



M-CEITA Call with NPO Practices 9-17-14

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Question – For Stage 1 Year 1, we are set to report for 2014, and we found out in June that the Timely Access to Portal Measure changed mid-year to 50%, when prior to that it was 30%. June-Sept. is our reporting period, but the CMS portal for attestation is not available until Mid-October. Vendor stated that they qualified for flexible ruling. We are concerned that we will be penalized. We did not complete the hardship application. We did not anticipate the additional upkeep.

Answer – The Access to Portal Measure actually took effect January 1, 2014. The “tip sheet” came out in June. There are no midyear changes that would have been made. There will be no way to avoid the 2015 penalty. The recommendation would be to fill out the hardship exemption for the 2014 year, so that the penalty will be gone for 2016.

This practice will be able to attest for quarter 3, using the flexible ruling, but because the CMS portal will not be available until after October 1st, they will take the 1% penalty for 2015, however because they are becoming meaningful users this year, they will not get a penalty for 2016, and will get Meaningful Use incentive \$\$.



Flexibility: Final Rule

If you were scheduled to demonstrate:	You would be able to attest to Meaningful Use:		
	Using 2011 Edition CEHRT to do:	Using a combination of 2011 & 2014 Edition CEHRT to do:	Using 2014 Edition CEHRT to do:
Stage 1 in 2014	2013 Stage 1 objectives and measures*	2013 Stage 1 objectives and measures* -or- 2014 Stage 1 objectives and measures*	2014 Stage 1 objectives and measures
Stage 2 in 2014	2013 Stage 1 objectives and measures*	2013 Stage 1 objectives and measures* -or- 2014 Stage 1 objectives and measures* -or- Stage 2 objectives and measures*	2014 Stage 1 objectives and measures* -or- Stage 2 objectives and measures

*Only providers who could not fully implement 2014 Edition CEHRT for the reporting period in 2014 due to delays in 2014 Edition CEHRT availability



Flexibility: Final Rule (i.e. results of NPRM)

▲ Option for provider's who are unable to fully implement all required functionality of 2014 Edition CEHRT because of limited availability and timing of product installation, deployment of new processes and workflows, and employee training.

Remember, in 2015:

- Everyone is required to use 2014 Edition CEHRT
- 365-day reporting periods begin January 1st
- ICD10 is still expected to Go-Live on Oct 1st



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The following is for Eclinical works practices:

2014 CEHRT Flexibility Final Rule

CMS recently published a final rule that provides flexibility to providers who could not fully implement 2014 CEHRT because of the delay in availability of the 2014 CEHRT. View the [CMS Press Release](#) and the [Final Rule](#) for more information.

The following information is an overview of eCW 2014 CEHRT Flexibility Final Rule document provided by eClinicalWorks. The complete document can be found on my.eclinicalworks.com under Knowledge > Meaningful Use > Documentation > Meaningful Use Stage 2.

What Does This Mean for You?

To meet the Meaningful Use Stage 2 Summary of Care Record Measure 15-2, providers need to send the care document through the Direct Protocol. Direct Addresses required to implement the Direct Protocol are issued by Healthcare Information System Provider (HISP). eClinicalWorks is a HISP.

Providers, eCW and non-eCW alike, can Join the Network (P2P) and request a Direct Address. Providers on JTN can then exchange summary of care document. Unlike other HISPs in the industry, free of cost Direct Addresses are provided to any provider on JTN to help them meet Meaningful Use. Many times the providers with whom you share the referrals may be on other HISPs.

To help keep the cost of maintaining HISP and issuance of free of charge Direct Addresses low, we broker individual relationship with other HISPs to build HISP-HISP connectivity required to exchange summary of care document with such providers on other HISPs. However, at times you may not be able to send referrals electronically to other providers for various reasons including:

- Receiving providers are not on 2014 CEHRT
- Receiving providers are using other HISPs who are not willing to interface
- HISP-HISP connectivity is being implemented

In such cases, a referring provider may attest to the 2014 Stage 1 objectives instead of Stage 2. The provider must retain documentation that clearly demonstrates they were unable to meet the 10% threshold for Summary of Care Record Measure (electronic) for the reasons stated above. In addition to that, we can provide a letter supporting your inability to meet this measure despite of your ability to send referrals electronically.

What Is Not Covered by the Final Rule?

The final rule further states various conditions, including the following, that **do not** count towards inability to fully implement 2014 CEHRT:

- Financial issues including costs associated with implementing, upgrading, installing, testing, etc.
 - Issues related to Objectives and Measures, such as:
 - Inability to meet measures
 - Measures that are outside provider's control (*e.g.*, collecting patient e-mail addresses for VDT measure)
 - Staff changes and turnover
 - Provider inaction or delay in implementing 2014 CEHRT
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Not Sure Which Menu Measure to Select for Stage 2?

Providers who are demonstrating Stage 2 must choose three (3) of the six (6) Menu Measures. Furthermore, they cannot claim an exclusion for a Menu Measure if they can report on another Menu Measure.

The six Menu Measures are:

1. Family History
2. Electronic Notes
3. Imaging Results
4. Syndromic Surveillance
5. Specialized Registry
6. Cancer Registry

Here are some tips:

- Family History and Electronic Notes are two Menu Measures that are simple to meet.
- The third recommended measure is the Imaging Results. It can be met in one of the three ways:
 - Scan an image and attach to the order; and tag the attachment as DI Image OR document DI attribute Image Accessible as Yes
 - Have a PACS interface with the link to images
 - Have an interface where you can look up the imaging results and document DI attribute Image Accessible as Yes for DI orders for which images are accessible.
- If you cannot meet Imaging results, next option is to meet Syndromic Surveillance Measure. The list of states that accept Syndromic Surveillance can be found on my.eclinicalworks.com under Knowledge/Meaningful Use/Documentation/Meaningful Use Stage 2. Register your intent for ongoing submission with the PHA within first 60 days of the reporting period and follow the testing process. Open a case on the my.eclinicalworks.com Customer Portal to have an Integration Project Manager assigned to this interface.
- If your state does not accept Syndromic Surveillance from EPs (a state list can be found on my.eclinicalworks.com under Knowledge>Meaningful Use>Documentation>Meaningful Use Stage 2.), you can opt for Specialized Registry Measure. The recommended Specialized Registry is Dartnet. Contact Rachel Bryan at rachel.bryan@dartnet.info to initiate the registration process. You must register your intent within first 60 days of the reporting period, and then follow the testing process. Open a case on the my.eclinicalworks.com Customer Portal to have an Integration Project Manager assigned to this interface.
- The Cancer Registry was optional for certification. Therefore, eCW chose not to certify for this measure.

Question – We are starting Stage1 and our reporting period will be beginning October 1st. There are a few questions about specific measures

- On one of the last calls, it was said that we could be exempted from vitals – how do we do that?
 - If you conclude that it is not in your scope of practice, when you actually go to attest, there is an exclusion option.
- If we do record vitals, do we have to get them every time the patient comes in or just one time during the reporting period?
 - Unique patients during your reporting period.



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- What does the problem list measure include? We are on eClinical, and the MU dashboard has been installed, and it states we are not meeting this measure.
 - Sounds like a workflow problem, the best place to find the answer would be your guide that you received from eClinical. You can get a list of patients that are meeting the measure and a list that are not meeting the measure, and compare.
- What is the date when we have to start reporting in October?
 - October 3rd will give you 90 days (to December 31st)
- Do we register for the quarter prior to October 3rd, or do we wait until we are ready to attest?
 - You can register any time; it would be a good idea to have that done now.
- Please give clarification regarding measure CPOE, is this just reporting the medications prescribed?
 - Makes sure that any new meds prescribed are being prescribed by a licensed professional.