CMS Final Rule:
Stage 3 Meaningful Use and Modifications to MU for 2015-2017

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Today's presenters:

Thomas Bennett, Client Services Relationship Manager
Al Wroblewski, Client Services Relationship Manager

MeHI MASSACHUSETTS eHEALTH INSTITUTE at the MassTech Collaborative

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Agenda

- Overview of Massachusetts eHealth Institute (MeHI)
- Background: EHR Incentive Payment Programs
- CMS Final Rule – Modifications to MU for 2015-2017
  - Intended Purpose – Why is CMS implementing these changes?
  - Key Changes – How will CMS accomplish its goals?
  - Helpful Hints for the Provider Community – How can you prepare and strategize for 2015 and beyond?
- CMS Final Rule – Stage 3 Meaningful Use
- Questions and Answers

Massachusetts eHealth Institute (MeHI)

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MeHI Vision, Mission and Goals

VISION

Massachusetts is the global eHealth leader. Our connected communities enjoy better health at lower cost and serve as models of innovation and economic development.

MISSION

To engage the healthcare community and catalyze the development, adoption and effective use of health IT

GOALS

Adoption

Interoperable EHRs

Support Health Reform

- Better Health
- Better Care
- Lower Costs

Consumer eHealth Engagement

Grow & Promote Innovation & eHealth Cluster

2020

400+ companies / $15 billion
15,000+ employees

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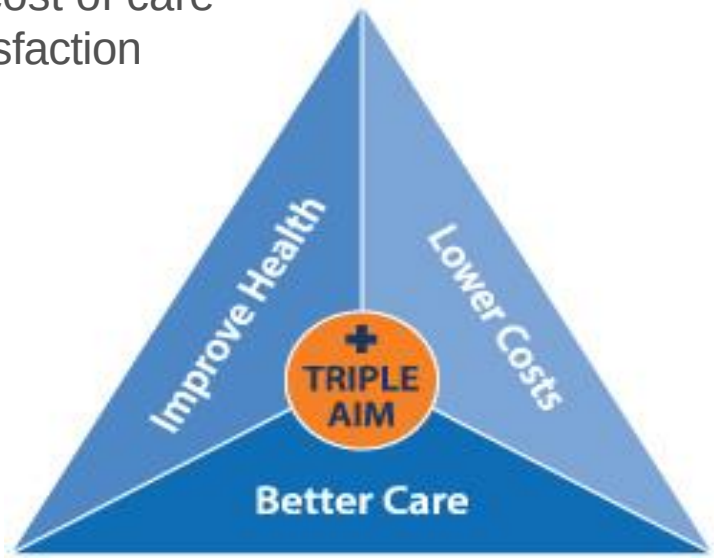
MeHI's Role

Provide a broad range of services to help providers:

- Navigate the increasingly complex Health IT landscape
- Capitalize on the shift toward performance-based reimbursement
- Achieve Meaningful Use of Certified EHR Technology (CEHRT)
- Leverage Health IT to achieve the **Triple Aim *+1***
  - Improving patient care
  - Improving population health
  - Reducing the cost of care
  - + Provider Satisfaction



EHR Incentive Payment Programs

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Medicare vs. Medicaid EHR Incentive Payment Program

Medicare EHR Incentive Payment Program	Medicaid EHR Incentive Payment Program
Managed by CMS	State manages its own program
Last year to initiate participation to receive an incentive payment was 2014.	Last year to initiate participation is 2016. Eligible Professionals (EPs) can receive up to $63,750 in incentive payments.
Medicare payment reductions began in 2015 for providers who are eligible but choose not to participate.	No Medicaid payment reductions for EPs who choose not to participate. Medicare payment adjustments will still apply.
In the first year and all remaining years, providers must meet Meaningful Use (MU) objectives and measures.	In the first year, EPs can receive an incentive payment for adopting, implementing or upgrading a certified EHR. In all remaining years, providers must meet the same MU objectives required by the Medicare EHR Incentive program.
Last year of program participation is 2016.	Last year of program participation is 2021.

Meaningful Use (MU)

- Meaningful Use is at the core of the EHR Incentive Payment Programs
- CMS distinguishes between Eligible Hospitals (EHs) and Eligible Professionals (EPs) – slightly different objectives and measures
- Previous rulemaking established three stages of Meaningful Use:
  - STAGE 1 - Data Capture and Information Sharing
  - STAGE 2 - Advanced Clinical Processes
  - STAGE 3 – Improved Outcomes

CMS Final Rule:
Modifications to MU for 2015-2017

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CMS Final Rule - Overview

- The CMS Final Rule regarding Stage 3 Meaningful Use and MU Modifications for 2015-2017 was issued on October 16, 2015
  - Outlined the objectives for Stage 3 Meaningful Use
  - Outlined modifications to Stage 1 and Stage 2 Meaningful Use objectives, reporting periods, and timelines to better align with Stage 3

CMS Final Rule – Intended Purpose

Intended Purpose – Why is CMS implementing these changes?

- Better align existing Meaningful Use requirements with Stage 3
- Synchronize reporting periods, objectives, and measures to reduce provider burden
- Remove duplicative, redundant or “topped-out” measures
- Continue to support advanced use of Health IT to improve outcomes for patients

CMS Final Rule – Key Changes

Key Changes – How will CMS accomplish its goals?

- Changes to the following aspects of the program:
  - Participation Timeline
  - EHR Reporting Periods
  - Meaningful Use Objectives and Measures
- No significant changes to the *purpose* of the objectives
- No changes to the General Requirements
- For the Medicaid EHR Incentive Payment Program:
  - No changes to Patient Volume Threshold requirements
  - No changes to Adopt, Implement, Upgrade (AIU) requirements
- No enhancements to 2014 Edition CEHRT are required at this time
  - 2015 Edition CEHRT will be required starting in 2018*

* *The Office of the National Coordinator for Health IT (ONC) changed the naming convention for CEHRT. Editions are now named based on the year the technical standards are released, not the year the CEHRT Edition is required to be used.*

CMS Final Rule – Timeline: Transition to 2015 CEHRT

2015	Use 2014 Edition
2016	Use 2014 Edition, 2015 Edition, or a combination of 2014 and 2015 Editions (as long as Modified Stage 2 requirements can be met)
2017	Use 2014 Edition, 2015 Edition, or a combination of 2014 and 2015 Editions (as long as Modified Stage 2 requirements can be met) **or** use 2015 Edition alone if attesting to Stage 3
2018	Use 2015 Edition

CMS Final Rule – Changes to Participation Timeline

2015	Attest to modified criteria for 2015-2017 (Modified Stage 2) with accommodations for Stage 1 providers
2016	Attest to 2015-2017 criteria (Modified Stage 2)*
2017	Attest to either 2015-2017 criteria (Modified Stage 2) **or** full version of Stage 3
2018	Attest to full version of Stage 3

**some alternate exclusions remain in 2016 for Stage 1 providers*

CMS Final Rule – Changes to EHR Reporting Periods

- In 2015, all providers attest using an EHR reporting period of any continuous 90-day period within the calendar year
- In 2016:
  - first-time MU participants will attest using any continuous 90-day period within the calendar year
  - returning participants will attest using a **full calendar year** (January 1, 2016 through December 31, 2016)
- In 2017:
  - first-time MU participants and anyone choosing to demonstrate Stage 3 will attest using any continuous 90-day period within the calendar year
  - returning Stage 2 participants will attest using the **full calendar year** (January 1, 2017 through December 31, 2017)
- In 2018, all providers will attest to Stage 3 using the **full calendar year** (January 1, 2018 through December 31, 2018)

Changes to Stage 1 for EPs

Previous Stage 1 EP Objectives

- 13 Core Objectives
- 5 of 9 Menu Objectives, including 1 public health objective

New EP Objectives and CQMs for 2015-2017

- 10 Objectives
- Choose 9 of 64 CQMs from 3 NQS Domains (no change)

Changes to Stage 2 for EPs

Previous Stage 2 EP Objectives

- 17 Core Objectives, including a public health objective (immunization registry)
- 3 of 6 Menu Objectives, with public health reporting options

New EP Objectives and CQMs for 2015-2017

- 10 Objectives
- Choose 9 of 64 CQMs from 3 NQS Domains (no change)

CMS Final Rule – Removed Objectives

- Removed MU Objectives – for both Stage 1 and Stage 2
  - Drug-Drug and Drug-Allergy Interaction Checks
  - Problem List
  - Medication List
  - Medication Allergy List
  - Drug Formulary Checks
  - Demographics
  - Vital Signs
  - Smoking Status
  - Clinical Visit Summaries
  - Structured Lab Results
  - Patient Lists
  - Patient Reminders
  - Electronic Notes
  - Imaging Results
  - Family Health History
- EHR system will still collect and report on this data
- Although these are no longer MU requirements, providers should still perform these tasks as best practice

CMS Final Rule – List of Objectives

- Meaningful Use Objectives – Modified Stage 2
  1. Protect Patient Health Information – Security Risk Analysis
  2. Clinical Decision Support (CDS)
  3. Computerized Provider Order Entry (CPOE)
  4. Electronic Prescribing (eRx)
  5. Health Information Exchange (HIE) – *previously known as "Summary of Care"*
  6. Patient Specific Education
  7. Medication Reconciliation
  8. Patient Electronic Access (Patient Portal)
  9. Secure Electronic Messaging (Eligible Professionals only)
  10. Public Health and Clinical Data Registry Reporting
      a. Immunization Registry Reporting
      b. Syndromic Surveillance Reporting
      c. Specialized Registry Reporting
      d. Reportable Lab Results Reporting (Eligible Hospitals only)

CMS Final Rule – Notable Changes to Objectives

- Objective 8 – Patient Electronic Access (Patient Portal)
  - Measure 1 – 50% of all unique patients are provided timely online access to their health information (no change)
  - Measure 2 – from 5% threshold to “at least one patient views, downloads or transmits their health information”
- Objective 9 – Secure Electronic Messaging
  - For 2015, from percentage to “functionality fully enabled” (yes/no)
  - For 2016, EP must send at least one message
  - For 2017, EP must send secure messages to >5% of unique patients
- Objective 10 – Public Health Reporting
  - Eligible Professionals must report on 2 of the following measures*:
    1. Immunization Registry
    2. Syndromic Surveillance
    3. Specialized Registry Reporting

**EPs scheduled to attest to Stage 1 in 2015 must report on only 1 measure*

CMS Final Rule – Key Changes: Alternate Attestation Process

- CMS has adopted an alternate attestation method for certain Medicaid providers to demonstrate MU to avoid Medicare payment adjustments
  - This method is ONLY for Medicaid providers who do not meet eligibility criteria and are unable to attest to the Medicaid EHR Incentive Program to receive an incentive payment (i.e. providers who do not meet Medicaid Patient Volume Threshold requirements)
  - Medicaid Eligible Professionals can avoid the Medicare payment adjustment by demonstrating MU under the Medicaid EHR Incentive Program
    - Attestation can occur after the Medicare attestation period closes (as long as their attestation is accepted by the state)
    - It is the state's responsibility to include those EPs in their quarterly report to CMS on meaningful users
- CMS intends for this alternate method of demonstrating MU to be available beginning January 1, 2016

CMS Final Rule – Key Changes: NPPES

- NPPES is the National Plan and Provider Enumeration System
  - Issues National Provider Identifiers (NPIs)
- CMS will collect the following information to ensure providers keep their information up-to-date in the NPPES:
  - Primary Practice Address
  - Primary Business/Billing Address
  - Primary License Information
  - Contact Information
  - Health Information Exchange (HIE) Information:
    - such as DIRECT address required (if available)
    - if a DIRECT address is not available, Electronic Service Information is required
    - if DIRECT address is available, Electronic Service Information is optional in addition to DIRECT address
- CMS did not propose any changes to the registration for the Medicare and Medicaid EHR Incentive Programs

Helpful Hints

CMS Final Rule – Helpful Hints

- Helpful Hints – How can you prepare and strategize for 2015 and beyond?
- Prepare for 2015 attestation
  - Select CQMs for reporting
  - Align CQMs with PQRS where possible
  - Ensure Clinical Decision Support Rule(s) are enabled
  - Conduct Security Risk Analysis (SRA)
  - Actively engage with Public Health Agency within first 60 days of EHR reporting period
  - Document contemporaneously; know what documentation you need for Medicaid attestation and audit purposes
  - Try to attest as early in 2016 as possible

CMS Final Rule – Helpful Hints

- Helpful Hints – How can you prepare and strategize for 2015 and beyond?
- Prepare for 2016 attestation
  - Enable your Clinical Decision Support Rule on or before the start of your EHR reporting period (January 1, 2016)
  - Conduct or review your Security Risk Analysis (SRA) by the end of your EHR reporting period (sooner rather than later)
  - Actively engage with Public Health Agency to meet Public Health Reporting requirements early (within first 60 days of EHR reporting period)
  - Align CQMs with PQRS where possible

CMS Final Rule – Helpful Hints

- Transition to 2015 Edition CEHRT – things to consider:
  - Cost
  - Training
  - Data migration
  - When does it happen
  - Issues related to “combination reporting” – 2014 and 2015 Editions
  - Strategy tips:
    - Implement 2015 Edition CEHRT early in 2017
    - Use it exclusively to report Stage 3 (90-day reporting period) later in 2017
    - Avoid using a combination of 2014 and 2015 Editions for the 365-day reporting period in 2017 (only allowed a 90-day reporting period if you demonstrate Stage 3)
    - The 2015 Edition must be operational on **January 1, 2018** for a 365-day reporting period on Stage 3
    - Discuss all components of the transition with your vendor

Stage 3 Meaningful Use

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Stage 3 Meaningful Use - Goals

- CMS outlined the following goals for the Stage 3 MU provisions

1. Provide a flexible, clear framework to simplify the MU program and reduce provider burden
2. Ensure future sustainability of MU program
3. Advance the use of Health IT to promote Health Information Exchange (HIE) and improved outcomes for patients
4. Streamline the MU program by:
   - Synchronizing a single stage and a single reporting period
   - Removing objectives that are:
     - redundant paper-based versions of now electronic functions
     - duplicative of more advanced measures using same CEHRT functionality
     - “topped-out” and have reached high performance
   - Focusing on advanced use objectives (total of 8)

Stage 3 Meaningful Use - Objectives

1. Protect Electronic Health Information
2. Electronic Prescribing (eRx)
3. Clinical Decision Support
4. Computerized Provider Order Entry (CPOE)
5. Patient Electronic Access to Health Information
6. Coordination of Care through Patient Engagement
7. Health Information Exchange
8. Public Health Reporting

Helpful Links

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Helpful Links

- CMS 2015 Program Requirements page
- Full text of CMS Final Rule regarding Stage 3 and Modifications

Questions

Questions?

Regional Meetings

Join us for one of our upcoming Regional Meetings

Eastern MA
Tuesday November 17
The Holiday Inn
Dedham, MA

Western/Central MA
Monday November 23
The Sturbridge Host Hotel
Sturbridge, MA

Topics include:

- Health Information Exchange
- CMS and ONC Final Rules
- Public Health Reporting
- Privacy & Security in Health IT
- Quality Improvement & Health IT
- Medicaid EHR Incentive Program
- Introduction to Merit-Based Incentive Payment System (MIPS)

MeHI eHealth Services

Support providers with

- Meaningful Use
  - Registration and Attestation support
  - Secure document storage and audit preparation
- Patient engagement education and resources
- Security Risk Assessment - Privacy and Security tools
- Physician Quality Reporting System (PQRS)
- Merit-Based Incentive Payment System (MIPS)
- Other Health IT Initiatives

Provide eHealth Education

- Educational outreach, informational webinars and training courses
- Subject matter expertise on topics of interest to provider organizations

Contact Us

MeHI
MASSACHUSETTS eHEALTH INSTITUTE
at the MassTech Collaborative

mehi.masstech.org
1.855.MassEHR
ehealth@masstech.org
Follow us @MassEHealth

Thomas Bennett
Client Services Relationship Manager
Email: tbennett@masstech.org
Phone: (508) 870-0312 ext. 403

Al Wroblewski
Client Services Relationship Manager
Email: wroblewski@masstech.org
Phone: (508) 870-0312 ext. 603

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