



Adopting an EHR & Meaningful Use

Learn how to qualify for the EHR Incentive Program

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How did Meaningful Use Start?

The 2009 ARRA legislation included the HITECH Act

- + HITECH created the framework to provide assistance for a more technologically advanced health care system
 - Incentive funds made available to providers and hospitals that meet the EHR Incentive Program requirements
 - A certification program was established for EHR vendors
 - Regional Extension Centers (RECs) assist providers in adopting technology and understanding the program requirements
 - HITECH is separate from the Affordable Care Act

What is Meaningful Use?

Utilizing an EHR to improve health outcomes

Objectives

- + Improve quality, safety, and efficiency of patient care
- + Engage patients and family
- + Improve care coordination
- + Improve public health
- + Maintain privacy and security of patient health information



The Benefits of Meaningful Use

+ Improve health outcomes

- Complete, accurate information reduces medical errors
- Reminders and alerts help save patient lives

+ Better access to information

- Facilitates sharing of information across provider networks
- Saves time & money

+ Patient engagement

- Empower patients to take an active role in their health by giving them access to their health information securely



Stages of Meaningful Use



Stages of Meaningful Use (based on year of adoption)

Year of adoption	2011	2012	2013	Year 2014	2015	2016	2017
2011	1	1	1	2	2	2	3
2012		1	1	2	2	2	3
2013			1	1	2	2	3
2014				1	1	2	2
2015					1	1	2
2016						1	1

Eligible Professionals (EPs) in the EHR Incentive Program

Medicare	Medicaid
Doctors of medicine or osteopathy	Doctors of medicine or osteopathy
Doctors of dental surgery or dental medicine	Nurse practitioner
Doctor of podiatry	Certified nurse-midwife
Doctor of optometry	Dentist
Chiropractor	*Physician assistant Furnishes services in a Federally Qualified Health Center or Rural Health Clinic lead by a physician assistant

+ Eligibility Guidelines

- You qualify individually
- You practice in the outpatient setting
- You may only participate in one program

+ Medicare

- Receive Medicare Part B reimbursements

+ Medicaid

- Meet 30% patient volume threshold (20% for pediatricians)
- *Meet 30% "needy individual" patient volume

Medicaid EHR Incentive Program

- + The Medicaid EHR Incentive Program is run by the individual state Medicaid agencies
- + All Medicaid EPs must confirm with their state program for details on reporting timelines, requirements, and eligibility
- + After registering with CMS, you must also register with your state Medicaid agency



How do I calculate Medicaid patient volume?

- + Medicaid patient volume is usually calculated by dividing the provider's encounters with Medicaid-enrolled patients over the provider's total number of service encounters
 - **Numerator:** Medicaid patient encounters
 - **Denominator:** Total # of encounters
- + The timeframe for reporting your Medicaid patient volume is usually 90 days in the 12 months preceding attestation or 90 days from the previous calendar year
- + Confirm with your Medicaid state agency for specifics



What constitutes a Medicaid patient encounter?

- + Medicaid patient encounters include any patients enrolled in a Medicaid program, regardless of payment liability, on the date of service.
 - This includes encounters with zero-pay claims
- + **Patients that are included:** EPs should include individuals enrolled in Medicaid managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans, and Medicaid medical home programs or Primary Care Case Management.
- + **Patients that are not included:** Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria, unless your state offers CHIP as part of a Medicaid expansion under Title 19 or Title 21.

Adopt/Implement/Upgrade (AIU)

- + **First year** Medicaid program participants have the option to adopt, implement, or upgrade (AIU) certified EHR technology to qualify for an incentive payment
 - AIU ≠ Meaningful Use
- + AIU involves submitting documentation to your Medicaid state program that proves you have adopted, implemented, or upgraded certified EHR technology
 - E.g. Signed contract or invoice from your EHR vendor
- + In subsequent years, Medicaid EPs can receive incentive payments for successfully demonstrating Meaningful Use

Medicaid Incentive Payment Timeline

- + Lump-sum payment
- + Max incentive does not change based on year of adoption
- + You will need to report your Medicaid patient volume each year

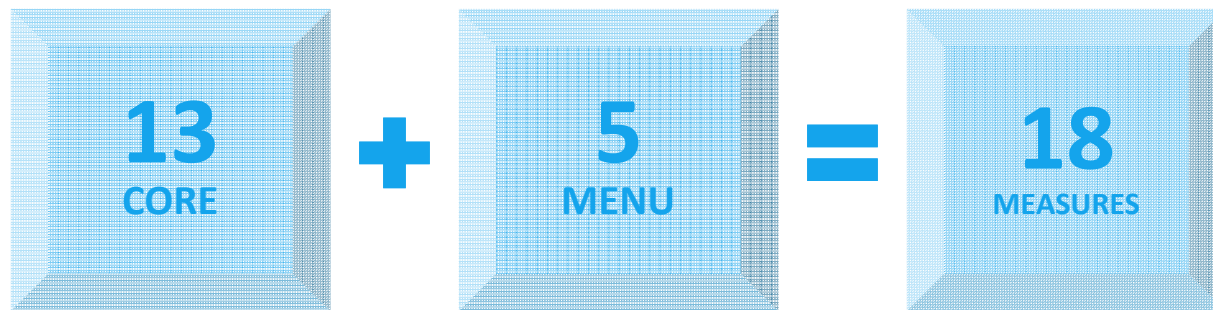
Incentive in year...	Year of adoption			
	2013	2014	2015	2016
2013	\$21,250			
2014	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$21,250
2017	\$8,500	\$8,500	\$8,500	\$8,500
2018	\$8,500	\$8,500	\$8,500	\$8,500
2019		\$8,500	\$8,500	\$8,500
2020			\$8,500	\$8,500
				\$8,500
Total	\$63,750	\$63,750	\$63,750	\$63,750

Reporting Period

- + **1st year of Meaningful Use:** 90 day reporting period
- + **2nd year of Meaningful Use and after:** Full year reporting period
- + Always check with your state Medicaid agency for details
 - Completing the requirements for **AU** does not involve a reporting period



2014 Stage 1 Requirements



9 Clinical Quality Measures (CQMs)

- + You must report at least 9 CQMs directly from your EHR

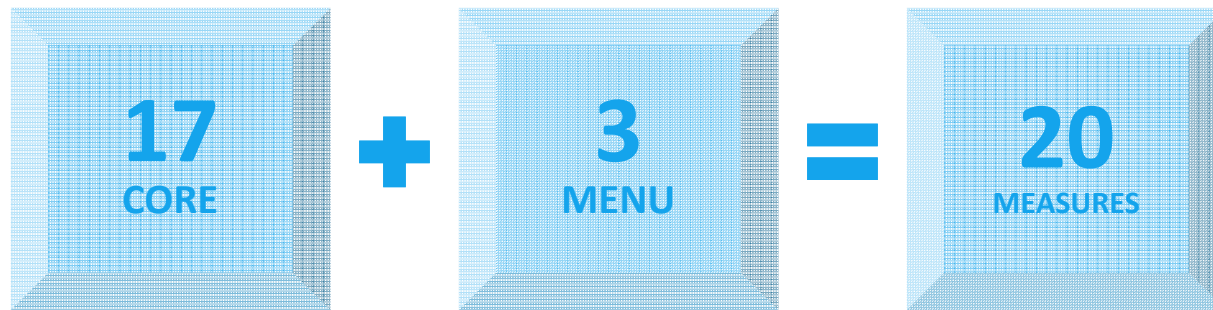


2014 Stage 1 Requirements Overview

- + **Basic data capturing in structured format**
 - Diagnoses, medications, allergies, vitals, demographics, smoking status, labs, etc.
- + **Basic alerts and clinical decision support**
 - Drug interaction checks, drug formulary, clinical decision support
- + **Exchanges of information**
 - Immunization & syndromic surveillance data submission, transition of care summary
- + **Providing patients access to information**
 - Patient electronic access, clinical summaries, patient education resources



2014 Stage 2 Requirements



9 Clinical Quality Measures (CQMs)

- + You must report at least 9 CQMs directly from your EHR



2014 Stage 2 Requirements Overview

- + **Emphasis on data exchange and care coordination**
- + **Patient engagement required**
 - Accessing patient portal and sending electronic messages
- + **Advanced clinical processes are now required**
 - E.g. Transition of care summaries, lab results, drug formulary, medication reconciliation, patient education, CPOE for lab and radiology orders
- + **More registry and public health reporting**
 - E.g. Immunization and syndromic surveillance data, cancer registry reporting



Patient Electronic Access

- + Patient engagement is a key component of Meaningful Use
- + Most EHRs provide Patient Portal or Patient Health Record access that requires the patient to sign up through their email
- + **Measure:** You must provide more than **50%** of all unique patients seen during the reporting period online access to health information within 4 business days.
- + If your patients do not have email:
 - Ask if they have a caregiver
 - Educate patients about the benefits of having online access to their information

Stage 1 Workflow Phases

Phase	Action
Check-In	<ul style="list-style-type: none">▪ Record Demographics (C-7)▪ Collect email / enroll in PHR (C-11, C-12)
Intake	<ul style="list-style-type: none">▪ Record Vitals (C-8)▪ Record Smoking Status (C-9)▪ Record Drug Allergies (C-6)
Exam	<ul style="list-style-type: none">▪ Record Diagnoses (C-3)▪ E-Prescribe / CPOE / Maintain Rx List (C-1, 4, 5)▪ Provide Patient Education (M-6)
Post-Exam	<ul style="list-style-type: none">▪ Print Clinical Summary if necessary (C-13)▪ Provide Transition of Care Summary (M-7)▪ Order Labs (M-2)

Suggested Best Practices

- + **Assign tasks in your practice**
 - Each individual should know their role
 - + **Create an intake form**
 - Demographics
 - Email address (for patient portal)
 - PMH
 - + **Complete one-time actions as early as possible**
 - + **Meet once per week to assess progress so you can stay on track**
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Attestation

- + Attestation is the process of legally declaring you met the Meaningful Use requirements
- + You must submit values for core, menu, and CQM values online after your reporting period
- + Deadline to attest is determined by your state Medicaid agency
- + All providers are potentially subject to an audit



Choosing an EHR

- + **Client-server vs. Web-based**
 - Information stored locally vs. information housed by vendor
 - + **Clinical workflow**
 - Does the EHR have customization for your specialty?
 - + **Cost**
 - Conduct a long term cost/benefit analysis
 - What are the implementation and upgrade fees?
 - + **Training & Support**
 - What resources does your vendor provide and at what cost?
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Common Questions

What if a measure is outside the scope of my practice?

Exclusions exempt you from completing certain measures

Key Facts

- + Eligible exclusions can be claimed during attestation
- + If you claim an exclusion, you should have relevant documentation for support
- + Exclusions will not count towards meeting a menu measure, so you must first select menu measures that are relevant to your scope of practice
- + If you cannot achieve the required number of menu measures, you must attest to an exclusion for the remaining menu measures

Example

- + Lab Test Results: You order no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period.

Is Meaningful Use based on all patients?

- + You must record **all patients you see**, regardless of their insurance, in the outpatient setting for Meaningful Use.
- + If you see patients in the hospital, you do not need to include them in the certified EHR for Meaningful Use.
- + At minimum, you must maintain more than 80% of your patients in the certified EHR for Meaningful Use.

For more information, visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

Medicaid as a Secondary Insurance

Do patients with Medicaid as a secondary insurance count towards the Medicaid patient volume for eligibility determination?

- + Yes, you can count the patient towards your Medicaid eligibility calculation as long as they are enrolled in Medicaid on the date of service.

For more information, visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

Practices with Multiple Providers

Can multiple providers in a practice qualify for the incentive?

- + Yes, if there is more than one eligible provider in a practice, they can all meet the program requirements and earn an individual incentive payment.

For more information, visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

Menu Measure Selection

How do I choose which menu measures to report on?

- + You must choose measures that relate to your scope of practice before claiming an exclusion to other measures.
- + In Stage 1, you must report on one measure from the public health list:
 - Immunization registry data submission
 - Syndromic surveillance data submission

For more information, visit <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

Next Steps for Success

Get
comfortable
using your EHR

Check your
MU report
daily

Use your
vendor
resources



Question & Answer

Thank You