



Meaningful Use Overview

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Stage 1 of Meaningful Use



- Information contained in this presentation pertains only to Year 1, Stage 1 of Meaningful Use
- Information was obtained from the CMS website and the IHS website
- All information is based on the Final Rule. (<http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>)

Today's Session



- ARRA & HITECH Act
- What is Meaningful Use
- EHR Incentive Program Eligibility
- Patient Volumes
- Incentives/Penalties
- Demonstration of Meaningful Use
- Next Steps: Timelines, Registration, Reports and Contacts and Resources
- State Specific Information

American Recovery and Reinvestment Act



The HITECH Act Programs

- ***Electronic Health Record (EHR) Incentive Program:***
Authorizes CMS to make incentive payments to eligible providers and hospitals to promote the **adoption and meaningful use** of **ANY** interoperable certified EHR technology
- ***Health Information Technology Extension Program:***
Establishes a national Health Information Technology Research Center and (HITRC) and Regional Extension Centers (RECs) to assist providers seeking to adopt and become meaningful users of certified EHRs

What is Meaningful Use?



The Recovery Act specifies the following 3 components of Meaningful Use:

1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary

What is Meaningful Use?



Health Outcome Priorities for Meaningful Use

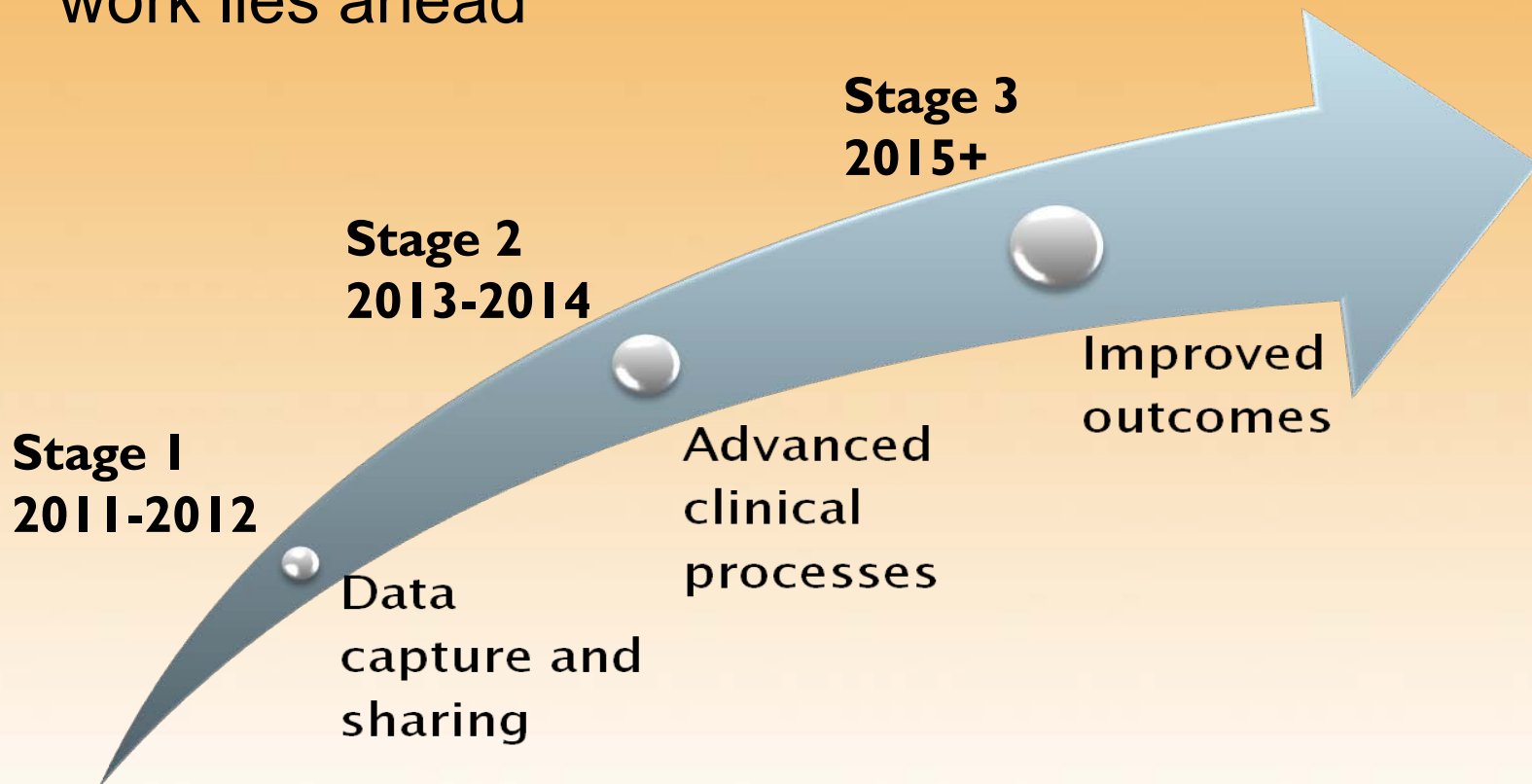
- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- All the while maintaining privacy and security

What is Meaningful Use?



Stages of Meaningful Use

- 3 stages of Meaningful Use
- Requirements will increase over time...more work lies ahead



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EHR Incentive Program



CMS will make payments to eligible participants who meet certain criteria:

- Eligible Professionals (EPs)
- Eligible Hospitals (Acute Care)
- Critical Access Hospitals

EHR Incentive Program



Separate and different voluntary incentive programs for eligible **Hospitals** and **Eligible Professionals (EPs)**:

- Medicare Incentive Program, federally based
- Medicaid incentive program, state based
- Medicare penalties start in 2015 for hospitals and EPs that do not demonstrate MU; there are no Medicaid penalties.

Eligible Professionals



- Must choose the Medicare OR Medicaid incentive program; not eligible for both
- Eligibility determined by law
- Incentives are based on the individual, not the practice
- Hospital-based EPs are NOT eligible for incentives
DEFINITION: 90% or more of their covered professional services in either an inpatient or emergency room (Place of Service codes 21 or 23) of a hospital

Eligible Professionals



MEDICARE Eligible Professionals include:

- Doctors of medicine or osteopathy
 - Doctors of dental surgery or dental medicine
 - Doctors of podiatric medicine
 - Doctors of optometry
 - Chiropractors
-
- Specialists are eligible if meet one of above criteria

Eligible Professionals



MEDICAID Eligible Professionals include:

- Physicians
- Nurse practitioners
- Certified nurse-midwives
- Dentists
- Physician assistants working in a Federally Qualified Health Center (FQHC) or rural health clinic (RHC) that is so led by a physician assistant

EP Eligibility



Medicaid Eligible Professionals must also meet one of the three patient volume thresholds:

- Have a minimum of 30% *Medicaid Title XIX PAID* patient volume
- Pediatricians: Have a minimum of 20% Medicaid **PAID** patient volume
- EPs that work primarily in FQHC or RHC: Have a minimum of 30% *Needy Individual* patient volume defined as patients:
 - Enrolled in Medicaid or CHIP,
 - Received uncompensated care, or
 - Received care on a reduced fee scale

Eligible Hospitals



- IHS hospitals are eligible to participate in both the Medicare and Medicaid incentive programs
- Eligibility determined by law
- Eligible IHS Hospitals include:
 - Acute Care Hospitals
 - Critical Access Hospitals (CAHs)
- For Medicaid, must meet a 10% Medicaid patient volume requirement; no requirement for Medicare

Eligible Professionals

	MEDICARE	MEDICAID
Eligible Professionals	<ul style="list-style-type: none">•MD, DO•DMD, DDS•DPM•DC	<ul style="list-style-type: none">•MD, DO•DMD, DDS•CNM•NP•PA (Lead)
	No Patient Volume Threshold	30% Medicaid Patient Volume
Eligible Hospitals	No Patient Volume Threshold	10% Medicaid Patient Volume

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Patient Volume



Patient Volume Calculation

- Each State can pick from the proposed methodologies, *OR*,
- Propose a new method for CMS review and approval
- If CMS approves a method for one state, it may be considered an option for all states

State of Alaska has not proposed any new methods for calculating Patient Volume

Three main options for calculating Patient Volume:

1. Individual EP Calculation
2. Group Practice
3. Patient Panel*

*not included in first release of 3PB Patient Volume Report

Patient Volume



First payment year calculation:

Total (Medicaid) patient encounters in any 90-day period in the preceding calendar year

Total patient encounters in that same 90-day period

x 100

- *May also be used to calculate needy individuals patient volume*
- *May be used for hospitals and EPs*

Patient Volume



Medicaid Title XIX vs. Title XXI

- Patient Volume rate is based on PAID encounters for Title XIX only.
- Title XXI is Denali Kid Care.
- At this time, CMS does not consider Tribal Clinics who receive the IHS encounter rate as FQHC's for the Medicaid Incentive program, thus the expanded FQHC calculation does not apply.
- The State of Alaska has said that some services for recipients with a DKCC may be paid by Title XIX

Patient Volume



State of Alaska, HIT Department has stated that they are extracting eligible Medicaid encounters (Title XIX) by provider.

To receive your numbers from the State, contact:

Leah Kocienda, (907) 334-4489

leah.kocienda@alaska.gov

Recommendation:

- **List all of the Medicaid Provider ID's that would have paid encounters for EP's to request from the State.**
- **May have to request all paid encounter numbers to do a thorough compare with the State's numbers.**

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Medicare Incentive Payments



- Incentive amounts based on Fee-for-Service allowable charges
- Maximum incentives are \$44,000 over 5 years
- Incentives decrease if starting after 2012
- Must begin by 2014 to receive incentive payments
- Last payment year is 2016
- Extra 10% bonus amount available for practicing predominantly in a *Health Professional Shortage Area* (HPSA)
- Only one (1) incentive payment per year
- Payment years must be **subsequent** for receive full incentive amount

EP Medicare Incentive Payments

Amount of Payment Each Year if Continues Meeting Requirements	1 st Calendar Year EP Receives a Payment				
	CY 2011	CY 2012	CY 2013	CY2014	CY 2015 +
CY 2011	\$18,000				
CY 2012	\$12,000	\$18,000			
CY 2013	\$ 8,000	\$12,000	\$15,000		
CY 2014	\$ 4,000	\$ 8,000	\$12,000	\$12,000	
CY 2015	\$ 2,000	\$ 4,000	\$ 8,000	\$ 8,000	\$0
CY 2016		\$ 2,000	\$ 4,000	\$ 4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Medicaid Incentive Payments



- Maximum incentives are \$63,750 over 6 years
- The first year payment is \$21,250
- Incentives are same regardless of start year
- Payment years do not need to be subsequent
- Must begin by 2016 to receive incentive payments
- No extra bonus for health professional shortage areas available
- Incentives available through 2021
- Only one (1) incentive payment per year

EP Medicaid Incentive Payments

Amount of Bonus Each Year if Continues Meeting Requirements	1 st Calendar Year EP Receives a Payment					
	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

Hospital Incentive Payments



Calculation is based on Fiscal Year

Medicare Calculation:

- Regardless of the payment year, the Medicare incentive payment is the product of three factors:
 1. An Initial Amount
 2. The Medicare Share
 3. A Transition Factor applicable to the payment year
- This payment methodology will be utilized to calculate Medicare hospital-based EHR incentive payments for eligible hospitals participating under the Medicare fee for service

Medicaid Calculation:

- One time, up-front calculation using the equation in the Final Rule
- Payment is an aggregate amount to be paid over three annual payments: 50%, 40%, 10%, respectively.

Incentives Summary

	MEDICARE		MEDICAID	
	Eligible Providers	Hospitals	Eligible Providers	Hospitals
Incentives Start	CY 2011	FY 2011	CY 2011	FY 2011
Incentives End	CY 2016 (max. 5 years)	FY 2015 (max. 4 years)	2021 (max. 6 years, must start by 2016)	2021 (max. 6 years, must start by 2016)
Incentive Amount	Up to \$44,000 total per provider; based on % Medicare claims (bonus for EPs in HPSAs)	Varies, depending on % Medicare inpatient bed days. CAHs paid based on EHR costs and % Medicare inpatient bed days	Up to \$63,750 total per provider; based on 85% of EHR costs	Varies, depending on % Medicaid inpatient bed days
Reimbursement Reduced	CY 2015	FY 2015	No penalties	No penalties

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Demonstration of MU



MEDICAID:

- **1st Participation Year:** Both EPs and hospitals only have to adopt, implement, or upgrade to a certified EHR
 - This does not have to start in 2011
- **All Other Participation Years:** Demonstrate Meaningful Use of a certified EHR

MEDICARE:

- **All Participation Years:** Demonstrate Meaningful Use of a certified EHR

Demonstration of MU



First participation year only for Medicaid Program, need to A/I/U:

- **ADOPT:** Acquire, purchase, or secure access to certified EHR technology.
- **IMPLEMENT:** Install or commence utilization of certified EHR technology capable or meeting MU requirements.
- **UPGRADE:** Expand the available functionality of certified EHR technology capable of meeting MU requirements at the practice site, including staffing, maintenance, and training or upgrade from existing EHR technology to certified EHR technology per the ONC EHR certification criteria.

Demonstration of MU

Providers	Hospitals
<p>Report on 15 core objectives & 5 objectives from a menu set of 10</p> <ul style="list-style-type: none">- Must meet performance targets on most objectives	<p>Report on 14 core objectives & 5 objectives from a menu set of 10</p> <ul style="list-style-type: none">- Must meet performance targets on most objectives
<p>Report on 6 total Clinical Quality Measures (3 core, 3 menu set)</p> <ul style="list-style-type: none">- No performance targets	<p>Report on 15 total Clinical Quality Measures</p> <ul style="list-style-type: none">- No performance targets

MU Stage 1: Core Set Objectives

CORE SET TARGETS AND OBJECTIVES	
Eligible Professionals (15)	Eligible Hospitals (14)
>30%: Computerized physician order entry (CPOE): Unique patients w/at least 1 medication on medication list have at least 1 medication ordered w/CPOE	
>40%: E-Prescribing (eRx)	N/A
Report ambulatory clinical quality measures to CMS/States	Report hospital clinical quality measures to CMS or States
Yes/No: Implement one clinical decision support rule	
>50%: Provide patients with an electronic copy of their health information, upon request	
>50%: Provide clinical summaries for patients for each office visit	>50%: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request
Yes/No: Implement drug-drug and drug-allergy interaction checks during the entire EHR reporting period	
>50%: Record demographics	
>80%: Maintain an up-to-date problem list of current and active diagnoses	
>80%: Maintain active medication list	
>80%: Maintain active medication allergy list	
>50%: Record and chart changes in vital signs	
>50%: Record smoking status for patients 13 years or older	
Test Performed (Yes/No): Capability to exchange key clinical information among providers of care and patient-authorized entities electronically	
Yes/No: Conduct or review a security risk analysis per CFR 164.308(a)(1) and implement security updates as necessary & correct deficiencies	

MU Stage 1: Menu Set Objectives

MENU SET TARGETS AND OBJECTIVES	
Eligible Professionals	Eligible Hospitals
Yes/No: Implement drug-formulary checks for entire EHR reporting period	
>40%: Incorporate clinical lab test results as structured data	
<i>Yes/No: Generate lists of patients by specific conditions</i>	
>10%: Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate	
>50%: Medication reconciliation at transitions of care	
>50%: Summary of care record for each transition of care/referrals	
<i>Performed Test (Yes/No): Capability to submit electronic data to immunization registries/systems*</i>	
<i>Performed Test (Yes/No): Capability to provide electronic syndromic surveillance data to public health agencies*</i>	
>20%: Send reminders to patients per patient preference for preventive/follow up care	>50%: Record advanced directives for patients 65 years or older
>10%: Provide patients with timely electronic access to their health information (within 4 business days)	<i>Performed Test (Yes/No): Capability to provide electronic submission of reportable lab results to public health agencies*</i>

**At least 1 public health objective must be selected*

NOTE: States have the option to require one or more of the items shown in italic font as core objectives

EP Clinical Quality Measures

Core Set for Eligible Professionals

If any measure has denominator = 0,
must report on the Alternate Core measures

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0028	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up

EP Clinical Quality Measures

Alternate Core Set for Eligible Professionals

If any measure has denominator = 0,
will still report the measure

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
NQF 0038	Childhood Immunization Status

EP Clinical Quality Measures

Additional set CQM for EPs– must report 3 of 38

Diabetes: Hemoglobin A1c Poor Control



Diabetes: Low Density Lipoprotein (LDL) Management and Control



Diabetes: Blood Pressure Management



Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)



Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)



Pneumonia Vaccination Status for Older Adults



Breast Cancer Screening

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Next Steps



- Create a Meaningful Use Team at your organization
- Internal assessment to determine what program a THO may be eligible.
- Discussion ensue at THO with providers about program and assignment of incentive payment to THO.
- Gather necessary information for registration of program, for example, PECOS for hospital, NPPES for provider.

Registration



You must **REGISTER** for incentive payments via:

- **Medicare Incentives Only:** CMS national website for Medicare
- **Medicaid Only OR Both Medicaid & Medicare:** *BOTH* CMS national website + State Medicaid website
 - You must register with CMS first even if you are participating in *ONLY* the Medicaid program
- **Registration open now for the State of Alaska for EP's. EP will have to verify the registration online.**

Registration

State of Alaska | Health Information Technologies - Windows Internet Explorer

http://www.his.state.ak.us/

State of Alaska | Health & Social Services Public Notices myAlaska Health & Social Services Search Find

Health Information Technologies

Improving quality, reducing costs

State of Alaska > Health & Social Services > Health Information Technologies

Headlines

- NEW** December E-News
- NEW** Health Information Technology Workforce Training Program Flyer
- NEW** First EHR certifications have been approved
- NEW** Certified Health IT Product List Published
- NEW** Medicare & Medicaid EHR Incentive Program Specifics of the Program for Hospitals, August 11, 2010
- NEW** Medicare & Medicaid EHR Incentive Program Specifics on the Program for Eligible Professionals, August 10, 2010
- NEW** Provider Enrollment Portal (PEP) now available for new Medicaid provider enrollment

Quicklinks

Electronic Health Records (EHR)

- > News
- > Certification
- > EHR Incentive Program Registration
- > EHR Incentive Program FAQs
- > Preparation Checklist

Paul Cartland
State Health Information Technology Coordinator
Sign-up for e-mail updates

Coming Soon from IHS



- MU Performance Report for EPs and Hospitals
- MU Clinical Quality Measures Report
- Patient Volume Report
- EHR MU Guide
- EHR Costs Guidance
- IHS Cost Report Guidance for State Medicaid Offices
- Facility MU Status/Readiness Assessment tool
- Provider Inventory
- EHR Status Verification
- CMS Bulk Registration Guidance

MU Performance Reports for EPs & Hospitals

- Show performance on all MU objectives that calculate a rate, e.g., CPOE rate, demographic rate, e-prescribing rate, etc.
- May also include measures that require a yes/no answer, e.g., performance of a test of facility's ability to electronically exchange key clinical information
- If all objectives included, then may suffice as the attestation report for submittal to CMS or the respective State
- Included in PCC Management Reports initially and subsequently added to a new MU tab in iCare
- ***Two versions of the Stage 1 report:***
 - **1st release:** All objectives that we can report now without the need to wait for changes to be made to RPMS.
 - **2nd release:** All objectives, including those for which changes needed to be made to RPMS. (TBD)

MU Clinical Quality Measures Report

- 2 new reports added to the RPMS Clinical Reporting System (CRS) (EP and Hospital Report)
- **Release Plan**
 - 1st Release
 - 9 EP measures (3 core/3 alternate core/3 menu set [pap, mammogram, and colorectal cancer screening])
 - CRS v11.0 Patch 1, est. May 1
 - 2nd Release
 - All 15 hospital measures
 - CRS v11.0 Patch 2, est. May 1
 - 3rd Release
 - Remaining 35 EP menu set measures
 - CRS v11.1. est. June 20
- ***The reports will also be added to a new MU tab in iCare***

Patient Volume Report



- Nearing completion of requirements documentation
- Anticipated June 3rd release
- Calculates
 - Whether EP/hospital meets the Medicaid minimum patient volume thresholds
 - Group practice rate in lieu of calculating the rate for each individual EP
- Will be added to RPMS Third Party Billing (TPB)
- ***Relies on information stored in RPMS TPB***
- ***Sites using a COTS TPB will not be able to run this report***

Other Resources



- **EHR MU Guide**

- EHR Deployment Team + MU Team
- Documentation showing steps for entering MU information into the EHR GUI
- Release: TBD

- **EHR Costs**

- MU Team developing formula/calculation for hospitals to determine their EHR costs
- Release: TBD

- **IHS Cost Report Guidance for State Medicaid Offices**

- Required by states to determine incentives as IHS does not routinely submit cost reports
- IHS is working with CMS to develop a uniform approach for all states
- Release: TBD

Other Resources



- **Facility MU Status/Readiness Assessment Tool**
 - Post-deployment MU status for use by IPC-MU Consultants
 - Based on EHR Deployment & IPC assessment tools
 - Release: TBD
- **Provider Inventory**
 - In concert with REC provider sign-up & sub-recipient collaboration, Area MU Consultants are compiling provider lists
 - Baseline for status tracking, reporting
- **EHR Status Verification**
 - In concert with Provider Inventory, Area MU Consultants are reviewing EHR Deployment Team data
 - Baseline for status tracking & reporting

Other Resources



- **CMS Bulk Registration Guidance**
 - IHS is working with CMS on secure bulk upload of registration data
 - Process to save time & effort for providers & hospitals
 - IHS is checking on capability for Tribes and State Medicaid sites
 - Release: TBD

Registration



- Currently must register each EP separately.
- CMS estimates secure batch registration available in April.
- Not required to provide information on which certified EHR you are using when you register.
- First register on the CMS website and then with your respective State, if applying for Medicaid incentives.
- EPs may switch between the two programs anytime prior to first payment; after that, may only switch once before 2015.
- CMS recommends hospitals register for both programs, even if you don't know yet if you meet the Medicaid patient volume requirements.
- Visit CMS website for more information
 - http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp#TopOfPage
- ❖ ***CMS recommends waiting until State Medicaid site is available before initiating registration.***

Regional Extension Centers



You should **COMMIT** to a Regional Extension Center

- Tribal providers are encouraged to sign with a REC (National or State) of their choosing
- *Sign-up ASAP by completing a provider agreement!!!*
- Release of critical ONC funding to support RECs is dependent upon the expedited receipt of provider agreements
- Registration occurring now via NIHB website
 - <http://www.nihb.org/rec/rec.php>
- Alaska NIHB REC, located at ANTHC, contact:
Tamara Dietrich, 907-729-2628
tdietrich@anthc.org

Resources



- IHS Meaningful Use Website
http://www.ihs.gov/recovery/index.cfm?module=dsp_arr_a_meaningful_use
- Sign up for the IHS Meaningful Use listserv (see instructions at the top of the Meaningful Use website)
- Get information, tip sheets, and more at CMS' official website for the EHR incentive programs
www.cms.gov/EHRIncentivePrograms
- Learn about EHR certification and certified EHRs, as well as other ONC programs designed to support providers as they make the transition
<http://healthit.hhs.gov>

Contact Information



IHS Meaningful Use Consultant Contacts

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Question & Answer Session

It's time to...

