

Meaningful Use in 2014: Flexible Reporting Option



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- New email addresses
 - Csohio.president@himsschapter.org
 - Csohio.info@himsschapter.org
- 2014 Fall Conference: Data! - What is it good for?
 - Friday, October 24th @ UC Drake Center
 - Register at <http://www.eventbrite.com/e/csohimss-2014-fall-conference-titled-data-what-is-it-good-for-tickets-12946347875?aff=affiliate1>
 - Or go to <http://www.Eventbrite.com> and search for CSOHIMSS

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Final Rule for Meaningful Use Incentive Reporting in 2014

➤ Proposed rule officially published May 23, 2014, FR Vol. 79, pp. 29732 - 29738

➤ Final rule published September 4, 2014 in the Federal Register: FR Vol. 79, pp. 52910 – 52933 (79 FR 52910); finalizes other sections besides original proposed rule of May 23, 2014



2014 MU Attestation Timelines



Attestation Timelines Remain the Same

Rule does not change or extend the reporting periods for 2014 attestation:

- The latest attestation period for Medicare/Medicaid hospitals for either Stage 1 or Stage 2 is July 1 – September 30, 2014 (90 days for Medicaid). Attestation submission must be by November 30, 2014 for any quarter in FY 2014 that is used as the attestation period.
- The latest attestation period for physicians/EPs for Medicare is October 1 – December 31, 2014. Attestation submission must be by February 28, 2015:
 - EPs past their 1st year of Medicare MU will report by quarter for ANY quarter in calendar year 2014.
 - EPs in any year of Medicaid MU will report for any 90 day period in calendar year 2014.
 - EPs attesting for the 1st time—either Medicare or Medicaid—will report for any 90 day period in calendar year 2014.



Attestation Timelines for 1st Time Attesters in 2014

- EPs who are 1st time attesters to Meaningful Use in 2014 and who wish to avoid the 1% Medicare payment penalty in 2015:
 - If filed for a hardship exception by July 1, 2014, then have until February 28, 2015 to attest for any 90 day reporting period in 2014.
 - If did not file for a hardship exception, must attest no later than October 1, 2014 to avoid the 2015 payment penalty and receive EHR incentives.
 - If did not file for a hardship exception and attests after October 1, 2014 for 2014, will receive the EHR incentives but will also receive a 1% payment penalty in 2015.



Meaningful Use Reporting for 2015

The rule does not change any requirements for 2015 MU attestation:

- All providers will be required to have 2014 Edition CEHRT in place by the beginning of their 2015 reporting period.
- If an EH or EP is beyond the first year of reporting, they will be required to attest for a 365 day period in 2015:
 - EHS: October 1, 2014 – September 30, 2015
 - EPs: January 1, 2015 – December 31, 2015



Changes to 2014 Meaningful Use: What is "Flexible Reporting?"



What the Flexible Reporting Option Means

- Creates new look-back categories for both Stage 1 and Stage 2 attestation for 2014, including use of 2013 MU measures.
- Changes the requirement that all EHRs and EPs must use 2014 CMS certified technology (CEHRT) for 2014 attestations.
- Allows use of 2011 CMS certified technology or a combination of 2011 and 2014 CMS certified technology (as well as 2014 CMS certified technology).



How to Use the Flexible Reporting Option: What Stage to Report?

“The edition of certified EHR technology available to a provider dictates the stage and version of the Meaningful Use objectives and measures that the provider will be able to meet.”



--79 FR 52913



Options for Meaningful Use Reporting Specific to 2014

Schedule for 2014 Reporting	Using 2011 Certified EHR	Using Combination of 2011/2014 Certified EHR	Using 2014 Certified EHR
Stage 1 in 2014	*2013 Stage 1 Measures and CQMs	1) *2013 Stage 1 Measures and CQMs; OR 2) *2014 Stage 1 Measures and CQMs	2014 Stage 1 Measures and CQMs
Stage 2 in 2014	*2013 Stage 1 Measures and CQMs	1) *2013 Stage 1 Measures and CQMs; 2) *2014 Stage 1 Measures and CQMs; OR 3) *Stage 2 Measures and CQMs	1) *2014 Stage 1 Measures and CQMs; OR 2) Stage 2 Measures and CQMs

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

If You Are Scheduled to Report Stage 1 in 2014



If your first year of meeting MU was in 2013, or will be in 2014, these are your reporting options:

If you cannot fully implement a 2014 Edition CEHRT due to delays in 2014 CEHRT availability:

- Can attest using 2011 CMS certified EHR (CEHRT), but need to attest to 2013 Stage 1 measures and CQMs.
- Can attest using 2011 and 2014 combined certified EHR technology and attest to either 2013 Stage 1 measures and CQMs or 2014 Stage 1 measures (including patient portal) and CQMs.

If your 2014 Edition CEHRT system is fully implemented:

- Can attest using 2014 CEHRT and attest to 2014 Stage 1 measures and CQMs.

If You Are Scheduled to Report Stage 1 in 2014

Clinical Quality Measures Reporting for Stage 1

- If reporting using 2013 measures, then use 2013 CQMs (i.e., 15 required CQMs for EHs; 3 required and 3 selected CQMs for EPs).
- Providers attesting for 2013 Stage 1 using 2011 Edition CEHRT or 2011/2014 Edition CEHRT can use a different quarter of data to draw their CQM information than the MU attestation period.
- Providers attesting for 2013 Stage 1 using 2011/2014 Edition CEHRT can report on less than the full reporting period's CQMs.
- If reporting using 2014 measures, then EHs report on 16 CQMs across 3 domains and EPs report on 9 CQMs across 3 domains. Providers can attest to 2014 CQMs using either attestation or electronic reporting for the CQMs.



If You Are Scheduled to Report Stage 2 in 2014

If you cannot fully implement 2014 Edition CEHRT due to delays in 2014 CEHRT availability:

- Can attest using 2011 CMS certified EHR (CEHRT), but need to attest to 2013 Stage 1 measures and CQMs.
- Can attest using 2011 and 2014 combined certified EHR technology and attest to:
 - 2013 Stage 1 measures and CQMs, or
 - 2014 Stage 1 measures (including patient portal) and CQMs; or
 - 2014 Stage 2 measures and CQMs.
- Can attest using 2014 CEHRT and attest to:
 - 2014 Stage 1 measures and CQMs.

If you are fully implemented on 2014 Edition CEHRT, you will attest to Stage 2 measures and CQMs. CQMs can be reported electronically or by attestation.



If You Are Scheduled to Report Stage 2 in 2014

Clinical Quality Measures Reporting for Stage 2

- If reporting using 2013 measures, then use 2013 CQMs (i.e., 15 required CQMs for EHS; 3 required and 3 selected CQMs for EPs).
- If reporting using 2014 measures, then EHS report on 16 CQMs across 3 domains and EPs report on 9 CQMs across 3 domains. 5 clinical decision support rules must be linked to 4 of the CQMs.



How the Proposed Rule Affects Medicaid Reporting

- Proposed rule requires that any EH or EP attesting for the first time with Medicaid for AIU (Adopt, Implement or Upgrade) use CEHRT that is 2014 CMS certified.
- Medicaid will adopt the flexible rule reporting guidelines.
- Ohio MPIP has not identified the process to be used yet.



Changes to 2014 Meaningful Use: What is “Flexible Reporting?”



Stage 1 Public Health Reporting Measures in 2014

- **Test Message Sent in Prior Year/Flexible Reporting Option Used:** If a provider sent a test message to a public health agency in a previous EHR reporting period – and chooses to report 2013 Stage 1 objectives and measures or 2014 Stage 1 objectives and measures for the 2014 reporting period with one of the alternate options for the use of CEHRT – the provider is not required to send another test message to meet the public health measure for the 2014 reporting period.
- **Test Message Sent in Prior Year/No Flexible Reporting Option:** If a provider is attesting to Stage 1, Year 2 and is not using the flexible reporting option (i.e., is using a 2014 certified system and is able to attest to 2014 Stage 1 standards), then the provider is required to submit a test message for public health reporting.
- **1st Time Attesters:** If a provider has never met Meaningful Use before and is at Stage 1, Year 1 in 2014, the provider is required to submit a test message for public health reporting.



Stage 2 Public Health Reporting Measures in 2014

Stage 2 Attesters: There is no change in public health reporting for Stage 2 attestation.



Stage 2 Transitions of Care/ Interoperability Measure in 2014

- **Reporting Exception Created for Stage 2 Interoperability (Stage 2 Core Measure 12 for EH; Stage 2 Core Measure 15 for EP):** For Subsection 2 of the transitions of care measure for MU, which requires 10% of the transitions of care CCD-A documents to be sent electronically, a limited exception is created to allow for Stage 2 attestations to revert to Stage 1 2014 Measures for 2014 attestations only.
- This reporting exception to be used only when attesting provider is unable to meet the measure because receiving providers were impacted by issues related to 2014 Edition CEHRT availability delays, and therefore could not implement the functionality required to receive the electronic summary of care document (CCD-A).
- MUST retain documentation clearly demonstrating that they were unable to meet the 10% threshold for the measure due to the receiving party's inability to receive documents electronically because of CEHRT availability delays.



Providers at More than One Location in 2014

EPs practicing at multiple locations who have been unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to CEHRT availability delays may attest as follows:

- Multiple locations with <50% of patient encounters at locations with 2014 CEHRT: If an EP uses different editions of CEHRT at multiple locations (i.e., 2011 and 2014 certified versions), then the provider may choose to use the alternate CEHRT option that is best applied for his or her patient encounters across all locations during the reporting period.
- Multiple locations with >50% of patient encounters at locations with 2014 CEHRT: If an EP has over 50% of the patient encounters during the reporting period at locations equipped with 2014 CEHRT which has been fully implemented, the EP would NOT be eligible to use the flexibility options in this rule and should limit their denominators to only those patient encounters in locations equipped with fully implemented 2014 CEHRT.



Audit Issues with Flexible Reporting



Attestation Statement Required When Using the Flexible Reporting Option

This is the statement providers will be required to attest to when using one of the flexible reporting options in 2014:



“Providers who choose this option must attest that they are unable to fully implement 2014 Edition CEHRT (Certified EHR Technology) because of issues related to 2014 Edition CEHRT availability delays when they attest to the meaningful use objectives and measures.”

Acceptable Reasons for Using the MU Reporting Flexibility Option in 2014

Besides lack of 2014 certification by the vendor, CMS has identified the following reasons why an EH or EP can use another reporting option other than the one that was scheduled for 2014 reporting:

- A provider's inability to fully implement 2014 Edition CEHRT based on one or more delays related to software development, certification, testing, and release of the product by the EHR vendor which affected 2014 CEHRT availability.
- If the 2014 Edition CEHRT is installed, the provider may still utilize the flexible reporting options for 2014 MU attestation if availability is delayed due to:
 - Vendor software updates either delayed or missing
 - Software functionality issues such as patches or updates to correct a software bug or application error
 - Software that is missing some of the required components or that creates a safety issue

Unacceptable Reasons for Using the MU Reporting Flexibility Rule

If you are audited on a 2014 MU filing, CMS has identified the following reasons they will NOT accept as an explanation for why an EH or EP did not meet the established reporting timeline for 2014:

- Financial hardship
- Inability to meet the required threshold for specific Meaningful Use measures
- Staff changes and turnover
- Provider's inaction in purchasing or delay in implementing 2014 Edition CEHRT

Documentation to Retain for Audits

“Auditors will be provided guidance related to reviewing attestations associated with the options for using CEHRT.”

“Requiring auditors to work closely with providers on the supporting documentation needed applicable to the provider's individual case.”

“We believe that such case-by-case review will allow us to adequately account for the varied circumstances that may result in a provider selecting a different CEHRT option.”

“The referring provider must retain documentation clearly demonstrating that they were unable to meet the 10 percent threshold for the measure to provide an electronic summary of care document for a transition or referral.”

Recommendations for Audit Documents

- Narrative that clearly outlines your organization's "story."
- Letter from vendor(s) detailing certification and/or other issues.
- If rolling back due to software creating patient safety issue
 - Screenshots of error/bug and associated case/ticket
 - Statement from vendor(s)
- For TOC driven decision, statement from potential receiving hospitals/providers.
- Public health test messages from previous year.



2014 MU Attestation Process



Attestation Process

Selection of the 2011 or 2014 Meaningful Use standard driven by the CMS EHR Certification ID provided by the CHPL website

- Certified Health IT Product List
- <http://oncchpl.force.com/ehrcert/>



The screenshot shows a web browser window with the URL oncchpl.force.com/ehrcert/. The page header includes the HealthIT.gov logo and the title "Certified Health IT Product List" with the subtitle "The Office of the National Coordinator for Health Information Technology".

The main content area contains the following text:

The Certified Health IT Product List (CHPL) provides the authoritative, comprehensive listing of Complete Electronic Health Records (EHRs) and EHR Modules that have been tested and certified under the ONC HIT Certification Program, maintained by The Office of the National Coordinator for Health Information Technology (ONC).

Each Complete EHR and EHR Module listed on CHPL has been tested and certified by an authorized testing and certification body against applicable standards and certification criteria adopted by the HHS Secretary. EHR technologies that have been certified under the ONC HIT Certification Program are eligible to be used for the Centers for Medicare and Medicaid (CMS) EHR Incentive Programs. The CHPL provides CMS EHR Certification ID for qualified products to be used in the CMS EHR Incentive Programs.

In FYCY 2013, beginning January 2, 2013:

Eligible providers will have the ability to use EHR technology that is certified to 2011 edition certification criteria, 2014 edition certification criteria, and a combination of 2011 and 2014 edition certification criteria to generate CMS EHR Certification ID that is submitted to CMS as part of attesting to meaningful use of certified EHR technology.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.

Vendors or developers with questions about their products listing should contact their certification body that certified their product.

STEP 1: TO WHICH EDITION OF ONC HIT EHR CERTIFICATION ARE YOU ATTESTING?

Three buttons are displayed: "2011 Edition", "Combination of 2011 and 2014 Edition" (circled in red), and "2014 Edition".

USING THE CHPL WEBSITE

To browse the CHPL and review the comprehensive listing of certified EHR products, follow the steps outlined below:

1. Select the EHR Certification Criteria Edition for attestation (2011 Edition, Combination of 2011 and 2014 Edition, 2014 Edition)
2011 Edition – List of EHR products that are certified to 2011 Edition certification criteria.
2014 Edition – List of EHR products that are certified to 2014 Edition certification criteria.
Combination of 2011 and 2014 Edition – List of EHR products that are certified to 2011 Edition certification criteria AND/OR equivalent 2014 Edition certification criteria.
2. Select Practice Type (Ambulatory or Inpatient). Practice Type selection available only for '2011 Edition' and 'Combination of 2011 and 2014 Edition' attestation
3. Select the "Browse" button to view the list of all CHPL products

To obtain a CMS EHR Certification ID, follow the steps outlined below:



onchpl.force.com/ehrcert/ehproductsearch

Your Search Results: Showing 1-10 of 10 Products Found

STEP 4: ADD PRODUCTS TO YOUR CART

To add certified complete EHR product or EHR module(s) to your cart, click the "Add to Cart" link in the far-right column of the table below. You can add multiple products to cart. After adding product(s) to your cart, you will be directed to the cart page. The cart page displays the certification criteria that are met by the product(s) in your cart. Once the product(s) in your cart meet 100% of the required criteria, you can obtain a CMS EHR Certification ID.

The "Certification Year" column indicates the edition of EHR certification criteria to which the product is certified to. You can sort on any column in the table below. To sort, click on the column header and the arrow (▲) will confirm the ascending or descending sorting order.

Matching Product		<input type="checkbox"/> See Complete Products Only					
Certifying Body	Vendor	Product	Product Version#	Product Classification	Certification Year	Additional Software Required	
Drummond Group Inc.	McKesson	Paragon	10.0	Modular EHR	2011	Email software for demonstrating exchange of patient summary records 7-Zip encrypted archival software for general encryption	Add to Cart
Drummond Group Inc.	McKesson	Paragon®	11	Modular EHR	2011		Add to Cart
Drummond Group Inc.	McKesson	Paragon®	10.2	Modular EHR	2011		Add to Cart
Drummond Group Inc.	McKesson	Paragon®	10.1	Modular EHR	2011	7-Zip and email software	Add to Cart
Drummond Group Inc.	McKesson	Paragon®	12	Modular EHR	2011		Add to Cart
Drummond Group Inc.	McKesson	Paragon® with McKesson Quality eMeasures	12 & 2.0	Complete EHR *	2014		Add to Cart
Drummond Group Inc.	McKesson	Paragon® with McKesson Quality eMeasures™	Versions 10.2 and 1.0	Complete EHR	2011	7-Zip; Email software	Add to Cart
Drummond Group Inc.	McKesson	Paragon® with McKesson Quality eMeasures™	Versions 10.1 and 1.0	Complete EHR	2011	7-Zip Email software	Add to Cart
Drummond Group Inc.	McKesson	Paragon® with McKesson Quality eMeasures™	11 and 1.0	Complete EHR	2011	7-Zip, email software	Add to Cart
Drummond Group Inc.	McKesson	Paragon® with McKesson Quality eMeasures™ for Hospitals	12.1 & 2.1	Complete EHR *	2014		Add to Cart

<< Display 25 records per page >>

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onchpl.force.com/ehrcert/certificationcart

HealthIT.gov

Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

Selected Attestation: **Combination of 2011 and 2014 Edition - Inpatient** [Return to Search Options](#)

STEP 6: REQUEST CMS EHR CERTIFICATION ID

Certification Bar Summary

The certification bar provides a summary of the criteria that are met by product(s) in your cart. Criteria highlighted in blue have been met by product(s) in the cart, criteria in gray have not.

EHR technology designed for an inpatient setting (to be used by eligible hospitals) must be certified to all of the certification criteria adopted at 45 CFR 170.302 and 45 CFR 170.306.

Place your mouse over or click the individual letters in the certification bar to learn more about each criterion. Note: Certification criterion for Accounting of Disclosures (§ 170.302(w)) is optional for systems or technologies seeking certification. Thus, even if 'w' is gray in your certification bar, the product(s) in your cart can still meet 100% of the required certification criteria.

General Criteria (170.302) **abcde fghijklmnopqrstuvw** Inpatient Criteria (170.306) **abcde fghij**

Requesting Your CMS EHR Certification ID

If the product(s) in your cart meet 100% of the required criteria, you can then obtain a CMS EHR Certification ID.

If the product(s) in your cart do not meet 100% of the required 2011 criteria, click "Return to Search Options" link and continue to add additional products.

Get CMS EHR Certification ID

Percentage of criteria currently met: 100%

1 PRODUCT(S) IN CART

Certifying Body	Original Practice Type	Vendor	Product	Product Version #	Product Classification	Certification Year	Additional Software Required	
Drummond Group Inc.	Inpatient	McKesson	Paragon® with McKesson Quality eMeasures™	11 and 1.0	Complete EHR	2011	7-Zip, email software	Remove

Empty Cart | [Return to Search Options](#)

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Your Search Results: Showing 1-10 of 10 Products Found

STEP 4: ADD PRODUCTS TO YOUR CART

To add certified complete EHR product or EHR module(s) to your cart, click the "Add to Cart" link in the far-right column of the table below. You can add multiple products to cart. After adding product(s) to your cart, you will be directed to the cart page. The cart page displays the certification criteria that are met by the product(s) in your cart. Once the product(s) in your cart meet 100% of the required criteria, you can obtain a CMS EHR Certification ID.

The "Certification Year" column indicates the edition of EHR certification criteria to which the product is certified to. You can sort on any column in the table below. To sort, click on the column header and the arrow (↕) will confirm the ascending or descending sorting order.

Matching Product		<input type="checkbox"/> See Complete Products Only					
Certifying Body	Vendor	Product	Product Version#	Product Classification	Certification Year	Additional Software Required	
Drummond Group Inc.	McKesson	Paragon	10.0	Modular EHR	2011	Email software for demonstrating exchange of patient summary records 7-Zip encrypted archival software for general encryption	Add to Cart
Drummond Group Inc.	McKesson	Paragon®	11	Modular EHR	2011		Add to Cart
Drummond Group Inc.	McKesson	Paragon®	10.2	Modular EHR	2011		Add to Cart
Drummond Group Inc.	McKesson	Paragon®	10.1	Modular EHR	2011	7-Zip and email software	Add to Cart
Drummond Group Inc.	McKesson	Paragon®	12	Modular EHR	2011		Add to Cart
Drummond Group Inc.	McKesson	Paragon® with McKesson Quality eMeasures™	12 & 2.0	Complete EHR *	2014		Add to Cart
Drummond Group Inc.	McKesson	Paragon® with McKesson Quality eMeasures™	Versions 10.2 and 1.0	Complete EHR	2011	7-Zip; Email software	Add to Cart
Drummond Group Inc.	McKesson	Paragon® with McKesson Quality eMeasures™	Versions 10.1 and 1.0	Complete EHR	2011	7-Zip; Email software	Add to Cart
Drummond Group Inc.	McKesson	Paragon® with McKesson Quality eMeasures™	11 and 1.0	Complete EHR	2011		Already in Cart
Drummond Group Inc.	McKesson	Paragon® with McKesson Quality eMeasures™ for Hospitals	12.1 & 2.1	Complete EHR *	2014		Add to Cart

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STEP 5: REQUEST CMS EHR CERTIFICATION ID

Certification Bar Summary

The certification bar provides a summary of the criteria that are met by product(s) in your cart. Criteria highlighted in blue have been met by product(s) in the cart, criteria in gray have not.

EHR technology designed for an inpatient setting (to be used by eligible hospitals) must be certified to all of the certification criteria adopted at 45 CFR 170.302 and 45 CFR 170.306.

Place your mouse over or click the individual letters in the certification bar to learn more about each criterion. Note: Certification criterion for Accounting of Disclosures (§ 170.302(w)) is optional for systems or technologies seeking certification. Thus, even if 'w' is gray in your certification bar, the product(s) in your cart can still meet 100% of the required certification criteria.

Requesting Your CMS EHR Certification ID

If the product(s) in your cart meet 100% of the required criteria, you can then obtain a CMS EHR Certification ID.

If the product(s) in your cart do not meet 100% of the required 2011 criteria, click "Return to Search Options" link and continue to add additional products.

General Criteria (170.302) Inpatient Criteria (170.306)

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p
q
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t
u
v
w
x
y
z

[Get CMS EHR Certification ID](#)

Percentage of criteria currently met: 100%

2 PRODUCT(S) IN CART

Certifying Body	Original Practice Type	Vendor	Product	Product Version #	Product Classification	Certification Year	Additional Software Required	
Drummond Group Inc.	Inpatient	McKesson	Paragon® with McKesson Quality eMeasures™	11 and 1.0	Complete EHR	2011	7-Zip, email software	Remove
Drummond Group Inc.	Inpatient	McKesson	Paragon® with McKesson Quality eMeasures™ for Hospitals	12.1 & 2.1	Complete EHR	2014		Remove

[Empty Cart](#) [Return to 'Search by Field'](#) [Return to Search Options](#)

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Selected Attestation : **Combination of 2011 and 2014 Edition - Inpatient** [Return to CHPL Home](#)

CMS EHR CERTIFICATION ID

Your CMS EHR Certification ID is: 13H1301PKGQQEAP

An Eligible Professional (EP) or Eligible Hospital (EH) that chooses to participate in the Centers for Medicare and Medicaid (CMS) EHR Incentive Programs must obtain a CMS EHR Certification ID. You may submit this CMS EHR Certification ID at the time of registration, but must submit it as part of the attestation process for Medicare and Medicaid (CMS) EHR Incentive Programs.

Please return to the [Medicare and Medicaid EHR Incentive Program](#) and enter this CMS EHR Certification ID when prompted for an "EHR Certification Number" on the appropriate registration or attestation screen.

Please do not refresh this page. Refreshing the page may remove EHR products from your certification cart and result in an incorrect CMS EHR Certification ID. Click on the 'Return to CHPL Home' link above to access the CHPL homepage.

YOUR CERTIFIED EHR PRODUCT(S)

The following products were used to obtain your CMS EHR Certification ID:

Certifying Body	Original Practice Type	Vendor	Product	Product Version #	Product Classification	Certification Year	Additional Software Required
Drummond Group Inc.	Inpatient	McKesson	Paragon® with McKesson Quality eMeasures™	11 and 1.0	Complete EHR	2011	7-Zip, email software
Drummond Group Inc.	Inpatient	McKesson	Paragon® with McKesson Quality eMeasures™ for Hospitals	12.1 & 2.1	Complete EHR	2014	

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Comments from Other Organizations

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CHIME

CHIME is deeply disappointed in the decision made by CMS and ONC to require 365-days of EHR reporting in 2015. This single provision has severely muted the positive impacts of this final rule. Further, it has all but ensured that industry struggles will continue well beyond 2014.

http://www.cio-chime.org/chime/pressreleases/pr8_29_2014_4_43_51.asp

MGMA

Senior Policy Adviser Robert Tennant said that while MGMA appreciates the rule's focus on certified EHR software, many of the prevailing issues with the meaningful use program were not addressed. Specifically, he said the rule ignores that "some of the new [meaningful use] requirements have proven to be extremely onerous and forced [eligible providers] to rely on the actions of third parties."

<http://www.ihealthbeat.org/articles/2014/9/5/groups-react-to-final-rule-delaying-parts-of-meaningful-use-program>

John Halamka, CIO, Beth Israel Deaconess Medical Center

"Although certified products may have been introduced into the marketplace, the time to implement, train and ensure safe use exceeded the Stage 2 time limits."

<http://www.ihealthbeat.org/articles/2014/9/5/groups-react-to-final-rule-delaying-parts-of-meaningful-use-program>



Other Issues Addressed in the Rule



Other Issues Addressed in the Rule

- Officially extends Stage 2 for an additional year to include 2016. Stage 3 would begin with 2017 reporting period.
- Officially finalizes the proposed alternate measure for Stage 2 MU for hospitals sending electronic lab results to ambulatory providers. Allows hospitals to calculate the 20% required by using all lab orders received in the denominator rather than only those orders sent electronically.
- Makes the patient portal measure (View, Download and Transmit) calculation of the denominator use unique patients discharged by the hospital's inpatient or ED department during the EHR reporting period.
- Technical corrections to the 2014 CQM electronic specifications were accepted.



Other Issues Addressed in the Rule

Hospital CQM exemption for 5 or fewer discharges:

- Hospital CQM exemption for 1st time attesters: EAs with 5 or fewer discharges during the reporting period or 20 or fewer discharges during the year for the CQM's denominator population could claim an exemption.
- To claim the exemption, hospitals must submit aggregate population and sample size counts for Medicare and non-Medicare discharges for the denominator population for the CQM



Recap



Flowsheet for 2014 Meaningful Use Reporting

2014 Reporting Options and Attestation Process	Determine status of EHR certification and functionality
	Determine reporting options and measures that must be met
	Determine CQMs required and any corresponding functionality needed (CDS)
	Obtain CMS EHR attestation # from CHPL site for 2011 and/or 2014 technology used
	Enter CMS certification # at beginning of attestation to identify reporting track
	Maintain any documentation needed to explain reporting option selected



Final Thoughts

If you have attested to MU prior to 2014 and still are unable to meet MU in 2014 due to vendor delays or implementation issues, then plan on filing a hardship exception to avoid Medicare payment penalties in 2016.

- For EHS, the hardship exception filing for not being able to meet MU in 2014 is due April 1, 2015.
- For EPs, the hardship exception filing for not being able to meet MU in 2014 is due July 1, 2015.



Your trusted advisor for Health IT

- Education on MU Stage 2 objectives and CQMs
- Guidance on shaping MU adoption strategy and timelines
- Monthly monitoring, review & discussion of MU reports
- Support for specific issues involving objectives, CQMs, reimbursement, incentives & penalties
- Audit Response Support & Mock Audits
- Guidance on aligning CQMs & other quality programs
- <http://www.clinisync.org>





Questions?

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