Meaningful Use: Maximizing the Incentives & Moving to Stage 2 & Beyond

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Annual Community Health Institute
May 9-11, 2012
Resort & Conference Center of Hyannis
Hyannis, MA
Update on Meaningful Use

May 10, 2012

John Cupples
Senior Project Manager,
MLCHC IOO Implementation Team
Presentation Overview

• Meaningful Use Program: A Recap

• CHC Current Status Report
  – Status report CHC projects
    • EHR Adoption
    • AIU Status
    • Meaningful Use and CPOE Status
  – Finishing Stage 1 Compliance
  – Timeline(s)
  – Issues:
Meaningful Use Integral Federal Government’s Health Reform

• Don Berwick’s Triple Aim
• Health Quality must be data driven.
• EHR adoption key to collecting the needed data.
• The Meaningful Use program is an essential building block of health care reform.
• Critical for your CHC’s participation in ACOs.
The Algorithm is Changing

**Quantity Driven**
- Fee for Service = Paid more for doing more.
- EPM/EMRs are “warped” in this direction.

**Quality/Outcomes Driven**
- Quality Paradigm Algorithm
- Financial incentives match quality outcomes:
  - Against benchmarks;
  - Population based outcome measures.

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![Diagram showing the transition from Quantity Driven to Quality/Outcomes Driven.](image)
DATA: The New “Coin of the Realm”

Your Health Center is only as good as your data.

• The new medium of exchange is the data contained in your EHR databases.
• As you would with any valuable asset, it must be:
  – **Protected**
    • Policies must be written and maintained
    • HIPAA Compliance must be maintained
    • Annual risk assessments performed *(20,000 records lost each day)*
    • Staff must be trained
  – **Upgraded** (hardware and software)
  – **Users trained** and retrained
  – **Mined** for strategic intelligence
  – **Reported** to all interested stakeholders
  – **Share** with your service delivery partners.
Meaningful Use Program Objectives

Where most CHCs are at in Massachusetts

Data Capture and Sharing

Advanced Clinical Processes

Improved Outcomes

Where most CHCs are at in Massachusetts
CMS Medicare and Medicaid EHR Incentive Programs

Milestone Timeline

- **Fall 2010**: For Medicaid providers, States may launch their programs if they so choose.
- **Winter 2011**: Certified EHR technology available and listed on ONC website.
- **Spring 2011**: Registration for the EHR Incentive Programs begins.
- **Fall 2011**: Attestation for the Medicare EHR Incentive Program begins.
- **JANUARY 2011**: For Medicaid providers, States may launch their programs if they so choose.
- **MAY 2011**: EHR Incentive Payments begin.
- **APRIL 2011**: Last day for eligible hospitals and CAHs to register and attest to receive an Incentive Payment for FFY 2011.
- **NOVEMBER 30, 2011**: Last day for eligible hospitals and CAHs to register and attest to receive an Incentive Payment for FFY 2011.
- **FEBRUARY 29, 2012**: Last day for EPs to register and attest to receive an Incentive Payment for CY 2011.
- **2014**: Last year to initiate participation in the Medicare EHR Incentive Program.
- **2015**: Medicare payment adjustments begin for EPs and eligible hospitals that are not meaningful users of EHR technology.
- **2016**: Last year to receive a Medicare EHR Incentive Payment.
- **2021**: Last year to initiate participation in Medicaid EHR Incentive Program.
## Stages of Meaningful Use

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<td>2011</td>
<td>1</td>
<td>1</td>
<td><strong>1</strong></td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>2012</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>2013</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
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</tr>
<tr>
<td>2014</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>2015</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2016</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2017</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
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</table>
So how are we doing on the path to Meaningful Use?
HIMSS Survey

Where is your organization on the road to Meaningful Use Stage 1?

MA Medicare EPs

Massachusetts Eligible Providers who have achieve Meaningful Use Stage 1 Compliance under the Medicare Program:

2,027

CMS, May 9, 2012

Survey question to random attendees of the HIMSS conference—ended 2/24/12
# MA CHC’s and Certified EHRs

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have you acquired, implemented or upgraded to an ONC certified EMR?</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>Have you installed the certified version of your certified EMR product?</td>
<td>83%</td>
<td>0%</td>
</tr>
<tr>
<td>3</td>
<td>Do you consider yourself live on a certified version of an EMR product?</td>
<td>72%</td>
<td>28%</td>
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</tbody>
</table>
## MA CHCs and AIU Incentives

### Respondents Statistics regarding AIU

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Qty</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of Eligible Medical Providers</td>
<td>701</td>
<td>14,896,250</td>
</tr>
<tr>
<td>2</td>
<td>Number of Eligible Dental Providers</td>
<td>115</td>
<td>2,443,750</td>
</tr>
<tr>
<td>3</td>
<td>Eligible Medical Providers Approved as of 3/31/2012 for AIU</td>
<td>490</td>
<td>10,412,500</td>
</tr>
<tr>
<td>4</td>
<td>Additional Medical EP’s Approved after 3/31/12 for AIU</td>
<td>101</td>
<td>2,146,250</td>
</tr>
<tr>
<td>5</td>
<td>Dental providers Approved for AIU as of 3/31/12</td>
<td>41</td>
<td>871,250</td>
</tr>
<tr>
<td>6</td>
<td>Additional Dental Providers approved for payment</td>
<td>7</td>
<td>148,750</td>
</tr>
<tr>
<td>7</td>
<td>Eligible Medical providers not yet approved</td>
<td>161</td>
<td>3,421,250</td>
</tr>
<tr>
<td>8</td>
<td>Dental providers not yet approved</td>
<td>67</td>
<td>1,423,750</td>
</tr>
<tr>
<td>9</td>
<td>Total Eligible Providers (Medical &amp; Dental) Paid through 4/30.</td>
<td>492</td>
<td>10,455,000</td>
</tr>
</tbody>
</table>

**N = 29**
# Meaningful Use and CPOE Status

| N = 29 |

## Meaningful Use and CPOE Project Status

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Capability to produce Core/Menu and CQM Measure reports?</td>
<td>55%</td>
<td>31%</td>
</tr>
<tr>
<td>2</td>
<td>CPOE Capability for medical providers?</td>
<td>90%</td>
<td>4%</td>
</tr>
<tr>
<td>3</td>
<td>CPOE by 9/30/12?</td>
<td>93%</td>
<td>4%</td>
</tr>
<tr>
<td>4</td>
<td>Unsure about CPOE</td>
<td>10%</td>
<td>89%</td>
</tr>
</tbody>
</table>

## CPOE Capabilities as of 9/30/2012

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EP's use free standing eRx and document orders in EMR.</td>
<td>24%</td>
<td>66%</td>
</tr>
<tr>
<td>2</td>
<td>EP's use eRx with orders documentation as a component of EMR.</td>
<td>90%</td>
<td>3%</td>
</tr>
<tr>
<td>3</td>
<td>EP's can record, modify, retrieve and manage medication orders?</td>
<td>86%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Current Barriers to Achieving Stage 1 Meaningful Use

• Barriers caused by EHR Vendors
  – Reporting tools for Stage 1 measures still being enhanced.
  – CMS required reporting functionality yet to be validated, or in some cases, not fully functional.

• Barriers caused by Data Sharing and Exchange (Core measures 12 – 14)
  – HL7 Version Incompatibility.
  – Very few (if any?) successful tested HIE processes.

• Stage 1 Core Measure 15 Related Barriers
  – A quantum leap above average practices
  – Requires investments (i.e. $$)
# Early Results: Stage 1 “Dress Rehearsal”

Reports and Self Assessments

<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Initial Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Computerized Provider Order Entry (CPOE)</td>
<td>Provider workflow issue. Nearly all meeting or exceeding threshold.</td>
</tr>
<tr>
<td>2</td>
<td>Implement Drug-Drug and Drug-allergy Interaction Checks</td>
<td>Most EHRs include this functionality. Problem with “alert fatigue.”</td>
</tr>
<tr>
<td>3</td>
<td>Maintain up-to-date Problem List</td>
<td>Provider workflow issue. Most meeting or exceeding threshold.</td>
</tr>
<tr>
<td>4</td>
<td>Generate and Transmit permissible prescriptions electronically</td>
<td>Most Meeting this threshold.</td>
</tr>
<tr>
<td>5</td>
<td>Maintain Active Medication List</td>
<td>Most Meeting this threshold.</td>
</tr>
<tr>
<td>6</td>
<td>Maintain Active Allergy List</td>
<td>Most Meeting this threshold.</td>
</tr>
</tbody>
</table>
### Early Results: Stage 1 “Dress Rehearsal” Reports and Self Assessments--continued

<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Initial Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Record Patient Demographics</td>
<td>Almost everyone meeting or exceeding this measure, above 90%.</td>
</tr>
<tr>
<td>8</td>
<td>Record Vital Signs and Chart Changes</td>
<td>Most Meeting this threshold.</td>
</tr>
<tr>
<td>9</td>
<td>Record Smoking Status</td>
<td>Most Meeting this threshold.</td>
</tr>
<tr>
<td>10</td>
<td>Report Clinical Quality Measures</td>
<td>EHR Vendor Barrier</td>
</tr>
<tr>
<td>11</td>
<td>Implement Clinical Decision Support and Track Compliance</td>
<td>Most Meeting this threshold.</td>
</tr>
<tr>
<td>12</td>
<td>Electronic Copy of Health Information</td>
<td>Problem achieving compliance.</td>
</tr>
</tbody>
</table>
Early Results: Stage 1 “Dress Rehearsal” Reports and Self Assessments--continued

<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Initial Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Provide Patients with Clinical Summaries</td>
<td>Problematic workflow (and technical) issue. A few are coming close.</td>
</tr>
<tr>
<td>14</td>
<td>Implement Ability to Exchange Key Clinical Information</td>
<td>Problematic technical issues. Some vendors have solutions.</td>
</tr>
<tr>
<td>15</td>
<td>Implement Systems to Protect Privacy and Security of Patient Data</td>
<td>Very complex, and expensive, technical and some related workflow issues.</td>
</tr>
</tbody>
</table>
### Early Results: Stage 1 “Dress Rehearsal”

Reports and Self Assessments--continued

<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Initial Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Implement Drug Formulary Checks</td>
<td>Most EHRs have functionality available. (problems with Medicaid)</td>
</tr>
<tr>
<td>2</td>
<td>Incorporate Clinical Lab Test Results into EHR</td>
<td>Most CHCs compliant</td>
</tr>
<tr>
<td>3</td>
<td>Generate lists of patients by condition</td>
<td>Most meet or exceed.</td>
</tr>
<tr>
<td>4</td>
<td>Use EHR for Patient-specific Education Resources</td>
<td>Most have rudimentary functionality. (problem with available translations.</td>
</tr>
<tr>
<td>5</td>
<td>Perform Medication Reconciliation</td>
<td>Some complying.</td>
</tr>
<tr>
<td>6</td>
<td>Provide Summary of Care Record (for Transitions)</td>
<td>EHR vendor functionality problematic.</td>
</tr>
</tbody>
</table>
### Core Menu Measures

<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Initial Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Submission of Electronic Immunization data to Registry/Information Systems</td>
<td>DRVS proving successful. Easy exclusion. HIE barrier.</td>
</tr>
<tr>
<td>8</td>
<td>Send Reminders to Patients</td>
<td>Many are compliant.</td>
</tr>
<tr>
<td>9</td>
<td>Timely Electronic Access to Health Information—Four days</td>
<td>Low threshold (10%) invites manual workload. Stage 2 requires portal.</td>
</tr>
<tr>
<td>10</td>
<td>Electronic Submission of Syndromic Data</td>
<td>HIE barrier. Vendors struggling to comply.</td>
</tr>
</tbody>
</table>
Steps to Achieve Stage 1 Compliance

1. Begin “Dress Rehearsal Reporting”
2. Perform Gap Analysis against Stage 1 Measures
3. Implement Mitigation Plan
   1. Workflow/training Issues
   2. Technical Issues
4. Determine that a “Critical Mass” of Providers have consistently achieved or surpassed MU thresholds.
5. Begin 90-day Reporting Period (ideally by September 1, 2012).
Steps to Achieve
Stage 1 Compliance Continued

• Be sure to do several practice runs before beginning your 90-day compliance reporting period. Get your IOO to review your preliminary results.

• Feed back the results of your reporting to the providers.

• Be sure to maintain “auditable” records of your attestation documentation (i.e., your reports).
  – Make sure the providers for whom you attest review and sign off on their reports before you attest on their behalf.
  – Carefully archive the reports you use for reporting (PDF or Paper).

• Be sure you can complete the “technical” measures by the end of the 90-day reporting period for stage 1.
  – Measure 2: Drug Interaction Functionality (easy)
  – Measure 10: CQI reporting Functionality actually working for the CQIs you want to report. (a problem)
  – Measures 12 - 14: HIE (a problem)
  – Measure 15: Data Security (difficult, but possible)
  – Menu Measure 1: Drug Formulary Checks (moderately difficult)
  – Menu Measures 9-10: Reporting to DPH (difficult, exclusion allowed)
Areas for Further Investigation

• How good are we at protecting our data?
• Costs:
  – What are our HIT costs in MA CHCs as a % of total expense budgets?
  – What are the costs per visit?
  – These indicators will no doubt increase.
• Benchmarking Quality
  – How are we doing on Key Quality Indicators that CMS will be watching?
  – How do our patient population outcomes compare with state-wide and national quality indicators?
• Can we meet the challenge of Don Berwick’s “Triple Aim.”
Conclusions

• Resolve the technical challenges as soon as possible and focus on meeting or exceeding the quality measures inherent in the Meaningful Use Standards—with an eye toward Stage 2.

• Invest in systems to help you manage the technical requirements of the Meaningful Use Measures (e.g., HIE, encryption and patch management).

• Master your reporting functionality.

• Perform Annual Risk Assessments and Prepare for Breaches!!!

• Keep Really Good Records.
Thank You!

Questions and Discussion
Additional Slides for Question and Answer period -- If time

SLIDE APPENDIX
<table>
<thead>
<tr>
<th>Total Number of Responses to Survey: 29</th>
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<tbody>
<tr>
<td>1 Have you acquired, implemented or upgraded to an ONC certified electronic medical</td>
</tr>
<tr>
<td>2 Have you installed the certified version of your certified EMR product?</td>
</tr>
<tr>
<td>3 Do you consider yourself live on a certified version of an EMR product?</td>
</tr>
<tr>
<td>4 If you have not installed the certified version can you estimate the date by which you</td>
</tr>
</tbody>
</table>

**Recognizing there is an on-going review of the requirements for documenting access to a certified**

| 5 What do you believe are your total number of CMS Incentive medical eligible providers | 701 |
| 6 What do you believe are your total number of CMS Incentive dental eligible providers | 115 |
| 7 As of March 31, 2012 (cut-off for CY2011 incentives) how many eligible medical providers have been approved by CMS & MASSHealth for A/I/U incentive payments? | 490 |
| 8 As of today, how many additional eligible medical providers have been approved in CY2012 by CMS & MASSHealth for A/I/U incentive payments? | 101 |
| 9 As of March 31, 2012 (cut-off for CY2011 incentives) how many eligible dental providers have been approved by CMS & MASSHealth for A/I/U incentive payments? | 41 |
| 10 As of today, how many additional eligible dental providers have been approved in CY2012 by CMS & MASSHealth for A/I/U incentive payments? | 7 |
| 11 As of today, how many eligible medical providers have not yet been approved for A/I/U incentive payments, including those applied for but still pending and those not applied for yet? | 161 |
| 12 As of today, how many eligible dental providers have not yet been approved for A/I/U incentive payments? | 67 |
| 13 How many EP's dental and medical have you been paid for through April 30, 2012? | 492 |
| 14 Do you have the ability to produce ONC defined "meaningful use" Stage 1 Compliance | Yes 16 | No 9 | 55.2% 31.0% |

**Recognizing that October 2012 is a MA legislated deadline for community health centers to**

| 14 Do you currently have in place CPOE for your medical providers? | Yes 26 | No 1 | 89.7% 3.4% |
| 15 Will you have CPOE in place for your medical providers by September 30, 2012? | Yes 27 | No 0 | 93.1% 0.0% |
| 16 Are you unsure if your existing CPOE will meet "meaningful use" requirements and | Yes 3 | No 24 | 10.3% 82.8% |
| As a community health center, which CPOE do you currently have in place or will have in place by September 30, 2012? (Please check all that apply) | Yes 7 | No 19 | 24.1% 65.5% |
| 17 EP's use free standing E-prescribing with documentation of orders in the EMR | Yes 26 | No 1 | 89.7% 3.4% |
| 18 EP's use E-prescribing with documentation of orders as a component of the EMR | Yes 25 | No 2 | 86.2% 6.9% |
What Should You be Thinking about For Stage 2

• Doesn’t begin until 2014
• Rules become final in July.
• You can repeat Stage 1 in 2013 if you finish compliance in 2012
  – Reporting period expands from 90 days to a full calendar year.
  – There will be a few “tweaks” to Stage 1 in 2013 for those who repeat or begin Stage 1 in 2013.
  – The “Tweaks” won’t be final until July.
Stage 2: Big Ticket Items

• Patient Portal or another means to communicate electronically with patients and other providers.
  – Using e-communications to engage patients in their care

• Protecting PHI
  – Encrypting “Data at Rest.”
    • Stage 1 requires only encrypting “data in motion.”
  – Perform your 2\textsuperscript{nd} annual risk assessment and make required/needed mitigation measures.
    • Breach response plan/rehearsal
    • Disaster recovery
  – Implement Policy and Procedure management systems
  – Implement Technical managements systems:
    • Patch management
    • Encryption management
  – Avoid CMS’ “Wall of Shame”
## Stage 2 Measures

<table>
<thead>
<tr>
<th>No.</th>
<th>Eligible Professionals</th>
<th>Stage 2 Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Use computerized provider order entry (CPOE)</strong> for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per State, local and professional guidelines to create the first record of the order.</td>
<td>More than <strong>60 percent</strong> of medication, laboratory, and radiology orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Generate and transmit permissible prescriptions electronically (eRx)</strong></td>
<td>More than <strong>65 percent</strong> of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology.</td>
</tr>
<tr>
<td>3</td>
<td>Record the following <strong>Demographics</strong>: 1) Preferred language; 2) Gender; 3) Race; 4) Ethnicity; 5) Date of Birth.</td>
<td>More than <strong>80 percent</strong> of all unique patients seen by the EP have demographics recorded as structured data.</td>
</tr>
<tr>
<td>4</td>
<td>Record and chart changes in <strong>vital signs</strong>: 1) Height/length; 2) Weight; 3) Blood Pressure (age 3 and over); 4) Calculate and display growth charts for patients 0-20 years. Including BMI.</td>
<td>More than <strong>80 percent</strong> of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recorded as structured data.</td>
</tr>
</tbody>
</table>
## Stage 2 Core Measures

<table>
<thead>
<tr>
<th>No.</th>
<th>Eligible Professionals</th>
<th>Stage 2 Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Record <strong>smoking</strong> status for patients 13 years old or older</td>
<td>More than 80% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.</td>
</tr>
<tr>
<td>6</td>
<td>Use <strong>clinical decision support</strong> to improve performance on high-priority health conditions</td>
<td>1. Implement <strong>5 clinical decision support interventions</strong> related to 5 or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. The EP, eligible hospital or CAH has enabled and implemented the <strong>functionality for drug-drug and drug-allergy interaction checks</strong> for the entire EHR reporting period.</td>
</tr>
<tr>
<td>7</td>
<td>Incorporate <strong>clinical lab-test</strong> results into Certified EHR as structured data.</td>
<td>More than 55 percent of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in Certified EHR Technology as structured data.</td>
</tr>
<tr>
<td>8</td>
<td>Generate <strong>lists of patients</strong> by specific conditions to use for quality improvement, reduction of disparities, research, or outreach</td>
<td>Generate at least <strong>one report</strong> listing patients of the EP, eligible hospital or CAH with a specific condition.</td>
</tr>
<tr>
<td>9</td>
<td>Use clinically relevant information to identify patients who should receive <strong>reminders</strong> for preventive/follow-up care</td>
<td>More than 10 percent of all unique patients who have had an office visit with the EP within the 24 months prior to the beginning of the EHR reporting period were sent a reminder, per patient preference</td>
</tr>
<tr>
<td>No.</td>
<td>Eligible Professionals</td>
<td>Stage 2 Measures</td>
</tr>
<tr>
<td>-----</td>
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<tr>
<td>10</td>
<td>Use Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient</td>
<td>Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all office visits by the EP.</td>
</tr>
<tr>
<td>11</td>
<td>Use secure electronic messaging to communicate with patients on relevant health information</td>
<td>A secure message was sent using the electronic messaging function of Certified EHR Technology by more than 10 percent of unique patients seen during the EHR reporting period.</td>
</tr>
<tr>
<td>12</td>
<td>The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.</td>
<td>The EP, eligible hospital or CAH performs medication reconciliation for more than 65 percent of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department.</td>
</tr>
</tbody>
</table>
| 13  | The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral | 1) The EP, eligible hospital, or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 65 percent of transitions of care and referrals.  
2) The EP, eligible hospital, or CAH that transitions or refers their patient to another setting of care or provider of care electronically transmits a summary of care record using certified EHR technology to a recipient with no organizational affiliation and using a different Certified EHR Technology vendor than the sender for more than 10 percent of transitions of care and referrals. |
<table>
<thead>
<tr>
<th>No.</th>
<th>Eligible Professionals</th>
<th>Stage 2 Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice</td>
<td>Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period</td>
</tr>
<tr>
<td>15</td>
<td>Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice</td>
<td>Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to public health agencies for the entire EHR reporting period as authorized.</td>
</tr>
<tr>
<td>16</td>
<td>Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice</td>
<td>Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period</td>
</tr>
<tr>
<td>17</td>
<td>Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities</td>
<td>Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data at rest in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process.</td>
</tr>
<tr>
<td>No.</td>
<td>Eligible Professionals</td>
<td>Stage 2 Measures</td>
</tr>
<tr>
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<td>------------------------</td>
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</tr>
<tr>
<td><strong>Menu Set Core Measures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Imaging results and information are accessible through Certified EHR Technology.</td>
<td>More than 40 percent of all scans and tests whose result is an image ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 and 23) during the EHR reporting period are accessible through Certified EHR Technology</td>
</tr>
<tr>
<td>2</td>
<td>Record patient family health history as structured data</td>
<td>More than 20 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives</td>
</tr>
<tr>
<td>3</td>
<td>Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice</td>
<td>Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period</td>
</tr>
<tr>
<td>4</td>
<td>Capability to identify and report cancer cases to a State cancer registry, except where prohibited, and in accordance with applicable law and practice.</td>
<td>Successful ongoing submission of cancer case information from Certified EHR Technology to a cancer registry for the entire EHR reporting period</td>
</tr>
<tr>
<td>5</td>
<td>Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.</td>
<td>Successful ongoing submission of specific case information from Certified EHR Technology to a specialized registry for the entire EHR reporting period</td>
</tr>
</tbody>
</table>
Stage 2, Menu Objectives

1. More than 40% of imaging results are accessible through Certified EHR Technology
2. Record family health history for more than 20%
3. Successful ongoing transmission of syndromic surveillance data
4. Successful ongoing transmission of cancer case information
5. Successful ongoing transmission of data to a specialized registry
Thank you!

Questions and Answers
Agenda

• Massachusetts Medicaid EHR Incentive Payment Program Updates

• Outreach & Communications Strategy
  – Upcoming Events

• Program Requirements for Eligible Professionals

• Meaningful Use Attestation Timeline

• Helpful Links and Key Contacts
Massachusetts Medicaid EHR Incentive Payment Program

1st Year Review & Recent Programmatic Updates
Total Eligible Professional and Eligible Hospital Incentive Payments Distributed for Program Year 1 (as of 3/30/12)

- Total EP Incentive Amount: $26,136,407.00
- Total EH Incentive Amount: $43,923,330.72

- Total Number of Eligible Professionals Approved for Payment: 1,580
- Total Number of Eligible Hospitals Approved for Payment: 46
Massachusetts Medicaid EHR Incentive Payment Program
Outreach Stats for Program Year 1
(March 30, 2012)

- Eligible Hospital Cold Calls: 74
- Eligible Professional Cold Calls: 376
- Conference Calls: 308
- Eligible Hospital Site Visits Conducted: 164
- Eligible Professional Site Visits Conducted: 425
- Conferences/Workshops: 10
- Emails Sent: 8
- Webinars Conducted: 2
- Association Meetings/Outreach: 2
- Referred to REC for Technical Support: 2
- Total: 993
Key Programmatic Updates

• Limited Licensed Dentists (LLDs) & Residents:
  – It has been determined that Limited Licensed Dentists and Residents are eligible to participate in the Massachusetts Medicaid EHR Incentive Payment Program, pending they meet all eligibility requirements. More information regarding the attestation process will be provided within the following months.

• Clinical Nurse Specialists:
  – The Massachusetts Medicaid EHR Incentive Payment Program is currently reviewing whether Clinical Nurse Specialists are eligible to participate in the Medicaid EHR Incentive Payment Program. More information will be provided within the following months.

• Release of MAPIR 4.0 is scheduled to be executed May 13, 2012.
  – User guides to be disseminated on May 10, 2012 via MeHI website.

• New Features & Functionality
  – Provider Dashboard to display payment years, prior applications
  – Approximately 45 new meaningful use screens
Massachusetts Medicaid EHR Incentive Payment Program
Outreach & Communication Strategy
Outreach and Communication Goals

• Promote the adoption of federally certified electronic health records and accelerate the number of professionals accomplishing meaningful use.

• Ensuring all providers eligible to participate in the Massachusetts Medicaid EHR Incentive Payment Program are aware of the benefits:
  • Improve Quality, Safety and Efficiency
  • Reduce Healthcare Disparities

• CMS’ goal is to accelerate the number of eligible professionals achieving meaningful use. They have issued a challenge to all states: help 100,000 providers achieve meaningful use by the end of CY2012.

• Massachusetts Medicaid EHR Incentive Payment Program goal is for all 7,251 Medicaid eligible professionals to achieve meaningful use.
Stratifying Our Outreach Across the Commonwealth

- **Target Audiences:**
  - Associations
  - Hospitals
  - Community Health Center’s
  - Large Group Practices
  - Physician Hospital Organizations (PHO’s)
  - Medicaid Managed Care Organizations (MCO’s)
  - Implementation and Optimization Organizations (IOO’s)
  - Electronic Health Records (EHRs) Vendors

- **Our Approach:**
  - Conduct Regional Workshops
  - Monthly Webinars
  - Conference Calls
  - Practice Site Visits
  - Participating in Healthcare Events
  - Electronic Communication: Email Distribution List
    - e-Newsletter
    - Frequently Asked Questions
    - Important Programmatic Updates
Cultivating Relationships

- To ensure providers across the Commonwealth achieve meaningful use.

- To provide expert technical assistance and training for the application process to the Massachusetts Medicaid EHR Incentive Payment Program.

- To communicate benefits of participating (EPs may receive up to $63,750 in incentives) and exchange timely information about important programmatic updates.

- To discuss barriers experienced by eligible providers who are not participating.

- Examples of ways in which we can collaborate:
  - Disseminating information about the Massachusetts Medicaid EHR Incentive Payment Program (e.g., link to our website, distribute materials to providers).
  - Encourage providers and organizations to request site visits for education and training.
  - Sharing best practices. Asking providers/hospitals that have received an incentive from the Medicaid EHR Incentive Payment Program and achieved meaningful use to provide insight to others.
Upcoming Outreach and Education Events

• Webinars:
  • **May 14, 2012, 1:30 pm – 2:30 pm:**
    Overview: eligibility program requirements for eligible professionals
  • **May 15, 2012, 9:00 am – 10:00 am:**
    Overview – Stage 1 meaningful use for eligible professionals
  • **June 4, 2012, 1:30 pm – 2:30 pm:**
    Overview: eligibility program requirements for eligible professionals practicing predominately at an FQHC/RHC

• Regional Meetings:
  • **Friday, June 1, 2012 – 1:30 pm – 3:00 pm**
    MetroWest Medical Center: MacPherson Conference Room
    115 Lincoln Street, Framingham, MA 01702
  • **Friday, June 21, 2012 – 11:30 pm – 1:00 pm**
    Tufts Medical Center: Wolff Auditorium
    800 Washington Street, Boston, MA 02111

• Please visit our [website](#) to register for the events listed above or to request a site visit for your practice.
Massachusetts Medicaid EHR Incentive Payment Program
Program Requirements for Eligible Professionals
Who Is Eligible to Participate?

• Physicians (MDs and DOs)
  – If 90% or more of an eligible professional’s encounters occur in an inpatient or emergency setting, they are not eligible to participate.

• Dentists

• Certified Nurse-Midwives

• Nurse Practitioners

• Physicians Assistants practicing predominately at an FQHC/RHC, so led by a Physicians Assistant.
Eligible professionals are required to meet a minimum Medicaid patient volume threshold:

- 30% Medicaid patient volume over a continuous 90 day period from the previous calendar year.

- 20% Medicaid patient volume (for Pediatricians) over a continuous 90 day period from the previous calendar year.

A Children’s Health Insurance Program (CHIP) Factor of 2.89% must be applied to reduce the CY2011 MassHealth encounters in order to meet a CMS requirement that CHIP encounters may not be included in Medicaid patient volume threshold.

- The CHIP factor percentage is updated annually and therefore may vary from year to year.
For purposes of participating in the Massachusetts Medicaid EHR Incentive Payment Program, a patient encounter is defined as:
- One service, per day, per patient, where Medicaid or a Medicaid 1115 waiver project paid for all or part of the service; or Medicaid or a Medicaid 1115 waiver project paid for all or part of the individual’s premiums, co-payments or cost-sharing.

Medicaid Patient Volume Threshold =
\[
\frac{\text{Medicaid Patient Encounters (over a continuous 90 day period from the previous CY)}}{\text{Total Patient Encounters (during the same continuous 90 day period from the previous CY)}}
\]

Medicaid patient volume threshold may be calculated using individual, group or panel data.
“Practice Predominately” at an FQHC/RHC means 50% or more of an EPs patient encounters over a six month period (in the current calendar year) occurred at an FQHC/RHC.

EPs that Practice Predominately at an FQHC/RHC must meet a minimum Needy Individual Patient Volume:

- 30% Needy Individual Patient Volume over a continuous 90 day period from previous calendar year.

“Needy Individual” is defined as a person receiving care from any of the following:
- Medicaid or Medicaid1115 Waiver Population, CHIP and those dually eligible for Medicare and Medicaid
- Uncompensated Care
- No Cost or Reduced Cost services on a sliding scale based on individuals ability to pay
Needy Individual Patient Volume Threshold

• For purposes of participating in the Massachusetts Medicaid EHR Incentive Payment Program, a patient encounter is defined as:
  – one service, per day, per patient, where Medicaid (including Medicaid 1115 Waiver Population, CHIP, those dually eligible for both Medicare and Medicaid) paid for all or part of the service including an individual’s premium, copayment, or cost sharing; uncompensated care, or services furnished at either no cost or reduced cost, based on a sliding scale.

  Needy Individual Patient Volume =
  Needy Individual Encounters (90 day continuous period; previous CY)
  Total Patient Encounters (same 90 day continuous period; previous CY)

• Needy Individual Patient Volume can be calculated using Individual, Group or Practitioner Panel Data.
• MeHI Medicaid EHR Operations Staff are required to request supporting documentation only if there is a variance of +/- 25% between what is reported as the Medicaid patient volume threshold in MAPIR and the Managed Care Organization (MCO) and Fee-for-Service (FFS) claim information extracted from the MassHealth Data Warehouse claim files.

• According to state guidelines, all eligible professionals must keep their supporting documentation for six years for auditing purposes.
Eligible Professional Incentive Amounts

- Eligible professionals may receive up to $63,750 over a six year period:
  - Year 1: $21,250
  - Year 2-6: $8,500 per year

- Pediatricians that meet the 20% Medicaid patient volume threshold may receive up to $42,500 over a six year period:
  - Year 1: $14,167
  - Year 2-6: $5,667 per year

- Pediatricians that meet or exceed the 30% Medicaid patient volume threshold will receive the full incentive amount.

- Eligible professionals have been allotted an attestation reporting tail of 3 months to apply for their first year incentive payment. They will have until March 30, 2013 to apply for their CY2012 incentive payments.
In the first year of participation, eligible professionals must demonstrate one of the following:

- **ADOPT (A)**
  - Acquire, Purchase or Secure certified EHR technology

- **IMPLEMENT (I)**
  - Install or Initiate use of certified EHR technology

- **UPGRADE (U)**
  - Expand functionality of certified EHR technology
Examples of Acceptable Supporting Documentation

- Eligible Professionals will be required to provide supporting documentation showing that they have A/I/U to federally certified EHR technology.

- Copy of a Signed Data User Agreement; or

- Proof of Purchase; or

- Signed Licensed Vendor Contract; and

- A letter from your CIO or IS Department head stating the following:
  - Eligible professional(s) that are currently using or will be using the federally certified EHR technology
  - The Eligible professional(s) NPI Number
  - Date that the federally certified EHR technology was purchased
  - Federally Certified EHR technology ONC Certified HIT Product List (CHPL) number and version
  - Location(s) where the federally certified EHR technology will be used
Stage 1 Meaningful Use for Eligible Professionals

• Stage 1 meaningful use requires a 90 day reporting period in the current calendar year (i.e. – if attesting to Stage 1 meaningful use in CY2012, the earliest an eligible professional may attest is April 2012, with a reporting period of January 2012-March 2012)

• For eligible professionals, there is a total of 26 Stage 1 meaningful use objectives.
  – 15 required core objectives.
  – 5 objectives may be chosen from the list of 10 menu set objectives.
  – 6 total Clinical Quality Measures (3 core or alternative core, and 3 out of 38 from additional set).

• The MU reporting period for years 3-6 of the program is 365 days (calendar year).
Massachusetts Medicaid EHR Incentive Payment Program
Attestation Timeline Examples for Eligible Professionals
1st Payment Year: CY2011

1st Payment Year CY 2011:
Adopt, Implement, Upgrade

- 90 Day Patient Volume Threshold Reporting Period: January 1, 2010 – December 31, 2010 (Previous CY)
- A/I/U: Prior to December 31, 2011

2nd Payment Year CY 2012:
Stage 1 Meaningful Use

- 90 Day Patient Volume Threshold Reporting Period: January 1, 2011 – December 31, 2011 (Previous CY)
- MU Reporting Period: 90 days (Current CY)
  January 1, 2012 – December 31, 2012

3rd Payment Year CY 2013:
Stage 1 Meaningful Use

- 90 Day Patient Volume Threshold Reporting Period: January 1, 2012 – December 31, 2012 (Previous CY)
- MU Reporting Period: 365 days
- Application Submission Including Attestation Tail: January 1, 2014 – March 30, 2014
1st Payment Year: CY2011 (cont.)

4th Payment Year CY 2014:  
Stage 2 Meaningful Use

- 90 Day Patient Volume Threshold Reporting Period: January 1, 2013 – December 31, 2013 (Previous CY)
- MU Reporting Period: 365 days TBD
- Application Submission Including Attestation Tail: TBD

5th Payment Year CY 2015:  
Stage 3 Meaningful Use

- 90 Day Patient Volume Threshold Reporting Period: January 1, 2014 – December 31, 2014 (Previous CY)
- MU Reporting Period: 365 days TBD
- Application Submission Including Attestation Tail: TBD

6th Payment Year CY 2016:  
Meaningful Use

- 90 Day Patient Volume Threshold Reporting Period: January 1, 2015 – December 31, 2015 (Previous CY)
- MU Reporting Period: 365 days TBD
- Application Submission Including Attestation Tail: TBD
1st Payment Year: CY2012

1st Payment Year CY 2012:
Adopt, Implement, Upgrade

• 90 Day Patient Volume Threshold Reporting Period:
  January 1, 2011 – December 31, 2011 (Previous CY)
• A/I/U:
  Prior to December 31, 2012
• Application Submission Including Attestation Tail:
  January 1, 2012 – March 30, 2013

2nd Payment Year CY 2013:
Stage 1 Meaningful Use

• 90 Day Patient Volume Threshold Reporting Period:
  January 1, 2012 – December 31, 2012 (Previous CY)
• MU Reporting Period:  90 days (Current CY)
• Application Submission Including Attestation Tail:
  April 1, 2013 – March 30, 2014

3rd Payment Year CY 2014:
Stage 1 Meaningful Use

• 90 Day Patient Volume Threshold Reporting Period:
  January 1, 2013 – December 31, 2013 (Previous CY)
• MU Reporting Period:  365 days
  January 1, 2014 – December 31, 2014
• Application Submission Including Attestation Tail:
  TBD
1st Payment Year: CY2012 (cont.)

4th Payment Year CY 2015:
Stage 2 Meaningful Use

- 90 Day Patient Volume Threshold Reporting Period: January 1, 2014 – December 31, 2014 (Previous CY)
- MU Reporting Period: 365 days TBD
- Application Submission Including Attestation Tail: TBD

5th Payment Year CY 2016:
Stage 3 Meaningful Use

- 90 Day Patient Volume Threshold Reporting Period: January 1, 2015 – December 31, 2015 (Previous CY)
- MU Reporting Period: 365 days TBD
- Application Submission Including Attestation Tail: TBD

6th Payment Year CY 2017:
Meaningful Use

- 90 Day Patient Volume Threshold Reporting Period: January 1, 2016 – December 31, 2016 (Previous CY)
- MU Reporting Period: 365 days TBD
- Application Submission Including Attestation Tail: TBD
The Massachusetts Medicaid EHR Incentive Payment Program
Helpful Links and Important Contacts
Massachusetts eHealth Institute:
http://maehi.org/content/medicaid-ehr-incentive-payment-program
Executive Office of Health & Human Services:
http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/electronic-records/
Centers for Medicare and Medicaid EHR Incentive Programs:
Office of the National Coordinator for Health Information Technology:
http://healthit.hhs.gov
Health IT.gov:
http://www.healthit.gov/
Massachusetts Immunization Information System (MIIS):
http://www.mass.gov/dph/miis
**Contact Us**

**Massachusetts Medicaid EHR Incentive Payment Program:**  
P: 1-855-MassEHR (1-855-439-5690)  
E: massehr@masstech.org  
F: 508-439-5690

**Key Contacts:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tarsha Weaver, MSM</strong></td>
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<td><a href="mailto:otoole@masstech.org">otoole@masstech.org</a></td>
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THANK YOU FOR YOUR CONTINUED SUPPORT & COLLABORATION!