mountain-pacific quality health
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transforming health care through innovative technology

2016 MU Reporting – Overview of Requirements/Tasks

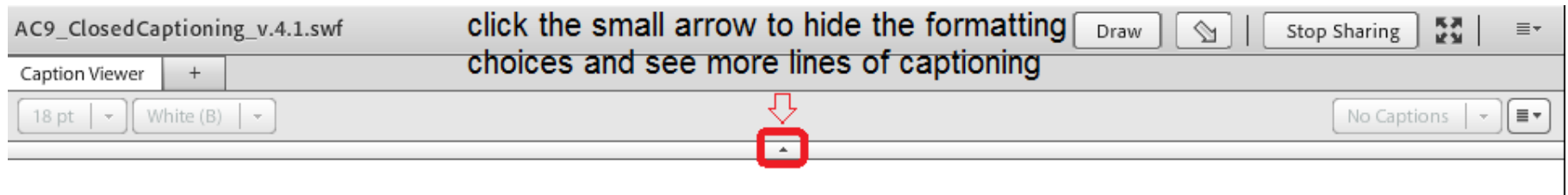## Presented by: Patty Kosednar, MU Consultant
02/24/2016

HTS, a department of Mountain-Pacific
Quality Health Foundation

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- Mountain-Pacific holds the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract for the states of Montana, Wyoming, Alaska and Hawaii, providing quality improvement assistance.

- HTS, a department of MPQHF, has assisted 1480 providers and 50 Critical Access Hospitals to reach Meaningful Use. We also assist healthcare facilities with utilizing Health Information Technology (HIT) to improve health care, quality, efficiency and outcomes.

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Session Presenter

- Patty Kosednar, PMP, CPEHR

Webinar Objectives

- High level overview of the new requirements for 2016 MU

- Walk you through what you need to know and do for 2016 MU reporting, based on the new MU requirements

- Identify CMS MU audit documentation recommendations

- We will not review each MU objective in detail but will have links to that info

Agenda

- Review of Acronyms
- High Level Overview of Rule Change for MU 2016
- 2016 MU – Immediate Tasks
- 2016 MU – Tasks during your reporting period
- CMS Audit Documentation Recommendations
- 2016 MU High Level Task Check list
- Question & Answer
- Resources

Acronyms

- CMS – Centers of Medicare & Medicaid Services
- MU – Meaningful Use
- EP – Eligible Provider
- EH – Eligible Hospital
- EHR – Electronic Health Record (software)
- CEHRT – Certified Electronic Health Record Technology
- CHPL – Certified Health IT Product List
- CQM – Clinical Quality Measure
- eCQM – Electronic Clinical Quality Measure
- NLR – National Level Registry
- SLR – State Level Registry
- IQR – Inpatient Quality Reporting
- FAQ – Frequently Asked Question

Meaningful Use "Sunsetting" yeah, in Dec 2018

- Payment adjustments for the current Meaningful Use program will continue until December 31, 2018,

- at that point the current MU payment adjustment program will "sunset" and be replaced by a new Merit-based Incentive Payment System (MIPS), which is being created under the new MACRA (Medicare Access and CHIP Reauthorization Act) law.

- CMS Tipsheet:
  ◦ https://www.cms.gov/Regulations-and-guidance/Legislation/EHRIncentivePrograms/Downloads/PaymentAdj_HardshipExcepTipSheetforEP.pdf

2016 MU

Understanding MU for 2016

Modified Stage 2

- In 2015 CMS introduced the move away from "stages" of MU and moved everyone toward a "modified stage 2" which included one list of objectives for everyone.

- In 2015 CMS allowed for "alternate exclusions" to help soften the move to "modified stage 2"

- In 2016 many of those alternate exclusions are no longer available

2015 Exclusion Options NO LONGER available to anyone!

- Allowing providers who were previously scheduled to be in a Stage 1 EHR reporting period for 2015 to use a lower threshold for certain measures (e.g. Clinical Decision Support (CDS) rules 1 vs 5, etc.)

- Allowing providers to exclude for Stage 2 measures in 2015 for which there is no Stage 1 (e.g. patient Portal, etc.)

- Allowing providers to exclude Modified Stage 2 measures in 2015 where a previous menu measure is now a requirement (e.g. medication reconciliation, patient education, etc.)

Weaning off of stage 1

- In most respects, there is no more "Stage 1" for meaningful use

- If you would have originally reported to Stage 1 in 2016, you are still eligible for these alternate exclusions:
  - EP and EH – alternate exclusion for Computer Provider Order Entry (CPOE)
  - EH – alternate exclusion for ePrescribe (eRX)

- Other than items listed above, everyone reports the same measures, with the same options for exclusions, no matter what "Stage" you might have been in for 2016

MU Reporting Requirements

Criteria	Provider	Hospital/CAH
Objectives	10	9
# Public Health Measures	2/3	3/4
CQMs (measures/domains)	9/3	16/3*
Reporting Period	calendar year	calendar year

•Other options for EH if reporting eCQMs for Inpatient Quality Reporting (IQR)

2016 Measures (Modified Stage 2)

1. Protect Patient Health Information

2. Clinical Decision Support

3. CPOE

4. Electronic Prescribing (eRx)

5. Health Information Exchange

6. Patient Specific Education

7. Medication Reconciliation

8. Patient Electronic Access (VDT)

9. Secure Messaging (EPs only)

10. Public Health and Clinical Data Registry Reporting

2016 Changes to Objectives

- Many changes for exclusions in 2016
- A couple of changes to measures in 2016 as well:
  - EP – Secure electronic messaging – a secure message was sent to 1 patient seen during reporting period using CEHRT

  - EP – All providers must meet at least 2 out of 3 measures (registry reporting requirements)

  - EH – Hospital must meet at least 3 out of 4 measures (registry reporting requirements)

2016 Reporting Period

▸ The MU EHR reporting period for both EP and EH is the full calendar year (1/1/16 – 12/31/16) – if not in your first year of MU

▸ For first time MU participants in 2016 the EHR reporting period is any continuous 90 day period between 1/1/16 and 12/31/16

Same ole, same ole

- Eligibility requirements for Medicare and Medicaid have not changed

- Still need to be on 2014 certified EHR (or 2015 or combination of the two)

- Still need to perform or update a HIPAA security risk assessment

- Still need to report 2014 CQMs as required EH/EP

2016 MU Tasks

Immediate tasks!!!!!!!!!!

Task 1: Confirm Public Health Measures

▸ **EP – 2, EH 3**
  ◦ Registries to choose from:
    1. Immunization registry
    2. Syndromic surveillance reporting
    3. Specialty registry reporting
    4. Electronic reportable lab (hospital only)

▸ Active Engagement with Public Health reporting must be within 60 days of start date of your reporting period.

▸ Reporting periods starting 1/1/2016 – must be actively engaged by February 29, 2016.

▸ If you were "actively engaged" in 2015Contact each agency via email and get current status of your registration or indicating your interest in registration or "intent to participate".

Public Health Registries

▸ CDC has a free registry available for EH and EP:
http://www.cdc.gov/ehrmeaningfuluse/national_health_care_surveys.html

▸ New CMS FAQ for Hospitals – FAQ# 14117 – if you are a hospital and need another registry – see this FAQ first.

Task 2: Create CMS MU Audit Folder

- Create an electronic audit folder that gets backed up on your network, to be used to store all MU related documentation. (audit documentation needs to be saved for 6 years)

- Put your "actively engaged" emails from each public health registry you contacted in your 2016 MU audit folder.

Task 3: Determine MU Eligibility

- Review rules of each program and establish or reestablish eligibility for this year
  - EP <90% hospital based
  - EP Medicaid >30% (20% for pediatricians)
  - EH Medicaid >10%

- New CMS FAQ on how to determine % hospital based for providers: FAQ # 2639

- Run reports for Medicaid eligibility

- Save reports in CMS MU audit folder

Task 4: Identify Practicing locations (EP)

- If a provider practices in more than one location that has a certified EHR, all their MU objectives/cqm data need to be combined to determine the complete numerators and denominators.

- All yes/no MU objectives need to be met at each location (that has a certified EHR) a provider practices

- If the provider enters all of their patient encounter data into one EHR – even though they practice at other locations, than only use the info from that one EHR

- All tasks and requirements throughout this presentation are required for each location with a certified EHR where a provider practices.

Task 5: Confirm EHR Certified Version

- Verify your current EHR version is certified to 2014 CHPL requirements (or 2015 or combination of the two. Check with your vendor if you are not sure)
  - http://oncchpl.force.com/ehrcert

- Take screen shot of your EHR version, and the CHPL certification number and save in CMS MU audit folder

Task 6: Go Read New MU Objective Details

▸ New details, revised requirements and exclusions for both EP and EH. Make sure you know the most current info:

◦ Detailed list of measures for EPs and exclusion options on CMS website:
  • https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EPWhatYouNeedtoKnowfor2016.pdf

◦ Detailed list of measures for EHs and exclusion options on CMS website:
  • https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EHWhatYouNeedtoKnowfor2016.pdf

Task 7: Confirm EHR Configurations

- Modified Stage 2
  - Drug/drug – drug/allergy alert*
  - Drug Formulary*
  - 5 clinical decision support rules* (related to CQMs)
  - 9 CQMs (EP) are config'd and pulling data (align with other quality programs if possible)
  - 16 CQMs (EH) are config'd and pulling data (align with other quality programs if possible)

* Functionality must be in place for entire MU reporting period!!!

Task 7: Confirm EHR Configurations, cont

- Take Screen shots proving required functionality (screen shot must show current date and organization name)

- You will need a screen shot for each EP location

- Must be done during reporting period (early in the reporting period better, first day of reporting period best)

- Save copies of screen shots in CMS MU audit folder

Task 8: Confirm EHR Functionality

- Modified Stage 2
  - CPOE – medication, lab and radiology orders
  - eRX
  - Patient Portal
  - Public Health measures (EP 2, EH 3)
  - Secure electronic messaging (EP Only)
  - Electronic transmission of care record

Task 9: Run MU/CQM Reports

- Run your current year to date MU and CQM reports to determine your current performance

- Determine the MU Gap for each provider or your hospital

2016 MU Tasks

Throughout Your Reporting Period

MU Tasks

- Identify and implement clinical workflows to meet/improve the MU objectives and CQM measures to meet requirements

- Perform a security risk assessment (SRA) (or confirm the process of updating your existing SRA- this should be ongoing)

- EP only - Have at least one patient for each provider (seen during the reporting period) use secure electronic messaging functionality- (verify MU report for this measure)

MU Tasks cont.

- Have at least one patient for each provider (or the organization if EH) (seen during the reporting period) view, download or transmit their PHI from your portal (verify MU report for this measure)

- Periodically monitor your MU and CQM reports and take corrective action as needed

- Create documentation to support any MU measures you are taking an exclusion for

Confirm Registration and Info

- Register any providers that are new to MU in NLR (for Medicaid also SLR)

- Activate any providers that are new to your organization in PECOS (this can take a lot of time).

- Review NLR/SLR registration info (this may indicate changes that may be required in PECOS)

- Verify all provider's, your group proxy or your organization's proxy's login/password in NLR (for Medicaid also SLR)

MU Tasks cont.

- Keep monitoring MU reporting and make changes in workflow or provide education as needed.

- Meet all MU performance (%) requirements.

Deadlines for Attestation

- For an EHR reporting period in 2016, EP, EH must **attest by February 28, 2017**

- HTS will have webinars later in 2016 to cover the attestation process

2016 MU

CMS Audit Documentation Recommendations

MU Audit Documentation

▸ The Medicaid program may have additional audit requirements based on your State's program.

▸ Check with your State Medicaid office for more info, or contact your State's Mountain-Pacific QIO representative.

CMS Audit Documentation Recommendations

- Medicaid: Patient Volume/Eligibility and location (EP) documentation

- Confirmation of CHPL Certification

- Source documents from EHR(s) to support each MU objective and CQM data (numerators/denominators/%)

- Screen shots to support EHR system configuration objectives

CMS Audit Documentation Recommendations, cont

▸ Copy of updated/current Security Risk Assessment

▸ Copy of submission for Public Health objective(s) or doc to support "actively engaged with" registries

▸ Documentation to support exclusion to any objective

2016 MU

Checklist of MU Tasks Needed for 2016

MU Checklist of Tasks (1)

- Determine CMS EHR program eligibility
- "Actively Engage" or confirm ongoing submission for the Public Health measures
- Create CMS MU audit folder
- Calculate and document Medicaid Eligibility
- Determine if providers practice in more than one location
- Confirm EHR version is 2014 (at least)
- Review new 2016 MU Objective Details
- Verify EHR configurations and functionality

MU Checklist of Tasks (2)

- Take screenshots of EHR configurations (for all locations)
- Choose CQMs (align with other quality programs if possible)
- Run year to date MU and CQM reports/determine MU gap (for all locations)
- Monitor MU performance and adjust workflows
- Verify EP registration info in PECOS, NLR and SLR if Medicaid
- Verify all SLR/NLR logins and passwords

MU Checklist of Tasks (3)

- Perform or Update Security Risk Assessment
- Have at least one patient (per provider or EH) seen during reporting period view, download or transfer health information
- Have at least one patient seen during reporting period receive a secure email via CEHRT (EP only)
- Meet MU objectives and CQM requirements
- Attest via NLR and or SLR
- Finalize CMS MU audit folder documentation

2016 MU

MU Audit Checklist

2016 MU Audit Checklist

❑ Medicaid Eligibility Reports

❑ Documentation to prove functionality (non-percentage based MU objectives)

❑ Documentation to support an exclusions

❑ Documentation to support "active engagement" or ongoing data submission to registries

❑ Copy of CHPL Certification for EHR

❑ Copy of new or updated SRA

❑ Final numerators and denominators for MU objectives (percentage based objectives)

2016 MU

Resources

Resources

- CMS 2016 Program Requirements https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html

- Heath Technology Services website http://www.healthtechnologyservice.com/

- EHR incentive Program website: http://www.cms.gov/EHRIncentivePrograms/

- CHPL Certified E.H.R info: http://oncchpl.force.com/ehrcert

Questions?

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