



MLN ConnectsTM

National Provider Call

Office Hours for Eligible Professionals in Stage 2 of Meaningful Use:

Requirements, Reporting Options and Data
Submission Processes

May 29, 2014





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Agenda

- Overview of Stage 2 of Meaningful Use
- Reporting
- Data Submission
- Question and Answer Session

Today's CMS Subject Matter Experts

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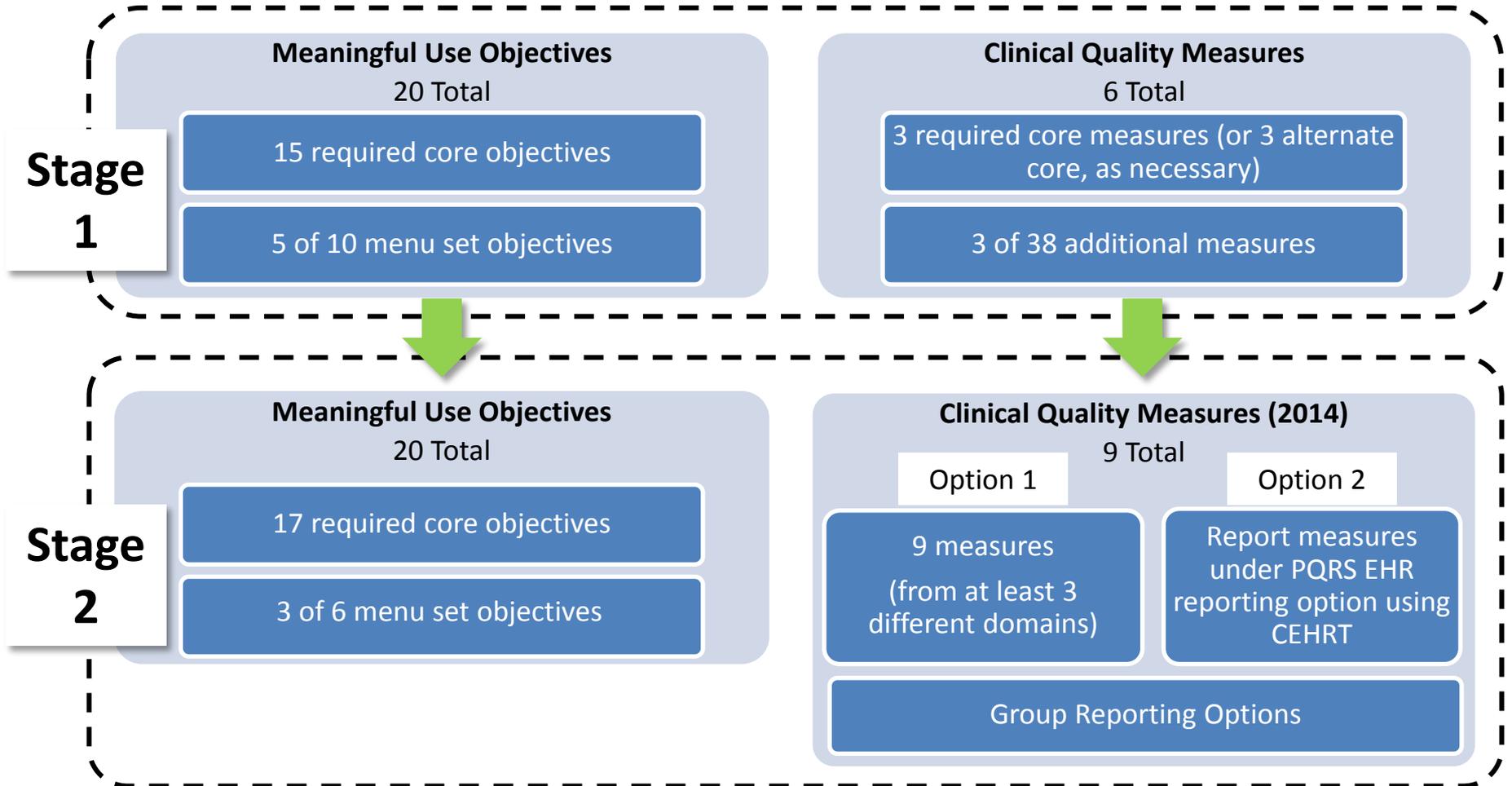
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(CMCS)

Overview of Stage 2 of Meaningful Use

Stage 2 Goals

- ***Improving Patient Care*** – Stage 2 includes new objectives to improve patient care through better clinical decision support, care coordination and patient engagement.
- ***Saving Money, Time, Lives*** – This stage will help advance the goal to save the health care system money, save time for doctors and hospitals, and save lives.

Comparing Stage 1 and Stage 2 Requirements



Medicare EHR Incentive Program Alignment with PQRS Program

- It is possible to report once for 2014* Medicare Quality Reporting Programs by registering and reporting through the Physician Quality Reporting System (PQRS).
- Some eligible professionals in Stage 2 may wish to report electronic Clinical Quality Measures (eCQMs) once and fulfill all requirements:
 - To receive PQRS incentives;
 - To avoid PQRS payment adjustment in 2016; and
 - To satisfy the CQM component of the Medicare EHR Incentive Program.

*The 2014 program year runs from 1/1/2014-12/31/2014

Reporting

Meaningful Use CQM Reporting Options in 2014

Report for the EHR Incentive Program	Utilize the Physician PQRS Electronic Health Record (EHR) Option*	Group Reporting*
<ul style="list-style-type: none"> • Submit 9 CQMs in at least 3 different domains via PQRS on QualityNet. • Though not required, CMS suggests a core set of measures. • CQMs submitted on an aggregate basis reflective of all patients without regard to payer. (3 months of data from a calendar year quarter) 	<ul style="list-style-type: none"> • Submit and satisfactorily report PQRS CQMs under the PQRS EHR Reporting Option using Certified EHR Technology (CEHRT). • Eligible professionals who select this option will be subject to the reporting periods established for the PQRS EHR reporting option. (1 year of data) 	<p style="text-align: center;"><u>Option A:</u></p> <ul style="list-style-type: none"> • Eligible professionals who satisfy requirements through Pioneer ACO participation or Comprehensive Primary Care Initiative participation can use CEHRT. (1 year of data) <p style="text-align: center;"><u>Option B:</u></p> <ul style="list-style-type: none"> • Eligible professionals who satisfy requirements of PQRS GPRO option can use CEHRT. (1 year of data)

*Aligns with other CMS Quality Reporting Programs

Meaningful Use CQM Reporting in 2014

- **EHRs Meeting ONC 2014 Standards** – Starting in 2014, all EHR Incentive Programs participants will have to adopt certified EHR technology that meets the ONC’s Standards & Certification Criteria 2014 Final Rule.
- **Three-month Reporting Period** – In 2014, the reporting period has been reduced to three months to give providers time to adopt 2014 certified EHR technology and prepare for Stage 2. (Note: All participants will have a three-month reporting period in 2014.)
 - Unless an eligible professional is in the first year of Meaningful Use, the three months must coincide with a calendar-year quarter, though eligible professionals may choose to submit data for any quarter in the year.
- In 2015, those initiating or continuing Stage 2 will be required to report a full calendar year of data.

Data Submission

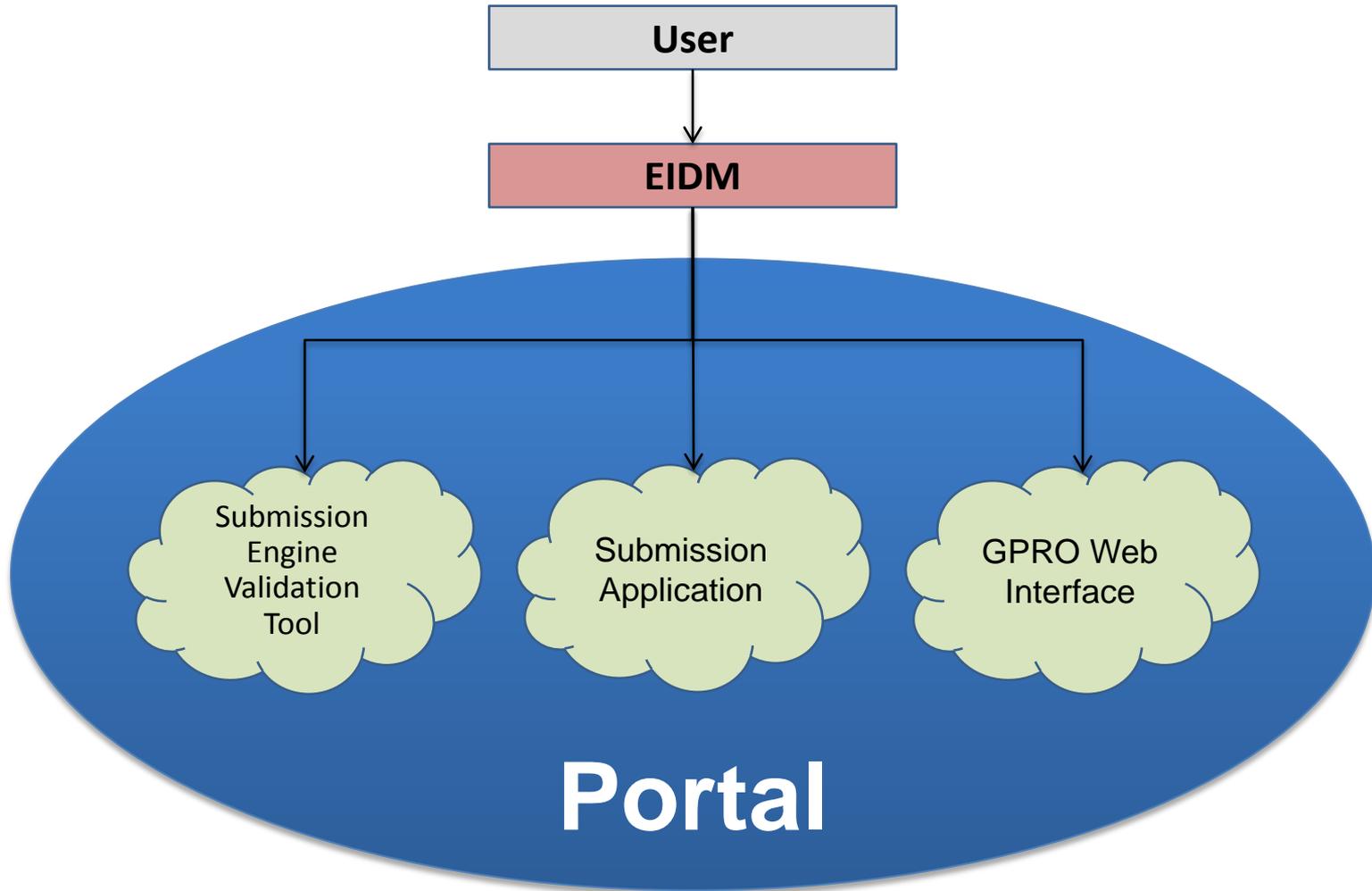
Purpose of PQRS Submission Process

- PQRS measures the quality of care provided by Eligible Professionals (EPs) in a number of dimensions including
 - Clinical Quality Measures
 - HITECH Meaningful Use
 - Maintenance of Certification Program (MOCP)
- The measures are established by a number of “measure stewards” including CMS, the American Medical Association, and other specialty medical societies
- PQRS submissions capability provides the tools that enable EPs to submit the data needed to evaluate these measures

Types of Data Being Submitted

- ***EHR Quality Reporting Document Architecture (QRDA)1*** – Individual patient health data such as patient encounter, medication, procedures, etc.
- ***EHR QRDA3, Registry, Qualified Clinical Data Registry (QCDR)*** – Summary measure data such as reporting rate, exclusions, etc.
- ***Maintenance of Certification Program (MOCP)*** – Board Certification information
- ***Group Practice Reporting Option (GPRO) Web Interface*** – Patient quality of care data

Submission Portal Environment



Introduction of Key Terms

- Health care providers provide patient care, collect patient health data and submit the data to CMS
 - Eligible Professional (EP)
 - Group Practice Reporting Option (GPRO)
 - Accountable Care Organization (ACO)
- Facilitators are contractors who submit data on behalf of health care providers
 - Registry
 - Data Submission Vendor (DSV)
 - Electronic Health Record (EHR) Vendor
- Programs measure the quality of care based on provider data
 - Physician Quality Reporting System (PQRS)
 - Comprehensive Primary Care Initiative (CPCI)
 - Maintenance of Certification Program (MOCP)
 - HITECH-Meaningful Use (HITECH-MU)

PQRS Submission Methods

- Submission Engine Validation Tool (SEVT)
 - Available all year
 - File format and content validation prior to production submission
 - Used by EHR vendor and registry to validate their submission software tools
- Production Submission
 - Once a year, typically from January through March
 - Data is collected and passed to the measures engine for processing and incentive and payment adjustment
- GPRO Web Interface
 - Once a year, typically from January through March, by GPROs and ACOs
 - Data is collected and aggregated, and then passed to the measures engine for incentive and payment adjustment

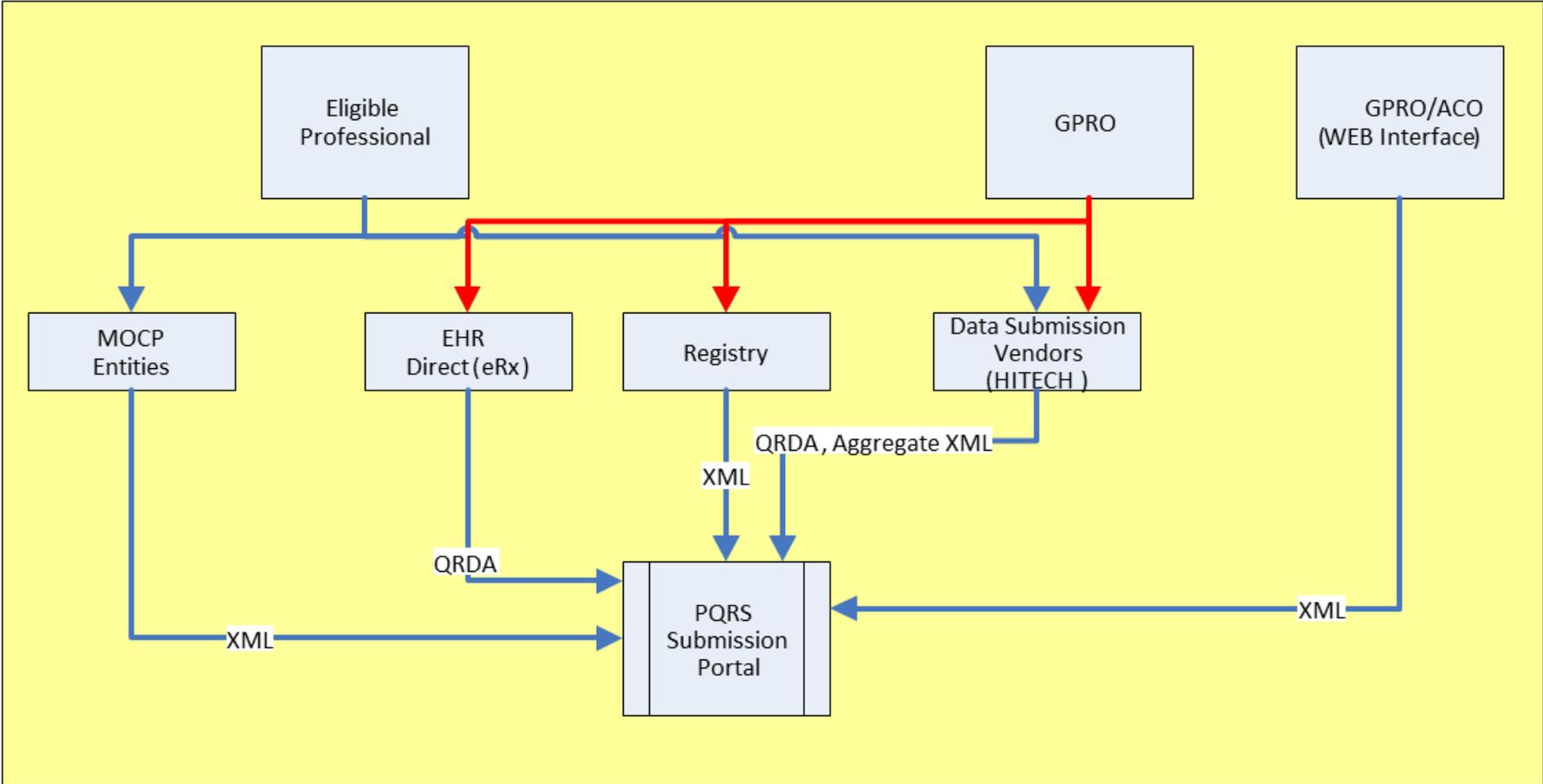
Key Functions of the Submission Process

- User Authentication and Authorization
- File Data Upload
- Data Parsing and Validation
- Data Storage for Measure and Incentive Calculation
- Reporting

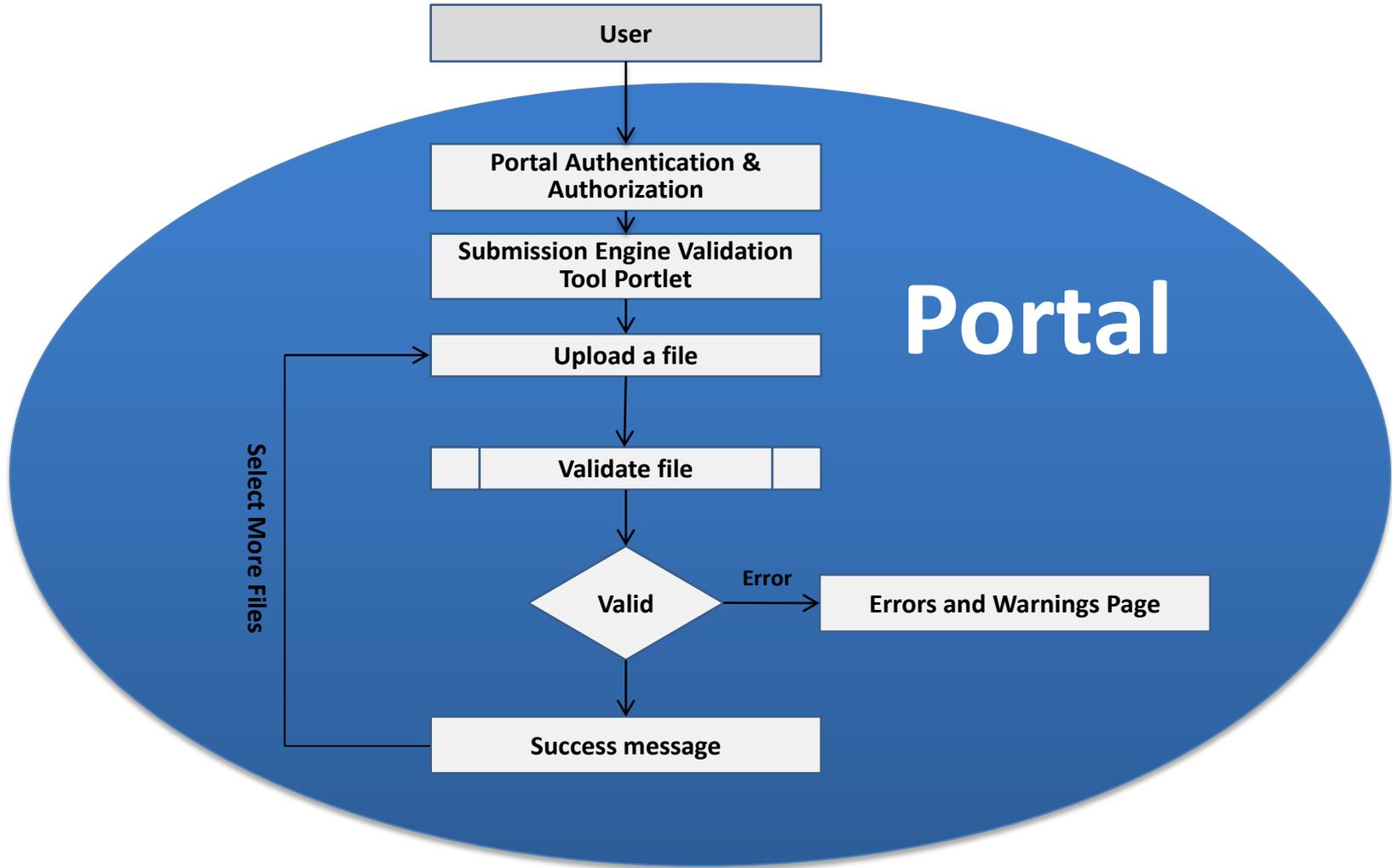
Submission Components

- PQRS Portal
- User Authentication & Authorization (A&A)
- Submission Integration Engine (SIE)
- Online Database
- CREW Database
- Validation Reports
- Statistics Reports

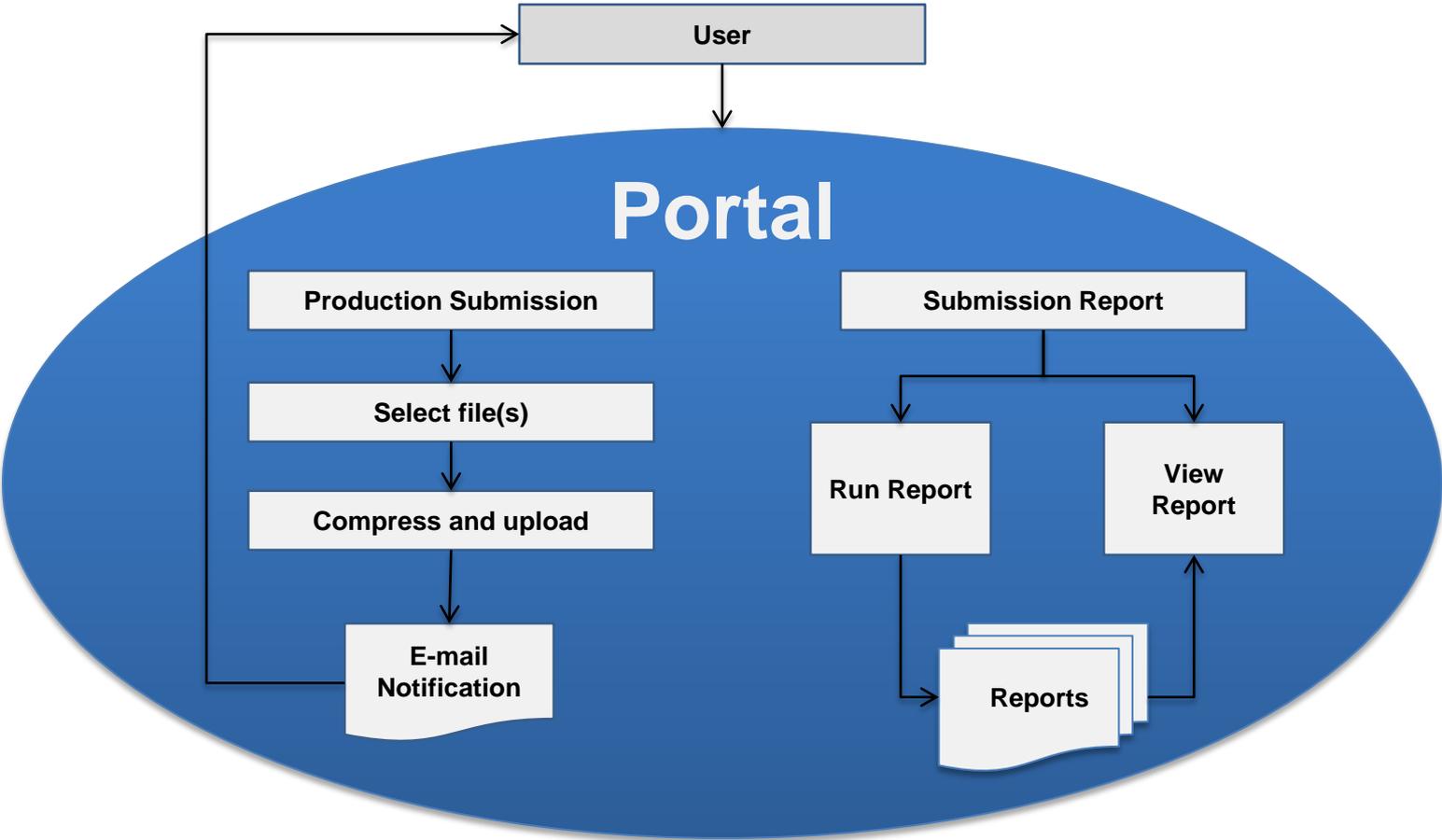
Submission Data Flow



SEVT – High Level Work Flow



Submission Work Flow



Your Top 5 Submitted Questions

Question #1

If an eligible professional (EP) has already successfully attested to Meaningful Use in Stage 1, are there any additional registration requirements for attesting to Stage 2? Is the attestation process the same?

- EPs register via the Medicare and Medicaid EHR Incentive Program Registration & Attestation System their first year only.
- EPs must update their information in the system if any basic registration information changes.
- In their first year, EPs will use the Registration & Attestation System to attest to their program eligibility, Meaningful Use measures, and clinical quality measures.
- In each subsequent year, EPs continue to use the Registration & Attestation System to attest to their program eligibility and Meaningful Use measures.

Question #2

If an eligible professional attested to Meaningful Use for the first time in 2012, but for some reason did not attest in 2013, what Stage does the EP attest to in 2014?

- If an EP attests to Meaningful Use for the first time under Stage 1 criteria in 2012, but does not attest in 2013, if they attest in 2014, they will need to meet the Stage 2 criteria.
- Progression along the EHR Incentive Program timeline is based on the first year that the EP attests.
- An EP will progress through the Stages following the CMS-established timeline, regardless of whether he/she meets Meaningful Use each subsequent year.

Question #3

If all existing physicians in our practice have completed two program years of Stage 1, in 2012 and 2013, and we hire a new physician, do all physicians, including the newly-hired physician, report for Stage 2 in 2014?

- Every EP registers and attests to Meaningful Use individually, and therefore, progresses through the Stages of Meaningful Use in accordance with the CMS-established schedule based on the first year he or she attested, regardless of whether that happened with the EP's current practice.
- New EPs are automatically granted a hardship exception for their first year of practice.

Question #4

If an eligible professional first attested to Meaningful Use in 2013, but does not participate in 2014, what would the penalty be?

- Medicare EPs who are not Meaningful Users by January 1, 2015, will be subject to a payment adjustment starting in 2015.
- EPs beyond their first year must meet Meaningful Use every year in order to avoid a payment adjustment.
- A payment adjustment will be applied to the Medicare physician fee schedule amount for covered professional services furnished during the payment adjustment year.*
- The payment adjustment is 1% per year, and cumulative for each year an EP does not meet Meaningful Use (up to 5%).**

*See CMS EHR Incentive Program web page for payment adjustment schedule.

**Assuming less than 75% of EPs are Meaningful Users after 2018.

Question #5

If an eligible professional has applied for a hardship exception, but finds they are able to successfully attest to Meaningful Use for the reporting year in question, is there anything that he or she needs to do in order to participate for that year, for example, withdraw the hardship exception application?

- A hardship exception does not preclude an EP from attesting and obtaining an incentive payment, if he or she is able to successfully meet Meaningful Use.
- If an EP has been granted a hardship exception, he or she does not need to withdraw the hardship exception application, or notify CMS in order to attest to Meaningful Use.
- An EP can apply for a hardship exception if he or she is unable to demonstrate Meaningful Use to avoid a payment reduction.
- For example, if an EP anticipates that its EHR vendor is unable to obtain certification in time to implement and report for 2014, an EP may file a hardship exception by July 1, 2014, to avoid a payment reduction in 2015.

Live Question and Answer Session

Still Have Questions?

Contact us with any follow-up questions related to this office hours session on Stage 2 implementation:

e-measures@mathematica-mpr.com

Please submit any questions **prior to June 12, 2014.**

Additional Resources

Meaningful Use Stage 2 Web Page:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html

This page contains links to several resources related to Stage 2 of Meaningful Use, including a comprehensive “Stage 2 Guide” for Eligible Professionals and the Stage 2 Final Rule.

CMS Frequently Asked Questions (FAQ) Web Page:

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/FAQ.html>

This page contains instructions for navigating CMS’ FAQ system to browse questions and responses specific to the EHR Incentive Program or to search for a specific topic.

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- We appreciate your feedback.

Thank You

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