

Meaningful Use For Beginners

What you need to know now, with
special focus on Medicaid Incentives
for Reporting 2017 and 2018

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Intro & Objectives



Janet Baxter MBA, RHIA

- Illinois Meaningful Use Help Desk
- AllianceChicago
 - Advancing community health through collaboration, technology and research

Today

- Introduction to meaningful use
- Help you determine what applies to you
- Stage 2 Meaningful Use measures
- 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
- Some new staff needs to learn MU

*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 September, 2017)
 - 500,000 providers & hospitals
 - Over \$37 billion paid
 - Illinois: 9,234 unique providers paid- \$598 million
 - Incentives for Medicaid run through 2021

EHR Incentive Payment Program- for demonstrating the meaningful use of certified Electronic Health Record Systems



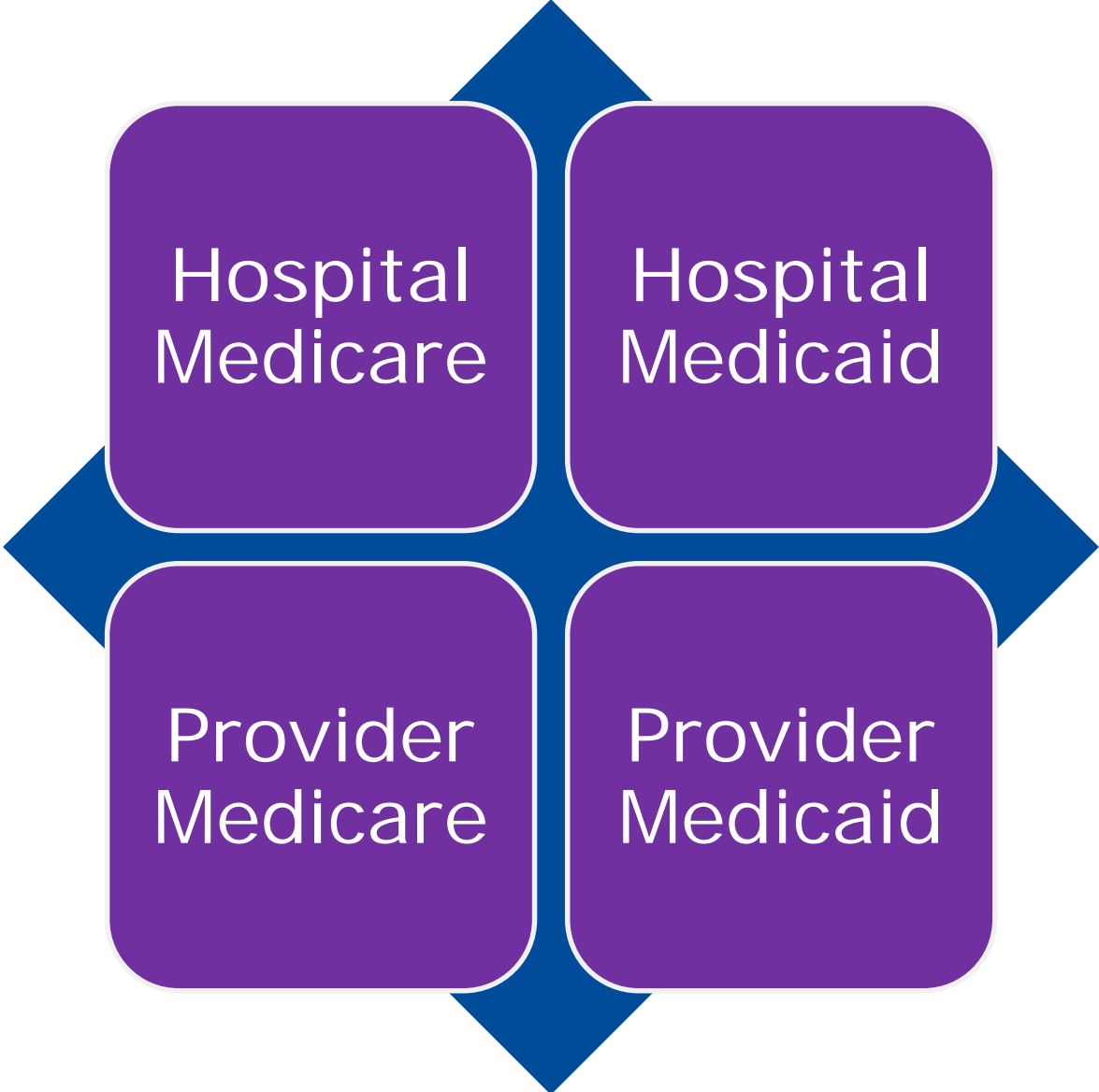
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“Meaningful Use”

- 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

Meaningful Use Stages

- Initially there were three stages
- Now all providers report on the same measures each year
 - Choices for 2017 and 2018
- Years are calendar years





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
 - Electronic Health Record Medicaid Incentive Payment Program (eMIPP)



Home

Register

Track

Logout

If you also bill Medicare

- Penalties on Part B payments for non meaningful users have ended for EPs
- May also be eligible for the Quality Payment Program starting 2017 for Medicare Part B adjustments (+ or -)
- May be eligible for both MU and QPP

Dollars- Medicaid Incentives



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

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

- Last performance year is 2021

Adopt, Implement or Upgrade (AIU)

- First year only. Medicaid only
- Must submit encounter data to verify eligibility of the Provider
 - 30% Medicaid patients
 - Committed to a certified EHR system
 - Installed on the computer
 - Purchased the software to install

**Too late to start the program.
All Eligible Professionals have
received this payment.**

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

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

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



- No Thresholds, but must use CEHRT
- Must report **SIX (6)** CQMs
 - No longer report nine
 - No longer have to choose from multiple domains
 - Can be any 6 that are certified for your EHR
- Reporting Period
 - 2017- any 90 contiguous days
 - 2018- Full Year

2018 Stage 2^M: Meaningful Use

1. Conduct Security and Risk Analysis, including encryption.
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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
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10. Engage with Public health- 2 or more from three choices

90 reporting period for 2018, but 365 days for CQMs

Choices

- 2017 and 2018
 - May choose to report either:
 - Modified Stage 2 Measures
 - or
 - Stage 3 Measures
- Stage 3 requires a software upgrade
 - To 2015 Edition CEHRT



2019 "Stage 3" Required



- Full Year Reporting*
 - January 1 through December 31
- * unless the EP has only done AIU

- Requires Upgrade to 2015 Edition CEHRT
 - Check with your vendor
 - Must be upgraded by January 1, 2019

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) 5% 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 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

*Report 3,
must meet 2*

90 reporting period for 2018, but 365 days for CQMs

Steps to Attest

1. Compile your list of eligible providers
 - Check eligibility through CMS and Impact
 - Check to see that each meets every measure
2. Compile information to prove eligibility
 - Run billing report for a 90 day period in the prior year that shows at least 30% Medicaid patients
3. Collect documentation in case of audit
 - Yes/no measures
 - Dashboard or other EHR reports
4. Attest by the deadline

Understanding the Current Measures



- CMS: <http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
- Specs: Stage 2: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_ModifiedStage2.pdf
- <http://chitrec.org/> for 606xx zip code
- <http://ilhitrec.org/ilhitrec/> rest of Illinois
- Join the mailing lists for alerts about changes, deadlines, free assistance

More Webinars

- <http://www.chitrec.org/webinars/archive/>
 - Steps You Need to Take with CMS
 - Changes to MU for 2017 and 2018
 - Final 2017 Reporting Period – what to do now
 - Avoiding Meaningful Use Program Rejection
- Next Tuesday: Steps You Need to Take with IMPACT and eMIPP
 - Register at: <http://www.chitrec.org/webinars/>

Illinois Medicaid Meaningful Use Help Desk



What questions do you have?

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

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