2016 MU Reporting – Review of Requirements/Tasks

Presented by: Patty Kosednar, MU Consultant
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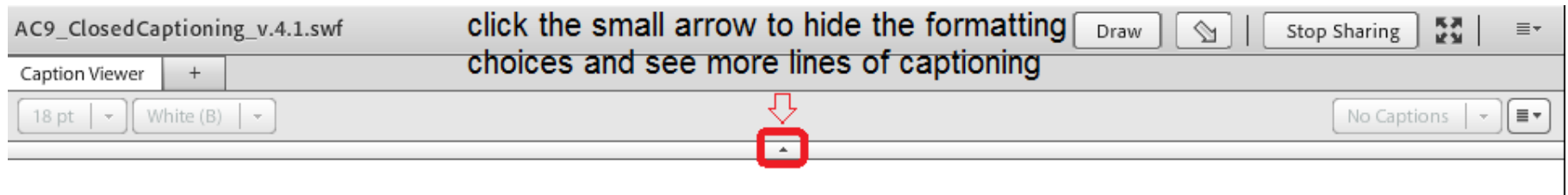
HTS, a department of Mountain-Pacific
Quality Health Foundation

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transforming health care through innovative technology

- 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.

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Session Presenter

▸ Patty Kosednar, PMP, CPEHR

Webinar Objectives

- Overview of requirements for 2016 MU
- Discuss new 90 day reporting
- Review of all MU tasks needed for 2016
- Review registration steps
- Identify CMS MU audit documentation recommendations
- Provide a MIPS overview – on how MU changes for 2017 for the Medicare EHR Incentive Program

Acronyms

- CMS – Centers of Medicare & Medicaid Services
- MU – Meaningful Use
- EP – Eligible Provider
- EH – Eligible Hospital
- EHR – Electronic Health Record (software)
- CEHRT – Certified Electronic Health Record Technology
- CHPL – Certified Health IT Product List
- CAH – Critical Access Hospital
- CQM – Clinical Quality Measure
- eCQM – Electronic Clinical Quality Measure
- SRA – Security Risk Assessment
- HIE – Health Information Exchange

Acronyms, cont.

- CPOE – Computer Provider Order Entry
- eRX – electronic Prescribing
- HIPAA – Health Insurance Portability and Accountability Act
- NLR – National Level Registry
- SLR – State Level Registry
- IQR – Inpatient Quality Reporting
- FAQ – Frequently Asked Question
- MACRA – Medicare Access and CHIP Reauthorization Act
- QPP – Quality Payment Program
- MIPS – Merit-based Incentive Payment System
- APM – Alternative Payment Model
- PQRS – Physician Quality Reporting System
- VBM – Value Based Modifier

Meaningful Use "Sunsetting"

▸ For the Medicaid EHR Incentive Payment Program participants – the program will remain as is through 2021

▸ For Medicare EHR Incentive Payment Program participants – MU will be incorporated into the Merit-based Incentive Program System (MIPS) starting in 2017

*if you submit MU via the Medicaid program, and do any Medicare Part B billing – you will need to submit data to both programs

2016 MU

MU Requirements 2016

Same ole, same ole

- Eligibility requirements for Medicare and Medicaid have not changed

- Still need to be on 2014 certified EHR (or 2015 or combination of the two)

- Still need to perform or update a HIPAA security risk assessment

- Still need to report 2014 CQMs as required EH/EP

Modified Stage 2: Alternate Exclusions

▸ Determine if any alternate exclusions apply to you

▸ They will apply to providers or hospitals who would have originally reported to "stage 1" in 2016

▸ Providers/hospitals will report to "stage 1" for 2 years in the program. If you have reported MU (or should have) for 2 years, alternate exclusions will not apply to you

Modified Stage 2

- If you would have originally reported to Stage 1 in 2016, you are still eligible for these alternate exclusions:
  - EP and EH –
    - Computer Provider Order Entry (CPOE)
    - Public Health Measures
  - EH - ePrescribe (eRX)

- Other than items listed above, everyone reports the same measures, with the same options for exclusions, no matter what "Stage" you might have been in for 2016

- CMS tipsheet on alternate exclusions: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_AlternateExclusionsfor2016.pdf

2016 MU Requirements

Criteria	Provider	Hospital/CAH
Objectives	10	9
# Public Health Measures	2/3	3/4
CQMs (measures/domains)	9/3	16/3
Reporting Period	90 days	90 days

2016 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

Link to measure specs

- It's December, so I'm not going to review all the measures, but if you do need to check them out or see what exclusions are available for each measure

- 2016 MU requirements page CMS:
  https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html

2016 Reporting Period

- On 11/1/16 – CMS announced a 90 day reporting period for 2016 MU EP and EH

- Any continuous 90 day period in the 2016 calendar year

- CMS also announced a 90 day period for 2017 MU reporting (more on this later)

- Medicaid eligibility report date ranges may change based on your 90 day period or when you attest

2016 MU Tasks

MU Tasks

- Create an CMS MU Audit Folder
  - MU audit data must be saved for 6 years
  - Recommend electronic copies of documentation stored on network that is backed up regularly
- Verify/confirm any providers practicing in more than one location (all MU tasks must be done at all locations)
  - More info: http://mpqhf.com/blog/709-2/
- Verify Medicaid eligibility
  - 90 day period may change your eligibility -check with your state

MU Tasks

- Take screen shot confirming 2014 EHR certified version
  - Take screen shot of actual version number in your EHR
  - Take screen shot of confirmation of that version being certified in CHPL
- Take screen shot of (during reporting period):
  - Drug/drug – drug/allergy alert
  - Drug Formulary (part of eRX objective)
  - 5 clinical decision support rules (related to CQMs)
- All screen shots should include the system date and name of organization in the image

MU Tasks

▸ Confirm public health registries 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)

▸ Have recent activity showing you are "actively engaged" (an email with current status of your registration or indicating your interest in registration or "intent to participate").

Public Health: EPs

From CMS Tip Sheet for 2016 MU Requirements

- In order to meet this objective an EP would need to meet two of the total number of measures available to them.

- An exclusion for a measure does not count toward the total of two measures. If an EP excludes from a measure, they must meet or exclude from the remaining measures in order to meet the objective.

- If the EP qualifies for multiple exclusions and the remaining number of measures available to the EP is less than two, the EP can meet the objective by meeting the one remaining measure available to them.

- If no measures remain available, the EP can meet the objective by meeting the requirements for exclusion from all three measures

Public Health: EHs

From CMS Tip Sheet for 2016 MU Requirements

▸ In order to meet this objective an eligible hospital or CAH would need to choose from measures 1 through 4 and successfully attest to any combination of three measures.

▸ An exclusion for a measure does not count toward the total of three measures. If an eligible hospital or CAH excludes from a measure, they must meet or exclude from the remaining measures in order to meet the objective.

▸ If the eligible hospital or CAH qualifies for multiple exclusions and the remaining number of measures available to the eligible hospital or CAH is less than three, the eligible hospital or CAH can meet the objective by meeting the one remaining measure available to them.

▸ If no measures remain available, the eligible hospital or CAH can meet the objective by meeting the requirements for exclusion from all four measures.

Public Health Resources:

▸ CMS Tip Sheets on Public Health, includes details on how/when to take exclusions, definition of "active engagement", how to find a registry and a list of FAQs

▸ EP: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPPublicHealthReporting.pdf

▸ EH: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EHPublicHealthReporting.pdf

▸ FAQ: MUST READ for exclusions!!!! https://questions.cms.gov/faq.php?isDept=0&search=faq14401&searchType=keyword&submitSearch=1&id=5005

MU Tasks

▶ Perform or update your security risk assessment

  ◦ From CMS Tip Sheet: "It is acceptable for the security risk analysis to be conducted outside the EHR reporting period; however, the analysis must be unique for each EHR reporting period, the scope must include the full EHR reporting period, and the analysis or review must be conducted prior to the date of attestation"

▶ EP only – Have each provider send an electronic message to at least one patient (seen during the reporting period) using secure electronic messaging functionality

MU Tasks

- 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

- Create documentation to support any exclusions you are taking to any measure

- 2016 MU requirements page CMS measure specs: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016 ProgramRequirements.html

MU Tasks cont.

- Activate any providers that are new to your organization in PECOS/I&A Account (this can take a lot of time).

- Register any providers that are new to MU in NLR (for Medicaid also SLR)

- 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)

Deadlines for Attestation

- Medicare EHR program – EP, EH must **attest by February 28, 2017**

- MT Medicaid EHR program – EP/EH attestation deadline is March 31, 2017
- MT SLR open now for 2016 MU attestations

- Other states, please check with you SLR for Medicaid dates

2016 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 Mountain-Pacific QIO representative.

- CMS MU Audit Doc Tip Sheet: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/AppealsAudits_2015through2017SupportDoc.pdf

CMS Audit Documentation Recommendations

- Medicaid: Patient Volume/Eligibility and location (EP) documentation

- Confirmation of CHPL Certification (screen shots)

- Source documents from EHR(s) to support each MU objective and CQM data (numerators/denominators/%)

- Screen shots to support EHR system configuration objectives
  - Drug/drug – drug/allergy alert
  - Drug Formulary (part of eRX objective)
  - 5 clinical decision support rules (related to CQMs)

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

- HTS Webinar on Audits: http://mpqhf.com/corporate/wp-content/uploads/2016/02/12_9_15-MU-Audits-Presentation.pdf

MU 2016

Registration

EHR Registration Steps

- Need I & A Account (Identity and Access Management System)
- Need active and approved record in PECOS (provider enrollment and chain ownership system)
- Complete registration in the CMS EHR Registration (National Level Registry)
- Medicaid Only – complete registration in the Medicaid State Level Registries (SLR)

- HTS EHR Program Registration Webinar http://mpqhf.com/corporate/wp-content/uploads/2016/02/12_15_15-CMS-EHR-Registration-Presentation.pdf

- CMS Checklist for EHR and PECOS registration: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Registration_Attestation_PECOChecklist_09_25_12.pdf

2017 MU

Start planning

2017 Meaningful use

▸ For both Medicaid MU and Medicare MIPS – a 90 day reporting period in 2017

▸ For both Medicaid MU and Medicare MIPS – you will have the option of reporting using 2014 or 2015 certified EHR (for 2018 reporting period, 2015 cert EHR will be required)

▸ If you are part of a Advanced Payment Model (for Medicare only) check with your APM to see what reporting they will do for you

MU and MIPS for 2017

MIPS MU or Advancing Care Info

- MIPS MU only applies to providers who bill Medicare Part B (physician fee schedule)

- If you do not bill Medicare Part B and currently report your MU via the Medicaid EHR Incentive Payment Program – you will continue to meet the requirements of the Medicaid EHR Incentive Program and report MU via your SLR.

*if you submit MU via the Medicaid program, and do any Medicare Part B billing – you will need to submit data to both programs

MIPS MU or Advancing Care Info (ACI)

- Under MIPS the following provider types are eligible:
  - Physician
  - Physician Assistant
  - Nurse Practitioner
  - Clinical Nurse Specialist
  - Certified Registered Nurse Anesthetist
- You may need to set them up in your EHR to begin collecting data for them, since they were not eligible for the Medicare MU program

- Measures are similar, so if you have providers that are currently meeting the requirements of the Meaningful Use program, they should meet the requirements under the Quality Payment Program

MIPS MU or Advancing Care Info (ACI)

- These are the measures required for 2017 ACI reporting (for required measures you only have to report 1 numerator for each threshold measure and be able to attest "yes" for the SRA measure to pass the ACI category, to get the base score):
  - security risk assessment (SRA)
  - E-Prescribing
  - provide patient access (Patient Portal)
  - health information exchange
- Additional measures you can report in 2017 for higher scoring:
  - view, download or transmit electronic patient information
  - patient-specific education
  - secure messaging
  - medication reconciliation
  - public heath reporting
- ACI measures will vary in 2017 based on which version of EHR you are on (2014 or 2015 or combination)

MIPS MU or Advancing Care Info (ACI)

- If you have providers that are eligible for the Quality Payment Program (Medicare) and also for the Medicaid EHR Incentive Program (Meaningful Use), they will need to meet and attest to the requirements for both programs.

- In 2018, part of the requirement for the ACI performance category is use of a 2015 certified version of your EHR

Taming the MIPS Monster

- Mountain Pacific/HTS had a webinar yesterday with more information on the complete MIPS program:

- http://mpqhf.com/corporate/wp-content/uploads/2016/12/Taming-the-MIPS-Monster-12-7-2016.pdf

2016 MU and MIPS

Resources

MIPS Resources

- CMS QPP page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program.html

- MIPS Advancing Care Info Fact Sheet: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Advancing-Care-Information-Fact-Sheet.pdf

- Federal Register (Full MACRA/MIPS Proposed Rule) https://www.federalregister.gov/articles/2016/05/09/2016-10032/medicare-program-merit-based-incentive-payment-system-mips-and-alternative-payment-model-apm

MU Additional Resources

- CMS 2016 Program Requirements https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html
- Heath Technology Services website http://www.healthtechnologyservice.com/
- EHR incentive Program website: http://www.cms.gov/EHRIncentivePrograms/
- CHPL Certified E.H.R info: https://chpl.healthit.gov/#/search
- CMS Checklist for EHR and PECOS registration: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Registration_Attestation_PECOChecklist_09_25_12.pdf

New HTS Blogs

▸ Meaningful Use Blog:
http://mpqhf.com/blog/mu/

▸ PQRS Blog: http://mpqhf.com/blog/pqrs/

▸ MACRA/QPP Blog:
http://mpqhf.com/blog/macra/

Questions?

Health Technology Services/Mountain Pacific

Patty Kosednar

406-461-4410

pkosednar@mpqhf.org

www.gotohts.com

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