Meaningful Use Stages 1 and 2 and How to Survive a Meaningful Use Audit

Charles Jarvis, Senior Manager
Outline

• Overview
• Meaningful Use Stage 1
• Differences between Stage 1 and Stage 2
• Surviving a Meaningful Use Audit
• Resources
• Questions
Overview
Achieving Meaningful Use: Stages 1-3

HIT-Enabled Health Reform

2009

HITECH Policies

2011

2011 Meaningful Use Criteria (Capture data in coded format, share data, track clinical conditions)

2014

2014 Meaningful Use Criteria (Information exchange)

2016

2016 Meaningful Use Criteria (Improved Outcomes)
### Penalties (Medicare)

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>-1% Medicare FFS payments</td>
</tr>
<tr>
<td></td>
<td>-2% Medicare FFS payments if also receiving the 2014 e-Rx penalty</td>
</tr>
<tr>
<td>2016</td>
<td>-2% Medicare FFS payments</td>
</tr>
<tr>
<td>2017</td>
<td>-3% Medicare FFS payments</td>
</tr>
<tr>
<td>2018</td>
<td>-3% to -5% Medicare FFS payments</td>
</tr>
</tbody>
</table>
Meaningful Use Measures Made Simple

Nurse/MA
- Medications
- Smiling Status
- Vitals
- Demographics
- Provide Clinical Summary
- Provide Electronic copy, upon request
- Exchange Data
- Privacy/Security

Physician
- CPOE
- eRX
- Problem list
- Quality Measures
- Vital signs
- Immunizations
- Syndromic Surveillance

Front Desk

Exclusions, if applicable

One time Set-up; ongoing monitoring
MU: What

• HITECH provisions of the American Recovery and Reinvestment Act of 2009 (ARRA):
  – Established CMS EHR Incentive Programs
  – Introduced concept of “meaningful use” of certified EHR technology
  – Identified two types of eligible providers - eligible professionals (EPs) and eligible hospitals (EHs)

• Meaningful Use (MU) broadly aimed at three areas:
  – Use of certified EHR in a meaningful manner (e.g., e-prescribing)
  – Use of certified EHR technology for electronic exchange of health information
  – Reporting of clinical quality measures (CQMs)
Health IT-Enabled Health Reform
A Phased, Incremental Approach

Stage 1: Capture data in coded format

Stage 2: Expand exchange of information in the most structured format possible

Stage 3: Focus on CDS for high priority conditions, patient self management, and access to comprehensive data
MU: How

- Evaluate and select ONC-ATCB certified EHR technology
  - Can be a “complete EHR”, a combination of certified “modules”, or both… but it must be a certified EHR solution that meets all the objectives
  - You may need to upgrade to the certified version of your vendor’s EHR
  - A complete list of certified EHR technology is available at http://oncchpl.force.com/ehrcert?q=CHPL

- Follow best practice EHR adoption process to transition from paper records to EHR system – plan, communicate, train, test, go-live, attest to Stage 1 MU
MU: Who

- Medicare Eligible professionals (EPs)
- Medicaid Eligible professionals
- Medicare Eligible Hospitals (EHs)
- Medicaid Eligible Hospitals
- Critical Access Hospitals (CAHs)
- Full eligibility definitions here:
Know the Correct Path

- **Practice >90% in ER/Inpatient Setting?**
  - Yes: **Not Eligible**
  - No: 30% of Visits Reimbursed by Medicaid?
    - No: 20% of Visits Medicaid and a Pediatrician?
      - No: NP or CNMW Practicing in FQHC or RHC?
        - No: Consider Medicaid Program
        - Yes: Consider Medicaid Program
      - Yes: Consider Medicaid Program
    - Yes: Consider Medicaid Program
  - No: Some Medicare Revenue?
    - Yes: Consider Medicare Program
    - No: Not Eligible
Meaningful Use Stage 1
Key Health Care Policy*

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population and Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Processes/Effectiveness

*Defined by HSS’s National Quality Strategy: see details at www.cms.gov/EHRIncentivePrograms
Reporting Controls

• Original MU Stage 1 Objectives and Measures
  – Eligible Professionals must complete:
    • 15 core objectives
    • 5 objectives out of 10 from menu set
    • 6 total Clinical Quality Measures
    • (3 core or alternate core, and 3 out of 38 from additional set)
  – Hospitals must complete:
    • 14 core objectives
    • 5 objectives out of 10 from menu set
    • 15 Clinical Quality Measures
Focus is on process

- EPs must report on 9 out of 64 Clinical Quality Measures (CQM)

- Hospitals & CAHs must report on 16 out of 29 CQMs

- ALL providers must report on 3 of the 5 key health care policy domains recommended by HHS’ National Quality Strategy (see next slide)
Meaningful Use Stage 1 Recap

- Two separate final rules for Stage 1
  - CMS – all about MU and what eligible providers must do to qualify for incentive payments
  - ONC – all about certification and what vendors must do
- Medicare - Reporting period is 90 days for first year and 1 full year subsequently*
- Medicaid – first year is AIU, followed by 90-day MU reporting period in year two
- Registration on CMS website
- Reporting through attestation on CMS website (Medicare) or state Medicaid Agency (Medicaid)
- Depending on the objective, reporting may be either yes/no response or a numerator/denominator measure

*Stage 2 makes an exception granting all providers a 90-day reporting period in 2014 regardless of stage
Stage 1 Compared to Stage 2
Mostly the same as stage 1

<table>
<thead>
<tr>
<th>Stage 1 EP</th>
<th>Stage 2 EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 15 core objectives</td>
<td>• 17 core objectives</td>
</tr>
<tr>
<td>• 5 to 10 menu objectives</td>
<td>• 3 to 5 menu objectives</td>
</tr>
<tr>
<td>• 20 total objectives</td>
<td>• 20 total objectives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 1 Hospitals</th>
<th>Stage 2 Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 14 core objectives</td>
<td>• 16 core objectives</td>
</tr>
<tr>
<td>• 5 to 10 menu objectives</td>
<td>• 2 to 4 menu objectives</td>
</tr>
<tr>
<td>• 19 total objectives</td>
<td>• 18 total objectives</td>
</tr>
</tbody>
</table>
Focus is on Quality

✓ EPs must report on 9 out of 64 Clinical Quality Measures (CQM)

✓ Hospitals & CAHs must report on 16 out of 29 CQMs

✓ ALL providers must report on 3 of the 6 key health care policy domains recommended by HHS’ National Quality Strategy (see next slide)
MU Stage 2 – New Objectives

**Core Objective**
Use secure electronic messaging to communicate with patients on relevant health information

**Patient Access Objectives**
Provide patients the ability to view online, download and transmit their health information within four business days of the information being available to the EP
Core Objective
Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR)

Patient Access Objectives
Provide patients the ability to view online, download and transmit their health information within 36 hours after discharge from the hospital
Surviving a Meaningful Use Audit
Audit Basics

- CMS plans to audit up to 10% of attestations
- Audits are being conducted by accounting firm Figliozzi & Company, Inc.
- Pre-payment and post-payment audits
What is Attesting?

• Here is what you are certifying to CMS:

  I certify that the foregoing information is true, accurate, and complete. I understand that the Medicare EHR Incentive Program payment requested will be paid from Federal funds, and that the use of any false claims, statements, or documents, or the concealment of material fact used to obtain Medicare EHR Incentive Program payment, may be prosecuted under applicable Federal or State criminal laws and may be subject to civil penalties.
Know & Understand the Rules

Meaningful use Compliance...

It’s as easy as 1,2,3
4 & 5 ;-)
Now for the fun part...

- What do all the requirements mean?
- Who will capture the data?
- How will we incorporate everything into our workflow?
- How do I monitor and track my utilization of the MU requirements?
- Some of these requirements don’t apply to my specialty. Can I ignore them?
- Define an electronic copy of a medical record
- Why is my vendor requiring me to pay for an upgrade?
- My vendor is certified, but my practice is on a different version. Should I be concerned?
Attesting with Confidence

• Register Early
• Assign someone in the practice to oversee compliance
• Run mock trials of the workflow and contrast the results against the CMS requirements
• Run a mock audit against your score card
• **Document** your process
• Retain reports, screen shots and records as back-up
  – Per the CMS website:
    • Save all supporting electronic and paper documentation to support your attestation
    • Save all documentation to support your clinical quality measures
Overview of Audit Process

- Initial letter sent to eligible professional, hospital, or critical access hospital attesting to receive incentive payment for either Medicaid or Medicare by Figliozzi & Co.
- Initial review process conducted using information provided in response to initial request letter
- Some cases, on-site review
- Figliozzi & Co. will use secure communication process to assist provider in sending sensitive information
- All questions about information being requested must be communicated directly with Figliozzi & Co.
Documentation is Key

• Four types of requested data:
  1. Documentation from ONC of provider using certified EHR system for MU attestation
  2. Information about process used to report ED admissions
  3. Documentation for proof of completed attestation for core set of MU criteria
  4. Documentation for proof of completed attestation for required number of MU objectives

• Documentation in electronic or paper form
• Auditors look for verification of EHR system used to meet MU requirements is certified, and proof that core and menu objectives are met
• Providers must retain primary documentation for six years after attestation
• Providers have two weeks to submit documentation
• Key takeaway: Save Everything!

*ONC- Office of the National Coordinator for Health Information Technology
Source: http://www.ihealthbeat.org/articles/2012/7/24/cms-starts-auditing-providers-receiving-meaningful-use-pay
# Sample Score Card

<table>
<thead>
<tr>
<th>Core - Maintain Up-to-date Problem List</th>
<th>Numerator Calculation - Patients with a Problem List entry</th>
<th>460</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator Calculation - Unique patients admitted within date range generated</td>
<td></td>
<td>499</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td>92.18%</td>
</tr>
<tr>
<td>Required Percentage</td>
<td></td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core - Maintain active Medication List</th>
<th>Numerator Calculation - Patients with a Medication entry</th>
<th>432</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator Calculation - Unique patients admitted within date range generated</td>
<td></td>
<td>499</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td>86.57%</td>
</tr>
<tr>
<td>Required Percentage</td>
<td></td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core - Maintain active Allergy Medication List</th>
<th>Numerator Calculation - Patients with an Allergy entry</th>
<th>497</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator Calculation - Unique patients admitted within date range generated</td>
<td></td>
<td>499</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td>99.59%</td>
</tr>
<tr>
<td>Required Percentage</td>
<td></td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Core - Record Demographics</th>
<th>Numerator Calculation - Patients with Demographic entries</th>
<th>496</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator Calculation - Unique patients admitted within date range generated</td>
<td></td>
<td>499</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td>99.39%</td>
</tr>
<tr>
<td>Required Percentage</td>
<td></td>
<td>50%</td>
</tr>
</tbody>
</table>
Sample Dashboard

**CORE**

- **CPOE**: 70%
- **eRx Percentage**: 90%
- **Demographics**: 55%
- **Current Problems**: 75%
- **Current Meds**: 100%
- **Current Med Allergies**: 75%
- **Vital Signs**: 75%
- **Smoking Status**: 67%
Sample Screenshot - Ensure Date Visibility

<table>
<thead>
<tr>
<th>Synopsis</th>
<th>General Information</th>
<th>Additional Information</th>
<th>Medical Information</th>
<th>Notifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age: 55 y/o</td>
<td>Sex: Female</td>
<td>Preferred Language: ENGLISH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race: White</td>
<td>Ethnicity: Hispanic or Latino</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure: 110/80</td>
<td>BMI: 18.3</td>
<td>Smoking Status: Former smoker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthroid (levothyroxine)</td>
<td>50 mcg</td>
<td>5/19/2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feldene (piroxicam)</td>
<td>20 mg</td>
<td>5/13/2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipitor (atorvastatin)</td>
<td>10 mg</td>
<td>3/16/2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lasix (furosemide)</td>
<td>20 mg</td>
<td>2/13/2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ampicillin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>penicillin g potassium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfur (Sulfonamide Antibiotics) ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulfonylureas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malignant Hypertension</td>
<td></td>
<td>3/31/2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal History of Urinary tract Infection</td>
<td></td>
<td>3/31/2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension - Primary pulmonary</td>
<td></td>
<td>3/31/2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None Known</td>
<td></td>
<td>3/31/2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab Results</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematocrit</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INR</td>
<td>2.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Platelet Count</td>
<td>169</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prothrombin Time</td>
<td>27.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will prescribe Ms. Anderson a small dose of lisinopril and see increase the dose to 10 mg daily to bring her blood pressure within target. I will see Ms. Anderson in a followup evaluation in approximately one year or sooner if the need arises.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Most at Risk

• Under Medicaid, the “intent” to adopt was reported, but nothing has been done
• Getting “Close” is only good in the game of Horseshoe
• Not Reporting Honest Mistakes
• System Malfunctions
• Embellishing the thresholds
Utilize the services of a healthcare consultant, if necessary, to help guide you through the maze of vendors and regulations.

Partner with a reputable vendor with an excellent record in reliability and innovation. Document! Document! Document!

Be flexible and open minded about automation.

Prepare for it now.

Automation of patient records – in practices and hospitals - is coming.
Additional Tips

- Source Code
- Acceptance Period (Hardware & Software)
- Implementation Caveats
- No Front Loading of Support Fees
- No Front Loading the purchase terms
- Assignment
- Future Upgrades and New Releases
- Copyright infringements
- Warranties
- Termination
- Future providers and fees (Recurring cost)
Resources
Academy EHR Central

EHR Central

**Meaningful Use**
How to qualify for the EHR incentive
[Learn More »]

**Getting Started**
When to start your EHR implementation
[Learn More »]

**Vendor Selection**
Which vendor is right for your practice?
[Learn More »]

**Implementation**
When is the best time to launch?
[Learn More »]

**Evaluation**
What to do after your EHR system is up and running?
[Learn More »]

**EHR Community**
Review your EHR in the online community.
[Learn More »]
Attestation Resources

• Ophthalmology Meaningful Use Attestation Guide
• CMS Attestation Calculator
• Meaningful Use Specification Sheets
• AAOE EHR Committee
  – Email ehrinfo@aaoe.org
Audit Resources

- Vital Signs Exclusion Documentation
- Immunization Exclusion Documentation
- Sample Audit Request
- CMS Suggested Documentation
Questions?
Contact Us

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