Office of Medical Assistance Programs
Electronic Health Record (EHR) Incentive Program
Meaningful Use Year 2
November 7, 2011
Agenda

• Program Summary
  - Applications and Payments
  - Provider Inquiries
  - Application Process

• Lessons Learned

• What’s New With MAPIR
  - Grace Period
  - Timeline
  - Meaningful Use

• Take-Aways

• Resources

• Upcoming Webinars

• Questions
• **1,977** Eligible Professionals and Eligible Hospitals applied at the CMS R&A website for Pennsylvania’s EHR program

• Of these, **1,482** have at least started or completed their applications in Pennsylvania’s MAPIR system

• Over **$60 million** in payments have been paid or are in the process of being paid to Eligible Professionals and Eligible Hospitals
Program Summary – Applications and Payments

Payments – October 31, 2011

EP payment total: $21,859,194.00
EH payment total: $38,412,995.51
Grand total: $60,272,189.51
Application Process

**Registration**

- CMS R&A

**Information**

- Sent to MAPIR to begin application

**Provider**

- Completes MAPIR application

**Application**

- Reviewed and processed for payment

**Payment**

- Received in 3 - 4 weeks

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**YEAR 2**

**Registration**

- Begins with the MAPIR application

**Hospital**

- Completes MAPIR application

**Application**

- Reviewed and processed for payment

**Payment**

- Received in 3 - 4 weeks
PROMISSe login – Make sure person applying has individual PROMISSe account

Alternate – if someone else is applying for the EP, that person needs to be registered as an alternate.

The NPI number used to assign the EHR Incentive Payment needs to be linked to the EPs PROMISSe account
Lessons Learned – PA REACH

Anita Somplasky, RN
PA REACH Executive Director
Providers have needed assistance from PA REACH with:

- Understanding registration process
- Understanding who EPs are
- Understanding which services count
Common Pitfalls for Meaningful Use

- Workflow has not been adapted to capture information for numerators
- Providers think that EHR = MU
- Reliance on vendor to do the work
- Not recognizing that the numerator is a reflection of care being provided
Meaningful Use Misconceptions

- Use of a non-certified report writer to generate reports
- Not reporting measures appropriate for specialty
- In the event that none of the 44 clinical quality measures applies to an EP's patient population, the EP is still required to report a zero for the denominators for all six of the core and alternate core clinical quality measures
Defining an Encounter

Frequent questions include:

- Do nurse visits for injections count?
- Do phone calls count?
To be a meaningful EHR user, an EP must have 50 percent or more of their patient encounters during the EHR reporting period at a practice/location or practices/locations equipped with certified EHR technology.
Exchanging & Reporting Information

• What happens if the vendor cannot report to SIIS, and the Surveillance System is not available?

• If there are no entities with which to conduct one test of either the syndromic surveillance data or the immunizations, you can exempt from both but you will still need to choose:
  • 1 public health measures
  • Report an exemption
  • 4 other menu measures
What information is required for the Summary of Care record?

- The revised minimal requirements for the Clinical Visit Summary include:
  - Problem list
  - Diagnostic test results
  - Medication list
  - Medication allergy list
More than 50% of all unique patients seen by the EP have demographics recorded as structured data

- Workflow to ensure that this information is captured in the EHR vs. PM system is required
PA REACH may not have all of the answers, but we have the relationships with CMS and DPW to get providers the information that they need!
What’s New? - Grace Period

EHs Currently in Grace Period - EP
Grace Period begins Jan. 1, 2012

Choice of Program Year will determine dates for calculating cost & volume data

Questions in MAPIR indicate how you will participate
What’s New? – Grace Period

Additional MAPIR Questions

<table>
<thead>
<tr>
<th>Eligibility Questions (Part 1 of 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please confirm that you are choosing the Medicaid incentive program.</td>
</tr>
<tr>
<td>Do you have any sanctions or pending sanctions with Medicare or Medicaid in Pennsylvania?</td>
</tr>
<tr>
<td>Is your facility licensed to operate in all states in which services are rendered?</td>
</tr>
<tr>
<td>Are you applying for a Program Year 1 Incentive Payment? (see previous screen for details on what dates to use for calculations)?</td>
</tr>
<tr>
<td>Are you applying for a Program Year 2 Incentive Payment? (see previous screen for details on what dates to use for calculations)?</td>
</tr>
<tr>
<td>Have you or will you apply for the CMS Medicare EHR Incentive Program?</td>
</tr>
</tbody>
</table>
What’s New? - Timeline

ELIGIBLE PROFESSIONAL PROGRAM YEAR 2 TIMELINE

- **June 6, 2011**: Pennsylvania launches MA EHR Incentive Program Year 1
- **January 1, 2012**: EP Program Year 2 begins
  - **March 30, 2012**: Grace Period for Program Year 1 ends
  - **March 31, 2012**: EPs may begin to attest to 90 days MU
- **January 1, 2013**: EP Program Year 3 begins – EPs may begin to attest to 365 days MU
- **A, I, or U only attestation accepted in 2011 Program Year 1**
- **A, I, or U or 90 days MU Attestation accepted in 2012 Program Year 2**
- **Grace period to apply in Program Year 1**
**What’s New? - Timeline**

- **June 6, 2011**: Pennsylvania launches MA EHR Incentive Program Year 1
- **October 1, 2011**: EH Program Year 2 begins
- **December 31, 2011**: A, I, U (Medicaid) or deemed eligible (Medicare) for 90 days MU attestation accepted in Program Year 1 – In the MAPIR application use 7/1/10 – 6/30/11 for your 90 day volume calculation and use 7/1/09 - 6/30/10 for your cost data numbers (if your facility fiscal year runs from 7/1 – 6/30)
- **October 1, 2012**: EH Program Year 3 begins - EHs may begin to attest to 365 days MU for Program Year 2

**Grace Period**
- **Grace Period for Program Year 1 ends**: October 1, 2011
- **Grace period to apply in Program Year 1 - during the grace period use the same dates in the MAPIR application as Payment Year 1**:
  - A, I, U (Medicaid) or deemed eligible (Medicare) for 90 days MU attestation accepted in Program Year 2 – In the MAPIR application (through 6/30/12) use 7/1/10 – 6/30/11 for your 90 day volume Calculation and use 7/1/10 – 6/30/11 for your cost data numbers (if your facility fiscal year runs from 7/1 – 6/30)
What’s New? - Timeline

HELPFUL HINTS

- If you already attested through the CMS Medicare Program for 90 days Meaningful Use (MU) in Program Year 1, you will need to complete 365 days MU for both Medicare and Medicaid in Program Year 2 (we will begin to accept applications for this option on October 1, 2012).

- If you are applying for the Program Year 1 Incentive during the grace period, in the MAPIR application respond ‘Yes’ to the question that asks if you are applying for Program Year 1.

- If you completed an application in Program Year 1 for AIU before Oct. 1, 2011 or during the grace period, you will be able to attest to 90 days MU attestation for Program Year 2.

DEFINITIONS

- **PROGRAM YEAR** – Program Year is based on the overall EHR Incentive Program and when it began. Pennsylvania’s program started on 6/6/11 which would be the first Program Year. Starting 10/1/11 Program Year 2 will begin and will continue to change with the Federal Fiscal Year.

- **PAYMENT YEAR** – Payment Year is based on the Federal Fiscal Year (Program Year) in which you receive your payment. For example, if you receive your 1st payment in August 2011, then your first payment year is the Federal Fiscal Year 2011. If you receive a payment in October 2012, then your second payment year is in the Federal Fiscal Year 2013 and it would be in Program Year 3.

- **SKIPPING YEARS** – In the Medicaid EHR Incentive Program, you are not required to apply for the incentive payment during each consecutive Program Year. You have the option to skip Program Years.
What’s Next? – EP Meaningful Use

- Meaningful Use Criteria for Eligible Professionals (EPs)
  - EPs must pass or have an exclusion for 15 Core Measures
    - Ex. Computerized provider order entry (CPOE)
  - EPs must pass 5 of 10 Menu Measures
    - Ex. Incorporate clinical lab-test results as structured data
  - EPs must pass 6 Clinical Quality Measures
    - 3 core or alternate core and 3 of 38 from additional set
      - Ex. Hypertension: Blood Pressure Measurement
      - Ex. Diabetes: Eye Exam
• Meaningful Use Criteria for Eligible Hospitals (EHs)
  - EHs must pass or have an exclusion for 14 Core Measures
    - Ex. Computerized provider order entry (CPOE)
  - EHs must pass 5 of 10 Menu Measures (1 of the Public Health measures must be entered)
    - Ex. Incorporate clinical lab-test results as structured data
  - EHs must pass 15 Clinical Quality Measures
    - Ex. Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients
What’s New? – Meaningful Use


The Meaningful Use Attestation Calculator

Meeting the Requirements for Meaningful Use

This online tool allows providers to test whether or not they would successfully demonstrate meaningful use for the EHR Incentive Programs. Visit the Medicare and Medicaid EHR Incentive Program website for more detailed information about the program, including who is eligible to participate.

Get Started!

Select Your Provider Type:

- Eligible Hospitals and Critical Access Hospitals
- Eligible Professionals
Meaningful Use Screens

NPI 1234567890  TIN 123456789
CCN N/A

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<th>Program Year</th>
<th>Payment Amount</th>
<th>Available Actions</th>
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<td>Future</td>
<td>Unknown</td>
<td>None at this time</td>
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</table>
Please answer the following question to determine your eligibility for the EHR Medicaid Incentive Payment Program.

* Do at least 80% of unique patients have their data in the certified EHR during the EHR reporting period?  
   - Yes  - No

< Up to three additional configurable Yes or No Meaningful Use questions will appear in this area if defined in the MAPIR database by the hosting state. >
<table>
<thead>
<tr>
<th>Name</th>
<th>Medicaid Memorial Hospital</th>
<th>NPI</th>
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<tbody>
<tr>
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<td>Hospital TIN</td>
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</tr>
</tbody>
</table>

**Attestation Meaningful Use Measures**

**Core Measure 2 of 14**

*Click [here](#) to review CMS Guidelines for this measure.*

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

**Objective:** Implement drug-drug and drug-allergy interaction checks

**Measure:** The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.

Complete the following information:

*Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?

Yes ☐ No ☐
Take-Aways

MA Patient Volume Calculation vs. Meaningful Use Calculation

• MA Patient Volume Calculation
  This is calculated by determining MA patient encounters divided by total patient encounters for a continuous 90 day period from the previous calendar year.

• Meaningful Use Calculation
  This is data that is calculated from a continuous 90 day period from the current calendar year.
Group vs. Individual Calculations for Meaningful Use

• **Group Calculations**
  - When determining **MA Patient Volume**, EPs have the option to use Group encounters for reporting volumes

• **Individual Calculations**
  - When determining **MA Patient Volume**, EPs have the option to use Individual encounters for reporting volumes
  - When determining **MU Measures**, EPs must report individual volumes (not group)
Clinical Quality Measures

- The Clinical Quality Measures need to be reported from your Certified EHR System
The Medicare and Medicaid EHR Incentive Programs provide a financial incentive for the "meaningful use" of certified EHR technology to achieve health and efficiency goals. By putting into action and meaningfully using an EHR system, providers will reap benefits beyond financial incentives—such as reduction in errors, availability of records and data, reminders and alerts, clinical decision support, and e-prescribing/refill automation. Here, you will find resources with more information as well as a CMS EHR Meaningful Use Criteria Summary.

Click on the links below to learn more:

- What is "Meaningful Use":
- What are the Criteria for Meaningful Use:
- How do I Meet Meaningful Use Requirements:
- What are the requirements for Stage 1 of Meaningful Use (2011 and 2012):
- What are "Clinical Quality Measures":
- What can I Learn from Meaningful Use Objectives Specification Sheets:
- Downloads, related links:

**What is "Meaningful Use"?**
The American Recovery and Reinvestment Act of 2009 specifies three main components of Meaningful Use:

1. The use of a certified EHR in a meaningful manner, such as e-prescribing.
2. The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
3. The use of certified EHR technology to submit clinical quality and other measures.

Simply put, "meaningful use" means providers need to show they're using certified EHR technology in ways that can be measured significantly in quality and in quantity.
## Meaningful Use Specification Sheets


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### Eligible Professional Core Objectives

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<th>Availability</th>
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<tbody>
<tr>
<td>(1) Use <a href="#">CPOE</a> for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(2) Implement drug-drug and drug-allergy interaction checks.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(3) Maintain an up-to-date problem list of current and active diagnoses.</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(4) Generate and transmit permissible prescriptions electronically (eRx).</td>
<td>AVAILABLE</td>
</tr>
<tr>
<td>(5) Maintain the medication list.</td>
<td>AVAILABLE</td>
</tr>
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# CMS FAQs


## Electronic Health Record (EHR) Incentive Program FAQs

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Upcoming Webinars

Electronic Health Record Provider Panel – December 2011

Additional sessions in 2012 with emphasis on MAPIR changes and detailed MU discussion
Questions?

www.pamahealthit.org

Ra-mahealthit@pa.gov