

MEANINGFUL USE

AN UPDATE

June 8, 2012

PROPRIETARY AND CONFIDENTIAL



DISCLAIMER

DISCLAIMER:

- ☞ Information about incentives and measures are subject to change by the ONC at any given time
- ☞ This presentation is for the purpose of:
 - ✓ Stage 1 Meaningful Use only
 - ✓ Medicare incentive for Eligible Professionals (EPs) only



WHAT IS IT?

- **Two (2) Incentive programs: Medicare and Medicaid**
 - ✓ Medicare incentives run 2011 - 2015
 - ✓ Medicaid Incentives from 2011 - 2021
- **Providers may qualify for either Medicare *or* Medicaid incentives, not both**
 - ✓ Providers may make a one-time change by 12/31/14
- **Medicare will impose penalties beginning in 2015 for NOT meeting the definition of a “meaningful user”**



WHO IS ELIGIBLE?

- **Must be a qualified non-hospital based provider:**
 - ✓ **Doctor of Medicine or Osteopathy**
 - ✓ **Doctor of Dental Surgery or Medicine**
 - ✓ **Doctor of Podiatric Medicine**
 - ✓ **Doctor of Optometry**
 - ✓ **Chiropractor**
- **A hospital-based physician is a provider who furnishes 90% or more their services using POS Code**
 - ✓ **21-Inpatient Hospital or 23-Emergency Room**



WHAT DO YOU GET?

- Medicare maximum is \$44,000 over five years
- Medicaid maximum is \$63,750 over six years
- An EP's payment is based on 75% of the provider's Medicare allowable charges for the calendar year or up to a set cap
- Example of a provider starting in 2011 or 2012
 - ✓ 1st Payment Year - \$24,000 → \$18,000 incentive
 - ✓ 2nd Payment Year - \$16,000 → \$12,000 incentive
 - ✓ 3rd Payment Year - \$10,667 → \$8,000 incentive
 - ✓ 4th Payment Year - \$5,333 → \$4,000 incentive
 - ✓ 5th Payment Year - \$2,667 → \$2,000 incentive



MEDICARE PROVIDER REIMBURSEMENT

Maximum Incentive Payments Each Year							
Year of Adoption	2011	2012	2013	2014	2015	2016	TOTAL
2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
2012	-----	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$44,000
2013	-----	-----	\$15,000	\$12,000	\$8,000	\$4,000	\$39,000
2014	-----	-----	-----	\$12,000	\$8,000	\$4,000	\$24,000
2015 or later	-----	-----	-----	-----	-1%	-2%	-3+%



MEDICARE PAYMENT SCHEDULE

- ✓ 2012 - Any continuous 90-day period within the first payment year.
 - ✓ Reporting must begin no later than 10/1/12 for CY 2012
 - ✓ 2013+ - Reporting is for the entire calendar year
- ✓ Payment from federal government, not CMS claims processor
- ✓ Payment approximately 6 weeks after submission of reporting
- ✓ Reporting must be submitted no later than 60 days after attestation date
- ✓ Subject to audit - overpayments will be recovered



REPORTING REQUIREMENTS – MUMS

- 25 Meaningful Use Measures (MUMs) – Core and Menu
 - ✓ Core – 15 measures and all are mandatory
 - HIPAA Security Analysis needs to be completed prior to or during the reporting period
 - ✓ Menu – Choose 5 out of 10
 - 1 of the 5 must be a public health measure



REPORTING REQUIREMENTS - CQMS

- **Clinical Quality Measures (CQM) – similar to PQRS**
 - ✓ **Core CQM– 3 mandatory measures for reporting**
 - **3 alternates provided if needed**
 - ✓ **Standard CQM – Choose 3 out of 38 measures**
 - ✓ **Specialty specific**
- **Must report on 6 measures total**
- **There are no minimum requirements for these measures**



STAGE 2 IS COMING

- **Proposed changes to MU with Stage 2**
 - **Increase in percentages for**
 - **CPOE**
 - **Demographics**
 - **Vitals**
 - **Smoking Status**
 - **eRx**



STAGE 2 IS COMING

- **Proposed changes to MU with Stage 2**
 - **New Measures**
 - **CPOE of Radiology**
 - **Documenting Advanced Directives**
 - **Required use of a patient portal**
 - **Documenting care plans and care teams**



PROPOSED STAGES

First Payment Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3



WHAT HAPPENS IF YOU DON'T DO MU?

- Penalties for failing to comply with Meaningful Use will commence in 2015
- A 1% reduction in Medicare Fee Schedule will apply for each year of failing to meet MU
 - 2015 – 1%
 - 2016 – 2%
 - 2017 – 3%
 - Etc. (Not to exceed 5%)



PENALTIES

Year of Penalty	Existing Meaningful Users	New Meaningful Users	Exclusions (Apply by)
2015	MU for CY 2013	90 days no later than 7/3/14 (submit by 10/1/14)	7/1/14
2016	MU for CY 2014	90 days no later than 7/3/15 (submit by 10/1/15)	7/1/14
2017	MU for CY 2015	90 days no later than 7/3/16 (submit by 10/1/16)	7/1/14
2018	MU for CY 2016	90 days no later than 7/3/17 (submit by 10/1/17)	7/1/14
2019	MU for CY 2017	90 days no later than 7/3/18 (submit by 10/1/18)	7/1/14

CONSIDERATIONS FOR DECISION MAKING

- **EHR is a business decision; not a MU decision**
 - **Competitive advantage**
 - **Increased efficiency**
- **Retirement in the near future?**
 - **If so, will the practice be sold?**
- **Other initiatives/regulations**
 - **ACO, PQRS, HIPAA AOD**
- **HIE participation**



Questions?

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