

CMS EHR Incentive Programs: An Overview Meaningful Use Stages

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EHR INCENTIVE PROGRAM BASICS

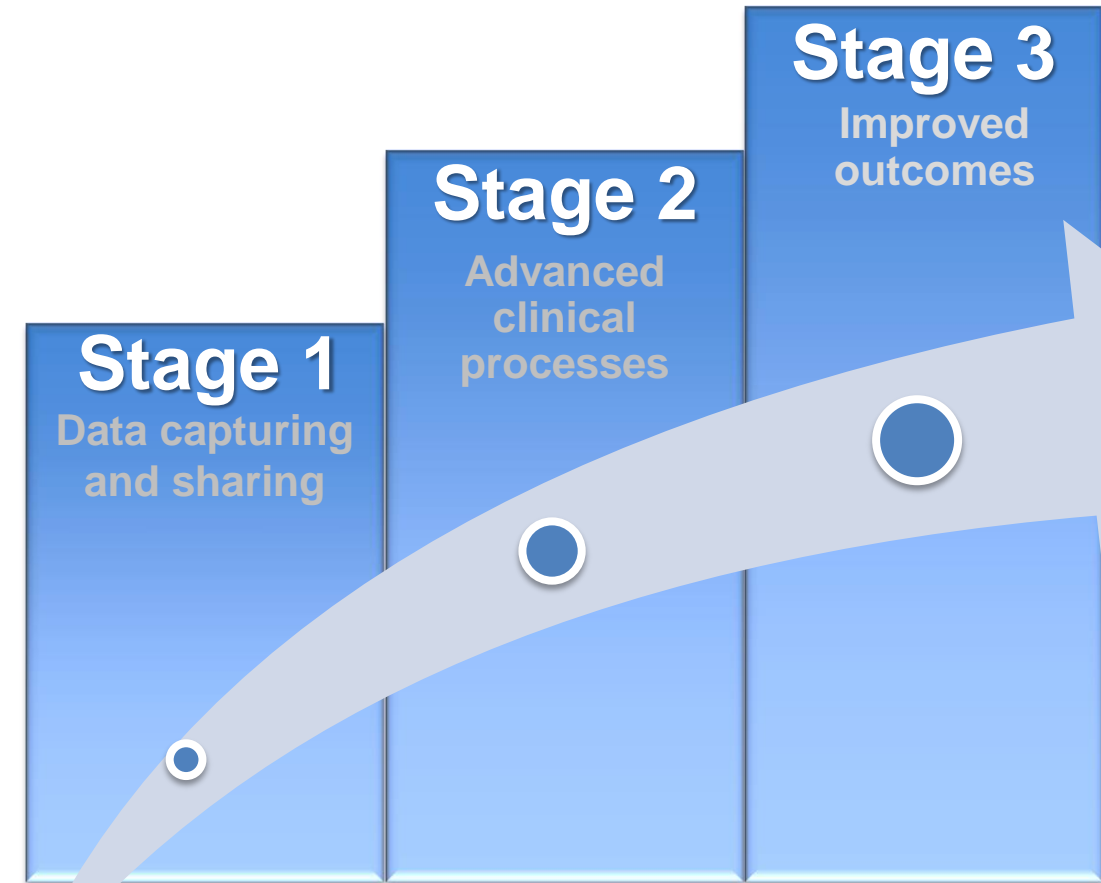
What is meaningful use?

- ❑ Meaningful use is using certified EHR technology to:
 - ✓ Improve quality, safety, efficiency, and reduce health disparities
 - ✓ Engage patients and families in their health care
 - ✓ Improve care coordination
 - ✓ Improve population and public health
 - ✓ All the while maintaining privacy and security

- ❑ Meaningful use mandated by law to receive incentives

How do the EHR Incentive Programs work?

- The EHR Incentive Programs consist of 3 stages of meaningful use
- Each stage has its own set of requirements to meet in order to demonstrate meaningful use



What is CEHRT?

- CMS and the ONC established standards and other criteria for structured data that EHRs must use in order to qualify for EHR incentive payments
- Providers must use an EHR that is certified specifically for the EHR Incentive Programs
- Check the Certified EHR Technology Product List (CHPL) to determine whether your EHR is considered certified EHR technology, or CEHRT: <http://healthit.hhs.gov/CHPL>

CEHRT requirements

Q: What Certified EHR Technology do I need in 2014?

A: EHR Technology certified to the 2014 criteria covering the “base” EHR plus all objectives I intend to attest for in 2014.

Q: Does it matter if I am in Stage 1 or 2?

A: No

Note: Providers beyond their first year of participation may electronically report their CQMs for the full calendar year of 2014. This means providers will submit their CQM data between January 1 and February 28, 2015.

Meeting CEHRT



There are 3 ways to meet the CEHRT definition:

1. Complete EHR

- Generally provides overall assurance
- EPs would still need EHR technology certified to cancer registry certification criteria if they seek to meet that meaningful use objective

2. Combination of EHR Modules

3. Single EHR Module

In the case of EHR Modules, it is now possible for an eligible provider to have just enough EHR technology certified to the 2014 Edition EHR certification criteria to meet the CEHRT definition

STAGE 1 MEANINGFUL USE

What are the requirements for Stage 1 of meaningful use?

- ❑ EPs participating must meet the following for Stage 1:
 - 13 required core objectives
 - 5 objectives chosen from a list of 9 menu set objectives

- ❑ In addition to meeting the thresholds for the 13 core and 5 menu objectives, all EPs have to report on CQMs

Meaningful Use						
13	+	5	+	9	=	MU
Core Measures		Menu Measures		CQMs		Meaningful Use

Beginning in 2014, reporting CQMs will no longer be part of the 14 core measures, but will be still be required. The total of core measures will become 13.

What are the core objectives for Stage 1?

EPs must meet all 2014 Definition core objectives:

Core Objective	Measure
1. CPOE	Use CPOE for at least 30% of medication orders
2. Drug-drug and Drug-allergy Checks	Enable drug-drug and drug-allergy checks on EHR
3. Problem List	Record patient diagnoses for more than 80%
4. E-Rx	E-Rx for more than 40%
5. Medication List	Record patient medications for more than 80%
6. Medication Allergy List	Record patient medications for more than 80%
7. Demographics	Record demographics for more than 50%
8. Vital Signs	Record vital signs for more than 50%

What are the core objectives for Stage 1?

EPs must meet all 2014 Definition core objectives:

Core Objective	Measure
9. Smoking Status	Record smoking status for more than 50%
10. Clinical Decision	Implement one clinical decision support rule
11. Patient Electronic Access	Provide ability to view online, download, and transmit health information for more than 50% of patients
12. Clinical Summaries	Provide clinical summaries to more than 50% of patients
13. Protect health information	Conduct security risk analysis and implement security updates

What are the menu objectives for Stage 1?

EPs must select 5 2014 Definition menu objectives:

Menu Objective	Measure
1. Drug Formulary Checks	Enable the formulary check for the entire reporting period
2. Lab Results	Incorporate lab results for more than 40%
3. Patient List	Generate patient list by specific condition
4. Preventive Reminders	Use EHR to identify and provide reminders for preventive/follow-up care for more than 20% of patients 65 years or older or 5 years old or younger
5. Education Resources	Use EHR to identify and provide education resources more than 10%
6. Rx Reconciliation	Medication reconciliation at more than 50% of transitions of care
7. Summary of Care	Provide summary of care document for more than 50% of transitions of care and referrals
8. Immunization Registries*	Submit at least one immunization registry electronically
9. Syndromic Surveillance*	Perform at least one transmission of syndromic surveillance data

**Must select at least 1 public health objective as part of 5*

What do you have to do for meaningful use?

Providers must meet all of the Stage 1 requirements that CMS has established:

- For the first year they participate, Medicare EPs* have to meet the requirements for and report data on a continuous 90-day period during the calendar year (any 90 days from January 1st to December 31st)
- For the remaining years they participate, Medicare EPs have to meet the requirements for the entire calendar year

For 2014 only: All providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a three-month (or 90-day) EHR reporting period in 2014

**Medicaid EPs can adopt, implement, or upgrade their EHR to CEHRT in their first year of participation, but also have the option to choose to meet meaningful use by reporting on measures for a 90-day reporting period.*

What is happening in 2014?

For 2014 only, all providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a 3-month or 90-day EHR reporting period:

- For 1st year Medicare EPs-** 90-day reporting period is not fixed to the quarter of the year

- For Medicare EPs in 2nd year and beyond-** 3-month reporting period is fixed to the quarter of the year in order to align with existing CMS quality measurement programs

- For All Medicaid EPs-** 90-day reporting period is not fixed to the quarter for Medicaid EPs who are only eligible to receive Medicaid EHR incentives and do not have the same alignment needs

2015 registration and attestation deadline for 2014 reporting period

- **February 28, 2015:** Last day for Medicare EPs to register and attest to receive an incentive payment for calendar year 2014
- EPs must submit their 2014 meaningful use data by 11:59pm ET
- Deadline varies for Medicaid EPs

Medicare providers must attest every year

2014 CQMS

Clinical Quality Measures

CQM Requirements  Stage of Meaningful Use

CQM Requirements  Year

CQM Requirements  Output of Certified EHR

Changes to CQM reporting for EPs

Prior to 2014

Report 6 out of 44 CQMs

- 3 core or alt. core
- 3 menu



Beginning in 2014

Report 9 out of 64 CQMs

Selected CQMs must cover at least 3 of the 6 NQS domains

Recommended core CQMs:

- 9 for adult populations
- 9 for pediatric populations

CHANGES FROM STAGE 1 TO STAGE 2

Changes from Stage 1 to Stage 2 for EPs

Stage 1 in 2014

13 core objectives
5 of 9 menu objectives
18 total objectives



Stage 2

17 core objectives
3 of 6 menu objectives
20 total objectives

Changes for Stage 2

New Requirements for EPs

- Secure Messaging
- Family Health History
- Imaging Results
- Progress Notes
- Registry Reporting

Refer to the Stage 2 Specification Sheets on the Educational Resources page for a full list of measures

Changes for Stage 2

Updated Requirements for EPs

- Online Patient Information
- Summary of Care Records
- Lab Results
- Patient Lists
- Patient Education
- Medication Reconciliation
- Immunizations
- Patient Reminders

Refer to the Stage 2 Specification Sheets on the Educational Resources page for a full list of measures

Closer Look at Stage 2: Patient Engagement

Patient engagement – engagement is an important focus of Stage 2

Requirements for Patient Action:

- More than 5% of patients must send secure messages to their EP
- More than 5% of patients seen by an EP must access their health information online

EXCLUSIONS – Available based on broadband availability in the provider's county

Refer to the Patient Electronic Access Tipsheet for additional help with these measures.

Closer Look at Stage 2: Electronic Exchange

Stage 2 focuses on actual use cases of electronic information exchange:

- Stage 2 requires that a provider send a summary of care record for more than 50% of transitions of care and referrals
- The rule also requires that a provider electronically transmit a summary of care for more than 10% of transitions of care and referrals
- At least one summary of care document sent electronically to recipient with different EHR vendor or to CMS test EHR

CMS and ONC Randomizer helps providers meet measure #3 of transitions of care: <https://ehr-randomizer.nist.gov/>

Closer Look at Stage 1 and Stage 2: Security Risk Analysis

- Providers must conduct a security risk analysis in Stage 1 and Stage 2
- Analysis ensures the privacy and security of their patients' protected health information
- Use the CMS Security Risk Assessment fact sheet to ensure you meet measure



Security Risk Analysis Tipsheet: Protecting Patients' Health Information

Conducting or reviewing a security risk analysis to meet the standards of Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule is included in the meaningful use requirements of the Medicare and Medicaid EHR Incentive Programs. Eligible professionals must conduct a security risk analysis in both [Stage 1](#) and [Stage 2](#) of meaningful use to ensure the privacy and security of their patients' protected health information:

Stage 1 and Stage 2 Meaningful Use Requirement: Protect Electronic Health Information		
Objective	Measure	Description of HIPAA Requirement
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	<p>In Stage 1, eligible professionals must conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.</p> <p>In Stage 2, eligible professionals need to meet the same security risk analysis requirements as Stage 1, but must also address the encryption/security of data at rest.</p> <p><i>Note: a security risk analysis needs to be conducted during each reporting period for Stage 1 and Stage 2.</i></p>	Under the HIPAA Security Rule, you are required to conduct an accurate and thorough analysis of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI. Once you have completed the risk analysis, you must take any additional "reasonable and appropriate" steps to reduce identified risks to reasonable and appropriate levels. (45 CFR 164.308(a)(1)(iii)).

Resources from CMS and ONC

- ❑ Get information, tip sheets and more at CMS' official website for the EHR incentive programs: www.cms.gov/EHRIncentivePrograms
 - Introduction to EHR Incentive Programs
 - Frequently Asked Questions (FAQs)
 - Meaningful Use Attestation Calculator
 - Registration & Attestation User Guides
 - Listserv

- ❑ Learn about certification and certified EHRs, as well as other ONC programs designed to support providers as they make the transition: www.healthit.gov/

Contact Information

For questions, please contact:

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QUESTIONS?