The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

Terminology

CMS – Centers for Medicare and Medicaid Services
CQM – Clinical Quality Measure
EH – Eligible Hospital
EHR – Electronic Health Record
EP – Eligible Professional
MAPIR – Medical Assistance Provider Incentive Repository
MU – Meaningful Use
R & A – CMS Registration and Attestation System
SMHP – State Medicaid HIT Plan
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

Agenda

• General Overview
  – Meaningful Use
  – CMS Changes
• Changes to Stage 1 Meaningful Use
• CMS Stage 2 Overview and New Requirements
• Clinical Quality Measures
• Changes to Medicaid EHR Incentive Program
• Attestation Process – Meaningful Use & MAPIR
• Resources
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
General Overview

• 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.

• Providers have to meet specific requirements in order to receive incentive payments:
  – Meaningful Use Objectives
  – Clinical Quality Measures
  – Other Program Requirements

• By putting into action and meaningfully using an EHR system, providers will reap benefits beyond financial incentives, such as:

<table>
<thead>
<tr>
<th>Reduction in errors</th>
<th>Clinical decision support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of records and data</td>
<td>E-prescribing / refill automation</td>
</tr>
<tr>
<td>Reminders and alerts</td>
<td></td>
</tr>
</tbody>
</table>
Adopt/Implement/Upgrade (AIU)

AIU option offered in recognition of EPs and EHs that may not be ready to “meaningfully use” certified EHR technology in the first payment year

- **Adopted:** Acquired and installed certified EHR technology
- **Implemented:** Began using certified EHR technology
  - For example, provide staff training or data entry of patient demographic information into EHR
- **Upgraded:** Expanded existing technology to meet certification requirements
  - For example, upgrade to certified EHR technology or add new functionality
What is "Meaningful Use"?

• The American Recovery and Reinvestment Act of 2009 specifies three main components of Meaningful Use:
  – The use of a certified EHR in a meaningful manner, such as e-prescribing
  – The use of certified EHR technology for electronic exchange of health information to improve quality of health care
  – The use of certified EHR technology to submit clinical quality and other measures

• Simply put, "meaningful use" means providers need to show they are using certified EHR technology in ways that can be measured significantly in quality and in quantity
Meeting Meaningful Use Requirements

To qualify for incentive payments, meaningful use requirements must be met in the following ways:

☑ **Medicare EHR Incentive Program** – Eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must successfully demonstrate meaningful use of certified electronic health record technology every year they participate in the program.

☑ **Medicaid EHR Incentive Program** – Eligible professionals and eligible hospitals may qualify for incentive payments if they adopt, implement, upgrade or demonstrate meaningful use in their first year of participation. They must successfully demonstrate meaningful use for subsequent participation years.
CMS EHR Meaningful Use Criteria Summary

The criteria for meaningful use will be staged in three steps over the course of five years:

• **Stage 1** (2011 and 2012) sets the baseline for electronic data capture and information sharing.

• **Stage 2** (to be implemented in 2014); and

• **Stage 3** (expected to be implemented by 2016)
  – Stages 2 and 3 will continue to expand on the baseline.
  – All stages may be affected through future rule making
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

Overview of CMS Changes to Meaningful Use and Medicaid EHR Incentive Program
Overview of Changes and Impact

In August 2012, CMS published a final rule that specifies the Stage 2 criteria that EPs, EHs, and critical access hospitals (CAHs) must meet in order to continue to participate in the Medicare and Medicaid EHR Incentive Programs.

In addition to Stage 2, the released rule and changes affect the following:

- EHR Incentive Program
- Stage 1 meaningful use objectives, measures, and exclusions for EPs, EHs, CAHs
Overview of Changes (cont)

Stage 1 meaningful use objectives, measures, and exclusions

- Some of these changes will have taken effect as early as October 1, 2012, for eligible hospitals and CAHs, or January 1, 2013, for EPs.

- Other Stage 1 changes will not take effect until the 2014 fiscal or calendar year and will be optional in 2013.
Overview of Changes (cont)

Stage 2 Criteria

- CMS specifies in its published final rule the criteria that EPs, EHs, and CAHs must meet in order to continue to participate in the Medicare and Medicaid EHR Incentive Programs

- The earliest that the Stage 2 criteria will be effective is in fiscal year 2014 for eligible hospitals and CAHs or calendar year 2014 for EPs
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
Stage 1 Requirements of Meaningful Use (2011 and 2012) – EPs

• For eligible professionals, there are a total of 25 meaningful use objectives

• To qualify for an incentive payment, 20 of these 25 objectives must be met
  – There are 15 required core objectives
  – The remaining 5 objectives may be chosen from the list of 10 menu set objectives
CMS Changes/Updates to Stage 1

Key Changes, starting 2013

• **No longer requiring** capability for electronic exchange of **key clinical information** for EPs, eligible hospitals, and CAHs

• **Removing separate objective** for reporting ambulatory or hospital **clinical quality measures** as a part of meaningful use

• **Adding an optional alternate measure** to the objective for computerized provider order entry (CPOE) based on the total number of medication orders created during the EHR reporting period
CMS Changes/Updates to Stage 1 (cont)

Key Changes, starting 2013

• Adding an additional exclusion to the objective for electronic prescribing for EPs who are not within a 10 mile radius of a pharmacy that accepts electronic prescriptions

• Adding "except where prohibited" to the objective regulation text for the public health objectives
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

CMS Changes/Updates to Stage 1 (cont)

Vital Signs (Optional in 2013 and required 2014 onward)

• Changing the measure of the objective for recording and charting changes in vital signs for EPs, eligible hospitals, and CAHs
  – The new measure amends that age limit to recording blood pressure for patients ages 3 and over and height and weight for patients of all ages
Vital Signs (Optional in 2013 and required 2014 onward)

• **Changing the exclusions** for EPs
  – An EP can claim an exclusion if s/he sees no patients ≥ 3 years (EP would not have to record blood pressure), if all three vital signs are not relevant to EP scope of practice (EP would not record any vital signs), if height and weight are not relevant to EP scope of practice (EP would still record blood pressure), or if blood pressure is not relevant to EP scope of practice (EP would still record height and weight)
CMS Changes/Updates to Stage 1 (cont)

Key Changes, starting 2014

- Replacing several Stage 1 objectives for providing electronic copies of and electronic access to health information with Stage 2 EP and EH objective to provide patients the ability to view, download, or transmit their health information or hospital admission information online
  - Also replacing with one of two EP/EH Stage 2 measures: Health or hospital admission information is available online within designated timeframe after EP visit or EH discharge

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

CMS Changes/Updates to Stage 1 (cont)

Key Changes, starting 2014

• No longer permitting EPs, EHs, and CAHs 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
Meaningful Use – CMS Stage 2 Overview and New Requirements

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
Stage 2 Requirements of Meaningful Use - Overview

• EHs can begin to demonstrate Stage 2 Meaningful Use starting in FY 2014; EPs in Calendar Year 2014

• To demonstrate Stage 2 criteria
  – EPs must meet 17 core objectives and 3 menu objectives (total of 20)
  – EHs and CAHs must meet 16 core objectives and 3 menu objectives (total of 19)
Stage 2 Requirements of Meaningful Use – Overview (cont)

• In 2014, all providers (regardless of their stage of meaningful use) are only required to demonstrate meaningful use for a three-month EHR reporting period
  – This will help all providers who must upgrade to 2014 Certified EHR Technology have adequate time to implement their new Certified EHR systems
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

Timeline for Stage 2 Meaningful Use

The table below illustrates the progression of meaningful use stages from when a provider begins participation in the program.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2012</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2013</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2014</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2015</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>2016</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>2017</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td></td>
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</tr>
</tbody>
</table>

Note: early demonstrators of MU in 2011 will meet 3 consecutive years of MU under Stage 1 criteria before advancing to Stage 2 criteria in 2014.
New Stage 2 Requirements of Meaningful Use – EPs

• New Stage 2 Menu Objectives
  – Record electronic notes in patient records
  – Imaging results accessible through CEHRT
  – Record patient family history
  – Identify and report cancer cases to state Cancer registry
  – Identify and report specific cases to specialized registry
New Stage 2 Requirements of Meaningful Use - EHs

• New Stage 2 Menu Objectives
  – Record electronic notes in patient records
  – Imaging results accessible through CEHRT
  – Record patient family history
  – Generate and transmit permissible discharge prescriptions electronically
  – Provide structured electronic lab results to ambulatory providers
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

New Stage 2 Requirements of Meaningful Use – EPs and EHs

• Though most of the new objectives introduced for Stage 2 are menu objectives, EPs and EHs each have a new core objective that they must achieve
  – EPs: Use secure electronic messaging to communicate with patients on relevant health information
  – EHs and CAHs: Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR)
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
Clinical Quality Measures (CQMs)

To demonstrate meaningful use successfully, eligible professionals are required also to report clinical quality measures specific to eligibility type

- CQMs can be measures of processes, experiences and/or outcomes of patient care, observations or treatment that relate to one or more quality aims for health care such as effective, safe, efficient, patient-centered, equitable, and timely care
  - For example, a measure can provide information regarding whether an EP has provided care to their patients that supports a clinical process found to be effective in reducing complications associated with a specific disease or medical condition or associated with being hospitalized
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

Updates to Clinical Quality Measures

Although clinical quality measure (CQM) reporting has been removed as a core objective for both EPs, EHs and CAHs, all providers are required to report on CQMs in order to demonstrate meaningful use

• Beginning 2014, all providers regardless of their stage of meaningful use will report on CQMs
  – EPs must report on 9 out of 64 total CQMs
  – EHs and CAHs must report on 16 out of 29 total CQMs
• Providers must select CQMs from 3 of the 6 domains of DHHS’ National Quality Strategy
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

# Updates to Clinical Quality Measures – EPs

<table>
<thead>
<tr>
<th>Category</th>
<th>Data Level</th>
<th>Payer Level</th>
<th>Submission Type</th>
<th>Reporting Schema</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>Aggregate</td>
<td>All Payer</td>
<td>Attestation</td>
<td>Submit 9 CQMS covering at least 3 NQS domains</td>
</tr>
</tbody>
</table>

*EPs Beyond Year 1 of Demonstrating MU*

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Aggregate</th>
<th>All Payer</th>
<th>Electronic</th>
<th>Submit 9 CQMs covering at least 3 NQS domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 2</td>
<td>Patient</td>
<td>Medicare Only</td>
<td>Electronic</td>
<td>Satisfy PQRS reporting options using CEHRT</td>
</tr>
<tr>
<td>Group Reporting</td>
<td>Patient</td>
<td>Medicare Only</td>
<td>Electronic</td>
<td>Satisfy ACO and PQRS requirements</td>
</tr>
</tbody>
</table>
# Updates to Clinical Quality Measures – EHs

<table>
<thead>
<tr>
<th>Category</th>
<th>Data Level</th>
<th>Payer Level</th>
<th>Submission Type</th>
<th>Reporting Schema</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>Aggregate</td>
<td>All Payer</td>
<td>Attestation</td>
<td>Submit 16 CQMs covering at least 3 NQS domains</td>
</tr>
<tr>
<td><em>EHs and CAHs Beyond Year 1 of Demonstrating MU</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option 1</td>
<td>Aggregate</td>
<td>All Payer</td>
<td>Electronic</td>
<td>Submit 16 CQMs covering at least 3 NQS</td>
</tr>
<tr>
<td>Option 2</td>
<td>Patient</td>
<td>Sample – All Payer</td>
<td>Electronic</td>
<td>Submit 16 CQMs covering at least 3 NQS (similar to 2012 Medicare EHR Incentive Pilot Program)</td>
</tr>
</tbody>
</table>

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
Changes to Medicaid EHR Incentive Program
Changes to Medicaid EHR Incentive Program

• EPs, EHs and CAHs participating in the Medicaid Incentive Program must submit their CQM data directly to their State

• Each State is responsible for sharing the details on the process for reporting with its provider community

• Subject to CMS’ prior approval, States have flexibility in determining the process and the timeline
Changes to Medicaid EHR Incentive Program (cont)

Changes in Medicaid Patient Volume Calculation

• A Medicaid encounter can be counted towards patient volume of an eligible provider if the patient is enrolled in the State’s Medicaid program (either through the State’s fee-for-service programs or the State’s Medicaid managed care programs) at the time of service without the requirement of Medicaid payment liability
  
  – Previously, Medicaid had to either pay for all or part of the service, or pay all or part of the premium, deductible or coinsurance for the encounter
Changes to Medicaid EHR Incentive Program (cont)

Changes in Medicaid Patient Volume Calculation

• States that have offered CHIP as part of a Medicaid expansion under Title 19 or Title 21 can include those patients in their provider’s Medicaid patient volume calculation
  – Previously, only CHIP programs created under a Medicaid expansion via Title 19 were eligible
Changes to Medicaid EHR Incentive Program (cont)

Changes in Medicaid Hospital Incentive Payment Calculation

- Hospitals may use the most recent continuous 12 month period for which data are available prior to the payment year.

- Only hospitals that begin program participation after the Stage 2 Rule publication date (i.e., program years 2013 and later) are affected. Hospitals prior to the Stage 2 Rule will not have to adjust previous calculations.

- Previously, Medicaid eligible hospitals calculated the base year using a 12 month period ending in the Federal fiscal year before the hospital's fiscal year that serves as the first payment year.
Attestation Process – Meaningful Use & MAPIR

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
MAPIR and the Attestation Process

- MAPIR allows EPs and EHs to apply and attest for incentive payments, and is the backbone of KDHE/DHCF’s oversight efforts for the Medicaid EHR Incentive Program.
- To apply for the Medicaid EHR Incentive Program, an EP must use the MAPIR application: https://www.kmap-state-ks.us/PROVIDER/SECURITY/logon.asp
- There are seven electronic MAPIR application tabs that comprise the registration document:
  1. Get Started
  2. R&A and Contact Information
  3. Eligibility
  4. Patient Volume
  5. Attestation
  6. Review
  7. Submit
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

Upon logging into MAPIR, an applicant will see the EHR Incentive Program Participation Dashboard. Select the application and click *Continue*. 

[Image: Medicaid EHR Incentive Program Participation Dashboard]

(*) Red asterisk indicates a required field.
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
Once the application is started, the applicant will need to confirm association of the current Internet account with MAPIR.

The applicant may select **Confirm** to continue the application process or **Cancel**.
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

After going through the R&A/Contact Info, Eligibility, and Patient Volumes sections of MAPIR, the applicant is able to access and begin the Attestation section.

After viewing the Attestation Guidance Page, the applicant will see this Attestation screen – it requires a EHR System Phase selection.

Subsequent screens and questions depend on the EHR System Phase selection: Adoption, Implementation, Upgrade, or Meaningful Use.

After selecting the EHR System Phase, click Save & Continue to proceed, Previous to return, or Reset to clear all unsaved data.
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
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The applicant needs to enter the start of the EHR Reporting Period.

After entering the start date for the reporting period, the next screen will show the 90-day calculation, click Save & Continue to proceed, Previous to return, or Reset to clear all unsaved data.
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion-oriented public health strategies.

This screen shows an example where the applicant will need to enter information for each topic. In this case, the topic is General Requirements.

The applicant needs to answer applicable questions and/or enter data based on each topic requirement.

After entering applicable information, click Save & Continue to proceed, Previous to return, or Reset to clear all unsaved data.
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

As the applicant progresses through each topic, the number of completed requirements or measures will be displayed in the Progress section of the Attestation Meaningful Use Measures screen.

When the topic is completed, a check mark will be displayed in the Completed section of the screen.

If an applicant needs to edit or clear information, they may select EDIT or Clear All.

Click Save & Continue to proceed or Previous to return.
The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.
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Technical Assistance

- CMS tools:  http://www.cms.gov/EHRIncentivePrograms/
- KDHE/DHCF tools:  http://www.kdheks.gov/hcf/hite/default.htm
  - FAQs, Fact Sheets, Webinars and other useful links, including links to CMS changes and MU information
- Application / MAPIR Assistance:
  - Provider Manual/MAPIR Companion Guide

Please submit your questions via email to Kansas_EHR_Provider_Support@external.groups.hp.com
or call 1-800-933-6593
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