



M-CEITA Call with NPO Practices

8/13/14 with Bruce Maki – M-CEITA

Question – Do we have to have an HIE membership in order to meet the requirements for Stage 2?

- Depends on what measures
- Syndromic Surveillance – yes, kind of
 - most specialists qualify for this requirement
 - State of Michigan has other ways to qualify for this requirement
 - John Christensen is the contact at M-CEITA to walk you through the other processes if your vendor is not ready for this Syndromic Surveillance.

Question – What impact would not attesting to Stage 2 have on providers that are going to a different practice or employment, and what impact would not attesting to stage 2 have on providers staying in the same practice?

- Meaningful Use is an individual provider program, and does not look at the practice.
- There are payment penalties due to not being a meaningful user.
- If a provider does not attest, there will be a 1% payment penalty for 2016
- The payment penalty follows the provider, not the practice

Question – We are new to Meaningful Use, and are a specialty practice. As far as vital signs are there specific items that we have to capture as a specialty, or is it all?

- In Stage 1, you have to capture height, weight, blood pressure, calculate and plot BMI.
- To meet the measure you have to do that for more than 50% of unique patients age 3 and older for the 90 day reporting period.
- There are exclusions for specialties, based on scope of practice.
- If a patient has more than one visit in the 90 day reporting period, you only have to capture once.

Question – Regarding clinical summaries, my physician does his notes at the end of the day, not necessarily when the patient is still there, does he have to start doing them when the patient is there in order to give the patient a copy, to meet requirements?

- No, the provider has 3 days to get the clinical summary to the patient.
- It does qualify if you push to the patient portal. The patient does not have to have their patient portal set up, as long as you have given the patient instructions on how to access their records.

Question – We are Medicaid providers, are we going to be able to skip a year of Meaningful Use?

- Yes, one of the benefits to the Medicaid or Medicare programs is that you can take time off with no penalty.
- After your time off, you start right back up where you left off.
- The downside – This is only a 6 year program, you do not want to “pause” too many times or you will miss out on maximizing your incentives.

Question – From the last meeting, there were proposed rule changes, do we know if that has been passed yet?

- We do not know yet, unfortunately we may not find out until it is too late for everyone.



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- Inside sources are saying that there will not be a ruling on that until October or November, probably November.
- M-CEITA expects it to pass, with little change from the proposal.

Question – For those are of us waiting for an upgrade in order to attest to Stage 2, we did not apply for an exclusion, are there any options if we are not able to attest for the October – December period.

- No, the only option was to file for an exclusion by July 1st.

Question – If our vendor is able to get us the upgrade, is M-CEITA available for back-up support when we have to hurry to attest?

- Yes, M-CEITA is there to support in any situation

Question – In some documentation for attestation, the practice has to document regarding PQRS submission, but they are in an ACO so the submission would occur after the quarter as part of GPRO. Do you have any guidance on how they would document this?

- The overlap in PQRS and Meaningful Use is some of the clinical quality measures, therefore if you report one; it counts for both PQRS and Meaningful Use.
- The provider would attest to meeting the Meaningful Use requirements, but the submission would not be finalized until January 2015 when the PQRS/GPRO submissions are complete.

Question – I have a brand new doctor coming on board in September. Do they attest to stage 1 year 1?

- There are options for a brand new doctor. They can either jump right in or start Meaningful Use, but they do have a 2 year “pass” when they are a brand new doctor.
- As a Medicaid provider – you would need to AIU the doctor if you are going to attest in 2014. If you wait until 2015, you can skip the AIU, and go right into Meaningful Use.

Question – If the provider is new to my practice, not to being a physician, what do we attest to?

- Meaningful Use is a provider specific program, not practice specific. The new provider would start back up where they left off.
- If you are having problems with getting the information from the previous practice, and the new physician was in a different PO, NPO could reach out and try to help with getting the information

Question – Would you be able to help with a security risk assessment?

- Yes, it is included with Meaningful Use contract.
- Can be separate from the contract.