Meaningful Use 2016 and Beyond

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What is Meaningful Use?

• Federal and State incentive payment program for Eligible Professionals (EP’s) that either adopt, implement, upgrade or attest to usage of a Certified (ONC) EMR application

• Began in 2011

• Two Programs
  – Medicaid
  – Medicare
Components of Meaningful Use Attestation

Electronic Health Record Utilization Measures such as:

- Electronic lab, prescription, and radiology ordering
- Use of Clinical Decision Support rules
- Patient Engagement (Patient Portal)
- Interoperability Connections

  • LINKS
  • HIE
  • Direct Messaging
Medicare “Meaningful Use” is Ending

2016 is the last year of the Medicare Meaningful Use Program for EP’s!

Beginning in 2017, this will be done through Merit-Based Incentive Payment System (MIPS) reporting, as “Advancing Care Information”
Medicaid Meaningful Use Will Continue

- Payments are for up to 6 years:
  - Final Payment year is 2021
  - First year is AIU: $21,500
  - Years 2-6 are attestation: $8,500 per year

- Requirements to participate:
  - 30% of patient volume is Medicaid
    - 20% if Pediatrician
  - If an FQHC, 30% can be made up of a mix of Medicaid and uninsured*
  - Eligible Professionals (EPs) include Physicians (MD, DO, Optometrist, Dentist, NP, Nurse Midwives, PA’s)

$64,500 in incentives!
Patient Volume Assessment

- 90 day continuous period in previous CY or in the past 12 months
- Must include *all encounters*
- Zero pay claims ok
- Patient Volume can be calculated as a group
  - If done as a group, everybody has to use the group volume
  - For purposes of the Louisiana Medicaid EHR Incentive Program, a group/clinic is defined as “A group of healthcare practitioners organized as one legal entity under one Tax Identification Number (TIN).”
2016 is the **final year** for enrollment in Medicaid Meaningful Use
Year 1 Medicaid--AIU

• Stands for Attestation, Implementation, and Upgrade
• Requires less documentation than following years
• Attestation to measures is not required for AIU
• Registration with CMS and LDH Meaningful Use Program is due by DECEMBER 31st for first time participants
• Continuing participants (Years 2 and beyond) still must attest by February 28, 2017
Registration and Attestation for the Louisiana EHR Incentive Program- Step 1

Step 1: All EP’s attesting in 2016 must go to the CMS website to verify/complete registration for the “Medicaid” EHR Incentive Program

Login Link:  https://ehrincentives.cms.gov/hitech/login.action
Registration and Attestation for the Louisiana EHR Incentive Program- Step 2

Step 2: Receive “CMS Registration ID” and login to Medicaid EHR Incentive Program site

- CMS Registration ID should come via email once CMS registration is complete
- There is a 2-3 day wait once submitted into CMS before the State Portal will be accessible

Login Link: https://laconnect.thinkhts.com/
Registration and Attestation for the Louisiana EHR Incentive Program - Step 3

Step 3: Enter information about program year, location, patient volume, CMS EHR Certification ID, etc. and upload required documents

- For AIU providers, upload only requires:
  - EHR Proof of Purchase
  - W9

- For providers in program year 2 or beyond, upload requires:
  - W9
  - Dashboard
  - Security Risk Analysis

- Other documents are required in case of an audit that are not required for upload (copy of patient volume report, screenshots, etc.)
what should they do with these other documents? Keep on hand? upload anyway?
Jessica Riccardo, 12/1/2016
Collaborator Information

To help facilitate this process for new and first time providers, LDH has created the Collaborator Program

Collaborators are there to:

- Provide support for organizations and EPs to help complete the step-by-step process for registration and attestation
- Assist providers in completing the AIU process requirements
- Answer questions prior to, throughout, and after the process

Beginning in January 2017, collaborators will also assist with the attestation for “full” Meaningful Use
be sure to spell out words in general. Here it was "Info" which is too informal
Jessica Riccardo, 12/1/2016

is the attestation part true?
Jessica Riccardo, 12/1/2016

generally double check this for accuracy. there seemed to be a lot of redundant information in the list and i’m not sure all my changes reflect accurate information
Jessica Riccardo, 12/1/2016
Plan Ahead!

1. Coordinating with EP’s to complete CMS registration can be time consuming—begin today!
2. There is a 2-3 day delay between completion of CMS registration and access to the LDH Portal
3. If you have providers that have begun in late 2016 (October and beyond) who have not previously attested, the group patient volume *must* be used if you wish to attest for them in 2016*
4. Figuring out the options for part-time EP’s can be tricky
5. Audits of Meaningful Use are conducted independently of LDH, and it is important to keep documentation of all things submitted in case of audit
6. If you have specific questions, please contact me at jmillaway@lphi.org
Example Timeline

• This week: Pull patient volume report from your EHR for a 90 day time period for the group, and ensure that you meet the requirements for Medicaid Meaningful Use

• Week of December 5th:
  – Set up I&A access, or find CMS logins for providers
  – Identify which providers have not registered or participated in the MU program previously
  – Update information and register providers in CMS portal

• Week of December 12th: Begin submissions in LDH portal for first year providers

• Week of December 19th: Finalize out-standing submission or resolve any issues
Meaningful Use Year 2 and beyond
# Meaningful Use 2015 Updated Measures

## Stage 1 and 2 combined

<table>
<thead>
<tr>
<th>PROPOSED OBJECTIVE</th>
<th>PROPOSED MEASURES</th>
<th>PROPOSED ALTERNATE MEASURES / EXCLUSIONS / SPECIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Computerized Provider Order Entry (CPOE)</td>
<td>Measure 1: 60% of medication orders Measure 2: 30% of laboratory orders Measure 3: 30% of radiology orders</td>
<td>Alternative Measure 1: 30% of unique patients with have at least one medication order entered using CPOE; or more than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE. Measure 2: Claim Exclusion Measure 3: Claim Exclusion</td>
</tr>
<tr>
<td><strong>2</strong> Electronic Prescribing</td>
<td>50% of all permissible prescriptions, or all prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.</td>
<td>Alternate EP Measure: 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.</td>
</tr>
<tr>
<td><strong>3</strong> Clinical Decision Support</td>
<td>Measure 1: Implement 5 CDS interventions related to 4 or CQM) Measure 2: The functionality for drug-drug and drug-allergy interaction checks is enabled Exclusion: For measure 2, any EP who writes fewer than 100 medication orders</td>
<td>Alternate Objective and Measure 1: Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule. Measure: Implement one clinical decision support rule.</td>
</tr>
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### Meaningful Use 2015 Updated Measures

#### Stage 1 and 2 combined Cont’d

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| 4 Patient Electronic Access | Measure 1: 50% of all unique patients are provided timely (within 4 business days after the information is available to the EP) online access to their health information  
Measure 2: At least one patient views, downloads, or transmits their health information to a third party. | Measure 2: Claim Exclusion |
| 5 Protect Electronic Health Information | Conduct or review a security risk and implement security updates as necessary and correct identified security deficiencies | N/A |
| 6 Patient Specific Education | Patient-specific education resources identified by CEHRT are provided to 10% of all unique patients | Alternate Exclusion: Claim Exclusion if provider did not intend to select the Stage 1 Patient Specific Education menu objective. |
| 7 Medication Reconciliation | Medication reconciliation is performed for 50% of transitions of care | Alternate Exclusion: Claim Exclusion if provider did not intend to select the Stage 1 Medication Reconciliation menu objective. |
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<td><strong>8</strong> Summary of Care</td>
<td>For transitions or refers to another setting of care or provider of care (1) CEHRT us used to create a summary of care record and (2) SoC is electronically transmitted for 10% of transitions of care and referrals.</td>
<td>Claim Exclusion</td>
</tr>
<tr>
<td><strong>9</strong> Secure Messaging</td>
<td>Capability for patients to send and receive a secure electronic message with the provider is fully enabled.</td>
<td>Claim Exclusion</td>
</tr>
<tr>
<td><strong>10</strong> Public Health</td>
<td>Measure Option 1- Immunization Registry Reporting: active engagement to submit immunization data and receive immunization forecasts and histories. Measure Option 2- Syndromic Surveillance Reporting: active engagement to submit syndromic surveillance data from a non-urgent care ambulatory setting for EPs. Measure Option 3- Case Reporting: active engagement to submit case reporting of reportable conditions. Measure Option 4- Public Health Registry Reporting: active engagement submit data to public health registries. Measure Option 5- Clinical Data Registry Reporting: active engagement to submit data to a clinical data registry.</td>
<td>N/A</td>
</tr>
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</table>
Clinical Quality Measures

- 64 total measures
- Be sure to select measures that are reportable from your EHR
- Select measures early in the year and train providers on proper documentation
- When possible, align selected CQM measures with existing practice work
Possible CQM Measures

Many measures overlap with existing FQHC, PCMH, or HCCN priorities

- Controlling High Blood Pressure (CMS165v4) [Clinical Process]
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (CMS155v3) [Pop Health]
- Tobacco Use: Screening and Cessation Intervention (CMS138v4) [Pop Health]
- Cervical Cancer Screening (CMS124v3) [Clinical Process]
- Colorectal Cancer Screening (CMS130v4) [Clinical Process]
- Diabetes: Hemoglobin A1c Poor Control (CMS122v3) [Clinical Process]
- Documentation of Current Medication in the Medical Record (CMS68v4) [Patient Safety]
- Childhood Immunization Status (CMS117v4) [Pop Health]
- Screening for Clinical Depression and Follow-Up Plan (CMS2v5) [Pop Health]
Key Points for Meaningful Use Attestation

• Begin early in the year
  – Patient portal implementation can especially be time consuming
• If you’ve missed a year in the past, that’s ok
• For items that are yes/no attestation, take screenshots as proof in case of audit
• Security Risk Analysis is critical, but not all identified actions must be taken to attest
• Attestation must be submitted using the LDH portal by February 28, 2017
2017 and beyond

1) 2017 is the final year of “Stage 2”
   - EHR’s will undergo a new certification at some point in CY 2017/2018

2) 2018 will be the first year “Stage 3” is required
   - Measures will have updated thresholds

3) Some of the key ideas reinforced in Stage 3 and MACRA legislation are electronic engagement with patients, and electronic care coordination
Questions?