80%)
4. E–Prescribe (40%)*
5. Active medication list (80%)
6. Active medication allergy list (80%)
7. Demographics (50%)
8. Smoking status (50%)*
9. Vital signs (50%)*
10. Clinical quality measures (successfully report to CMS/state)
11. Clinical decision support (1 alert in use)
12. Electronic copy of patient’s health information (50% within 3 business days)*
13. Clinical summaries of office visit (50% within 3 business days)*
14. Electronic exchange of clinical info (perform at least 1 test)
15. Protect electronic health information (conduct security risk analysis)

*Exclusion available

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Menu Set: Select 5 of 10

1. Drug formulary checks (enabled; access to at least 1 formulary)
2. Structured lab results (40%)*
3. Patient lists by condition (at least 1 report)
4. Patient reminders (20%)*
5. Patient electronic access to their health information (10% in 4 business days)*
6. Patient-specific education (10%)
7. Medication reconciliation (50%)*
8. Transition of care summary (50%)*
9. Immunization data to registries** (1 test)*
10. Syndromic surveillance data to public health agencies** (1 test)*

*Exclusion available

** Should the Eligible Professional (EP) be able to meet the measure for one of these public health menu measures and can attest that an exclusion applies for the other, the EP is required to select and report on the public health menu measure they are able to meet. If the EP can attest to an exclusion from both public health menu measures, the EP must choose one of the two public health menu measures and attest to the exclusion.

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Clinical Quality Measures

- ▶ Core
 - Hypertension: Blood pressure measurement
 - Preventive Care and Screening: Tobacco use assessment and tobacco cessation intervention
 - Adult weight screening and follow-up
- ▶ Alternate
 - Weight assessment and counseling for children and adolescents
 - Preventive care and screening: Influenza immunization for patients 50 years of age or older
 - Childhood immunization status

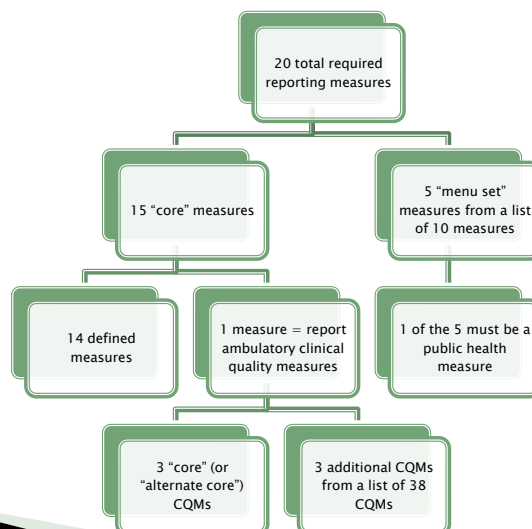
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Clinical Quality Measures

- ▶ Additional (must choose 3 from 38)
 - Diabetes, Cancer (breast, colon, prostate)
 - Heart Failure, Coronary Artery Disease, Ischemic Vascular Disease, Hypertension
 - Preventive care/screenings
 - Major depression, alcohol/other drug dependence
 - Asthma, eye care, low back pain
 - Women's health screenings
 - Pediatrics (weight assessment, childhood immunizations, Pharyngitis)

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Overview: MU Reporting Requirements



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Next Steps

- ▶ Thinking Strategically
 - Medicare or Medicaid
 - Selecting menu set objectives and CQMs
 - Health IT and payer incentives
- ▶ Registration
- ▶ Attestation

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Thinking Strategically

- ▶ Questions to Ask...
 - Financial or administrative advantages to either Medicare or Medicaid Incentive Programs?
 - Currently participating in PQRS?
 - If yes, are there common PQRS and MU CQMs?
 - If no, should I be?
 - Am I currently performing any of the core or menu set objectives?
 - Crossover with other payer incentives?

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Registration

- ▶ Register at any time
- ▶ Utilize the Medicare and Medicaid EHR Program Registration and Attestation System Web-based portal:
<https://ehrincentives.cms.gov/hitech/login.action>
- ▶ Have the following information ready
 - National Provider Identifier (NPI)
 - National Plan and Provider Enumeration System (NPPES) User ID and Password
 - Business addresses and phone number
 - Which program you are going to register for (Medicare or Medicaid) (one switch allowed)

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Registration

- ▶ Medicaid EHR program participants will receive additional instructions from Michigan Medicaid
- ▶ Registration Guide for Medicare:
http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicareEP_RegistrationUserGuide.pdf
- ▶ Registration Guide for Medicaid:
http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRMedicaidEP_RegistrationUserGuide.pdf

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Attestation

- ▶ Complete 90-day reporting period
- ▶ CMS EHR Certification Number
- ▶ Medicare EHR Incentive Program – go to CMS web-based portal
- ▶ CMS Attestation Tools:
http://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp#TopOfPage
- ▶ Medicaid EHR Incentive Program – instructions from the state Medicaid Program

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MSMS HIT Resources

- ▶ MSMS HIT Alerts
- ▶ MSMS HIT/EHR Vendor Contract Checklist
- ▶ MSMS HIT/EHR Vendor Contract Review Service
- ▶ MSMS HIT Education
- ▶ MSMS HIT e-News
- ▶ MSMS Speakers
- ▶ MSMS Practice Partners
- ▶ MSMS Connect/AMAGINE™
- ▶ MSMS Health IT Web page: www.msms.org/hit

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Other Resources

- ▶ Centers for Medicare & Medicaid Services EHR Incentives:
<http://www.cms.gov/EHRIncentivePrograms/>
- ▶ EHR Information Center: (888) 734-6433 or (888) 734-6563 (TTY number)
- ▶ The Office of the National Coordinator (ONC):
<http://www.healthit.hhs.gov>
- ▶ Michigan Medicaid EHR Incentive Program:
www.Michiganhit.org
- ▶ AMA, AHA, MHA, and national and state specialty organizations
- ▶ Michigan's Regional Extension Center
 - M-CEITA www.mceita.org

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