

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

Meaningful Use For Beginners

What you need to know now, with
special focus on Medicaid Incentives
for Reporting 2016 and 2017

March 10, 2017

Intro & Objectives



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- Illinois Meaningful Use Help Desk
- Alliance of Chicago Community Health Services

- Introduction to meaningful use
- Explain how MIPS might fit in
- Help you determine what applies
- Share helpful resources

Why this Webinar now

- Many changes have been made in the program and it may be hard to figure out what applies now
- Numerous deadlines may or may not apply to you
- Confusion about current options

Medicaid incentive for eligible providers

What is the MU Program?



- Incentives for doctors & hospitals to use electronic health record systems
 - Funded by HITECH Act, 2008
 - Paid so far: (through January, 2017)
 - 500,000 providers & hospitals
 - Over \$35 billion paid
 - Illinois: 15,700 providers
- Incentives for Medicaid run through 2021



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“Meaningful Use”

- To earn incentive payment, just buying a computer is not enough
- The incentives are for the “Meaningful Use” of an electronic health record (EHR)
- The definitions of meaningful use change, with stages requiring more electronic usage

Milestones for Electronic Health Records

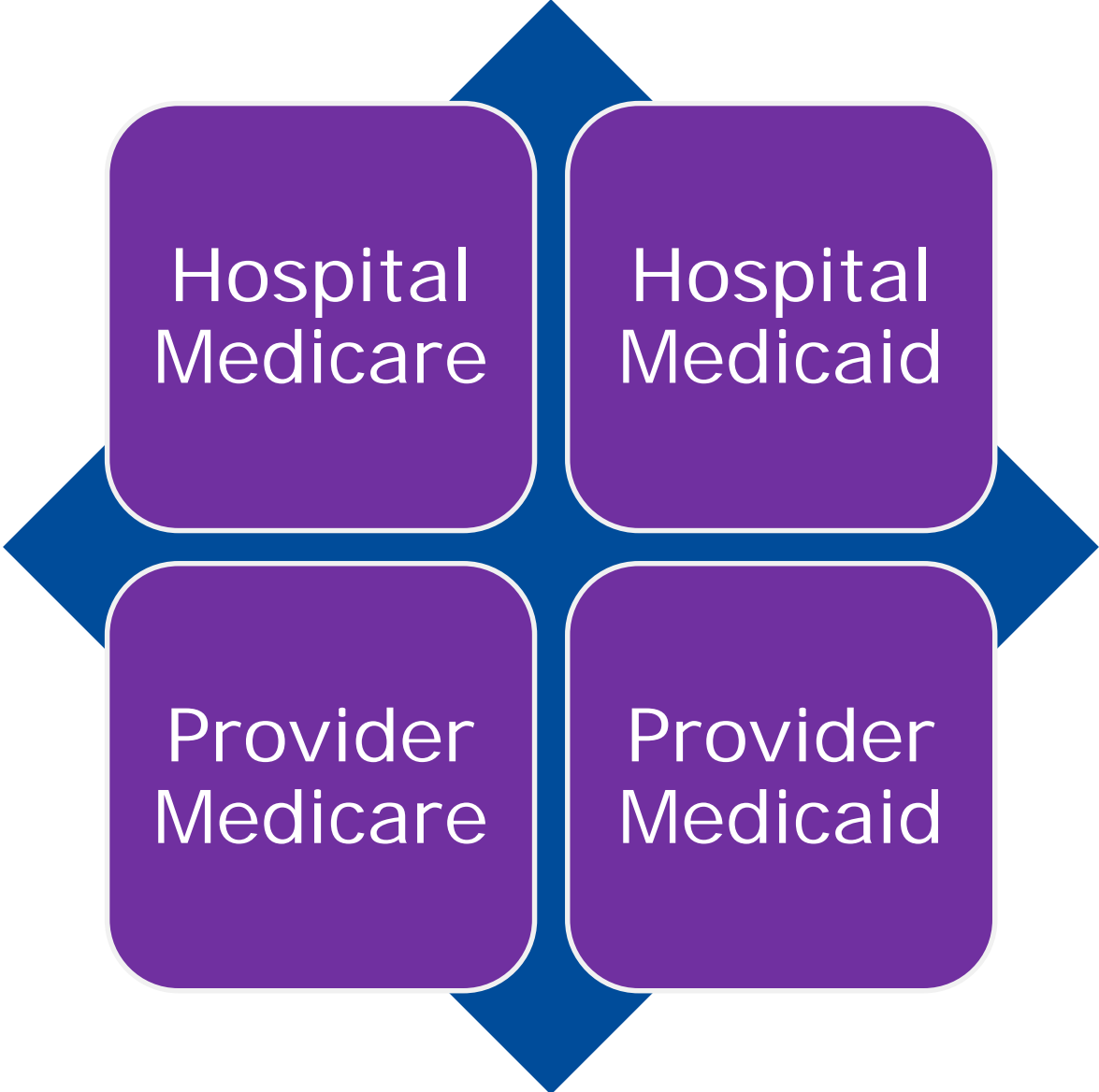


2004: G.W. Bush: "Digitize Medical Records" by 2014

2011:
1st incentive payments
Estimated Adoption: 20% of Providers

2013: CMS announces that more than 50% of eligible providers have received an incentive payment

2016: Over \$34 billion paid, 97% of hospitals and more than 75% of clinicians





Provider Medicaid

- Medicaid Meaningful Use for Eligible Providers
 - Runs through 2021
 - Pays more than the Medicare MU program
 - Has more flexibility than Medicare MU
 - Must have at least 30% Medicaid patient volume

<https://www.illinois.gov/hfs/MedicalProviders/eMIPP/Pages/Eligible.aspx>

Administration

- Center for Medicare & Medicaid Services (federal CMS)

- Manages MU for all states
- Proposed Rules, Final Rules



- Illinois Department of Healthcare & Family Services

- Manages attestation process



If you also bill Medicare

- Penalties on Part B payments for non meaningful users
- May also be eligible for the Quality Payment Program starting 2017

Dollars- Medicaid Incentives



- Providers had to start the program by 12/31/16 and register by 3/13/17

First Year	Second Year	Third Year	Fourth Year	Fifth Year	Sixth Year
\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
					\$63,750

- Last year is 2021

Adopt, Implement or Upgrade (AIU)

- First year only. Medicaid only.
- Must submit encounter data to prove eligibility of the Provider
 - 30% Medicaid patients
 - Committed to or using a Certified EHR system
 - Installed or
 - Purchase Order or contract to install

Meaningful Use of Electronic Health Record Systems

Quality, safety, efficiency, and reduced disparities

Engage patients and families in their health

Improve care coordination

Improve population and public health

Provide private, secure personal health info

Meaningful Use Stages

- Initially there were three stages
- Now all providers report on the same measures each year
- Years are calendar years

Basic Usage



- Record
 - Problem list
 - Allergy List
 - Lab results
 - Height
 - Weight
 - BP
 - Date of birth
 - Race
 - Ethnicity
- List patients by condition
- Screening due reminders
- Patient Access to record
- Immunization registry
- Electronic education
- Exchange information electronically
- Report evidence-based quality measures

2016 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 and 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 transitions of care
8. Provide online access to health information in 4 days for more than 50% of patients and at least one patient views, downloads or transmits electronic information
9. Secure message sent to at least one patient seen by the EP
10. Engage with Public health- 2 or more from three choices

90 day reporting period for 2016

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 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

Clinical Quality Measures 2016 & 2017



- No Thresholds, but must use CEHRT
- Must report 9 CQMs from at least 3 National Quality Strategy Domains:
 - Patient and Family Engagement
 - Patient Safety
 - Care Coordination
 - Population/Public Health
 - Efficient Use of Healthcare Resources
 - Clinical Process/Effectiveness

2018 Meaningful Use "Stage 3"



- Full Year Reporting
 - January 1 through December 31
- Requires Upgrade to 2015 Edition CEHRT
 - Check with your vendor
 - Must be upgraded by January 1, 2018

2018 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
b) Use EHR to provide education electronically to 35% of patients
6. a) 5% of patients view their record (VDT or API)
b) 25% of patients are sent a secure message
c) 5% of patients have non clinical data in the EHR
7. a) Electronic summary of care for 10% 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

*Report 3,
must meet 2*

Understanding the Current Measures



- CMS: <http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
- <http://chitrec.org/> for 606xx zip code
<http://ilhitrec.org/ilhitrec/> rest of Illinois
 - Join the mailing list for alerts about changes, deadlines, free assistance

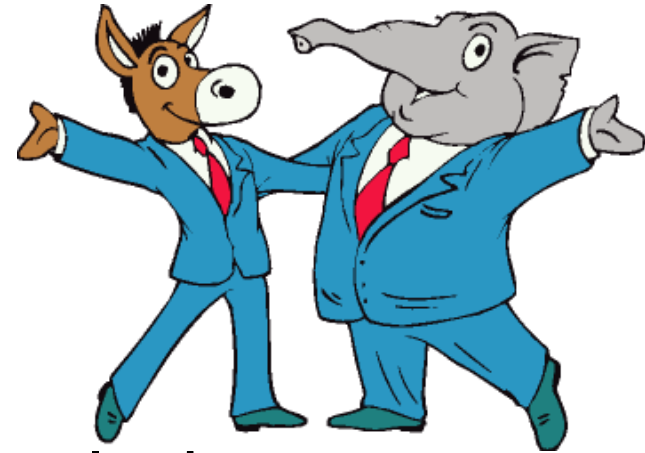
Value Based Payments



- Today providers struggle to see as many patients as possible to keep revenue up
- Medicare is moving to a new payment system for individual providers in 2017
- Medicaid and other payers are likely to follow the move to value-based payments

MACRA Signed April 2015

- Bi Partisan, signed into law 4/16/15
- 2 pathways
 - APMs
 - MIPS
- CMS tasked to create the regulations
 - Quality Payment Program
 - One piece of a much broader movement



Advanced Payment Models



- Extra bonus for participating in these programs
- Providers carry more downside risk
- Advanced Alternative Payment Models pay even more
 - Payment based on Quality measures
 - Financial risk or be a medical home model

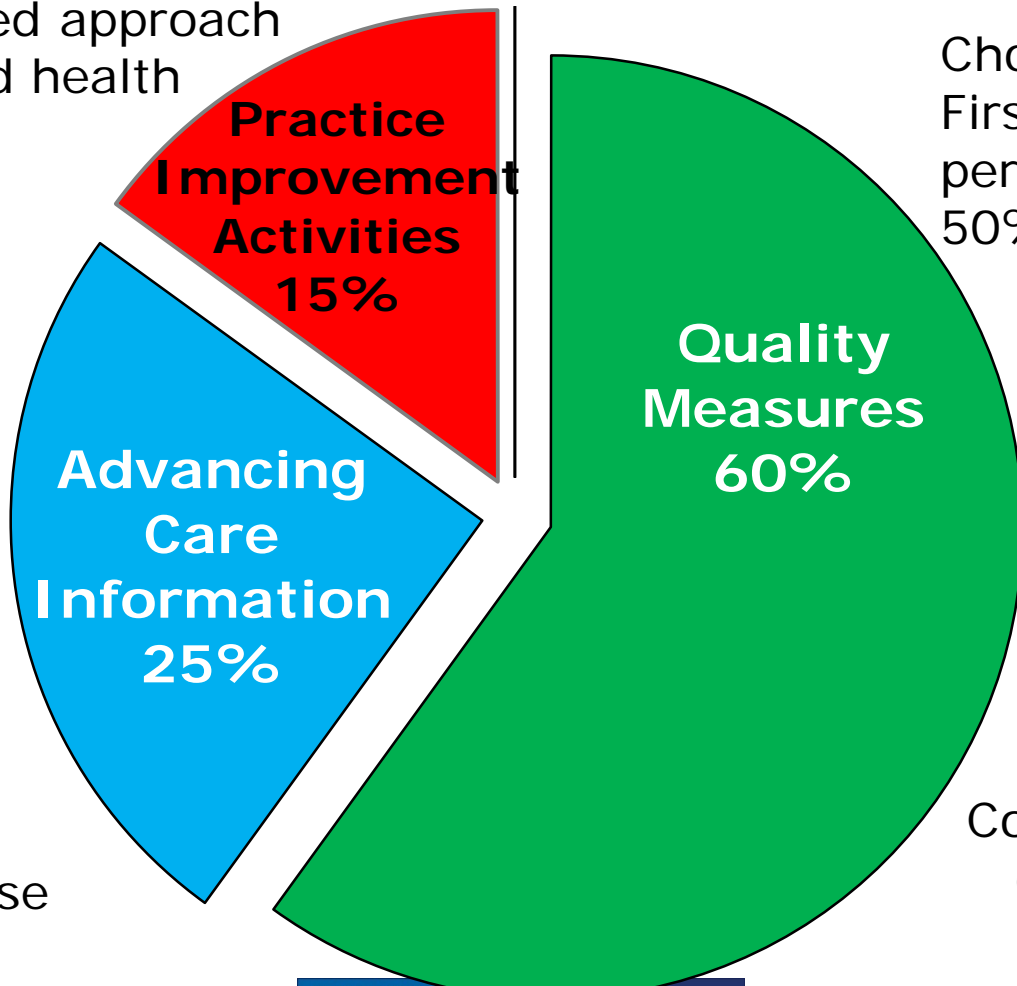
***New approaches to providing medical care,
more are being developed***

MIPS

Weighted Performance Categories



Patient-centered approach
Drive improved health
outcomes



Choose 6 measures
First year (2017
performance year) is
50% of MIPS score

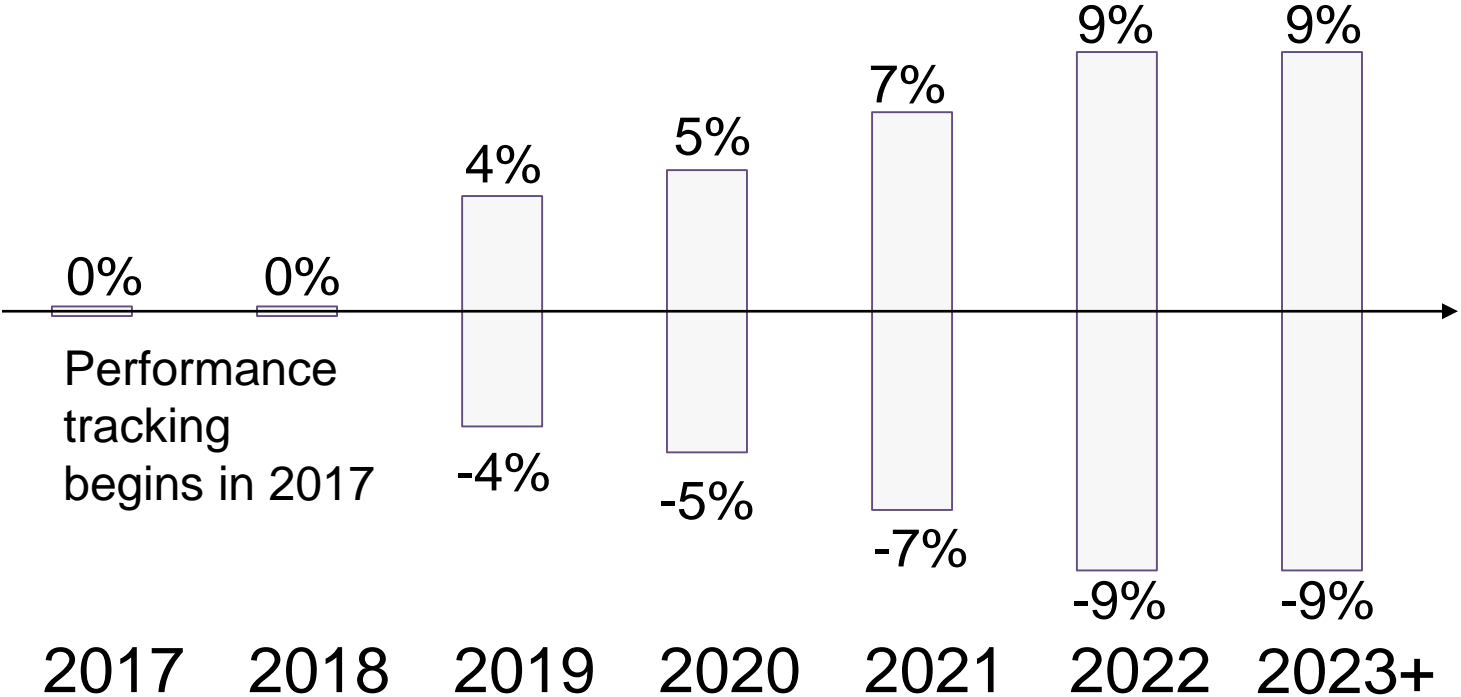
Modified
measures for
meaningful use
of EHR

Cost: Based on
claims data-
Parts A and B

MIPS Payment Adjustments



Maximum to Minimum Adjustments



Performance tracking begins in 2017

Illinois Medicaid Meaningful Use Help Desk



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