




Meaningful Use, Penalties and Audits
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Conflict of Interest

The speaker has no relevant relationships of a commercial or financial nature nor any conflicts of interest to be disclosed.

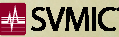



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Meaningful Use Updates

August 29, 2014


- Passing of the flexibility rule
- CMS provides eligible professionals (EPs) and eligible hospitals (EHs) some relief
- Revises 2014 Edition Certified EHR Technology (CEHRT) implementation timeline



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Meaningful Use Updates


- Medicaid EPs and EHs may only qualify for the adopt, implement, or upgrade incentive payment by adopting, implementing, or upgrading to 2014 Edition CEHRT
- Stage 3 delayed until 2017 and all EPs and EHs
- No changes to objectives or measures for MU or the length of reporting in 2015 (365 days)



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CMS recent proposal


- Shorten the EHR reporting period in 2015 to 90 days
- Modify other aspects of the program to match long-term goals
 - Reduce complexity
 - Lessen providers reporting burdens

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What does this mean?


- Eligible Professionals (EPs) that could not fully implement 2014 CEHRT in time for a full attestation period are allowed to utilize:
 - 2011- Edition CEHRT
 - Combination 2011/ 2014- Edition CEHRT
 - 2014- Edition CEHRT
- Total confusion, we had EPs attesting to:
 - 2013 Stage 1
 - 2014 Stage 1
 - 2014 Stage 2 Objectives and Measures – depending on circumstances

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Qualify for Flexibility Rule


- Situations that justify using one of the CEHRT options in 2014 had to center around the EP and EHS inability to fully implement 2014 Edition CEHRT due to demonstrable vendor delays.
- Installation of 2014 Edition CEHRT is not the sole deciding factor.
 - Staff training issues
 - System testing and debugging
 - Not enough time to meet deadline

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Documents To Keep


- **The final rule does not include specific requirements for documentation**
 - **Recommendations:**
 - Vendor contacts regarding 2014 Edition CEHRT installation
 - Dates of initial request, contracts/addendums, etc.
 - Vendor delays in installation, training, etc.
 - Bugs or issues that prevent or delay the practice from achieving one or more measures, or that present safety issues
 - Trouble Ticket numbers, dates of submission, etc.
 - Email exchanges documenting practice action in resolving issues
 - Minutes from internal meetings

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Meaningful Use Important Dates

- **March 20, 2015** – last date to attest for 2014 program year
- **July 1, 2015** – deadline to submit a hardship exception application to potentially avoid the payment penalties for those who could not attest in the 2014 program year
- **October 1, 2015** – deadline to attest for the 2015 program for those providers in their first year of meaningful use

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Stage One	Stage Two
Eligible Professionals	Eligible Professionals
13 core objectives	17 core objectives
<u>5 of 10</u> menu objectives	<u>3 of 6</u> menu objectives
18 total objectives	20 total objectives

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Meaningful Use Stage 2 Requirements

1. CPOE – Use for more than 60% of medication, 30% laboratory, and 30% of radiology	9. Security Analysis – Conduct or review security analysis and incorporate in risk management process
2. E-Rx – E-Rx for more than 50%	10. Labs – Incorporate for more than 55%
3. Demographics – Record for more than 80%	11. Patient List – Generate by specific condition
4. Vital Signs – Record for more than 80%	12. Preventive Reminders – Use EHR to identify and provide reminders for preventive/follow-up care for 10% with two or more office visits in last 2 years
5. Smoking Status – Record for more than 80%	13. Education Resources – Use EHR to identify for more than 10%
6. Clinical Decision Support Rule – Implement 5 clinical decision support interventions + drug/drug and drug/allergy	14. Medication Reconciliation – for more than 50% of transitions of care in which the patient is transitioned into the care of EP
7. Patient Access – Provide online to health information for more than 50% with 5% actually accessing	15. Summary of Care – Provide for more than 50% with 10% sent electronically at least one sent to recipient with a different EHR vendor or testing wit CMS test EHR
8. Visit Summaries – Provide for more than 50% of office visit	16. Immunizations – Successful ongoing transmission of immunization data
	17. Secure Messages – More than 5% send secure messages to their EP


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Stage 2 Summary of Care

2 Summary of Care – limited exception for Stage of Summary should at a minimum perform the following steps:

- Make historical list of the recipients of past referrals or transitions of care, including volume numbers and/or percentage of total referrals/transitions of care
- Contact recipients and find out whether they are installing 2014 Edition CEHRT
- Document that these recipients are not able to fully implement 2014 Edition CEHRT due to issues
- Given the above documentation, ensure that the EP or EH would not be reasonably able to reach 10% threshold


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Meaningful Use: 6 Menu Objectives

1. **Syndromic Surveillance** – Successful ongoing transmission of syndromic surveillance data
2. **Electronic Notes** – Enter for more than 30% of unique patients
3. **Imaging Results** – More than 10% are accessible through EHR
4. **Family Health History** – Record for more than 20% of first degree relative
5. **Cancer** – Successful ongoing transmission of cancer case information to public health center cancer registry
6. **Report Specific Cases**– Successful ongoing transmission of data to a specialized registry


Important Note: There are no exclusions provided for some of these menu objectives, you cannot select a menu objective and claim the exclusion if there are other menu objectives



Clinical Quality Measures (CQMS)


- EPs must select and report on 9 of a possible list of 64 approved CQMs for the EHR Incentive Programs
- New requirement in 2014 – CQM’s must cover at least 3 of the 6 available National Quality Strategy (NQS) domains, which represent the Department of Health and Human Services’
- The 6 domains are:
 - Patient and Family Engagement
 - Patient Safety
 - Care Coordination
 - Population and Public Health
 - Efficient Use of Health Care Resources
 - Clinical Processes/Effectiveness

2014 complete list of CQMs for the EHR Incentive webpage: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>




Penalties

- EPs activity in 2013 determines the penalty adjustment in 2015 for Meaningful Use and PQRS
- Exempt Providers:
 - All institutional providers – FQHC and CAH
 - Medicare Part A providers
 - Providers that do not bill Medicare Part B (e.g. pediatricians)




Meaningful Use 2015 Penalties

- 2013 - Medicare EPs who did not meet meaningful use are subject to a **1%** penalty effective **January 1, 2015**
- 2013 – Medicare EPs who did not meet meaningful use are subject to a **1.5%** penalty effective **January 1, 2015**



PQRS 2015/2016 Penalties


- EPs who did not report data on PQRS quality measures during the 2013 program year, payment adjusts begin in 2015
 - 1.5 % adjustment in 2015 for services rendered January 1 – December 31, 2015
 - 2.0% adjustment in 2016 and subsequent years



Total Possible 2015 Penalties


- **Meaningful Use** **-1.0%**
 - Increases 1% every year to a maximum of 5%
- **PQRS** **-1.5%**
 - Increases 1% to a maximum of 2%
- **2015 maximum** **-2.5%**
- **5 years** **-7.0%**

The adjustment are for services rendered January 1 – December 31, 2015




CMS Audits for Meaningful Use

- Auditors - Figliozzi and Company
 - Initial Letter with CMS logo
 - Followed by electronic letter from CMS
 - email address provided during registration for Incentive Program will be used for the initial request letter
- States have separate process for Medicaid EHR Incentive Program



Preparing for an Audit

- Save electronic or paper documentation that supports attestation
- Save documentation that support the values entered in the Attestation Module for CQMs
- Documentation used to validate accurate attestation and submitted CQM's
- Audit/documentation determines if incentive payment was correct



Preparing for an Audit

- Security Risk Analysis
 - Performed by the end of the reporting period
- “Yes/No” meaningful use measures
 - Screenshots with dates viewable
- Drug-Drug/Drug-Allergy Interaction Checks and Clinical Decision Support
 - Proof functionality is available, enabled and active in the system during the reporting period.
- Exclusions
 - Documentation and acceptable reason for the exclusions (example: immunization)



Pre-Payment Audits

September 16, 2014

- CMS undertaken 5,825 pre-payments audits
- 3,820 or 65.6% pre-payment audits completed
- 2,000 pre-payment audits in process
- 821 or 21.5% pre-payment audits **DID NOT MEET** MU standards



Post-Payment Audits

- Over 10,000 EPs assessed after payment
- Over 8,000 completed
- **FAILURE** rate is 21.9%
- Medicaid Incentive Program
 - Over 150,000 EPS are in the program
 - Audits state by state basis
 - No data available



Resources

- <http://www.cms.gov/EHRincentivePrograms>
- http://www.cms.gov/EHRIncentivePrograms/95_FAQ.asp#TopOfPage
- <http://www.healthit.gov/>
- www.tnrec.org
- www.qsource.org



Resources		
Certified EHR Technology	CPHL Certified EHR List	Webpage maintained by ONC that provides a comprehensive listing of complete EHRs and EHR modules
Clinical Quality Measures	CQMs Homepage	Main CQM webpage of the EHR website, providing basic CQM information, links to other CQM pages, and resources
Clinical Quality Measures	CQMs Through 2013 Page	Webpage of the EHR website for information reporting CQMs in 2013
Clinical Quality Measures	Electronic Specifications for CQMs Page	Webpage of the EHR website for information on electronic
Clinical Quality Measures	2014 CQMs Page	Webpage of the EHR website for information on the 2014 CQMs
Clinical Quality Measures	2014 CQMs Tipsheet	A PDF document that helps EPs meet CQM requirements in 2013 and 2014
Clinical Quality Measures	Guide to Clinical Quality Measures	A guide to help EPs understand clinical quality measures
Clinical Quality Measures	eCQM Library	Webpage that contains the CMS updates to the CQM specifications used in the EHR Incentive Programs; CMS updates the specifications frequently in order to ensure that specifications maintain alignment with current clinical guidelines and the CQMs remain relevant within

Resources		
Other CMS Programs	EHR Incentive Programs, PQRS, and ePrescribing Comparison Tip Sheet	A PDF document that compares the three CMS Incentive programs
Other CMS Programs	Medicare Improvements for Patients and Providers Act (MIPA) e-Prescribing Incentive Program Homepage	CMS webpage that provides information on the MIPPA e-Prescribing incentive program
Other CMS Programs	Physician Quality Reporting System (PQRS) Homepage	CMS webpage that provides information on the PQRS and how to participate in it
Stage 2	Stage 2 Homepage	Stage 2 webpage of the EHR website, providing basic Stage 2 information resources
Stage 2	Stage 2 Specification Sheets for EP	A PDF document that provides EPs with information for each Stage 2 objective
Stage 2	Stage 2 Overview Tipsheet	A PDF document that helps providers understand the Stage 2 final rule and its objectives
Stage 2	Stage 1 vs Stage 2 Comparison Table for Eps	A PDF document that gives EPs a side-by-side look at Stage 1 verses Stage 2
Stage 2	Payment Adjustments & Hardship Exceptions Checklist	A PDF document that helps EPs understand payment adjustments and hardship exceptions

Questions

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