Ohio | Medicaid Provider Incentive Program

Stage 2 Final Rule Overview: Updates to Stage 1 and New Stage 2 Requirements

The Centers for Medicare and Medicaid Services (CMS) issued the Stage 2 Final Rule on September 4, 2012. The Stage 2 Final Rule updates and further clarifies some of the Stage 1 program requirements and sets forth the criteria for Stage 2 of Meaningful Use (MU) for the Medicare and Medicaid EHR Incentive programs. This document offers a summary of the CMS Stage 2 Final Rule changes to eligibility requirements, Stage 1 Meaningful Use and Stage 2 Meaningful Use for Ohio's Medicaid Provider Incentive Program (MPIP)

Please Note: *The updates to the Stage 1 program requirements are not retroactive and cannot be applied to previous payment years.*

Meaningful Use Timeline

All providers will attest to Stage 1 Meaningful Use criteria for their first year of Meaningful Use. The earliest a provider can attest to Stage 2 Meaningful Use is Payment Year 2014. The current Meaningful Use Timeline is represented below:

Stage of Meaningful Use											
1st Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

New Requirements and Program Updates Effective Payment Year 2013

Program Eligibility

***(Update 2013) Practices Predominantly Definition*.** Eligible professionals practicing through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) may now select one of two options when determining if they meet the definition of "practices predominantly."

- An eligible professional practices predominantly when the clinical location for over 50% of his or her total patient encounters over a period of 6 months-- within the most recent calendar year (CY), **OR** within the 12-month period preceding attestation-- occurs at an FQHC or RHC.

(New 2013) Non-Hospital Based Determination. CMS has added a new provision for eligible professionals who are determined to be hospital based. An eligible professional who is hospital based may be determined to be "non-hospital based," if they can demonstrate that they:

- Fund the acquisition, implementation, and maintenance of Certified EHR Technology (CEHRT), including supporting hardware and interfaces needed for Meaningful Use without reimbursement from an eligible hospital, and
- Use the CEHRT in the inpatient or emergency department (ED) of a hospital (instead of the eligible hospital's CEHRT).

(Update 2013) First Year AIU/MU Option. Eligible professionals and eligible hospitals enrolling in MPIP for the first time in payment year 2013 or beyond will have the option of attesting to Adopt, Implement or Upgrade to (AIU) or 90-day Meaningful Use.

Patient Volume

(Update 2013) Medicaid Encounter. The definition of a Medicaid encounter for the purposes of calculating patient volume now includes individuals **enrolled** in a Medicaid program. In addition to services rendered on any one day where Medicaid **paid** for all or part of the service or Medicaid paid the co-pays, cost-sharing, or premiums, eligible professionals and eligible hospitals may now include services rendered on any one day to a **Medicaid-enrolled** individual, *regardless* of payment liability.

(Update 2013) Patient Volume Calculation. An additional option has been added for calculating patient volume. When calculating patient volume (Medicaid patient volume or needy individual patient volume), eligible professionals and eligible hospitals may now choose one of the following:

- Total Medicaid patient encounters in any representative, continuous 90-day period in the FFY (for eligible hospitals) or CY (for eligible professionals) preceding the provider's payment year; divided by the total patient encounters in the same 90-day period; **OR**
- Total Medicaid patient encounters in any representative, continuous 90-day period in the 12 months before the provider's attestation; divided by the total patient encounters in the same 90-day period.

(New 2013) SCHIP Factor. MPIP will no longer adjust patient volume by an SCHIP factor.

Additional Patient Volume Requirements for Eligible Professionals. At least one clinical location used in the calculation of patient volume must have CEHRT during the payment year for which the eligible professional attests to adopting, implementing or upgrading to or meaningful use.

Eligible professionals may choose one (or more) clinical sites of practice in order to calculate their patient volume. This calculation does not need to be across all of an eligible professional's sites of practice. However, at least one of the locations where the eligible professional is adopting or meaningfully using CEHRT should be included in the patient volume. For example, if an eligible professional practices in two locations, one with CEHRT and one without, the eligible professional should include the patient volume at least at the site that includes the CEHRT (CMS FAQ10416).

Hospital Incentive Payment Calculation

(Update 2013) The eligible hospital payment calculation has been updated to allow hospitals to use discharge data from the most recent continuous 12-month period for which data are available prior to payment year to calculate the incentive payment. Hospitals that began participation in the program prior to the Stage 2 Rule will not have to adjust previous calculations.

Further, if an eligible hospital switches to an EHR incentive program in a different state, then the total incentive payments they receive over all payment years of the program cannot exceed the aggregate EHR incentive amount calculated by the State they began with.

General MU Updates

Reporting Menu Measures: Exclusions

(New 2014, All Stages) When reporting on menu objectives, a provider cannot claim an exclusion, and have it count toward the minimum menu objectives (5 of 10 for Stage 1; 3 of 6 for Stage 2) that they are required to meet, if there are other objectives that the provider can meet.

2014 ONLY EHR Reporting Period

(New 2014 Only) In Payment Year 2014, all providers, regardless of their stage of Meaningful Use, will only be required to demonstrate Meaningful Use for a consecutive 90-day EHR reporting period. This one-time consecutive 90-day reporting period will allow eligible professionals and eligible hospitals time to upgrade to 2014 CEHRT.

Medicaid only providers (eligible professionals and Children's Hospitals) may use any consecutive 90-day reporting period in the FFY (eligible hospitals) or CY (eligible professionals).

In order to align MPIP with existing CMS quality measurement programs, **dually eligible hospitals** will be asked to select one of the following 90-day EHR reporting periods, based on the quarter of the fiscal year, for 2014:

- October 1 , 2013 through December 31, 2013
- January 1, 2014 through March 31, 2014
- April 1, 2014 through June 30, 2014
- July 1, 2014 through September 30, 2014.

Clinical Quality Measure (CQM) Reporting

(Update 2014) Starting in 2014, eligible professionals must report 9 of 64 CQMs and eligible hospitals must report on 16 of 29 CQMs, regardless of their stage of Meaningful Use. All providers must select a CQM from at least 3 of 6 key health care policy domains from the Department of Health and Human Services' National Quality Strategy (NQS):

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

Updates to Stage 1 Meaningful Use

Beginning in Payment Year 2013, some Stage 1 Meaningful Use criteria will be updated for eligible professionals (EPs) and eligible hospitals (EHs). The following table describes the key changes to Stage 1 Meaningful Use.

Provider Type	Stage 1 Objective	Stage 1 UPDATE
EP/EH	**Core:** Computerized Provider Order Entry (CPOE)	**2013 New Alternative Measure:** More than 30% of medication orders created by the EP or authorized providers of the EHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.
EP	**Core:** e-Rx	**2013 New Exclusion:** Providers who are not within a 10 mile radius of a pharmacy that accepts electronic prescriptions.
EP/EH	**Core:** Record & Chart Changes in Vital Signs *Note: New Measure & Exclusions are optional for 2013 and required beginning in 2014*.	**2013 New Alternative Measure and Exclusions (Optional):** **Measure-** More than 50% of all unique patients seen by the EP or admitted to the EH's inpatient or ED (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 & over only) and height and weight (for all ages) recorded as structured data. **2013 New Exclusions (EP Only) -** Any EP who: 1.) Sees no patients 3 years or older is excluded from recording blood pressure; 2.) Believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them; 3.) Believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure; or 4.) Believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight.
EP/EH	**Core:** e- copy of health information	**2014 Objective Removed,** combined with New 2014 Electronic Access Core Objective
EH	**Core:** e-copy of discharge instructions	**2014 Objective Removed,** combined with New 2014 Electronic Access Core Objective
EP	**Menu:** Provide Patients with Timely Electronic Access	**2014 Objective Removed** from Menu and combined with Electronic Access Core Measure
EP/EH	**Core**: Electronic Exchange of Key Clinical Information	**2013 Objective Removed.**
EP	**NEW 2014 Core:** Electronic Copy of & Electronic Access to Health Information	**2014 New Objective:** Provide patients the ability to view online, download and transmit their health information within 4 business days of information being available to EP. **2014 Updated Measure:** More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (available within 4 business days of information being available to EP) online access to their health information subject to the EPs discretion to withhold certain information. **2014 New Exclusion**: Any EP who neither orders nor creates any of the information listed for inclusion as part of this measure.
EH	**NEW 2014 Core:** Electronic Copy of & Electronic Access to Health Information	**2014 New Objective:** Provide patients the ability to view online, download and transmit information about a hospital admission. **2014 Updated Measure**: More than 50% of all patients who are discharged from the inpatient of emergency department of an EH have their information available online within 36 hours of discharge.

For more information on CMS Stage 2 Final Rule updates to Stage 1 Meaningful Use, visit the CMS Stage 2 website available at: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html.

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New Stage 2 Meaningful Use Criteria - Effective Payment Year 2014

Stage 2 Meaningful Use reporting will be available in Payment Year 2014. In Stage 2, Eligible professionals will report on 17 core measures and 3 of 6 menu measures and eligible hospitals will report on 16 core measures and 3 of 6 menu measures.

Stage 2 Meaningful Use Criteria for Eligible Professionals:

Stage 2 Core Objectives	Measure
CPOE	Use CPOE for **more than 60%** of medication, **30%** of laboratory, and **30%** of radiology.
eRx	eRx for **more than 50%**
Demographics	Record demographics for **more than 80%**
Vital Signs	Record vital signs for **more than 80%**
Smoking Status	Record smoking status for **more than 80%**
Interventions	**Implement 5** clinical decision support interventions and drug/drug and drug/allergy interaction checks.
Labs	Incorporate lab results for **more than 55%**
Patient List	Generate patient list **by specific condition**
Preventive Reminders	Use EHR to identify and provide reminders for preventive/follow-up care for **more than 10%** of patients with two or more office visits in the last two years
Patient Access	Provide online access to health information for **more than 50%** with **more than 5%** actually accessing
Visit Summaries	Provide office visit summaries for **more than 50%** of office visits
Education Resources	Use EHR to identify and provide education resources **more than 10%**
Secure Messages	**More than 5%** of patients send secure messages to their EP
Rx Reconciliation	Medication reconciliation at **more than 50%** of transitions of care
Summary of Care	Provide summary of care document for **more than 50%** of transitions of care and referrals **with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR**
Immunizations	Successful **ongoing transmission** of immunization data
Security Analysis	Conduct or review security analysis and incorporate in risk management process

Stage 2 Menu Objectives	Measure
Imaging Results	**More than 10%** of imaging results are accessible through CEHRT
Family History	Record family health history for **more than 20%**
Syndromic Surveillance	Successful **ongoing transmission** of syndromic surveillance data
Cancer	Successful **ongoing transmission** of cancer case information
Specialized Registry	Successful **ongoing transmission** of data to a specialized registry
Progress Notes	Enter an electronic progress note for **more than 30%** of unique patients

For more details on Stage 2 Meaningful Use download the CMS Stage 1 vs. Stage 2 Comparison Table for Eligible Professionals at: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1vsStage2CompTablesforEP.pdf

Stage 2 Meaningful Use Criteria for Eligible Hospitals:

Stage 2 Core Objectives	Measure
CPOE	Use CPOE for **more than 60%** of medication, **30%** of laboratory, and **30%** of radiology.
Demographics	Record demographics for **more than 80%**
Vital Signs	Record vital signs for **more than 80%**
Smoking Status	Record smoking status for **more than 80%**
Interventions	**Implement 5** clinical decision support interventions and drug/drug and drug/allergy interaction checks.
Labs	Incorporate lab results for **more than 55%**
Patient List	Generate patient list **by specific condition**
eMAR	eMAR is implemented and used for **more than 10%** of medication orders
Patient Access	Provide online access to health information for **more than 50%** with **more than 5%** actually accessing
Education Resources	Use EHR to identify and provide education resources **more than 10%**
Rx Reconciliation	Medication reconciliation at **more than 50%** of transitions of care
Summary of Care	Provide summary of care document for **more than 50%** of transitions of care and referrals **with 10% sent electronically** and **at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR**
Immunizations	Successful **ongoing transmission** of immunization data
Labs	Successful **ongoing submission** of reportable laboratory results
Syndromic Surveillance	Successful **ongoing submission** of electronic syndromic surveillance data
Security Analysis	Conduct or review security analysis and incorporate in risk management process

Stage 2 Menu Objectives	Measure
Progress Notes	Enter an electronic progress note for **more than 30%** of unique patients
eRx	**More than 10%** electronic prescribing (eRx) of discharge medication orders
Imaging Results	**More than 10%** of imaging results are accessible through CEHRT
Family History	Record family health history for **more than 20%**
Advanced Directives	Record advanced directives for **more than 50%** of patients 65 years or older
Labs	Provide structured electronic lab results for EPs for **more than 20%**

For more details on Stage 2 Meaningful Use download the CMS Stage 1 vs. Stage 2 Comparison Table for Eligible Hospitals at: http://www.cms.gov/Regulations-and-guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1vsStage2CompTablesforHospitals.pdf.

2015 Medicare Payment Adjustment

Eligible professionals and eligible hospitals that have the option to participate in either MPIP or the Medicare EHR Incentive Programs may be subject to a Medicare Payment Adjustment unless they are meaningful users of certified EHR technology. These payment adjustments will be applied beginning on October 1, 2014 for eligible hospitals and on January 1, 2015 for eligible professionals. Medicaid eligible professionals and hospitals that can only participate in the Medicaid EHR Incentive Program and do not bill Medicare are not subject to these payment adjustments.

Resources

To learn more about the 2015 Medicare Payment Adjustments and the CMS Stage 2 Final Rule, visit the CMS Stage 2 website available at:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html.