An Overview of "Modified Stage 2" and Audit Prep

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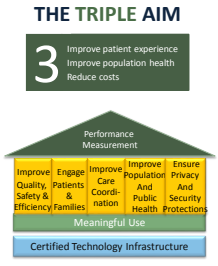
June 9, 2015

Agenda

1. Overview of M-CEITA
2. Brief Overview of Meaningful Use (MU)
3. Proposed changes to MU "Modified Stage 2"
4. Audit Preparation
5. Questions

Who is M-CEITA?

- Michigan Center for Effective Information Technology Adoption (M-CEITA)
- One of 62 **ONC Regional Extension Centers (REC)** providing education & technical assistance to primary care providers across the country
- Founded as part of the **HITECH Act** to accelerate the adoption, implementation, and effective use of electronic health records (EHR), e.g. 90-days of MU
- Funded by **ARRA of 2009** (Stimulus Plan)
- **Purpose:** support the Triple Aim by achieving 5 overall performance goals



M-CEITA's Services

Our services are highly subsidized for qualified physicians.
These Health IT services include:

- **Meaningful Use Support**
- **Security Risk Assessment**
- **Targeted Process Optimization (Lean)**
- **Attestation/Audit Preparation**

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Meaningful Use

Overview and Program Basics

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Meaningful Use…as defined by CMS

- Meaningful Use is using certified electronic health record (EHR) technology to:
  - Improve quality, safety, efficiency, and reduce health disparities
  - Engage patients and families
  - Improve care coordination and population and public health
  - Maintain privacy and security of patient health information
- Ultimately, it is hoped that Meaningful Use compliance will result in:
  - Better clinical outcomes
  - Improved population health outcomes
  - Increased transparency and efficiency
  - Empowered individuals
  - More robust research data on health systems

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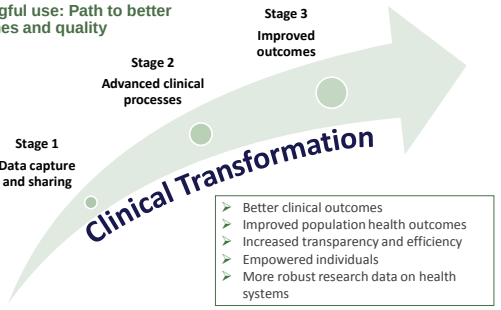
Meaningful use: Path to better outcomes and quality



- Better clinical outcomes
- Improved population health outcomes
- Increased transparency and efficiency
- Empowered individuals
- More robust research data on health systems

For more information on meaningful use of EHRs, visit: http://www.cms.gov/EHRIncentivePrograms/35_Meaningful_Use.asp

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Meaningful Use Timeline

First Year of MU	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	2	3	3	TBD	TBD	TBD
2012		1	1	2	2	2	3	3	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

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"Modified Stage 2"

Summary of Objectives and Measures for Eligible Professionals (EPs)

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Reporting Periods

- 2015
  - New Participants in the EHR Incentive Program: Any Continuous 90 days w/in the Calendar Year (CY)
  - EPs: Regardless of Prior Participation, Any Continuous 90 days w/in the CY
  - EHs and CAHs: Regardless of Prior Participation, Any Continuous 90 days w/in the period beginning 10/01/2014 and the close of CY 2015
  - Unable to Attest Prior to 01/01/2016 to allow for system changes

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Reporting Periods (cont.)

- 2016
  - Demonstrating MU for 1st time (includes EPs, EHs and CAHs): Any Continuous 90 days b/w 01/01/2016 and 12/31/2016
  - Returning Participants: Full CY
- 2017
  - New and Existing: Full CY
    - Limited Exception for Medicaid providers demonstrating MU for the 1st time, per S3 proposed rule: Any continuous 90 days

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Attestation Deadlines

- 2015
  - EPs/EHs/CAHs: 02/29/2016
  - 1st Time EPs: 02/29/2016
    - Will miss the 10/01/2015 deadline, will be subject to the Medicare Payment Adjustment as of 01/01/2016
      - Payment adjustments will be recouped after attestation
- 2016
  - EPs/EHs/CAHs: 02/29/2017
  - 1st Time EPs: 10/01/2016
    - Attest to avoid Payment Adjustment, will not be able to recoup if attestation occurs after deadline date

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Skipping & Switching Programs

- No Longer allowed as of 03/20/2015
  - Medicaid Provider not meeting the volume thresholds will be able to use the Medicare RAS to demonstrate MU and avoid payment adjustments
  - Not a considered a switch
  - No Incentive will be paid

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Medicaid Program: 2015 - 2017

- Proposed Changes Apply, including:
  - 2015 – 2016 Reporting Period Changes
  - MU Objectives and Measures
  - Public Health (PH): Continue S2 Final Rule policy that allows States to specify the means of transmission of the data or otherwise change the PH measure, as long as changes do not require functionality above and beyond 2014 CEHRT

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CEHRT

- 2015 - 2017
  - 2014 CEHRT
    - Stage 3 Optional in 2017, would require 2015 CEHRT
    - Upgrade to 2015 CEHRT optional prior to 2018
- 2018
  - 2015 CEHRT
    - Stage 3 mandatory in 2018, requires 2015 CEHRT

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CQMs

- No Changes to Selection or Reporting Scheme
- 2015
  - Any continuous 90 days w/in CY
    - CQM reporting period does not need to be the same as selected MU period
    - Attest through Medicare RAS or
    - Attest using established methods for electronic reporting

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CQMs (cont.)

- 2016
  - Demonstrating MU for 1st time
    - Any continuous 90 days w/in CY
      - Attest through Medicare RAS or
      - Attest using established methods for electronic reporting
  - Beyond 1st Year
    - Full Calendar Year
      - Attest through Medicare RAS or
      - Attest using established methods for electronic reporting

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CQMs – 2017, 2018 and Subsequent Years

Proposed eCQM Reporting Timelines for Medicare & Medicaid EHR Incentive Program

Year	2017 only	2017 only	2018 and subsequent years	2018 and subsequent years
Reporting Method Available	Attestation	Electronic Reporting	Attestation	Electronic Reporting
Provider Type who May Use Method	All Medicare providers Medicaid providers must refer to state requirements for reporting	All Medicare Providers Medicaid providers must refer to state requirements for reporting	Medicare Providers with circumstances rendering them unable to eReport Medicaid providers must refer to state requirements for reporting	All Medicare Providers Medicaid providers must refer to state requirements for reporting
CQM Reporting Period	1 CY for Medicare 1 CY for returning Medicaid 90 days for first time meaningful user Medicaid	1 CY for Medicare 1 CY for returning Medicaid 90 days for first time meaningful user Medicaid	1 CY for Medicare 1 CY for returning Medicaid 90 days for first time meaningful user Medicaid	1 CY for Medicare 1 CY for returning Medicaid 90 days for first time meaningful user Medicaid

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CQMs – 2017, 2018 and Subsequent Years (cont.)

Proposed eCQM Reporting Timelines for Medicare & Medicaid EHR Incentive Program				
Year	2017 only	2017 only	2018 and subsequent years	2018 and subsequent years
eCQM Version Required **(CQM electronic specifications update)**	2016 Annual Update	2016 Annual Update	2016 Annual Update or more recent version	2017 Annual Update
CEHRT Edition Required	2014 Edition Or 2015 Edition	2014 Edition Or 2015 Edition	2015 Edition	2015 Edition

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Stages

First Year as a Meaningful EHR User	Stage of Meaningful Use			
	2015	2016	2017	2018
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3
2014	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3
2015	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3
2016	- NA -	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3

*The Modifications to Stage 2 proposed in this rule include alternate exclusions and specifications for certain objectives and measures for providers that were scheduled to demonstrate Stage 1 of meaningful use in 2015.

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Stages (cont.)

TABLE 4: CURRENT STAGE STRUCTURE, RETAINED OBJECTIVES, AND PROPOSED STRUCTURE

	Current Stage 1 Structure	Retained Objectives	Proposed Structure
EP	13 core objectives 5 of 9 menu objectives including 1 public health objective	6 core objectives 3 menu objectives 2 public health objectives	9 core objectives 1 public health objective (2 measure options
EH/ CAH	11 core objectives 5 of 10 menu objectives including 1 public health objective	5 core objectives 3 menu objectives 3 public health objectives	8 core objectives 1 public health objective (3 measure options)

	Current Stage 2 Structure	Retained Objectives	Proposed Structure
EP	17 core objectives including public health objectives 3 of 6 menu objectives	9 core objectives 0 menu objectives 4 public health objectives	9 core objectives 1 public health objective (2 measure options)
EH/ CAH	16 core objectives including public health objectives 3 of 6 menu objectives	7 core objectives 1 menu objective 3 public health objectives	8 core objectives 1 public health objective (3 measure options)

(b) Alternate Exclusions and Specifications for Stage 1 Providers for Meaningful Use in 2015

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CPOE

	2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
			2015, 2016 and 2017	S1 in 2015 ONLY	
Medications	> 30%	> 60%	> 60%	Alternate Measure: > 30%	> 80%
Labs	N/A	> 30%	> 30%	Exclusion Available	> 60%
Radiology	N/A	> 30%	> 30%	Exclusion Available	> 60%

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Drug-Drug and Drug-Allergy Interactions

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
Enabled	Incorporated into CDS Measure			

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Problem List

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
> 80%	Incorporated into SOC/TOC Measure; Required for VDT			Required for HIE Measure

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eRx

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
> 40% all permissible prescriptions	> 50% permissible or all prescriptions compared to drug formulary AND sent electronically	> 50% permissible or all prescriptions compared to drug formulary AND sent electronically	Alternate Measure: 40% all permissible prescriptions	> > 80% of all permissible prescriptions compared to drug formulary AND sent electronically

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Medication List

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
> 80%	Incorporated into SOC/TOC Measure; Required for VDT			Required for HIE

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Allergy List

2014 Stage 1	Stage 2	NPRM - Modified Stage 2	NPRM - Stage 3
		2015, 2016 and 2017 S1 in 2015 ONLY	
> 80%	Incorporated into SOC/TOC Measure; Required for VDT		Required for HIE

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Demographics

2014 Stage 1	Stage 2	NPRM - Modified Stage 2	NPRM - Stage 3
		2015, 2016 and 2017 S1 in 2015 ONLY	
> 50%	> 80%	Redundant, Duplicative or Topped Out (RDT); Required for VDT	Required for HIE

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Vitals

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
> 50%	> 80%	RDT; Required for VDT		Required for HIE

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Smoking Status

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
> 50%	> 80%	RDT; Required for VDT		Required for HIE

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CDS Rules and Drug/Allergy Interactions

	2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
			2015, 2016 and 2017	S1 in 2015 ONLY	
Rules	1 Enabled	5 Enabled	5 Enabled	Alternate Objective and Measure: 1 Enabled	5 Enabled
Interactions	Core 2	Enabled	Enabled		Enabled

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CDS Rules and Drug Interactions (cont.)

- 2014 S1 and Modified S2 Alternate Objective
  - Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule
- Modified S2 and S3 (w/further explanation of relevant POC and alert types)
  - Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

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View, Download and Transmit (VDT)

	2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
			2015, 2016 and 2017	S1 in 2015 ONLY	
Access	> 50% w/in 4 days	> 50% w/in 4 days	> 50% w/in 4 days		Incorporated into Patient Electronic Access
Usage	N/A	> 5%	At least 1 patient	Exclusion Available	Incorporated into Coordination of Care

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Patient Electronic Access (new S3)

	2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
			2015, 2016 and 2017	S1 in 2015 ONLY	
Access	See VDT	See VDT	See VDT		> 80% VDT or retrieve health information through an application programming interface (API) w/in 24 hrs
Patient Electronic Education	> 10% Menu Objective	> 10% Core Measure	> 10% Measure		>35% identify and provide electronic access to those materials

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Clinical Summaries

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
> 50% w/in 3 days	> 50% w/in 1 day	RDT		

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Security Risk Assessment

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
Conduct or Review	Conduct or Review INCLUDING addressing encryption/security of data at rest	Conduct or Review INCLUDING addressing encryption/security of data stored in CEHRT		

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Drug Formularies

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
Enabled and access to at least 1 formulary for entire reporting period	Incorporated into eRx			

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Lab Results

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
> 40%	> 55%	RDT; Required for VDT		Incorporated into HIE measure

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Patient List

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
1 report	1 report	RDT		

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Patient Reminders

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
> 20%	> 10%	RDT		

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Patient Education

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
> 10%	> 10%	> 10%	Exclusion Available: IF did not intend to select Patient Education menu objective for S1	Incorporated into Pt Electronic Access

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Medication Reconciliation

2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
		2015, 2016 and 2017	S1 in 2015 ONLY	
> 50%	> 50%	> 50%	Exclusion Available: IF did not intend to select Medication Reconciliation menu objective for S1	Incorporated into HIE measure

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Summary of Care

	2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
			2015, 2016 and 2017	S1 in 2015 ONLY	
Provide/Paper	> 50% Menu	> 50% Provided	N/A		N/A
Electronic	N/A	> 10%	Use CEHRT to create an SOC and transmit electronically > 10%	Exclusion Available	Incorporated into HIE measure
Test	N/A	One or greater successful exchange(s) w/separate EHR vendor or test(s)	N/A		N/A

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Health Information Exchange (New S3)

SOC for TOC	> 50% created using CEHRT AND electronically exchanged
New Pt SOC	> 40% of SOC's for new patients are incorporated into CEHRT
Clinical Information Reconciliation	> 80% of new patients receive clinical information reconciliation

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MCIR and MSSS

	2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
			2015, 2016 and 2017	S1 in 2015 ONLY	
Immunization Registry	1 Test	Ongoing Submission	Incorporated into Public Health Objective		Incorporated into Public Health Objective
Syndromic Surveillance	1 Test	Ongoing Submission	Incorporated into Public Health Objective		Incorporated into Public Health Objective

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Electronic Messaging

	2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
			2015, 2016 and 2017	S1 in 2015 ONLY	
Electronic Messaging	N/A	> 5%	Y/N: Capability Fully Enabled		Incorporated into Coordination of Care

Electronic Notes, Imaging Results & Family Hx

	2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
			2015, 2016 and 2017	S1 in 2015 ONLY	
Electronic Notes	N/A	> 30%	RDT		
Imaging Results	N/A	> 10%	RDT		
Family History	N/A	> 20%	RDT		

Cancer and Specialized Registries

	2014 Stage 1	Stage 2	NPRM - Modified Stage 2		NPRM - Stage 3
			2015, 2016 and 2017	S1 in 2015 ONLY	
Cancer Registry	N/A	Ongoing Submission	Incorporated into Public Health Objective		Incorporated into Public Health Objective
Specialized Registry	N/A	Ongoing Submission	Incorporated into Public Health Objective		Incorporated into Public Health Objective

Public Health & Clinic Data Reporting

	NPRM - Modified Stage 2		NPRM - Stage 3
	2015, 2016 and 2017	S1 in 2015 ONLY	
Imms Registry	2 of 5: Actively Engaged w/PHA and/or CDR to submit electronic data		2 of 5: Actively Engaged w/PHA and/or CDR to submit electronic data
Syndromic			
Case Reporting			
PH Registry			
Clinical Data Registry			
Electronic Reportable Lab Results	EHs and CAHs Only		EHs and CAHs Only

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Active Engagement

- Option 1
  - Completed Registration to Submit Data within 60 days of start of reporting period
- Option 2
  - Testing and Validation
- Option 3
  - Production

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Coordination of Care through Patient Engagement

	NPRM - Stage 3
Active EHR Engagement	>25% VDT or accessed through ONC Approved API
Secure Messaging	> 35%, send or respond to
Health Data Incorporated into CEHRT	> 15% of health data generated from patient or from non-clinical setting is incorporated into CEHRT

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Audit Preparation

What do I need to have in place in case I get audited?

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Any provider attesting to MU may be subject to an audit (either Pre- or Post- Payment)

- Medicare pre-payment audits happening as quickly as 2 weeks after attestation
- EPs should retain ALL relevant supporting documentation used to attest (aka Audit File)
- Documentation should be retained for at least 6 years

High Level Requirements:

- ☑ If you used a "Flex Option" in 2014, proof that doing so was valid
- ☑ Proof of Certified Technology used for demonstrating Meaningful Use
- ☑ All Core Measures
- ☑ 5/9 Menu (Stage 1); at least 1 public health measure must be selected
- ☑ 3/6 Menu (Stage 2); no public health requirement
- ☑ 9 out of the 64 CQMs covering at least 3 National Quality Strategy domains

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Detailed Audit File Requirements:

- Proof of 2014 CEHRT used for demonstrating MU
  - A copy of the purchase agreement/contract with the vendor from whom the CEHRT was purchased identifying the vendor name, product name and product version used for attestation
- Proof of Patient Encounters to Prove 50% Rule
  - Report of total encounters from all sites included in the 90-day reporting period attested to in the application to prove 50% rule
- Core and Menu Measures
  - For many of the Core and Menu measures, a copy of the CEHRT generated MU Report is sufficient documentation

The following slides detail additional documentation needed

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In addition to MU Reports:

- CPOE Measure
  - Proof of current certification or license for any staff member whose CEHRT entries contribute to the numerator of the CPOE measure
- CDS – Including Drug/Drug and Drug/Allergy Checks
  - Depending on EHR, MU report may provide documentation
  - Written confirmation from the system administrator indicating this functionality was enabled at the beginning of the EHR reporting period
  - Multiple screenshots of the alert for each EP are also recommended. All patient identifiers should be redacted prior to sharing the screenshots with MU auditors to protect patient privacy.

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In addition to MU Reports (continued):

- SRA – Security Risk Assessment
  - **BOTH ARE REQUIRED:**
    - A copy of the completed security risk assessment
    - A copy of the practice's current remediation plan for identified risks
- Patient List by Specific Condition
  - A copy of the actual list with a date stamp evidencing production during the reporting period that is generated from the provider's certified technology.
  - For privacy purposes, all patient identifiers should be redacted prior to sharing the patient list with an MU auditor.

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In addition to MU Reports (continued):

- Immunization Registry (MCIR)
  - Proof of Registration of Intent for Ongoing Submission
  - A copy of the email acknowledgement received from MCIR once the provider's HL7 test message has been submitted and accepted
  - Log of production submissions (if applicable)
- Syndromic Surveillance (MSSS)
  - A screenshot of the MSSS Message Validation Report copied from the MDCH Syndromic Message Validation Website once the HL7 message is transported or pasted by the EP/practice

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In addition to MU Reports (continued):

- Clinical Quality Measures (CQMs)
  - CQM reports MUST be generated from certified technology and include the same EHR reporting period used for all other MU measures
  - All EPs beyond S1Y1 must report CQMs electronically
  - 2 reporting options (Medicare):
    - Submit three months of CQM data online through the CMS Registration & Attestation System.
    - Submit a full year of data electronically using the QRDA format to receive credit for the EHR Incentive Program and the Physician Quality Reporting System (PQRS)
  - Medicaid EPs must submit their CQMs to MDCH
    - Dual reporting option (MU/PQRS) not available

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Additional Requirements for Medicaid EPs:

- Report of total encounters from sites included in the 90-day reporting period used to establish program eligibility
  - To accelerate the audit process the report should include:
    - Payer (Medicaid, private health insurance, etc)
    - MCO information (if applicable)
    - Billing and Rendering NPI
    - Place of Service Code (if applicable)
    - Patient Name
    - Date of Service
    - Patient Date of Birth (only applicable if any providers registered as pediatricians)

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Additional Requirements for Medicaid EPs:

- The signed Electronic Signature Agreement (DCH-1401) from each EP dated prior to the registration/ attestation date
  - For Medicaid EP's who will have an authorized individual complete their Medicaid registration/attestation on their behalf
  - May already be on file for billing purposes
- For providers practicing in an FQHC-RHC Only
  - Reports that verify each of the "needy individual" populations included in the registration. Needy individuals include:
    - MIChild Encounters
    - Sliding Fee scale encounters
    - Charity care encounters
  - If the provider is a Physician's Assistant (PA)
    - Provide administrative documents (invoices, organizational charts, staff meeting minutes, etc) demonstrating that the PA is in a leadership role

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Most common audit issues:

- Notification of Audit went to invalid email address
- SRA Issues **(#1 reason for failing an audit)**
- Drug/Drug and Drug/Allergy Checks not enabled
- Clinical Decision Support Rules (not enabled or no proof)
- Drug Formulary Check (not enabled or no proof)
- Verifying less than 100 Rx's (for claiming the exclusion)
- Submission of electronic data to MCIR (no proof)
- Submission of electronic data to MSSS (no proof)
- Medicaid patient volume using Group Proxy

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Questions?

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