

Impact of CAH Method II Billing Rule on Professionals



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Objectives

- What providers are impacted by the CAH method two billing change
- The potential incentives and penalties for these providers
- The new stage I requirements for 2014
- A review of registration and attestation
- The certified EHR product list.

Outline

- **CAH Method II Billing and Incentives**
- Incentives and Penalties
- Stage 1 Criteria and Quality Measures for 2014
- Registration and Attestation
- Knowing if your product is certified

Eligibility Change: EPs Billing Through CAHs

- Physicians who assign their reimbursement and billing for ambulatory care to a Critical Access Hospital (CAH) under Method II (CAH II) can now count this toward the 10% of services needed to be considered an Eligible Professionals (EPs)
- CAH II physicians can begin participation in calendar year (CY) 2013. They will be able to submit attestations starting in January 2014
- CAH II physicians will be subject to payment adjustments if they are not MUsers beginning in 2015

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CAH_Method_II_Participation_FactSheet_July.pdf

Definition of a Medicare Eligible Professional

- A physician, defined by the Social Security Act Sec 1861(r):
 - A doctor of medicine or osteopathy
 - A doctor of dental surgery or dental medicine
 - A doctor of podiatric medicine
 - A doctor of optometry
 - A chiropractor
- Does not provide more than 90% of services with a place of service (POS) code of 21 or 23 (considered hospital inpatient or ED based) **or a CAH Method II revenue code 045x (ED)**
- If at multiple sites, must have certified EHR technology available for $\geq 50\%$ of their patient encounters
- Incentive amount is 75% of the physician's Medicare part B allowable RBRVS charges up to the payment year limit

So what does that mean?

- It means that providers direct or indirect Medicare part B billing not performed in an ED or inpatient setting will count towards their qualifying as an ambulatory provider.
- CAH Method II billing is Medicare part B physician-payment-system based and consequently is eligible
- Previously, only the form 1500 was used to determine Medicare payments.
- CAH providers use the form 1500 for their hospital billing (which includes OB/Observation which is considered outpatient) and the UB-04 form for their CAH method two billing.
- CMS is now determined a way to tell whether a provider's services (96x, 97x or 98x) on the UB-04 form is outpatient or Emergency Department (45x) the latter of which counts against ambulatory status.

Method II Billing Detail

* Some REACH clients have asked for clarification of POS 23 in terms of UB Billing. Here is the CMS answer: *“CMS would identify the ED service by the presence of the 045x revenue code on the claim. 098x rev codes that share the same date of the ED rev code on the claim would be considered hospital base. Non-hospital based would be where no 045x rev code is present for the same date of service as the 098x rev codes.”*

How it will work

- In order for CAH II physicians to participate, CMS implemented system changes to capture the line level National Provider Identifier (NPI).
- If a provider submits a combined claim (a claim that includes both facility and professional components), he or she must report the NPI(s) of the rendering physician at the line level. This applies only if the rendering physician/practitioner NPI differs from the rendering physician/practitioner reported at the claim level.

NPIs

- The use of valid NPIs is critical in associating physician/practitioners identifying information with each line item of an institutional claim.
- CAH II providers must bill valid NPIs for their physicians to ensure the allowed amounts of their physicians' services are used in EHR incentive calculations.
- Invalid NPIs reported on a CAH II claim will prevent the allowed amount for any applicable services to be sent for either the EP or hospital-based incentive calculations.



Pause for Questions

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So what are the incentives?

- If an eligible professional has combined Medicare part B charges from all sites:
 - Above \$20K and attests for 2013 through 2016:
 - \$39K
 - Above \$16K and first attests *in 2014 before Oct 1* and continues through 2016:
 - \$24K
 - Above \$16K and first attests *for 2014 after Oct 1* and continues through 2016:
 - \$24K *but will also receive a 1% Medicare payment reduction in 2015*
 - First attests in 2015 *before Oct 1 2015*:
 - No incentive and a 1% payment reduction in 2015
 - First attests for 2015 *after Oct 1 2015*:
 - No incentive and a 1% payment reduction in 2015 and a 2% reduction in 2016

Medicare Payment Adjustments

- EPs who demonstrate meaningful use in 2011 through 2013 calendar years will not be penalized 2 years later

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
EHR Reporting Period	2013	2014	2015	2016	2017	2018

- For EPs who demonstrates meaningful use in 2014 or later for the first time (using 2014 as an example):

Payment Adjustment Year	2015	2016	2017	2018	2019	2020
90 day EHR Reporting Period	2014*	2014				
Full Year EHR Reporting Period			2015	2016	2017	2018

- * If the EP attests no later than the October 1 before the penalty year

EP Hardship Exceptions

Providers can apply for hardship exceptions in the following categories:

- Infrastructure
 - Insufficient internet access or face insurmountable barriers to obtaining infrastructure (e.g., lack of broadband)
 - <http://www.broadbandmap.gov/>
- Unforeseen Circumstances
 - Natural disaster or other unforeseeable barrier.



Source:

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-08-15-EHR.html>

Additional EP Hardship Exceptions

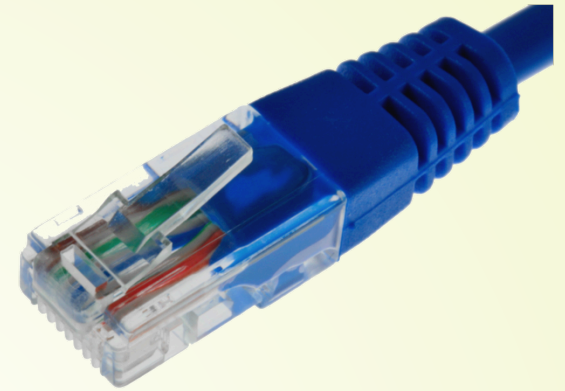
- Automatic Exemptions:
 - Newly practicing EPs will get a 2-year exception to payment adjustments based on Medicare claims and enrollment data.
 - For EPs who list diagnostic radiology, nuclear medicine, intervention radiology, anesthesiology or pathology as their primary specialty
- Applications for Exemptions:
 - EPs who meet both of the following criteria:
 - Lack of face-to-face or telemedicine interaction with patients
 - Lack of follow-up need with patients
 - Disqualifiers:
 - Billing E&M Codes
 - Care plans with follow-up with the EP
 - EPs who practice at multiple locations
 - Attest that they lack of control over availability of CEHRT for more than 50% of patient encounters
 - Show agreements with the locations not equipped with CEHRT



Source:

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-08-15-FHR.html>

Internet Infrastructure



- No wired Internet is available
- Internet is available but:
 - Cost prohibitive due to the need to create infrastructure
 - Insufficient speed for Meaningful Use (3Mbs/sec) (?)
- Timing: Any 90 day period in the 18 months prior to the application deadline of October 1 for EPs the year before the payment adjustment year (2014 for 2015)
- Proof: quotes or correspondence from at least two different Internet service providers
- For insufficient speed, the above quotes from ISPs combined with support from certified EHR technology developer

Source:

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-08-15-EHR.html>

Unforeseen Circumstances

Examples:

- Closure
- Bankruptcy
- Other debt restructuring
- Natural disasters
- EHR loses certification

The Unknown

- When considering other circumstances the application must outline why meaningful use is unachievable
- Merely outlining the circumstances with the expectation that CMS will determine the effects on meaningful use is not sufficient

Source:

<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-08-15-EHR.html>

Applying for Hardship Exceptions

- EPs must apply each year to avoid the payment adjustments.
- Applications need to be submitted by October 1 for EPs of the year before the payment adjustment year
- Granted if providers demonstrate that those circumstances pose a significant barrier to their achieving meaningful use.
- Details will be posted on the CMS EHR Incentive Programs website in the future:
 - www.cms.gov/EHRIncentivePrograms



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Important Changes to Meaningful Use

- Starting in 2014
 - Menu objective exclusions will count as a deferred item
- For all in the 2014 reporting year not in their first year of attestation:
 - Reporting period reduced to a fiscal or calendar quarter
 - To allow providers time to adopt 2014 certified EHR technology and prepare for Stage 2
 - To allow quality measures to correspond with reporting requirements of other quality reporting programs

Changes to Stage 1

- CPOE:
 - Starting in 2013 option of 30% of all medication orders
- Vital Signs:
 - Optional in 2013 and required in 2014:
 - ≥ 3 for BP; all ages for height/length & weight; growth charts ≤ 20
 - May claim exclusion for H/L&W or BP or both
- Test of exchange and the yes/no measure “Reporting CQMs” removed starting in 2013
- Electronic copies and access:
 - 2 EP and measures replaced in 2014 with online view, download and transmit
- Public Health Measures:
 - “...except where prohibited...” added to the language

Core Criteria (page 1 of 3)

	Objective	Measure
Improve quality, safety, efficiency and reduce health disparities	CPOE ¹	>30% of patients on any meds with \geq one CPOE med order <i>or may use >30% all orders</i> (n/d)
	Drug (D-A, D-D) Interactions	Turned on (y/n)
	ePrescribe	>40% of permissible scripts (n/d)
	Demographics	>50% of patients seen: language, gender, race, ethnicity, and DOB.
	Problem List	>80% of patients seen at least one or “none” as structured data (n/d)
	Med List	
	Med Allergies	

- Starting in 2013, any licensed healthcare professionals and **credentialed medical assistants**, can enter orders into the medical record for purposes of including the order in the numerator for the objective of CPOE if they can originate the order per state, local and professional guidelines.

Core Criteria (page 2 of 3)

	Objective	Measure
Improve quality, safety, efficiency and reduce health disparities	Vitals	>50% of patients \geq 2yo seen: height, weight, BP, BMI, & for age 2-20: growth charts w/BMI. May split BP and height-weight, also may use only \geq 3 for BP and all ages for H/W/BMI) (n/d)
	Smoking	>50% of patients \geq 13yo seen, record status <i>as structured data</i> (n/d)
	Decision Support	1 CDS rule relevant to the specialty specific quality metric (EP) or high priority hospital condition (EH) <i>with the ability to track compliance</i> (y/n)
	Quality Reporting	Report quality measures to CMS or states <i>No longer a separate measure</i>

Core Criteria (page 3 of 3)

	Objective	Measure
Engage Patients and Families in Their Health Care	eHealth summary	For 2013 only: >50% of patients who request it (incl: test results, prob list, med list, med allergies) w/i 3 business days (n/d) Replaced in 2014
	Online access to Health Information	New for 2014: > 50 percent are provided timely online access to their health information within 4 business days of it being available
	Clinical Summaries (EP)	>50% of office visits, a patient gets a visit summary within 3 business days (n/d)
Improve Care Coordination	Exchange with providers	Capability of electronic exchange of key information One test per measurement period (y/n) Deleted for 2013 and after
Privacy/security protections for PHI	Protect Personal Health Information	Conduct or review a security risk analysis and have and have begun working through a mitigation plan to correct deficiencies (y/n)

Menu Criteria

- ***For 2013 Only:*** Professionals may defer 5 of the menu criteria. If the professional is unable to complete one of the menu items due to scope of practice or exclusion, they may still defer 5 menu items
- ***For 2014:*** Professionals must complete 5 of the menu criteria unless more than 4 are outside their scope of practice or they have other exclusions
- At least one of the criteria from population and public health must be included in order to qualify as a meaningful use

Menu Criteria (page 1 of 2)

	Objective	Measure
Improve quality, safety, efficiency and reduce health disparities	Formularies	Implement drug formulary checks with at least one internal or external formulary (y/n)
	Lab Results	>40% of labs with numeric or +/- result in chart as structured data (n/d)
	Patient Lists	Generate at least one pt list based on a specific condition (y/n)
	Reminders	>20% of pts ≥ 65 or ≤ 5 yo sent reminders for follow up care (n/d)
Engage Patients and Families in Their Health Care	eAccess	2013 Only: >10% patients seen with electronic access to lab results, prob lists, med list, med allergies w/i 4 business days of it being updated in the EHR (n/d) Replaced for 2014 with a core item
	Patient Ed	>10% patients seen provided with educational resources identified with the EHR (n/d)

Menu Criteria (page 2 of 2)

	Objective	Measure
Improve Care Coordination	Medication reconciliation	>50% of transitions of care or a relevant encounter (n/d)
	Summary care record	>50% of referrals and transitions of care (n/d)
Improve Population and Public Health ¹	Immunization Records ¹	≥ 1 test of submission to state immunization registry (unless no registries are capable) with continued submission if successful (y/n)
	Syndromic Surveillance ¹	≥ 1 test of submission to public health (unless no ph agency is capable) with continued submission if successful (y/n) Not available in Minnesota

1. Unless an EP has an exception for both of these objectives and measures they must complete at least one in this group as part of their demonstration of a meaningful EHR use to be eligible for incentives.

Meaningful Use Specification Sheet

- The authoritative source on MU Criteria
- Downloadable PDF index that links to the details online:
 - <http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>
- Updated by CMS to account for any corrections or changes
- Includes relevant FAQs

Clinical Quality Measures

Prior to 2014

EPs

Report 6 out of 44 CQMs

- 3 core or alt. core
- 3 menu



Beginning in 2014

EPs

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

National Quality Strategy domains (NQS):

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population and Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Processes/Effectiveness

2013 Core Quality Measures for EPs

Measure Number	Clinical Quality Measure Title
NQF 0013	Blood pressure measurement
NQF 0028	Tobacco use assessment and intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up
Alternate Core Measures	
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 110	Influenza Immunization for Patients ≥ 50 Years Old
NQF 0038	Childhood Immunization Status

2014 CQMs Recommended for Adults

Patient and Family Engagement.	Functional status assessment for complex chronic conditions
Patient Safety.	Use of High-Risk Medications in the Elderly
	Documentation of Current Medications in the Medical Record Description
Care Coordination.	Closing the referral loop: receipt of specialist report
Population/Public Health.	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
Efficient Use of Healthcare Resources.	Use of Imaging Studies for Low Back Pain
Clinical Process/Effectiveness.	Controlling High Blood Pressure

2014 CQMs Recommended for Children

Population/Public Health.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
	Chlamydia Screening for Women
	Childhood Immunization Status
	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
Efficient Use of Healthcare Resources.	Appropriate Testing for Children with Pharyngitis
	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
Clinical Process/ Effectiveness.	Use of Appropriate Medications for Asthma
	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD) Medication
	Children who have dental decay or cavities Description: Percentage of children ages 0-20, who have had tooth decay or cavities during the measurement period.

Additional Quality Measures

- Diabetes
- Cardiovascular disease
- Preventative care and Screening
- Pediatrics
- Geriatrics
- Appropriate use
- Asthma
- Oncology
- Alcohol and drug dependence
- Depression
- Ophthalmology
- HIV/AIDS
- Functional assessment
- Medication management
- Pregnancy
- Referral reports

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Registration: Eligible Professionals

- Central registration point for both Medicaid and Medicare EHR incentives
- All eligible professionals must have:
 - NPI number
 - National Plan & Provider Enumeration System (NPPES) account.
- EPs are directed to the NPPES site from the registration site if they do not have an NPI or NPPES number
- EPs use their NPPES userID and password to log in to the registration site.
- An authorized user can register for one or more EPs
 - Must have CMS Identify and Access Management (I&A) User ID and password
- Note: If a person acts on behalf of an EP to register them, it is wise to have a proxy form that the EP signs indicating that they authorized them to use their login/password.

Registration: Eligible Professionals, cont.

- Registration for CAH Method II EPs is slated to begin in January
- *Make sure your EPs have NPIs and a valid NPPES account now!*
 - The window for attesting may be small, so make sure you are ready
- The CMS website has valuable registration resources:
 - <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>

Important Dates for Professionals

- October 3, 2013
 - Last day for eligible professionals to have begun their 90-day reporting period for calendar year 2013 for the EHR Incentive Program.
- December 31, 2013
 - Reporting year ends for eligible professionals.
- January 1, 2014
 - First day for eligible professionals to begin their reporting period for calendar year 2014 for the Medicare EHR Incentive Program.
- March 1, 2014
 - Last day for register and attest to receive an Incentive Payment for calendar year (CY) 2013
- October 1, 2014
 - Last day for eligible professionals to attest to meaningful use and not be penalized in 2015 if this is their first year to attest

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- **Knowing if your product is certified**

How do you know if your EHR is Certified?

- To achieve Meaningful Use, one must use a ONC Authorized Testing and Certification Body (ONC-ATCB) certified EHR
- Listings of the EHRs and what they certified upon can be found at:
 - <http://healthit.hhs.gov/chpl>
- This is what you will find...

ONC Certified EHR Products List

HealthIT.gov

Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

The Certified Health IT Product List (CHPL) provides the authoritative, comprehensive listing of Complete Electronic Health Records (EHRs) and EHR Modules that have been tested and certified under the ONC HIT Certification Program, maintained by The Office of the National Coordinator for Health Information Technology (ONC).

Each Complete EHR and EHR Module listed on CHPL has been tested and certified by an authorized testing and certification body against applicable standards and certification criteria adopted by the HHS Secretary. EHR technologies that have been certified under the ONC HIT Certification Program are eligible to be used for the Centers for Medicare and Medicaid (CMS) EHR Incentive Programs. The CHPL provides CMS EHR Certification ID for qualified products to be used in the CMS EHR Incentive Programs.

In FY/CY 2013, beginning January 2, 2013:

Eligible providers will have the ability to use EHR technology that is certified to 2011 edition certification criteria, 2014 edition certification criteria, and a combination of 2011 and 2014 edition certification criteria to generate CMS EHR Certification ID that is submitted to CMS as part of attesting to meaningful use of certified EHR technology.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.

Vendors or developers with questions about their product's listing should contact their certification body that certified their product.

STEP 1: TO WHICH EDITION OF ONC HIT EHR CERTIFICATION ARE YOU ATTESTING?

2011 Edition

Combination of 2011 and 2014 Edition

2014 Edition

USING THE CHPL WEBSITE

To browse the CHPL and review the comprehensive listing of certified EHR products, follow the steps outlined below:

Choice to Search or Browse

HealthIT.gov

Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

Selected Attestation : **2014 Edition**

STEP 2: SEARCH FOR CERTIFIED EHR PRODUCTS

Search for certified complete EHR products or EHR modules by browsing all products, searching by product name, CHPL product number, vendor name, product classification, criteria met, and clinical quality measures met.

Browse All Products

Search by Name or CHPL Product Number:

Select search type:

- Product Name
- CHPL Product Number
- Product Classification
- Product Name
- Vendor Name

Search by Criteria Met

Search by Clinical Quality Measures (CQMs) Met

[ONC HIT Website](#) | [Download CHPL Product Information](#) | [Privacy Policy](#)
Office of the National Coordinator for Health Information Technology

Using Browse...

Browse All Products

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Search by Name or CHPL Product Number:

Select search type:

Product Name ▼

Search for:

[Search](#)

Search by Criteria Met

[Search](#)

Search by Clinical Quality Measures (CQMs) Met

[Search](#)

[Your Search Results: Showing 1-25 of 187 Products Found](#)




STEP 3: ADD PRODUCTS TO YOUR CART

To add a certified complete EHR product or EHR module(s) to your cart, click the "Add to Cart" link in the far-right column of the table below. You can add multiple products to cart. After adding product(s) to your cart, you will be directed to the cart page. The cart page displays the certification criteria, clinical quality measure (CQM) domains, inpatient CQMs, and ambulatory CQMs that are met by the product(s) in your cart. Once the product(s) in your cart meet 100% of the required certification criteria, CQM domains, and either inpatient or ambulatory CQMs, you can obtain a CMS EHR Certification ID.

You can sort on any column in the table below. To sort, click on the column header and the arrow (▲) will confirm the ascending or descending sorting order.

You can use the 'Practice Type' filter below to narrow down your search results:

- Ambulatory
 Inpatient
 Both

Matching Product			<input type="checkbox"/> See Complete Products Only				
Certifying Body	Original Practice Type	Vendor	Product ▲	Product Version#	Product Classification	Additional Software Required	
InfoGard	Inpatient	BuildYourEMR	1 Connect BuildYourEMR	4.0	Modular EHR	Microsoft HealthVault for 170.314(e)(1)	Add to Cart 
InfoGard	Ambulatory	BuildYourEMR	1 Connect BuildYourEMR	4.0	Modular EHR	Microsoft HealthVault for 170.314(e)(1) and (e)(3)	Add to Cart 
ICSA Labs	Ambulatory	Orion Healthcare Technology	AccuCare	9.7.0.0	Modular EHR	Microsoft Internet Information Services, Microsoft ASP.Net, Microsoft SQL Server	Add to Cart 

Percent of Criteria Met

Selected Attestation : 2014 Edition [Return to 'Browse'](#) [Return to Search Options](#)

STEP 4: REQUEST CMS EHR CERTIFICATION ID

Certification Bar Summary

The certification columns provide a summary of the certification criteria required to satisfy the Base EHR definition, CQM domains, inpatient CQMs, and ambulatory CQMs that are met by product(s) in your cart. The columns filled in green represent the percentage of Base EHR criteria, CQM domains, inpatient CQMs, and ambulatory CQMs met by the product(s) in the cart, columns filled in yellow represents the unmet percentage.

Place your mouse over the individual columns for Base EHR criteria, CQM domains, inpatient CQMs, and ambulatory CQMs to view the corresponding detailed certification summary. You can also place your mouse over or click the individual items in the detailed certification bar to learn more. Base EHR criteria, CQM domains, inpatient CQMs and ambulatory CQMs highlighted in blue have been met by product(s) in the cart, items in gray have not.

2014 EDITION EHR CERTIFICATION CRITERIA TO MEET BASE EHR DEFINITION

a1	a3	a5	a6	a7	a8	b1	b2	b7	c1	c2	c3	d1	d2	d3	d4	d5	d6	d7	d8	d9
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Total number of Base Criteria met: 6 (All Required except d9 (optional))

Base Criteria
(30%)

CQM Domains
(0%)

Inpatient CQMs
(0%)

Ambulatory CQMs
(0%)

The Base EHR definition must be satisfied in order to meet the CEHRT definition. Note: Certification criterion for Accounting of Disclosures (§ 170.314(d)(9)) is optional for systems or technologies seeking certification. Thus, even if 'd9' is gray in your certification bar, the product(s) in your cart can still meet 100% of the required certification criteria.

For an EH or CAH, EHR technology needs to be certified for no fewer than 16 CQMs that cover at least 3 domains as identified in the Stage 2 final rule.

For an EP, the EHR technology needs to be certified for no fewer than 9 CQMs that in total cover at least 3 domains and include at least 6 CQMs from the recommended "core set" for adult and pediatric populations as identified in the Stage 2 final rule.

1 PRODUCT(S) IN CART

Certifying Body	Original Practice Type	Vendor	Product	Product Version #	Product Classification	Additional Software Required	
InfoGard	Inpatient	BuildYourEMR	1 Connect BuildYourEMR	4.0	Modular EHR	Microsoft HealthVault for 170.314(e)(1)	Remove

The Criteria Met

[Return to Search](#)

CERTIFICATION CRITERIA DETAIL VIEW

BuildYourEMR - 1 Connect BuildYourEMR 4.0

Certification Year: 2014
Certifying Body: InfoGard | CHPL Product Number: IG-2426-13-0023
Product Classification: Modular EHR | Practice Type: Inpatient
Additional Software Required: Microsoft HealthVault for 170.314(e)(1)
Product Last Modified: 07/26/2013

Certification Criteria (170.314)

- * [\(a\)\(1\) Computerized Provider Order Entry](#)
- [\(a\)\(2\) Drug-Drug, Drug-Allergy Interaction Checks](#)
- * [\(a\)\(3\) Demographics](#)
- [\(a\)\(4\) Vital signs, body mass index, and growth charts](#)
- * [\(a\)\(5\) Problem List](#)
- * [\(a\)\(6\) Medication List](#)
- * [\(a\)\(7\) Medication Allergy List](#)
- * [\(a\)\(8\) Clinical Decision Support](#)
- [\(a\)\(9\) Electronic Notes](#)
- [\(a\)\(10\) Drug-Formulary Checks](#)
- [\(a\)\(11\) Smoking Status](#)
- [\(a\)\(12\) Image Results](#)
- [\(a\)\(13\) Family Health History](#)
- [\(a\)\(14\) Patient List Creation](#)
- [\(a\)\(15\) Patient-Specific Education Resources](#)
- [\(a\)\(16\) Electronic Medication Administration Record](#)
- [\(a\)\(17\) Advance Directives](#)
- * [\(b\)\(1\) Transitions of Care - receive, display, and incorporate transition of care/referral summaries](#)
- * [\(b\)\(2\) Transitions of Care - create and transmit transition of care/referral summaries](#)

Search by Criteria

Browse All Products

[Browse](#)

Search by Name or CHPL Product Number:

Select search type:

Product Name ▼

Search for:

[Search](#)

Search by Criteria Met

[Search](#)

Search by Clinical Quality Measures (CQMs) Met

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InfoGard	Inpatient	BuildYourEMR	1 Connect BuildYourEMR	4.0	Modular EHR	Microsoft HealthVault for 170.314(e)(1)	Already in Cart 
InfoGard	Ambulatory	BuildYourEMR	1 Connect BuildYourEMR	4.0	Modular EHR	Microsoft HealthVault for 170.314(e)(1) and (e)(3)	Add to Cart 
ICSA Labs	Ambulatory	Orion Healthcare Technology	AccuCare	9.7.0.0	Modular EHR	Microsoft Internet Information Services, Microsoft ASP.Net, Microsoft SQL Server	Add to Cart 

Searching by Criteria Needed

Selected Attestation : **2014 Edition**

[Return to Search Options](#)

[View Cart](#) (1 items) 

CERTIFICATION BAR FOR YOUR CART

Certification Bar Summary

You can use the criteria search below to search for products that will fulfill criteria that are unmet by the product(s) in your cart. The certification bar provides a summary of the certification criteria required to satisfy the Base EHR definition that are met by product(s) in your cart. Criteria highlighted in blue have been met by product(s) in the cart, criteria in gray have not. The Base EHR definition must be satisfied in order to meet the CEHRT definition.

Place your mouse over or click the individual criteria in the certification bar to learn more about each criterion. Note: Certification criterion for Accounting of Disclosures (§170.314(d)(9)) is optional for systems or technologies seeking certification. Thus, even if 'd9' is gray in your certification bar, the product(s) in your cart can still meet 100% of the required certification criteria.

2014 EDITION EHR CERTIFICATION CRITERIA TO MEET BASE EHR DEFINITION																				
a1	a3	a5	a6	a7	a8	b1	b2	b7	c1	c2	c3	d1	d2	d3	d4	d5	d6	d7	d8	d9

Total number of Base Criteria met: 6 (All Required except d9 (optional))

STEP 2: SEARCH FOR CERTIFIED EHR PRODUCTS

To use criteria search:

1. Select the criteria below for which you are searching and hit "Search Matching Products"
2. A list of products will appear below
3. This list will include all products that have been certified for all the criteria you selected, including complete EHR products and EHR modules
4. Select "Add to Cart" to add certified complete EHR product or EHR module(s) to your cart

2014 EDITION EHR CERTIFICATION CRITERIA

(170.314)

- * (a)(1) Computerized Provider Order Entry
- (a)(2) Drug-Drug, Drug-Allergy Interaction Checks
- * (a)(3) Demographics
- (a)(4) Vital signs, body mass index, and growth charts
- * (a)(5) Problem List
- * (a)(6) Medication List

Search by Quality Measures

Browse All Products

[Browse](#)

Search by Name or CHPL Product Number:

Select search type:
 ▼

Search for:

[Search](#)

Search by Criteria Met

[Search](#)

Search by Clinical Quality Measures (CQMs) Met

[Search](#)

[Your Search Results: Showing 1-25 of 187 Products Found](#)

STEP 3: ADD PRODUCTS TO YOUR CART

To add a certified complete EHR product or EHR module(s) to your cart, click the "Add to Cart" link in the far-right column of the table below. You can add multiple products to cart. After adding product(s) to your cart, you will be directed to the cart page. The cart page displays the certification criteria, clinical quality measure (CQM) domains, inpatient CQMs, and ambulatory CQMs that are met by the product(s) in your cart. Once the product(s) in your cart meet 100% of the required certification criteria, CQM domains, and either inpatient or ambulatory CQMs, you can obtain a CMS EHR Certification ID.

You can sort on any column in the table below. To sort, click on the column header and the arrow (▲) will confirm the ascending or descending sorting order.

You can use the 'Practice Type' filter below to narrow down your search results:

- Ambulatory
 Inpatient
 Both

Matching Product			<input type="checkbox"/> See Complete Products Only				
Certifying Body	Original Practice Type	Vendor	Product ▲	Product Version#	Product Classification	Additional Software Required	
InfoGard	Inpatient	BuildYourEMR	1 Connect BuildYourEMR	4.0	Modular EHR	Microsoft HealthVault for 170.314(e)(1)	Already in Cart
InfoGard	Ambulatory	BuildYourEMR	1 Connect BuildYourEMR	4.0	Modular EHR	Microsoft HealthVault for 170.314(e)(1) and (e)(3)	Add to Cart
ICSA Labs	Ambulatory	Orion Healthcare Technology	AccuCare	9.7.0.0	Modular EHR	Microsoft Internet Information Services, Microsoft ASP.Net, Microsoft SQL Server	Add to Cart

Searching by Quality Measures Needed

Selected Attestation : **2014 Edition** [Return to Search Options](#) [View Cart](#) (2 items)

CERTIFICATION BAR FOR YOUR CART

Certification Bar Summary

You can use the clinical quality measures (CQMs) search below to search for products that will fulfill the CQM domains and CQMs that are unmet by the product(s) in your cart. The certification bar provides a summary of the CQM domains, inpatient CQMs, and ambulatory CQMs that are met by product(s) in your cart. CQM domains and CQMs highlighted in blue have been met by product(s) in the cart, CQM domains and CQMs in gray have not.

For an EH or CAH, EHR technology needs to be certified for no fewer than 16 CQMs that cover at least 3 domains as identified in the Stage 2 final rule.

For an EP, the EHR technology needs to be certified for no fewer than 9 CQMs that in total cover at least 3 domains and include at least 6 CQMs from the recommended "core set" for adult and pediatric populations as identified in the Stage 2 final rule.

Place your mouse over or click the individual CQM domain names and CMS IDs (representing ambulatory and inpatient CQMs) in the certification bar to learn more about them.

CLINICAL QUALITY MEASURES DOMAINS					
Care Coordination	Clinical Process/Effectiveness	Efficient Use of Healthcare Resources	Patient & Family Engagement	Patient Safety	Population/Public Health

Total number of Domains met: 5 (≥ 3 Required)

CLINICAL QUALITY MEASURES FOR ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS (CMS IDs)																							
9	26	30	31	32	53	55	60	71	72	73	91	100	102	104	105	107	108	109	110	111	113	114	171
172	178	185	188	190																			

Total number of Inpatient CQMs met: 0 (≥ 16 Required)

CLINICAL QUALITY MEASURES FOR ELIGIBLE PROFESSIONALS (CMS IDs)																									
2	22	50	52	56	61	62	64	65	66	68	69	74	75	77	82	90	117	122	123	124	125	126	127		
128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	153	154		
155	156	157	158	159	160	161	163	164	165	166	167	169	177	179	182										

Total number of Ambulatory CQMs met: 13 (≥ 9 Required)
Total number of Core Ambulatory CQMs met: 7 (≥ 6 Required)

STEP 2: SEARCH FOR CERTIFIED EHR PRODUCTS

To use clinical quality measures (CQMs) search:

1. Select the ambulatory / inpatient clinical quality measure (CQM) below for which you are searching and hit "Search Matching Products"
2. A list of products will appear below
3. This list will include all products that have been certified for all the clinical quality measures (ambulatory / inpatient) you selected, including complete EHR products and EHR modules
4. Select "Add to Cart" to add certified complete EHR product or EHR module(s) to your cart

[AMBULATORY CLINICAL QUALITY MEASURES](#) [INPATIENT CLINICAL QUALITY MEASURES](#)

Ambulatory Clinical Quality Measures

Measure	Domain	NQF #
<input type="checkbox"/> † CMS2 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health	NQF 0418
<input type="checkbox"/> CMS22 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Population/Public Health	N/A
<input type="checkbox"/> † CMS50 Closing the referral loop: receipt of specialist report	Care Coordination	N/A



CMS Resources:

- Meaningful Use:
 - <https://www.cms.gov/EHRIncentivePrograms/>
- CAH Method II Factsheet
 - http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CAH_Method_II_Participation_FactSheet_July.pdf
- Registration instructions:
 - <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>
- Meaningful Use Stage 1 Criteria Specifications
 - <http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>
- Presentation on penalties and exceptions
 - <http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2013-08-15-EHR.html?DLPage=1&DLSort=0&DLSortDir=descending>

Other Resources:

- Quality Measure Specifications on the CMS web site:
 - <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>
- ONC Certified EHRs and what modules they are certified for:
 - <http://healthit.hhs.gov/chpl>
- Office of the National Coordinator Health IT site:
 - <http://HealthIT.gov>
- Regional Extension Assistance Center for Health Information Technology (REACH)
 - <http://www.khaREACH.org>
- Stratis Health HIT Toolkits for hospitals, clinics, home health, nursing homes and chiropractors
 - <http://www.stratishealth.org/expertise/healthit/>

In Closing

- The CAH Method II billing changes will mean that a number of your professionals will be eligible for incentives and be subject to penalties in the years ahead
- Determining which providers will be impacted and the amount of that impact will need to be done by the financial officer
- Make sure that your providers have valid NPPES and NPI numbers
- Remember that we are doing this to achieve the “Triple Aim” of health care:
 - Improving the patient experience of care (including quality and satisfaction)
 - Improving the health of populations
 - Reducing the per capita cost of health care



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