

# The Impact of Proposed Meaningful Use Modifications for 2015-2017

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# Agenda

- Overview of Massachusetts eHealth Institute (MeHI)
- Background: EHR Incentive Payment Programs
- CMS Notice of Proposed Rulemaking (NPRM)
  - Intended Purpose – Why is CMS proposing these changes?
  - Key Changes in NPRM – How will CMS accomplish its goals?
  - Impact on the Provider Community – What Does All of This Mean for You?
- Questions and Answers

# Massachusetts eHealth Institute (MeHI)

# MeHI Vision, Mission and Goals

## VISION

Massachusetts is the global eHealth leader. Our connected communities enjoy better health at lower cost and serve as models of innovation and economic development.

## MISSION

To engage the healthcare community and catalyze the development, adoption and effective use of health IT

## GOALS

### Adoption



### Support Health Reform

- ✓ Better Health
- ✓ Better Care
- ✓ Lower Costs

### Consumer eHealth Engagement



### Grow & Promote Innovation & eHealth Cluster



## Provide a broad range of services to help providers:

- Navigate the increasingly complex Health IT landscape
- Capitalize on the shift toward performance-based reimbursement
- Achieve Meaningful Use of Certified EHR Technology (CEHRT)
- Leverage Health IT to achieve the **Triple Aim +1**
  - Improving patient care
  - Improving population health
  - Reducing the cost of care
  - + Provider Satisfaction



# EHR Incentive Payment Programs

# Medicare vs. Medicaid EHR Incentive Payment Program

## Medicare EHR Incentive Payment Program

Managed by CMS

Last year to initiate participation to receive an incentive payment was 2014.

Medicare payment reductions begin in 2015 for providers who are eligible but choose not to participate.

In the first year and all remaining years, providers must meet Meaningful Use objectives and measures.

Last year of program participation is 2016.

## Medicaid EHR Incentive Payment Program

State manages its own program

Last year to initiate participation is 2016. Eligible Professionals (EPs) can receive up to \$63,750 in incentive payments.

No Medicaid payment reductions for EPs who choose not to participate. Medicare payment adjustments will still apply.

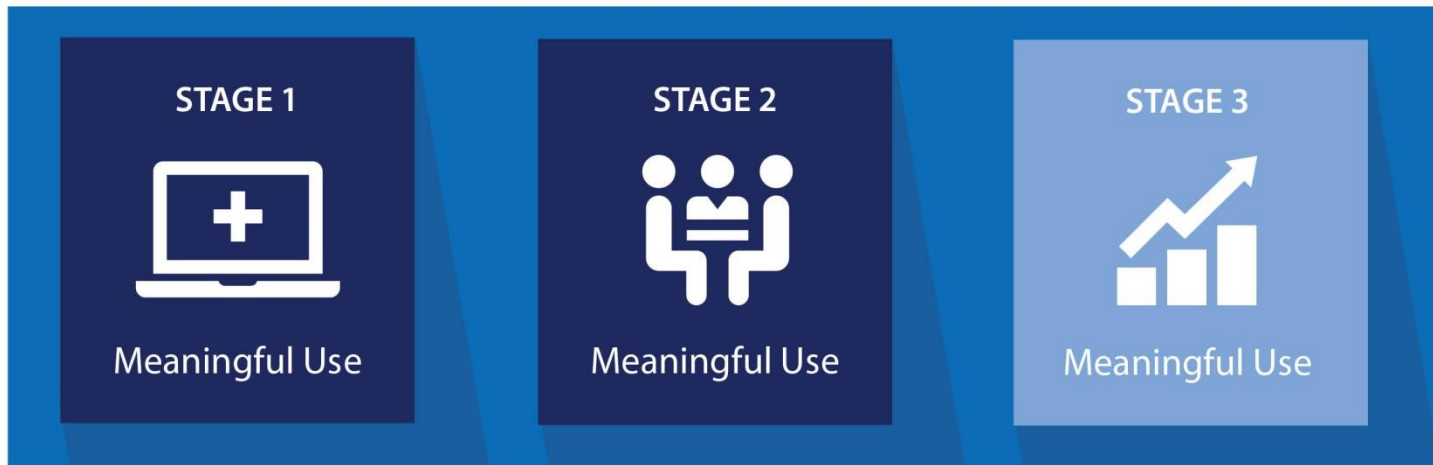
In the first year, EPs can receive an incentive payment for adopting, implementing or upgrading a certified EHR. In all remaining years, providers must meet the same MU objectives required by the Medicare EHR Incentive program.

Last year of program participation is 2021.



# Meaningful Use (MU)

- Meaningful Use is at the core of the EHR Incentive Payment Programs
- Three stages of Meaningful Use:
  - STAGE 1 - Data Capture and Information Sharing
  - STAGE 2 - Advanced Clinical Processes
  - STAGE 3 – Improved Outcomes



# CMS Notice of Proposed Rulemaking

- The [CMS Notice of Proposed Rulemaking \(NPRM\)](#) regarding Stage 3 was issued on March 30, 2015
  - Outlined the proposed objectives for Stage 3 MU
  - Issued in conjunction with an NPRM from the Office of the National Coordinator (ONC) regarding 2015 Edition Certified EHR Technology (CEHRT)
  
- The [CMS Notice of Proposed Rulemaking \(NPRM\)](#) regarding modifications to MU for 2015-2017 was issued by CMS on April 10, 2015
  - Outlined proposed modifications to Stage 1 and Stage 2 Meaningful Use objectives, reporting periods, and timelines to better align with Stage 3

## Alignment of Meaningful Use NPRMs

The Stage 1 and 2 Modification NPRM reconciles measures to align criteria for 2015 to 2017 with Stage 3 to:

- Prepare providers to report Stage 3 criteria in 2018
- Reduce provider burden and create a single set of sustainable objectives that promote best practices for patients
- Enable providers to focus on objectives which support advanced use of health IT, such as:
  - health information exchange
  - consumer engagement
  - public health reporting

Source: CMS Webinar 5/7/2015

## Intended Purpose – Why is CMS proposing these changes?

### Goals of Proposed Provisions

- 1** Align with Stage 3 proposed rule to achieve overall goals of programs
- 2** Synchronize reporting period objectives and measures to reduce burden
- 3** Continue to support advanced use of health IT to improve outcomes for patients

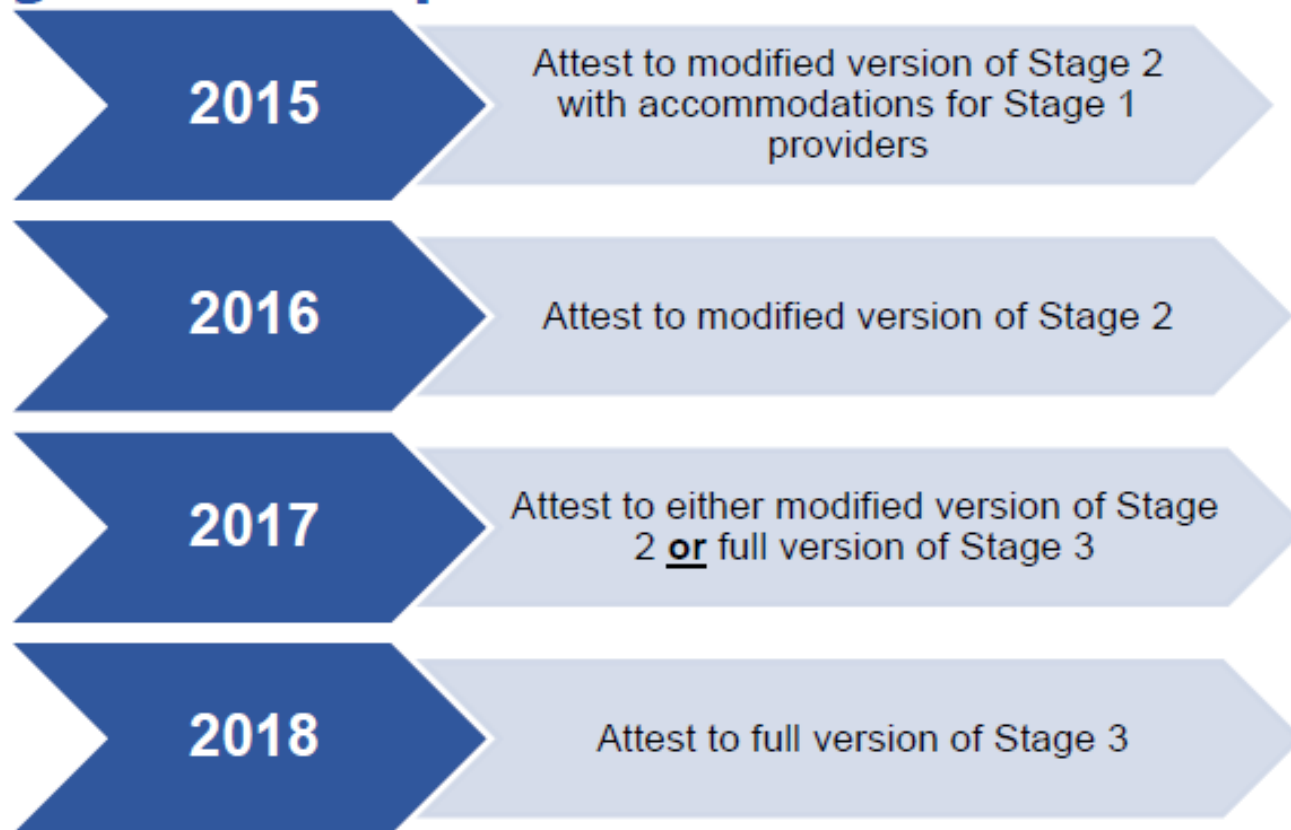
Source: CMS Webinar 5/7/2015

- Impetus originates in the HITECH Act of 2009
- Modifications to Stage 1 and Stage 2 Meaningful Use timelines, reporting periods, and objectives to better align with Stage 3
- Streamlines program by removing redundant, duplicative and “topped-out” measures
  - “Topped-out” measures: performance is so high and unvarying that meaningful distinctions in improved performance can no longer be made
  - “Topped-out” measures represent care standards that have been widely adopted

## Key Changes in NPRM – How will CMS accomplish its goals?

- Improvements to the structure of the MU program and objectives
- Proposed changes would affect the following:
  - Participation Timeline – everyone is ready to attest to Stage 3 by 2018
  - EHR Reporting Periods – 90-day reporting period in 2015 to accommodate these modifications
  - Meaningful Use Objectives – reduced to 10 objectives total, for both Stage 1 and Stage 2
- No significant changes to the *purpose* of the objectives
- No enhancements to 2014 Edition CEHRT are required

## Changes to Participation Timeline



Source: CMS Webinar 5/7/2015



## Proposed changes to EHR reporting periods:

- In 2015, all providers would attest using an EHR reporting period of any continuous 90-day period within the calendar year
- In 2016:
  - first-time participants would attest using any continuous 90-day period within the calendar year
  - returning participants would be required to attest using a **full calendar year** (January 1, 2016 through December 31, 2016)
- In 2017, all providers would be required to attest using a full calendar year
  - with the exception of Medicaid participants attesting to MU for the first time, who would be allowed to use a 90-day reporting period

Source: CMS Webinar 5/7/2015

## Proposed Changes to Stage 1 for EPs

### Current Stage 1 EP Objectives

- 13 core objectives
- 5 of 9 menu objectives, including 1 public health objective

### Proposed EP Objectives for 2015-2017

- 10 objectives

Source: CMS Webinar 5/7/2015

## Proposed Changes to Stage 2 for EPs

### Current Stage 2 EP Objectives

- 17 core objectives, including public health objective
- 3 of 6 menu objectives, including 1 public health objective

### Proposed EP Objectives for 2015-2017

- 10 objectives

Source: CMS Webinar 5/7/2015

- Proposed Objectives to be Eliminated – Stage 1 and Stage 2
  1. Record Demographics
  2. Record Vital Signs
  3. Record Smoking Status
  4. Clinical Summaries
  5. Structured Lab Results
  6. Patient List
  7. Patient Reminders
  8. Summary of Care
    - a. Measure 1 – Any method
    - b. Measure 3 – Test
  9. Electronic Notes
  10. Imaging Results
  11. Family Health History

- Proposed Objectives – for both Stage 1 and Stage 2
  1. Computerized Provider Order Entry (CPOE)
  2. ePrescribing (eRx)
  3. Clinical Decision Support (CDS)
  4. Patient electronic access to their health information (Patient Portal)
  5. Protect health information (Security Risk Analysis or SRA)
  6. Patient-specific education resources
  7. Medication Reconciliation
  8. Summary of Care record for referrals and transitions of care
  9. Secure electronic messaging
  10. Public Health reporting
    - a. Immunization Registry Reporting
    - b. Syndromic Surveillance Reporting
    - c. Case Reporting
    - d. Public Health Registry Reporting
    - e. Clinical Data Registry Reporting

## Impact on the Provider Community – What Does All of This Mean for You?

- No major changes to workflow
- No additional CEHRT functionality required
- Transition from Stage 1 to Stage 2 simplified
- Movement toward practice transformation

# Helpful Links

## CMS Notice of Proposed Rule Making (NPRM) – Modifications to Meaningful Use for 2015-2017

<https://www.federalregister.gov/articles/2015/04/15/2015-08514/medicare-and-medicaid-programs-electronic-health-record-incentive-program-modifications-to>

## CMS Fact Sheet on NPRM

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-04-10.html>

## CMS Webinar on NPRM – 5/7/15

[http://www.cms.gov/eHealth/downloads/Webinar\\_eHealth\\_May5\\_ModificationsNPRMOverview-.pdf](http://www.cms.gov/eHealth/downloads/Webinar_eHealth_May5_ModificationsNPRMOverview-.pdf)



# Questions?



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