

Meaningful Use

Becky L. Englehardt, BSN, MBA, CPC, CHC
HORNE LLP

HFMA
South Padre Island, Texas
May 2011

Objectives

- Overview of Incentive Calculation for Hospitals
- Discuss Issues with Reports required for Attestation
- Review Attestation Process

Figure 1 – Incentive Payment Calculation for Subsection D Hospitals

$$\text{Incentive Amount} = [\text{Initial Amount}] \times [\text{Medicare Share}] \times [\text{Transition Factor}]$$

$$\text{Initial Amount} = \$2,000,000 + [\$200 \text{ per discharge for the } 1,150^{\text{th}} - 23,000^{\text{th}} \text{ discharge}]$$

$$\text{Medicare Share} = \text{Medicare} / (\text{Total} * \text{Charity care}) = [M / (T * C)]$$

$$M = [\# \text{ of Inpatient Bed Days for Part A Beneficiaries}] + [\# \text{ of Inpatient Bed Days for MA Beneficiaries}]$$

$$T = [\# \text{ of Total Inpatient Bed Days}]$$

$$C = [\text{Total Charges} - \text{Charges for Charity Care}^*] / [\text{Total Charges}]$$

*If data on charity care is not available, then the Secretary would use data on uncompensated care as a proxy. If the proxy data is not also available, then "C" would be equal to 1.

Consecutive Payment Year	Transition Factor
1	1
2	¾
3	½
4	¼

Medicare versus Medicaid Qualifications

TABLE 15: Qualifying Patient Volume Threshold for Medicaid EHR Incentive Program

Entity	Minimum 90-day Medicaid Patient Volume Threshold	
Physicians	30%	Or the Medicaid EP practices predominantly in an FQHC or RHC – 30% "needy individual" patient volume threshold
Pediatricians	20%	
Dentists	30%	
Certified nurse midwives	30%	
Physician Assistants when practicing at an FQHC/RHC led by a physician assistant	30%	
Nurse Practitioner	30%	
Acute care hospital	10%	N/A
Children's hospital	N/A	N/A

Medicare versus Medicaid Qualifications

TABLE 16: Maximum Incentive Payment Amount for Medicaid Professionals

Cap on Net Average Allowable Costs, per the HITECH Act	85 percent Allowed for Eligible Professionals	Maximum Cumulative Incentive over 6-year Period
\$25,000 in Year 1 for most professionals	\$21,250	\$63,750
\$10,000 in Years 2-6 for most professionals	\$8,500	
\$16,667 in Year 1 for pediatricians with a minimum 20 percent patient volume, but less than 30 percent patient volume, Medicaid patients	\$14,167	\$42,500
\$6,667 in Years 2-6 for pediatricians with a minimum 20 percent patient volume, but less than 30 percent patient volume, Medicaid patients	\$5,667	

Medicare versus Medicaid Qualifications

- However, all Medicare providers will have a payment reduction in 2015 if they are not demonstrating meaningful use, regardless of whether they participate in the Medicare or Medicaid EHR incentive program. Whether an EP, hospital or CAH is a meaningful user of certified EHR technology will continue to be determined on a year-by-year basis.

MEANINGFUL USE MEASURES AND REPORTS

7

Core Measures

- CPOE for medication orders **(30%)**
 - Discuss Use of Verbal Orders
- Drug-drug/drug-allergy interaction checks
 - Are alerts set at a high level or low level and how this impacts productivity?

8

Core Measures



- E-prescribing (eRx) (EP) **(40%)**
 - Additionally assure appropriate codes are on the claims
- Record demographics **(50%)**
 - Are the demographics pulled from the billing system or EHR if not fully integrated, is there an interface?

9

Core Measures



- Report CQM electronically
 - Is the QM module integrated and if not, is it certified?
- Maintain problem list **(80%)**
 - Who is responsible for updating problem list?

10

Core Measures



- Maintain active med list **(80%)**
 - Who may remove a medication from the list, or make it inactive?
- Maintain active medication allergy list **(80%)**
 - Who may remove a medication from the list, or make it inactive?

11

Core Measures



- Record vital signs **(50%)**
- Vital signs must be in structured data fields

12

Core Measures



- Implement drug formulary
 - How often will formulary be updated and who is responsible for updates, define schedule in contract?

13

Core Measures



- Record existence of advance directives (EH) **(50%)***
 - Will become easier with integration, however, systems should also have a process for revocation

14

Final Core Criteria



- Conduct Security Review Analysis and if any security deficiencies identified, then a security update is required to correct deficiencies
 - Software, workflow changes, new storage methods, or other corrective actions
- May be done prior to or during the attestation period

15

Quality Measures



- Reporting
 - Submit clinical quality metrics to CMS electronically with attestation on measures tied to MU requirements
 - EPs report on 6 Quality Measures
 - 3 Core measures + 3 of the 38 specialty measures
 - Alternatives where core n/a
 - Hospitals report quality measured for applicable cases
 - Is reporting software integrated or separately certified



16

ATTESTATION ISSUES

Home Registration **Attestation** Status Account Management

Topics for this Attestation

Reason for Attestation
 You are a Medicare Eligible Professional completing an attestation for the EHR Incentive Program.

Topics
 The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the **START ATTESTATION** button to modify any previously entered information. The system will show checks for each item when completed.

Completed	Topics
<input type="checkbox"/>	Meaningful Use Core Measures
<input type="checkbox"/>	Meaningful Use Menu Measures
<input type="checkbox"/>	Core Clinical Quality Measures
<input type="checkbox"/>	Alternate Core Clinical Quality Measures <small>(Required only if any Core CQM has a denominator of zero)</small>
<input type="checkbox"/>	Additional Clinical Quality Measures

Note:
 When all topics are marked as completed or N/A, please select the **SUBMIT & ATTEST** button to complete the attestation process.

PREVIOUS PAGE START ATTESTATION SUBMIT & ATTEST

Meaningful Use Core Measures

Questionnaire: (1 of 15)

(*) Red asterisk indicates a required field.

Objective: Use Computerized Provider Order Entry (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.

Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.

*PATIENT RECORDS: Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

- This data was extracted from ALL patient records not just those maintained using certified EHR technology.
- This data was extracted only from patient records maintained using certified EHR technology.

EXCLUSION - Based on ALL patient records: Any EP who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

*Does this exclusion apply to you?

- Yes No

Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.

PREVIOUS PAGE

SAVE AND CONTINUE

19

Meaningful Use Core Measures

Questionnaire: (2 of 15)

(*) Red asterisk indicates a required field.

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

Measure: The EP 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

Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.

PREVIOUS PAGE

SAVE AND CONTINUE

20

Meaningful Use Core Measures

Questionnaire: (3 of 15)

(*) Red asterisk indicates a required field.

Objective: Maintain an up-to-date problem list of current and active diagnoses.

Measure: More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Numerator Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.

Denominator Number of unique patients seen by the EP during the EHR reporting period.

* Numerator: * Denominator:

Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.

Meaningful Use Menu Measures

Questionnaire: (4 of 5)

(*) Red asterisk indicates a required field.

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, or outreach.

Measure: Generate at least one report listing patients of the EP with a specific condition.

* **PATIENT RECORDS:** Please select whether data was extracted from ALL patient records or only from patient records maintained using certified EHR technology.

This data was extracted from ALL patient records not just those maintained using certified EHR technology.

This data was extracted only from patient records maintained using certified EHR technology.

Complete the following information:

* Have you generated at least one report listing your patients with a specific condition?

Yes No

Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.

Clinical Quality Measures

Questionnaire: (2 of 3)

(*) Red asterisk indicates a required field.

Instructions: All three Core Clinical Quality Measures must be submitted. For each Core Clinical Quality Measure that has a denominator of zero, an Alternate Core Clinical Quality Measure must also be submitted.

NQF 0028 / PQRI 114

Title: Preventive Care and Screening Measure Pair

a. Tobacco Use Assessment

Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months.

Complete the following information:

*Denominator: *Numerator:

b. Tobacco Cessation Intervention

Description: Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

Complete the following information:

*Denominator: *Numerator:

Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.

[PREVIOUS PAGE](#) [SAVE AND CONTINUE](#)

Summary of Measures

Summary of Meaningful Use Core Measures

Objective	Accepted/Rejected	Reason	Submitted Measure
Use computerized provider order entry (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	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	40%
Implement drug-drug and drug-allergy interaction checks	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes
Maintain an up-to-date problem list of current and active diagnoses	Rejected	This objective is rejected and all measures for this objective do not meet minimum standard.	67%
Generate and transmit permissible prescriptions electronically (eRx)	Accepted	This objective is accepted because the measure has been excluded.	0
Maintain active medication list	Rejected	This objective is rejected and all measures for this objective do not meet minimum standard.	78%
Maintain active medication allergy list	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	91%
Record all of the following demographics: <ul style="list-style-type: none"> Preferred language Gender Race Ethnicity Date of birth 	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	99%
Record and chart changes in vital signs: <ul style="list-style-type: none"> Height Weight Blood pressure Calculate and display body mass index (BMI). Plot and display growth charts for children 2-20 years, including BMI.	Accepted	This objective is accepted because the measure has been excluded.	0
Record smoking status for patients 13 years old or older	Accepted	This objective is accepted because the measure has been excluded.	0
Report ambulatory clinical quality measures to CMS	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	Rejected	This objective is rejected and all measures for this objective do not meet minimum standard.	No
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	92%
Provide clinical summaries for patients for each office visit	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	93%
Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Accepted	This objective is accepted and all measures for this objective meet minimum standard.	Yes

Please select the HOME button to go to the Home Page, or the NEXT PAGE button to view the summary of Meaningful Use Menu Measures.

[HOME](#)

[NEXT PAGE](#)



Becky L. Englehardt, BSN, MBA, CPC, CHC
HORNE LLP
1020 Highland Colony Parkway, Suite 400
Ridgeland, Mississippi 39157

601.326.1000

becky.Englehardt@horne-llp.com