



**pennsylvania**

DEPARTMENT OF PUBLIC WELFARE

# **Office of Medical Assistance Programs**

## **Electronic Health Record (EHR) Incentive Program**

**December Webinar**

**December 12, 2013**



## Agenda

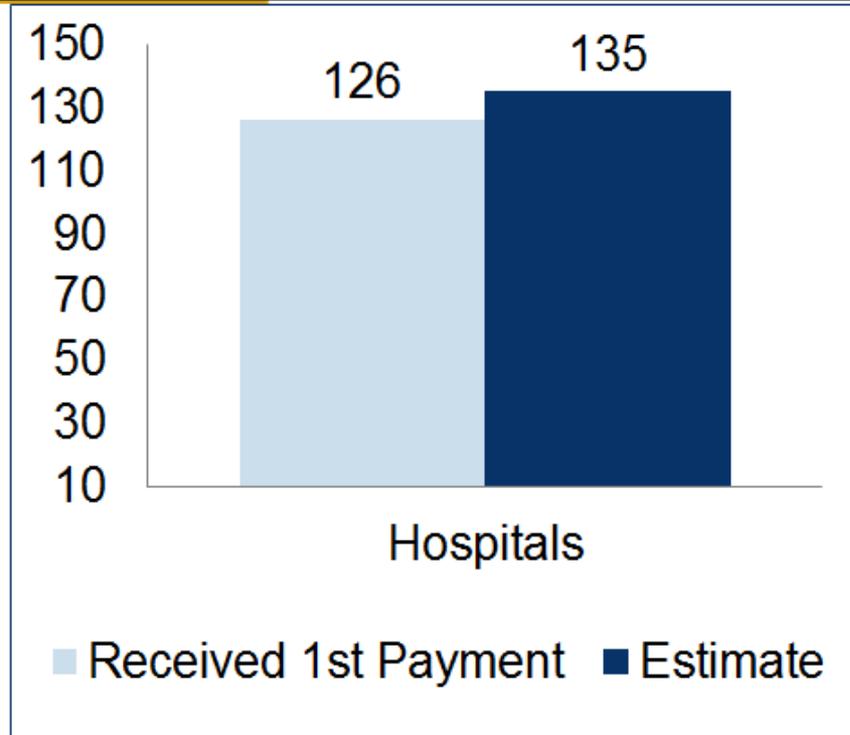
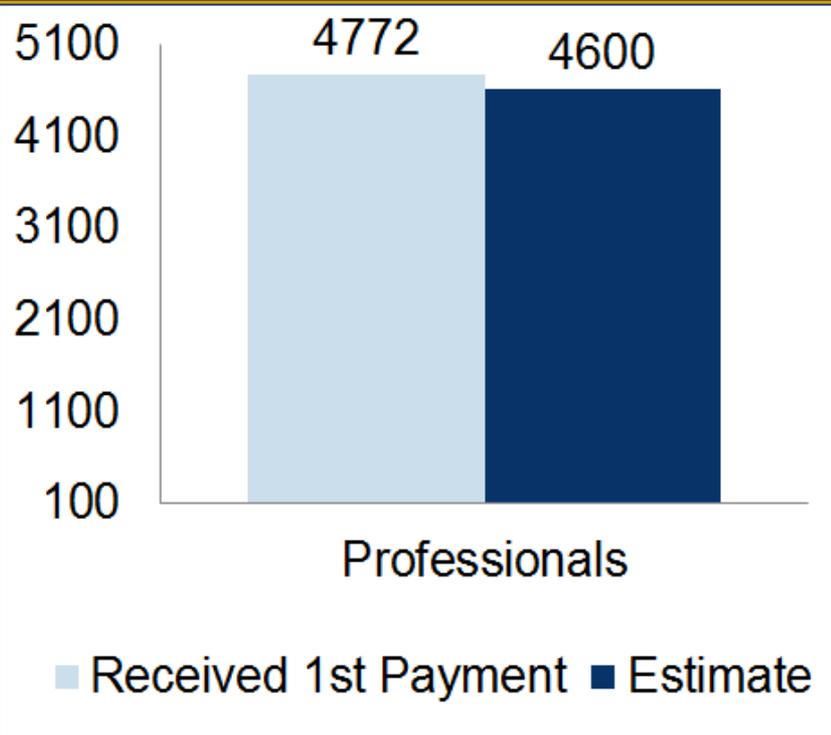
- **Program Update**
- **Preparing for Future EHR Incentive Program Years**
- **Tips for Stage 2 and Updates**
- **Lessons Learned**
- **Questions & Answers**



# Medical Assistance HIT Incentive Program

- **Matt McGeorge**, OMAP HIT Coordinator

# Payment Summary



Professional: Over 100%

Hospital: 93%

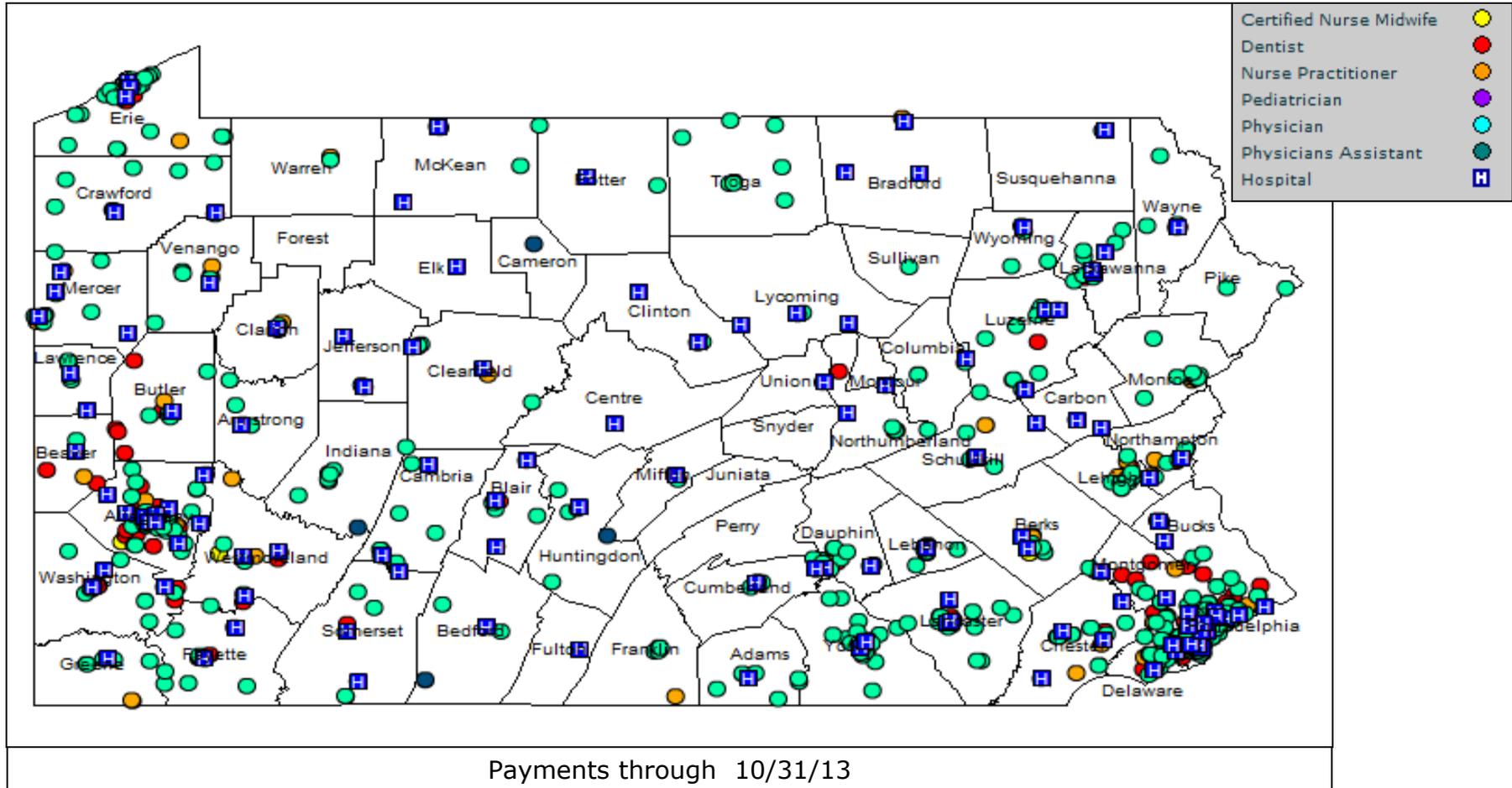
Total Professional Payments\*:  
\$ 113,397,221

Total Hospital Payments\*:  
\$125,186,728

**Total Payments\* - \$ 238,583,949**

\* Payments through 12/2/13: 1<sup>st</sup> (EP- 4772, EH-126); 2<sup>nd</sup> (EP -1696 , EH - 74); 3<sup>rd</sup> (EH - 5)

# Map of Payments



# Program Update: National Payments



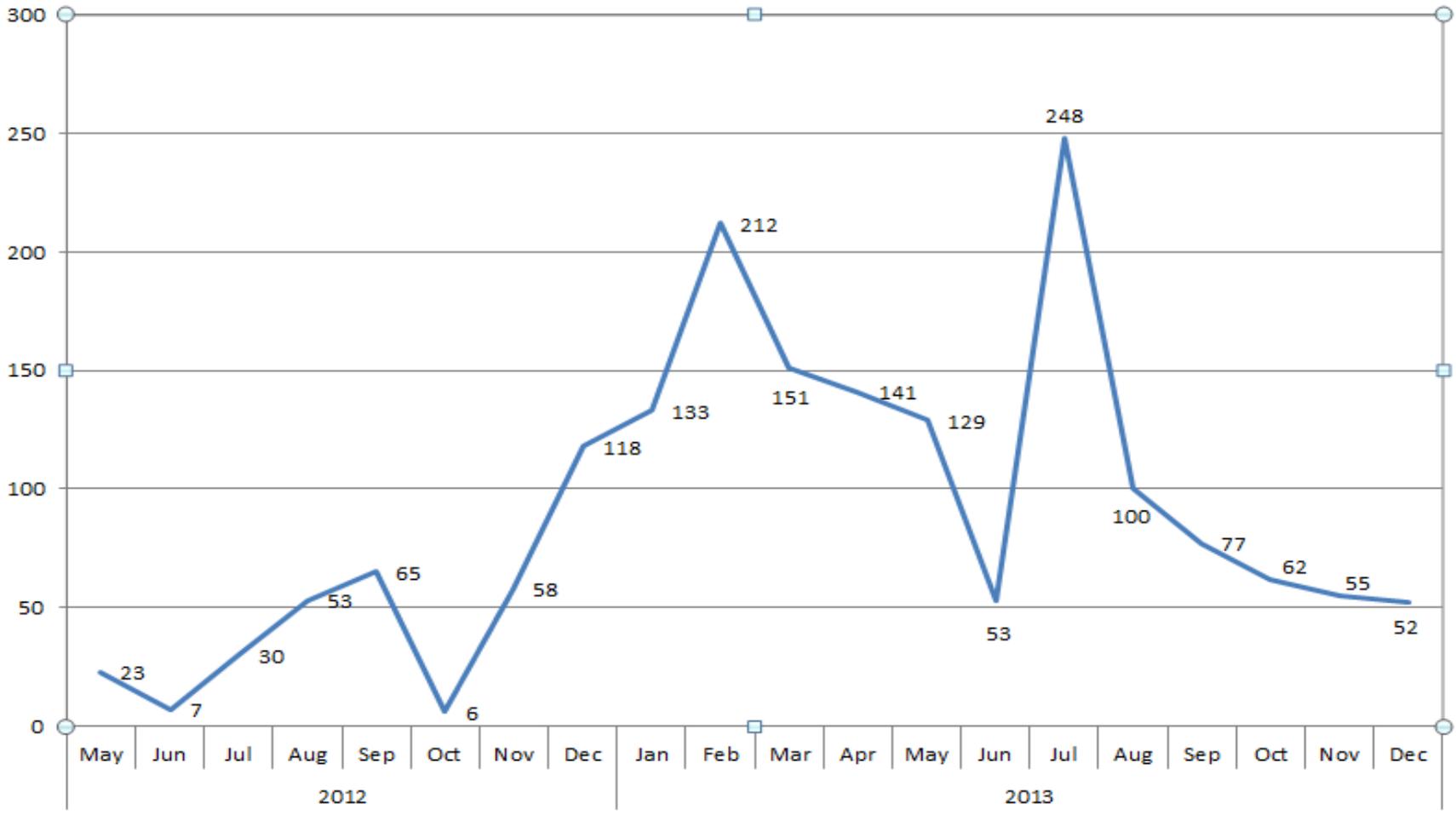
	State	# of Incentives Payments Made	Medicaid Payment Total	% returning for 2nd payment
1	California	13,928	\$ 704,527,836	21%
2	New York	9,649	\$ 444,170,600	24%
3	Texas	8,418	\$ 552,412,931	23%
4	Florida	7,180	\$ 364,901,336	26%
<b>5</b>	<b>Pennsylvania</b>	<b>6,454</b>	<b>\$ 228,693,024</b>	<b>35%</b>
6	Ohio	6,058	\$ 238,549,761	30%
7	Massachusetts	5,829	\$ 182,865,940	25%
8	Washington	5,249	\$ 177,031,557	27%
9	Illinois	4,623	\$ 269,491,135	14%
10	North Carolina	3,821	\$ 141,655,959	23%

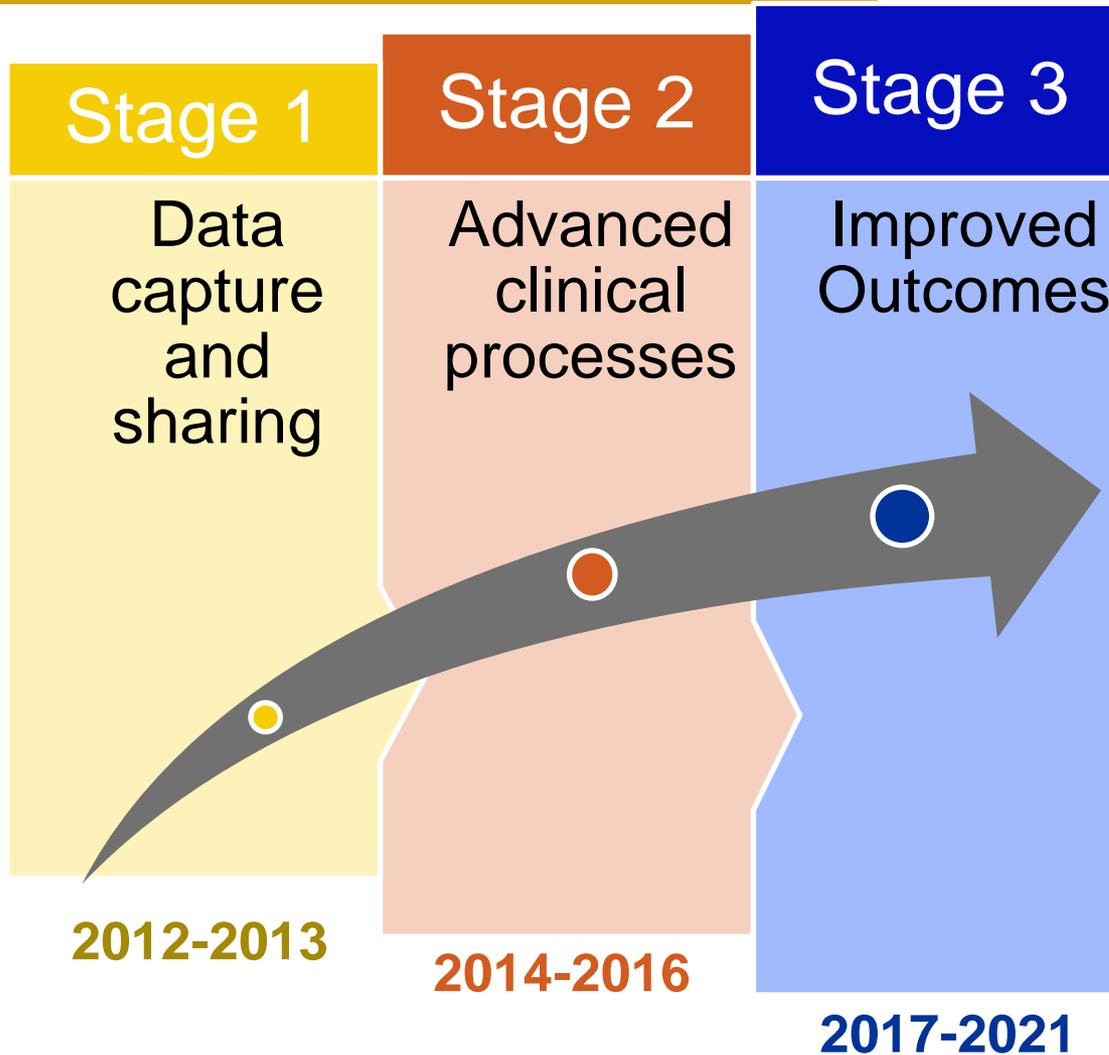
**Totals above are through October 2013 and source is CMS EHR incentive program**

# Program Update: Meaningful Use Payments



## Total EP MU Payments





## Stage 1 Summary

- **Adopt, Implement or Upgrade (AIU)** – For the Medical Assistance EHR Incentive program the first year providers apply, they can attest to Adopt, Implement or Upgrade. This is not considered Meaningful Use.
- **Stage 1 Meaningful Use** – In Pennsylvania, EPs and EHs could start attesting to Stage 1 Meaningful Use (MU) in program year 2012. EPs and EHs **must** attest to 2 years of Stage 1 MU before attesting to Stage 2 MU.

## 2014 Highlights

- **2014 Certified EHR System** – Regardless of whether you are attesting to Stage 1 MU or Stage 2 MU, you must be attesting using a 2014 Certified EHR System.
- **90 Days of MU Reporting** – For program year 2014, all EPs and EHS will attest to 90 days MU (unless it's your first year and you are attesting to AIU) regardless of what MU Stage you are attesting.
- **Clinical Quality Measures (CQMs)** – In program year 2014, the CQMs will be the same for both Stage 1 MU and Stage 2 MU.

## OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY CERTIFIED EHR SYSTEM

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- For program year 2014, you need to have a 2014 Certified EHR System.
- The 2014 Certified EHR System can either be a ‘complete’ system or a ‘modular’ system as long as it meets the requirements of certification
- Here’s where you go to get your Certified EHR System number:

<http://oncchpl.force.com/ehrcert/>

## What Stage 2 Means to You

### New Criteria

- Starting in 2014, providers participating in the EHR Incentive Programs who have met Stage 1 for two or three years will need to meet meaningful use Stage 2 criteria.

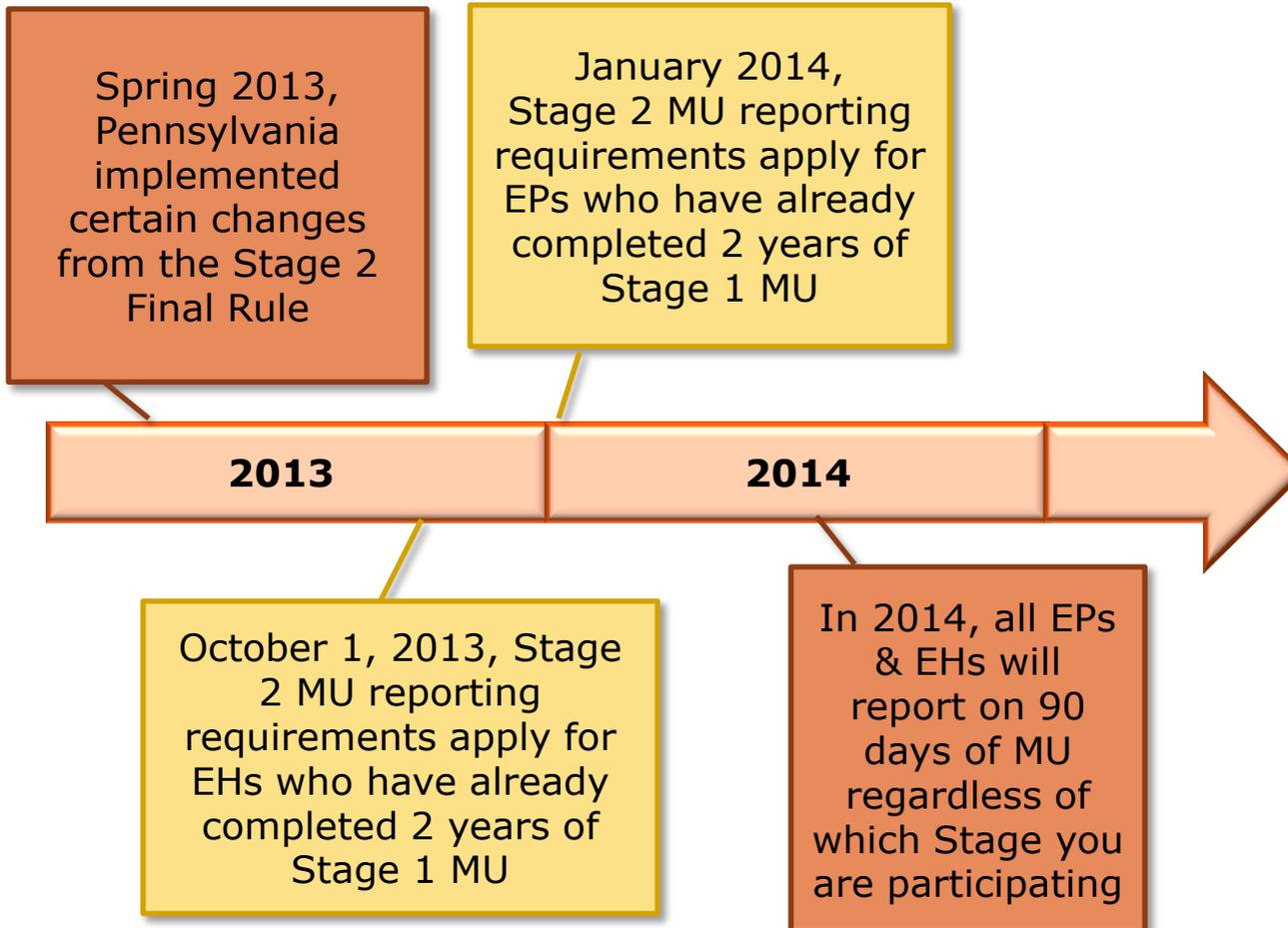
### Improving Patient Care

- Stage 2 includes new objectives to improve patient care through better clinical decision support, care coordination and patient engagement.

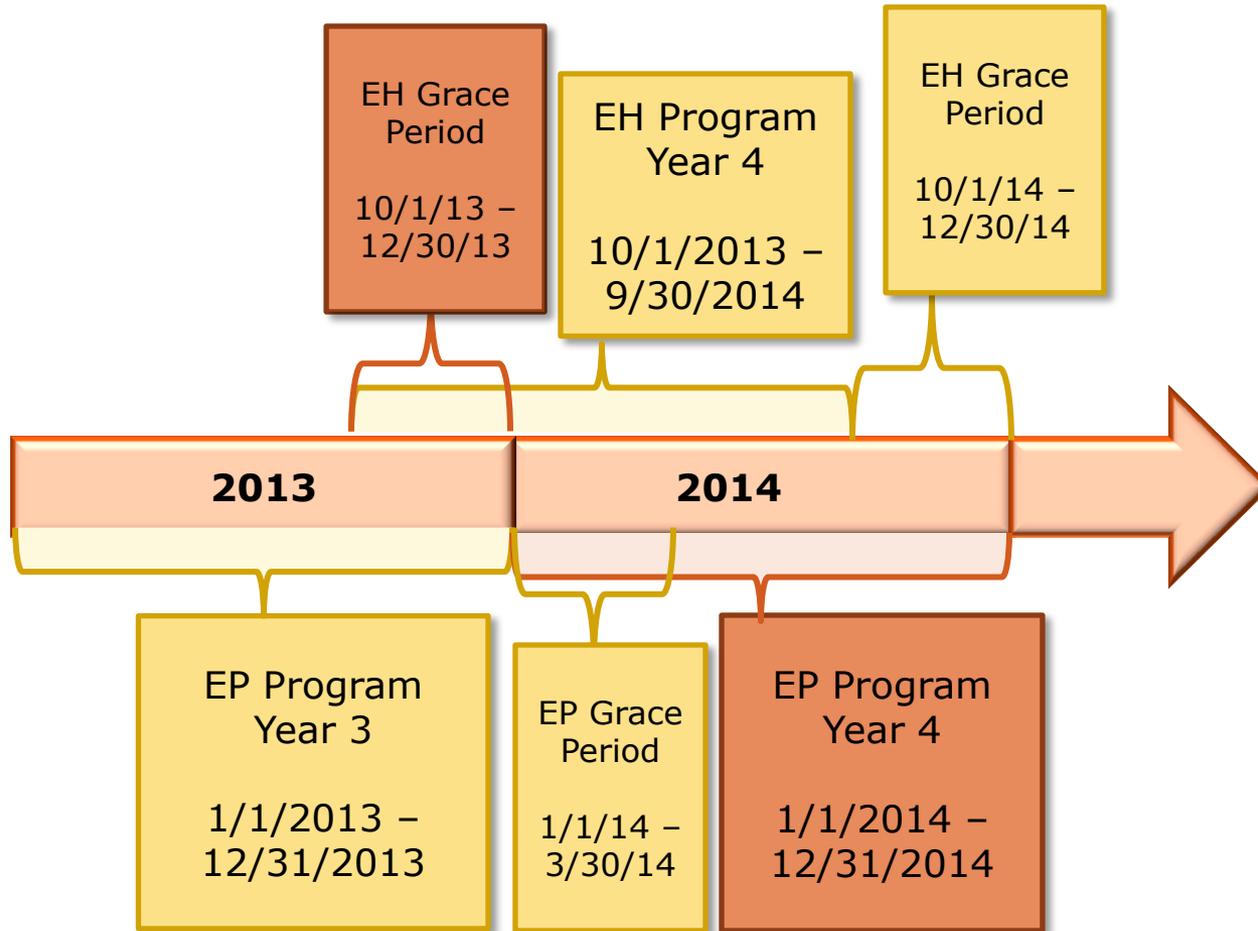
### Saving Money, Time, Lives

- With this next stage, EHRs will further save our health care system money, save time for doctors and hospitals and save lives.

## Stage 2 Implementation Timeline



## EH & EP Program Years & Grace Periods



## **Stage 3 Update**

- **Stage 3 Meaningful Use will not be implemented until 2017**
- **EPs and EHs who have completed two years of Stage 2 MU before 2017 will be able to attest to a third year of Stage 2 MU**

## Stage 2 EP Implementation Timeline

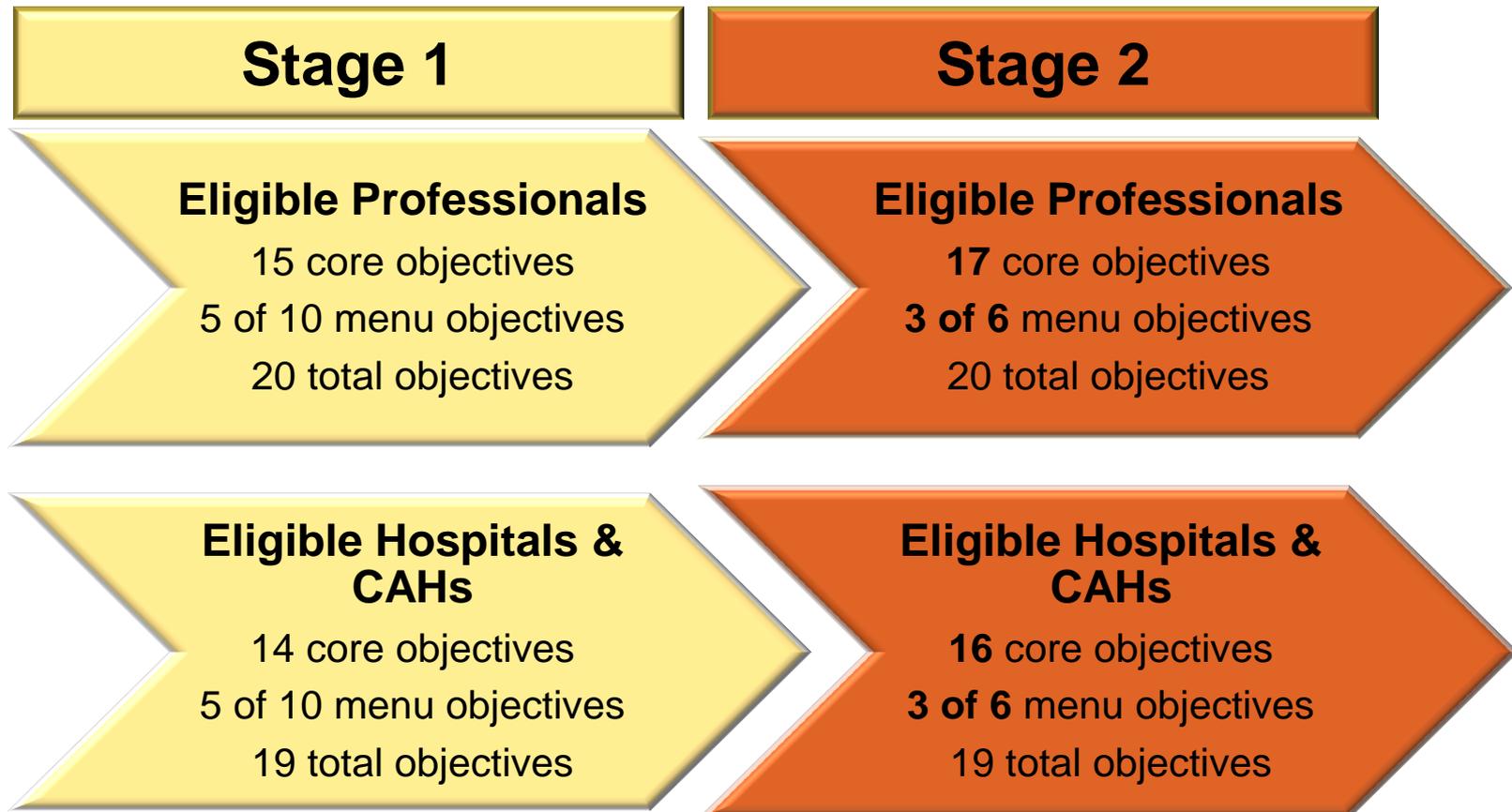
1st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	2 \$8,500	TBD	TBD	TBD	TBD	TBD
2012		AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	3 \$8,500	TBD	TBD	TBD	TBD
2013			AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	3 \$8,500	TBD	TBD	TBD
2014				AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	3 \$8,500	TBD	TBD
2015					AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	3 \$8,500	TBD
2016						AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500	3 \$8,500

## Medicare Payment Adjustments

- In 2015, CMS’s Medicare program will begin imposing payment adjustments for the **Medicare** claims for providers who have **not** demonstrated meaningful use in a previous payment year.
- Providers can demonstrate meaningful use through the Medicaid program in order to avoid the payment adjustments through Medicare. **NOTE:** Adopt, Implement & Upgrade does not count toward demonstrating Meaningful Use
- Payment adjustments do not affect provider types who are not eligible for the EHR Incentive program
- **NOTE:** To avoid Payment Adjustments: EPs **MUST** continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years. Payment adjustments begin in 2015.

Payment Adjustment Year	2015	2016	2017	2018	2019
Full Year EHR Reporting Period (starting 2011 or 2012)	2013	2014	2015	2016	2017
MU Reporting Period (starting with 90 days in 2013)	2013 (90 days)	2014 (90 days)	2015	2016	2017
MU Reporting Period (starting with 90 days in 2014)	2014 (90 days)	2014 (90 days)	2015	2016	2017

## Meaningful Use: Core & Menu changes from Stage 1 to Stage 2



## Meaningful Use: Clinical Quality Measures Stage 1 to Stage 2

### Stage 1

#### Eligible Professionals

Complete 6 out of 44  
2 core or alternate core objectives  
3 menu objectives

#### Eligible Hospitals & CAHs

Complete 15 out of 15

### Stage 2

#### Eligible Professionals

Complete 9 out of 63  
Choose at least 1 in 3 NQS domains  
Recommended core CQMs:  
- 9 CQMs for adult population  
- 9 CQMs for pediatric population  
- Prioritize NQS domains

#### Eligible Hospitals & CAHs

Complete 16 out of 29  
Choose at least 1 measure in 3 NQS domains

## Stage 2 Core: EPs must meet **all** 17 objectives:

Core Objective	Measure
1. CPOE	Use CPOE for more than <b>60%</b> of medication, <b>30%</b> of laboratory, and <b>30%</b> of radiology
2. E-Rx	E-Rx for <b>more than 50%</b>
3. Demographics	Record demographics for <b>more than 80%</b>
4. Vital Signs	Record vital signs for <b>more than 80%</b>
5. Smoking Status	Record smoking status for <b>more than 80%</b>
6. Interventions	Implement <b>5</b> clinical decision support interventions & drug/drug and drug/allergy
7. Labs	Incorporate lab results for <b>more than 55%</b>
8. Patient List	Generate patient list <b>by specific condition</b>
9. Preventive Reminders	Use EHR to identify and provide reminders for preventive/follow-up care for <b>more than 10%</b> of patients with two or more office visits in the last 2 years

**Stage 2 Core: EPs must meet all 17 objectives:**

Core Objective	Measure
10. Patient Access	Provide online access to health information for <b>more than 50%</b> with <b>more than 5%</b> actually accessing
11. Visit Summaries	Provide office visit summaries for <b>more than 50%</b> of office visits
12. Education Resources	Use EHR to identify and provide education resources <b>more than 10%</b>
13. Secure Messages	<b>More than 5%</b> of patients send secure messages to their EP 
14. Rx Reconciliation	Medication reconciliation at <b>more than 50%</b> of transitions of care
15. Summary of Care	Provide summary of care document for more than 50% of transactions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR
16. Immunizations	Successful ongoing transmission of immunization data
17. Security Analysis	Conduct or review security analysis and incorporate in risk management process

## Stage 2 Menu: EPs must select 3 of 6 objectives:

Menu Objective	Measure
1. Imaging Results	More than <b>10%</b> of imaging results are accessible through Certified EHR Technology 
2. Family History	Record family health history for more than <b>20%</b> 
3. Syndromic Surveillance	Successful ongoing transmission of syndromic surveillance data
4. Cancer	Successful ongoing transmission of cancer case information 
5. Specialized Registry	Successful ongoing transmission of data to a specialized registry 
6. Progress Notes	Enter an electronic progress note for <b>more than 30%</b> of unique patients 

**Stage 2 Core: EHs must meet all 16 objectives:**

Core Objective	Measure
1. CPOE	Use CPOE for <b>more than 60%</b> of medication, <b>30%</b> of laboratory, and <b>30%</b> of radiology
2. Demographics	Record demographics for <b>more than 80%</b>
3. Vital Signs	Record vital signs for <b>more than 80%</b>
4. Smoking Status	Record smoking status for <b>more than 80%</b>
5. Interventions	Implement <b>5</b> clinical decision support interventions + drug/drug and drug/allergy
6. Labs	Incorporate lab results for more than 55%
7. Patient List	Generate patient list by specific condition
8. eMAR	eMAR is implemented and used for <b>more than 10%</b> of medication orders



**Stage 2 Core: EHs must meet **all** 16 objectives:**

Core Objective	Measure
9. Patient Access	Provide online access to health information for <b>more than 50%</b> with <b>more than 5%</b> actually accessing
10. Education Resources	Use EHR to identify and provide education resources <b>more than 10%</b>
11. Rx Reconciliation	Medication reconciliation at <b>more than 50%</b> of transitions of care
12. Summary of Care	Provide summary of care document for <b>more than 50%</b> of transitions of care and referrals with <b>10% sent electronically</b> and <b>at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR</b>
13. Immunizations	Successful ongoing transmission of immunization data
14. Labs	Successful ongoing submission of reportable laboratory results
15. Syndromic Surveillance	Successful ongoing submission of electronic syndromic surveillance data
16. Security Analysis	Conduct or review security analysis and incorporate in risk management process

## Stage 2 Menu: EHs must select 3 of 6 objectives:

Menu Objective	Measure
1. Progress Notes	Enter an electronic progress note for <b>more than 30%</b> of unique patients 
2. E-Rx	<b>More than 10%</b> electronic prescribing (eRx) of discharge medication orders 
3. Imaging Results	<b>More than 10%</b> of imaging results are accessible through Certified EHR Technology 
4. Family History	Record family health history for <b>more than 20%</b> 
5. Advanced Directives	Record advanced directives for <b>more than 50%</b> of patients 65 years or older
6. Labs	Provide structured electronic lab results to EPs for <b>more than 20%</b> 

### Clinical Quality Measures in 2014

- For program year 2014, EPs must select and report on 9 of a possible 64 approved CQMs.
- Also for program year 2014, the CQMs selected must cover at least 3 of the 6 available National Quality Strategy (NQS) domains. 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

# Clinical Quality Measures in 2014

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- There are also a recommended core set of CQMs for eligible professionals that focus on high-priority health conditions and best-practices:
  - 9 CQMs for Adult Populations
  - 9 CQMs for Pediatric Populations
- As you complete the MAPIR application, you will have the opportunity to choose one of these recommended sets without having to individually choose 9 CQMs

## Closer Look at Stage 2

### What if None of the Menu Objectives are Relevant?

- It's not common, but it's possible that none of the menu objectives are applicable to your scope of practice. If so, and if you qualify for the exclusions for each of the menu objectives, then you can select 3 menu objectives and claim the exclusion for each.
- However, if you do not qualify for all of the exclusions to the menu objectives, you must go back and select menu objectives on which you can report.

## Closer Look at Stage 2

**What if our EHR System is only certified for measures that some providers can't complete?**

## Closer Look at Stage 2

**How should an EP or EH attest if the certified EHR vendor being used is switched to another certified EHR vendor in the middle of the program year?**

- If an EP or EH switches from one certified EHR vendor to another during the program year, the data collected for the selected menu objectives and quality measures should be combined from both of the EHR systems for attestation.
- The count of unique patients does not need to be reconciled when combining from the two EHR systems.
- If the menu objectives and/or clinical quality measures used are also being changed when switching vendors, the menu objectives and/or quality measures collected from the EHR system that was used for the majority of the program year should be reported.

## Auditing

**Once we have received the incentive money, what is an expected time frame in which we might be audited?**

- Currently we are auditing Meaningful Use applications from program year 2012.
- The timing will depend on completing the current set of auditing applications.
- Since the audit may be a year later, we strongly recommend that you save all documentation you have used for your application so that the numbers match what was entered into the application.

## Auditing

What documentation is required when being audited?

- For Stage 1, a chart has been created showing what documentation is required for each measure:  
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/medicalassistancehealthinformationtechnologyinitiative/maprovincincentiverepos/index.htm>
- For Stage 2, we have created a chart which is in the process of being approved by CMS.

## Lessons Learned

How do you handle new providers?



- Discuss EHR Incentive as part of the hiring process
- Find out where the provider is in this process
- Contact previous employers if necessary
- Check with MAPIR or CMS dashboards for information on previous years
- If seeking MU information from previous employers, ask for screen shots and reports

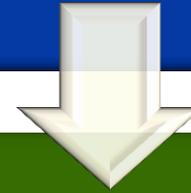
## Lessons Learned

What do I need to know about upgrading EHR Systems?

- 
- Need to know that the Certified EHR number will change and will need to be included in new applications
  - Will need to provide a new vendor letter with the new Certified EHR number
  - There may need to be extensive training on many of the MU measures within the EHR. It may require a very aggressive plan to stay on track to meet 2014 requirements

## Lessons Learned

What do I need to know about upgrading EHR Systems?  
(cont.)



- With the upgrade to 2014 certification, there may need to be changes in workflows to continue to meet MU
- There will need to be new functionality in place to meet several new measures – be sure to allow time to successfully establish the functionality
- Communicate with your vendor so you understand exactly what their upgrades include

## **EHR Challenges/Barriers**

- **Not enough resources or time**
- **Providers**
  - **Lack of interest/understanding**
  - **Speed of usage/decreased productivity**
  - **Specialists**
- **It's a physician level program run at the system level**
- **Monitoring & tracking provider results**
- **Handling new providers**
- **Operational and Privacy concerns**
- **Onboarding to health registries**
- **Obtaining data for the 80% general requirement question**

## **EHR Challenges/Barriers**

- **Quality issue measures**
- **Payer issues**
- **Cumbersome to document MU measures (i.e. smoking must be documented in 4 different places)**
- **Physician/Employee turnover**
- **Vendors**
  - **Perception of MU measures**
  - **Should be held accountable**
- **DIRECT – no directory**
- **System updates and impacting reports**
- **Cost vs. Benefits**
- **Providers in different reporting periods**

## EHR Challenges/Barriers

- **It is more challenging for smaller practices with no IT Department to provide all the documentation needed**
  - **PA Reach is a good resource for this**
- **CMS Specification Sheets – the interpretation of the spec sheets between the EHR staff and legal staff is not always consistent**
- **If using two versions of a system (or two different systems), how is ONC Certification # obtained**

## Auditing Challenges/Questions

- **How many providers are audited?**
- **Will incentive money be recouped?**
- **Will screen shots be required?**
- **Are WebEx or on-site audits an option?**
- **How much time is given to produce documents for an audit?**
- **Some validations are pop-ups and can't be re-created, what do we use?**
- **What if the vendor has restrictions as to what can be provided to MA?**

## **Tips for Stage 2 and Beyond**

- **Work closely with your vendor to understand their new 2014 certification and how that will impact you.**
- **Save ALL the reports you are using to complete the Meaningful Use measures and patient volume.**
- **Upload reports into the MAPIR application.**
- **If information needs updated, be sure to update it at the CMS R&A first, then wait 24-48 hours for updated information to be sent to the MA incentive program.**
- **Training is key and needs to be done on a regular basis.**

## Tips for Stage 2 and Beyond

- Look at the specification sheets for the new MU measures before starting the application.
- Since you only need to report on 90 days of MU for program year 2014, you have some time to make sure the 2014 certification has been implemented and is being used appropriately.
- Contact the MA EHR Incentive program if you have questions: [ra-mahealthit@pa.gov](mailto:ra-mahealthit@pa.gov).

# HELPFUL HINTS

- It is easiest to generate and save MU Reports at the time of attestation.
- Submit your Eligibility and MU Reports to the program at the time of the application.
- By meeting the Meaningful Use requirements through the Medicaid EHR Incentive Program you will avoid the Medicare payment adjustments.
- Privacy and Security Assessment – make sure your risk assessment is kept up to date.

### HELPFUL HINTS

- Check with your vendor on the status of their 2014 certification.
- Provide the program with a list of all NPIs/EPs associated with certified EHR technology that you are attesting to.
- Workflow needs to include all team members, not just clinical

## Meaningful Use Resources



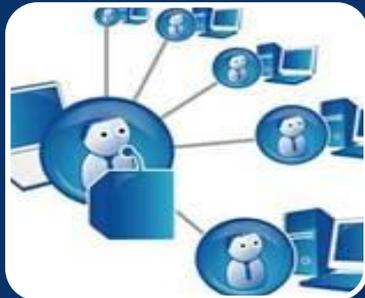
### CMS MU resources

[www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms)

Measure specification sheets

MU Calculator

Frequently Asked Questions



[Website](#)  
pamahealthit.org

[Listserv](#)  
Weekly updates via email

[Webinars](#)  
TBD

[Support Center](#)  
RA  
mahealthit@pa.gov

