

Stage 2 Meaningful Use Guidelines: Texas Medicaid EHR Incentive Program

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On September 4, 2012, CMS published a final rule that specifies the Stage 2 criteria that eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) must meet in order to continue to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Below are the key points of interest regarding Stage 2.

I. Program Guidance: Stage 2

Stage 2 Start Dates

- Eligible Hospitals (EHs): Fiscal Year 2014 (October 1, 2013)
- Eligible Professionals (EPs): Calendar Year 2014 (January 1, 2014)

II. Program Guidance: Stage 1 and 2

Meaningful Use Stages, Timing, and Payments

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

| Annual Incentive Payment by Stage of Meaningful Use | | | | | |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|
| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
| AIU \$21,250 | Stage 1 \$8,500 | Stage 1 \$8,500 | Stage 2 \$8,500 | Stage 2 \$8,500 | Stage 3 \$8,500 |

Eligible providers may not **start** participation in the incentive program after 2016.

Skipping Years

Providers in the **Medicaid** EHR Incentive Program may skip participation years if they choose. The program ends in 2021, so if an EP starts in 2016 (the last year you can begin the program), that EP would need to participate in consecutive years if they want all six payments. Skipping years is still allowed, but the EP would not receive all six payments.

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Exclusions No Longer Count Toward Menu Objectives, With One Exception

Beginning in 2014, providers will no longer be permitted to count an exclusion toward the minimum number of five (Stage 1) or three (Stage 2) menu objectives on which they must report if there are other menu objectives which they can select. In other words, a provider cannot select a menu objective and claim an exclusion for it if there are other menu objectives they can meet.

They will not be penalized for claiming an exclusion if they would also qualify for the exclusions for all the remaining menu objectives.

III. Reporting Period for Meaningful Use

Time periods for reporting MU and CQM measures – NO CHANGE from Stage 1 to Stage 2

| Provider Type | Reporting Period for 1st year of MU | Reporting Period for Subsequent years of MU (2nd year and beyond)* |
|------------------------------|--|---|
| EP | 90 consecutive days within the CURRENT calendar year | 1 calendar year * (January 1 – December 31) |
| Eligible Hospital/CAH | 90 consecutive days within the CURRENT fiscal year | 1 fiscal year * (October 1 – September 30) |

* Exception: See section below on 2014 reporting period.

For 2014 ONLY: 90-day Reporting Period for All Providers

All providers, regardless of their stage of meaningful use, are only required to demonstrate meaningful use for a 90-day EHR reporting period. For the Medicaid EHR Incentive Program, this continuous 90-day period can be selected from any point in the reporting year.

Beyond 2014: Reporting Period for Demonstrating Meaningful Use

In the first year of reporting meaningful use, providers must demonstrate MU for a 90-day reporting period. In subsequent years, providers will report meaningful use for a full year (an entire fiscal year for hospitals or an entire calendar year for EPs) except in 2014, which is described above.

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IV. Meaningful Use (MU) Measures

Number of Core and Menu Measures for EPs and EHs

The total number of MU objectives remains the same in Stage 2. However, the number of required, or core, measures has increased, while the number of optional, or menu, measures has decreased:

- **Eligible Professionals (EPs): 20 total**
 - 17 core objectives (from the original 15 in Stage 1)
 - 3 of 6 menu objectives (5 of 10 in Stage 1)
- **Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs): 19 total**
 - 16 core objectives (from 14 in Stage 1)
 - 3 of 6 menu objectives (5 of 10 in Stage 1)

Stage 2 MU Changes

- Some Stage 1 objectives were either combined or eliminated for Stage 2.
- Most of the Stage 1 menu objectives are now core objectives in Stage 2.
- For many of the Stage 2 objectives, the threshold that providers must meet has been raised.

Eligible Professionals: MU Measures

- [Stage 1 vs. Stage 2 Comparison Table for Eligible Professionals](#): Shows the Stage 1 MU objectives and measures, and the corresponding Stage 2 MU objectives and measures, if applicable.
- [Stage 2 MU Core and Menu Measures for EPs](#): List of each core and menu measure for EPs, with a link to the detailed specifications, including calculations and exclusions.

Eligible Hospitals: MU Measures

- [Stage 1 vs. Stage 2 Comparison Table for Eligible Hospitals](#): Shows the Stage 1 MU objectives and measures, and the corresponding Stage 2 MU objectives and measures, if applicable.
- [Stage 2 MU Core and Menu Measures for EHs](#): List of each core and menu measure for EHs, with a link to the detailed specifications, including calculations and exclusions.

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V. Clinical Quality Measures (CQMs) for 2014 and Beyond

Beginning in 2014, the reporting of clinical quality measures (CQMs) will change for all providers.

1. **EHR technology must be certified to the 2014 criteria.** EHR technology that has been certified to the [2014 Edition standards and certification criteria](#) will have been tested for enhanced CQM-related capabilities. Eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) will be required to report using the new 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.
2. **CQMs still required to demonstrate MU.** Although CQM reporting has been removed as a core objective for both EPs and eligible hospitals/CAHs, all providers are required to report on CQMs in order to demonstrate meaningful use.

Key Points about Clinical Quality Measures in 2014 and Beyond:

- CQM requirements are associated with the current year and must be an output of the current certified EHR technology.
- Starting in 2014, all providers must select CQMs from at least three of the six Health and Human Services (HHS) National Quality Strategy Domains:
 - Patient and Family Engagement
 - Patient Safety
 - Care Coordination
 - Population and Public Health
 - Efficient Use of Healthcare Resources
 - Clinical Processes / Effectiveness
- [EPs must report on 9 out of 64 total CQMs.](#)
- [EHs must report on 16 out of 29 total CQMs.](#)
- EPs are encouraged, but not required, to report from the recommended set of either [adult core measures](#) or [pediatric core measures](#).

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VI. Additional Resources

Stage 2

- CMS Presentation: “Medicare and Medicaid EHR Incentive Programs: Stage 2, Payment Adjustments and Audits”. June 20, 2013.
http://www.cms.gov/eHealth/downloads/Webinar_eHealth_June20_Stage2.pdf
- CMS website on Stage 2: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html
- Stage 2 Meaningful Use Final Rule: <http://www.gpo.gov/fdsys/pkg/FR-2012-09-04/pdf/2012-21050.pdf>

Texas Medicaid EHR Incentive Program

- Learn about program rules and steps by using the self-paced e-learning module at www.texasehrincentives.com.
- Visit the [Texas Medicaid Health IT website](#) for updates on the EHR Incentive Program and other health IT initiatives.
- For more information, contact HealthIT@tmhp.com or call 1-800-925-9126 (option 4).