Disclosures:

• I have no conflicts of interest
• I am not being paid by CMS to present this talk
• I am not endorsing any EHR
• I cannot guarantee attestation results
• The rules for attestation may be changing
The American Recovery and Reinvestment Act of 2009 authorized the Centers for Medicare & Medicaid Services (CMS) to provide incentive payments to eligible professionals (EPs) and hospitals who adopt, implement, upgrade, or demonstrate meaningful use of certified electronic health record (EHR) technology.
What is Meaningful Use?

Using certified technology in EHR implementation to:

• Improve quality, safety, efficiency, and reduce health disparities
• Engage patients and family
• Improve care coordination
• Improve population and public health
• Maintain privacy and security of patient health information
What is a Certified EHR?

- EHR that stores data in a structured format
- Allows patient information to be easily retrieved and transferred
- Allows the provider to use the EHR in ways that can aid patient care
Benefits of Certification

• Provides Assurance to purchasers and other users that an EHR system offers the necessary technology, capability, functionality, and security to help meet MU objectives and measures.

• Provides Confidence that the electronic HIT products and systems they use are secure and can work with other systems to share information.

• A new mark for CEHRT is available for EHR products that have been certified by an ONC-Authorized Certification Body (ONC-ACB) and will indicate that the product meets the 2014 Edition Standards and Certification Criteria.
The Office of the National Coordinator for Health Information Technology (ONC)

ONC-Approved Accreditor

American National Standards Institute (ANSI)

ONC Authorized Certification Bodies

Certification Commission for Health Information Technology (CCHIT)

Drummond Group

SLI Global Solutions

Accredited Testing Laboratories (ATL)

InfoGard Laboratories

National Technical Systems

ICSA Labs
Requirements for Incentive Payment

• You must use an EHR that is certified specifically for the EHR Incentive Programs

• CEHRT gives assurance to purchasers and other users that an EHR system or module offers the necessary technological capability, functionality, and security to help them meet the meaningful use criteria

• Certification also helps providers and patients be confident that the electronic health IT products and systems they use are secure, can maintain data confidentially, and can work with other systems to share information
Making Meaning of Meaningful Use

Stage 1
Data capture and sharing

Stage 2
Advanced clinical processes (2014)

Stage 3
Improved outcomes (est. 2016)

⇒ Better clinical outcomes
⇒ Improved population health outcomes
⇒ Increased transparency and efficiency
⇒ Empowered individuals
⇒ More robust research data on health system
How to Qualify for EHR Incentive Payments:

• Use certified EHR technology

• Register for the Medicare and Medicaid EHR Incentive Programs

• Successfully attest to meeting meaningful use
What is an Eligible Professional/Provider (EP)?

• Medicare EHR Incentive Program
  Includes: doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatry, doctors of optometry, and chiropractors.

• Medicaid EHR Incentive Program
  Includes: physicians (primarily doctors of medicine and doctors of osteopathy), dentists, nurse practitioners, certified nurse midwives, and physician assistants practicing in a Federally Qualified Health Center led by a physician assistant or Rural Health Clinic.
The program provides an incentive payment to practices with EPs

Identified by their individual National Provider Identifier [NPI]

and

Tax Identification Number [TIN]
The Meaningful Use Requirements for Stage 1 and Stage 2:

• All participants begin by meeting the Stage 1 requirements for a 90-day period in their first year of Meaningful Use and a full year in their second year of Meaningful Use.

• After meeting Stage 1, providers will then have to meet Stage 2 requirements for two full years.

• EPs participate in the program by calendar year.

• EHs and CAHs participate according to the Federal fiscal year.
Stage 1 Requirements

18 of 22 measures must be met

• 13 required core measures

• 5 measures chosen from a list of 9 menu set measures
Stage 2 Requirements

• Providers would not begin Stage 2 MU until they have participated in Stage 1 for at least two years, depending on when you began participation in the programs.

• In addition to meeting the core and menu measures, they are also required to report clinical quality measures (CQMs).

• Eligible professionals report 9 measures out of 64 possibilities of the CQMs.

• These measures must come from 3 of the 6 NQS domains.
Stage 2 Core Measures (17 - all are required)

1 Use CPOE for medication, lab and radiology orders.

2 Generate and transmit prescriptions electronically

3 Recording of demographics

4 Record and chart vital signs with changes

5 Smoking Status
Stage 2 Core Measures (continued)

6. Use CDS to improve performance on health conditions
   Clinical Decision Support

7. Incorporate clinical lab results as structured data

8. Generate lists of patients by specific conditions

9. Use clinically relevant information to generate reminders sent per patient preference
   Reminders per patient preference

10. Provide patients the ability to transmit their health information
Stage 2 Core Measures (continued)

11 Provide clinical summaries for patients

12 Use clinically relevant information to identify education resources
   10% of patients received pertinent education

13 Perform medication reconciliation

14 Provide a summary of care record for each transition of care
   50% of transitions with 10% electronically with at least one different EHR

15 Submit electronic data to immunization registries
   Reporting must be done through an immunization registry
Stage 2 Core Measures (continued)

16 Protect information created through implementing technical capabilities

   Security Assessment

17 Use secure messaging to communicate with patients

   Secure messaging to the EP by more than 5% of patients
Stage 2 Menu Measures (must meet 3 out of 6)

1. Imaging results consisting of actual image and report

2. Family health history as structured data

3. Record electronic notes in patient records

4. Submit electronic syndromic surveillance data to public health agencies

5. Report cancer cases to a public health central registry

6. Report specific non-cancer cases to a specialized registry
National Quality Strategy (NQS) Domains

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population/Public Health
- Efficient Use of Healthcare Resources
- Clinical Process/Effectiveness
Clinical Quality Measures (CQMs)

- There are 64 measures in the 6 different domains
- In 2014 you must report on 9 out of the 64 choices
- These measures come from the National Quality Forum
• **CMS** and **ONC** propose to effectively roll back the mandatory CEHRT upgrade requirement for Federal Fiscal Year (FY)/Calendar Year (CY) 2014, only.

• The proposal would allow providers, who attest that they are unable to fully implement 2014 Edition CEHRT because of issues related to CEHRT availability delays, to meet one of three CEHRT options.

• Because CEHRT was designed for use at varying years and Stages of MU, dependent upon the CEHRT option selected, the provider would have a greater range of MU measures to report on. For example, CMS allows these providers who are in Stage 2 in 2014 to demonstrate meaningful use by meeting the original Stage 1 objectives and measures if they are still using the 2011 Edition CEHRT.
Proposal Changes for Meaningful Use Compliance Criteria

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<th>First Payment Year</th>
<th>Required Stage of Meaningful Use and Length of Reporting Period</th>
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EHRs **required** to be certified to 2014 Edition Criteria
PQRS MOC Incentives
Physician Quality Reporting System (PQRS) MOC Matters

In 2014, a Diplomate who successfully participates in PQRS reporting and meets all of the requirements, they will receive an incentive payment equal to 0.5% of their estimated total allowed payments for covered Medicare Part B services. PQRS MOC provides the opportunity to receive an additional incentive payment of 0.5% (or a total of an additional 1%) by combining PQRS reporting with increased activities for Maintenance of Certification.

These PQRS incentives are planned through 2014. In 2015 and 2016, there will be payment adjustments (penalties) for non-participation and unsuccessful participation of -1.5% and -2%, respectively.

Note: If a Diplomate holds multiple specialty certificates, they cannot receive more than one additional 0.5% incentive payment even if they complete an MOC program in more than one specialty.

In order to qualify, a Diplomate must meet the following requirements:

- Participate in PQRS reporting by satisfactorily submitting data on PQRS quality measures for a 12-month reporting period either as an individual physician or as part of a group practice under one of the PQRS group practice reporting options. Submission can be accomplished by any of the approved PQRS reporting options—through Medicare Part B claims reporting, a CMS-qualified electronic health record or through a CMS-qualified registrv.
PQRS MOC Incentives

MOC Matters provides access to:

- Attestation Page: Use the attestation to confirm the MOC activity completed in 2014. Information will be verified by ABOG and sent to CMS. Diplomates must submit an attestation through the MOC Matters portal in order to earn the PQRS MOC Program Incentive bonus.
- PQRS Registry: An optional tool for reporting clinical measure data to CMS.
- ABMS Patient Survey: An optional tool for meeting the patient survey requirement for PQRS MOC. See PQRS MOC Requirements above for other options.

The tools in the MOC Matters portal will remain open and accessible through December 31, 2014 to allow reporting on 2014 activities.

Note: To avoid being locked out of the MOC Matters portal, Diplomates should not submit an attestation until they have finished submitting all their clinical data to CMS by the PQRS registry or have gathered enough patient surveys using ABMS Patient Survey tool.

For more information about the ABOG PQRS MOC program, please refer to the ABMS website at https://mocmatters.abms.org/board.aspx#abog.

CMS will require Diplomates to attest on an annual basis to fulfilling the "more frequent" requirements, and ABOG will need to validate this attestation.

Requirements must be completed within the calendar years 2014-2015. The tools in this application will remain open and accessible through December 31, 2014. Requirements for subsequent years are subject to change depending on CMS rules.
• If you successfully participate in PQRS reporting and meet all of the requirements, you will receive an incentive payment equal to 0.5% of your estimated total allowed charges for covered Medicare Part B services.

• MOC:PQRS gives you the opportunity to receive an additional incentive payment of 0.5% by combining reporting with increased activities for Maintenance of Certification.
References:


- HealthIT.gov: http://www.healthit.gov


- ABOG MOC: http://www.abog.org