



# Meaningful Use Updates

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# Meaningful Use Updates

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“ No other relevant financial disclosures.”

# Agenda:

- Review of Meaningful Use (MU) - NOT going away
- Penalties & Hardship Exemptions
- What's new in MU world?
- Relief for 2015
- Modified Stage 2
- Future MU Timeline
- Q & A

Note: Focus of presentation will be for Eligible Professionals. Information for Eligible Hospitals and Critical Hospitals will be limited.

# WHY ARE WE HERE?

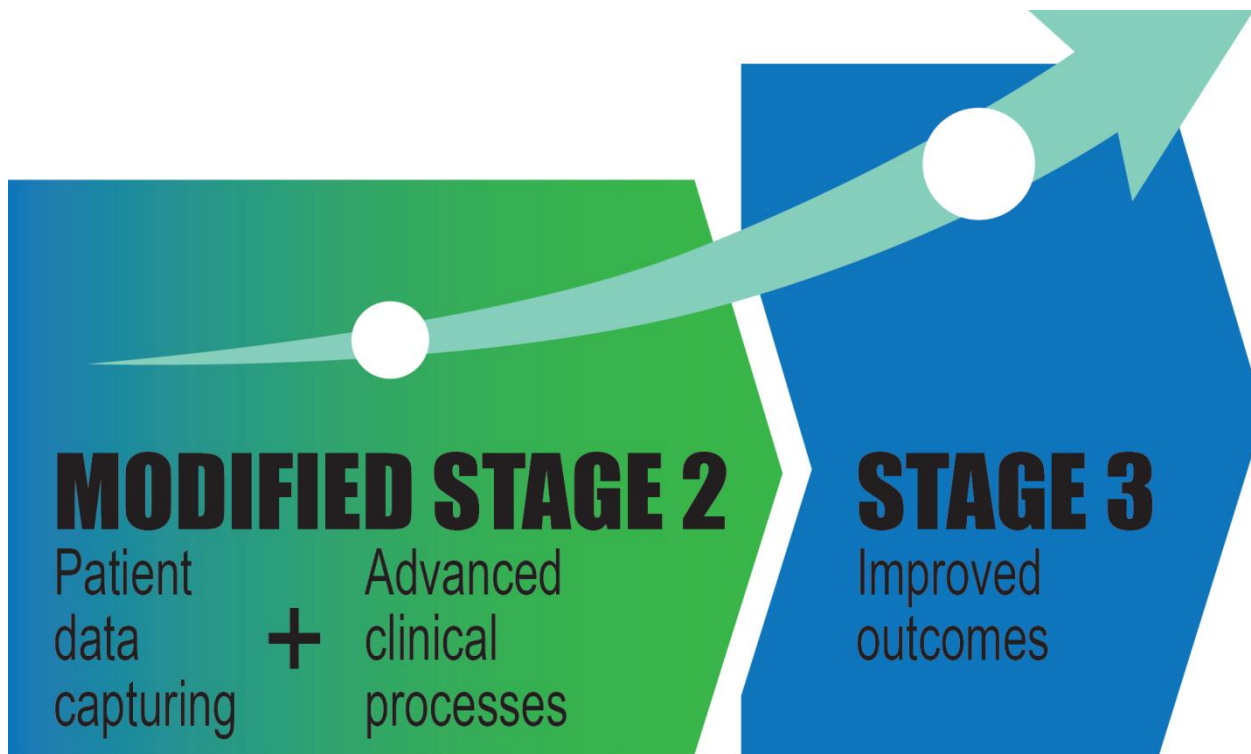
February 2009 – American Recovery & Reinvestment Act

HITECH Act - \$19.2 billion dollars to increase use of Electronic Health Records (EHR)

Eligible professionals will be paid for demonstrating use of a qualified or certified electronic health record in a meaningful manner

# Staying the Course

## Transforming Health Care with Health IT



# Medicare Eps

This is a timeline of participation and payments of MU

	Annual Incentive Payments for Medicare Eps who attest to MU in:					
Year	2011	2012	2013	2014	2015	2016
2011	\$18,000					
2012	\$12,000	\$18,000				
2013	\$ 7,840	\$11,760	\$14,700			
2014	\$ 3,920	\$ 7,840	\$11,760	\$11,760		
2015	\$ 1,960	\$ 3,920	\$ 7,840	\$ 7,840	\$ 0	
2016	\$ 0	\$ 1,960	\$ 3,920	\$ 3,920	\$ 0	\$ 0
[...]	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total</b>	<b>\$43,720</b>	<b>\$43,480</b>	<b>\$38,220</b>	<b>\$23,520</b>	<b>\$ 0</b>	<b>\$ 0</b>

# Medicaid EPs

This is a timeline of participation and payments of MU

Year	Annual Incentive Payments for Medicaid EPs who Adopt In:			
	2013	2014	2015	2016
2013	\$21,250			
2014	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$21,250
2017	\$8,500	\$8,500	\$8,500	\$8,500
2018	\$8,500	\$8,500	\$8,500	\$8,500
2019		\$8,500	\$8,500	\$8,500
2020			\$8,500	\$8,500
2021				\$8,500
<b>TOTAL</b>	<b>\$63,750</b>	<b>\$63,750</b>	<b>\$63,750</b>	<b>\$63,750</b>

# Eligible Professionals

## • Medicare

- Doctor of medicine or osteopathy
- Doctor of oral surgery or dental medicine
- Doctor of podiatric medicine
- Doctor of optometry
- Chiropractor

## • Medicaid

- Physicians
- Dentists
- Certified nurse-midwives
- Nurse practitioners
- Physician assistants (if practicing in an FQHC or RHC lead by a PA)



# Medicare vs Medicaid Incentive Programs

Medicare	Medicaid
Managed by CMS	Managed by State
Last year to initiate participation to receive an incentive payment was 2014	Last year to initiate participation is 2016. Eligible Professionals (EPs) can receive up to \$63,750 in incentive payments
Medicare payment reductions begin in 2015 for providers who are eligible but choose not to participate	No Medicaid payment reductions for EPs who choose not to participate. Medicare payment adjustments will still apply
In the first year and all remaining years, providers must meet Meaningful Use objectives and measures	In the first year, EPs can receive an incentive payment for adopting, implementing or upgrading a certified EHR. In all remaining years, providers must meet the same MU objectives required by the Medicare EHR Incentive program
Last year of program participation or payment year is 2016	Last year of program participation or payment year is 2021

# Payment Adjustments and Hardship Exceptions



# Medicare Payment Adjustments

- Started in 2014 for EHs
- Started in 2015 for EPs
  - If you did not attest for 2013 or by Oct 1, 2014 if you are attesting to MU for first time
- Continues in 2016 and beyond  
Demonstrate MU every year
  - EPs must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years
- If you are only eligible to participate in the Medicaid EHR Incentive Program, you are not subject to these payment adjustments.

# EP Payment Adjustments

Reporting Year	Penalty Year	Penalty
2013	2015	-1%
2014	2016	-2%
2015	2017	-3%
2016	2018	-4%
2017	2019	-5%

EPs receive the payment adjustment amount that is tied to the year that they did not demonstrate MU. For example, an EP who is eligible for a payment adjustment in 2017 will receive a 3% reduction regardless if this is their first or fourth year not demonstrating MU. The maximum payment adjustment can reach as high as 5%.

# EH & CAH Payment Adjustments

## Eligible Hospitals

	2015	2016	2017	2018	2019	2020+
<b>% Decrease</b>	25%	50%	75%	75%	75%	75%

## Critical Access Hospitals

	2015	2016	2017	2018	2019	2020+
<b>% of reasonable costs</b>	100.66%	100.33%	100%	100%	100%	100%

Payment adjustments started Oct 1, 2014 for Medicare Eligible Hospitals. Adjustment is applied to the IPPS (Inpatient Prospective Payment System) payment rate. Payment adjustments for CAHs will be applied beginning with the fiscal year 2015 cost reporting period.

# How EPs can avoid Payment Adjustments in 2016:

- Attested to MU for 2014
- If attesting to MU in 2015 for the first time:
  - Attest to MU by October 1, 2015
  - Begin reporting period by July 1, 2015
  - *Due to NPRM 2015-2017 and 2015 attestations not allowed until Jan 1, 2016, CMS may change Oct 1, 2015 deadline*

# Hardship Exemptions for EPs 2016



- Infrastructure – lack of broadband
- New Eligible Professionals
- Unforeseen Circumstances – e.g. natural disasters
- Lack of face-to-face or follow up
- Providers at Multiple locations
- PECOS specialties (anesthesiology, radiology, pathology)

**Must apply July 2, 2015 – July 1, 2016  
(annual application)**

**Exemptions granted by CMS**

# Hardship Exemptions for EHs and CAHs 2016



- Infrastructure – lack of broadband
- New Hospitals with new CCNs
- Unforeseen Circumstances – e.g. natural disasters

**Must apply April 2, 2015 – April 1, 2016  
(annual application)**



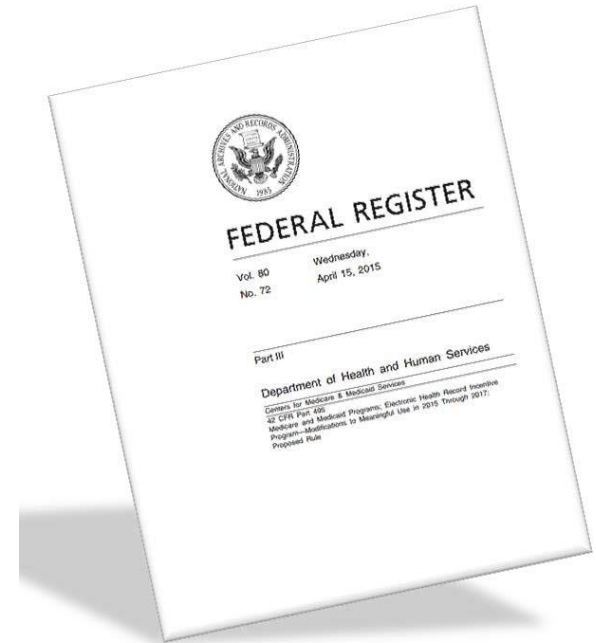
# What's new in MU world?

- **NPRM 2015-2017**

- Published 4/10/15
- 60 day comment period ended 6/15/15
- Final review to OMB 9/3/15
- Goal: 3 year outcome by end of 2017
  - Majority of individuals and providers can send, receive, find and use a common set of clinical information

- **NPRM Stage 3**

- Published 3/30/15
- 60 day comment period ended 5/29/15
- Final review to OMB 9/3/15
- Goal: 6 year outcome by end of 2020
  - Advances in sharing and use of clinical information leads to consumer empowerment, patient centered care, active individual health management and greater sharing with public health community



# What's new in MU world?

## Intended Purposes – Why is CMS proposing changes?

### Goals of Proposed Provisions

1

Align with Stage 3 proposed rule to achieve overall goals of programs

2

Synchronize reporting period objectives and measures to reduce burden

3

Continue to support advanced use of health IT to improve outcomes for patients

# What's new in MU world?

- Open date for 2015 attestations will be Jan 1, 2016
- Deadline for 2015 attestations will be Feb 29, 2016
- EPs cannot switch programs anymore HOWEVER
  - EPs who have attested at least once in either program can attest on CMS Medicare Incentive site for purpose of avoiding payment adjustments.
- POS 22 (surgical center) may be added to definition of hospital-based provider
  - Helps drive up % for ruling if 90% or more encounters at POS 21 and POS 23, provider is considered hospital-based and will not be subject to payment adjustments

## Relief for 2015

- EPs and EHs have 90 day reporting period in 2015
  - any continuous 90 day period within the calendar year. Don't need to start at beginning of month or quarter
  - 2016 and on: Full calendar year (Jan 1 – Dec 31). Exceptions for EPs and EHs attesting for first time
  - For 2015 EHs can use any 90 day between 10/1/14 – 12/31/15 to catch up

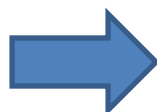
# Relief for 2015

## Modified Stage 2 for EPs

BEFORE

STAGE 1
<b>Eligible Professionals</b>
<b>13</b> core objectives
<b>5-10</b> menu objectives
<b>18</b> total objectives

STAGE 2
<b>Eligible Professionals</b>
<b>17</b> core objectives
<b>3-6</b> menu objectives
<b>20</b> total objectives



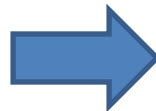
AFTER

MODIFIED STAGE 2
Eligible Professionals
<b>10</b> objectives (including 1 Public Health objective)

# Relief for 2015 Modified Stage 2 for EHs

BEFORE

<b>EHS and CAHS</b>
<b>11</b> core objectives
<b>5-10</b> menu objectives
<b>16</b> total objectives



AFTER

<b>MODIFIED STAGE 2</b>
Eligible Hospitals
<b>10</b> objectives (including 1 Public Health objective)

# Relief for 2015

No longer required to report	Provider Type
Record Demographics**	EP/EH
Record Vital Signs**	EP/EH
Record Smoking Status**	EP/EH
Clinical or After Visit Summaries	EP
Structured Lab Results**	EP/EH
Patient List	EP/EH
Patient Reminders	EP
Electronic Notes	EP/EH
Imaging Results**	EP/EH
Family Health History	EP/EH
Electronic Medication Administration Record (eMAR)	EH
Advanced Directives	EH
Structured Labs to Ambulatory Providers	EH

\*\* Removed as a standalone measure but are required fields to meet Patient Electronic Access or the Summary of Care measures.

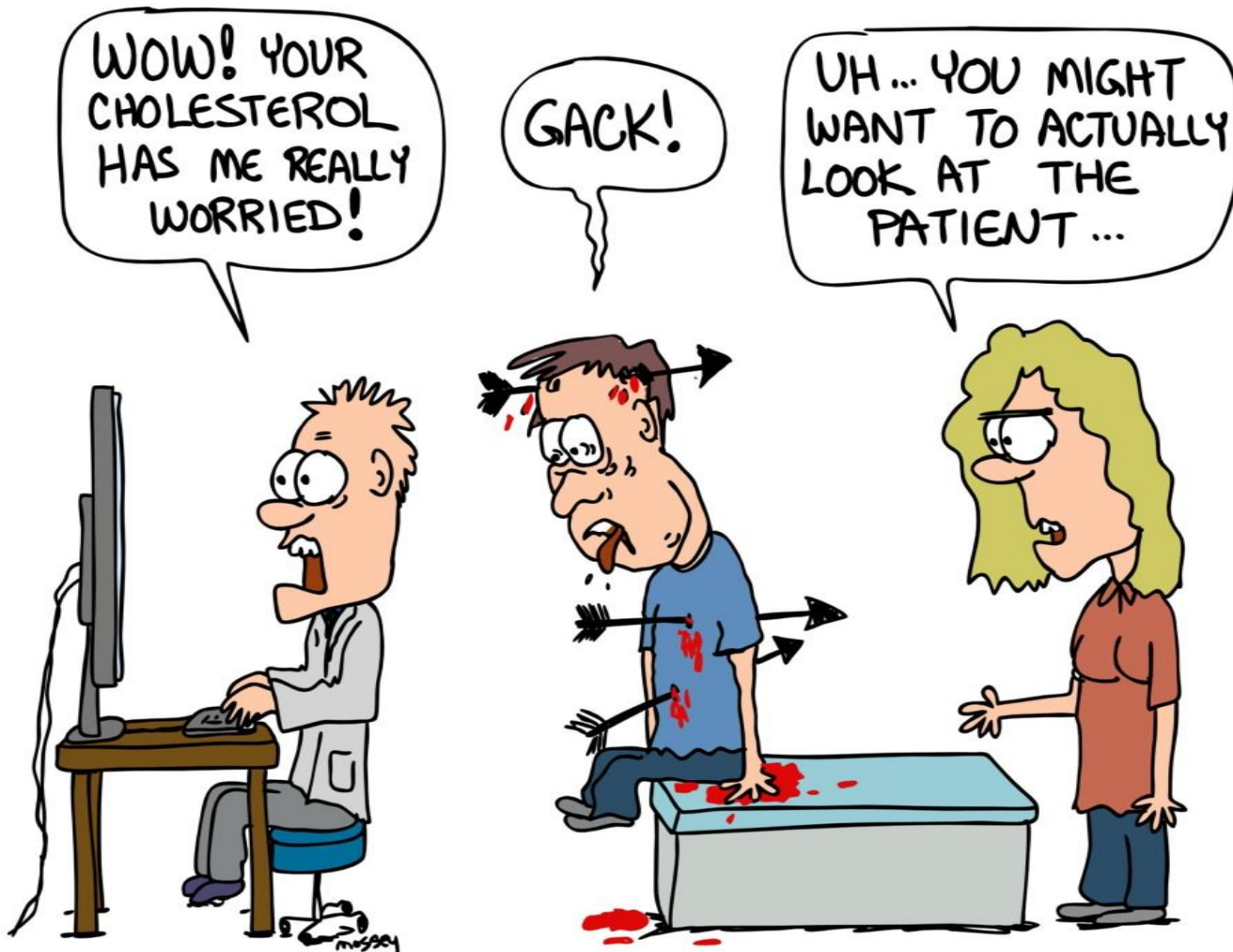
# Relief for 2015

## 10 Objectives (including 1 Public Health objective)

1. CPOE (Computerized Physician Order Entry)
2. ePrescribing
3. Clinical Decision Support (CDS)
4. Patient Electronic Access to Health Information (Patient Portal)
5. Protect Health Information or Security Risk Assessment (SRA)
6. Patient Specific Education
7. Medication Reconciliation
8. Summary of Care for Transitions of Care
9. Secure Electronic Messaging – EPs only
10. Public Health Reporting
  - a. Immunization Registry
  - b. Syndromic Surveillance (not available to Hawaii)
  - c. Case Reporting
  - d. Public Health Registry
  - e. Clinical Data Registry



# Modified Stage 2



## Modified Stage 2

- 9 core + 1 public health objectives
  - Alternatives for EPs who were Stage 1 in 2015
- All EPs need to report under Modified Stage 2 for 2016
- 2014 CEHRT required
  - Not accepting 2011-2014 combo CEHRT
- Clinical Quality Measures (CQM)
  - EPs: 9 CQMs covering at least 3 NQS domains
  - EHs: 16 CQMs covering at least 3 NQS domains
  - 90 day period for CQMs do not need to match 90 day period for MU

# Modified Stage 2

## 1. Computerized Provider Order Entry (CPOE)

### Objective

Use CPOE for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines

### Measure

Measure 1: More than 60% of medication orders

Measure 2: More than 30% of laboratory orders

Measure 3: More than 30% of radiology orders

### Exclusion

Measure 1: Any EP who writes fewer than 100 medications orders, EH-None

Measure 2: Any EP who writes fewer than 100 laboratory orders, EH-None

Measure 3: Any EP who writes fewer than 100 radiology orders, EH-None

# 2015 Alternates for Stage 1

## 1. Computerized Provider Order Entry (CPOE)

### Alternate Objective

No alternate objective

### Alternate Measure

Measure 1: More than 30% of all unique patients with at least 1 medication in their medication list is seen by the EP or admitted to the EH's inpatient or emergency department have at least 1 medication order entered using CPOE

### Alternate Exclusion

Measure 2: EP or EH may claim an exclusion for Measure 2 in 2015

Measure 3: EP or EH may claim an exclusion for Measure 3 in 2015

# Modified Stage 2

## 2. Electronic Prescribing (eRx)

### Objective

EP: Generate and transmit permissible prescriptions electronically

EH: Generate and transmit permissible discharge prescriptions electronically

### Measure

EP: More than 50% of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT

EH: More than 10% of hospital discharge medication orders for permissible prescriptions (new, changed and refilled) are queried for a drug formulary are transmitted electronically using CEHRT

### Exclusion

EP: Any EP who writes fewer than 100 permissible prescriptions, or does not have a pharmacy within the organization or no pharmacies that accept eRx within 10 miles of the EP practice location

EH: Any EH that does not have an internal pharmacy that can accept eRx or is not located within 10 miles of any pharmacies that accepts eRx

# 2015 Alternates for Stage 1

## 2. Electronic Prescribing (eRx)

### Alternate Objective

EP/EH: No alternate objective

### Alternate Measure

EP: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT

EH: None

### Alternate Exclusion

EP: Same as Modified Stage 2

EH: If an EH was scheduled to demonstrate Stage 1 in 2015 or if they are scheduled to demonstrate Stage 2 and did not intend to select the Stage 2 eRx menu objective

# Modified Stage 2

## 3. Clinical Decision Support

### Objective

Use clinical decision support (CDS) to improve performance on high-priority health conditions

### Measure

Measure 1: Implement 5 CDS interventions related to 4 or more CQMs

Measure 2: Drug-drug & drug-allergy interaction checks are enabled and functional

### Exclusion

Measure 1: None

Measure 2: EP: any EP who writes fewer than 100 medication orders

EH: None

# 2015 Alternates for Stage 1

## 3. Clinical Decision Support

### Alternate Objective

No alternate objective

### Alternate Measure

Measure 1: Implement 1 CDS

Measure 2: No alternate

### Alternate Exclusion

Measure 1: None

Measure 2: EP or EH can claim an exclusion in 2015



# Modified Stage 2

## 4. Patient Electronic Access

### Objective

EP: 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

EH: Provide patients the ability to view, download, and transmit information about a hospital admission

### Measure 1

EP: More than 50% of all unique patients are provided timely online access (4 days) to their health information subject to the EP's discretion to withhold certain information

EH: More than 50% of all patients who are discharged from the inpatient or ED of an EH have their information available online within 36 hours of discharge

### Measure 2

EP: At least **1 patient** seen by the EP (or their authorized representative) views, downloads, or transmits his or her health information to a third party

EH: At least **1 patient** discharged from the inpatient or ED of an EH (or their authorized representative) views, downloads, or transmits his or her health information to a third party

# Modified Stage 2

## 4. Patient Electronic Access

### Exclusion

EP: Any EP who

1. Neither orders nor creates any of the information listed for inclusion as part of the measures, or
2. Conducts 50% or more patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period

EH: Any EH that is located in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period

# 2015 Alternates for Stage 1

## 4. Patient Electronic Access

### Alternate Objective

No alternate objective

### Alternate Measure

No alternate measure

### Alternate Exclusion

EP Measure 2: An EP may claim an exclusion for the second measure if in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure

EH Measure 2: An EH may claim an exclusion for the second measure if in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure

# Modified Stage 2

## 5. Protect Electronic Health Information

### Objective

Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities

### Measure

Yes/No

### Exclusion

None

# 2015 Alternates for Stage 1

## 5. Protect Electronic Health Information

### Alternate Objective

No alternate objective

### Alternate Measure

No alternate measure

### Alternate Exclusion

None

# Modified Stage 2

## 6. Patient Specific Education

### Objective

Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient

### Measure

EP: More than 10% of all unique patients are provided patient-specific education resources identified by CEHRT

EH: More than 10% of all unique patients admitted to the EH's inpatient or ED are provided patient-specific education resources identified by CEHRT

### Exclusion

EP: Any EP who has no office visits during the EHR reporting period

EH: None

# 2015 Alternates for Stage 1

## 6. Patient Specific Education

### Alternate Objective

No alternate objective

### Alternate Measure

No alternate measure

### Alternate Exclusion

EP: EP may claim an exclusion if scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education Menu objective

EH: EH may claim an exclusion if scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education Menu objective

# Modified Stage 2

## 7. Medication Reconciliation

### Objective

The EP or EH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation

### Measure

The EP or EH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the EH's inpatient or ED

### Exclusion

EP: Any EP who was not the recipient of any transitions of care

EH: None



# 2015 Alternates for Stage 1

## 7. Medication Reconciliation

### Alternate Objective

No alternate objective

### Alternate Measure

No alternate measure

### Alternate Exclusion

EP or EH may claim an exclusion for the Stage 2 Medication Reconciliation objective if scheduled to demonstrate Stage 1 in 2015 and didn't intend to select the Stage 1 Medication Reconciliation Menu objective

# Modified Stage 2

## 8. Summary of Care or Transitions of Care

### Objective

The EP or EH that transitions their patients to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transitions of care or referral

### Measure

For more than 10% of transitions of care and referrals, the EP or EH:

1. Uses CEHRT to create summary of care record, and
2. Electronically transmits such summary to a receiving provider

### Exclusion

EP: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times

EH: None

# 2015 Alternates for Stage 1

## 8. Summary of Care or Transitions of Care

### Alternate Objective

No alternate objective

### Alternate Measure

No alternative objective

### Alternate Exclusion

EP or EH may claim an exclusion for the measure of the Stage 2 Summary of Care objective. There is no Stage 1 equivalent

# Hawaii HIE Health eNet Solution

## Transition of Care



# Modified Stage 2

## 9. Secure Electronic Messaging (EPs only)

### Objective

Use secure electronic messaging to communicate with patients on relevant health information

### Measure

The capability for patients to send and receive a secure electronic message with the EP was fully enabled

### Exclusion

Any EP who:

1. Has no office visits during the EHR reporting period, or
2. Conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period

# 2015 Alternates for Stage 1

## 9. Secure Electronic Messaging (EPs only)

### Alternate Objective

No alternate objective

### Alternate Measure

No alternate measure

### Alternate Exclusion

An EP may claim an exclusion for the Secure Electronic Messaging measure if they were scheduled to demonstrate Stage 1 in 2015. Stage 1 does not have an equivalent measure

# Modified Stage 2

## 10. Public Health Reporting

### Objective

The EP or EH is in active engagement with a Public Health Agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using CEHRT, except where prohibited and in accordance with applicable law and practice

### Measure

“Active Engagement” definitions:

- Completed registration to submit data
- Testing and validation, or
- Production

EPs will need to attest to 2 of the 5 available measures

EHs will need to attest to 3 of the 6 available measures

# Modified Stage 2

## 10. Public Health Reporting

Measure	Max times measure can count toward objective for EP	Max times measure can count toward objective for EH
Immunization Registry reporting	1	2
Syndromic Surveillance reporting	n/a	n/a
Case Reporting	1	1
Public Health Registry reporting *	3	4
Clinical Data Registry reporting **	3	4
Electronic Reportable Lab Results	n/a	1

\* EPs and EHs may choose to report to more than one public health registry

\*\* EP and EHs may choose to report to more than one clinical data registry



# 2015 Alternates for Stage 1

## 10. Public Health Reporting

### Alternate Objective

EPs required to successfully attest to 1 measure

EHs required to successfully attest to 2 measures

# Modified Stage 2

## 10a. Immunization Registry

### Measure

The EP or EH is in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information systems (IIS)

### Exclusions

Any EP or EH who:

1. Does not administer any immunizations to any of the populations for which data is collected by the jurisdiction's immunization registry or IIS during the EHR reporting period
2. Operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period, or
3. Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data from the EP or EH at the start of the EHR reporting period

# Modified Stage 2

## 10a. Immunization Registry

<https://hir.doh.hawaii.gov/HIRPRD/portalHeader.do>

**Production Region**  
 \* \* \* \* \*

Org Code:

Username:

Password:

\*\*\*\*\*  
 DO NOT ATTEMPT TO  
 LOG ON UNLESS YOU  
 ARE AN AUTHORIZED  
 USER.  
 \*\*\*\*\*

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#### Have You HIR'd?

*Posted on 06/18/2015*

Since its launch in 2008 as a pilot project, HIR has grown in its number of patient records and immunizations. In September 2009, one year after the start of the pilot project, 1,847 patients and 28,944 immunizations were recorded in HIR.

Today, there are over 752,000 distinct patient records and over 2.9 million immunizations entered into HIR. Several factors have contributed to the large increase, including data exchange with electronic health record systems.

Data exchange users currently include:

- Safeway and Walgreens pharmacies
- Hawaii Pacific Health medical centers and clinics, and HealthAdvantage CONNECT private providers
- Queen's Health Systems medical centers and clinics, and Queen's Connect private providers
- Kaiser Permanente medical center and clinics
- Kuakini Medical Center
- Wahiawa General Hospital
- Malama I Ke Ola
- Kohala Hospital
- Haleiwa Family Health Centers
- Bay Clinics
- Kokua Kalihi Valley Health Center

In addition, other providers enter their patients' records directly into HIR, including pharmacies (e.g. Times, Foodland, KTA, Kmart and Shiigi Drug), VFC eligible patients' records and newborn hepatitis B vaccinations continue to be recorded, and special projects for adults have also generated records in HIR. Also, records from 2007-2014 Stop Flu at School programs and the 2009 H1N1 vaccination program are included.

As more records are transmitted electronically and more healthcare providers participate in HIR, the number of patient and immunization records will continue to increase dramatically. As HIR data becomes more robust, the goal to have a complete immunization record for every person in Hawaii will become a reality!

# Modified Stage 2

## 10c. Case Reporting

### Measure

The EP or EH is in active engagement with a PHA to submit one case reporting of reportable conditions

### Exclusions

Any EP or EH that:

1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period,
2. Operates in a jurisdiction for which PHA is capable of receiving electronic case reporting data from EPs and EHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period, or
3. Operates in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data at the start of the EHR reporting period

# Modified Stage 2

## 10d. Public Health Registry

### Measure

The EP or EH is in active engagement with a PHA to submit public health data and receive

### Exclusions

Any EP or EH who:

1. Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period
2. Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period, or
3. Operates in a jurisdiction where no public health registry for which the EP, EH or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period

# Modified Stage 2

## 10d. Hawaii Tumor Registry

<http://ehrip.hawaitumorregistry.org/register>



Hawai'i Tumor Registry  
A UNIVERSITY OF HAWAII Program

MU2 CANCER REPORTING REGISTER FAQ

Register

\* Required

Are you interested in reporting cancer data to HTR according to EHR Incentive Programs Stage 2?

\*

Please refer the program detail at: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage\\_2.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html)

# Modified Stage 2

## 10e. Clinical Data Registry

### Measure

The EP or EH is in active engagement to submit clinical data registry

### Exclusions

Any EP or EH that:

1. Does not diagnose or treat directly any disease or reportable condition associated with a clinical data registry in their jurisdiction during the EHR reporting period,
2. Operates in a jurisdiction for which PHA is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period, or
3. Operates in a jurisdiction where no clinical data registry for which the EP or EH is eligible has declared readiness to receive electronic registry transactions at the start of the EHR reporting period

# Modified Stage 2

## 10f. Electronic Lab Reporting (EH)

### Measure

The EP or EH is in active engagement with PHA to submit ELR results

### Exclusions

Any EH that:

1. Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period
2. Operates in a jurisdiction for which no PHA is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period, or
3. Operates in a jurisdiction where no PHA has declared readiness to receive ELR results at the start of the EHR reporting period



# Modified Stage 2



- **CLINICAL QUALITY MEASURES (CQMs)**
  - Report 9 CQMs that cover at least 3 NQS domains (EP)
  - Report 16 CQMs that cover at least 3 NQS domains (EH)

# CQM Reporting in 2015-2017

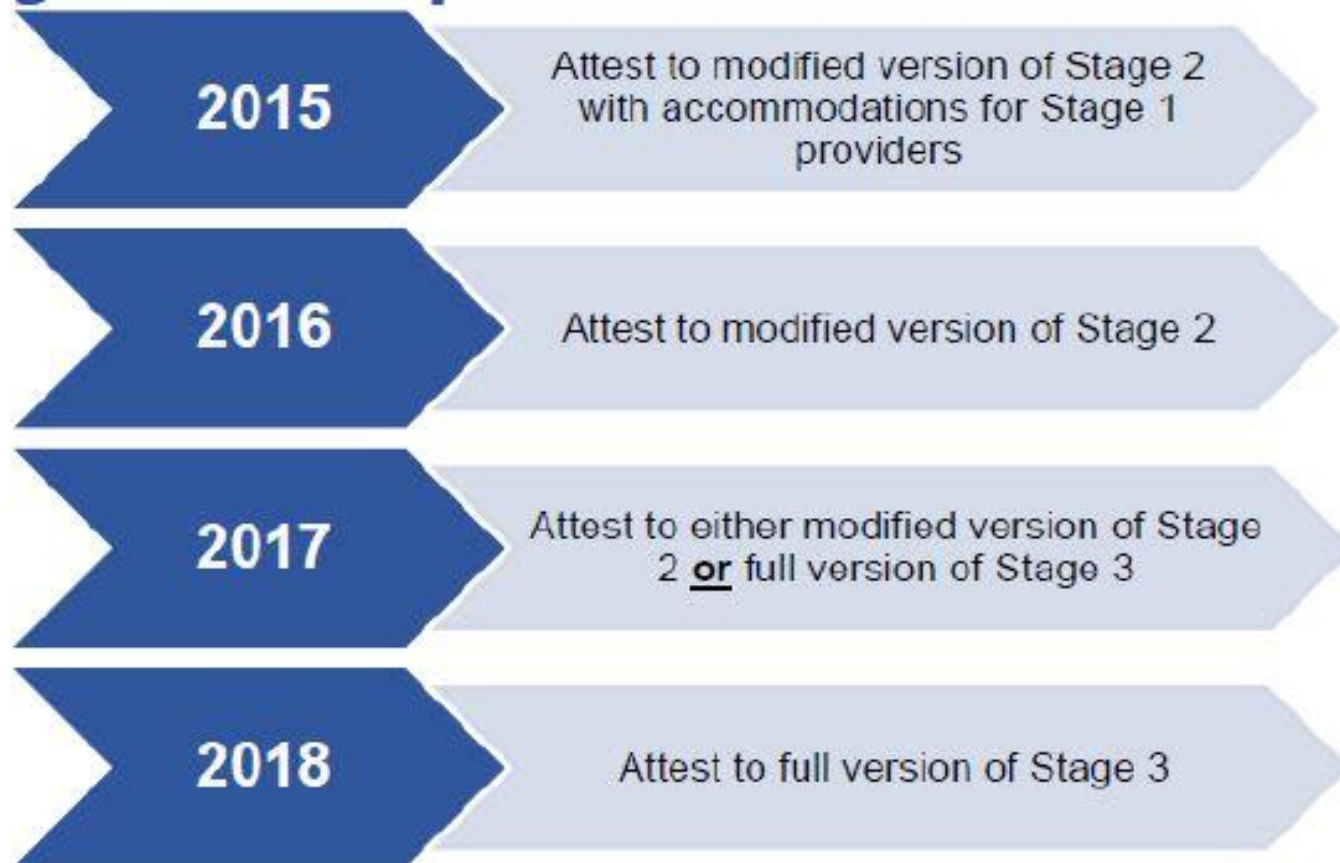
## Medicare

EP	EH
Option 1: Attest online thru EHR Registration & Attestation system	Option 1: Attest online thru EHR Registration & Attestation system
Option 2: Electronically report thru PQRS (Physician Quality Reporting System) Portal	Option 2: Electronically report thru Quality Net Portal

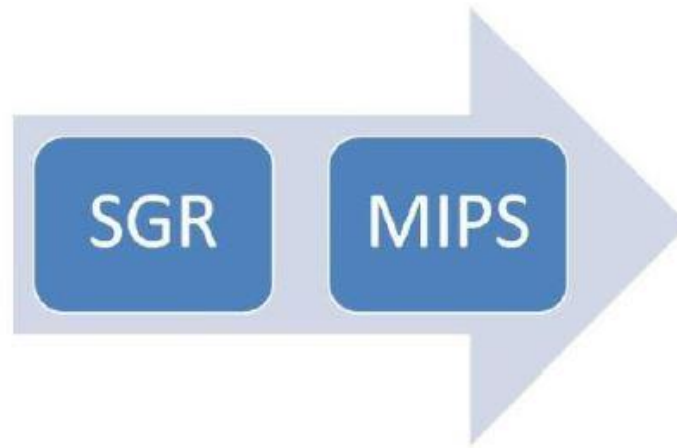
## Medicaid

Attest online thru the Hawaii SLR (State Level Registry) system

## Changes to Participation Timeline



# Future of MU: NOT Going Away



Sustainable Growth Rate to Merit-Based Incentive Payment System

- Starts Jan 1, 2019 based on 2017 actions
- $MIPS = PQRS + MU + VBM$
- EP composite score range 0-100 points. MU = 25 points
- High performing EPs will be rewarded and Low performing EPs penalized
- Swing can go as high as 27% by 2022
- Example: In 2022 for submitting the exact same Part B charges, say \$1,000,000, some EPs might receive \$1,180,000 and others receive \$910,000

# Links and References

- CMS EHR Incentive Program: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>
- CQMs: <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>
- Payment adjustments: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj\\_Hardship.html](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html)
- Hawaii Medicaid Incentive Program: <http://hi.aincentive.com/>
- NPRM 2015-2017: <https://www.federalregister.gov/articles/2015/04/15/2015-08514/medicare-and-medicaid-programs-electronic-health-record-incentive-program-modifications-to>
- NPRM Stage 3: <https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>
- 2015 Medicare Modernization Act – Repeal of SGR <https://www.congress.gov/bill/114th-congress/house-bill/1470>

# Questions???



"I HATE BEING THE MESSENGER AROUND HERE."

# Mahalo!

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