2017 EHR Incentive Program – Review of Requirements/Tasks

Presented by: Patty Kosednar, MU Consultant
04/19/2017
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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, CPHIMS
Acronyms

- ACI – Advancing Care Information
- APM – Alternative Payment Model
- ASC – Ambulatory Surgical Center
- CAH – Critical Access Hospital
- CDS – Clinical Decision Support
- CEHRT – Certified Electronic Health Record Technology
- CHPL – Certified Health IT Product List
- CMS – Centers of Medicare & Medicaid Services
- CPOE – Computer Provider Order Entry
- CQM – Clinical Quality Measure
- eCQM – Electronic Clinical Quality Measure
- EP – Eligible Provider
- EH – Eligible Hospital
- EHR – Electronic Health Record (software)
Acronyms

- FAQ – Frequently Asked Question
- HIE – Health Information Exchange
- HIPAA – Health Insurance Portability and Accountability Act
- HIT – Health Information Technology
- HTS – Health Technology Services
- I & A – Identity and Access Management Account
- IQR – Inpatient Quality Reporting
- MACRA – Medicare Access and CHIP Reauthorization Act
- MIPS – Merit-based Incentive Payment System
- MU – Meaningful Use
- NLR – National Level Registry
- PECOS – Provider Enrollment Chain/Ownership System
- QPP – Quality Payment Program
- SLR – State Level Registry
- SRA – Security Risk Assessment
HTS MU Blog

- To get up to date information and access MU steps needed throughout the year:

- Register here: http://mpqhf.com/blog/mu/
Webinar Objectives

- Review new/revised definition of “meaningful” programs in 2017
- Differentiate between Medicare and Medicaid EHR Incentive programs and MIPS
- Review proposed changes from CMS
- Discuss Stage 2 and Stage 3 options
- Review tasks needed for Stage 2 Medicare and Medicaid EHR Incentive programs
- A little bit on MIPS ACI Category
- Prep for 2018
- Resources
- Q&A
Focus on Mod Stage 2

- This webinar will provide high level info and links to resources for Stage 3

- Focus of this webinar will be on information and tasks related to Modified Stage 2

- A future webinar or our blog will present more detail on Stage 3 requirements
Poll 1

- For 2017, do you plan on reporting to:
  - Modified Stage 2
  - Stage 3
Poll 2 – providers only

- How many of you also need to know details for the Advancing Care Information (ACI) category of MIPS?
  - Yes
  - no
4/14/17 – CMS announces proposed changes for the EHR Incentive programs for 2017 and 2018

These are “proposed” changes however, in the past these tend to get approved

Recommend – meet requirements as the are NOW, hoping for the changes to be approved

**Details on the changes in a few slides

CMS announcement:
Proposed Changes

- CMS announced proposed changes to the Medicare and Medicaid EHR incentive programs for 2017 and 2018
- Possible changes will be identified throughout this presentation with **
2017 EHR Incentive Program

EPs – 2 different “meaningful use” programs:

- Medicaid EHR Incentive Program

- For Medicare:
  - Quality Payment Program (MACRA)
    - Merit Based Incentive Payment System (MIPS)
      - Advancing Care Information (ACI) category
      - Alternative Payment Model (APM)
Eligible Professionals

- If eligible under the Medicare QPP program you MUST report (either MIPS or APM) to avoid penalties

- If eligible for Medicare QPP and Medicaid EHR Incentive Program, and can still receive incentive $$$ from Medicaid, you will report to both the Medicare QPP program and your state Medicaid EHR Incentive Program
Eligible Hospitals

- There are 2 programs for hospitals as well
  - Medicare EHR Incentive Program
  - Medicaid EHR Incentive Program

- Report to the one you are eligible for

- If Dual eligible, you MUST at least report to Medicare, but you may no longer need to also report to your state’s Medicaid program, if you have received all incentives/reported for all available years. Check with your state program for options.
You must be on minimum 2014 certified EHR

**90 day reporting period (both objectives and CQMs)

Can report to Modified Stage 2 or Stage 3

- Stage 3 requires 2015 or greater certified EHR
- If first year reporting, must do Mod Stage 2

For Modified Stage 2 – there are NO alternative exclusions available

For EH–objectives differ between programs

There are some objective changes for Modified Stage 2 from last year

Stage 3 – lots of new requirements
2017 Medicaid EHR Incentive Program
MU Requirements for EPs and EHs 2017
## 2017 Medicaid MU Modified Stage 2 Requirements

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Provider</th>
<th>Hospital/CAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td># Public Health Measures</td>
<td>2/3</td>
<td>3/4</td>
</tr>
<tr>
<td>CQMs (measures/domains)</td>
<td>9/3</td>
<td><strong>16/3</strong></td>
</tr>
<tr>
<td>Reporting Period</td>
<td>90 days</td>
<td><strong>90 days</strong></td>
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</table>
# 2017 Medicaid Measures (Modified Stage 2)

<table>
<thead>
<tr>
<th></th>
<th>Measure</th>
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<tbody>
<tr>
<td>1</td>
<td>Protect Patient Health Information</td>
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<tr>
<td>2</td>
<td>Clinical Decision Support</td>
</tr>
<tr>
<td>3</td>
<td>CPOE</td>
</tr>
<tr>
<td>4</td>
<td>Electronic Prescribing (eRx)</td>
</tr>
<tr>
<td>5</td>
<td>Health Information Exchange</td>
</tr>
<tr>
<td>6</td>
<td>Patient Specific Education</td>
</tr>
<tr>
<td>7</td>
<td>Medication Reconciliation</td>
</tr>
<tr>
<td>8</td>
<td>Patient Electronic Access (VDT)</td>
</tr>
<tr>
<td>9</td>
<td>Secure Messaging (EPs only)</td>
</tr>
<tr>
<td>10</td>
<td>Public Health and Clinical Data Registry Reporting</td>
</tr>
</tbody>
</table>
Specific objective changes from last year:

EPs
- Objective 8, Measure 2: Patient Electronic Access
  - Change from: 1 patient view, download or transfer
  - Change to: more than 5%
- Objective 9: Secure Messaging
  - Change from: 1 secure message
  - Change to: more than 5%

EHs
- Objective 8, Measure 2: Patient Electronic Access
  - Change from: 1 patient view, download or transfer
  - Change to: more than 5%
Link to Medicaid Modified Stage 2 objective specs

- EP Medicaid Modified Stage 2 Specs:

- EH Medicaid Modified Stage 2 Specs:
Medicaid Modified Stage 2 CQMs

- EPs – must report 9 CQMs over 3 domains
- EHs – must report **16 CQMs over 3 domains

**EHs – electronic reporting of CQMs for the Inpatient Quality Reporting (IQR) program will count for CQM submission only for the Medicare EHR Incentive Program, and may NOT count for the Medicaid EHR Incentive Program. Check with your state**
The original final rule for the Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 – 2017 states that no payments can be made to hospitals after 2016 unless the hospital has been paid in the previous year. Hospitals must receive payment on a consecutive, annual basis after 2016. This comes from page 44,497 of the original final rule in 2010 that states:

“Section 1905(t)(5)(D) requires that no payments can be made to hospitals after 2016 unless the provider have been paid a payment in the previous year; thus, while Medicaid EPs are afforded flexibility to receive six years of payments on a non–consecutive, annual basis, hospitals receiving a Medicaid incentive payment must receive payments on a consecutive, annual basis after the year 2016. Prior to 2016, Medicaid incentive payments to hospitals can be made on a nonconsecutive, annual basis.”

If you wish to continue to participate in the Medicaid EHR Incentive Payment Program in the future, you will need to attest and receive payment for program year 2016.
2017 Medicare EHR Incentive Program

MU Requirements for EHs 2017
Medicare providers will now report “meaningful use” through the CMS Quality Payment Program (QPP) via MIPS or an Alternative Payment Model (APM)
## 2017 Medicare MU Modified Stage 2 Requirements

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*Electronic CQMs successfully submitted via the IQR program can count for the Medicare EHR Incentive program*
2017 Medicare Measures (Modified Stage 2)

- 1. Protect Patient Health Information
- 2. Electronic Prescribing
- 3. Health Information Exchange
- 4. Patient Specific Education
- 5. Medication Reconciliation
- 6. Patient Electronic Access
- 7. Public Health Reporting
Specific measure changes from last year:

**EHs**
- Computer Provider Order Entry (CPOE) objective is removed
- Clinical Decision Support (CDS) rule objective is removed
- Objective 6, Measure 2: Patient Electronic Access
  - Change from: More than 5% patient view, download or transfer
  - Change to: 1 unique patient
Link to Medicare 2017 objective specs

- EH Medicare Modified Stage 2 Specs:
EHR Incentive Program – Medicare and Medicaid programs

- 2017 reporting year
  - **Hospitals**
    - 6 CQMs only (not 16) aligns with proposed changes IQR
    - 2 quarters (you choose quarters) (6 months) of data (not 90 days), aligns with proposed changes for IQR
  - **Providers** (Medicaid program only)
    - If reporting CQMs *electronically*, 90 days of data (not full year)
    - Aligning CQMs available (choices) with MIPS program
    - Ambulatory Surgical Center (ASC) based providers no longer penalized (eligible for MU penalties)
EHR Incentive Program – Medicare and Medicaid programs

- 2018 reporting year
  - **Hospitals**
    - Objective measures (not CQM) reporting period is 90 days (not full year)
    - 6 CQMs only (not 16) aligns with proposed changes for IQR
    - First 3 quarters (9 months) of data (not full year)
  - **Providers** (Medicaid program only)
    - Objectives and CQMs reporting period 90 days (not full year)
    - Aligning CQMs available (choices) with MIPS program
    - Ambulatory Surgical Center (ASC) based providers no longer penalized (eligible for MU penalties)
IQR Proposed Changes (eCQM changes only)

- **2017 Reporting Year:**
  - 6 eCQMs (aligns with EHR Incentive Programs), instead of 8
  - 2 quarters (you choose quarters) of data (6 months), instead of full year
  - Aligns cert EHR requirements with EHR programs

- **2018 Reporting Year:**
  - 6 eCQMs (aligns with EHR Incentive Programs)
  - First 3 quarters of data (9 months)
  - Aligns cert EHR requirements with EHR programs
A Bit about Stage 3
Stage 3

- Optional in 2017
- Must be on 2015 version of cert EHR
- **90 day reporting period for objectives and CQMs

- Will be required in 2018 for all
Link to Stage 3 objective specs

- EP Medicaid Stage 3 objective specs:

- EH Medicaid Stage 3 objective specs:

- EH Medicare Stage 3 objective specs:
2017 Modified Stage 2 MU Tasks
MU tasks – do first!

- Upgrade to 2015 version is required this year sooo.
  - Decide if you want to report before or after your upgrade (recommend before)
  - Run your Modified Stage 2 MU reports and verify your performance based on program (Medicare/Medicaid)
  - Work to improve performance to levels needed
  - Get your 90 days as soon as possible and get it out of the way
- Upgrading will be hard enough, get MU out of the way if possible
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)

- Medicaid Only – Verify Medicaid eligibility
  - check with your state for calculations
MU Tasks

- Take screen shot confirming 2014 EHR certified version (minimum)
  - 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):
  - Access to Drug Formulary (part of eRX measure)
  - Medicaid Only – 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

- Run your MU reports for the objective measures and CQM (or eCQM) measures and verify data is tracking correctly, identify your MU gap, and identify workflow training needed.

- Rerun these reports as needed – as soon as possible choose your 90 day period (hospital CQMs may need 6 months of data!)

- Choose your reporting period, working around your 2015 EHR upgrade if possible.
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”).
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”

MU Tasks

- Medicare Only – Have at least one patient for your organization (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
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 and SLR – Medicaid only

- 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 – EH must attest by February 28, 2018
- For Medicaid, check with your state for the reporting deadline
Advancing Care Information (ACI) MIPS – 2017
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
2017 MIPS transition

2017 options:
  ◦ Test (submit “some” data)
  ◦ Report for 90 days (all categories for 90 days)
  ◦ Report for full year (all categories for full year)

Test option:
  ◦ 1 quality measure or
  ◦ 1 improvement activity or
  ◦ 4 or 5 required ACI measures
## MU Advancing Care Info (ACI)

- ACI measures will vary in 2017 based on which version of EHR you are on (2014 or 2015 or combination) – for “test” option, submit yes or at least 1 numerator

<table>
<thead>
<tr>
<th>2014 cert EHR</th>
<th>2015 (or combo of 2014/2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Risk Analysis</td>
<td>Security Risk Analysis</td>
</tr>
<tr>
<td>E-Prescribing</td>
<td>E-Prescribing</td>
</tr>
<tr>
<td>Provide Electronic Patient Access</td>
<td>Provide Electronic Patient Access</td>
</tr>
<tr>
<td>Health Information Exchange (send summary of care)</td>
<td>Health Information Exchange (send summary of care)</td>
</tr>
<tr>
<td></td>
<td>Health Information Exchange (request/accept summary of care)</td>
</tr>
</tbody>
</table>
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 and full year reporting.
2018 MU

Start planning
2018 Medicaid/Medicare EHR Incentive Programs

- **Full year reporting required in 2018**
- Must be upgraded to 2015 certified version of EHR
- Everyone must attest to Stage 3 measures

- As soon as upgrade for 2015 version is complete, run Stage 3 reports and
  - Identify the MU stage 3 gap
  - Work with staff on correct (new version) workflows needed (for both objectives and CQMs)
  - Continue to monitor and improve performance for 2018 – full year reporting requirements
2017 MU and MIPS

Resources
2017 MU Resources


MIPS Resources

- MIPS Advancing Care Info Fact Sheet: https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf
- HTS MIPS Blog: http://mpqhf.com/blog/macra/
MU Additional Resources

- EHR incentive Program website: http://www.cms.gov/EHRIncentivePrograms/
- CHPL Certified E.H.R info: https://chpl.healthit.gov/#!/search
Questions?
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