Meaningful Use, Penalties and Audits
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Meaningful Use Updates
August 29, 2014
- Passing of the flexibility rule
- CMS provides eligible professionals (EPs) and eligible hospitals (EHs) some relief
- Revises 2014 Edition Certified EHR Technology (CEHRT) implementation timeline

Meaningful Use Updates
- Medicaid EPs and EHs may only qualify for the adopt, implement, or upgrade incentive payment by adopting, implementing, or upgrading to 2014 Edition CEHRT
- Stage 3 delayed until 2017 and all EPs and EHs
- No changes to objectives or measures for MU or the length of reporting in 2015 (365 days)

Conflict of Interest
The speaker has no relevant relationships of a commercial or financial nature nor any conflicts of interest to be disclosed.
CMS recent proposal

- Shorten the EHR reporting period in 2015 to 90 days
- Modify other aspects of the program to match long-term goals
  - Reduce complexity
  - Lessen providers reporting burdens

What does this mean?

- Eligible Professionals (EPs) that could not fully implement 2014 CEHRT in time for a full attestation period are allowed to utilize:
  - 2011-Edition CEHRT
  - Combination 2011/2014-Edition CEHRT
  - 2014-Edition CEHRT
- Total confusion, we had EPs attesting to:
  - 2013 Stage 1
  - 2014 Stage 1
  - 2014 Stage 2 Objectives and Measures – depending on circumstances

Quality for Flexibility Rule

- Situations that justify using one of the CEHRT options in 2014 had to center around the EP and EHs inability to fully implement 2014 Edition CEHRT due to demonstrable vendor delays.
- Installation of 2014 Edition CEHRT is not the sole deciding factor.
  - Staff training issues
  - System testing and debugging
  - Not enough time to meet deadline

Documents To Keep

- The final rule does not include specific requirements for documentation
  - Recommendations:
    - Vendor contacts regarding 2014 Edition CEHRT installation
    - Dates of initial request, contracts/addendums, etc.
    - Vendor delays in installation, training, etc.
    - Bugs or issues that prevent or delay the practice from achieving one or more measures, or that present safety issues
    - Trouble Ticket numbers, dates of submission, etc.
    - Email exchanges documenting practice action in resolving issues
    - Minutes from internal meetings

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Meaningful Use Important Dates

- March 20, 2015 – last date to attest for 2014 program year
- July 1, 2015 – deadline to submit a hardship exception application to potentially avoid the payment penalties for those who could not attest in the 2014 program year
- October 1, 2015 – deadline to attest for the 2015 program for those providers in their first year of meaningful use

Meaningful Use Stage 2 Requirements

1. CPOE – Use for more than 90% of medication, 30% laboratory, and 30% of radiology
2. E-Rx – E-Rx for more than 90%
3. Demographics – Record for more than 90%
4. Vital Signs – Record for more than 90%
5. Smoking Status – Record for more than 90%
7. Patient Access – Provide access to health information for more than 90% with 5% actually accessing
8. Visit Summaries – Provide for more than 90% of office visit
9. Security Analysis – Conduct or review security analysis and incorporate into risk management processes
10. Labs – Incorporate for more than 55%
11. Patient List – Generate by specific conditions
12. Preventive Reminders – Use EHR to identify and provide reminders for preventive/follow-up care for 10% with two or more office visits in last 2 years
13. Education Resources – Use EHR to identify for more than 10%
14. Medication Reconciliation – for more than 90% of transitions of care in which the patient is transitioned into the care of EP
15. Summary of Care – Provide for more than 90% sent electronically at least once sent to recipient with a different EHR vendor or testing unit CMS test EHR
16. Immunizations – Successful ongoing transmission of immunization data
17. Secure Messages – More than 5% total secure messages to that EP

Stage 2 Summary of Care

2 Summary of Care – limited exception for Stage of Summary should at a minimum perform the following steps:
- Make historical list of the recipients of past referrals or transitions of care, including volume numbers and/or percentage of total referrals/transitions of care
- Contact recipients and find out whether they are installing 2014 Edition CEHRT
- Document that these recipients are not able to fully implement 2014 Edition CEHRT due to issues
- Given the above documentation, ensure that the EP or EH would not be reasonably able to reach 10% threshold
Meaningful Use: 6 Menu Objectives

1. **Syndromic Surveillance** – Successful ongoing transmission of syndromic surveillance data
2. **Electronic Notes** – Enter for more than 30% of unique patients
3. **Imaging Results** – More than 10% are accessible through EHR
4. **Family Health History** – Record for more than 20% of first degree relative
5. **Cancer** – Successful ongoing transmission of cancer case information to public health center cancer registry
6. **Report Specific Cases** – Successful ongoing transmission of data to a specialized registry

Important Note: There are no exclusions provided for some of these menu objectives, you cannot select a menu objective and claim the exclusion if there are other menu objectives.

Clinical Quality Measures (CQMS)

- EPs must select and report on 9 of a possible list of 64 approved CQMs for the EHR Incentive Programs
- New requirement in 2014 – CQM’s must cover at least 3 of the 6 available National Quality Strategy (NQS) domains, which represent the Department of Health and Human Services
  - The 6 domains are:
    - Patient and Family Engagement
    - Care Coordination
    - Population and Public Health
    - Efficient Use of Health Care Resources
    - Clinical Processes/Effectiveness


Penalties

- EPs activity in 2013 determines the penalty adjustment in 2015 for Meaningful Use and PQRS
- Exempt Providers:
  - All institutional providers – FQHC and CAH
  - Medicare Part A providers
  - Providers that do not bill Medicare Part B (e.g. pediatricians)

Meaningful Use 2015 Penalties

- 2013 - Medicare EPs who did not meet meaningful use are subject to a 1% penalty effective **January 1, 2015**
- 2013 – Medicare EPs who did not meet meaningful use are subject to a 1.5% penalty effective **January 1, 2015**
PQRS 2015/2016 Penalties

• EPs who did not report data on PQRS quality measures during the 2013 program year, payment adjusts begin in 2015

  – 1.5% adjustment in 2015 for services rendered January 1 – December 31, 2015
  – 2.0% adjustment in 2016 and subsequent years

Total Possible 2015 Penalties

• Meaningful Use -1.0%
  – Increases 1% every year to a maximum of 5%

• PQRS -1.5%
  – Increases 1% to a maximum of 2%

• 2015 maximum -2.5%
• 5 years -7.0%

The adjustment are for services rendered January 1 – December 31, 2015

CMS Audits for Meaningful Use

• Auditors - Figliozzi and Company
  – Initial Letter with CMS logo
  – Followed by electronic letter from CMS
    • email address provided during registration for Incentive Program will be used for the initial request letter

• States have separate process for Medicaid EHR Incentive Program

Preparing for an Audit

• Save electronic or paper documentation that supports attestation
• Save documentation that support the values entered in the Attestation Module for CQMs
• Documentation used to validate accurate attestation and submitted CQM’s
• Audit/documentation determines if incentive payment was correct
Preparing for an Audit

- Security Risk Analysis
  - Performed by the end of the reporting period
- “Yes/No” meaningful use measures
  - Screenshots with dates viewable
- Drug-Drug/Drug-Allergy Interaction Checks and Clinical Decision Support
  - Proof functionality is available, enabled and active in the system during the reporting period.
- Exclusions
  - Documentation and acceptable reason for the exclusions (example: immunization)

Pre-Payment Audits

September 16, 2014

- CMS undertaken 5,825 pre-payments audits
- 3,820 or 65.6% pre-payment audits completed
- 2,000 pre-payment audits in process
- 821 or 21.5% pre-payment audits DID NOT MEET MU standards

Post-Payment Audits

- Over 10,000 EPs assessed after payment
- Over 8,000 completed
- **FAILURE** rate is 21.9%

- Medicaid Incentive Program
  - Over 150,000 EPS are in the program
  - Audits state by state basis
  - No data available

Resources

- [http://www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms)
- [http://www.cms.gov/EHRIncentivePrograms/95_FAQ.asp#TopOfPage](http://www.cms.gov/EHRIncentivePrograms/95_FAQ.asp#TopOfPage)
- [www.tnrec.org](http://www.tnrec.org)
- [www.qsource.org](http://www.qsource.org)
**Resources**

<table>
<thead>
<tr>
<th>Certified EHR Technology</th>
<th>CPHL Certified EHR List</th>
<th>Webpage maintained by OSMC that provides a comprehensive listing of complete EHRs and EHR modules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Quality Measures</td>
<td>CQM Homepage</td>
<td>Main CQM webpage of the EHR website, providing basic CQM information, links to other CQM pages, and resources</td>
</tr>
<tr>
<td>Clinical Quality Measures</td>
<td>CQMs Through 2015</td>
<td>Webpage of the EHR website for information reporting CQMs in 2015</td>
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<tr>
<td>Clinical Quality Measures</td>
<td>Electronic Specifications for CQMs</td>
<td>Webpage of the EHR website for information on electronic CQM demonstrations</td>
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<tr>
<td>Clinical Quality Measures</td>
<td>2014 CQMs Page</td>
<td>Webpage of the EHR website for information on the 2014 CQMs</td>
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<td>Clinical Quality Measures</td>
<td>2014 CQMs Toolkit</td>
<td>A PDF document that helps EPs meet CQM requirements in 2013 and 2014</td>
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<tr>
<td>Clinical Quality Measures</td>
<td>eCQM Library</td>
<td>Webpage that contains the CMS updates to the CQM specifications used in the EHR Incentive Programs. CMS updates the specifications frequently, in order to ensure that specifications maintain alignment with current clinical guidelines and the CQMs remain relevant within the clinical setting.</td>
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**Questions**

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