

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

## **Stage 2 Final Rule Update**

**September 6, 2012**

## Agenda

- Introduction
- Timeframes
- Medicaid Eligibility Updates
- Stage 1 MU Optional Updates
- Stage 2 MU Updates
  - Updates starting 2014
  - Updates still being reviewed
- What to Expect
- Resources

## Speakers

**Medical  
Assistance HIT  
Incentive  
Program**

**Matt McGeorge**, OMAP HIT Coordinator

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**Centers for  
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(CMS)**

**Tom Novak**, HITECH Coordinator for CMS Regions 1,2 & 3

**PA Reach  
East & West**

**Jess Schmitt**, Staff and Operations Director



## *Centers for Medicare and Medicaid Services Overview*

# Thomas Novak

HITECH Coordinator for CMS Regions 1,2 & 3



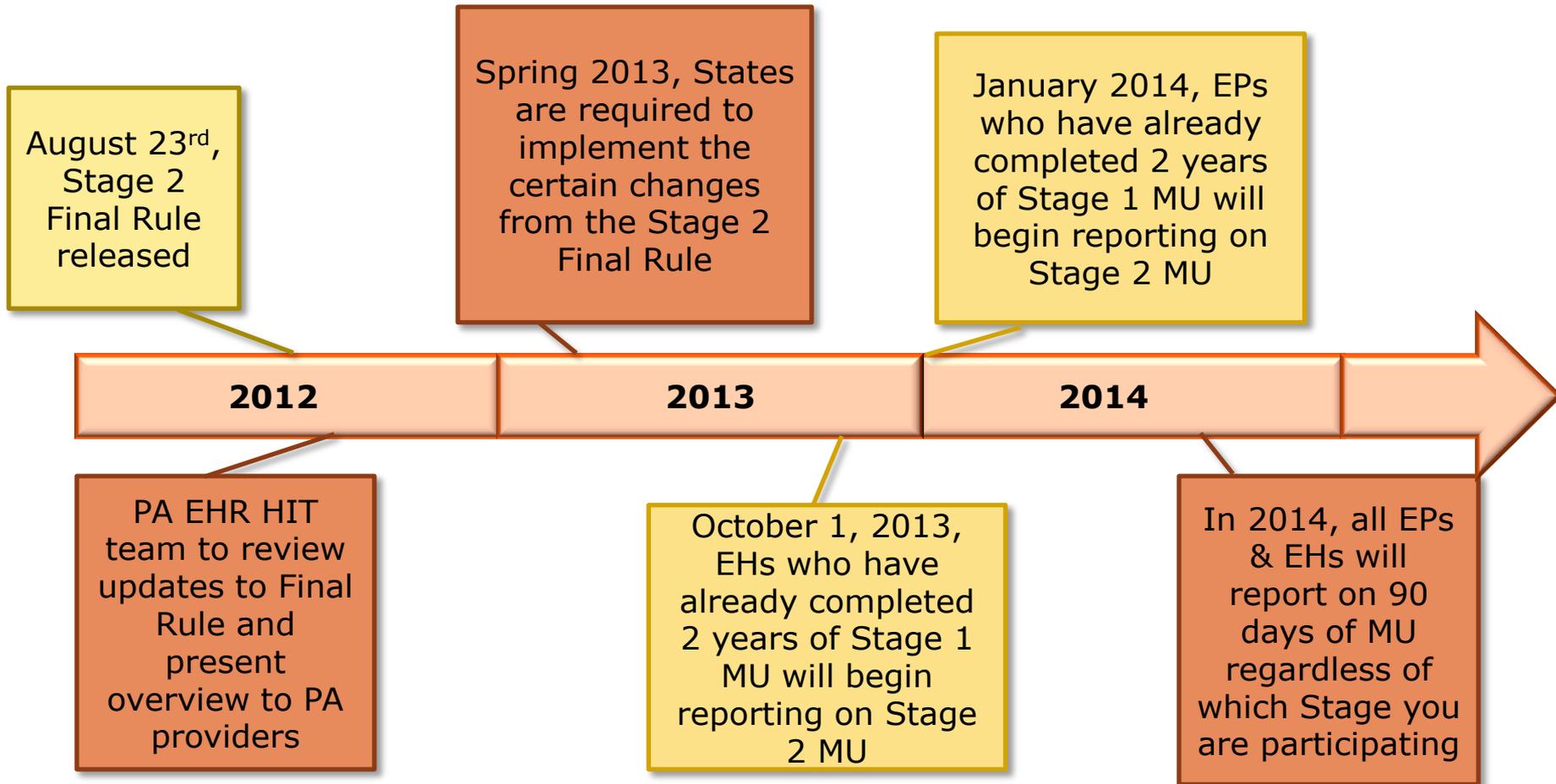
## *PA Reach East & West Overview*

# Jess Schmitt

Staff and Operations Director



## Stage 2 Implementation Timeline



## **IMPORTANT**

**Even though the Stage 2  
Final Rule has been  
released, a number  
changes identified are not  
yet effective.**

## Stage 1 vs. Stage 2

**We are currently in Stage 1 of MU for the EHR Incentive Program. Stage 2 MU goes into effect in 2014**

**If you have participated in the EHR Incentive Program in 2011 or 2012, it does not mean you will report on Stage 2 MU criteria for your next participation year**

**Once you have completed 2 years of Stage 1 MU, you will then move to Stage 2 MU. If you have only completed 1 year of Stage 1 MU by 2014, you will report on Stage 1 MU again in 2014**

## 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	3 \$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
2017							AIU \$21,250	1 \$8,500	1 \$8,500	2 \$8,500	2 \$8,500

# Stage 2 EP Implementation Timeline Examples

Example 1: Provider participates in 2012, but skips 2013

1 <sup>st</sup> Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2012		AIU	1	1	2	2	3	TBD	TBD	TBD	TBD
		\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500				
2012		AIU	SKIP	1	1	2	2	3	TBD	TBD	TBD
		\$21,250	\$0	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500			

Example 2: Provider chooses 90 days MU for 1<sup>st</sup> participation year instead of AIU

1 <sup>st</sup> Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2012		AIU	1	1	2	2	3	TBD	TBD	TBD	TBD
		\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500				
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
		\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$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
- **NOTE:** To avoid Payment Adjustments: EPs **MUST** continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years

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

## Key Points That Did NOT Change

- **Half of Outpatient Encounters** – at least 50% of EP outpatient encounters must occur at locations equipped with certified EHR technology.
- **Denominators based on outpatient locations equipped with CEHRT** and include all such encounters or only those for patients whose records are in CEHRT depending on the measure.
- **CHIP Encounters** – In Pennsylvania, we can still NOT Accept CHIP encounters unless it's from an EP that practices predominately in a FQHC or RHC

## EHR Incentive Program Eligibility

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1. Program *Eligibility* is determined by the HITECH Act
  2. There have been **no** changes to the HITECH Act
  3. Therefore, the definitions of Eligible Professionals (EPs) and Eligible Hospitals (EHs) remain the same.

## EHR Encounter Definition Update

### Current Encounter Definition

- Services rendered on any one day to an individual where Medical Assistance paid for part or all of the service or their premiums, co-payments and/or cost-sharing.

### New Encounter Definition\*

- Services rendered on any one day to an individual enrolled in a Medical Assistance program. Zero-paid encounters can now be included in the patient volume calculations.

## EHR MA Patient Volume Calculations

### Current Patient Volume Calculations

- Currently, the 90 day patient volume calculations are collected from the previous calendar year for EPs and the previous federal fiscal year for EHs

### New Patient Volume Calculations\*

- In 2013, CMS is allowing states to continue to use the same reporting period as before or there is now the option to use a 90 day period in the last 12 months preceding provider's attestation.

## Optional Changes to Stage 1 Measure: CPOE

### Current Stage 1 Measure



### New Stage 1 Option



\* This optional CPOE denominator is available in 2013 and beyond for Stage 1

## Optional Changes to Stage 1 Measure: Vital Signs

### Current Stage 1 Measure

**Age Limits =**

Age 2 for Blood Pressure & Height/Weight

**Exclusion =**

All three elements not relevant to scope of practice

### New Stage 1 Option

**Age Limits =**

Age 3 for Blood Pressure, NO age limit for Height/Weight

**Exclusion =**

Blood pressure to be separated from height/weight

\* The vital signs changes are optional in 2013, but required starting in 2014

## Changes to Stage 1 Measure: Testing of HIE

### Current Stage 1 Measure

One test of electronic transmission of key clinical information



### Stage 1 Measure Removed

Requirement removed effective 2013

\* The removal of this measure is effective starting in 2013

## Changes to Stage 1 Measures: E-Copy & Online Access

### Current Stage 1 Objective

**Objective =**

Provide patients with e-copy of health information upon request.

Provide electronic access to health information



### New Stage 1 Objective

**Objective =**

Provide patients the ability to view online, download and transmit their health information

- The measure of the new objective is 50% of patients have accessed their information; There is no requirement that 5% of patients do access their information in Stage 1
- **The change in objective takes effect in 2014 to coincide with the 2014 certification and standards criteria.**

# Changes to Stage 1: Public Health Objectives

**Immunizations**

**Reportable Labs**

**Syndromic Surveillance**



**Addition of  
“except where  
prohibited” to  
all three  
objectives**

This addition is for clarity purposes and does not change the Stage 1 measure for these objectives.

## How do CQMs relate to the Incentive Program?

- Although reporting CQMs is **no longer a core objective of the EHR Incentive Programs**, all providers are required to report on CQMs in order to demonstrate meaningful use.
- In 2014 and beyond, reporting programs (i.e., PQRS, eRx reporting) will be **streamlined** in order to reduce provider burden.

## 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.

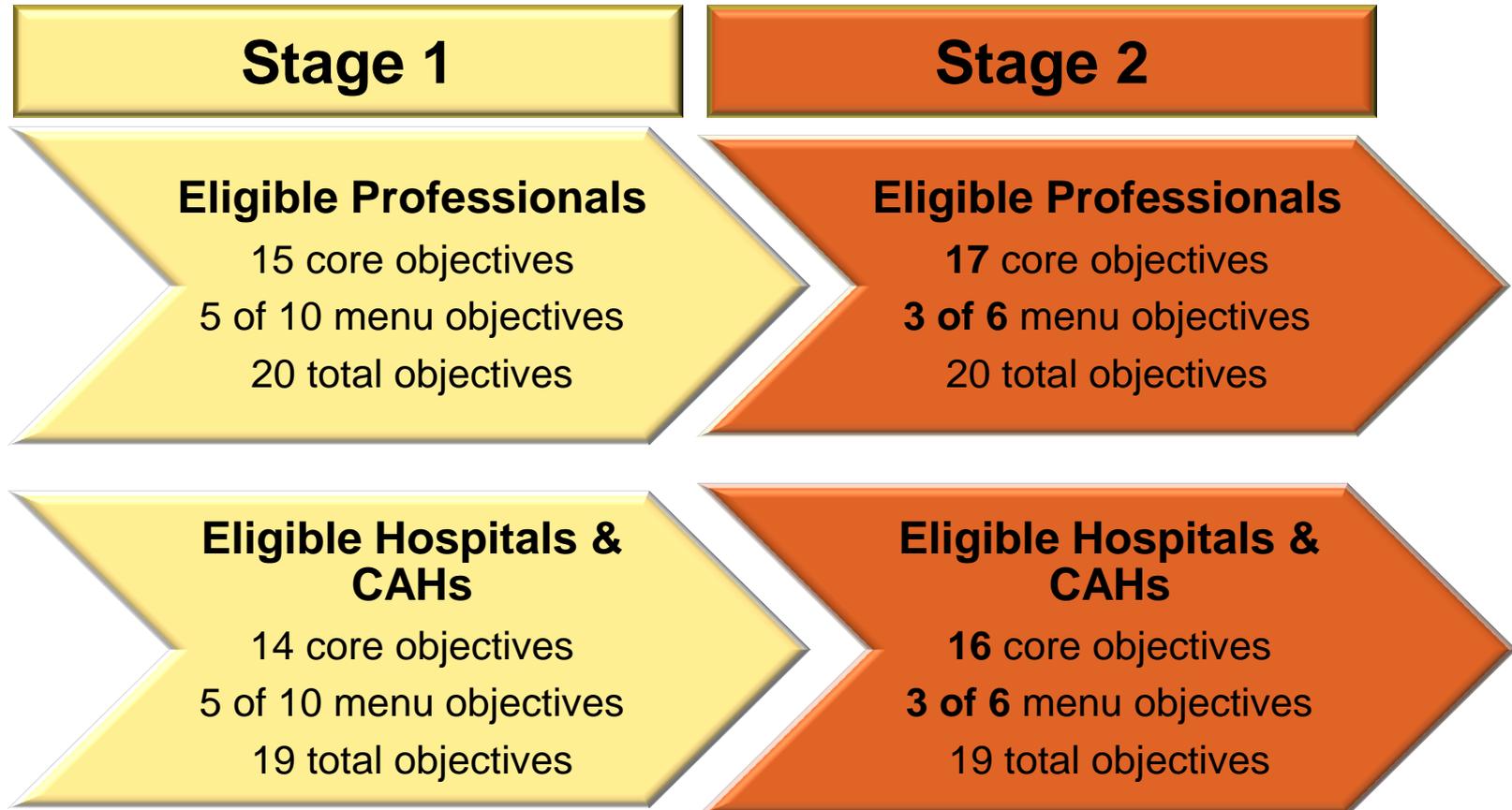
## Upcoming 2014 Changes

- **EHRs Meeting ONC 2014 Standards** – starting in 2014 all EHR Incentive Program participants will have to adopt certified EHR technology that meets **ONC's** Standards & Certification Criteria 2014 Final Rule
- **Reporting Period Reduced to Three Months** – to **allow providers time to adopt** 2014 certified EHR technology and prepare for Stage 2, **all participants** will have a three-month reporting period in 2014 **only**.

## Upcoming EH 2014 Changes

- Hospitals that begin participating in **FFY 2013 or later** use discharge data from most recent continuous 12- month period for which data are available prior to payment year
- Hospitals that begin participating **before FFY 2013** use discharge data from hospital fiscal year that ends during FFY prior to hospital fiscal year that serves as the first payment year

## Meaningful Use: Changes from Stage 1 to Stage 2



## Closer Look at Stage 2: Patient Engagement

**Patient Engagement** – engagement is an important focus of Stage 2

### **Requirements for Patient Action:**

- **More than 5%** of patients must send secure messages to their EP
- **More than 5%** of patients must access their health information online

**Exclusions** – CMS is introducing exclusions based on broadband availability in the provider's county.

## Closer Look at Stage 2: Electronic Exchange

Stage 2 focuses on actual use cases of electronic information exchange:

- Stage 2 requires that a provider send a summary of care record for **more than 50%** of transitions of care and referrals.
- The rule also requires that a provider electronically transmit a summary of care for **more than 10%** of transitions of care and referrals.
- **At least one summary of care document** sent electronically to recipient with different EHR vendor or to CMS test EHR.

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

Core Objective	Measure
1. CPOE	Use CPOE for more than <b>60%</b> of medication, 30% 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>20%</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 20%</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>

## Hospital-Based EP Change

If a Hospital-Based EP can demonstrate that they fund the acquisition, implementation, and maintenance of CEHRT, including supporting hardware and interfaces needed for meaningful use without reimbursement from an eligible hospital or CAH – in lieu of using the hospital’s CEHRT – they can be determined non-hospital-based & potentially receive an incentive payment.



**Determination will be made through an application process.**

## **Batch Reporting**

**Stage 2 MU for Medicare allows for  
Batch Reporting**

### ***What does that mean?***

Medicare will allow groups to submit attestation information for all of their individual EPs in one file for upload to the Attestation System, rather than having each EP individually enter data. Pennsylvania is evaluating this reporting method.



# What To Expect

## What are the next steps?

- MA EHR Incentive Program website will be updated with Stage 2 information ([www.pamahealthit.org](http://www.pamahealthit.org))
- Follow-up Webinar in October to discuss changes in more detail
- Tip Sheet will be created to show Medicaid changes
- Webinar in early 2013 to view changes to MAPIR application system

## Stage 2 Resources

# CMS Stage 2 Information

- **Tip Sheets**
- **Stage 1 vs. Stage 2 Comparisons**
- **FAQs**
- **Final Rule**

[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage\\_2.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html)

## Stage 2 Core: Comparison of Stage 1 & Stage 2

### CORE OBJECTIVES (17 total)

Stage 1 Objective	Stage 1 Measure	Stage 2 Objective	Stage 2 Measure
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	More than 30% of unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 60% of medication, 30% of laboratory, and 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period	<i>No longer a separate objective for Stage 2</i>	<i>This measure is incorporated into the Stage 2 Clinical Decision Support measure</i>
Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written by the EP are transmitted	Generate and transmit permissible prescriptions electronically (eRx)	More than 50% of all permissible prescriptions written by the EP are compared to at least one drug formulary and



## Questions & Answers