2014 eHealth Milestones and eHealth University

March 11, 2014
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Presenters

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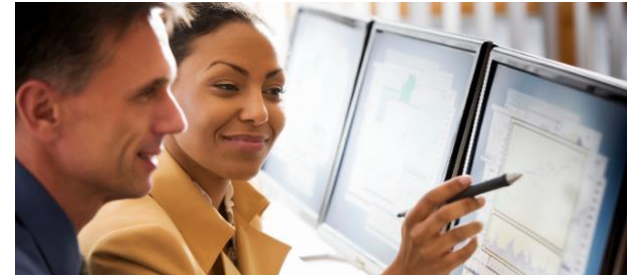
2014 eHealth Milestones

Milestones from the following eHealth programs will be discussed:

1. Administrative Simplification

2. Physician Quality Reporting System (PQRS)

3. Electronic Health Record (EHR) Incentive Programs

2014 Milestones:
Administrative Simplification

Eligibility Operating Rules

Eligibility operating rules require health plans to respond to providers' eligibility questions with a patient's financial information, including the deductible and coverage information for specific service types. Health plans are also required to provide secure access to this information over the Internet.

Milestone:
January 1, 2013

Claim Status Operating Rules

Claim status operating rules require health plans to offer providers the ability to check on the status of the claim over the internet in real time.

Milestone:
January 1, 2013

EFT and ERA Standards and Operating Rules

» **Electronic Funds Transfer (EFT)** standards are rules for the format and data content of the transmission a health plan sends to its bank to pay provider claims electronically (through an electronic funds transfer).

» **Electronic Remittance Advice (ERA)** is a description of payment that health plans send to providers.

» **EFT and ERA Operating Rules** are rules enabling providers to quickly and efficiently enroll and use EFT and ERA.

Milestone:
January 1, 2014

ICD-10

Key Considerations for Providers

» **ICD-10-CM:** Diagnosis coding for use in all U.S. health care settings.

» **ICD-10-PCS:** Inpatient procedure coding is for use in U.S. inpatient hospital settings only.

Milestone:
October 1, 2014

Health Plan Identifier (HPID)

» Required to be used by health plans and providers in standard transactions to identify a health plan that has an HPID

» Entities that meet the definition of controlling health plan, as defined in 45 CFR 162.103, will be required to obtain an HPID by November 5, 2014. This may include states.

» All covered entities will be required to use an HPID to identify a health plan in the HIPAA standard transactions by November 7, 2016.

Milestone:
November 5, 2014-
Large health plans
must obtain HPID

2014 Milestones: Physician Quality Reporting System (PQRS)

Overview of Key Dates in 2014

Jan 1	2014 reporting year begins for eligible professionals (EPs) Last year participants can earn an incentive for satisfactorily reporting quality data to CMS
Jan 27	First day for groups to submit data through the group practice reporting option (GPRO) Web Interface
Jan 31	Last day to self-nominate to be a Qualified Clinical Data Registry (QCDR)
Feb 28	Last day to submit 2013 PQRS data through EHR reporting methods Last day that 2013 claims will be processed to be counted for PQRS reporting to determine the 2013 incentive payment and the 2015 payment adjustment Last day that EPs who participated in the 2012 PQRS program can request an informal review of their 2012 PQRS results
Mar 21	Last day for groups to submit 2013 PQRS data through the GPRO Web Interface
Mar 31	Last day to submit PQRS data through registry reporting method Last day for Maintenance of Certification (MOC) Program entities to submit 2013 quality data Last day for QCDRs to submit measure information
Sep 30	Last day for groups to register to participate in GPRO for the 2014 PQRS program year via GPRO Web Interface, registry, EHR reporting, and CG CAHPS
Dec 31	2014 PQRS reporting ends for both group practices and individuals

January 1: Reporting Period Begins

Reporting period begins for EPs and group practices for calendar year 2014:

- This is the last year participants can earn an **incentive for satisfactorily reporting quality data to CMS**

- By satisfactorily reporting, EPs and groups can **earn the 2014 incentive and avoid the 2016 payment adjustment**

January 27- March 21: 2013 Submission Period for GPRO Web Interface

Groups can submit 2013 data through the group practice reporting option (GPRO) Web Interface between January 27 and March 21

– Review the GPRO Web Interface webpage on the PQRS website for more information: cms.gov/PQRS

January 31: QCDR Self-Nomination Deadline

Last day to self-nominate to be a Qualified Clinical Data Registry (QCDR)

- – Learn more about qualifying to be a QCDR for PQRS on the Registry webpage of the PQRS website

February 28: Multiple Deadlines

» **Last day to submit 2013 PQRS data** through EHR reporting methods

» **Last day that 2013 claims will be processed to be counted for PQRS reporting** to determine the 2013 incentive payment and the 2015 payment adjustment

» **Last day 2012 PQRS program participants can request an informal review** of their 2012 PQRS results

March 31: 2013 MOC and Registry Deadline

» **Last day to submit 2013 PQRS data** through registry reporting method

» **Last day for Maintenance of Certification** (MOC) Program entities to submit 2013 quality data

– Provides opportunity to earn PQRS incentive and an additional incentive of 0.5%

September 30: 2014 Group Registration Deadline

Groups can register to participate in GPRO for the 2014 PQRS program year via GPRO Web Interface, registry, EHR reporting, and CG CAHPS by September 30:

» CMS created a new reporting mechanism, the certified survey vendor reporting mechanism:

– Allows a group of 25 or more EPs to count reporting of Consumer Assessment of Healthcare Providers and Systems Clinician & Group (CG CAHPS) survey measures towards meeting criteria for satisfactory reporting for 2014 PQRS incentive and 2016 PQRS payment adjustment

» All registrants as of September 30 will be considered a 2014 PQRS GPRO participant and will be analyzed at the TIN level

Value Based Payment Modifier: Overview

» **1st Quarter 2014:** Complete submission of 2013 information for PQRS

» **Spring 2014-9/30/14:** Registration period

» **3rd Quarter 2014:** Retrieve 2013 Physician feedback reports(All Groups and Solo Practitioners)

More information on important Value-Based Payment Modifier dates can be found on the CMS website:

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html
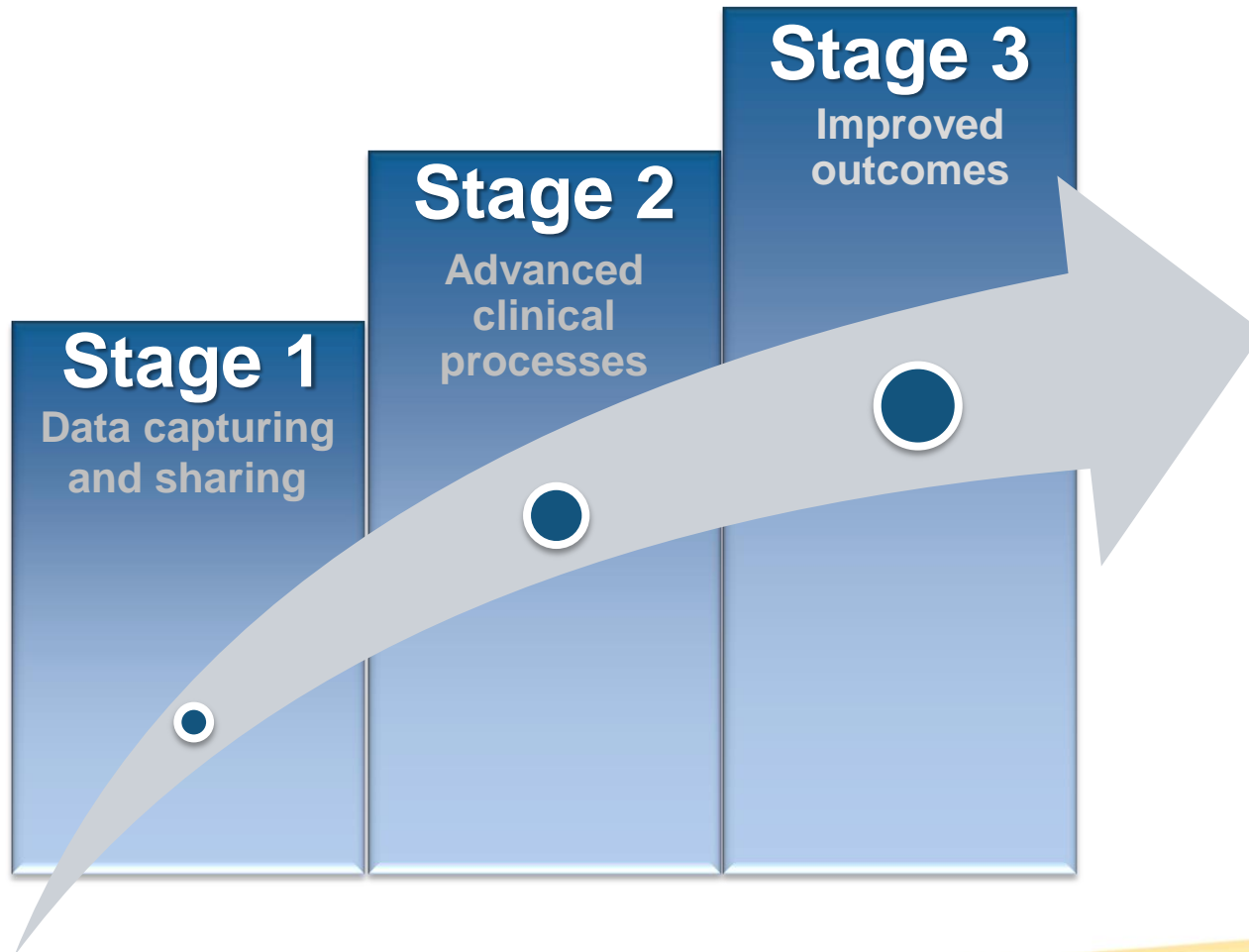
Overview of Key Dates in 2014 for EPs

January 1	2014 reporting year begins Stage 2 begins for certain EPs All providers must use 2014 CEHRT
March 31	Last day to register and attest for 2013
July 1	Last day for Medicare EPs who have *not started* participation to begin their 90 days of meaningful use
October 1	Last day for Medicare EPs, *who are in their first year*, to attest to demonstrating meaningful use to receive an incentive payment and avoid the 2015 payment adjustment Last day for Medicare EPs, *who are not in their first year,* to begin 90-day reporting period for 2014
December 31	2014 reporting year ends for EPs

January 1: Reporting Period Begins

» Reporting period begins for calendar year 2014

» All EPs, regardless of their stage, are only required to demonstrate meaningful use for a three-month, or 90-day, EHR reporting period

– Medicare EPs in their first year of meaningful use may select any 90 day reporting period

– Medicaid EPs can select any 90-day reporting period that falls within the 2014 calendar year

Stage 2 Begins in 2014

Stage 1
Data capturing and sharing

Stage 2
Advanced clinical processes

Stage 3
Improved outcomes

Revised Certified EHR Technology (CEHRT)

The new 2014 standards and certification criteria allow for:

- Increased interoperability

- Easier sharing of data among patients and providers

- Stronger security

2014: Last Year for Medicare EPs to Start Participation

» 2014 is the last year Medicare EPs can begin program participation to receive an incentive payment

» Medicare EPs who have not yet started participation must begin their 90 days no later than July 1, and submit attestation by October 1

» The earlier reporting period allows CMS to review their data for Medicare EPs to avoid the payment adjustment

Avoiding the 2015 Medicare Payment Adjustments

Demonstrate meaningful use to CMS by:

Meaningful EHR User in 2011, 2012 or 2013	Never been a Meaningful EHR User
End EHR reporting period by **December 31, 2013**	End EHR reporting period by **September 30, 2014**
Attest by **March 31, 2014**	Attest by **October 1, 2014**

Apply to CMS for a hardship exemption by:
July 1, 2014

Note: Medicaid EPs are not subject to payment adjustments. However, if you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you MUST demonstrate meaningful use to avoid the payment adjustments. You may demonstrate meaningful use under either Medicare or Medicaid.

eHealth University

eHealth University Launched at HIMSS14

- CMS launched CMS eHealth initiative at HIMSS13

- eHealth seeks to simplify use of electronic standards and adoption of health information technology

- CMS launched eHealth University at HIMSS14

About CMS eHealth University

- CMS eHealth University is a **go-to resource for everything CMS eHealth**, with information about eHealth programs at CMS, including:

  - EHR Incentive Programs
  - Physician Quality Reporting System
  - Administrative Simplification
  - ICD-10

- CMS eHealth University helps providers **understand, implement, and successfully participate** in CMS eHealth programs
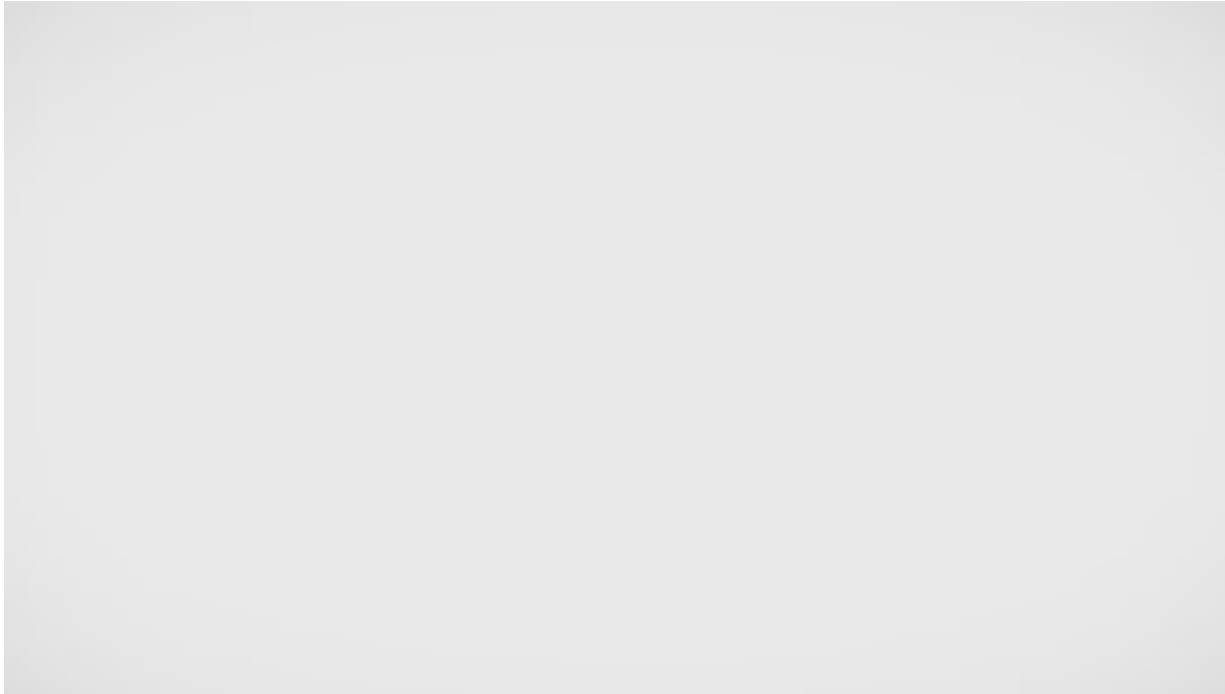
CMS eHealth University Website

- Modules are accessible from the new CMS eHealth University webpage found on www.cms.gov/ehealth

- Different formats accommodate different learning styles:
  - Videos
  - Fact sheets
  - Checklists
  - Guides

CMS eHealth University Modules

Introduction to eHealth Video

Resources

1. CMS Stage 2 Webpage:

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

- Stage 2 Overview
- 2014 Clinical Quality Measures
- Payment Adjustments & Hardship Exceptions (EPs & Hospitals)

2. 2014 CQM Webpage: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

3. Audits: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html

4. Payment Adjustments & Hardship Exceptions:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html

Additional Information

- For more information on the EHR Incentive Programs, contact the EHR Information Center at 1-888-734-6433 or 1-888-734-6563 (TTY).

- To learn more about CMS' eHealth initiatives, visit: http://cms.gov/eHealth.