M-CEITA | Michigan Center for Effective IT Adoption

An Overview of Meaningful Use Stage 2 and Audit Prep

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Systems Research for Better Health

Agenda

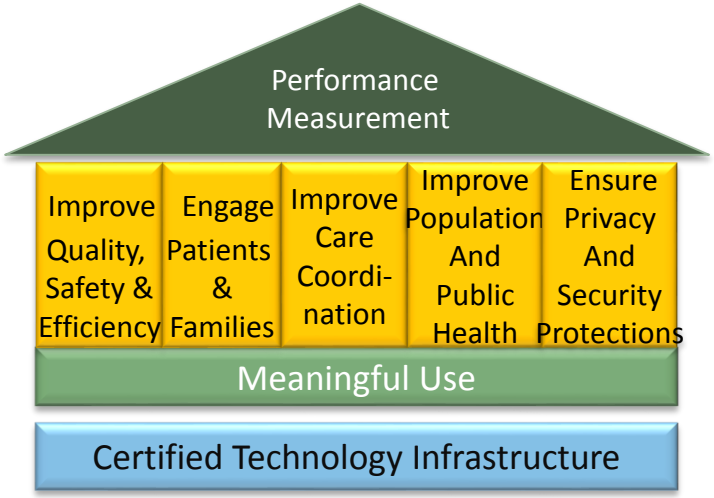
1. Overview of M-CEITA
2. Brief Overview of Meaningful Use (MU)
3. Stage 2: Summary of Objectives and Measures for Eligible Professionals (EPs)
4. Audit Preparation
5. Questions

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

THE TRIPLE AIM

3
Improve patient experience
Improve population health
Reduce costs



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**

Meaningful Use

Overview and Program Basics

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

Meaningful use: Path to better outcomes and quality

Stage 1

Data capture and sharing

Stage 2

Advanced clinical processes

Stage 3

Improved outcomes

Clinical Transformation

- 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

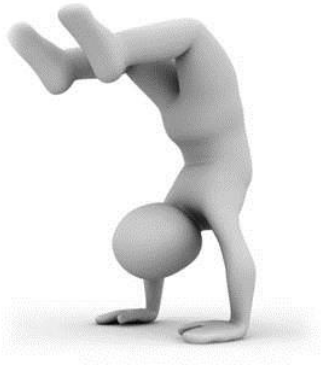
Meaningful Use Timeline

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

I used Flex CEHRT in 2014…Now What?

- Medicare EHR Incentive Program: The stages and years progress whether or not the provider meets MU or whether or not the provider uses a different CEHRT option in 2014.

- Medicaid EHR Incentive Program: An EP's 2014 attestation using one of the flexible options takes the place of the Stage/Year the EP was originally scheduled to attest to in 2014. (i.e., if originally scheduled to attest to S2Y1 but instead re-attests to Stage 1 in 2014, EP will be in S2Y2 in 2015)



MU Stage 2

Summary of Objectives and Measures for Eligible Professionals (EPs)

What does Stage 2 Mean to You?

- **New Criteria** – Starting in 2014, providers participating in the EHR Incentive Programs who have met Stage 1 for two or three years will need to meet Meaningful Use Stage 2 criteria.

- **Improving Patient Care** – Stage 2 includes new objectives to improve patient care through better clinical decision support, care coordination, and patient engagement.

- **Saving Money, Time, and Lives** – With Stage 2, EHRs should:
  - Save our health care system money
  - Save doctors and hospitals time
  - Save lives

Summary of Stage 2 Structure

Stage 2 retains the same basic structure as Stage 1 of meaningful use. Providers must report on 20 objectives in Stage 2.

The meaningful use measures are split into core and menu objectives. Eligible professionals must report on all core objectives, but can choose the menu measures that pertain to their practice.

Eligible professionals must now report on 17 core objectives and 3 out of a possible 6 menu objectives.

STAGE 1	STAGE 2
Eligible Professionals	**Eligible Professionals**
13 core objectives	**17** core objectives
5 of 9 menu objectives	**3 of 6** menu objectives
18 total objectives	**20** total objectives

Do I need to upgrade my EHR?

CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and certification criteria for structured data that EHRs must use in order to successfully capture and calculate objectives for Stage 2 of meaningful use. These new standards and certification criteria will take effect in 2014.

Even if you already have a certified EHR, you will have to adopt or upgrade to the new certification in order to participate in the EHR Incentive Programs beginning in 2014. (sans CEHRT Flex)

EHR technology that is certified to the 2014 standards and certification criteria will allow providers to meet both Stage 1 and Stage 2 meaningful use requirements.

For more information about certified EHRs and the new 2014 standards and certification criteria, please visit ONC's new 2014 Certification Programs and Policy page: *http://www.healthit.gov/policy-researchers-implementers/certification-programs-policy*

How long is my 2015 reporting period?

- **All EPs beyond their first year of reporting (S1Y1) are required to report on a full year of data (365 days)**

- **Unless….**

What are Stage 2 Objectives?

17 core measures + 3 menu measures + CQMs

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Stage 2 of meaningful use

- **17 Core Objectives** – All Stage 2 participants must meet each core objective or claim an exclusion (NOTE: few exclusions)
- **3 of 6 Menu Objectives** – Choose 3 objectives that make sense for your workflow or practice. (NOTE: exclusions are provisional)

MU Stage 2 – Summary of Measures

17 Core Measures (EPs must meet all)

1	Computerized Provider Order Entry (CPOE) for meds, labs and radiology orders	60/30/30%
2	Generate and transmit permissible electronic prescriptions (eRx)	50%
3	Record demographic information	80%
4	Record and chart changes in vital signs	80%
5	Record smoking status for patients 13 years and older	80%
6	Use clinical decision support to improve performance on high-priority health conditions	5/4
7	Provide patients the ability to view online, download and transmit their health information	50%/5%
8	Provide clinical summaries for patients for each office visit	50%
9	Protect electronic health information created or maintained by Certified EHR Technology	Yes
10	Incorporate clinical lab-test results into Certified EHR Technology	55%
11	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Yes
12	Use clinically relevant information to identify patients who should receive reminders for preventative/follow-up care	10%
13	Use Certified EHR Technology to identify patient-specific education resources	10%
14	Perform medication reconciliation	50%
15	Provide summary of care record for each transition of care or referral	50%/10%
16	Submit electronic data to immunization registries	Yes
17	Use secure electronic messaging to communicate with patients on relevant health info	5%

Meaningful Use: Core and Menu Objectives

- Over the next several slides, we'll take a quick look at each of the objectives so you can see at a glance:
  1. What the objective requires
  2. What you have to do to meet the required threshold
  3. What exclusions exist for the objective

- Keep in mind that this is only a quick guide. There are many details about meeting these objectives that cannot be addressed here. Once you have a grasp of the program basics, we encourage you to explore the Stage 2 Meaningful Use Specification Sheets:

Full URL: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EPs.pdf

Stage 2 Core Objectives for Eligible Professionals

Computerized provider order entry (CPOE)	
What this measure requires	More than 60% of medication, 30% of laboratory, and 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.
What that means for you	For at least 60% of your medication orders, 30% of your laboratory orders, and 30% of your radiology orders, you or a licensed staff person will have to use the EHR's CPOE module to enter those orders.
Are you excluded from doing this?	You can be excluded from this objective if you write fewer than 100 medication, radiology, or laboratory orders during the reporting period.

Stage 2 Core Objectives for Eligible Professionals

E-Prescribing (eRx)	
What this measure requires	More than 50% of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically using certified EHR technology.
What that means for you	More than 50% of all prescriptions you write have to be compared to at least one drug formulary and sent electronically—not by phone or fax—using your certified EHR.
Are you excluded from doing this?	You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period OR if you do not have a pharmacy in your organization nor a pharmacy that can accept electronic prescriptions within 10 miles of your practice location.

Stage 2 Core Objectives for Eligible Professionals

Record demographics	
What this measure requires	More than 80% of all unique patients seen by the EP have demographics recorded as structured data.
What that means for you	For more than 80% of your patients you have to record the following in the certified EHR: • Preferred language • Gender • Race • Ethnicity • Date of Birth
Are you excluded from doing this?	There are no exclusions. Everyone must meet this objective.

Stage 2 Core Objectives for Eligible Professionals

Record vital signs	
What this measure requires	More than 80% of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.
What that means for you	For more than 80% of your patients who are age 3 and older, you have to record **blood pressure** in the certified EHR. For more than 80% of your patients of any age, you have to record **height and weight** in the certified EHR.
Are you excluded from doing this?	You can be excluded from recording all three vital signs if you don't believe these vital signs are relevant to your scope of practice. You can also be excluded from recording just blood pressure if you don't believe blood pressure is relevant for you—or just height and weight if you don't believe height and weight are relevant for you. You can be excluded from recording blood pressure if you see no patients age 3 or older.

Stage 2 Core Objectives for Eligible Professionals

Record smoking status for patients 13 years or older	
What this measure requires	More than 80% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.
What that means for you	You must record the smoking status for more than 80% of all of the patients you see who are age 13 or older.
Are you excluded from doing this?	You are excluded from this measure if you do not see any patients 13 years old or older.

Stage 2 Core Objectives for Eligible Professionals

Use clinical decision support	
What this measure requires	• Implement 5 clinical decision support interventions related to 4 or more clinical quality measures, if applicable, at a relevant point in patient care for the entire EHR reporting period. • Enable the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
What that means for you	In order to meet this measure, you have to achieve two things: 1. Certified EHRs have the ability to program clinical decision supports that can trigger alerts or clinical information for providers when they encounter patients with certain diagnoses or treatments. You must implement all of these 5 clinical decision support "rules" in your certified EHR. The clinical decision support you implement should be related to 4 or more of the clinical quality measures you report on, if possible. The clinical decision support should also happen at a point in your workflow when it can have a positive impact on patient care. 2. Certified EHR comes with the ability to automatically check for potentially adverse drug-drug or drug-allergy interactions. You have to turn this functionality on and keep it on.
Are you excluded from doing this?	There is no exclusion for the first objective, so everyone must meet it. You can be excluded from the second measure if you write fewer than 100 medication orders during the reporting period.

Stage 2 Core Objectives for Eligible Professionals

Provide patients the ability to view online, download and transmit their health information	
What this measure requires	• More than 50% of all unique patients are provided online access to their health information within 4 business days after the information is available to the EP. • More than 5% of all unique patients view, download or transmit to a third party their health information.
What that means for you	Not only do you have to provide online access to health information for over half of your patients, you also have to make sure that more than 5% of your patients actually access the online health information you have made available.
Are you excluded from doing this?	You can be excluded from meeting this objective if you do not order or create any of the required information, except for "Patient name" and "Provider name" and office contact information. You can also be excluded if your practice is in an area with low broadband availability. For more information about qualifying for this exclusion, visit the *Stage 2 Meaningful Use Specification Sheet for this objective* *http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_7_PatientElectronicAccess.pdf*.

Stage 2 Core Objectives for Eligible Professionals

Provide clinical summaries for patients for each office visit	
What this measure requires	Clinical summaries provided to patients within one business day for more than 50% of office visits.
What that means for you	For more than half of your office visits, patients receive a clinical summary within one day of the visit.
Are you excluded from doing this?	If you do not conduct any office visits, you can be excluded from meeting this objective.

Stage 2 Core Objectives for Eligible Professionals

Protect electronic health information	
What this measure requires	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308 (a)(1), including addressing the encryption/security of data at rest and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.
What that means for you	You have to meet the same HIPAA requirements for protecting patient information in your EHR as you do for paper records. To do this, you must conduct a security review of your system and correct any problems that could make patient information vulnerable.
Are you excluded from doing this?	There are no exclusions. Everyone must meet this objective.

Stage 2 Core Objectives for Eligible Professionals

Incorporate clinical lab-test results into Certified EHR Technology	
What this measure requires	More than 55% of all clinical lab tests ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in Certified EHR Technology as structured data.
What that means for you	Results from over 55% of lab tests ordered during the reporting period are recorded in the EHR as structured data—as long as the tests yield a number or a positive/negative response. Other test results do not count toward this objective.
Are you excluded from doing this?	You can be excluded from meeting this objective if you did not order any lab tests during the reporting period or if none of the results from the tests you ordered came back as a number or as a positive/negative response.

Stage 2 Core Objectives for Eligible Professionals

Generate lists of patients by specific conditions	
What this measure requires	Generate at least one report listing patients of the EP with a specific condition.
What that means for you	You can decide what condition is clinically relevant or useful to your practice, then generate a report from your certified EHR of patients with that condition.
Are you excluded from doing this?	There are no exclusions. Everyone must meet this objective.

Stage 2 Core Objectives for Eligible Professionals

Identify patients who should receive reminders for preventive/follow-up care	
What this measure requires	More than 10% of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.
What that means for you	The measure for this objective has changed slightly from Stage 1. Now you can limit patients who receive a reminder to those with whom you have more frequent contact—over 10% of patients with 2 or more office visits within the last 24 months. The reminder should be sent via the patient's preference of the methods available.
Are you excluded from doing this?	You can be excluded from this measure if you had no office visits in the 24 months before the reporting period.

Stage 2 Core Objectives for Eligible Professionals

Identify patient-specific education resources and provide those resources to the patient	
What this measure requires	More than 10% of all unique patients with office visits are provided patient-specific education resources.
What that means for you	For over 10% of your patients, you should use your certified EHR's ability to recommend educational resources to your patients. Your EHR is certified with the ability to make these recommendations based on patient-specific variables, such as chronic conditions (e.g., diabetes).
Are you excluded from doing this?	You can be excluded if you have no office visits during the reporting period.

Stage 2 Core Objectives for Eligible Professionals

Perform medication reconciliation	
What this measure requires	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.
What that means for you	For over half the patients who see you after receiving care from another provider, you should update medication information by comparing the patient's medical record to an external list of medications obtained from a patient, hospital, or other provider.
Are you excluded from doing this?	You can be excluded from meeting this objective if you did not see any patients after they received care from another provider.

Stage 2 Core Objectives for Eligible Professionals

Provide summary care record for each transition of care or referral	
What this measure requires	EPs must do the following to meet this measure: **Measure 1:** Provide a summary of care record for more than 50% of transitions of care and referrals. **Measure 2:** Provide a summary of care record for more than 10% of the total number of transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is an eHealth Exchange (formerly NwHIN exchange) participant or in a manner that is consistent with the governance mechanism ONC establishes for the eHealth Exchange. **Measure 3:** EPs must also satisfy one of the following criteria: • Conduct one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" with a recipient who has EHR technology that was developed/ designed by a different EHR technology developer than the sender's EHR technology. • Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period.

Stage 2 Core Objectives for Eligible Professionals

Provide summary care record for each transition of care or referral (continued)	
What that means for you	For over half of the patients you refer to another provider or transfer to another setting of care (e.g., nursing home), you have to send the next provider of care either an electronic or paper summary of care document that is generated by your certified EHR. Of those summary of care documents you send, more than 10% must be sent electronically—either directly to a recipient or using the eHealth Exchange standards. At least one of the summary of care documents that are sent electronically must be sent to someone who is using a completely different EHR vendor or to the CMS designated test EHR.
Are you excluded from doing this?	You can be excluded from all three measures if you transfer a patient to another setting or refer a patient to another provider less than 100 times during the reporting period.

Stage 2 Core Objectives for Eligible Professionals

Submit electronic data to immunization registries	
What this measure requires	Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.
What that means for you	Your EHR comes equipped with the ability to electronically send immunization data. In Stage 1, you tested your EHR's ability to electronically transmit that information to a public health registry. Now in Stage 2, you must successfully submit this information electronically on a continuing basis.
Are you excluded from doing this?	You could be excluded from this objective for any of these reasons: • You do not administer immunizations to any of the populations for which data is collected by your jurisdiction's immunization registry. • You operate in a jurisdiction where no immunization registry is capable of accepting the specific standards required for your EHR. • You operate in a jurisdiction where no immunization registry provides timely information on capability to receive immunization data. • You operate in a jurisdiction for which no immunization registry that is capable of accepting the specific standards required by your EHR can enroll additional EPs.

Stage 2 Core Objectives for Eligible Professionals

Use secure electronic messaging to communicate with patients	
What this measure requires	A secure message was sent using the electronic messaging function of CEHRT by more than 5% of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.
What that means for you	Certified EHR technology will contain the capability to send secure messages between you and your patients. In order to meet this objective, you have to make sure that more than 5% of your patients actually use this capability by sending you a secure message.
Are you excluded from doing this?	You can be excluded if you have no office visits during the reporting period. You can also be excluded if you practice in an area with low broadband availability. For more information about qualifying for this exclusion, visit the *Stage 2 Meaningful Use Specification Sheet for this objective* *http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_17_UseSecureElectronicMessaging.pdf*.

MU Stage 2 – Summary of Measures

6 Menu Measures

(EPs must meet 3 of 6 Menu objectives)

1	Syndromic Surveillance data submission	YES
2	Record electronic notes in patient records	30%
3	Imaging results accessible through CEHRT	10%
4	Record patient family health history	20%
5	Report cancer cases to a public health central cancer repository	On-going
6	Report specific cases to a specialized registry	On-going

NOTE: While some menu measures offer exclusions, these exclusions cannot be exercised if another menu measure can be performed

Stage 2 Menu Objectives for Eligible Professionals

Submit electronic syndromic surveillance data to public health agencies	
What this measure requires	The EP performs successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period.
What that means for you	Your EHR comes equipped with the ability to electronically send syndromic surveillance data (e.g., influenza population data). You have to successfully submit that information to a public health agency for the entire reporting period. In Stage 1, you tested your EHR's ability to electronically transmit that information to a public health registry. Now in Stage 2, you must successfully submit this information electronically on a continuing basis.
Are you excluded from doing this?	You could be excluded from this objective for any of these reasons: • You are not in a category of providers that collect ambulatory syndromic surveillance information on patients during the reporting period. • You operate in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by your EHR. • You operate in a jurisdiction where no public health agency provides timely information on the capability to receive syndromic surveillance data. • You operate in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by your EHR can enroll additional EPs.

Stage 2 Menu Objectives for Eligible Professionals

Record electronic notes in patient records	
What this measure requires	Enter at least one electronic progress note created, edited and signed by an EP for more than 30% of unique patients with at least one office visit during the EHR reporting period. Electronic progress notes must be text-searchable. Non-searchable notes do not qualify, but this does not mean that all of the content has to be character text. Drawings and other content can be included with searchable text notes under this measure.
What that means for you	For over 30% of your patients, you must enter progress notes into the electronic health record. Your EHR will have the capability for those notes to be text searchable.
Are you excluded from doing this?	There are no exclusions. Everyone who selects this measure must meet this objective.

Stage 2 Menu Objectives for Eligible Professionals

Imaging results accessible through CEHRT	
What this measure requires	More than 10% of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.
What that means for you	For over 10% of all tests that yield an image, the test results must be accessible through your EHR. You could either store the image(s) in your EHR or make a direct link available in your EHR that takes the viewer to the image(s) test result.
Are you excluded from doing this?	You can be excluded if you order less than 100 tests that yield an image during the reporting period. You can also be excluded if you don't have access to electronic imaging results at the start of the reporting period.

Stage 2 Menu Objectives for Eligible Professionals

Record patient family health history	
What this measure requires	More than 20% of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.
What that means for you	You must record family health history for over 20% of your patients. The family health history must include one or more first-degree relatives.
Are you excluded from doing this?	You can be excluded if you have no office visits during the reporting period.

Stage 2 Menu Objectives for Eligible Professionals

Report cancer cases to a public health central cancer registry	
What this measure requires	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.
What that means for you	Your EHR comes equipped with the ability to electronically submit cancer case information to a public health center cancer registry. To meet this objective, you must successfully submit this information electronically on a continuing basis.
Are you excluded from doing this?	You can be excluded if you meet one of the following criteria: • You do not diagnose or directly treat cancer. • You operate in a jurisdiction for which no public health agency is capable of receiving electronic cancer case information in the specific standards required for your EHR. • You operate in a jurisdiction where no public health agency for which you are eligible provides timely information on the capability to receive electronic cancer case information. • You operate in a jurisdiction for which no public health agency that is capable of receiving electronic cancer case information in the specific standards required for your EHR can enroll additional EPs.

Stage 2 Menu Objectives for Eligible Professionals

Report specific cases to a specialized registry	
What this measure requires	Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.
What that means for you	You must successfully submit specific case information from your EHR to a specialized registry. A specialized registry is usually associated with a specific disease and is sponsored or maintained by a national specialty society and/or a public health agency.
Are you excluded from doing this?	You are excluded if you meet one or more of the following criteria: • You do not diagnose or directly treat any disease associated with a specialized registry sponsored by a national specialty society or the public health agencies in your jurisdiction. • You operate in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which you are eligible is capable of receiving electronic specific case information in the specific standards required by your EHR. • You operate in a jurisdiction where no public health agency or national specialty society for which you are eligible provides timely information on the capability to receive information into specialized registries. • You operate in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which you are eligible is capable of receiving electronic specific case information in the specific standards required by your EHR can enroll additional EPs.

Public Health Measures in Stage 2

Providers can attest YES to meeting the measure, if one of four scenarios are met:

Scenario 1	• Submitting the required public health data prior to Stage 2 using a 2014 ONC certified EHR **AND** • Continues to submit during the EPs reporting period
Scenario 2	• Registered intent within 60 days of the EPs reporting period **AND** • Achieved ongoing submission during the Stage 2 reporting period
Scenario 3	• Registered intent within 60 days of the EPs reporting period **AND** • Engaged in the required testing and validation process leading to ongoing submission
Scenario 4	• Registered intent within 60 days of the EPs reporting period **AND** • Awaiting an invitation to engage in the required testing and validation process

Public Health Measures in Stage 2

Registering Intent within 60 days

Did not complete testing in Stage 1

Follow the steps in this tip sheet:
https://mimu.michiganhealthit.org/includes/MUIndividualProviderTipSheet.pdf

Completed PH testing in Stage 1

MCIR (Immunization Registry): Send an email notification to MU_MCIRHelp@MPHI.org to register your intent to engage in the follow-up submission/DQA testing process. Sites will receive an email confirmation notice from the SOM within 2wks.

MSSS (Syndromic Surveillance): Send an email notification to dchpublichealthmu@michigan.gov to register your intent to engage in the follow-up submission/DQA testing process. Sites will receive an email confirmation notice from the SOM within 2wks.

Public Health Measures in Stage 2

Registering Intent within 60 days

Cancer registry: New measure so no one completed testing in Stage 1. See tip sheet on prior slide to register intent.

Specialized registry (Birth Defects): New measure so no one completed testing in Stage 1. See tip sheet on prior slide to register intent.

For more information, the SOM has a great, informative website for all Public Health reporting: https://www.michiganhealthit.org/public-health/

Clinical Quality Measures for Eligible Providers (CQMs)

Every eligible professional is required to report on clinical quality measures.	Clinical quality measures do not have thresholds that you have to meet—you simply have to report data on them.
	You don't have to do any calculations for the clinical quality measures! Your certified EHR will produce a report with clinical quality measure data, and you must enter that data exactly as your certified EHR produced it.

2015 Clinical Quality Measures (CQMs)

- In 2014, CQM reporting changed for all providers regardless of whether you are participating in Stage 1 or Stage 2 of the EHR Incentive Programs. All EPs in their second year and beyond of demonstrating meaningful use MUST ELECTRONICALLY REPORT their CQM data to CMS or MDCH respectively.
  - **Medicare EHR Incentive Program:**
    - EPs can submit CQM data online through the CMS Registration & Attestation System
    - EPs can also choose to submit a full year of CQM data electronically to receive dual credit for the EHR Incentive Program and the PQRS Program***

      ***Since attestation is not complete until CQM data is submitted, your incentive payment will be held until all data is received (Q1 of 2016)
  - **Medicaid EHR Incentive Program:**
    - EPs must submit their CQM data to MDCH through CHAMPS

Clinical Quality Measures

Prior to 2014		Beginning in 2014	
EPs	Report 6 out of 44 CQMs • 3 core or alt. core • 3 menu	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
Eligible Hospitals and CAHs	Report 15 out of 15 CQMs	Eligible Hospitals and CAHs	Report 16 out of 29 CQMs Selected CQMs must cover at least 3 of the 6 NQS domains

National Quality Strategy Domains

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

CQMs for Eligible Professionals

Report on 9 of 64 possible measures, including:

- Pediatric and Adolescent Measures
- Diabetes measures
- Screening measures for adults
- Asthma measures
- Immunization measures
- Osteoarthritis
- Heart Failure
- Many, many choices to fit every scope of practice

Recommendations available for Adult and Pediatric Measures

Sooooo…what do I need in place on Day 1?

Key items to have set on 1st day of reporting period:

- Must be on 2014 CEHRT
- CDS rules enabled
- All "Y/N Measures" enabled
- Identify your Menu Measures
- Lab interface up and running if applicable
- Communicate with vendor on upgrade timelines

Not being prepared could easily stop you from attesting in 2015

Audit Preparation

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

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

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

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.

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.

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

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

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)

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

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

Questions?

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