MU Strategies for 2016 & 2017

Presented by:
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Financial Disclosures

Jeff Grant – I have no financial relationships to disclose.

Financial Disclosures

Paul Larson is a Senior Consultant with Corcoran Consulting Group. He acknowledges a financial interest in the subject matter of this presentation.

Who is Jeff Grant?

- Over 20 years Practice Management, Operations, Revenue Cycle Management & HIT Consulting with nearly 1,000 practices
- Speaker at AAO, ASCRS, Hawaiian Eye, SECO, AOA, Vision Expo, & State Associations
- Articles in Administrative Eyecare, Ophthalmology Management, Ophthalmology Times, Premier Surgeon, Ophthalmology Business, & Advanced Ocular Care
- Assisted dozens of practices with EHR selection/implementation, MU Attestation and MU Audits
- Provides Revenue Cycle Management Services

Stage 1, Stage 2, or Stage 3?

- 2016 thru 2017: Modified Stage 2 Rules apply to everyone
- 2017: Stage 3 Optional
  - 90 Day (min.) reporting period in 2017 if you elect to demonstrate Stage 3 compliance
  - If you don’t choose Stage 3 then you remain in Modif St 2
- 2018: Stage 3 for all participants
  - 8 Measures

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<th>First year as a meaningful EHR user</th>
<th>Stage of Meaningful Use</th>
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<td>2015</td>
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* The Modifications to Stage 2 include alternate exclusions and specifications for certain objectives and measures for providers that were scheduled to demonstrate Stage 1 of meaningful use in 2015. Note: Alternate exclusion reporting continues in 2016 for EHR (self-providers) and EDs (for eligible hospitals) only.
### Modified S2 Overview

- **10 Objectives**
  - No Core Set / Menu Set
  - All must be met or excluded.
  - One of which is the Public Health Objective
- **Previous Measures Removed**
  - Patient Demographics, Vitalis, Smoking Status, Lab Test Results, Clinical Summaries, Patient List by Dx, Preventive Care Reminders, Imaging Results, Family Hist, Progress Report, Submission to a Cancer Registry
- **Clinical Quality Measures**
  - All Stages – 9 Measures from 3 Clinical Quality Domains (just like PQRS)

### Modified S2 Details

#### Objective 1: Protect Patient Health Information (Security Risk Analysis)
- SRA Tool from ONC ([www.healthit.gov](http://www.healthit.gov))
- SRA completed during the calendar year but not necessarily during the reporting period
- SRA required in first reporting year
- In subsequent years, or when changes to the practice or electronic systems occur, a review of the SRA must be conducted.

#### Objective 2: Clinical Decision Support
- **Measure 1** - Implement 5 Clinical Decision Support interventions related to 4 or more CQM's at a relevant point in patient care for the entire reporting period.
- **Measure 2** – The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
  - **EXCLUSION:** Fewer than 100 medication orders.

#### Objective 3: Computerized Physician Order Entry (CPOE)
- **Stage 1** – More than 30% of medication orders (or 30% of all unique patients with at least 1 medication in their medication list) created by the EP during the EHR reporting period are recorded using CPOE.
- **Alternate Exclusion:** EP's scheduled to demonstrate S1 in 2016 may exclude the lab and radiology measures.
- **Stage 2** – 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.
  - All three can be excluded if the EP orders fewer than 100 lab, 100 meds, 100 lab, 100 radiology during the reporting period.
- **Orders can only be entered by licensed healthcare professionals or unlicensed medical assistants**
  - CDI, COT, COMT, CMIA
  - [JCAHPO's]([www.jcahpo.org](http://www.jcahpo.org)) certification-recertification
  - [CMA](http://www.theacmss.org)
  - [www.theacmss.org](http://www.theacmss.org)
**Objective 4: E-Rx**

- More than 50% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
- EXCLUSION 1: Any EP who writes fewer than 100 medication orders during the EHR reporting period.
- EXCLUSION 2: Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP’s practice location at the start of his/her EHR reporting period.

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**Objective 5: Health Information Exchange – (Summary of Care for each Transition of Care)**

- What is a Transition of Care (TOC)?
  - CMS: “The movement of the patient from one setting of care to another (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility).”
  - This exchange may be conducted outside of the EHR reporting period timeframe, but must take place no earlier than the start of the year and no later than the end of the EHR reporting year or the attestation date, whichever occurs first.
Modified S2 Details

**Objective 6: Patient Specific Education**

**Resources** — Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.

- Exclusion — An EP who has no office visits.

Modified S2 Details

**Objective 7: Medication Reconciliation** — The EP performs reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

- Exclusion — Any EP who was not the recipient of a transition of care.

Modified S2 Details

**Objective 8: Patient Electronic Access (VDT)**

- Measure 1: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP’s discretion to withhold certain information.
- Measure 2:
  - 2016: At least 1 patient (or patient authorized representative) views, downloads, or transmits to a third party their health information.
  - 2017: At least 5% of unique patients (or patient authorized representative) V/D/T.

Modified S2 Details

**Objective 9: Secure Messages**

- 2016: For an EHR reporting period in 2016, at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.
**Modified S2 Details**

**Objective 9: Secure Messages**
- 2017: Same as 2016 except that must be greater than 5%.
- Exclusion: Any EP who has no office visits during the reporting period, or any EP who conducts 50% of more of his or her patient encounters in a county that does not have 50% of more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the reporting period may exclude ONLY the second measure.
- NOTE: For Stage 3, a secure message must sent to more than 25% of all unique patients seen by the EP during the reporting period.

**Objective 10: Public Health Reporting**

**Public Health Reporting**

**Register Intent for a Public Health Measure**
- If you are an eligible professional participating in the Medicare or Medicaid EHR Incentive Program and are planning to meet one of the Public Health measures, the deadline to register your intent to initiate active engagement with your public health agency (PHA), program, or other body to whom the information will be submitted is within 60 days of the start of your EHR reporting period.
- Eligible professionals that need to register their intent for a public health objective, but fail to register their intent by this deadline will not meet the measure.

**Active Engagement**: Register Intent for a Public Health Measure
- Completed Registration to Submit Data – must be done within 60 days after the start of the reporting period.
- Testing & Validation – in the process of testing and validation. EP’s must respond to requests within 30 days and failure to respond twice within a reporting period would result in failure (on this measure).
- Production – Actually submitting production data to the Public Health Agency (PHA) or registry

**Public Health Reporting**

- Must meet 2 measures
- FAQ #12985 https://questions.cms.gov/faq.php?faqId=12985&catid=5005

**Public Health Reporting**

- Ongoing Submission to Immunization Registries - Exclude
- Ongoing Submission of Syndromic Surveillance Data – Exclude [most]
- Ongoing Submission to a Specialized Registry –
  - If you submit your PQRS and CQM data through IRIS, IRIS can meet this measure for you, but using this option is certainly not required.
  - If you do plan to use IRIS and you plan to use this measure, you should still register your intent per the email from CMS.
Public Health Reporting

**Option 1: Immunization Registry Reporting**
- The EP is in active engagement with a public health agency to submit immunization data.
  - Exclusion 1 – EP does not administer immunizations
  - Exclusion 2 – EP operates in a jurisdiction for which no registry or information system is capable of the standards required.
  - Exclusion 3 – EP operates in a jurisdiction for which no registry or information system has declared readiness.

**Option 2: Syndromic Surveillance Reporting**
- States or areas that allow / require: KY, ND, NM, NYC, OH, VA, WI & WY

**Option 3: Specialized Registry Reporting**
- States that allow / require:
  - KS (infectious diseases)
  - NYC (reportable diseases)

**Option 3: Specialized Registry Reporting**
- The EP is in active engagement to submit data to a specialized registry.
  - Exclusion 1 – The EP does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the reporting period.
  - Exclusion 2 – Same as Exclusion 2 in Option 1.
  - Exclusion 3 – Same as Exclusion 3 in Option 1.
  - Note: Physicians who qualify for less than 2 public health measures (Stage 2) may report this measure twice by being in active engagement with 2 specialized registries.

**For 2016, here is a suggested way to attest:**
- Immunizations – Standard Exclusion
- Syndromic Data – Standard Exclusion
- Submit if you’re in one of the states that allow EP’s to submit Kentucky, New Mexico, North Dakota, Ohio, Virginia, Wisconsin, Wyoming, one of the 5 boroughs of New York City.
- Specialized Registry –
  - If you exclude both of the above, you must do two Specialized Registries if you can.
  - IRIS would count as one. If you’re in Kansas or NYC, you would also submit to their disease registries.
  - Most of you will only be able to do one specialized registry.
CQM’s

- Eligible professionals must select and report on 9 of a possible list of 64 approved CQMs for the EHR Incentive Programs.
- The quality measures selected must cover at least 3 of the 6 available National Quality Strategy (NQS) domains, which represent the Department of Health and Human Services’ NQS priorities for health care quality improvement. The 6 domains are:
  - Patient and Family Engagement
  - Patient Safety
  - Care Coordination
  - Population and Public Health
  - Efficient Use of Health Care Resources
  - Clinical Processes/Efficiency

CMS FAQ

Successful submission of PQRS data thru the IRIS registry also counts as submission of CQM data for the EHR program.

- May not be true of all registries

Hardship Exemptions

- FAQ #14113 - On the new hardship application form for the 2017 payment adjustment there is nothing which says documentation is required to be submitted with the application form. Does this mean that CMS will only require the selection of a hardship category and the completion of the provider’s identifying information in order to approval a hardship exception? Or will CMS be reviewing the application and documentation on a case-by-case basis for each provider?
- CMS does not require an EP, eligible hospital, or CAH – or any group of providers – to submit documentation for the hardship category selected and CMS will not be reviewing documentation supporting the application on a case-by-case basis. CMS will review the application to record the category selected and use the identifying information to approve the hardship exception for each provider listed on the application. Providers should retain documentation of their circumstances for their own records, but no such documentation is required for review by CMS.

Hardship Exemptions

- CMS has also updated FAQ #12845 to reflect these changes and to provide additional guidance specific to sub-category 2.2d of PAMPA – EHR Certification/Vendor Issues (CEHRT Issues). This category can be used for issues related to the 2015 rulemaking timeline and is included under the existing category for extreme and uncontrollable circumstances related to the implementation and use of certified EHR technology.
- Providers who experienced an issue with their CEHRT related to the rule timing – and any other provider for whom the timing of the rule caused a significant hardship – should select sub-category 2.2d on the 2017 hardship exception application. No additional documentation is required for this selection.
Thank You!

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