

Meaningful Use 2017

EHR Incentive Payment Program

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Expected Audience Today



Some familiarity with the MU program is expected

- Eligible Professionals
- MU Coordinators

- Please join us August 8 for a one hour webinar if you have only attested to AIU or if you want more detail on the measures

Agenda

- Meaningful Use History & Eligibility
- 2017 MU Measures & Changes from 2016
- Stage 3 Measures
- Proposed Changes
- Challenging Measures



Meaningful Use

- Incentive payments to encourage the meaningful use of electronic health record systems
- Stimulus money, ARRA 2008
- First payments 2011, last 2021
- Medicaid program allowed first payment for simply adopting an EHR (AIU)

2016 was last year to start the MU program

- If you have not done at least one year, you cannot participate in the program
 - New eligible professionals
 - Late adopters to electronic records



Provider Eligibility



Medicaid Meaningful Use (MU)

- Already registered in the program
- 30% of encounters for Medicaid eligible patients
 - 90 days of the prior calendar year

Merit-Based Incentive Payment System (MIPS)

- At least \$30,000 and more than 100 patients Medicare Part B
 - Use the eligibility tool
 - <https://qpp.cms.gov/>

Clinicians may be Eligible for Both Programs

Eligible Professionals (EPs)



Medicaid EHR Incentive Program (MU)

- Physicians
- Nurse practitioners
- Certified Nurse Midwives
- Dentists
- Optometrists
- Physician Assistants in an FQHC or RHC that is led by a physician assistant

For each EP

First Payment

\$21,250

Second Payment

\$8,500

Third Payment

\$8,500

Fourth Payment

\$8,500

Fifth Payment

\$8,500

Final Payment

\$8,500

Total

\$63,750

For example

2011

2017

2018

2019

2020

2021

2017- You may choose Stage 2 or Stage 3



Stage 2

- Ten Objectives
- Mostly the same as 2016
- Report CQMs

Stage 3

- Eight Objectives
- Some new measures
- Higher thresholds
- Requires upgrade
- Report CQMs

2017 Stage 2^M: Meaningful Use

1. Conduct Security and Risk Analysis, including encryption.
2. Implement 5 clinical decision support interventions and drug/drug and drug/allergy interaction checks
3. Use CPOE- 60% medication, 30% lab*, 30% radiology* orders
4. E-Rx for 50% of prescriptions, with formulary queried
5. Provide summary of care document electronically for >10% of transitions of care and referrals
6. Use EHR to provide education to more than 10% of patients
7. Medication reconciliation for 50% of incoming transitions of care
8. Provide online access to health information in 4 days for more than 50% of patients and **more than 5% of patients** view, download or transmit electronic information
9. Secure message **sent to more than 5% of patients seen**
10. Engage with Public Health- 2 or more from three choices

90 day reporting period for 2017

Illinois Registries

- Immunization Registry – I Care
- Syndromic Surveillance - ISSS
- Specialty Registries
 - Cancer Registry – ISCR
 - Prescription Monitoring – ILPMP
- Register at <https://murs.illinois.gov/>

NEW!



- Centralized Repository (National Listing)
 - <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/CentralizedRepository-.html>

Clinical Quality Measures



- Current Rule
 - Must report 9 measures from 3 domains
 - 365 day reporting period

- Proposed for 2017
 - Must report 6 measures
 - 90 days if reporting electronically
 - Upload a file in QRDA III format
 - Elimination of 11 “outdated” measures

Proposed for Elimination



CMS 061	Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed AND Risk-Stratified Fasting LDL-C
CMS 062	HIV/AIDS: Medical Visit
CMS 064	Diabetes: Low Density Lipoprotein (LDL-C) Control (<100 mg/dL)
CMS 077	HIV/AIDS: RNA Control for Patients with HIV
CMS 126	Use of Appropriate Medications for Asthma
CMS 140	Hormonal Therapy for Stage IC -IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer
CMS 141	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients
CMS 148	Hemoglobin A1c Test for Pediatric Patients
CMS 163	LDL low for diabetic patients
CMS 179	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range
CMS 182	Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (< 100mg/dL)



Proposed for 2018

- 90 Day Reporting Period, 365 days for CQMs
- CMS is considering “flexibility” around the requirement to report Stage 3 and to use 2015 CEHRT
- Final Rule expected in the fall
 - Watch CHITREC news for updates
 - Call MU Help Desk with questions

2017 Stage 3: Meaningful Use

1. Conduct Security and Risk Analysis, including encryption.
2. E-Rx for 60% of prescriptions, with formulary queried
3. Implement 5 clinical decision support interventions and drug/drug and drug/allergy interaction checks
4. CPOE- 60% medication, 60% lab and 60% radiology orders
5. a) Provide electronic access to 80% of patients seen
b) Use EHR to provide education electronically to 35% of patients seen
- 6.* a) 5% of patients view their record (VDT) –portal or app -10% in later years
b) 5% of patients are sent a secure message -25% in later years
c) 5% of patients have data from outside the clinic in the EHR
- 7.* a) Electronic summary of care for 50% of outbound TOC
b) 40% incoming TOC have summary from another EHR
c) 80% incoming TOC -reconciled meds, allergies & problems
8. Engage public health or clinical registry - 2 from 5 choices

* Objectives 6 and 7: report 3 and must meet 2



Public Health for Stage 3

- Immunization Registry
- Syndromic Surveillance
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting

How to Succeed

- Start monitoring EPs now, including CQMs
- CMS, CHITREC or ILHITREC mailing list
- Register intent to participate in registries
- Run your eligibility (volume of encounters) report from 2016

Challenging Measures

- 50% of patients have portal access
- Getting patients to do ANYTHING!
 - View their record on line
- Exchanging information with other providers
 - New workflows
 - Direct addresses for referral partners
- Sending secure messages

Suggestions

- Use the entire care team to push portal
 - Build access into the check in process
 - Send patient reminders (screenings, etc.)
 - Make it easy to use
 - Get on as a patient and see all the capabilities
 - Anything that comes in by phone- can we use portal instead – lab results, appointments
- Referral Partners
 - Agreement should include electronic exchange
 - Identify most frequent referral “recipients”



When to Attest

- For EPs that have only been paid for AIU, they may attest as soon as they have 90 days meeting the measures and 90 days of CQMs.
- Because most providers have a reporting period of 365 days for CQMs, you will have to wait until January to attest.
 - Or wait for the proposals to be final



More Resources

- CMS EHR Incentive Program:
 - <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
- Specification Sheets Stage 2:
 - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_ModifiedStage2.pdf
- Specification Sheets Stage 3:
 - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_Stage3.pdf
- IL HFS eMIPP
 - <https://www.illinois.gov/hfs/MedicalProviders/eMIPP/Pages/default.aspx>
- IL Medicaid MU Help Desk
 - Hfs.ehrincentive@Illinois.gov, 855 684-3571

If you have skipped years



- Program ends in 2021 or six payments
 - Skipping now means missing payments, rather than just postponing them
- Need access to the attestation system
- Call The MU Help Desk for help
- Webinar for new attesters, August 8

Contact the Illinois Medicaid EHR Incentive Help Desk
for Attestation, Registration, and Meaningful Use answers

1-855-MU-HELP-1

(855-684-3571)

Monday–Friday, 8:30am – 5:00pm

hfs.ehrincentive@illinois.gov

iHFS ILLINOIS DEPARTMENT OF
Healthcare and
Family Services





Appendix

Detail on each measure

1. Protect Patient Information



Measure	Attestation	Exclusions
Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP, eligible hospital, or CAH's risk management process	Yes/No	None

2. Clinical Decision Support (two measures)



Measure 1 (yes/no)	Measure 2 (yes/no)	Exclusions
<p>Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period.</p> <p>Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p>	<p>The EP, eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period</p>	<p>For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period</p>

3. CPOE (3 separate measures)



Measures	Numerator	Denominator	Exclusions
1. >60% of medication orders, 2. >30% of laboratory orders, 3. >30% of radiology orders created during the reporting period are recorded using CPOE	The number of orders in each denominator recorded using CPOE	Number of medication orders, laboratory orders or radiology orders created by the EP or authorized providers during the EHR reporting period.	Any EP who writes fewer than 100 medication orders Any EP who writes fewer than 100 laboratory orders Any EP who writes fewer than 100 radiology orders ...during the EHR reporting period

4. Electronic Prescribing



Measure	Numerator	Denominator	Exclusions
More than 50% of all permissible prescriptions written by the EP are: <ul style="list-style-type: none">• queried for a drug formularyand• transmitted electronically using CEHRT	Number of prescriptions in the denominator that are queried for a formulary, and transmitted electronically using CEHRT	Number of permissible prescriptions written during the reporting period for drugs requiring a prescription in order to be dispensed.	Writes < 100 permissible prescriptions during the period; or Does not have a pharmacy in the organization and no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location

5. Health Information Exchange



Measure	Numerator	Denominator	Exclusions
The EP that transitions or refers their patient to another setting of care or provider of care must– (1) use CEHRT to create a summary of care record; AND (2) electronically transmit the summary to a receiving provider for >10 % of transitions of care and referrals.	The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically	Number of transitions of care and referrals during the period for which the EP was the transferring or referring provider.	Any EP who transitions a patient or refers a patient to another provider less than 100 times during the EHR reporting period.

6. Patient Specific Education



Measure	Numerator	Denominator	Exclusions
Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.	Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT	Number of unique patients with office visits seen by the EP during the EHR reporting period.	Any EP who has no office visits during the EHR reporting period

7. Medication Reconciliation



Measure	Numerator	Denominator	Exclusions
The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP	The number of transitions of care in the denominator where medication reconciliation was documented.	Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition	Any EP who was not the recipient of any transitions of care during the EHR reporting period.

8. Patient Electronic Access (first of two measures)



Measure 1	Numerator	Denominator	Exclusions
>50% of all unique patients seen by the EP are provided timely access to view online, download, and transmit to a third party their health info, -EP may withhold certain information.	The number of patients in seen who have access to view, download and transmit their health info within four business days after the information is available to the EP	Number of unique patients seen by the EP during the EHR reporting period.	Any EP who: <ul style="list-style-type: none">• Neither orders nor creates any of the information listed or• Conducts 50% or more encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability.

8. Patient Electronic Access

(second measure, "VDT")

**CHANGE
for 2017:
5%**

Measure 2	Numerator	Denominator	Exclusions
For reporting period in 2017, at least 5% of patients seen by the EP view, download or transmit to a third party his or her health information during the period.	The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information.	Number of unique patients seen by the EP during the EHR reporting period.	Neither orders nor creates any of the information listed as part of the measures; or Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability

9. Secure Electronic Messaging

**CHANGE
for 2017:
5%**

Measure	Numerator	Denominator	Exclusions
For an EHR reporting period in 2017, at least 5% of patients seen by the EP during the EHR reporting period , a secure message was sent using the electronic messaging function of CEHRT to the patient, or in response to a secure message sent by the patient during the EHR reporting period.	Number of patients in denominator for whom a secure electronic message is sent to the patient, or in response to a secure message sent by the patient.	Number of unique patients seen by the EP during the EHR reporting period.	Any EP who has no office visits during the period, or who conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability

10. Public Health Reporting (Engage in 2 of the 3 choices)



Measure	Registries	Exclusions
The EP is actively engaged with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice	<ol style="list-style-type: none"><li data-bbox="633 639 948 672">1. Immunization<li data-bbox="633 819 915 896">2. Syndromic Surveillance<li data-bbox="633 996 987 1029">3. Special Registry	<ol style="list-style-type: none"><li data-bbox="1033 596 1619 753">1. Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction...<li data-bbox="1033 761 1619 961">2. Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction...<li data-bbox="1033 968 1619 1168">3. Does not diagnose or treat any disease or condition or collect relevant data that is required by a specialized registry in their jurisdiction...