

MEDICAL ASSISTANCE STAGE 2 SUMMARY

OVERVIEW

On September 4, 2012, CMS published a final rule that specifies the Stage 2 Meaningful Use criteria that eligible professionals (EPs), eligible hospitals (EHs) and critical access hospitals (CAHs) must meet in order to continue to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The updates in this rule apply to Stage 1 criteria, Stage 2 criteria and other Medicaid EHR incentive program requirements. The Stage 1 updates and Medicaid program requirements will be implemented in the spring of 2013 and the Stage 2 updates will be effective for the 2014 program year. This document will summarize the updates that will impact Pennsylvania Medicaid providers.

TIMELINE

The table below summarizes what stage you will be in each year based on the year you start and assuming no participation years are skipped. (NOTE: The incentive amounts listed in the chart below reflect Eligible Professionals except Pediatricians who meet the 20% - 29% patient volume threshold)

1 st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	AIU	1	1	2	2	3	TBD	TBD	TBD	TBD	TBD
	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500					
2012		AIU	1	1	2	2	3	TBD	TBD	TBD	TBD
		\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500				
2013			AIU	1	1	2	2	3	TBD	TBD	TBD
			\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500			
2014				AIU	1	1	2	2	3	TBD	TBD
				\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500		
2015					AIU	1	1	2	2	3	TBD
					\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	
2016						AIU	1	1	2	2	3
						\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500

SUMMARY OF UPDATES

KEY PROGRAM ELEMENTS THAT DID NOT CHANGE

- For meaningful use, 50% of EP all outpatient encounters must occur at locations with certified EHR technology (CEHRT).

- For meaningful use measures, denominators are based on outpatient locations equipped with CEHRT and include all such encounters or only those for patients whose records are in CEHRT depending on the measure.
- CHIP Encounters will still not be included in MA patient volume except for providers that practice predominately in a FQHC or RHC.
- Program eligible provider types remain the same.

KEY PROGRAM ELEMENTS THAT IMPACT ATTESTATIONS BEGINNING PROGRAM YEAR 2013 (OCTOBER 1, 2012 FOR EHs AND JANUARY 1, 2013 FOR EPs)

- The **patient encounter definition** will change. Providers will be able to count MA patient encounters even if MA did not pay any part of the encounter. NOTE: MAPIR will continue to refer to the previous definition until the system is updated in April 2013 however, you will be allowed to use the new patient encounter definition.
- Hospitals that begin participating in Federal fiscal year 2013 or later use discharge data from the most recent continuous 12-month period for which auditable data is available prior to payment year.
- EPs will have the option to use a six-month period within the prior calendar year or the preceding 12 month period from the date of attestation for the definition of practicing predominantly (more than 50% of the encounters) in a FQHC or RHC.

KEY PROGRAM ELEMENTS FOR MEDICAID ELIGIBILITY AND STAGE 1 MEANINGFUL USE THAT WILL BE IMPLEMENTED SPRING 2013

- For **patient volume calculations** EPs can still use the previous calendar year and EHs can use the previous fiscal year for their 90 day period or there is now the option for providers to use a 90 day period from the previous 12 months from the date of application submission.
- **Core Measure 1 CPOE (EPs & EHs)**, the current measure is based on the number of unique patients with a medication in their medication list that was entered using CPOE. A new, optional alternate measure is based on the total number of medication orders created during the EHR reporting period. Providers 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.)
- **Core Measure 1 CPOE (EPs & EHs)**, the revised interpretation allows a credentialed medical assistant (CMA) to be considered a “licensed health care professional” for purpose of computerized provider order entry (CPOE). The CMA must still adhere to State, local and professional guidelines regarding order entry. The CMA credentialing would have to be obtained from an organization other than the employing organization.”
- **Core Measure 4 Electronic Prescribing (EPs)**, an EP is allowed to take an exclusion if there is no pharmacy that accepts electronic prescriptions within a 10 mile radius of the EPs practice location at the start of the reporting period.
- **Core Measure 8 Record and Chart changes in vital signs (core measure 7 for EHs)**, there are two updates. The first update allows providers to still include age 2 for blood pressure and height/weight OR start at age 3 for blood pressure with no age limit for height/weight. The second update applies to the exclusion. Either all three elements are not relevant to scope of practice to take an exclusion OR 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. (Note: this will be required in 2014 and beyond).

- **Public health measures**, each of the Public Health Measures will have the following clarification added ‘except where prohibited.’

KEP PROGRAM ELEMENTS FOR STAGE 1 MEANINGFUL USE THAT WILL BE REMOVED SPRING 2013

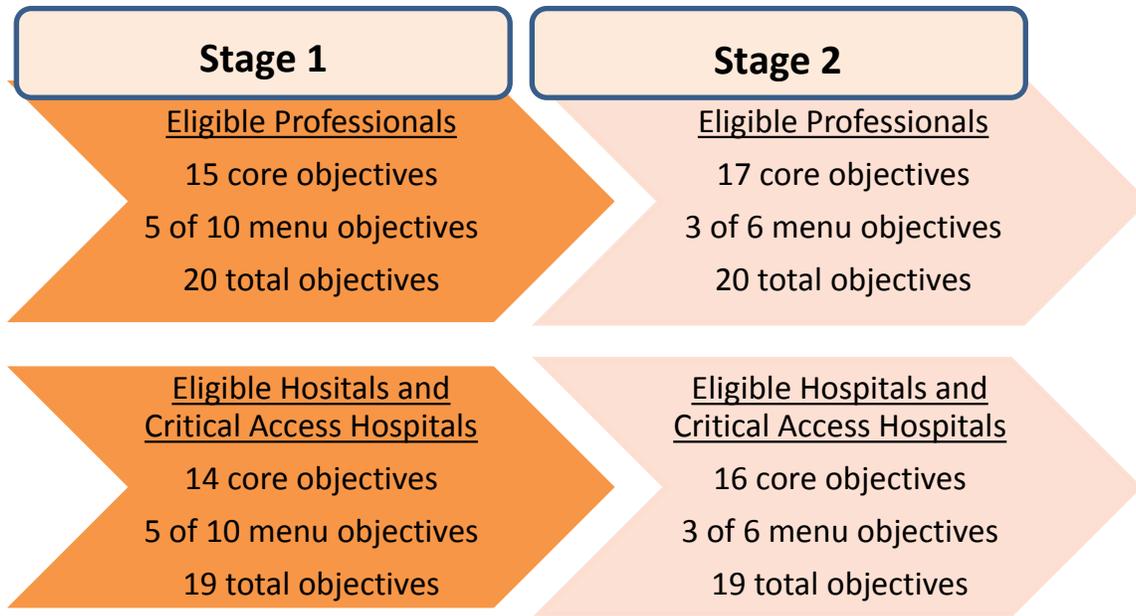
- **Core Measure 10 for EPs (core measure 9 for EHs)**, ‘Report ambulatory or hospital clinical quality measures’ will no longer be a standalone “yes or no” objective required for stage 1. However EPs, EHs and Critical Access Hospitals will still be required to attest to clinical quality measures in order to achieve meaningful use.
- **Core Measure 14 for EPs (core measure 13 for EHs)**, capability to exchange key clinical information among providers of care and patient-authorized entities electronically will no longer be required for stage 1.

KEY PROGRAM ELEMENTS THAT WILL BE EFFECTIVE BEGINNING PROGRAM YEAR 2014 (OCTOBER 1, 2013 FOR EHs AND JANUARY 1, 2014 FOR EPs)

- In 2014, all providers (EPs & EHs) regardless of their stage of meaningful use are only required to demonstrate meaningful use for a continuous 90 day EHR reporting period.
- EPs & EHs will not 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/meet.
- **Core Measure 12 for EPs (core measure 11 for EHs)**, provide patients with an electronic copy of their health information upon request, there is a change for both the EPs and the EHs. For the EPs, they must 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. For the EHs, they must provide patients the ability to view online, download and transmit their health information within 36 hours after discharge from the hospital.
- In 2014, the EHR systems will need to meet the 2014 standards set by ONC’s Standards & Certification Criteria 2014 Final Rule.
- There will be some changes to the Clinical Quality Measures (CQMs). When these measures are finalized they will be updates for both Stage 1 and Stage 2 CQMs. Here is a summary of the changes:

Provider	Prior to 2014	2014 and Beyond
EPs	Complete 6 out of 44 <ul style="list-style-type: none"> - 3 core or alternate core - 3 menu 	Complete 9 out of 64 Choose at least 1 measure in 3 NQS domains Recommended core CQMs include: <ul style="list-style-type: none"> - 9 CQMs for the adult population - 9 CQMs for the pediatric population - Prioritize NQS domains
EHs and CAHs	Complete 15 out of 15	Complete 16 out of 29 Choose at least 1 measure in 3 NQS domains

STAGE 1 VS STAGE 2 COMPARISON



Stage 2 EP CORE & MENU MEASURES

Below is a list of the Stage 2 Core and Menu Measures for both EPs and EHs. CMS has also created comparison tables for both EPs and EHs that assesses the Stage 1 and Stage 2 measures within the table. If you would like to view these documents, the link for the EP measures is :

[http://www.cms.gov/Regulations-and-](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1vsStage2CompTablesforEP.pdf)

[Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1vsStage2CompTablesforEP.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1vsStage2CompTablesforEP.pdf) and the link for

the EH measures is: [http://www.cms.gov/Regulations-and-](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1vsStage2CompTablesforHospitals.pdf)

[Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1vsStage2CompTablesforHospitals.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1vsStage2CompTablesforHospitals.pdf)

EPs MUST MEET ALL 17 OBJECTIVES

Core Objective	Measure
1. CPOE	Use CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology
2. E-Rx	E-Rx for more than 50%
3. Demographics	Record demographics for more than 80%
4. Vital Signs	Record vital signs for more than 80%
5. Smoking Status	Record smoking status for more than 80%
6. Interventions	Implement 5 clinical decision support interventions plus drug/drug and drug/allergy
7. Labs	Incorporate lab results for more than 55%

8. Patient List	Generate patient list by specific condition
9. Preventive Reminders	Use EHR to identify and provide reminders for preventive/follow-up care for more than 10% of patients with two or more office visits in the last 2 years
10. Patient Access	Provide online access to health information for more than 50% with more than 5% actually accessing
11. Visit Summaries	Provide office visit summaries for more than 50% of office visits
12. Education Resources	Use EHR to identify and provide education resources more than 10%
13. Secure Messages	More than 5% of patients send secure messages to their EP
14. Rx Reconciliation	Medication reconciliation at more than 50% of transitions of care
15. Summary of Care	Provide summary of care document for more than 50% of transactions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR
16. Immunizations	Successful ongoing transmission of immunization data
17. Security Analysis	Conduct or review security analysis and incorporate in risk management process

EPs MUST SELECT 3 OF 6 OBJECTIVES

Menu Objective	Measure
1. Imaging Results	More than 20% of imaging results are accessible through Certified EHR Technology
2. Family History	Record family health history for more than 20%
3. Syndromic Surveillance	Successful ongoing transmission of syndromic surveillance data
4. Cancer	Successful ongoing transmission of cancer case information
5. Specialized Registry	Successful ongoing transmission of data to a specialized registry
6. Progress Notes	Enter an electronic progress note for more than 30% of unique patients

Stage 2 EH CORE & MENU MEASURES

EHs MUST MEET ALL 16 OBJECTIVES

Core Objective	Measure
1. CPOE	Use CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology
2. Demographics	Record demographics for more than 80%
3. Vital Signs	Record vital signs for more than 80%
4. Smoking Status	Record smoking status for more than 80%
5. Interventions	Implement 5 clinical decision support interventions + drug/drug and drug/allergy
6. Labs	Incorporate lab results for more than 55%
7. Patient List	Generate patient list by specific condition
8. eMAR	eMAR is implemented and used for more than 10% of medication orders
9. Patient Access	Provide online access to health information for more than 50% with more than 5% actually accessing
10. Education Resources	Use EHR to identify and provide education resources more than 10%
11. Rx Reconciliation	Medication reconciliation at more than 50% of transitions of care
12. Summary of Care	Provide summary of care document for more than 50% of transitions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR
13. Immunizations	Successful ongoing transmission of immunization data
14. Labs	Successful ongoing submission of reportable laboratory results
15. Syndromic Surveillance	Successful ongoing submission of electronic syndromic surveillance data
16. Security Analysis	Conduct or review security analysis and incorporate in risk management process

EHs MUST SELECT 3 OF 6 OBJECTIVES

Menu Objective	Measure
1. Progress Notes	Enter an electronic progress note for more than 30% of unique patients

2. E-Rx	More than 10% electronic prescribing (eRx) of discharge medication orders
3. Imaging Results	More than 20% of imaging results are accessible through Certified EHR Technology
4. Family History	Record family health history for more than 20%
5. Advanced Directives	Record advanced directives for more than 50% of patients 65 years or older
6. Labs	Provide structured electronic lab results to EPs for more than 20%

MEDICARE PAYMENT ADJUSTMENTS

The Medicaid (Medical Assistance) program will not impose any penalties for providers who have not reached and are not continuing to meet Meaningful Use guidelines. In 2015, CMS's Medicare program will begin imposing payment adjustments on Medicare claims for providers who have not demonstrated meaningful use in a previous payment year. Below is a chart highlighting some key dates and important details you need to know about the Medicare payment adjustments:

- Adopt, Implement & Upgrade does not count toward demonstrating Meaningful Use.
- The payment adjustment only affects Medicare Payments
- The payment adjustments do not affect provider types who are not eligible for the EHR Incentive Program
- Providers who participate in Medicare can avoid payment adjustments by meeting Meaningful Use requirements through the Medicaid EHR Incentive Program
- To avoid payment adjustments, providers must demonstrate Meaningful Use every year
- The first payment adjustment will begin in 2015 and will be based on demonstrating meaningful use in 2013

Payment Adjustment Year	2015	2016	2017	2018	2019
Full Year EHR Reporting Period (starting 2011 or 2012)	2013	2014	2015	2016	2017
MU Reporting Period (starting with 90 days in 2013)	2013 (90 days)	2014 (90 days)	2015	2016	2017
MU Reporting Period (starting with 90 days in 2014)	2014 (90 days)	2014 (90 days)	2015	2016	2017