Meaningful Use Stage 2: What's Next?

Stage 2 Proposed Rule

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Proposed Rule

Everything discussed in this presentation is part of a notice of proposed rulemaking (NPRM).

Full notices for the 2014 EHR-technology certification are online:

- CMS Rule: http://www.ofr.gov/OFRUpload/OFRData/2012-04443_PI.pdf
- ONC Rule: http://www.ofr.gov/OFRUpload/OFRData/2012-04430_PI.pdf

Comments period: through May 7. Visit www.regulations.gov and search for "CMS 0044".

What is in the Proposed Rule

- Minor changes to Stage 1 of meaningful use
- Stage 2 of meaningful use
- New clinical quality measures
- New clinical quality measure reporting mechanisms
- Appeals
- Details on the Medicare payment adjustments
- Minor Medicare Advantage program changes
- Minor Medicaid program changes

Stage 2 Timeline

- June 2011: HITPC Recommendations on Stage 2
- February 2012: Stage 2 Proposed Rule
- Summer 2012: Stage 2 Final Rule
- Oct. 1, 2013/Jan. 1, 2014: Proposed Stage 2 Start Dates

Stages of Meaningful Use

1st Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

Stage 1 to Stage 2 Meaningful Use

Eligible Professionals

- 15 core objectives
- 5 of 10 menu objectives
- 20 total objectives

Eligible Professionals

- 17 core objectives
- 3 of 5 menu objectives
- 20 total objectives

Eligible Hospitals & CAHs

- 14 core objectives
- 5 of 10 menu objectives
- 19 total objectives

Eligible Hospitals & CAHs

- 16 core objectives
- 2 of 4 menu objectives
- 18 total objectives

Meaningful Use Concepts

Changes

- Exclusions no longer count to meeting one of the menu objectives
- All denominators include all patient encounters at outpatient locations equipped with certified EHR technology

No Changes

- No change in 50% of EP outpatient encounters must occur at locations equipped with certified EHR technology
- Measure compliance = objective compliance

Changes to Stage 1

CPOE

Denominator: Unique Patient with at least one medication in their med list → Denominator: Number of Orders during the EHR Reporting Period

*Optional in 2013 Required in 2014+

Vital Signs

Age Limits: Age 2 for Blood Pressure & Height/Weight → Age Limits: Age 3 for Blood Pressure, No age limit for Height/Weight

*Optional in 2013 Required in 2014+

Changes to Stage 1

Vital Signs

Exclusion: All three elements not relevant to scope of practice → Exclusion: Allows BP to be separated from height/weight

*Optional in 2013 Required in 2014+

Test of Health Information Exchange

One test of electronic transmission of key clinical information → Requirement removed effective 2013

*Effective 2013

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Changes to Stage 1 E-Copy and Online Access

Objective: Provide patients with e-copy of health information upon request

Objective: Provide electronic access to health information

→

Replacement Objective:

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

*Required in 2014+

Public Health Objectives

Immunizations

Reportable Labs

Syndromic Surveillance

→

Addition of "except where prohibited" to all three

*Effective 2013

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Stage 2 EP Core MU Objectives

1. Use CPOE for more than **60%** of medication, **laboratory and radiology** orders
2. eRx for more than **50%**
3. Record demographics for more than **80%**
4. Record vital signs for more than **80%**
5. Record smoking status for more than **80%**
6. Implement **5** clinical decision support rules + drug-drug and drug-allergy

Stage 2 EP Core MU Objectives

7. Incorporate lab results for more than **55%**
8. Generate patient list by specific condition
9. Use EHR to identify and provide more than 10% with reminders for preventive/follow-up
10. Provide **online access** to health information for more than 50% with more than **10% actually accessing**
11. Provide office visit summaries in **24 hours**
12. Use EHR to identify and provide education resources more than 10%

Stage 2 EP Core MU Objectives

13. **More than 10% of patients send secure messages to their EP**
14. Medication reconciliation at more than **65%** of transitions of care
15. Provide summary of care document for more than **65%** of transitions of care and referrals with **10% sent electronically**
16. **Successful ongoing** transmission of immunization data
17. Conduct or review security analysis and incorporate into risk management process

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Stage 2 EP Menu Objectives (3 of 5)

1. More than 40% of imaging results are accessible through Certified EHR Technology
2. Record family health history for more than 20%
3. Successful ongoing transmission of syndromic surveillance data
4. Successful ongoing transmission of cancer case information
5. Successful ongoing transmission of data to a specialized registry

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Stage 2 Hospital Core Objectives

1. Use CPOE for more than **60%** of medication, **laboratory and radiology** orders
2. Record demographics for more than **80%**
3. Record vital signs for more than **80%**
4. Record smoking status for more than **80%**
5. Implement **5** clinical decision support rules + drug-drug and drug-allergy
6. Incorporate lab results for more than **55%**

MO HIT Assistance Center EHR

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Stage 2 Hospital Core Objectives

7. Generate patient list by specific condition
8. EMAR is implemented and used for more than 10% of medication orders
9. Provide online access to health information for more than 50% with more than 10% actually accessing
10. Use EHR to identify and provide education resources more than 10%
11. Med. Rec. at more than 65% of transitions of care

Stage 2 Hospital Core Objectives

12. Provide summary of care document for more than 65% of transitions of care and referrals with 10% sent electronically
13. Successful ongoing transmission of immunization data
14. Successful ongoing submission of reportable laboratory results
15. Successful ongoing submission of electronic syndromic surveillance data
16. Conduct or review security analysis and incorporate in risk management process

Stage 2 Hospital Menu Objectives (2 of 4)

1. Record indication of advanced directive for more than 50%
2. More than 40% of imaging results are accessible through Certified EHR Technology
3. Record family health history for more than 20%
4. eRx for more than 10% of discharge prescriptions

Clinical Quality Measures

Change from Stage 1 to Stage 2:

CQMs are no longer a meaningful use core objective, but reporting CQMs is still a requirement for meaningful use.

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CQM - Timing

Time periods for reporting CQMs - NO CHANGE from Stage 1 to Stage 2

Provider Type	Reporting Period for 1st year of MU (Stage 1)	Submission Period for 1st year of MU (Stage 1)	Reporting Period for Subsequent years of MU (2nd year and beyond)	Submission Period for Subsequent years of MU (2nd year and beyond)
EP	90 consecutive days within the calendar year	Anytime immediately following the end of the 90-day reporting period , but no later than February 28 of the following calendar year	1 calendar year (January 1 - December 31)	2 months following the end of the EHR reporting period (January 1 - February 28)
Eligible Hospital/ CAH	90 consecutive days within the fiscal year	Anytime immediately following the end of the 90-day reporting period , but no later than November 30 of the following fiscal year	1 fiscal year (October 1 - September 30)	2 months following the end of the EHR reporting period (October 1 - November 30)

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CQM - Stage 1 to Stage 2

Eligible Professionals

3 core OR 3 alt. core CQMs

plus

3 menu CQMs

6 total CQMs

→

Eligible Professionals

1a) 12 CQMs (≥1 per domain)

1b) 11 core + 1 menu CQMs

2) PQRS

Group Reporting

12 total CQMs

Eligible Hospitals & CAHs

15 total CQMs

Eligible Hospitals & CAHs

24 CQMs (≥1 per domain)

24 total CQMs

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CQM Reporting in 2013
EPs & Hospitals

- CQMs will remain the same through 2013
  - As published in the July 28, 2010 Final Rule
- Electronic specifications for the CQMs will be updated
- Reporting Methods:
  - Attestation
  - 2012 Electronic Reporting Pilots extended to 2013
  - Medicaid - State-based e-submission

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CQM Reporting for EPs beginning in CY2014

EHR Incentive Program Only

- Option 1a: 12 CQMs, ≥1 from each domain
- Option 1b: 11 "core" CQMs + 1 "menu" CQM
- Medicaid - State based e-submission
- Aggregate XML-based format specified by CMS

EHR Incentive Program + PQRS

- Option 2: Submit and satisfactorily report CQMs under PQRS EHR Reporting option using CEHRT
- Requirements for PQRS are in CY 2012 Medicare Physician Fee Schedule final rule (76 FR 73314)

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CQM Reporting for EPs Beginning in CY2014

- Group Reporting (3 options):

(1) ≥ 2 EPs, each with a unique NPI under one TIN	Submit 12 CQMs from EP measures table, ≥1 from each domain
(2) EPs in an ACO (Medicare Shared Savings Program)	Satisfy requirements of Medicare Shared Savings Program using Certified EHR Technology
(3) EPs satisfactorily reporting via PQRS GPRO option	Satisfy requirements of PQRS GPRO option using Certified EHR Technology

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CQM Reporting for Hospitals Beginning in FY2014

- 24 CQMs, ≥1 from each domain
  - Includes 15 CQMs from July 28, 2010 Final Rule
  - Considering instituting a case number threshold exemption for some hospitals
- Reporting Methods
  - Aggregate XML-based format specified by CMS
  - Manner similar to 2012 Medicare EHR Incentive Program Electronic Reporting Pilot

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EP Payment Adjustments

% ADJUSTMENT ASSUMING LESS THAN 75 PERCENT OF EPs ARE MEANINGFUL EHR USERS FOR CY 2018 AND SUBSEQUENT YEARS

	2015	2016	2017	2018	2019	2020+
EP is not subject to the payment adjustment for e-Rx in 2014	99%	98%	97%	96%	95%	95%
EP is subject to the payment adjustment for e-Rx in 2014	98%	98%	97%	96%	95%	95%

% ADJUSTMENT ASSUMING MORE THAN 75 PERCENT OF EPs ARE MEANINGFUL EHR USERS FOR CY 2018 AND SUBSEQUENT YEARS

	2015	2016	2017	2018	2019	2020+
EP is not subject to the payment adjustment for e-Rx in 2014	99%	98%	97%	97%	97%	97%
EP is subject to the payment adjustment for e-Rx in 2014	98%	98%	97%	97%	97%	97%

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EP EHR Reporting Period

EP who has demonstrated meaningful use in 2011 or 2012

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
Full Year EHR Reporting Period	2013	2014	2015	2016	2017	2019

EP who demonstrates meaningful use in 2013 for the first time

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
90 day EHR Reporting Period	2013					
Full Year EHR Reporting Period		2014	2015	2016	2017	2019

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EP EHR Reporting Period

EP who demonstrates meaningful use in 2014 for the first time

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
90 day EHR Reporting Period	2014*	2014				
Full Year EHR Reporting Period			2015	2016	2017	2019

*In order to avoid the 2015 payment adjustment the EP must attest no later than Oct 1, 2014 which means they must begin their 90 day EHR reporting period no later than July 2, 2014

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EP Hardship Exemption

Proposed Exemptions on an application basis

- Insufficient internet access two years prior to the payment adjustment year
- Newly practicing EPs for two years
- Extreme circumstances such as unexpected closures, natural disaster, EHR vendor going out of business, etc.

Applications need to be submitted no later than July 1 of year before the payment adjustment year; however, earlier submission is encouraged

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EP Hardship Exemption

Other Possible Exemption Discussed in NPRM

- Concerned that the combination of 3 barriers would constitute a significant hardship
  - Lack of direct interaction with patients
  - Lack of need for follow-up care for patients
  - Lack of control over the availability of Certified EHR Technology
- They do not believe any one of these barriers taken independently constitutes a significant hardship
- In their discussions, it was considered whether any specialty may nearly uniformly face all 3 barriers

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CAH Hardship Exemption

Proposed Exemptions on an application basis

- Insufficient internet access for the payment adjustment year
- New CAHs for one year after they accept their first patient
- Extreme circumstances such as unexpected closures, natural disaster, EHR vendor going out of business, etc.

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Medicaid- Specific Changes

- Proposed an expanded definition of a Medicaid encounter:
  - To include any encounter with an individual receiving medical assistance under 1905(b), including Medicaid expansion populations
  - To permit inclusion of patients on panels seen within 24 months instead of just 12
  - To permit patient volume to be calculated from the most recent 12 months, instead of on the CY
  - To include zero-pay Medicaid claims

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Redefining Certified EHR Technology

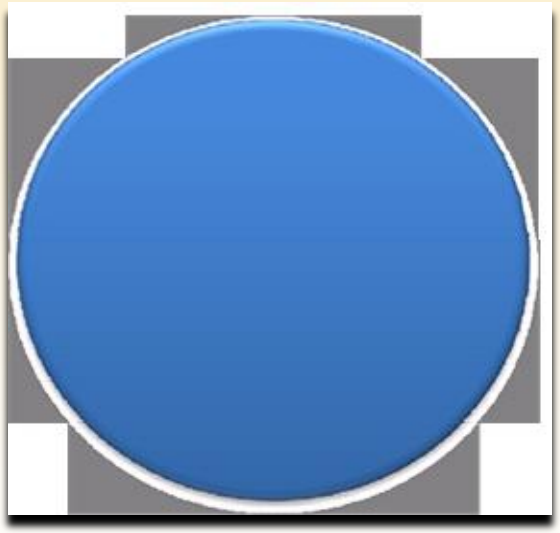
Why they think it is important…

1. Provides greater flexibility
2. Clearer definition of CEHRT and its requirements
3. Promotes continued progress towards increased interoperability requirements
4. Reduces regulatory burden (EO 13563)

Certified EHR Technology

Here's what it looks like today…

2011-2013



Here's what we are proposing…

2014

2014 Edition CEHRT

2014 Edition CEHRT

MU Menu

EP/EH/CAH would only need to have EHR technology with capabilities certified for the MU menu set objectives & measures for the stage of MU they seek to achieve.

MU Core

EP/EH/CAH would need to have EHR technology with capabilities certified for the MU core set objectives & measures for the stage of MU they seek to achieve unless the EP/EH/CAH can meet an exclusion.

Base EHR

EP/EH/CAH must have EHR technology with capabilities certified to meet the definition of Base EHR.

Questions and Comments

- CMS Rule: http://www.ofr.gov/OFRUpload/OFRData/2012-04443_PI.pdf
- ONC Rule: http://www.ofr.gov/OFRUpload/OFRData/2012-04430_PI.pdf
- Comments period: through May 7 at www.regulations.gov. Search for “CMS 0044”