MU Stage 2 in 2015:
Meeting the Difficult Measures

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Financial Disclosures

- Mr. Grant is President of HCMA, Inc.
  - I have a financial interest in the subject matter
- Mr. Larson is a Senior Consultant for Corcoran Consulting Group
  - I have a financial interest in the subject matter

Who am I?

- Over 20 years Practice Management, Operations, Revenue Cycle Management & HIT Consulting with nearly 1,000 practices
- Speaker at AAO, ASCRS, Hawaiian Eye, SECO, AOA, Vision Expo, & State Associations
- Articles in Administrative Eyecare, Ophthalmology Management, Ophthalmology Times, Premier Surgeon, Ophthalmology Business, & Advanced Ocular Care
- Assisted dozens of practices with EHR selection/implementation, MU Attestation and MU Audits
- Provides Revenue Cycle Management (Billing) Services to ophthalmologists

Trust Me!

- [http://www.youtube.com/watch?v=wPOgvzVOOig](http://www.youtube.com/watch?v=wPOgvzVOOig)

MU Attestation Totals

- As of 1/31/15:
  - 537,384 EP’s have received $6,976,204,495
  - 13,792 Ophthalmologists have received $195,990,540 (2.8%).
  - 10,460 EH’s and CAH’s have received $12,587,315,347

Stage 2 Attestations Very Low

- Data from CMS shows that as of Dec. 1, 2014, the Stage 2 MU attestations total:
  - 1,681 hospitals
  - 16,455 eligible professionals (EP)
  - That means 4% of EPs have met S2 requirements (!!!)
  - Approx. 257,000 EP’s are required to meet S2 in 2015
Relief in 2015?
- 1/29/15 - CMS proposed some rule changes to the 2015 MU Incentive Programs:
  - Shortening the 2015 reporting period from full year to 90 days
  - Increased flexibility
  - Realignment with other long-term goals
  - Reduction of reporting burdens on providers
  - Changes to specific measures??

Intent to Report Public Health Measures - S2
- Most ophthalmologists won’t use any of the public health measures, with 1 possible exception:
  - Menu Set Measure 6 / Ongoing Submission to a Specialized Registry: This one that many ophthalmologists might choose to do if they submit their PQRS and CQM data through IRIS. IRIS can meet this measure for you, but using this option is certainly not required. If you do plan to use IRIS AND you plan to use this measure, you should register your intent per the email from CMS.
  - Finally – you must register your intent up to 60 days after the beginning of the reporting period, which, for now is a full year.
  - That means you’ll need to register your intent by 1/2/15 for the calendar year reporting period
  - Since CMS has announced that they will change to 90-day reporting period (pending the final rule), you can register your intent after the beginning of the reporting period you use.

Intent to Report Public Health Measures - S2
- Most ophthalmologists won’t be able to use ANY of the other public health measures:
  - Core Measure 16 / Ongoing Submission to Immunization Registries
    - Most ophthalmologists would be able to exclude since you don’t do immunizations. (If you do, you’ll either have to do ongoing submission or you’ll exclude, probably b/c no immunization registry existed.)
  - Menu Set Measure 1 / Ongoing Submission of Syndromic Surveillance Data
    - Since this is no longer required, and since most ophthalmologists don’t collect reportable data, you’ll use 3 of the other 5 that are available.
  - Menu Set Measure 5 / Ongoing Submission to Cancer Registry
    - Very few ophthalmologists actively treat cancer so then you’ll need to use 3 of the other 5 that are available.

Stage 1 (S1) vs. Stage 2 (S2)
- 14 “Core Set” Measures – All must be met or excluded
- Stage 2: All 17 must be met or excluded
- 9 “Menu Set” Measures – 5 must be met or excluded.
- Stage 2: 3 of the 6 must be met (1 Old & 5 New)
- Exclusions do not count unless you can exclude ALL 6.
- Several Stage 1 measures were moved to the “Core” Set
- Clinical Quality Measures
  - Stages 1 & 2: 9 Measures from 3 Clinical Quality Domains
  - Stage 2: Submitted electronically

CPOE in S2
- CPOE - More than 60% of medication (increase), 30% of laboratory (new), and 30% of radiology (new) orders created by the EP during the EHR reporting period are recorded using CPOE.
  - Each of the 3 CPOE measures can be excluded - if the attesting EP orders <100 during the reporting period.
  - Orders can be entered by “licensed healthcare professionals or credentialed medical assistants”

CPOE in S2
- Orders can be entered by “licensed healthcare professionals” or “credentialed medical assistants”
  - Certification:
    - Set of the certificate letters after their last name
    - ACA, CCMA, CMA, CO, OMA are certified (and credentialed) medical assistants
    - AAMA, “AAMA” (certified medical assistant specialist)
    - ACR/MLT certified (Medical laboratory technologist)
    - AMT, “AMT” (Medical Technologist)
    - ASHT (American Society for Health-System Therapists), “ASHT” after name
    - Card is a CMA if already CMSS certified (above), $107.00 cert but not CMSS, $60 all others
  - Expiration: No letters after last name
    - No cert (Assessment-based Recertification in Order Entry)
    - Set-up by AAMA (CMSS do not need)
    - Expires 2 years after date awarded
CPOE – www.theACMSS.org

Establish an account, through which you will purchase the tests. This part is prone to failure.

- Pay for a membership, and a separate test for everyone who is challenging the exam.
- Purchase information in quantities of five or more to get the $1 per head discount (50 instead of 50).
- Assign the tests and membership to individuals (by entering their name and email address).
- The individual will get an email with a link to the ACMSS website.
- They will have 15 days to complete an affidavit that he/she has 500 hours or more of clinical experience.

Electronically sign the affidavit:

- Visit at least 1 hour to get a confirmation that he/she can take the test. This can take up to a couple of hours. This is also where the process is most likely to break down, with users never getting their approval.
- Another tricky area: Individuals get a confirmation email that they signed the affidavit.

Log back into the site – THEN choose the orthoptometry version of the test.

- Take the exam test. Avoid the certificate.
- The certified scribe and the practice should both sign a CPOE of the "passing" certificate as proof.
- CPOE certificates need 5 hours of "Scribe CE" every 2 years.

CPOE in S2

- CPOE –

  - Radiology Order – Order for … imaging services that use electronic product radiation. The EP can include orders for other types of imaging services … as long as the policy is consistent across all patients and for the entire EHR reporting period.
  - Electronic Product Radiation – Any ionizing or nonionizing electromagnetic or particulate radiation, or any sonic, infrasonic, or ultrasonic wave that is emitted from an electronic product …

CPOE in S2

- CPOE –

  - Laboratory – A facility … biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination …

Summary of Care for each TOC

- Summary of Care for each Transition of Care

  - Moved from Menu to Care and expanded:
    - Measure 1:
      - Provide a summary of care record for 100% of transitions of care and referrals.
    - Measure 2:
      - Provide a summary of care record for 100% of such transitions and referrals
      - electronically transmitted using CEDP as a recipient
      - where the recipient receives the summary of care record via exchange facilitated by an organization that is certified and compliant with the Health Insurance Portability and Accountability Act (HIPAA)
      - **Note:** The other 10% can be printed.
    - Measure 3: EPs must also satisfy 1 of the following criteria during the reporting period:
      - Conduct 3 or more successful electronic exchanges of 6 summaries of care documents … which is counted in this measure
      - Conduct one or more successful tests with the CMS designated test (CDT)

Preventive Care Reminders

- Preventive Care Reminders – moved from Menu to Core and modified:

  - >10% of all unique patients with 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient population, for each target.

  - IMPORTANT: Reminders for services already scheduled in your systems do not count!

  - Note that your percentage will grow during the reporting period

    - Report run for 1/25/15 – 1/31/15:
      - Denominator = 2000, Numerator = 50 (2.5%)
    - Report run for 1/25/15 – 2/18/15:
      - Denominator = 2000, Numerator = 50 (2.5%)
    - Report run for 1/25/15 – 3/31/15:
      - Denominator = 2000, Numerator = 100 (5%)
    - >10% of results from Jan, 50 more from Feb, and 50 more from March
Online Access

- Patient Access - Provide patients the ability to view online, download and transmit their health information
  - >50% of all unique patients are provided online access to their health information w/in 4 business days after the information is available to the EP.
  - >5% of all unique patients view, download or transmit to a third party their health information.

Secure Messaging

- Secure Messages - Use Secure Messaging to Communicate with Patients on Relevant Health Information
  - A secure message was sent using the electronic messaging function of CEHRT by >5% of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.
  - Be sure the Portal you USE is part of your CEHRT
  - If you use a PM-based Portal, is this integrated with CEHRT?
    - If yes, does the CEHRT certificate say so?
    - Ask the vendor for proof!

Ways to Meet Portal Requirements

- Promote your portal
  - “What did the doctor enter into your medical record today?”
  - Signage, flyers, info on your web site
  - Use proper “Authorization for Use & Disclosure of PHI” to allow a family member to enroll / access information on the portal
  - “Please review your medical record and let us know there are any errors that we need to correct.”
  - Allowing the patient to request amendments is a HIPAA requirement.
  - Educate staff on the use and functionality of your portal so they can answer questions from patients
  - Setup portal accounts for staff so they can see what a patient sees
  - Assist patients with enrollment/access in your office (via kiosk or tablet)

Security Risk Analysis (SRA)

- This is Core Measure #9 in S2, Core Measure #13 in S1
- NO exclusions are possible!
  - SRA “Tool” from Office of the National Coordinator (ONC)
  - ONC updated their SRA Guidance on 10/21/14:
    - SRA completed during the calendar year - but not necessarily during the reporting period
    - SRA required in first reporting year
    - In subsequent reporting years, or when changes to the practice or electronic systems occur, a review must be conducted.
    - Document (and record) any changes
Security Risk Analysis (SRA) Issues

- SRA was among the most common reasons to fail a MU audit
- If post-payment “failure” - you give back MU $$s received
- May be denied payment if a “pre-payment” review
- Any SRA issue likely affects ALL providers in a group
  - If one provider in a group fails, others are likely to be audited
- About 10% of providers are “pre-payment” audited per year
- Another 10% per year are “post-payment” audited

Sources:

Security Risk Analysis (SRA) Issues

- SRA failures are most often because:
  - Attester did not consider what the MU guidance actually said
  - Never did anything in writing or did only cursorily
  - If a “better” review, not documented well
  - Did not know ONC had resources to help
  - No “plan” to fix anything after initial review
    - You can be audited again!
    - Expectation is that there will be periodic changes
  - No “proof” provided (screenshots, reports, etc.)

Security Risk Analysis (SRA) Issues

- SRA “Tool” from Office of National Coordinator (ONC)
  - ONC, HHS, and OCR (Office of Civil Rights) collaboration
  - iPad “App”, Windows .exe file, and downloadable paper versions
    - 156 Questions, “Yes or No”
    - “… Use of this tool is neither required by nor guarantees compliance with federal, state or local laws….”

Administrative Safeguards
- Documented policies for ePHI risk management?
- Determined threats and vulnerabilities identified?
- Up-to-date BAs? How do you check?
- Are there HR policies that note penalties to employees?
- Is there a designated point of contact? Is this in the Job Description?
- How and when do you authorize/de-authorize users who have ePHI access?
- Documented training of workforce members?
- Is there an incident (Breach notification) response plan? Is it written out?
- Do you test contingency plans regularly? Document it?

Security Risk Analysis (SRA) Issues

- Technical Safeguards
  - Do you have policies that limit ePHI access based on role in practice?
  - Unique user IDs? Are they enforced?
  - Automatic “log-off” after a set period of no activity?
  - Could you prevent unauthorized alteration/destruction of records?
  - VPN? Firewall? Anti-virus and malware protection? Updated?
  - Back-ups? Have you tested the back-ups? Did you document that?
  - In case of emergency, could you continue to access records?
  - Could you audit records access? If so, have you run a report? What action was taken, if needed?
  - Encryption when data is stored/transmitted to assure record integrity?

Physical Safeguards
- Inventory for systems, media, devices that contain ePHI?
  - Is it maintained?
- Is there a facility security plan? Periodic review?
- Policies and procedures for physical protection? This includes:
  - Control of access, keys, locks, windows/doors/cameras
  - Removal of those no longer needing access?
- Is there a disaster plan for access of physical and ePHI?
- Workstation Use policies?
Security Risk Analysis (SRA) Issues

<table>
<thead>
<tr>
<th>Breach Location</th>
<th>% of Breaches</th>
<th>% of Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laptops</td>
<td>25%</td>
<td>12%</td>
</tr>
<tr>
<td>Paper Records</td>
<td>24%</td>
<td>4%</td>
</tr>
<tr>
<td>Mobile Media</td>
<td>16%</td>
<td>51%</td>
</tr>
<tr>
<td>Desktop Computers</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Network Server</td>
<td>9%</td>
<td>17%</td>
</tr>
<tr>
<td>System Application</td>
<td>9%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Analysis of US healthcare breach data. Health Information Trust Alliance (HITRUST), 2012

Security Risk Analysis (SRA) Issues

- ONC also publishes “SAFER” guidelines
  - 9 guides in 3 groups:
    - Foundational (High priority and organizational responsibilities)
    - Infrastructure (Contingencies, configuration, interfaces)
    - Clinical Process
      - Patient ID, CPOE w/ Clinical Decision Support
      - Test Results reporting and follow-up
      - Clinician communication

Security Risk Analysis (SRA) Issues

- What to do?
- Take the perspective of the (possible) MU auditor:
  - Their job is not to punish, it’s to ensure compliance!
  - Do you have proof of performance?
    - Think: Reports, Policy manuals, Screenshots if needed
    - Are these dated?
    - If revised, did you note why there was a change?
    - Was a new threat identified?
    - Was there an incident?

Security Risk Analysis (SRA) Issues

- Myth or fact?
  - I’m small so a plan is optional.
  - Installing a certified EHR fulfills the SRA.
  - My vendor took care of everything.
  - I must outsource the SRA.
  - A checklist is enough.
  - My SRA only looks at my EHR.
  - I must mitigate all risks before attesting.
  - Each year I must re-do the entire SRA.

Stage 2 Menu Measures

Probable Menu Set Measures

- Progress Note
- Family Hx
- Imaging Result – stored in the EHR or accessible via link or
- Specialized Registry - IRIS
CQM’s in S2

- Eligible professionals must select and report on 9 of a possible list of 64 approved CQMs for the EHR Incentive Programs.
- The quality measures selected must cover at least 3 of the 6 available National Quality Strategy (NQS) domains.
- The 6 NQS domains are:
  - Patient and Family Engagement
  - Patient Safety
  - Care Coordination
  - Population and Public Health
  - Efficient Use of Health Care Resources
  - Clinical Processes/Effectiveness

Registry Reporting

- There are dozens of registries
- No need for marking PQRS codes in EHR or PM
- No need to send codes via claims
- Submission isn’t due until after the end of the year
  - Registries have until 3/31/16 to submit data for 2015
  - IRIS Registry (by AAO) for ophthalmology and OD’s who work in an AAO-member practice

CQM’s in S2

- Eligible professionals have the option to electronically report their CQM data for the full calendar year of 2015 (Jan 1, 2015 - Dec 31, 2015) to receive credit for both the Physician Quality Reporting Program (PQRS) and the EHR Incentive Program.
- Providers who choose to submit electronically will submit their CQM data as an electronic file between January 1 and March 31, 2016.
- EHR Direct submission, or
- EHR Data Submission Vendor (IRIS Registry)

Registry Reporting

- IRIS Registry
  - IRIS maps data from each EHR
  - The IRIS Registry is certified to support three different PQRS submission methods at this time:
    - EHR Data Submission - through interfaces with database systems
    - Cataract Measure Group - through our manual data entry web portal
    - Individual Measures Reporting - through our manual data entry web portal (for those w/o EHR)
  - IRIS can be used as a Qualified Clinical Data Registry (QCDR), GDR might be better for some sub-specialists who struggle to report 9 PQRS measures, but the reporting requirements for GDR are different.
  - Can allow you to meet the "Specialized Registry" Menu Set measure

Thank You!

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