

## 2015 MU Reporting – Overview of Requirements/Tasks

Presented by: Patty Kosednar, HTS MU Consultant  
Co-Hosted by Sarah Leake, HTS Quality Reporting and Payment Reform Specialist

11/04/2015 – 1–2 PM MST

HTS, a department of Mountain-Pacific  
Quality Health Foundation

# Welcome

- ▶ Thank you for spending your valuable time with us today.
- ▶ This webinar will be recorded for your convenience.
- ▶ A copy of today's presentation and the webinar recording will be available on our website. A link to these resources will be emailed to you following the webinar.
- ▶ All phones will be muted during the presentation and unmuted during the Q&A session. Computer users can use the chat box to ask questions throughout the presentation.
- ▶ We would greatly appreciate your providing us feedback by completing the survey at the end of the webinar today.

# Resources

- ▶ Many resources are available on this topic and referenced throughout this presentation.
- ▶ If you see a red asterisk ( \* ) it indicates that a link to this resources or more information on this topic is included in the resource section of this presentation.



**Mountain-Pacific**  
*Quality Health*

**HEALTH TECHNOLOGY SERVICES**

transforming health care through innovative technology

3404 Cooney Drive, Helena, MT 59602 • [www.healthtechnologyservice.com](http://www.healthtechnologyservice.com) • 406.457.5897

- ▶ Mountain-Pacific holds the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network–Quality Improvement Organization (QIN–QIO) contract for the states of Montana, Wyoming, Alaska and Hawaii, providing quality improvement assistance.
- ▶ HTS, a department of MPQHF, has assisted 1480 providers and 50 Critical Access Hospitals to reach Meaningful Use. We also assist healthcare facilities with utilizing Health Information Technology (HIT) to improve health care, quality, efficiency and outcomes.

# Legal Disclaimer

*The presenter is not an attorney and the information provided is the presenter(s)' opinion and should not be taken as legal advice. The information is presented for informational purposes only.*

*Compliance with regulations can involve legal subject matter with serious consequences. The information contained in the webinar(s) and related materials (including, but not limited to, recordings, handouts, and presentation documents) is not intended to constitute legal advice or the rendering of legal, consulting or other professional services of any kind. Users of the webinar(s) and webinar materials should not in any manner rely upon or construe the information as legal, or other professional advice. Users should seek the services of a competent legal or other professional before acting, or failing to act, based upon the information contained in the webinar(s) in order to ascertain what is may be best for the users individual needs.*

# Session Presenter

- ▶ Patty Kosednar, PMP, CPEHR





# Webinar Objectives

- ▶ High level overview of the new requirements for 2015 MU
- ▶ Walk you through what you need to know and do for 2015 MU reporting, based on the new MU requirements
- ▶ Identify CMS MU audit documentation recommendations
- ▶ Provide an MU checklist and resources
- ▶ Open Q&A session

# This Webinar will not include:

- ▶ Details about the 2015 objectives or information on stage 3. (See the slide deck from our webinar on 10/22 for this detailed information\*)
- ▶ Detailed Audit requirements (register for our webinar on 12/9 for detailed information\*)
- ▶ SLR or NLR attestation process – we will schedule a webinar in early January to cover this topic



# Agenda

- ▶ High Level Overview of Rule Change for MU 2015
- ▶ What MU “stage” you should report
- ▶ 2015 MU – Immediate Tasks
- ▶ 2015 MU – Tasks during your reporting period
- ▶ CMS Audit Documentation Recommendations
- ▶ 2015 MU High Level Task Check list
- ▶ Q&A
- ▶ Resources (an \* will be on slide if link to resource is included)

# 2015 MU

## High Level Overview of MU Changes

# 2015 MU Changed Rule

- ▶ No longer stage 1 and stage 2, everyone will be in “modified stage 2” in 2015
- ▶ One set of objectives regardless of original stage (EP–10 objectives, EH– 9 objectives) – no menu items
- ▶ “Alternate Exclusions” will apply for providers/hospitals that would have originally reported to stage 1 in 2015

# Exclusion vs Alternate Exclusion Example

Originally  
scheduled  
“stage 2”

Originally  
scheduled  
“stage 1”

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
Objective 5: Health Information Exchange	<p><b>Measure:</b> The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.</p> <p><b>Exclusion:</b> Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.</p>	<p><b>Alternate Exclusion:</b> Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.</p>

*(from EHR Incentive program 2015–2017 Tip Sheet)*

# 2015 MU Changed Rule, cont.

- ▶ Elimination of some objectives and changes to others
- ▶ EP Reporting Period – any continuous 90 day period during 2015 calendar year (minimum)
- ▶ EH Reporting Period – any continuous 90 day period from Oct 1, 2015 thru Dec 31, 2015 (minimum)
- ▶ Cannot submit attestations until January 2016

# Did Not Change in 2015

- ▶ Medicare and Medicaid Eligibility requirements
- ▶ CQM reporting requirements
- ▶ 2014 CERHT requirements

# MU Reporting Requirements

Criteria	Provider	Hospital/CAH
Objectives	10	9
# Public Health Measures	1*/2	2*/3
CQMs (measures/domains)	9/3	16
Reporting Period	continuous 90 day (minimum)	continuous 90 day (minimum)

(\* originally scheduled for stage 1)

The public health measures are included in the total number of objectives)



# 2015 Measures (Modified Stage 2)

- 1 Protect Patient Health Information
- 2 Clinical Decision Support
- 3 CPOE
- 4 Electronic Prescribing (eRx)
- 5 Health Information Exchange
- 6 Patient Specific Education
- 7 Medication Reconciliation
- 8 Patient Electronic Access (VDT)
- 9 Secure Messaging (EPs only)
- 10 Public Health and Clinical Data Registry Reporting Re

**Finalized!**

# MU 2015

What “stage” to report  
(are you eligible for “alternate exclusions”)

# Stages for Attestation

*Goal to report to the MODIFIED STAGE 2*

First year as a meaningful EHR user Stage of meaningful use	Stage of Meaningful Use		
	2015	2016	2017
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2014	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3
2015	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3
2016	N/A	Modified Stage 2	Modified Stage 2 Or Stage 3
* The Modifications to Stage 2 include alternate exclusions and specifications for certain objectives and measures for providers that were scheduled to demonstrate Stage 1 of meaningful use in 2015. <b>Note:</b> Alternate exclusion reporting continues in 2016 for CPOE (all providers) and eRx (for eligible hospitals) only.			

# For Medicaid Only

- ▶ If you skipped a year of reporting, the next time you report, you will proceed with MU year/stage as if you did not skip.
- ▶ Example
  - 2011 – AIU (AIU does NOT count as a year of MU)
  - 2012 – First year of MU – stage 1 year 1
  - 2013 – skipped year
  - 2014 – skipped year
  - 2015 – Second year of MU – Modified Stage 2, eligible for alternate exclusions
  - \*source: CMS FAQ PDF

# For Medicare Only

- ▶ Your progress through MU continues even if you skip a year of reporting:
- ▶ Example
  - 2013 – First year of MU – stage 1 year 1
  - 2014 – skipped year – (would have been stage 1 year 2)
  - 2015 – Third year of MU – Modified Stage 2, NOT eligible for alternate exclusions

# Modified Stage 2 in 2016

- ▶ For 2016 all must meet the requirements of Modified stage 2 WITHOUT alternate exclusion (no more stage 1 options)
  - Except for CPOE and eRX for (EH only)
- ▶ All must report for a full year in 2016. So the 2016 reporting year will begin on January 1, 2016.

# 2015 MU Tasks

Immediate tasks!!!!!!!!!!!!



# Create CMS MU Audit Folder

- ▶ Create an electronic audit folder to be used to store all MU related documentation, that gets backed up on your network.
- ▶ More detail will be provided on Audit Folder documentation recommendations on our 12/9 webinar

# Determine MU Eligibility

- ▶ Review rules of each program and establish or reestablish eligibility for this year
- ▶ Run reports for Medicaid eligibility
- ▶ Save reports in CMS MU audit folder

# Identify Practicing locations (EP)

- ▶ If a provider practices in more than one location that has a certified EHR, all their MU objectives need to be combined to determine the complete numerators and denominators.
- ▶ All yes/no MU objectives need to be met at each location (that has a certified EHR) a provider practices
- ▶ If the provider enters all of their patient encounter data into one EHR – even though they practice at other locations, than only use the info from that one EHR
- ▶ All tasks and requirements throughout this presentation are required for each location with a certified EHR where a provider practices.

# Confirm EHR Certified Version

- ▶ Verify your current EHR version is certified to 2014 CHPL requirements\*
- ▶ No upgrades should be needed for 2015, if already at 2014 certified version (even with rule changes, unless determined by your EHR vendor)
- ▶ Take screen shot of your EHR version, and the CHPL certification number and save in CMS MU audit folder

# Confirm EHR Configurations

- ▶ **Modified Stage 2 – with alternate exclusions** (originally stage 1)–
  - Drug/drug – drug/allergy alerts\*
  - Drug Formulary\*
  - 1 clinical decision support rule (CDS)\*
  - 9 CQMs (EP)
  - 16 CQMs (EH)
  
- ▶ **Modified Stage 2 – without alternate exclusions** (originally stage 2)
  - Drug/drug – drug/allergy alert\*
  - Drug Formulary\*
  - 5 clinical decision support rules\*
  - Secure Electronic Messaging (EP)\*
  - 9 CQMs (EP)
  - 16 CQMs (EH)

A red hexagonal callout box with a dark blue border, containing text about functionality requirements.

\* Functionality must be in place for entire MU reporting period!!!

# Confirm EHR Configurations, cont

- ▶ Take Screen shots proving required functionality (screen shot must show current date and organization name)
- ▶ You will need a screen shot for each EP location
- ▶ Do this immediately!!!! Must be done during reporting period (early in the reporting period better, first day of reporting period best)
- ▶ Save copies of screen shots in CMS MU audit folder

# Confirm EHR Functionality

- ▶ **Modified Stage 2 – with** alternate exclusions (originally stage 1)–
  - CPOE – medication orders
  - eRX (EP only)
  - Patient Portal
  - Public Health measures (EP 1, EH 2)
  
- ▶ **Modified Stage 2 – without** alternate exclusions (originally stage 2)
  - CPOE – medication, lab and radiology orders
  - eRX (EP and EH)
  - Patient Portal
  - Public Health measures (EP 2, EH 3)
  - Secure electronic messaging (EP Only)
  - Electronic transmission of care record



# Confirm Public Health Measures

- ▶ **Modified Stage 2 (originally stage 1) EP – 1, EH 2**
- ▶ **Modified Stage 2 (originally stage 2) EP – 2, EH 3**
  - Registries to choose from:
    1. Immunization registry
    2. Syndromic surveillance reporting
    3. Specialty registry reporting
    4. Electronic reportable lab (hospital only)
- ▶ Active Engagement with Public Health reporting must be within 60 days of start date of your reporting period.
  - If you are using Oct 3 – Dec 31 as your 90 day reporting period, the LATEST date to actively engage is 11/29/2015
- ▶ If you have actively engaged earlier in the year, suggest to contact Registry to receive an updated status.
- ▶ Save all communications with registries in your CMS audit folder.

# Run MU/CQM Reports

- ▶ Choose your CQM measures (align your choices with other reporting needs – UDS, PQRS, PCMH, ACO, IQR etc)
- ▶ Run your MU and CQM reports to determine you're your current performance
- ▶ Determine the MU Gap for each provider or your hospital
- ▶ Choose your MU reporting period

# 2015 MU Tasks

## During Your Reporting Period

# MU Tasks

- ▶ Identify and implement clinical workflows to meet/improve the MU objectives and CQM measures to meet requirements
- ▶ Perform a security risk assessment (or confirm the process of updating your existing SRA– this should be ongoing)
- ▶ Create proof of secure electronic messaging capability (EP only) – y/n objective. This functionality must be available for the entire reporting period

# MU Tasks cont.

- ▶ Have at least one patient for each provider (or the organization if EH) (seen during the reporting period) view, download or transmit their PHI from your portal
- ▶ Periodically monitor your MU and CQM reports and take corrective action as needed
- ▶ Create documentation to support any MU measures you are taking an exclusion for

# Confirm Registration and Info

- ▶ Register any providers that are new to MU in NLR (for Medicaid also SLR)
- ▶ Activate any providers that are new to your organization in PECOS (this can take a lot of time).
- ▶ Review NLR/SLR registration info (this may indicate changes that may be required in PECOS)
- ▶ Verify all provider's, your group proxy or your organization's proxy's login/password in NLR (for Medicaid also SLR)

# MU Tasks cont.

- ▶ Meet all MU performance (%) requirements





# Deadlines for Attestation

- ▶ For an EHR reporting period in 2015, EP, EH and CAHs must **attest by February 29, 2016**
- ▶ The NLR attestation system will not be available until 1 / 4 / 2016
- ▶ Check with your state to determine the availability of their SLR for attestation

# 2015 MU

## CMS Audit Documentation Recommendations

# MU Audit Documentation

- ▶ The Medicaid program may have additional audit requirements based on your State's program.
- ▶ Check with your State Medicaid office for more info, or contact your State's REC.

# CMS Audit Documentation Recommendations

- ▶ Medicaid: Patient Volume/Eligibility and location (EP) documentation
- ▶ Medicare: Reasonable Cost reports (EH only)
- ▶ Confirmation of CHPL Certification
- ▶ Source documents from EHR(s) to support each MU objective and CQM data (numerators/denominators/%)
- ▶ Screen shots to support EHR system configuration objectives

# CMS Audit Documentation Recommendations, cont

- ▶ Copy of updated/current Security Risk Assessment
- ▶ Copy of submission for Public Health objective(s) or doc to support “actively engaged with” registries
- ▶ Documentation to support exclusion to any objective

# 2015 MU

High Level Snapshot of MU Tasks Needed for  
2015

# MU Checklist of Tasks (1)

- ❑ Determine CMS EHR program eligibility
- ❑ Create CMS MU audit folder
- ❑ Calculate and document Medicaid Eligibility
- ❑ Determine if providers practice in more than one location
- ❑ Confirm EHR version is 2014
- ❑ Determine “Stage” of MU for each provider (or EH)
- ❑ Verify EHR configurations and functionality
- ❑ Take screenshots of EHR configurations (for all locations)

# MU Checklist of Tasks (2)

- ❑ “Actively Engage” or confirm ongoing submission for the Public Health measures
- ❑ Choose CQMs (align with other quality programs if possible)
- ❑ Run MU and CQM reports/determine MU gap (for all locations)
- ❑ Monitor MU performance and adjust workflows
- ❑ Choose MU reporting period
- ❑ Verify EP registration info in PECOS, NLR and SLR if Medicaid
- ❑ Verify all SLR/NLR logins and passwords



# MU Checklist of Tasks (3)

- ❑ Perform or Update Security Risk Assessment
- ❑ Have at least one patient (per provider or EH) seen during reporting period view, download or transfer health information
- ❑ Meet MU objectives and CQM requirements
- ❑ Attest via NLR or SLR
- ❑ Finalize CMS MU audit folder documentation

# 2015 MU

## Resources

# Resources

- ▶ HTS MU Rule Changes webinar slide deck from 10/22  
[http://qhs.org/janda/announcements\\_details.php?aid=37](http://qhs.org/janda/announcements_details.php?aid=37)
- ▶ HTS CMS Audit Folder preparation webinar registration information:  
[http://qhs.org/janda/announcements\\_details.php?aid=37](http://qhs.org/janda/announcements_details.php?aid=37)
- ▶ Heath Technology Services website  
<http://www.healthtechnologyservice.com/>
- ▶ EHR incentive Program website:  
<http://www.cms.gov/EHRIncentivePrograms/>
- ▶ CHPL Certified E.H.R info:  
<http://oncchpl.force.com/ehrcert>

# Resources, cont.

- ▶ 2015 EHR CMS Link <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2015ProgramRequirements.html>
- ▶ CMS 10/8/2015 Webinar: EHR Incentive Programs Final Rule Overview and What You Need to Know for 2015
  - [PDF Presentation](#)
  - [Webinar Recording](#)
- ▶ [EHR for Eligible Professionals: What You Need to Know for 2015 Tip sheet](#)
- ▶ [EHR for Eligible Hospitals and CAHs: What You Need to Know for 2015 Tipsheet](#)
- ▶ [EHR Incentive Programs in 2015–2017 Overview Fact Sheet](#)
- ▶ FAQ Page Top Questions <https://questions.cms.gov/>

# How HTS Can Help

- ▶ **Quality Reporting Program Assistance**
  - \*PQRS & Value-Based Modifier for Providers, HIQR for Hospitals
- ▶ **Meaningful Use**
  - \*Avoiding payment adjustments
  - \*Stage 1 and Stage 2 assistance for EH or EPs
- ▶ \*2015 Meaningful Use Requirements
- ▶ **Security Risk Assessments**
  - \*Basic or Comprehensive SRAs
- ▶ **HIT Consulting and Project Management**
  - \*Assistance with interfaces, HIE, etc.
- ▶ **Combined Services**
  - \*Year long assistance with Meaningful Use, PQRS/IQR and ICD-10

HTS services and pricing can be found on our website:

# Questions?



Health Technology Services

Patty Kosednar

406-461-4410

[pkosednar@mpqhf.org](mailto:pkosednar@mpqhf.org)

[www.healthtechnologyservice.com](http://www.healthtechnologyservice.com)

Thank You

Please complete our survey after the  
webinar