



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

Office of Medical Assistance Programs Electronic Health Record (EHR) Incentive Program

Meaningful Use Year 2
November 7, 2011



- Program Summary
 - Applications and Payments
 - Provider Inquiries
 - Application Process
- Lessons Learned
- What's New With MAPIR
 - Grace Period
 - Timeline
 - Meaningful Use
- Take-Aways
- Resources
- Upcoming Webinars
- Questions

Program Summary – Applications and Payments

(activity as of November 1, 2011)



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

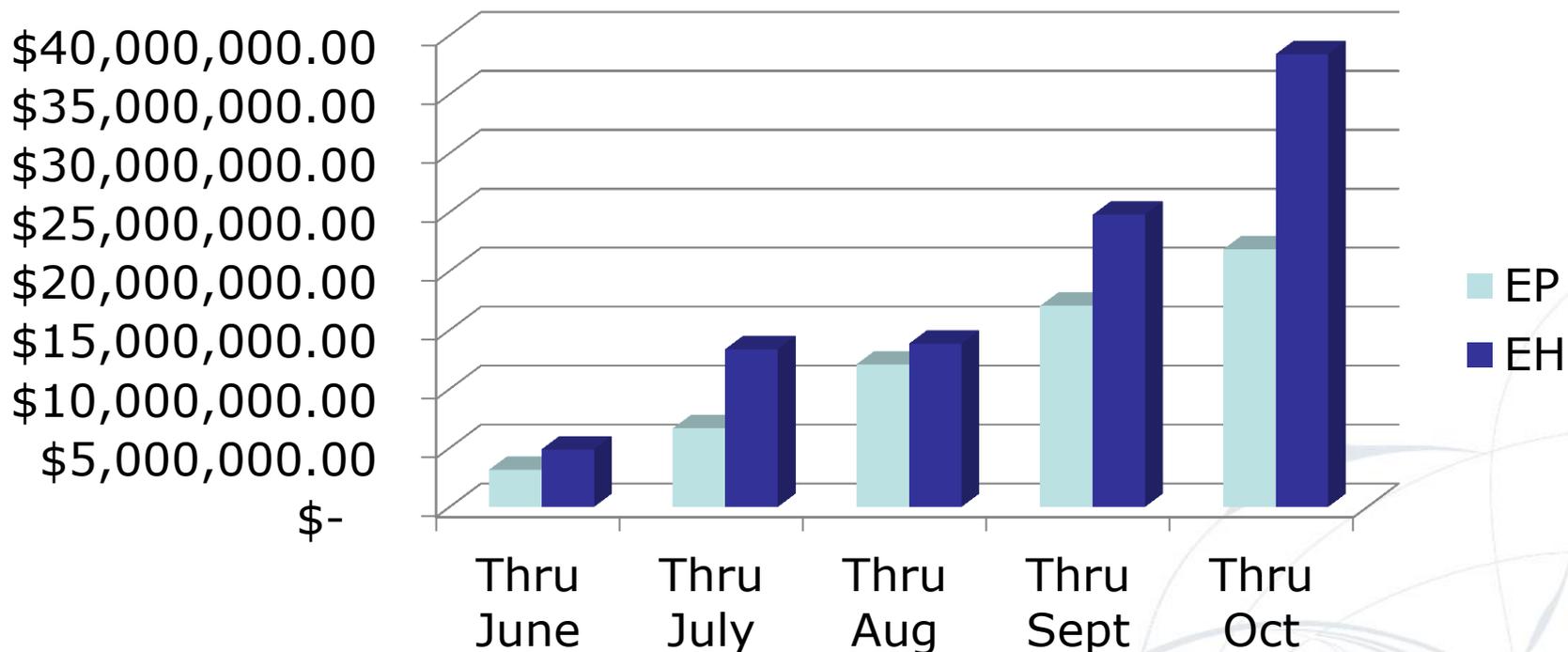
- **1,977** Eligible Professionals and Eligible Hospitals applied at the CMS R&A website for Pennsylvania's EHR program
- Of these, **1,482** have at least started or completed their applications in Pennsylvania's MAPIR system
- Over **\$60 million** in payments have been paid or are in the process of being paid to Eligible Professionals and Eligible Hospitals

Program Summary – Applications and Payments



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

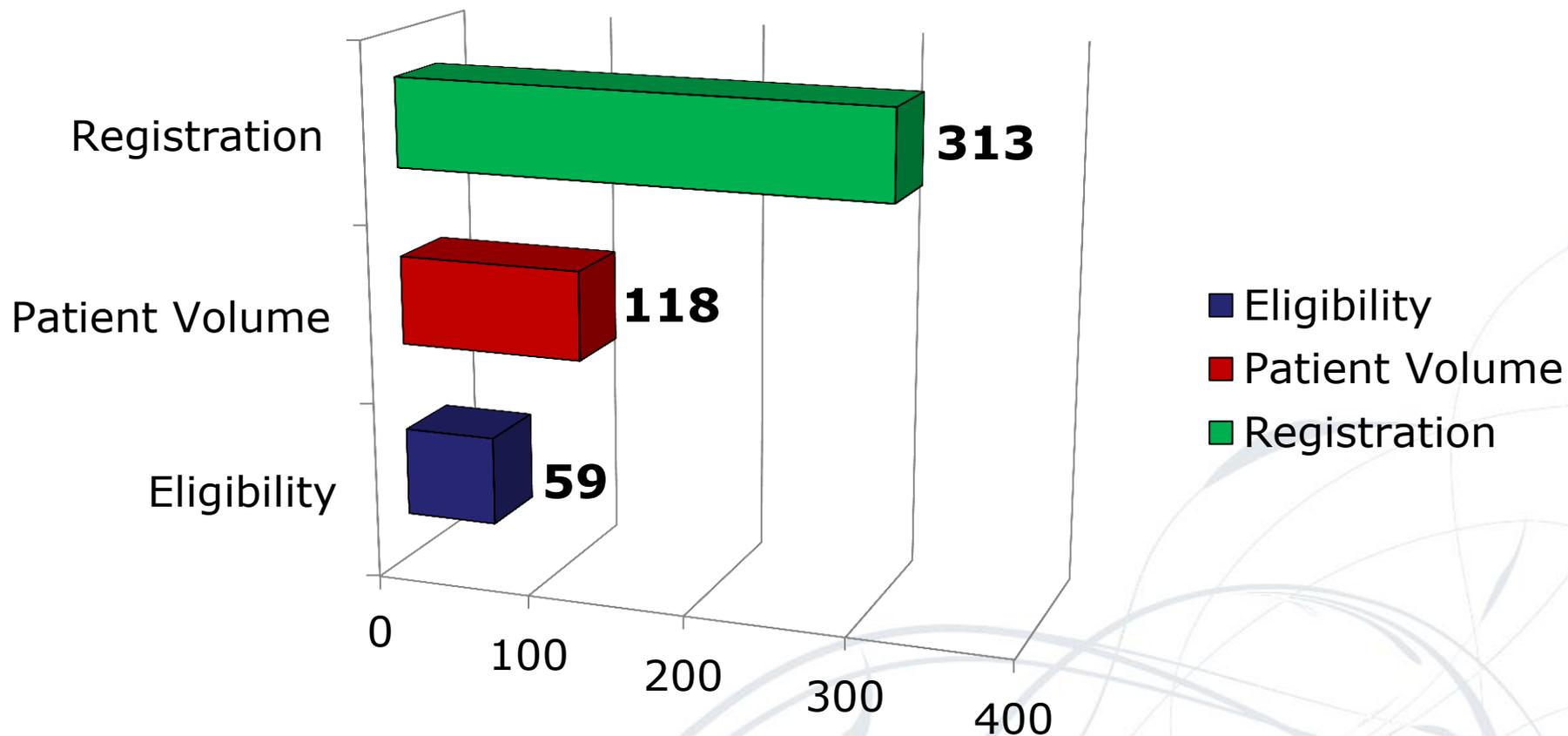
Payments – October 31, 2011



EP payment total:	\$21,859,194.00
EH payment total:	\$38,412,995.51
Grand total:	\$60,272,189.51



Provider Inquiry Summary – Oct. 24, 2011





Application Process

YEAR 1



Registration
CMS R&A



Information
sent to
MAPIR to
begin
application



Provider
completes
MAPIR
application



Application
reviewed
and
processed
for
payment



Payment
received in
3 - 4
weeks

YEAR 2



Registration
begins with
the MAPIR
application



Hospital
completes
MAPIR
application



Application
reviewed
and
processed
for payment



Payment
received in
3 - 4 weeks



PROMISE login – Make sure person applying has individual PROMISE account

Alternate – if someone else is applying for the EP, that person needs to be registered as an alternate.

The NPI number used to assign the EHR Incentive Payment needs to be linked to the EPs PROMISE account



Anita Somplasky, RN
PA REACH Executive Director



▮ Providers have needed assistance from PA REACH with:

- Understanding registration process
- Understanding who EPs are
- Understanding which services count



Common Pitfalls for Meaningful Use

- Workflow has not been adapted to capture information for numerators
- Providers think that EHR=MU
- Reliance on vendor to do the work
- Not recognizing that the numerator is a reflection of care being provided



▼ Meaningful Use Misconceptions

- Use of a non-certified report writer to generate reports
- Not reporting measures appropriate for specialty
- In the event that none of the 44 **clinical quality measures** applies to an EP's patient population, the EP is still required to report a zero for the denominators for all six of the core and alternate core **clinical quality measures**



▮ Defining an Encounter

Frequent questions include:

- Do nurse visits for injections count?
- Do phone calls count?



- To be a meaningful EHR user, an EP must have 50 percent or more of their patient encounters during the EHR reporting period at a practice/location or practices/locations equipped with certified EHR technology



Exchanging & Reporting Information

- What happens if the vendor cannot report to SIIS, and the Surveillance System is not available?
- If there are no entities with which to conduct one test of either the syndromic surveillance data or the immunizations, you can exempt from both but you will still need to choose:
 - 1 public health measures
 - Report an exemption
 - 4 other menu measures



What information is required for the Summary of Care record?

- The revised minimal requirements for the Clinical Visit Summary include:
 - Problem list
 - Diagnostic test results
 - Medication list
 - Medication allergy list



- ▣ **More than 50% of all unique patients seen by the EP have demographics recorded as structured data**
 - Workflow to ensure that this information is captured in the EHR vs. PM system is required



- PA REACH may not have all of the answers, but we have the relationships with CMS and DPW to get providers the information that they need!

What's New? - Grace Period



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

**EHs Currently in Grace Period - EP
Grace Period begins Jan. 1, 2012**

**Choice of Program Year will
determine dates for calculating cost
& volume data**

**Questions in MAPIR indicate how
you will participate**



Additional MAPIR Questions

Eligibility Questions (Part 1 of 2)

Please confirm that you are choosing the Medicaid incentive program. **Yes**

Do you have any sanctions or pending sanctions with Medicare or Medicaid in Pennsylvania? **No**

Is your facility licensed to operate in all states in which services are rendered? **Yes**

Are you applying for a Program Year 1 Incentive Payment? (see previous screen for details on what dates to use for calculations)? **Yes**

Are you applying for a Program Year 2 Incentive Payment? (see previous screen for details on what dates to use for calculations)? **No**

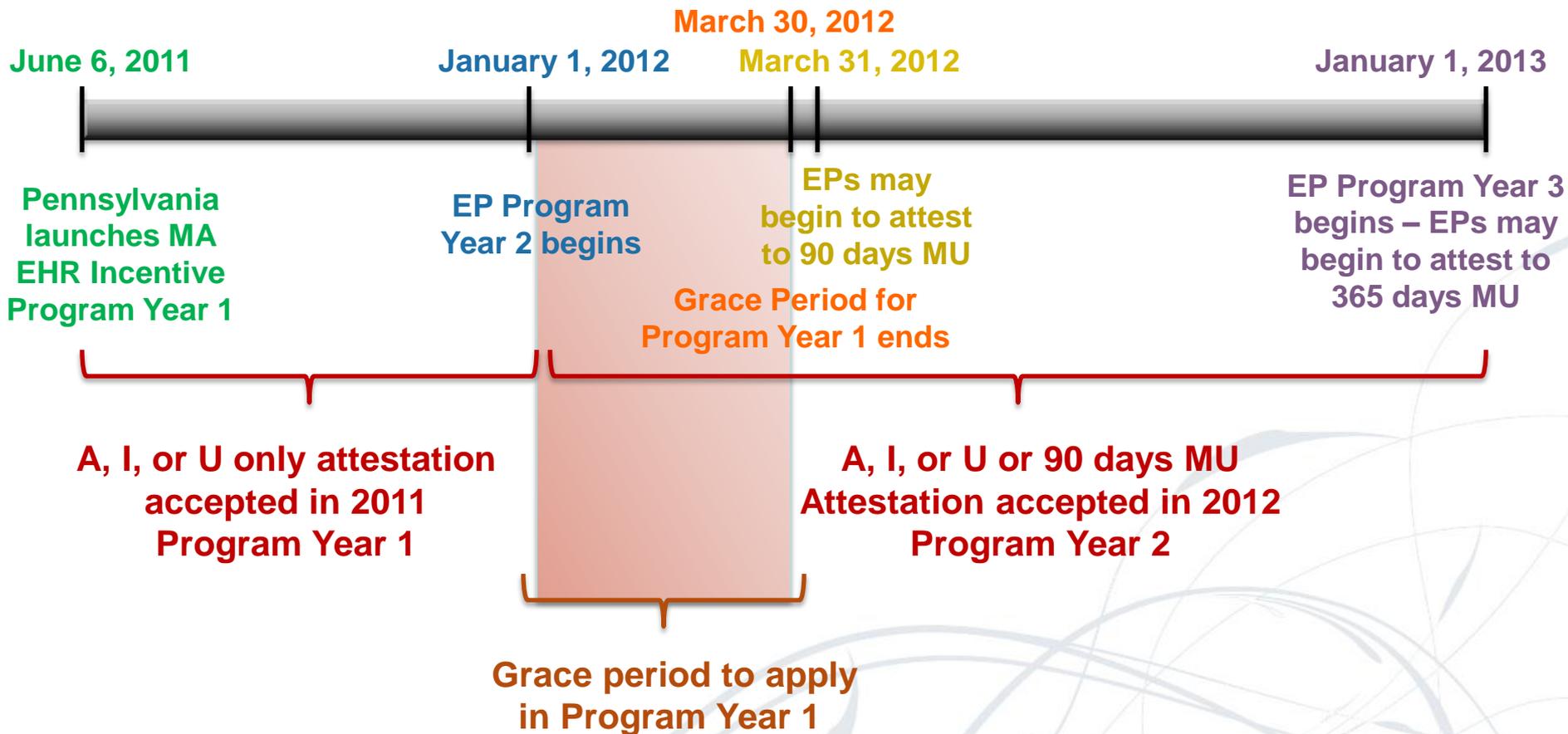
Have you or will you apply for the CMS Medicare EHR Incentive Program? **Yes**

What's New? - Timeline



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

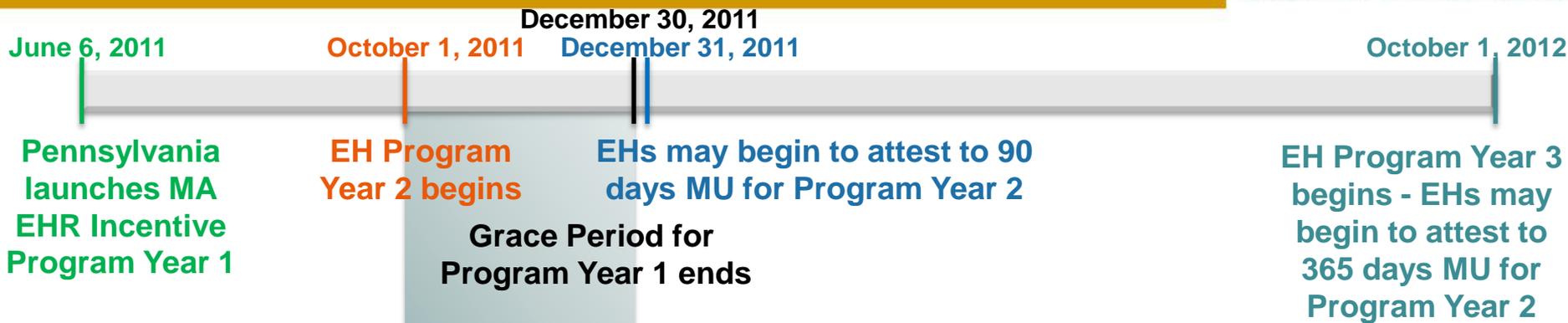
ELIGIBLE PROFESSIONAL PROGRAM YEAR 2 TIMELINE



What's New? - Timeline



pennsylvania
DEPARTMENT OF PUBLIC WELFARE



A, I, U (Medicaid) or deemed eligible (Medicare) for 90 days MU attestation accepted in Program Year 1 – In the MAPIR application use 7/1/10 – 6/30/11 for your 90 day volume calculation and use 7/1/09 - 6/30/10 for your cost data numbers (if your facility fiscal year runs from 7/1 – 6/30)

Grace period to apply in Program Year 1 - during the grace period use the same dates in the MAPIR application as Payment Year 1

A, I, U (Medicaid) or deemed eligible (Medicare) for 90 days MU attestation accepted in Program Year 2 – In the MAPIR application (through 6/30/12) use 7/1/10 – 6/30/11 for your 90 day volume Calculation and use 7/1/10 – 6/30/11 for your cost data numbers (if your facility fiscal year runs from 7/1 – 6/30)



HELPFUL HINTS

- If you already attested through the CMS Medicare Program for 90 days Meaningful Use (MU) in Program Year 1, you will need to complete 365 days MU for both Medicare and Medicaid in Program Year 2 (we will begin to accept applications for this option on October 1, 2012).
- If you are applying for the Program Year 1 Incentive during the grace period, in the MAPIR application respond 'Yes' to the question that asks if you are applying for Program Year 1.
- If you completed an application in Program Year 1 for AIU before Oct. 1, 2011 or during the grace period, you will be able to attest to 90 days MU attestation for Program Year 2.

DEFINITIONS

- **PROGRAM YEAR** – Program Year is based on the overall EHR Incentive Program and when it began. Pennsylvania's program started on 6/6/11 which would be the first Program Year. Starting 10/1/11 Program Year 2 will begin and will continue to change with the Federal Fiscal Year.
- **PAYMENT YEAR** – Payment Year is based on the Federal Fiscal Year (Program Year) in which you receive your payment. For example, if you receive your 1st payment in August 2011, then your first payment year is the Federal Fiscal Year 2011. If you receive a payment in October 2012, then your second payment year is in the Federal Fiscal Year 2013 and it would be in Program Year 3.
- **SKIPPING YEARS** – In the Medicaid EHR Incentive Program, you are not required to apply for the incentive payment during each consecutive Program Year. You have the option to skip Program Years.



- **Meaningful Use Criteria for Eligible Professionals (EPs)**



- **EPs must pass or have an exclusion for 15 Core Measures**

- Ex. Computerized provider order entry (CPOE)

- **EPs must pass 5 of 10 Menu Measures**

- Ex. Incorporate clinical lab-test results as structured data

- **EPs must pass 6 Clinical Quality Measures**

– 3 core or alternate core and 3 of 38 from additional set

- Ex. Hypertension: Blood Pressure Measurement
- Ex. Diabetes: Eye Exam



- **Meaningful Use Criteria for Eligible Hospitals (EHs)**

- **EHs must pass or have an exclusion for 14 Core Measures**

- Ex. Computerized provider order entry (CPOE)

- **EHs must pass 5 of 10 Menu Measures** (1 of the Public Health measures must be entered)

- Ex. Incorporate clinical lab-test results as structured data

- **EHs must pass 15 Clinical Quality Measures**

- Ex. Emergency Department Throughput –admitted patients Median time from ED arrival to ED departure for admitted patients



What's New? – Meaningful Use



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Visit: <http://www.cms.gov/apps/ehr/meaningful-use-calculator.aspx>



EHR Incentive Programs
A program of the Centers for Medicare & Medicaid Services

The Meaningful Use Attestation Calculator

Meeting the Requirements for Meaningful Use

This online tool allows providers to test whether or not they would successfully demonstrate meaningful use for the EHR Incentive Programs. Visit the Medicare and Medicaid EHR Incentive Program website for more detailed information about the program, including who is eligible to participate.

Get Started!

Select Your Provider Type:

Eligible
Hospitals
and Critical Access Hospitals >

Eligible
Professionals >

CMS MU Calculator

Meaningful Use Screens



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAPIR

[Print](#) [Contact Us](#) [Exit](#)

Wednesday 7/6/2012 4:14:53 PM EST

NPI 1234567890 TIN 123456789

CCN N/A

[?](#) [?](#) [?](#) [?](#)

*Application (Select to Continue)	Status	Payment Year	Program Year	Payment Amount	Available Actions
<input type="radio"/>	Completed	1	2011	\$ 21,250.00	Select the "Continue" button to view this application.
<input type="radio"/>	Not Started	2	2012	Unknown	Select the "Continue" button to begin this application.
<input type="radio"/>	<i>Future</i>	<i>3</i>	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input type="radio"/>	<i>Future</i>	<i>4</i>	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input type="radio"/>	<i>Future</i>	<i>5</i>	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>
<input type="radio"/>	<i>Future</i>	<i>6</i>	<i>Future</i>	<i>Unknown</i>	<i>None at this time</i>

[Continue](#)

Meaningful Use Screens



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Name	Medicaid Memorial Hospital	NPI	1234567890
CCN	654321	Hospital TIN	123456789
Payment Year	2	Program Year	2012

Get Started | NLR & Contact Info | Eligibility | Patient Volumes | **Attestation** | Review | Submit

Attestation Meaningful Use Measures

Please answer the following question to determine your eligibility for the EHR Medicaid Incentive Payment Program.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

* Do at least 80% of unique patients have their data in the certified EHR during the EHR reporting period? Yes No

< Up to three additional configurable Yes or No Meaningful Use questions will appear in this area if defined in the MAPIR database by the hosting state.>

Previous

Reset

Save & Continue

Meaningful Use Screens



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Name	Medicaid Memorial Hospital	NPI	1234567890
CCN	654321	Hospital TIN	123456789

Get Started NLR & Contact Info Eligibility Patient Volumes **Attestation** Review Submit

Attestation Meaningful Use Measures

Core Measure 2 of 14

Click [here](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Implement drug-drug and drug-allergy interaction checks

Measure: The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.

Complete the following information:

*Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes No

Previous

Reset

Save & Continue



MA Patient Volume Calculation vs. Meaningful Use Calculation

- **MA Patient Volume Calculation**

- This is calculated by determining MA patient encounters divided by total patient encounters for a continuous 90 day period from the **previous** calendar year.

- **Meaningful Use Calculation**

- This is data that is calculated from a continuous 90 day period from the **current** calendar year.



Group vs. Individual Calculations for Meaningful Use

- **Group Calculations**

- When determining **MA Patient Volume**, EPs have the option to use Group encounters for reporting volumes

- **Individual Calculations**

- When determining **MA Patient Volume**, EPs have the option to use Individual encounters for reporting volumes
- When determining **MU Measures**, EPs **must** report individual volumes (not group)



Clinical Quality Measures

- **The Clinical Quality Measures need to be reported from your Certified EHR System**



CMS EHR Meaningful Use Overview

http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage

EHR Incentive Programs

- » [Overview](#)
- » [Path to Payment](#)
- » [Eligibility](#)
- » [Registration](#)
- » [Certified EHR Technology](#)
- » **CMS EHR Meaningful Use Overview**
- » [Attestation](#)
- » [Medicare and Medicaid EHR Incentive Program Basics](#)
- » [Medicaid State Information](#)
- » [Medicare Advantage](#)
- » [Spotlight and Upcoming Events](#)
- » [Educational Materials](#)
- » [Data and Reports](#)
- » [EHR Incentive Program Regulations and Notices](#)
- » [CMS EHR Incentive Programs Listserv](#)
- » [Frequently Asked Questions \(FAQs\)](#)

CMS EHR Meaningful Use Overview

The Medicare and Medicaid EHR Incentive Programs provide a financial incentive for the "meaningful use" of certified EHR technology to achieve health and efficiency goals. By putting into action and meaningfully using an EHR system, providers will reap benefits beyond financial incentives—such as reduction in errors, availability of records and data, reminders and alerts, clinical decision support, and e-prescribing/refill automation. Here, you will find resources with more information as well as a CMS EHR Meaningful Use Criteria Summary.

Click on the links below to learn more:

- What is "[Meaningful Use](#)":
- What are the [Criteria for Meaningful Use](#):
- [How do I Meet Meaningful Use Requirements](#):
- What are the requirements for [Stage 1 of Meaningful Use \(2011 and 2012\)](#):
- What are "[Clinical Quality Measures](#)":
- What can I Learn from [Meaningful Use Objectives Specification Sheets](#):
- [Downloads, related links](#):

What is "Meaningful Use"?

The American Recovery and Reinvestment Act of 2009 specifies three main components of Meaningful Use:

1. The use of a certified EHR in a meaningful manner, such as e-prescribing.
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
3. The use of certified EHR technology to submit clinical quality and other measures.

Simply put, "meaningful use" means providers need to show they're using certified EHR technology in ways that can be measured significantly in quality and in quantity.

[Back to TOP](#)



Meaningful Use Specification Sheets

EP - <http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>

EH - http://www.cms.gov/EHRIncentivePrograms/Downloads/Hosp_CA_Hosp_MU-TOC.pdf



Eligible Professional Meaningful Use Table of Contents Core and Menu Set Objectives

Eligible Professional Core Objectives

(1) Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	AVAILABLE
(2) Implement drug-drug and drug-allergy interaction checks.	AVAILABLE
(3) Maintain an up-to-date problem list of current and active diagnoses.	AVAILABLE
(4) Generate and transmit permissible prescriptions electronically (eRx).	AVAILABLE
(5) Maintain a current list of all patients with active problems.	AVAILABLE



CMS FAQs

<https://www.cms.gov/EHRIncentivePrograms/Downloads/FAQsRemediatedandRevised.pdf>



Electronic Health Record (EHR) Incentive Program FAQs

Table of Contents

Section	Topic of FAQ
I.	Questions about Getting Started <ul style="list-style-type: none">• EHR Incentive Programs 101• Payment Questions• Other Getting Started Questions
II.	Questions about Eligibility for the Programs <ul style="list-style-type: none">• Eligibility Questions for Hospitals• Eligibility Questions for Providers: Who Can Participate• Other Eligibility Questions for Providers



Electronic Health Record Provider Panel – December 2011

Additional sessions in 2012 with emphasis on MAPIR changes and detailed MU discussion



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Questions?

www.pamahealthit.org

Ra-mahealthit@pa.gov