



Meaningful Use

Webinar: Stage 1
Changes and New
CMS Regulations

June 2014

Proposed Regulations

2014 Participation Options

Under this proposal, valid only for the 2014 reporting year, providers would be able to use 2011 Edition CEHRT for either Stage 1 or Stage 2, would have the option to attest to the 2013 definition of meaningful use core and menu objectives, and use the 2013 definition CQMs.

Providers currently working on Stage 1 in 2014 would be able to demonstrate:

- Stage 1 (2013 Definition) using 2011 Edition CEHRT, or using a combination of 2011 and 2014 Edition CEHRT; **or**
- Stage 1 (2014+ Definition) using 2014 Edition CEHRT.

Providers currently working on Stage 2 in 2014 would be able to demonstrate:

- Stage 1 (2013 Definition) using 2011 Edition CEHRT, or using a combination of 2011 and 2014 Edition CEHRT;
- Stage 1 (2014+ Definition) using 2014 Edition CEHRT; **or**
- Stage 2 (2014+ Definition) using 2014 Edition CEHRT.

Extending Stage 2

The proposed rule also includes a provision that would formalize CMS and ONC's [recommended timeline](#) to extend Stage 2 through 2016. If finalized, the earliest a provider would participate in Stage 3 of meaningful use would be 2017.

Rumor
has it...

Proposed Regulations

Table 2: Proposed CEHRT Systems Available for Use in 2014

| If you were scheduled to demonstrate: | You would be able to attest for Meaningful Use: | | |
|---------------------------------------|---|--|--|
| | Using 2011 Edition CEHRT to do: | Using 2011 & 2014 Edition CEHRT to do: | Using 2014 Edition CEHRT to do: |
| Stage 1 in 2014 | 2013 Stage 1 objectives and measures* | 2013 Stage 1 objectives and measures* -OR- 2014 Stage 1 objectives and measures* | 2014 Stage 1 objectives and measures |
| Stage 2 in 2014 | 2013 Stage 1 objectives and measures* | 2013 Stage 1 objectives and measures* -OR- 2014 Stage 1 objectives and measures* -OR- Stage 2 objectives and measures* | 2014 Stage 1 objectives and measures* -OR- Stage 2 objectives and measures |

*Only providers that could not fully implement 2014 Edition CEHRT for the reporting period in 2014 due to delays in 2014 Edition CEHRT availability.

Rumor
has it...

Proposed Regulations

TABLE 3--PROPOSED STAGE OF MEANINGFUL USE CRITERIA BY FIRST PAYMENT YEAR

| First Payment Year | Stage of Meaningful Use | | | | | | | | | | |
|--------------------|-------------------------|------|------|---------|------|------|------|------|------|------|------|
| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| 2011 | 1 | 1 | 1 | 1 or 2* | 2 | 2 | 3 | 3 | TBD | TBD | TBD |
| 2012 | | 1 | 1 | 1 or 2* | 2 | 2 | 3 | 3 | TBD | TBD | TBD |
| 2013 | | | 1 | 1* | 2 | 2 | 3 | 3 | TBD | TBD | TBD |
| 2014 | | | | 1* | 1 | 2 | 2 | 3 | 3 | TBD | TBD |
| 2015 | | | | | 1 | 1 | 2 | 2 | 3 | 3 | TBD |
| 2016 | | | | | | 1 | 1 | 2 | 2 | 3 | 3 |
| 2017 | | | | | | | 1 | 1 | 2 | 2 | 3 |

*3-month quarter EHR reporting period for Medicare and continuous 90-day EHR reporting period (or 3 months at State option) for Medicaid EPs. All providers in their first year in 2014 use any continuous 90-day EHR reporting period.

Rumor
has it...

Proposed Regulations

Electronically. You may submit electronic comments on this regulation to

<http://www.regulations.gov>. Follow the "Submit a comment" instructions.

Rumor
has it...

Proposed Regulations

http://www.ofr.gov/OFRUpload/OFRData/2014-11944_PI.pdf (ACTUAL regulations)

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-05-20.html> (PRESS Release)

Rumor
has it...

Stage 1 Changes in 2014



Stage 1 Changes in 2014

Choose your reporting period based on your program and participation year:

- **Medicare beyond first year of meaningful use:** Select a three-month reporting period fixed to the quarter of the calendar year.
- **Medicare in first year of meaningful use:** Select any 90-day reporting period. *To avoid the 2015 payment adjustment, begin your reporting period by July 1 and attest by October 1.*
- **Medicaid:** Select any 90-day reporting period that falls within the 2014 calendar year.

Stage 1 Changes in 2014

Now Introducing... Stage 1.2

Changes to Stage 1 required in FY 2014:

- Use “2014 Edition” certified EHR
- Quality measures: Meet Stage 2 requirements
- Patient e-copy of health information/discharge instructions
 - Removed
 - Replace with patient portal for Stage 2 (first measure only)
- CPOE and vital signs changed slightly
- Public health: Add “except where prohibited”
- Exchange key clinical information (HIE test):
 - Removed, effective 2013



© 2013 American Hospital Association

Stage 1 Changes Tip Sheet

Stage 1 Changes Tipsheet

Last Updated: August, 2012

Overview

CMS recently announced some changes to the Stage 1 meaningful use objectives, measures, and exclusions for eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs). Some of these changes will take effect as early as October 1, 2012, for eligible hospitals and CAHs, or January 1, 2013, for EPs. Other Stage 1 changes will not take effect until the 2014 fiscal or calendar year and will be optional in 2013. The table at the end of this publication summarizes the changes to the Stage 1 meaningful use objectives.



Exclusions for Menu Objectives

Beginning in 2014, EPs, eligible hospitals, and CAHs will no longer be permitted to count an exclusion toward the minimum of 5 menu objectives on which they must report if there are other menu objectives which they can select. In other words, a provider cannot select a menu objective and claim an exclusion for it if there are other menu objectives they can meet.

EPs, eligible hospitals, and CAHs will not be penalized for selecting a menu objective and claiming the exclusion if they would also qualify for the exclusions for all the remaining menu objectives. For example, EPs who must select to test the capability to submit data to either an immunization registry or a syndromic surveillance database as one of their menu objectives can select the menu objective for submitting data to an immunization registry and claim the exclusion if they would also be able to claim the exclusion for submitting data to a syndromic surveillance database. They would not be penalized for claiming this exclusion.

Computerized Provider Order Entry (CPOE)

Beginning in 2013, CMS is adding an optional alternate measure to the objective for computerized provider order entry (CPOE). The current measure for CPOE is based on the number of unique patients with a medication in their medication list that was entered using CPOE. The new, alternate measure is based on the total number of medication orders created during the EHR reporting period. An EP, eligible hospital, or CAH may select either measure for this objective in Stage 1 in order to achieve meaningful use. (Note that this alternative measure will be required for all providers in Stage 2.)

Alternate Measure: More than 30 percent of medication 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.

Electronic Prescribing

Beginning in 2013, CMS is adding an additional exclusion to the objective for electronic prescribing for providers who are not within a 10 mile radius of a pharmacy that accepts electronic prescriptions.

Stage 1 Changes Tip Sheet

New Additional Exclusion: Any EP who: does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.

Record and Chart Changes in Vital Signs

CMS is changing the measure of the objective for recording and charting changes in vital signs for EPs, eligible hospitals, and CAHs. The current measure specifies that vital signs must be recorded for more than 50 percent of all unique patients ages 2 and over. The new measure amends that age limit to recording blood pressure for patients ages 3 and over and height and weight for patients of all ages.

The exclusions for this objective for EPs are also changing. The current exclusions only allow an EP to claim the exclusion if all three vital signs (height, weight, blood pressure) are not relevant to their scope of practice or if the EP sees no patients 2 years or older. However, under the new Stage 1 changes, an EP can claim an exclusion if the EP sees no patients 3 years or older (the EP would not have to record blood pressure), if all three vital signs are not relevant to their scope of practice (the EP would not record any vital signs), if height and weight are not relevant to their scope of practice (the EP would still record blood pressure), or if blood pressure is not relevant to their scope of practice (the EP would still record height and weight).

This new measure and these new exclusions are optional in 2013 but will be required in 2014 and beyond.

New Measure: More than 50 percent 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) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.

New Exclusion: Any EP who

1. Sees no patients 3 years or older is excluded from recording blood pressure;
2. Believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them;
3. Believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure; or
4. Believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight.

Stage 1 Changes Tip Sheet

Electronic Exchange of Key Clinical Information



Beginning in 2013, the objective for electronic exchange of key clinical information will no longer be required for Stage 1 for EPs, eligible hospitals, and CAHs. Providers faced numerous challenges in understanding the requirements for this objective, so we are moving instead to a more robust requirement for electronic health information exchange as a part of the Stage 2 objective for providing a summary of care record following a transition of care or referral.

Report Clinical Quality Measures



Beginning in 2014, there will no longer be a separate objective for reporting ambulatory or hospital clinical quality measures as a part of meaningful use. It is important to note, however, that EPs, eligible hospitals, and CAHs will still be required to report on clinical quality measures in order to achieve meaningful use. CMS is simply removing the standalone objective that requires providers to attest that they plan to report on clinical quality measures because it is redundant.

Electronic Copy of and Electronic Access to Health Information



In order to better align Stage 1 objectives with the new 2014 capabilities of Certified EHR Technology, CMS is replacing several Stage 1 objectives for providing electronic copies of and electronic access to health information with objectives to provide patients the ability to view, download, or transmit their health information or hospital admission information online. The capability to provide patients online access to this information will be a part of Certified EHR Technology beginning in 2014, therefore the new Stage 1 objectives will be required beginning in 2014.

The following current Stage 1 objectives will be replaced beginning in 2014:

- EPs/Hospital Stage 1 Core Objective: Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies, discharge summary, procedures) upon request.
- Hospital Stage 1 Core Objective: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.
- EP Stage 1 Menu Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP.

Stage 1 Changes Tip Sheet

- CMS & ONC have established standards and certification criteria for structured data that EHRs must use in order to successfully capture and calculate objectives for Stage 2 of meaningful use
- Even if you already have a certified EHR, you will have to adopt or upgrade to the new certification in order to participate in the EHR Incentive Programs beginning in 2014
- **ALL EPs/hospitals/CAHs MUST have the patient portal in place in order for your system to be deemed certified for 2014, regardless of the stage of meaningful use you are demonstrating in 2014**
 - **Only Stage 2 EPs/hospitals/CAHs must meet the 5% patient access threshold in 2014**
- EHR technology that is certified to the 2014 standards and certification criteria will allow providers to meet both Stage 1 and Stage 2 meaningful use requirements



Stage 1 Changes Tip Sheet

| New Objectives and Measures |
|---|
| New EP Objective: Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP. |
| New EP Measure: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information. |
| New Hospital Objective: Provide patients the ability to view online, download and transmit information about a hospital admission. |
| New Hospital Measure: More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have their information available online within 36 hours of discharge. |

Public Health Reporting Objectives

Beginning in 2013, all of the Stage 1 public health objectives (submitting data to an immunization registry, submitting data to a syndromic surveillance database, or submitting reportable lab results to a public health agency) will require that providers perform at least one test of their Certified EHR Technology's capability to send data to public health agencies, except where prohibited. The intent of this modification is to encourage all EPs, eligible hospitals, and CAHs to submit public health data, even when not required by State/local law. Therefore, if providers are authorized to submit the data, they should do so even if it is not required by either law or practice. If the test of submission is successful, provider should institute regular reporting with the entity with whom the successful test was conducted.

| Stage 1 Objective | Changes to Objective | Effective Year (CY/FY) |
|---|--|--------------------------|
| Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per State, local and professional guidelines | Change: Addition of an alternative measure More than 30 percent of medication 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 | 2013 - Onward (Optional) |
| Generate and transmit permissible prescriptions electronically (eRx) | Change: Addition of an additional exclusion Any EP who: does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period. | 2013 - Onward (Required) |

Stage 1 Changes Tip Sheet

| Stage 1 Objective | Changes to Objective | Effective Year (CY/FY) |
|---|---|---|
| Record and chart changes in vital signs | <p>Change: Age Limitations on Growth Charts and Blood Pressure</p> <p>More than 50 percent 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) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data</p> | <p>2013 Only (Optional)</p> <p>2014 – Onward (Required)</p> |
| Public Health Objectives: | <p>Change: Addition of "except where prohibited" to the objective regulation text for the public health objectives under § 495.6</p> | <p>2013 – Onward (Required)</p> |
| Record and chart changes in vital signs | <p>Change: Changing the age and splitting the EP exclusion</p> <p>Any EP who</p> <p>(1) Sees no patients 3 years or older is excluded from recording blood pressure;</p> <p>(2) Believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them;</p> <p>(3) Believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure; or</p> <p>(4) Believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight.</p> | <p>2013 Only (Optional)</p> <p>2014 – Onward (Required)</p> |
| Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, and diagnostic test results), among providers of care and patient authorized entities electronically | <p>Change: Objective is no longer required</p> | <p>2013 – Onward (Required)</p> |

Stage 1 Changes Tip Sheet

| Stage 1 Objective | Changes to Objective | Effective Year (CY/FY) |
|--|--|--------------------------|
| Report ambulatory/hospital clinical quality measures to CMS or the States | Change: Objective is incorporated directly into the definition of a meaningful EHR user and eliminated as an objective | 2013 – Onward (Required) |
| <p>EP and Hospital Objectives: Provide patients with an electronic copy of their health information (including diagnostics test results, problem list, medication lists, medication allergies, discharge summary, procedures) upon request.</p> <p>EP Objective: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4business days of the information being available to the EP.</p> <p>Hospital Objective: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.</p> | <p>Change: Replace these four objectives with the Stage 2 objective and one of the two Stage 2 measures.</p> <p>EP Objective: Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP.</p> <p>EP Measure: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.</p> <p>Hospital Objective: Provide patients the ability to view online, download and transmit information about a hospital admission.</p> <p>Hospital Measure: More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have their information available online within 36 hours of discharge.</p> | 2014 – Onward (Required) |

2014: Quality Measures

Clinical Quality Measures (CQMs)

- Starting in 2014, clinical quality measures are no longer a meaningful use objective, but reporting CQMs is part of the definition of a meaningful user
- The requirements for CQMs are now tied to the current year of participation, not your stage of MU
- CQMs must derive from patient data that is located in your CEHRT
- Requirements, quality domains, and quality measures aligned with EHR Reporting option of the Physician Quality Reporting System (PQRS)
- Medicaid EPs must submit their CQM data to their State Medicaid Agency

-



2014: Quality Measures

Clinical Quality Measures (CQMs)

CQM Domains (same as PQRS):

1. Patient and Family Engagement (4 measures)
2. Patient Safety (6 measures)
3. Care Coordination (1 measure)
4. Population/Public Health (9 measures)
5. Efficient Use of Healthcare Resources (4 measures)
6. Clinical Processes/Effectiveness (40 measures)



Long Road to



Questions

