

# Meaningful Use — What You Need to Know for 2016-2017

December 6, 2016

# Agenda

- Overview of Programs
- Eligibility Requirements
- Timeframes & Reporting Periods
  - When you need to Upgrade
- Measures to Meet
  - 2016 & 2017
  - Exclusions and Alternate Exclusions
  - Quality Measures

Janet C. Baxter

Meaningful Use Program Manager

Alliance of Chicago Community Health Services

Illinois Medicaid Meaningful Use Help Desk

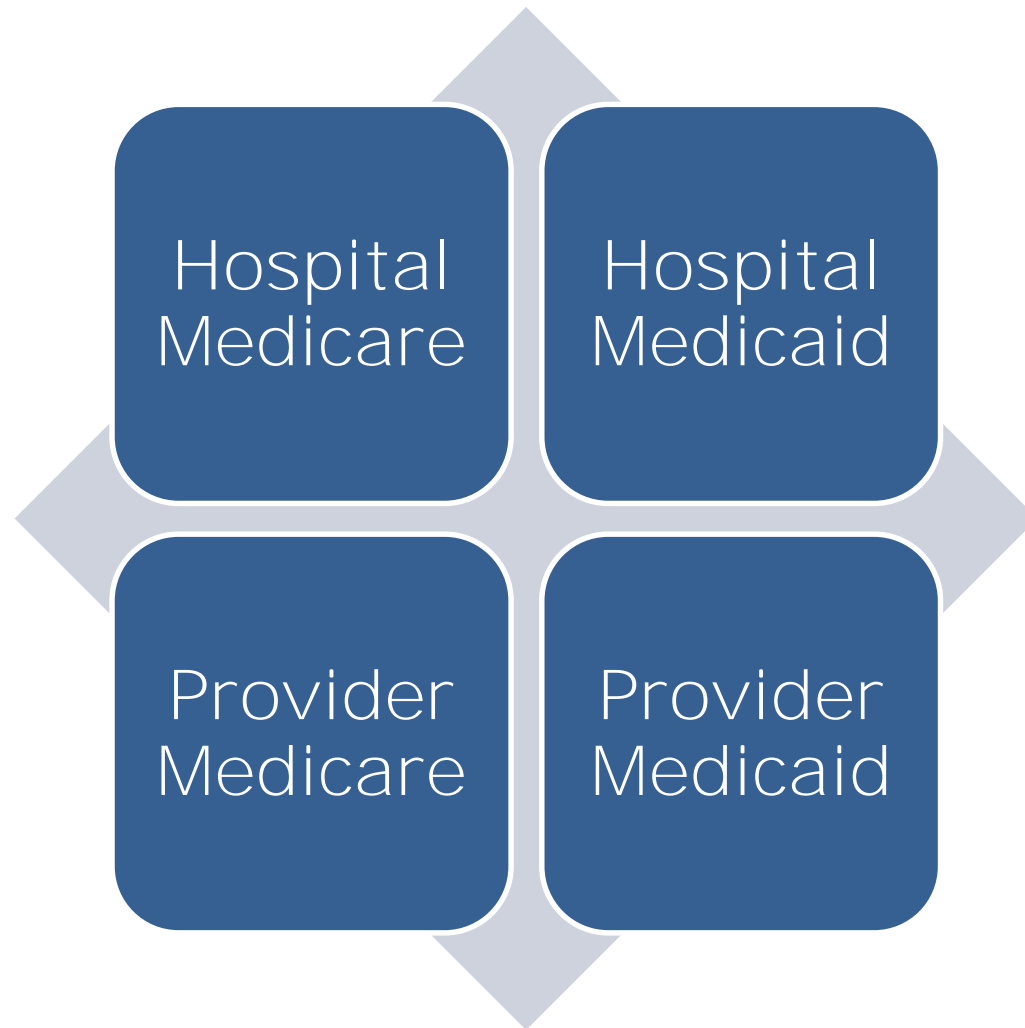


# Related Programs

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Meaningful Use Changes

# Meaningful Use, circa 2010



2015 - 2016  
Alignment  
Meaningful  
Use  
Measures  
Medicare  
Medicaid  
Providers  
Hospitals

2017  
Medicare  
Providers  
Quality  
Payment  
Program

2018  
Medicare  
Providers  
Quality  
Payment  
Program

2017  
Medicaid  
Providers &  
Hospitals  
Meaningful  
Use

2018  
Medicaid  
Providers &  
Hospitals  
Stage 3  
Meaningful  
Use

2017  
Medicare  
Hospital  
Revised  
Meaningful  
Use

2018  
Medicare  
Hospital  
Revised  
Meaningful  
Use

Adjusts  
Medicare  
Payments

Payments  
through  
2021  
Most  
Hospital  
payments  
are  
complete

Attest to  
avoid  
penalties

# Each program has its own requirements



Medicaid – more than 30% of encounters

- Meaningful Use Incentives through 2021

Medicare Part B

- Meaningful Use
  - Report in 2016 to avoid penalty in 2018
  - If eligible for Medicaid MU, can still get \$\$\$
- And/Or
- Quality Payment Program starts 2017
  - Must participate at \$30,000 or 100 patients
  - May report voluntarily
  - Payment adjustments positive or negative

# When Can I Stop?

- Medicare EHR Incentive Programs ends after 2016, the QPP begins
  - Penalties for not attesting
- Medicaid EHR Incentive Programs ends after 2021
  - No need to attest after you have received all six payments
- If you bill Medicaid and Medicare Part B, may report for both QPP and MU starting in 2017

# Incentive Payments (Medicaid)



- Maximum six payments for each eligible professional (one payment / calendar year)
- Last year of payments is 2021

- Maximum Per Provider

■ First Payment	\$21,250
■ Second Payment	\$8,500
■ Third Payment	\$8,500
■ Fourth Payment	\$8,500
■ Fifth Payment	\$8,500
■ Sixth Payment	<u>\$8,500</u>

Total \$63,750



# Eligibility for Meaningful Use

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Eligible Providers

# Providers Eligibility- EHR Incentive Payment Program



- Medicaid MU Program
  - Must show 90 Days of the prior year where you served 30% or more Medicaid eligible patients
  - MD, DO, NP, DDS, CNMW
  - Active Medicaid provider
- Medicare MU Program
  - Any amount of Medicare billing
  - Payments are based on total amount billed
  - Penalties for non meaningful users

# Timeframes & Reporting Periods

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# A Little MU History

- Based on calendar years
- Medicare and Medicaid Programs were the same
- Original plan was 2 years in each Stage
- Original plan was 90 days first year then one full year after that

# But things change

- 2014 - changed to 90 days and exceptions given (Flex Rule)
- 2015 Modified Stage 2 measures – all EPs report on these measures, regardless of time in program. 90 day reporting
- 2016 and 2017 - 90 day reporting announced in November.
- Stage 3 - optional for 2017, required with full year reporting in 2018.

# Timeline

	2011	2012	2013	2014 *	2015*	2016*	2017*	2018	2019	2020	2021
If 1 <sup>st</sup> Year is 2011	AIU	Stage 1 90 days	Stage 1 1 year	Stage 2 90 days	Stage 2 90 days	Stage 2 90 days					
If 1 <sup>st</sup> Year is 2012		AIU	Stage 1 90 days	Stage 1 90 days	Stage 2 90 days	Stage 2 90 days	Stage 2 or 3 90 days				
If 1 <sup>st</sup> Year is 2013			AIU	Stage 1 90 days	Stage 2 <sup>e</sup> 90 days	Stage 2 90 days	Stage 2 or 3 90 days	Stage 3 1 year			
If 1 <sup>st</sup> Year is 2014				AIU	Stage 2 <sup>e</sup> 90 days	Stage 2 90 days	Stage 2 or 3 90 days	Stage 3 1 year	Stage 3 1 year		
If 1 <sup>st</sup> Year is 2015					AIU	Stage 2 90 days	Stage 2 or 3 90 days	Stage 3 1 year	Stage 3 1 year	Stage 3 1 year	
Last Yr to start 2016						AIU	Stage 2 or 3 90 days	Stage 3 1 year	Stage 3 1 year	Stage 3 1 year	Stage 3 1 year

2<sup>e</sup> exclusions for Stage 1 EPs

\* All providers report 90 days in 2014, 2015, 2016, 2017





# AIU

- Adopt, Implement or Upgrade to Certified EHR Technology (CEHRT)
- First Year in the program
  - Requires a commitment to certified EHR
  - Must prove eligible for the Medicaid program
- No need to submit data on the measures
- No time minimum for employment

2016 is the last year to AIU  
and start the program

# Adopt, Implement or Upgrade to CEHRT NOW!



- No payments if you start after 2016
- Must purchase certified EHR by 12/31/16
  - Register with CMS by 2/28/17
  - Attest with State by 3/31/17





# Key Dates, Medicaid EHR Incentive Program, Illinois



2016- Last year to begin participation in the Medicaid EHR Incentive Program

- Now to December 31st, 2016- Purchase EHR for the incentive program
- Now to February 28th, 2017- Attest for first payment (AIU)
- January 2, 2017 to March 31st, 2017- Attestation for returning EPs
  - EPs who have only AIU may attest now

# Certified EHR Technology Upgrades



- Currently the 2014 Edition CEHRT is in use
- 2015 Edition CEHRT will be required for Stage 3
  - Optional for 2017
  - Required for all year reporting in 2018

Upgrades Required Before  
1/1/2018

# IMPACT

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New Gateway to the Illinois EMIPP System

# IMPACT replaces MEDI

- New Gateway to eMIPP (October 2016)
  - Required for access to Illinois MU Attestation
  - Single Sign On
  - May be assigned access just for attesting
- Webinar: <http://chitrec.org/upcoming-webinars/>  
IMPACT for Medicaid Meaningful Users  
December 13, 2016  
12:30-1:00pm  
[REGISTER NOW](#)

# 2016 Measures

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## 2016 Stage 2<sup>M</sup>: 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

# 1. Protect Patient Information



Measure	Attestation	Exclusions
<p>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</p>	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	Stage 1 Providers
1. >60% of medication orders, 2. >30% of laboratory orders, and 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  <b>...during the EHR reporting period</b>	1.same  2.May exclude Lab orders  3.May exclude Radiology orders

# EPs “Scheduled to be in Stage 1 in 2016”



- If have attested one time or less to the MU measures
- Extension of the alternate exclusions
  - Avoid rushed implementation of CPOE modules
    - CPOE for Laboratory Orders can be excluded
    - CPOE for Radiology Orders can be excluded
  - Registry reporting, may exclude one registry

# 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"><li>• queried for a drug formulary and</li><li>• transmitted electronically using CEHRT</li></ul>	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 at the start of the period

# 5. Health Information Exchange



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

# 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 performed.	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
<p>&gt;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.</p>	<p>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.</p>	<p>Number of unique patients seen by the EP during the EHR reporting period.</p>	<p>Any EP who:</p> <ul style="list-style-type: none"> <li>• Neither orders nor creates any of the information listed or</li> <li>• Conducts 50% or more encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.</li> </ul>

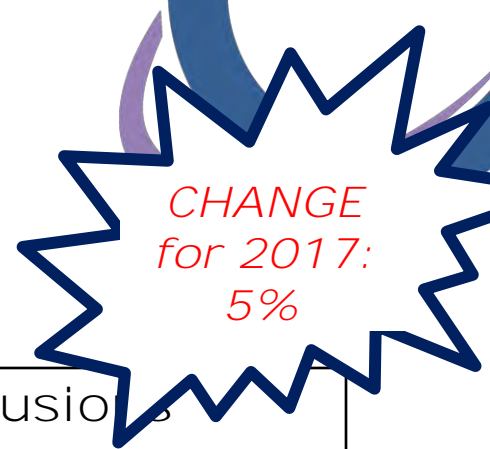
# 8. Patient Electronic Access (second measure, "VDT")

*CHANGE  
for 2017:  
5%*

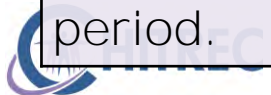
Measure 2	Numerator	Denom- inator	Exclusions
For reporting period in 2015 and 2016, at least one patient seen by the EP views, downloads or transmits to a third party his or her health information during the period.	The number of patients in the denominator (or patient-authorized representative) who 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 according to the latest information available from the FCC on the first day of the EHR reporting period.



# 9. Secure Electronic Messaging



Measure	Numerator	Denomin.	Exclusions
<p>For an EHR reporting period in 2016, <b>for at least 1 patient seen by the EP during the EHR reporting period</b>, 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.</p>	<p>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.</p>	<p>Number of unique patients seen by the EP during the EHR reporting period.</p>	<p>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 according to the latest information available from the FCC on the first day of the EHR reporting period.</p>



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

Measure	Registries	Exclusions
<p>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</p>	<ol style="list-style-type: none"> <li>1. Immunization</li> <li>2. Syndromic Surveillance</li> <li>3. Special Registry</li> </ol>	<ol style="list-style-type: none"> <li>1. Does not administer any immunizations to any of the populations for which data is <b>collected by its jurisdiction...</b></li> <li>2. Is not in a category of providers from which ambulatory syndromic surveillance data is collected <b>by their jurisdiction...</b></li> <li>3. Does not diagnose or treat any disease or condition or collect relevant data that is required by a specialized <b>registry in their jurisdiction...</b></li> </ol>

# “Active Engagement”



One of these:

1. Completed Registration
  - intent to submit data
2. Testing and Validation
3. Production
  - validated and electronically submitting

*Illinois Urgent Care Providers can register intent to participate with IDPH Public Health Objectives using the Meaningful Use Reporting System (MURS) at*

*<https://murs.illinois.gov/>*

# Illinois

- Immunization Registry

- <http://www.dph.illinois.gov/topics-services/prevention-wellness/immunization/icare>

- Syndromic Surveillance

- Urgent Care locations only
- <https://murs.illinois.gov/>

- Special Registries

- DARTNet Practice Performance Registry (DARTNet)
- Genesis (CECity)
- HealthRegistries (CERNER)
- Intelligent Healthcare Zirmed Registry (Zirmed)
- Pinnacle (American College of Cardiology)
- Vizient (Vizient)



# Public Health Exclusions



- Step 1: Check your jurisdiction (state) for registries
- Step 2: Check for a clinical data registry that is run by National or Specialty Society that you already engage with or are a member of
  - ask if they have a qualified registry
  - Qualified clinical data registry- some can be used if:
    - Reported and/or analyzed for public health purposes
    - Not if just reporting quality for a program



Check with the registry to see

# Clinical Quality Measures

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2016 and 2017

# Clinical Quality Measures 2016 & 2017



- No Thresholds
- 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

# 2016 Quality Measures



- **Reflect the EP's scope of practice**
- CQM data must come from CEHRT
  - Numerators
  - Denominators
  
- 66 to choose from
  - Not all may be certified for your EHR
  - Check with your vendor



# Back Up in Case of Audit

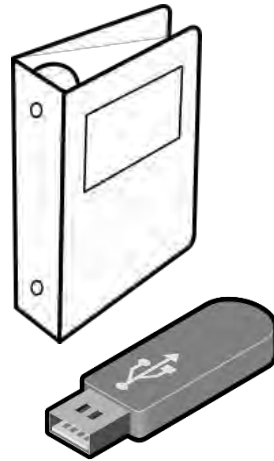
- Expect to be audited sooner or later
- Audit Binder, electronic or paper
  - Part A applies to all EPs (if group)
    - Volume/encounters report
    - Screen shots or other documentation to support yes/no

Security Risk Assessment

Functions enabled: interaction alerts, CDS, Public Health Submissions

- Source documents for EHR license, reports, etc.
- Part B for each EP
  - Dashboard or reports

 Reports for EPs that practice in multiple locations



# 2017 Measures

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## 2017 Stage 2<sup>M</sup>: Meaningful Use

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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 5% of patients seen** view, download or transmit electronic information
9. **Secure message sent to 5% of patients seen by the EP**
10. Engage with Public Health- 2 or more from three choices

# 2017 Program Requirements published on CMS website



- 2017 Stage 3 Eligible Hospital Specifications
- 2017 Stage 3 Eligible Professional Specifications
- 2017 Modified Stage 2 Eligible Hospital Specifications
- 2017 Modified Stage 2 Eligible Professional Specifications

# Where to get Help

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# Specification Sheets & User Guides



- CMS.gov: <https://www.cms.gov/>
  - About CMS
  - Regulations & Guidance
    - ...Legislation
      - ... EHR Incentive Programs
        - ...2016 Program Requirements
  
- CMS Specs for Each Measure:
  - [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016\\_EPTableOfContents.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPTableOfContents.pdf)

# Help from CMS.gov

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below this is the CMS.gov logo and the text 'Centers for Medicare & Medicaid Services'. A search bar is also present. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance (highlighted in blue), Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Regulations and Guidance > EHR Incentive Programs > 2016 Program Requirements. The main content area is titled '2016 Program Requirements'. The left sidebar contains a list of links: '2015 Program Requirements', '2016 Program Requirements' (circled in red), '2017 Program Requirements', 'Educational Resources', 'Payment Adjustments & Hardship Information', 'Registration & Attestation', 'Audits and Appeals Overview', 'Data and Program Reports', 'Medicare and Medicaid EHR Incentive Program Basics', and 'Clinical Quality Measures Basics'. The main content area includes a paragraph about the final rule released in October 2015, a section for '2016 Program Requirements' with a sub-section 'Here's what you need to know about meeting EHR Incentive Programs requirements in 2016.', a reference to a 'landing page table', and a section for 'Objectives and Measures' with a bulleted list of requirements.

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Home > Regulations and Guidance > EHR Incentive Programs > 2016 Program Requirements

## EHR Incentive Programs

- [2015 Program Requirements](#)
- [2016 Program Requirements](#)
- [2017 Program Requirements](#)
- [Educational Resources](#)
- [Payment Adjustments & Hardship Information](#)
- [Registration & Attestation](#)
- [Audits and Appeals Overview](#)
- [Data and Program Reports](#)
- [Medicare and Medicaid EHR Incentive Program Basics](#)
- [Clinical Quality Measures Basics](#)

## 2016 Program Requirements

In October 2015, CMS released a [final rule](#) that modified the requirements for participation in the Electronic Health Record (EHR) Incentive Programs for years 2015 through 2017 as well as in 2018 and beyond. This page provides information on requirements for 2016.

Here's what you need to know about meeting EHR Incentive Programs requirements in 2016.

Reference the [landing page table](#) to see the stage of the EHR Incentive Programs that providers are scheduled to demonstrate by start year.

For information on registration and attestation, visit the Registration and Attestation [webpage](#).

### Objectives and Measures

- All providers are required to attest to a single set of objectives and measures.
- For eligible professionals (EPs), there are 10 objectives, and for eligible hospitals and critical access hospitals (CAHs), there are 9 objectives.
  - View the 2016 Specification Sheets for [EPs](#) and [hospitals and CAHs](#).

# Regional Extension Centers



- CHITREC (Chicago)

- Webinar Recordings found at <http://chitrec.org/chitrec-webinars/>
- Also, sign up for email updates – Click **“Subscribe”** on the home page



- ILHITREC (Illinois)

- <http://www.ilhitrec.org/ilhitrec/index.shtml>





# Questions ?????

- IL Medicaid Help Desk: Monday – Friday
- 8:30 to 5:00
- **855-MU-HELP-1 (855-684-3571) or [hfs.ehrincentive@illinois.gov](mailto:hfs.ehrincentive@illinois.gov)**
  - Meaningful Use Eligibility
  - Attestation or eMIPP issues
  - Deadlines
  - Upgrade or CEHRT requirements
  - Meaningful Use measures or CQMs
  - QPP, MIPS, APMs and how they relate to MU



# About CHITREC



The Chicago Health Information Technology Regional Extension Center (CHITREC) is a collaboration among Northwestern University, the Alliance of Chicago Community Health Services and more than 40 local and national partners focused on health IT adoption.

- Education on MU Stages, HIE, Privacy & Security, and more
- Operate Meaningful Use Help Desk (855-MU-HELP-1) for the Illinois Medicaid EHR Incentive Payment Program (eMIPP)
- Help providers attest to MU and earn incentives
- Build tools and technology that support adoption of HIT and the aggregation of EHR-based data
- Expand local HIT workforce through a robust internship program

CHITREC has helped over 1,200 providers collect more than \$27.5 million in government EHR incentives.