Roll Out of the HIT 'Meaningful Use' Standards and Certification Criteria

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Purpose of Today's Webinar

- Review the regulations and solicit feedback for the National Council's comments to CMS.
  - Comment on text in red
  - Interim Final Rule can be accessed online: http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf
- Highlight Meaningful Use Track at National Council's conference
  - More detail about this issue: http://www.thenationalcouncil.org/cs/tracks_and_workshops

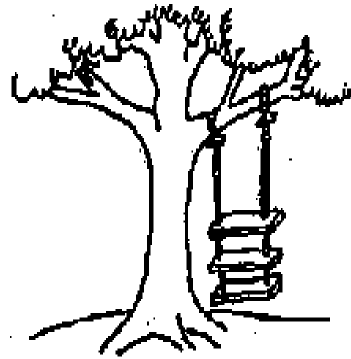
**Thank you to NACHC

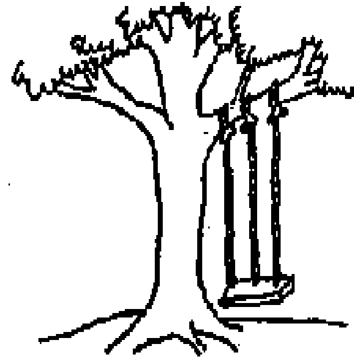
The Good News

CBHOs that meet the meaningful use standards can receive Medicaid incentive payments through their doctors or NPs who meet eligibility standards

The Not So Good News

It's Complicated!


As proposed by the project sponsor.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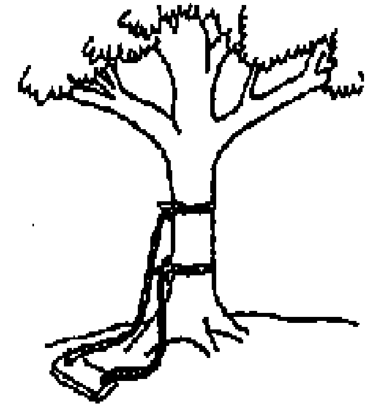
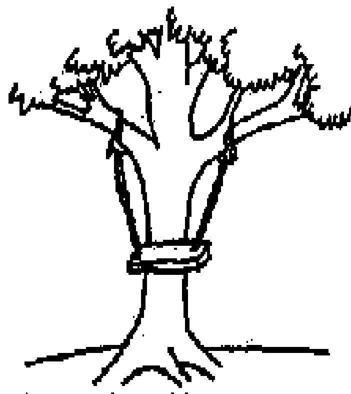

As designed by the senior analyst.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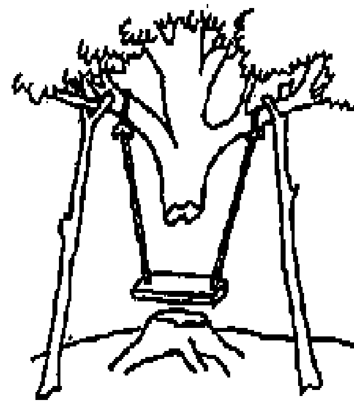
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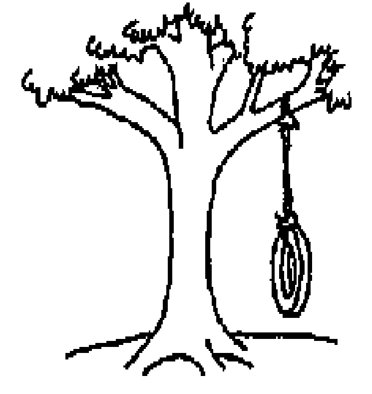
What the user wanted.

Background

- Health Information Technology for Economic Clinical Health Act (HITECH Act) included in the ARRA
  - Enacted Feb. 17, 2009
- Three parts:
  - Creates standards, implementation specifications and certification criteria for HIT infrastructure interoperability
  - Implement the HIT infrastructure and EHRs through grants, loans, and incentives for the "Meaningful Use of Certified" EHRs**
  - Encourage the use of HIT infrastructure by improving information privacy and security

**topic of today's webinar

What Does “Meaningful Use” Mean?

- A ‘meaningful user’ of certified technology is an eligible provider (EP) who:
  - Uses certified EHR technology
  - Includes the use e-prescribing
  - Provides for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination
  - Submits info on clinical quality measures selected by the Secretary

CMS requesting comments: Should states be given flexibility to create ‘disparate definitions’ beyond what is proposed?

Participation Requirements for EPs
pg. 1995

- EPS must provide
  - Name of EP
  - National Provider Number (NPI)
  - Business Address and phone number
  - Taxpayer Identification Number (TIN) to which EPs incentive payment should be made
  - Notify CMS if the EP is choosing the Medicaid or Medicare incentive payment plan
    - EPs allowed to make a one-time switch from one program to the other

  - EPs are permitted to reassign their incentive payments to their employer or to an entity with which they have a contractual arrangement
    - Can only reassign the entire amount of incentive payment to one employer/entity

Incentive Payments

- EPs may receive Medicare/Medicaid incentive payments for the adoption/meaningful use of certified EHR technology.
- Incentives total between $34B-$50B depending on ROI and % of EPs who meet criteria for meaningful use.
  - Payments can begin before EHR system is fully up and running if you are in the process of “adopting”
  - Medicaid incentives at the provider level are greater than Medicare incentives – 85% of allowable costs vs. 75% of charges ($63K vs. $44K)
  - If you already have a certified EHR by 2011 you can still get the full incentives (maybe)

Medicaid Incentive Eligibility

EPs would be required to annually re-attest to patient volume thresholds

Eligible Providers	Minimum 90-day Medicaid patient volume threshold (%)
Physicians	30
Pediatricians	20
Dentists	30
Certified Nurse Midwives	30
Physician Assistants when practicing in a FQHC/RHC led by a Physician Assistant	30
Nurse Practitioner	30
Acute Care Hospital	10
Children’s Hospital	None

Pg 1859

In order to be a meaningful user the EP must have 50% of their patient encounters in a practice/location where he/she uses a certified EHR

How will the Medicaid Patient Volume Threshold be Calculated?

- Numerator:
  - EP's total number of Medicaid patient encounters
    - Any representative continuous 90-day period during the previous calendar year

- Denominator:
  - All patient encounters for the same individual professional
    - Over the same continuous 90-day period

**Must be a "representative period"

Medicaid Incentive Payment Structure

Calendar Year	Medicaid EPs who begin adoption in					
	2011	2012	2013	2014	2015	2016
2011	$21,250	----------	----------	----------	----------	----------
2012	$8,500	$21,250	----------	----------	----------	----------
2013	$8,500	$8,500	$21,250	----------	----------	----------
2014	$8,500	$8,500	$8,500	$21,250		
2015	$8,500	$8,500	$8,500	$8,500	$21,250	
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017	----------	$8,500	$8,500	$8,500	$8,500	$8,500
2018	----------	----------	$8,500	$8,500	$8,500	$8,500
2019	----------	----------	----------	$8,500	$8,500	$8,500
2020	----------	----------	----------	----------	$8,500	$8,500
2021						$8,500
TOTAL	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

Incentive Payments: Cautionary Notes (cont)

- Incentive payments must generally be made directly to the EP
- EPs must select either Medicare or Medicaid
- If not a meaningful user by 2015, your *Medicare* revenue will be affected by the penalties

- Permits payment of incentive payments to "entities promoting the adoption of certified EHR technology,"
  - Designated by the State
    - E.g. State Designated HIE
      - States must publish rules
        - Voluntary participation

Incentive Payments: Cautionary Notes

- You can only receive incentives from one state's Medicaid program – issue for providers on borders
- States would disburse reimbursements to EPs in alignment with the calendar year
- IFR contains minimum federal standards, states can impose more
- 100% State Medicaid FFP will not start until 2011
  - Would not expect many states to begin Incentive Payments until 2011
    - Some states may be approved prior to 2011

Incentive Payments for Early Adopters (pg. 1936)

- Medicaid EPs who have already adopted, implemented, or upgraded certified EHR technology, and
- Can meaningfully use this technology in the first incentive payment year
    - Are eligible to receive the same maximum payments, for the same period of time

Incentive Payments for Early Adopters

- Can receive full first year Medicaid Incentive payments
  - Show they are a meaningful user of certified EHR technology

    - Use of EHR technology in a meaningful manner
      - E.g. E-Prescribing

    - Certified EHR technology is connected
      - Providing for electronic health information exchange to improve the quality of care such as promoting care coordination

    - Using EHR technology, the provider submits to the Secretary information on clinical quality measures and other such measures selected by the Secretary (pg. 1850) - Medicaid EPs would be to the States

Incentive Payments for Early Adopters

- States must track and validate
- If states require additional objectives to meet "meaningful use" the state would need to request prior approval from CMS
- Regardless of the calendar year
  - The Medicaid EPs first year as a participant is when they must demonstrate
    - Adoption
    - Implementation,
    - Upgrading or
    - Meaningful Use
- CMS is seeking comments on an alternative scenario where early adopters would only receive $8500 for 5 years.

Definitions of Adopting, Implementing or Upgrading EHR Technology

- Medicaid Incentives allow for payments even before an EP begins "meaningful use"

- Adopting, Implementing or Upgrading
    - Installed or commenced utilization of EHR Technology
        - Capable of meeting meaningful use

    - Expanded the available functionality and commenced utilization of the EHR Technology

        - Includes
            - Staffing
            - Maintenance
            - Training

Definitions of Adopting, Implementing or Upgrading EHR Technology

- Attest to
  - Having Acquired and installed = “Adopted”
  - Commenced utilization = “Implemented”
  - Expanded the available functionality = “Upgraded”

- States must establish a verification process
  - Submission of a vendor contract is recommended by CMS as one means of verification

- Implementing includes
  - Staff training
  - Efforts to Redesign Provider Workflows

  - CMS is looking for progress towards
    - Integration of EHRS into routine practice
      - Improve patient safety, care and outcomes

Defining ‘Adoption’

- Demonstrate actual implementation prior to the incentive payment
  - “Efforts” to install are not sufficient
    - Researching EHRs or interviewing vendors would not meet the criteria

- CMS is seeking actual purchase/acquisition or installation

Defining ‘Implementation’

- Has installed certified EHR technology
- Has started using the certified EHR technology

- Activities would include
    - Staff training on use of the technology

    - Data entry of their patients’ demographic and administrative data

    - Establishing data exchange agreements and relationships between the technology and
        - Other providers
            - Laboratories
            - Pharmacies
            - HIEs

Defining ‘Upgrade’

- Expansion of the functionality of the EHR
  - Addition of
    - Clinical decision support
    - E-Prescribing functionality
    - CPOE
    - Other enhancements that facilitate the meaningful use of certified EHR technology

Reporting Period

- Occurs on a rolling basis during the first payment year
    - Any continuous 90-day period. Examples:
        - March 13, 2011 – June 11, 2011
        - January 1, 2011 – April 1, 2011

    - On an annual basis for subsequent payment years
        - That is for the entire year

Comments requested: What do you think about this reporting methodology? CMS requests that you either support or suggest an explicit alternative

- Reporting Methods
    - Surveys
    - Attestation
    - Special codes on claims
        - Something beyond attestation

CMS requests comments: How should EPs report information?

Reporting on Clinical Quality Measures

- Exemption for Medicaid EPs
  - Only Early Adopters will need to actually report on the Quality Measures (via attestation) in Year 1 (2011 or when state begins)

Important Note: EPs are expected to report on required clinical quality measures for ALL clients, not just Medicare/Medicaid beneficiaries

Reporting on Clinical Quality Measures

Provider/Specialty Types that need to report Start (pg. 122)

Specialty	# of Criteria to Report on
Primary Care	26
Pediatric	9
OB/GYN	9
Psychiatry	6
Cardiology	10
Pulmonology	8
Endocrinology	9
Oncology	6
Proceduralist/Surgery	6
Neurology	5
Opthamology	3
Podaitry	3
Radiology	7
Gastroenterology	6
Nephrology	6

Core Measures

Measure No.	Clinical Quality Measures Title
PQRI 114 NQF 0028	Title: Preventive Care and Screening: Inquiry Regarding Tobacco Use.
NQF 0013	Title: Blood pressure measurement
NQF 0022	Title: Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided b. Patients who receive at least two different drugs to be avoided

CMS requesting comments on:

- the clinical utility and state of readiness for use in the EHR incentive programs.
- Potential topics and/or clinical quality measures for future consideration for years 2013 and beyond

Psychiatry Measures

Measure No.	Clinical Quality Measures Title
PQRI 9 NQF 0105	Title: Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD
PQRI 106 NQF 0103	Title: Major Depressive Disorder (MDD): Diagnostic Evaluation
PQRI 107 NQF 0104	Title: Major Depressive Disorder (MDD): Suicide Risk Assessment.
NQF 0004	Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
NQF 0105	Title: New Episode of Depression: (a) Optimal Practitioner Contacts for Medication Management, (b) Effective Acute Phase Treatment, (c) Effective Continuation Phase Treatment
NQF 0110	Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use

CMS requesting comments on:

- the clinical utility and state of readiness for use in the EHR incentive programs.
- Potential topics and/or clinical quality measures for future consideration for years 2013 and beyond

Stage of Meaningful Use Criteria by Year

First Payment Year	Payment year				
	2011	2012	2013	2014	2015 + **
2011	Stage 1	Stage 1	Stage 2	Stage 2	Stage 3.
2012		Stage 1	Stage 1	Stage 2	Stage 3.
2013			Stage 1	Stage 2	Stage 3.
2014				Stage 1	Stage 3.
2015+ *					Stage 3.

*Avoids payment adjustments only for EPs only in the Medicare EHR Incentive Program
** Stage 3 criteria of meaningful use or a subsequent update to the criteria if one is established through rulemaking

CMS requesting comments on this proposed pathway to meaningful use

Three Stages of Implementation
Focus on Stage 1 - 2011

Focus of Stage 1 Requirements for "Meaningful Use" - (pg. 1852)

- Electronically capturing health information in a coded format
- Using that information to track key clinical conditions
- Communicating that information for care coordination
- Implementing clinical decision support tools to:
  - Facilitate disease management
  - Medication management
  - Reporting clinical quality measures
  - Public health information

CMS requests comments: Are any of the following objectives out of reach for certain providers? Suggestions of alternative objective criteria welcome.

Measures - Stage 1 Criteria for EPs

(pg. 1993; For a grid of Criteria and Measures see pg. 1867)

•Objective: Implement drug-drug, drug allergy, drug formulary checks
- •Measure: EP has enabled this technology

•Objective: Maintain an up-to-date problem list of current active diagnoses based on ICD-9-CM or SNOMED CT ®
- •"Problem List"
  - •List of current and active diagnoses as well as past diagnoses relevant to the current care of the patient (pg. 1855)

- •Measure: At least 80% of all unique patients seen by the EP have at least one entry or indication of "none" recorded as structured data

- Objective: Maintain active medication list
  - Measure: At least 80% of all unique patients seen by EP have at least one entry (or an indication of “none” if patient is not currently prescribed any medications) recorded as structured data
- Objective: Maintain active medication allergy list
  - Measure: At least 80% of all unique patients seen by EP have at least one entry (or an indication of “none” if patient has no medication allergies) recorded as structured data

- Objective: Record the following demographics:
  - (a) Preferred language
  - (b) Insurance type
  - (c) Gender
  - (d) Race
  - (e) Ethnicity
  - (f) Date of birth
    - Measure: At least 80% of all unique patients seen by EP have the demographics above recorded as structured data

- Objective: Record and chart changes in
- (A)The following vital signs:
    - (1) Height
    - (2) Weight
    - (3) blood pressure
- (B) Calculate and display the body mass index (BMI) for patients 2 years and older
- (C) Plot and display growth charts for children 2 to 20 years including body mass index

    - Measure: At least 80% of all unique patients 2 years or older seen by the EP record blood pressure and BMI and plot growth chart for children 2 - 20 years old

- Objective: Record smoking status for patients 13 years old or older
    - Measure: At least 80% of all unique patients 13 years or older seen by the EP have "smoking status" recorded
- Objective: Incorporate clinical lab-test results into EHR as structured data
    - Measure: At least 50% of all clinical lab tests ordered by the EP or authorized provider whose results are either in the positive/negative or numerical format are incorporated in certified EHR technology as structured data

- Objective: Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research and outreach
    - Measure: Generate at least one report listing patients of the EP with a specific condition
- Objective: Report ambulatory quality measures to CMS or the States
    - Measure: For 2011, provide aggregate numerator and denominator through attestation
- Objective: Send reminders to patients per patient preference for preventive/follow-up care
    - Measure: Reminder sent to at least 50% of all unique patients seen by the EP that are age 50 or older.

- Objective: Implement five (5) clinical decision support rules relevant to specialty or high clinical priority, including diagnosis for test ordering, along with the ability to track compliance with those rules
    - Measure: Implement five (5) clinical decision support rules relevant to the quality measure metrics
- Objective: Check insurance eligibility electronically from public and private payers
    - Measure: Insurance eligibility is checked electronically for at least 80% of all unique patients seen by the EP

- Objective: Submit claims electronically to public and private payers
    - Measure: At least 80% of all claims are filed electronically by the EP
- Objective: Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication list, allergies) upon request.
    - Measure: At least 80% of all patients who request an electronic copy are provided it within 48 hours.
- Objective: Provide patients with timely electronic access to their health information within 96 hours of the information being available to the EP.
    - Measure: At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information.

- Objective: Provide clinical summaries for patients for each visit.
  - Measure: Clinical summaries are provided for at least 80% of all office visits
- Objective: Capability to exchange key clinical information (e.g. problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.
  - Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

- Objective: Perform medication reconciliation at relevant encounters and each transition of care
    - Measure: Perform medication reconciliation for at least 80% of relevant encounters and transitions of care
- Objective: Provide summary of care record for each transition of care and referral
    - Measure: Provide summary of care record for at least 80% of all transitions of care and referrals

- Objective: Capability to submit electronic data to immunization registries and actual submission where required and accepted
    - Measure: Perform at least one test of certified EHR technology's capability to submit electronic data to immunization registries

- Objective : Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice
    - Measure: Perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies unless none have the capacity to receive

- Objective: Protect health created or maintained by certified EHR technology through the implementation of appropriate technical capabilities

  - Measure: 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

Conditions for States to Receive Federal Financial Incentives

Section 1903(a)(3)(F) of the Act (pg. 1945)

- States are eligible for 100 percent FFP for direct payment expenditures to certain Medicaid EPs
  1. To encourage the adoption and use of certified EHR technology

- 90 percent FFP for reasonable administrative expenses
  1. using the funds to administer Medicaid incentive payments for certified EHR technology, including tracking of meaningful use by Medicaid EPs and eligible hospitals;
  2. conducting oversight of the Medicaid EHR incentive program, including routine tracking of meaningful use attestations and reporting mechanisms; and
  3. pursuing initiatives to encourage the adoption of certified EHR technology for the promotion of health care quality and the exchange of health care information.

ONC Interim Rule

- CCHIT
  - The Secretary has decided not to adopt previously recognized certification criteria
    - CCHIT certification may or may not be the certifying body
    - Other certifying bodies may be developed
    - ONC will propose a separate rule making process to establish HIT certification programs (ONC – pg. 2017)

You can access online: http://edocket.access.gpo.gov/2010/pdf/E9-31216.pdf

Allows a Modular approach

Examples of modules

- An interface or software program that provides the capability to exchange clinical information
- An open source software program that enables individuals online access to certain health information in the EHR
- A clinical decision support engine
- A software program used to submit public health information to public health authorities
- A quality measure reporting service or software program

Certified EHR Technology

- A Complete or a combination of EHR modules, each of which:
    - Meets the requirements included in the definition of a qualified EHR
    - Has been tested and certified in accordance with the certification program established by the National Coordinator and having met all certification criteria adopted by the Secretary

Next Steps

- National Council will be submitting comments
  - Please send us your comments to proposed text in red
    - chucki@thenationalcouncil.org

HIT Technical Corrections Bill

- Would explicitly include community mental health centers and substance use treatment facilities as eligible entities for Medicaid incentives
- Would extend HIT TA to mental health and substance use professionals, behavioral and mental health facilities, and substance use treatment facilities

Questions?