2015 Modifications for Stage 1 and Stage 2

CMS Meaningful Use Proposed Rule

June 11, 2015

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EHR Program Coordinator
The MS Medicaid EHR Provider Incentive Program began taking attestations in 2011.
Since that date we have issued incentive payments to more than 2250 unique EPs and to 97 MS hospitals.

Total payments $173,479,626.00
Mississippi is a leading state in the percentage of returning providers that received a Meaningful Use incentive payment.

We now have a returning percentage of 72% for Meaningful Use.
EHR Program Update and Proposed Changes

Program year 2014 ended
December 31, 2014

Last day of Tail-Extension period – April 30, 2015
Currently, Mississippi has not turned on program year 2015 in the MS State Level Registry (MS–SLR).

CMS has turned off Program year 2015 for all Medicare EHR attestations.

Program year 2015 will be available in January 2016.
The majority of participating providers in Mississippi just started their first year of Stage 2 Meaningful Use.

**Stage 1** = AIU + MU1 + MU2  
**Stage 2** = MU3 + MU4  
**Stage 3** = MU5 + MU6*

*Medicaid Providers will finish six years of participation in the EHR Incentive Program as they enter their first year under Stage 3.*
EHR Program Update and Proposed Changes

Stage 1: Data capturing and sharing

Stage 2: Advanced clinical processes

Stage 3: Improved outcomes
CMS NPRM – Stage 3

Stage 1
Data capturing and sharing

Stage 2
Advanced clinical processes

Stage 3
Improved outcomes
Goals of Proposed Provisions

1. Provide a flexible, clear framework to simplify the meaningful use program and reduce provider burden

2. Ensure future sustainability of Medicare and Medicaid EHR Incentive Programs

3. Advance the use of health IT to promote health information exchange and improved outcomes for patients
CMS NPRM – Stage 3

Stage 3 NPRM Streamlines Programs

Streamlining

• Synchronizing on single stage and single reporting period
Stage 3 NPRM Streamlines Programs

Streamlining

- Reducing burden by removing objectives that are:
  - Redundant paper based versions of now electronic functions
  - Duplicative of other more advanced measures using same certified EHR technology function
  - Topped out and have reached high performance
Stage 3 NPRM Streamlines Programs

Streamlining

- 8 advanced use objectives
CMS NPRM – Stage 3

2015 Modifications for Stage 1 and Stage 2
2015 Modifications for Stage 1 and Stage 2

Modifications for Program Year 2015 could include the following provisions:

- 90-day EHR reporting period
- Stage 1 providers may select to report Stage 2 MU measures (if they meet those thresholds).
- Hospitals moved from Federal Fiscal year to calendar year for EHR Meaningful Use reporting.
- Reduced number of MU objectives
2015 Modifications for Stage 1 and Stage 2

Modifications for Program Year 2015 could include the following provisions:

Dually Eligible Hospitals will align their fiscal year to a calendar year. Therefore all hospitals and all Eligible Professionals will have the same reporting period requirements going forward.
2015 Modifications for Stage 1 and Stage 2

Modifications for Program Year 2015 could include the following provisions:

Reduced number of Meaningful Use CORE and MENU objectives (from 16 CORE + 3 MENU to 9 CORE + 2 MENU or Public health). These will be aligned as a bridge from Stage 1/Stage 2 to Stage 3. MU objectives will look like MU objectives for Stage 3. Threshold measures will increase in complexity as stages advance.
2015 Modifications for Stage 1 and Stage 2

**Stage 3 Proposed Objectives**

1. Protect Electronic Health Information
2. Electronic Prescribing (eRx)
3. Clinical Decision Support
4. Computerized Provider Order Entry (CPOE)
5. Patient Electronic Access to Health Information
6. Coordination of Care through Patient Engagement
7. Health Information Exchange
8. Public Health Reporting
2015 Modifications for Stage 1 and Stage 2

1. Computerized Provider Order Entry (CPOE)
2. Electronic Prescribing (eRx)
3. Clinical Decision Support
4. Patient Electron Access
5. Protect Electronic Health Information
6. Medication Reconciliation
7. Summary of Care
8. Secure Electronic Messaging
9. Public Health and Clinical Data Registry
2015 Modifications for Stage 1 and Stage 2

Public Health Reporting:
• Immunization Registry Reporting
• Syndromic Surveillance Reporting
• Case Reporting
• Public Health Registry Reporting (local/national)
• Clinical Data Registry Reporting (local/national)
Modifications for Program Year 2015 could include the following provisions:

Online applications for Meaningful Users will be accepted after January 1, 2016
2015 Modifications for Stage 1 and Stage 2

Modifications for Program Year 2015 could include the following provisions:

Avoiding the Medicare Claims Adjustment Penalty –

• Meet and attest for MU for Program Year 2014 (*and receive an incentive payment*)
• File Hardship Exception (with Medicare) by February 29, 2016 (*proposed extended date*)
Agenda

- EHR Program Update and Proposed Changes
- 2015 Modifications for Stage 1 and Stage 2
- 2015 Attestation Timeline
Meaningful Use Reporting time lines:

- Continue capturing patient data at the clinic level by individual providers.
- Run Meaningful Use reports monthly.
- Select the 90-day reporting period from 2015.
- Be aware of Public Health Reporting Requirements
Meaningful Use Reporting time lines:

First time participants in the EHR Incentive program can attest to either:
• Adopt/Implement/Upgrade (AIU)
• Meaningful Use (Stage 1, year 1)

Returning participants will attest to Meaningful Use (according to the number of participation years).
Meaningful Use Reporting time lines:

Public Health Reporting – Stage two participants must demonstrate ongoing Immunization submissions or at least register an intent to onboard with the Immunization Registry on or before the 60th day of their EHR reporting period.
Meeting Meaningful Use every day –

SUCCESS
IS THE SUM OF SMALL EFFORTS

REPEATED DAY IN AND DAY OUT
- R. Collier
Meeting Meaningful Use every day –

Every new and returning patient goes into the EHR.
Meeting Meaningful Use every day –

Plan and adjust your office workflow to accommodate MU data capturing for all patients.
Meeting Meaningful Use every day –

Read the CMS guidelines and regulations for each Meaningful Use objective and corresponding measures to better understand how these translate into improved patient care.
Meeting Meaningful Use every day –

Each provider will report Meaningful Use objectives independently within the practice.
Meaningful Use - Resources

Mississippi EHR Provider Incentive Program Resources

http://msehrpip.wordpress.com
Weekly Webinars

Tuesdays – from 10:30 – 11:30
Beginning June 16th

Webinar Attendee Link:
https://www307.livemeeting.com/cc/medicaid/join?id=W8FMH8&role=attend
Questions?

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Unofficial MS EHR resource website: http://msehrpip.wordpress.com