



Meaningful Use Webinar

October 28, 2010

Where Did Meaningful Use Originate?

- Meaningful Use was defined in the Health Information Technology for Economic and Clinical Health Act (HITECH)
- Provision of the American Recovery and Reinvestment Act of 2009
 - Passed by President Obama after taking office in 2009

What is Meaningful Use Trying to Accomplish?

- Improve quality, safety, efficiency, and reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health
- All the while maintaining privacy and security

CMS Final Rule

- Published by Medicare in the Federal Register on July 13, 2010
- States the “Final” definition of “Meaningful Use”:
 - Includes a 3-Stage approach
 - Stage 1 has 25 requirements for eligible providers (EP’s)
 - Providers to report on all 15 measures in the “Core” set
 - Providers can select 5 out of 10 in “Menu” set
- Final Rule also specifies the following:
 - Process for participation by EP’s
 - Lists eligibility requirements for professions and hospitals
 - Defines reporting methods and timeframes
 - Lists payment periods
 - Lists payment calculations/procedures for Medicare and Medicaid
 - Lists Medicare penalties for failing to meaningfully use a certified EHR

CMS' Vision for Staged Approach

Stage 1	Stage 2	Stage 3
<ol style="list-style-type: none"> 1. Capturing health information in a coded format 2. Using the information to track key clinical conditions 3. Communicating captured information for care coordination purposes 4. Reporting of clinical quality measures and public health information <p>Capture information....</p>	<ol style="list-style-type: none"> 1. Disease management, clinical decision support 2. Medication management 3. Support for patient access to their health information 4. Transitions in care 5. Quality measurement 6. Research 7. Bi-directional communication with public health agencies <p>Report information...</p>	<ol style="list-style-type: none"> 1. Achieving improvements in quality, safety and efficiency 2. Focusing on decision support for national high priority conditions 3. Patient access to self-management tools 4. Access to comprehensive patient data 5. Improving population health outcomes <p>Leverage information to improve outcomes...</p>

Requirements for Participation

- Eligible Professional (EP)
 - Defines those providers eligible for incentives
- Must use a “Certified EHR”
 - Based on a set of standards, implementation specifications, and certification criteria EHR vendors must meet
- Must demonstrate “Meaningful Use”
 - A set of measures for using a certified EHR which EP’s must meet
 - Continuous 90 day reporting period (1st payment year)
 - Reporting period = All year (each subsequent year)
- EP’s can choose a program to participate in
 - Medicare or Medicaid
 - Must chose only one (may switch programs once)

Eligible Professionals (EP's), ctd.

- Eligible Professionals who see patients in multiple practices but do not have a certified EHR in at each practice are eligible if more than 50% of encounters occur at an EHR-enabled practice

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Eligible Professionals (EP's)

- Medicare:
 - Doctor of medicine or osteopathy
 - Doctor of dental surgery or dental medicine
 - Doctor of podiatric medicine
 - Doctor of optometry
 - Chiropractor
- Medicaid
 - Physicians
 - Dentists
 - Certified nurse midwives
 - Nurse practitioners
 - Physician assistants (some)
- Eligible Professionals can be either new purchasers of certified EHR or existing users of certified EHR

Medicare Program

- Starts in calendar year **2011**
- EP's may receive payments up to **\$44,000 over five years**
- Incentive based on percentage of Medicare allowable charges
- Meaningful Use must be demonstrated for all patients (not just Medicare)
- Incentive payments end in **2015**
- Penalties - reduction in Medicare reimbursements for EP's not demonstrating Meaningful Use **starting in 2015**

Medicare Payment Schedule

	2011	2012	2013	2014	2015	2016	2017	TOTAL
Adopt 2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$0	\$44,000
Adopt 2012	-----	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
Adopt 2013	-----	-----	\$15,000	\$12,000	\$8,000	\$4,000	\$0	\$39,000
Adopt 2014	-----	-----	-----	\$12,000	\$8,000	\$4,000	\$0	\$24,000
Adopt 2015 +	-----	-----	-----	-----	\$0	\$0	\$0	\$0

- Maximum payments based upon 75% of Medicare Part B fee schedule payments up to the maximum incentive amount per year.
- e.g., Minimum of \$24,000 per year to be eligible for maximum \$18,000 bonus

Medicare Penalties

First Payment Year	Reduction in Medicare Fee Schedule for non-adoption of certified EHR
2011	\$0
2012	\$0
2013	\$0
2014	\$0
2015	-1%
2016	-2%
2017 and thereafter	-3%

- In 2015, reduction in Medicare reimbursement begins for physicians who are **not** meaningful EHR users (1% per year, capped at a 3% reduction).
- Statute allows for exceptions for “significant hardship” as determined by the Secretary.

Medicaid Program

- Starts in calendar year 2011
- EP's may receive payments up to **\$63,750 over six years**
- Incentive based on **up to 85%** of state-calculated global average costs for **EHR**
- 1st yr cost no later than 2016
- No payments made after 2021 or more than 5 years
- No Medicaid penalty for failure to demonstrate Meaningful Use

Medicaid Payment Schedule

Payment Component	Base Year Maximum of 85% of EHR Acquisition and Implementation Costs	Year 2	Year 3	Year 4	Year 5	Year 6	TOTAL
Physician	\$21,250	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$63,750
Certified Nurse Mid-Wife	\$21,250	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$63,750
Dentist	\$21,250	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$63,750
Nurse Practitioner	\$21,250	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$63,750
Physician Assistant	\$21,250	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$ 8,500	\$63,750

Medicaid Program, ctd.

- Requires minimum **30% Medicaid patient mix**
 - (20% for Pediatrics)
- Patient mix percentage based on EP-selected 90 day average within previous 12 months, calculated by encounters or by patient panel
- Group practice claim volume can be used to calculate eligibility
- Encounters defined as “services rendered”
- Medicaid does not require “Meaningful Use” in first year if an EP can demonstrate that they are adopting, implementing, or upgrading their EHR Certified Technology

How Will Participation be Reported?

- 2011 will be self-reporting (attestation) via CMS web portal
- 2012 and beyond – if available, report information directly from certified EHR using:
 - Integrated web portal
 - Local HIE
 - Registries

(Specifics to be announced in 2012)

How and When will EP's be paid?

- How:
 - A single, consolidated annual incentive payment
 - Medicare: Paid by CMS (not via claims Fiscal Intermediary)
- When:
 - Payments will be made once and when EP:
 - Demonstrates Meaningful Use for the reporting period and reaches the threshold for maximum payment, within 15-46 days after attestation
- EP's can reassign their Medicare or Medicaid payment, with guidelines
- Incentives are calculated individually per EP, group affiliations are not considered

Records Retention

- Evidence of qualification to receive incentive payments must be retained for 6 years

What is Meaningful Use (Stage 1)

- Final Rule identifies:
 - 25 stage 1 measures for how EP's are expected to use a Certified EHR
 - “Core” group – EP's must meet all 15 measures
 - “Menu” group – EP's must meet at least 5 measures
 - Clinical quality measures that must be reported to CMS in 2011 and 2012 (3 core measures, using alternatives if necessary, and 3 “additional measures”):
 - NQF 0013 – Hypertension: Blood Pressure Management
 - NQF 0028 – Preventive Care and Screening Measure: Tobacco Status
 - NQF 0028 – Adult Weight Screening and Follow-up

What is Meaningful Use (Stage 1)

- Reporting period for the first year (2011) is 90 consecutive days
 - All subsequent years, 2012 and on, reporting period will be the full year (365 days)
- Reporting through attestation
- Objectives and Clinical Quality Measures
- Reporting may be yes/no or numerator/denominator attestation
- To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology

Stage 1 – 25 Measures

Core Set		
Policy Priority	Stage 1 Objectives	Measure
Improving quality, safety, efficiency and reducing health disparities	Use CPOE for medication orders	30%+ of patients
	Implement drug-drug & drug-allergy checks	Functionally enabled
	Generate and transmit permissible prescriptions electronically (eRx)	40%+ of eligible prescriptions
	Record selected demographics (preferred language, gender, race, ethnicity, date of birth)	50%+ of patients
	Maintain an up-to-date problem list of current and active diagnoses	80%+ of patients
	Maintain active medication list	80%+ of patients

Stage 1 – 25 Measures, ctd.

Policy Priority	Stage 1 Objectives	Measure
<p>Improving quality, safety, efficiency and reducing health disparities (cont.)</p>	Maintain active medication allergy list	80%+ of patients
	Record and chart changes in selected vital signs (height, weight, BP, BMI, growth charts (2-20 yrs.))	50%+ of patients
	Record smoking status for patients 13 years old or older	50%+ of patients
	Implement one clinical decision support rule along with the ability to track compliance that rule	1 rule
	Report ambulatory quality measures to CMS or the States	Aggregate numerator/ denominator

Stage 1 – 25 Measures, ctd.

Policy Priority	Stage 1 Objectives	Measure
Engage patients and families in their healthcare	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and medication allergies) upon request, within 3 days of request	50%+ of all patients who request
	Provide clinical summaries to patients for each office visit within 3 days of visit	50%+ of all office visits
Improve Care Coordination	Capability to exchange key clinical information (for example problem list, medication lists, medication allergies, diagnostic test results) among providers of care and patient authorized entities electronically	1 test of capability
Ensure adequate security and privacy provisions for personal health information	Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis

Stage 1 – 25 Measures, ctd.

Menu Set		
Policy Priority	Stage 1 Objectives	Measure
Improving quality, safety, efficiency and reducing health disparities	Implement drug formulary checks	Functionality enabled
	Incorporate clinical lab test results into certified EHR technology as structured data	40%+ of all clinical lab tests ordered
	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	At least 1 report of patients with condition
	Send reminders to patients 65 years or older or 5 years or younger per patient preference for preventive/ follow up care	20%+ of patients

Stage 1 – 25 Measures, ctd.

Policy Priority	Stage 1 Objectives	Measure
Engage patients and families in their healthcare Improve Care Coordination	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP	10%+ of patients
	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	10%+ of patients

Stage 1 – 25 Measures, ctd.

Policy Priority	Stage 1 Objectives	Measure
Improve care coordination	Perform Medication Reconciliation when the EP or eligible hospital receives a patient from another setting of care or provider of care	50%+ of care transitions to EP
	Provide summary of care record for each transition of a patient to another setting of care or provider of care or referral to another provider of care	50%+ of care transitions from EP
Improve population health	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	At least 1 test
	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	At least 1 test

Stage 1 – 25 Measures, ctd.

- Some measures can be reported as inapplicable if the EP has no applicable patients or an insufficient # of actions that would allow calculation

Q & A Session