

Proposed Rules for Meaningful Use 1, 2 and 3

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Objectives

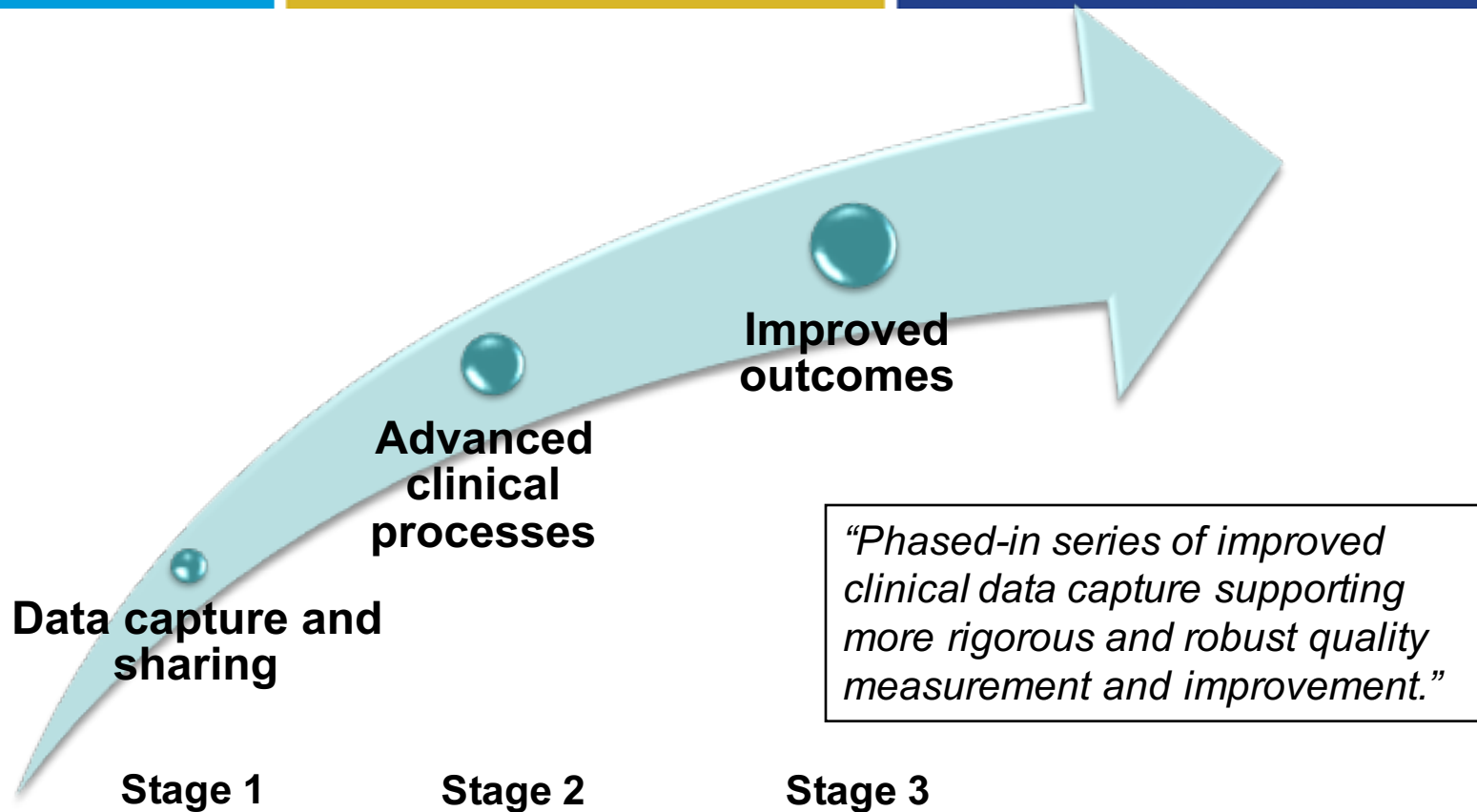
- Provide an overview of the proposed changes to all stages of the Meaningful Use program starting this year
- Enable you to understand what you may need to start now or do differently
- Help you to plan for 2016 and beyond

Meaningful Use Overview: Statutory Framework

- In HITECH, Congress established three fundamental criteria of requirements for meaningful use:
 - Use of certified EHR technology in a meaningful manner
 - The exchange of health information
 - Submission of clinical quality data

Adapted from: Brian Wagner, Senior Director of Policy and Public Affairs, eHealth Initiative (eHI) presentation to the MN Exchange and Meaningful Use Workgroup January 15, 2010

Bending the Curve Towards Transformed Health



Source: Connecting for Health, Markle Foundation “Achieving the Health IT Objectives of the American Recovery and Reinvestment Act” April 2009

The Proposed Rules

- **Meaningful Use Stage 3**
 - Released: March 30, 2015 available in html at:
 - <https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>
 - Comments were due: May 29, 2015
- **Meaningful Use Changes to Stage 1 and 2**
 - Released: April 15, 2015 and available in html at:
 - <https://www.federalregister.gov/articles/2015/04/15/2015-08514/medicare-and-medicaid-programs-electronic-health-record-incentive-program-modifications-to>
 - Comments were due: June 15, 2015

NPRM 3 Calendar

TABLE 3: STAGE OF MEANINGFUL USE CRITERIA BY FIRST YEAR

First Year as a Meaningful EHR User	Stage of Meaningful Use										2021 and future years
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
2011	1	1	1	2*	2	2	2 or 3	3	3	3	3
2012		1	1	2*	2	2	2 or 3	3	3	3	3
2013			1	1	2	2	2 or 3	3	3	3	3
2014				1	1	2	2 or 3	3	3	3	3
2015					1	1	1, 2 or 3	3	3	3	3
2016						1	1, 2 or 3	3	3	3	3
2017							1, 2 or 3	3	3	3	3
2018 and future years								3	3	3	3

*Please note, a provider scheduled to participate in Stage 2 in 2014, who instead elected to demonstrate stage 1 because of delays in availability of EHR technology certified to the 2014 Edition, is still considered a stage 2 provider in 2014 despite the alternate demonstration of meaningful use. In 2015, all such providers are considered to be participating in their second year of Stage 2 of meaningful use.

Proposed Timeline Changes for MU 1-2

- 90 Day reporting for all in 2015
- Providers scheduled to do MU1
 - In 2015 will do MU2 with additional exemptions
 - In 2016 and 2017 will do MU 2 without additional exemptions
- Starting in 2017, Medicare first timers must do a full year (Medicaid only may do any 90 days)

First Year as a Meaningful EHR User	Stage of Meaningful Use										
	2011	2012	2013	2014 90 days	2015 90 days	2016	2017	2018	2019	2020	2021 and future years
2011	1	1	1	2*	2	2	2 or 3	3	3	3	3
2012		1	1	2*	2	2	2 or 3	3	3	3	3
2013			1	1	2	2	2 or 3	3	3	3	3
2014				1	1	2	2 or 3	3	3	3	3
2015					1	X 2	X 2 or 3	3	3	3	3
2016						X 2	X 2 or 3	3	3	3	3
2017							X 2 or 3	3	3	3	3
2018 and future years								3	3	3	3

* Still considered doing stage 2 even if they did stage 1

Reporting Periods

- 2015
 - Hospitals
 - Starting in 2015 and continuing on have a calendar reporting year
 - 15 reporting months in the 2015 year but only need to attest for 90 continuous days)
 - Professionals
 - Any 90 days in calendar year 2015
- 2016
 - Any 90 days for first time attesters
 - Full year for those beyond their first year
- 2017 and later
 - Full year reporting for all except Medicaid only first year

Attestation

- No changes to the method
- All Medicare
 - No 2015 Medicare attestations before January 2016
 - New exception:
 - Hospitals in their first year may attest to 2015 before August 15 if they contact Elizabeth Holland (elizabeth.holland@cms.hhs.gov) at the Division of Health IT at CMS and provide the hospital name, CMS Certification Number and contact person information
- Deadlines
 - Last day of February for all
- Medicaid
 - Providers who fall below 30% (or 20%) threshold, can attest under Medicare to avoid the penalty without it constituting a switch in payment programs

Incentives

- Unchanged but winding down
- Medicare
 - If just starting
 - 2014 was last year for EP to attest and begin to receive incentives
 - 2015 is last year for CAH or PPS hospitals attest and begin to receive incentives
 - Last incentive payment year:
 - 2015 for CAHs
 - 2016 for EPs and PPS hospitals
- Medicaid
 - If just starting
 - 2016 is last year for EPs, CAH or PPS hospitals to receive incentives
 - EPs
 - 2021 is last payment year for EPs
 - Max of 6 payments
 - Hospitals
 - Last possible payment year depends on the state – can be 2018 through 2021
 - Any payment skipped after 2016 ends the program

Penalties and Exceptions

- **Unchanged Except**
 - Anyone attesting for the first time anytime in 2015 will not be penalized in either 2016 or 2017 (NPRM 1-2)
 - The attestation system will not be available before January 2016 except as noted in the attestation slide
 - All who attest for first time in 2016 will not be penalized in 2017 and 2018 if they attest before Oct 1 2016
 - 2017 and later requires full year reporting

Miscellaneous Changes

- State Flexibility
 - Unchanged
- Paper-based documents
 - No longer count in numerators starting in 2015 (Both NPRMs) *except* for patient education materials through Stage 2

Proposed Program Goals and Objectives

- Protect Patient Health Information
- Electronic Prescribing
- Clinical Decision Support
- Computerized Provider Order Entry
- Patient Electronic Access to Health Information
- Health Information Exchange
- Public Health and Clinical Data Registry Reporting

Topped Out Measures

- Eligible Professional
 - Record Demographics
 - Record Vital Signs
 - Record Smoking Status
 - Clinical Summaries
 - Structured Lab Results
 - Patient List
 - Patient Reminders
 - Summary of Care Measure
 - Any Method Measure
 - Test different vendor and system
 - Electronic Notes
 - Imaging Results
 - Family Health History
- Eligible Hospital/CAH
 - Record Demographics
 - Record Vital Signs
 - Record Smoking Status
 - Structured Lab Results
 - Patient List
 - Summary of Care Measure
 - Any Method Measure
 - Test different vendor and system
 - eMAR
 - Advanced Directives
 - Electronic Notes
 - Imaging Results
 - Family Health History
 - Structure Labs to Ambulatory Providers

Changes to Stage 1: 2015-17

Measure	Stage 1 2014		Stage 1 2015		Stage 1 2016-17	
Security Risk Analysis	C	Y/N	C	Y/N	C	Y/N
eRx (EP)	C	40%	C	40%	C	50%
Drug Formulary (EP)	M	Y/N			C	Y/N
eRx with Formulary (EH)					C	10%
CDS	C	1	C	1	C	5
Drug Interactions	C	Y/N	C	Y/N	C	Y/N
Medications	C	30%	C	30%	C	60%
labs					C	30%
Radiology					C	30%
Patient Ed	M	10%	C	10%	C	10%
Have access to VDT	C	50%	C	50%	C	50%
Actually VDT					C	Y/N
Secure messages					C	Y/N
eSummary of Care					C	10%
Med Rec	M	50%	C	50%	C	50%
Immunization Registry	M	Y/N	EP: 1 of 5 EH: 2 of 6	Y/N	EP: 2 of 5 EH: 3 of 6	Y/N
Syndromic Surveillance	M	Y/N		Y/N		Y/N
Case Reporting				Y/N		Y/N
Public Health Registry				Y/N		Y/N
Clinical Data Registry				Y/N		Y/N
Reportable Labs (EH)	M	Y/N		Y/N		Y/N

Deleted from Stage 1: 2015

Measure	Stage 1 2014		Stage 1 2015 - 17
Summary of Care Any Method	M	50%	Exclusion 2015, eSoC after
Demographics	C	50%	(eAccess & eSoC)
Vital Signs	C	50%	(eAccess & eSoC)
Problem List	C	80%	(eAccess & eSoC)
Medication List	C	80%	(eAccess & eSoC)
Allergies	C	80%	(eAccess & eSoC)
Smoking	C	50%	(eAccess & eSoC)
Incorporate Labs	M	40%	(eAccess & eSoC)
Clinical Summaries (EP)	C	50%	(eAccess)
Advanced Directives (EH)	M	50%	Not Measured
Patient Lists	M	Y/N	Not Measured
Patient Reminders (EP)	M	20%	Not Measured

Changes to Stage 2: 2015-17

Measure	Stage 2 2014		Stage 2 2015		Stage 2 2016-17		
Security Risk Analysis	C	Y/N	C	Y/N	C	Y/N	
ePrescribing (EP)	C	50%	C	50%	C	50%	
Drug Formulary (EP)	C	Y/N	C	Y/N	C	Y/N	
eRx with Formulary (EH)	M	10%	M	10%	C	10%	
CDS	C	5	C	5	C	5	
Drug Interactions	C	Y/N	C	Y/N	C	Y/N	
Medications	C	60%	C	60%	C	60%	
Labs	C	30%	C	30%	C	30%	
Radiology	C	30%	C	30%	C	30%	
Patient Ed	C	10%	C	10%	C	10%	
Have access to VDT	C	50%	C	50%	C	50%	
Patients Use VDT	C	5%	C	1 patient	C	1 patient	
Secure messages	C	5%	C	Enabled	C	1 patient	
eSummary of Care	C	10%	C	10%	C	10%	
Med Rec	C	50%	C	50%	C	50%	
Immunization Registry	C	Y/N		Y/N		Y/N	
Syndromic Surveillance	EP: M EH: C	Y/N	EP: 2 of 5 EH: 3 of 6	Y/N	EP: 3 of 5 EH: 4 of 6	Y/N	
Case Reporting				Y/N			Y/N
Public Health Registry				Y/N			Y/N
Clinical Data Registry				Y/N			Y/N
Reportable Labs (EH)	C	Y/N		Y/N		Y/N	

Deleted from Stage 2: 2015-17

Measure	Stage 2 2014		Stage 2 2015 on
Summary of Care Any Method	C	50%	(eSoC)
eSoC Diff EHR & system	C	Y/N	(eSoC)
Provider Notes	M	30%	(eAccess & eSoC)
Demographics	C	80%	(eAccess & eSoC)
Vital Signs	C	80%	(eAccess & eSoC)
Smoking	C	80%	(eAccess & eSoC)
Incorporate Labs	C	55%	(eAccess & eSoC)
Clinical Summaries (EP)	C	50	(eAccess)
Imaging Results	M	10%	Not Measured
Family History	M	20	Not Measured
Advanced Directives (EH)	M	50%	Not Measured
Provide eLab Results (EH)	M	20%	Not Measured
eMAR (EH)	C	10%	Not Measured
Patient Lists	C	Y/N	Not Measured
Patient Reminders (EP)	C	10%	Not Measured

Changes from 2017 Stage 2 to Stage 3

Measure	Stage 2 2016-17		Stage 3	
Security Risk Analysis	C	Y/N	C	Y/N
eRx (EP)	C	50%	C	80%
Drug Formulary (EP)	C	Y/N	C	Y/N
eRx with Formulary (EH)	C	10%	C	25%
CDS	C	5	C	5
Drug Interactions	C	Y/N	C	Y/N
Medications	C	60%	C	80%
Labs	C	30%	C	60%
Radiology	C	30%	C	60%
Patient Ed	C	10%	C	35%

Changes from 2017 Stage 2 to Stage 3

Measure	Stage 2 2016-17		Stage 3	
Have access to VDT or API			C	80%
Use VDT	C	Y/N	2/3	25%
Use API				25%
Secure messages	C	Y/N	2/3	35%
Incorporate Pt or other provider data			2/3	15%
eSummary of Care	C	10%	2/3	50%
Incorporate eSummary			2/3	40%
Clinical Info Reconcilliation			2/3	80%
Immunization Registry	EP: 2 of 5 EH: 3 of 6	Y/N	EP: 3 of 5 EH: 4 of 6	Y/N
Syndromic Surveillance		Y/N		Y/N
Case Reporting		Y/N		Y/N
Public Health Registry		Y/N		Y/N
Clinical Data Registry		Y/N		Y/N
Reportable Labs (EH)		Y/N		Y/N

Deleted from 2017 Stage 2 to Stage 3

Measure	Stage 2 2016-17		Stage 3
Have access to VDT	C	50%	Use VDT and API
Med Rec	C	50%	Included in Clin Info Rec

CEHRT

- Use 2014 or 2015 Certified EHR Technology (CEHRT) or a combination through 2017 for MU 1 & 2
- Use 2015 CEHRT for MU 3

CQM Reporting

- Same method, domain requirements and number as for 2014
- 2015
 - Any 90 days in the calendar year
 - EHs, additional 3 months at end of CY 2014 (15 month reporting year)
 - Can be more than 90 days and does not need to correspond with MU objective reporting period
- 2016
 - Full year reporting except first year MU
- 2017
 - Full year reporting for all except first year Medicaid only
 - May attest to 2016 measures or e-submit to 2017 measures
- 2018
 - Require electronic submission

Questions?

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