WHITE PAPER:

Options for Meaningful Use Today and Beyond

Henry Schein MicroMD

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OPTIONS FOR MEANINGFUL USE TODAY AND BEYOND

On September 4, 2014, the Centers for Medicare and Medicaid Services (CMS) finally released their 2014 Certified EHR Technology (CEHRT) rule, a 90-page document that outlines flexible options for Eligible Professionals (EPs) looking to secure EHR incentive payments in 2014 and beyond. The rule comes in response to a large public outcry from organizations, vendors, hospitals, and EPs having challenges accessing and using 2014 Edition CEHRT in order to meet the CMS EHR Incentive Program Stage 2 Meaningful Use (MU) requirements.

While every EP should read and understand the full 90-page rule, this white paper focuses on simplifying some of the critical points, including why CMS offered flexible options for reporting 2014 MU and why that's important to meeting MU today and beyond.

If you're interested in specific details regarding the incentive programs, such as registration, attestation processes, MU requirements and EMR certification, visit the CMS EHR Incentive Program website: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/

THE ACRONYM DANCE

As any professional working in or with healthcare knows, you can literally speak in acronyms if you try. Here's an overview of the abbreviations that are specific to the CMS EHR Incentive Programs:

- **EP – Eligible Professional.** Providers who are eligible to secure incentives from one of the EHR incentive programs.
- **MU – Meaningful Use.** The requirement to meaningfully use certified EHR technology according to CMS and ONC requirements.
- **CQM - Clinical Quality Measures.** One of the sets of data that needs to be recorded and tracked for a provider to attest to achieving MU.
- **A/I/U – Adoption, Implementation, Upgrade.** First year Medicaid providers participating in a program have the option to secure their first payment year of incentives by simply proving adoption, implementation or upgrade to certified EMR technology. Then in the second payment year they would need to actually demonstrate MU and report and attest to that. This is specific to the Medicaid program.
- **CMS – Centers for Medicare and Medicaid Services.** Entity responsible for the incentive program and establishing the hospital and provider requirements, including MU and clinical quality measure requirements.
- **ONC – Office of the National Coordinator**. Entity that establishes the EMR certification and testing requirements. The ONC and CMS typically work together to create their final rules.
- **CEHRT - Certified EHR Technology.** The certification term for medical software. Going forward all software should have a 2014 edition, or beyond, certification.
- **CEHRT** is the acronym that appears to be challenging everyone's incentive program dance card. The original Stage 2 rule called for all providers to use CEHRT in 2014. However, the challenge is that not every vendor and EHR company or software tool vendor was able to upgrade their systems and get certified with a 2014 edition CEHRT. Hence the new 2014 CEHRT rule – which is aimed to hopefully alleviate some of those challenges.

CMS EMR INCENTIVES

The CMS EHR Incentive Program was born out of the HITECH (Health Information Technology for Economic and Reinvestment) Act, which is part of the 2009 American Recovery and Reinvestment Act, also known as "the stimulus bill." The Act designated money for very specific health care information technology initiatives, including establishing a schedule of incentive payments for adopting and meaningfully using certified EHR technology to begin in 2011. This gave EPs roughly two years to adopt certified EHR software and meet MU requirements in order to attest and be eligible for incentive payments starting in 2011 and beyond.

EMR software is designed to help capture meaningful health data. While the intent is good, many in the industry are now having challenges actually implementing what CMS and ONC have laid out as a long-term road map across the length of these incentive programs. Ultimately, at this point, it's hard to remember why the rules were established in the first place but they ultimately do serve a noble purpose, including:

- Improving the quality, safety and efficiency of care, while making sure that more people have access to that care
- Boosting patient and family engagement in health care decisions
- Promoting public and population health information sharing
- Improving the coordination of care across transitions between referring providers
- Promoting the privacy and security of health information
- Impacting better clinical decisions

Did you know?
2014 is the last year EPs can start an incentive program and still earn the incentives.

MEDICARE VS. MEDICAID INCENTIVE PROGRAMS

The Medicare program and the Medicaid program have some slight differences in terms of what types of providers are eligible and who runs the incentive program. The Medicare program is federal, and CMS manages the registration and attestation. But, the Medicaid program is run by each state's Medicaid organization, so there are varied registration, documentation, and attestation requirements, in addition to what CMS requires.

The payment amounts are also different, as well as the years that the payments are available. One of the key differences between the Medicare and the Medicaid programs is, on the Medicare side, 2014 is the last year EPs can start an incentive program and still earn the incentives. While EPs can start an incentive program after 2014 to meet MU and avoid Medicare payment adjustments, they would not be eligible to begin receiving incentive payments as the deadline has passed for incentive participation.

EPs in the Medicare program need to be demonstrating MU for every consecutive year in order to receive incentive payments. On the Medicaid side that's slightly different, as EPs can actually skip years and then join back in the program where they left off over the course of the years that incentive payments are available. Additionally, the Medicaid program does not impose payment adjustments for not meeting MU like the Medicare program does.

The Medicaid program also has slightly different eligibility requirements, larger incentive payments over the course of six years, and there is no required start date. So a provider could technically start in year 2021 and still be eligible to earn one year's worth of incentive payments valued up to $8,500.

EHR INCENTIVE
PAYMENT SCHEDULES

MEDICARE EHR INCENTIVE PAYMENT SCHEDULE

Calendar Year (CY) for which EP Receives an Incentive Payment					
	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015 AND LATER
CY 2011	$18,000				
CY 2012	$12,000	$18,000			
CY 2013	$8,000	$12,000	$15,000		
CY 2014	$4,000	$8,000	$12,000	$12,000	
CY 2015	$2,000	$4,000	$8,000	$8,000	$0
CY 2016		$2,000	$4,000	$4,000	$0
TOTAL	$44,000	$44,000	$39,000	$24,000	$0

Source: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms

MEDICAID EHR INCENTIVE PAYMENT SCHEDULE

First year Metdicaid EP Qualifies to Receive Payment							
Payment amount per year		2011	2012	2013	2014	2015	2016
	2011	$21,250	$0	$0	$0	$0	$0
	2012	$8,500	$21,250	$0	$0	$0	$0
	2013	$8,500	$8,500	$21,250	$0	$0	$0
	2014	$8,500	$8,500	$8,500	$21,250	$0	$0
	2015	$8,500	$8,500	$8,500	$8,500	$21,250	$0
	2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
	2017	$0	$8,500	$8,500	$8,500	$8,500	$8,500
	2018	$0	$0	$8,500	$8,500	$8,500	$8,500
	2019	$0	$0	$0	$8,500	$8,500	$8,500
	2020	$0	$0	$0	$0	$8,500	$8,500
	2021	$0	$0	$0	$0	$0	$8,500
	TOTAL INCENTIVE PAYMENTS	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

(Source: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/)

2014: LAST YEAR TO START MEDICARE PROGRAM TO EARN INCENTIVE PAYMENTS

The 2014 EHR Medical incentive program allows providers to meet meaningful use to achieve three goals:

1. Allows EPs to secure incentive
2. Allows Medicare EPs to avoid 2015 payment adjustment
3. Helps drive the industry to meet the original HITECH Act goals

While 2014 was the last year for a Medicare EP to start an incentive program to actually earn incentives and avoid 2015 payment adjustments, EPs may still want to consider starting the program in 2015 to avoid 2016 Medicare payment adjustments.

WHY DOES CMS KEEP ISSUING NEW RULES?

First, some background – the Stage 2 Final Rule was actually issued in September 2012. Proposed changes to that Stage 2 rule were not even brought to light until May of 2014, almost two years later. After a three month public comment period, CMS issued this new 2014 CEHRT Rule as "final" in September 2014.

The 2014 CEHRT Rule is a result of CMS's recognition that the original Stage 2 rule needed adjustment based on public comment from stakeholders, EPs and vendors on the difficulties with implementing the 2014 Edition CEHRT changes into their systems. The Stage 2 launch not only meant technology upgrades, but it also meant providers had to receive, make, and then implement those upgrades in enough time to attest and receive incentive payments. When talk surfaced about the challenges many providers were having gaining access to 2014 certified technology, CMS decided they needed to change the rule or risk losing some of the progress made in Stage 1 related to EMR adoption and data captured in EHR systems.

The timing is not as great as most providers and uncertified EHR vendors would have liked. Having that information early on in the year would have been a much bigger relief, but at least CMS offered some kind of option.

A PRIMER ON EHR INCENTIVE RULEMAKING: CMS + ONC

CMS and ONC have come together to establish changes to the Stage 2 Final Rule and outlined some changes to the requirements for EHR certification to allow providers to achieve MU, secure their incentives and avoid payment adjustments. Let's take a look at the role each organization is playing when it comes to updating this rule.

First, the CMS side. CMS established stages for providers to complete MU requirements. Stage 2 is tied to capturing and sharing data. Stage 2 builds on Stage 1 and focuses on advancing positive clinical processes. What Stage 2 introduced was a level of complexity and some additional tools that needed to be developed and created in order for EPs to actually meet MU with the new Stage 2 requirements.

Next, once CMS established the stages and guidelines for achieving MU, the ONC had to establish the rules for certification of the 2014 technology, which included criteria the EHR technology had to meet, as well as additional tools such as a patient portal or direct secure messaging.

In theory, all of the new criteria sounded reasonable, but, if you think about it from the vendor side, re-programming EMR software to include the new Stage 2 requirements is a huge undertaking. New software fields and reporting changes must be developed, new security requirements must be programmed, and vendors must successfully complete a new testing and certification process to secure the 2014 Edition CEHRT. Once all that successfully occurs, vendors then need to upgrade software and retrain users on how to utilize the new features to best achieve MU. It has been a constant, blisteringly fast-paced evolution for vendors and EMR users over the past two years.

In addition to the base EMR changes, electronic data exchange requirements have also increased. One of the Core Objective requirements for Stage 2 is to be able to send direct, secure emails to other providers to exchange electronic

Summary of Care documents when there is a transition of care. Stage 2 also requires a certain percentage of an EP's labs to be submitted electronically, so either the EP would need to establish an electronic lab interface or manually enter lab info into the EMR to count for MU. Some EPs may also choose to meet some of the Menu Set Objective requirements to submit electronic data to a health information exchange (HIE), a public health syndromic surveillance tool or a registry. Enabling, automating, tracking and reporting these data exchange events as part of the requirements to meet MU is often new to providers and potentially costly and time consuming as each electronic interface may have a charge from the EMR vendor and/or require the vendor to do custom programing with your specific HIE, lab, surveillance and/or registry partners.

Ultimately, these innovation requirements came too fast for providers and technology platforms to keep up. While the government expects quick implementation, the reality is that completing and implementing the CMS and ONC rules into software systems and practice workflows takes a lot of time.

INCENTIVE RULEMAKING: VENDOR AND EP READINESS

Though vendors and EPs may have thought they were ready for the Stage 2 requirements, the efforts needed to actually implement and meet them were grossly underestimated. Countless vendors were unable to make the complex Stage 2 programming changes to their software and many faced a lack of available testing resources because of backlogs in the ONC ATCB certified testing schedules.

Keep in mind
Once the software itself is certified, vendors then need the time to upgrade and train clients on the changes in the software, remedy any bugs in a timely manner, and address patient safety issues

On top of those challenges, once the software itself is certified, vendors then need the time to upgrade and train clients on the changes in the software, remedy any bugs in a timely manner, and address patient safety issues, as outlined in the CEHRT rule. Because many vendors are unable to make these changes in a timely manner, many EPs were not able to "fully implement" a certified EHR technology for the 2014 reporting period, with many EMRs still uncertified going into 2015.

"Fully implement" is the key phrase here. The 2014 edition CEHRT rule defines "fully implement" as, "Did the vendor have certified software and resources to train and upgrade their clients in enough time so that EPs were able to revise their workflows, test their systems, and train their staff?" Recognizing the answer to this question was going to be an overwhelming, "No," CMS decided to offer flexible options for 2014 MU attestation to ultimately motivate EPs to continue their EMR adoption journey.

2014 CEHRT FINAL RULE OVERVIEW

The 2014 CEHRT Final Rule details a number of things. First, it outlines the flexible options an EP might utilize to report 2014 MU. Second, it lists the situations for which is was appropriate for an EP to actually use one of the flexible options. The rule includes a limited exception for the Stage 2 Summary of Care measure, which gives providers some leeway on how to report on that particular core objective in 2014. The CEHRT also finalized the extension of Stage 2 through 2016, which ultimately moves the Stage 3 timeline to start in 2017. Finally, the CEHRT outlines that EPs going into Stage 2 in 2015 need to successfully attest to a full year of MU in order to receive their 2015 incentive payment and avoid 2016 Medicare payment adjustments.

WHAT ARE "FLEXIBLE OPTIONS"?

The flexible options were essentially a relief related to the 2014 MU reporting year for EPs that needed to be using a 2014 edition CEHRT as required by the original Stage 2 final rule, but who didn't have timely access to 2014 Edition certified software. At a high level, the flexible options allowed EPs to report their 2014 MU measures based on the following:

- Report with 2014 CEHRT, old CEHRT OR combo of old and 2014
- Identify the year EP is scheduled to do 2014 MU
- Identify corresponding Objective and CQM submission requirements
- Attest using new, old or combo
  – Medicare: Attestation system updated
  – Medicaid: Contact them

WHEN FLEXIBLE OPTIONS DIDN'T APPLY

Flexible options were not applicable to all EPs. In fact, the 2014 CEHRT rule makes it very clear in which instances these flexible options were not applicable to EPs; they are as follows:

- An EP had timely access to certified software and implementation, upgrade, training, and testing resources
- There were financial obstacles to purchasing and implementing 2014 CEHRT
- An EP was unable to meet a measure unrelated to software functionality, bugs, or safety issues
- The practice experienced staff changes or turnover
- An EP waited too long to purchase, upgrade, train and/or revise workflows

In some cases, vendors were able to make programming changes and get certified in 2013 to make the software available to providers starting January 1, 2014, but that has been a very small number of EMRs, again, because the work is so complex on the programming side and the training, testing, and certification side.

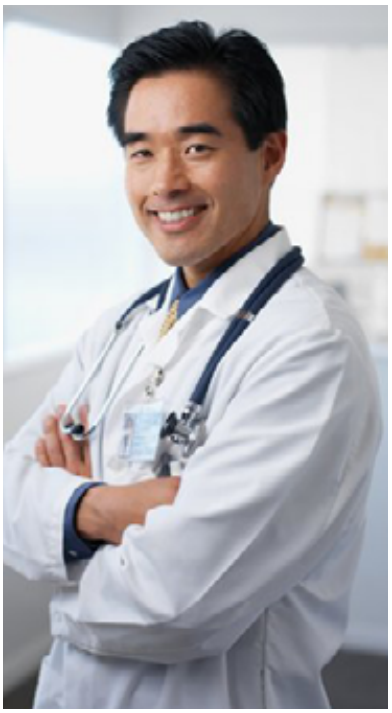
Other vendors were able to make the software available six to nine months into 2014. In those cases, an EP could decide to choose a flexible option. They could utilize some reporting from their 2014 edition, some reporting from their 2011 edition, and potentially report on Stage 1 measures for a particular year or combination of those, again, as outlined in the CEHRT rule.

Believe it or not, there are some vendors that still do not have their certification. To give you a better sense of how the industry has expanded, especially on the EMR side, five years ago there were about 300 EMR vendors on the market. Now, there are about 1,500 EMRs on the market and thousands more MU certified tools that can be used with EMRs to allow EPs to meet MU.

THE FLEXIBLE OPTION DILEMMA

One thing to keep in mind is that if a Stage 2 EP opts to use a flexible option to report on Stage 1 Measures in 2014, they'll need to be prepared to report on a

full year of MU in 2015 with 2014 Edition CEHRT software. Where this can be an issue is that Stage 2 is a considerable leap in new requirements. If an EP opted to not even try to do Stage 2 in 2014 because they could use a flexible option, that provider needs to be ready to do Stage 2 MU for a full year in 2015. Expecting to launch right into Stage 2 in 2015 and be successful for the full year will likely be a challenge. The other challenge lies in having access to 2014 Edition CEHRT software in 2015. If your vendor didn't have your software available in 2014, what is their timeline for making it available in 2015?



Understanding is key for EPs

- Understand the rules
- Understand the type of software being utilized
- Understand program eligibility
- Understand timing

DO YOU NEED TO CHANGE EMRS?

Consider changing your EMR vendor if there is even the slightest doubt if they, or any supplemental vendors being utilized, will not secure 2014 Edition CEHRT or be able to get you upgraded and trained in time to be able to report on a full year of MU in 2015. With the exception of first-year EPs, EPs need to be doing MU for a full reporting year starting in 2015. Making the transition, upgrading software, and training staff takes months of preparation, so allow enough time to implement the changeover. Start your due diligence as soon as possible to select a new EMR vendor if needed.

WHAT ELSE EPs NEED TO KNOW

Understand the rules. In order to successfully secure incentives and avoid penalties, EPs absolutely need to know the details of current, previous and any future rules. Understand your vendor's certification plans and timing. Remember, it's not just enough for vendors to be 2014 Edition certified, they also need to have a commitment to being certified for Stage 3. With Stage 3 just around the corner and so many vendors still not having 2014 Edition CEHRT to assist EPs in meeting Stage 2 requirements, one should wonder how those vendors will achieve Stage 3 certification.

Understand the type of software being utilized – complete CEHRT or modular. A complete EMR has all of the tools needed to provide direct, secure communication, includes a patient portal, and any other tools necessary to achieve MU. However, if multiple tools and reports are being utilized the software is likely a modular version. This is important to know to ensure each tool is certified, that the EP is meeting all the measures and that reporting is being captured from all the tools for attestation.

Understand program eligibility. Know the registration and attestation processes for Medicare and Medicaid. Know the differences between the two programs. They have some slightly different rules. It's always important to connect with CMS or the State Medicaid organization to understand specific requirements.

Understand timing. When is the attestation deadline for achieving MU? When are the payment years? And finally, pay close attention to the audit process and make sure everything is documented and saved.

MORE CHANGES

So, what's in store for the future of the CMS EHR incentive program? Going into

2015, EPs need to do a full year of MU with a 2014 Edition, or beyond, certified EHR technology. First year EPs get a break; they only need to do 90 days, but there is a big uproar in the industry from some large organizations and provider groups who are upset that they are not also being given a pass to do a 90 day reporting period in 2015. Even though a congressional bill was introduced in September 2014 to address this issue, there are no guarantees that lawmakers will discuss it or that CMS will make changes because of it. The safest bet is to get access to 2014 Edition, or beyond, certified EHR technology as soon as possible in 2015.

Lastly, Stage 3 will come with a new set of MU requirements. We will all be awaiting the Stage 3 proposed rules, the comment period and then the final rule to be issued. Once that happens, be prepared to do this dance one more time.

INCENTIVE PROGRAM RESOURCES

There are countless resources available for EPs who may have questions about which incentive program to participate in, which stage to attest for, if they qualify for exceptions or hardships, or other concerns.

- CMS Information Center: 1-888-734-6433
- CMS EHR Incentive Program Website: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/
- 2014 CEHRT Rule: http://www.gpo.gov/fdsys/pkg/FR-2014-09-04/pdf/2014-21021.pdf

ABOUT MICROMD EMR

MicroMD EMR secured 2014 Edition CEHRT in October 2013 so that user EPs would have enough time to upgrade, train and adjust workflows in plenty of time in 2014 to meet their 90-days of MU in 2014.

Delivering on the promise of health information technology, Henry Schein MicroMD provides simple yet powerful EMR and practice management solutions that facilitate the delivery of superior patient care, automate incentive and quality reporting activities, and streamline operations for today's busy providers. Full-featured, time-tested and budget-friendly, MicroMD EMR is 2014 Edition Complete Ambulatory certified software that helps small practices, large medical groups, community health centers and billing services accelerate progress towards a paperless environment and health information exchange with minimal disruption and stress. High client retention rates attest to our market-leading presence and client-centric focus.

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