navin, haffty & associates

Final Meaningful Use Stage 3 Requirements Released

August 2018

Earlier this month, Centers for Medicare and Medicaid Services (CMS) released the final Stage 3 requirements for the program formerly known as Meaningful Use for calendar years 2019 and 2020. The changes revolve around modifications to specific requirements as well as reporting and scoring methodologies, with scoring changes marking a major change in direction by CMS.

Over the last seven years, reporting and qualifying for incentives (or avoiding penalties) has been an all-or-nothing, threshold-based proposition. If an entity met the minimums for all criteria, it qualified for an incentive payment (or avoided a penalty). If it did not meet all minimums, it didn't receive an incentive payment (or incurred a penalty). With the approved changes, CMS has moved to a performance-based methodology, in which there are four requirements and six measures an entity must meet. These measures are given point values determined by level of compliance with each measure. Points are totaled and entities with 50 points or above avoid penalty, but those entities with fewer than 50 points will incur a penalty.

50 points or above ↑ = No Penalty

50 points or less ↓ = Penalty

GENERAL CHANGES TO STAGE 3 REQUIREMENTS:

- The name of the program has changed to Promoting Interoperability (PI). This has already occurred, and you will begin to see references to both PI and MU. This change was made to reflect the program's focus on interoperability and patient access to their health information.
- Starting in 2019, hospitals will be required to utilize a 2015 edition certified EHR. Among other reasons, the 2015 edition requires Application Programming Interface (API) functionality that will support patient access and improved interoperability.
- For 2019 and 2020, the reporting period has been reduced from 365 days to any continuous 90 day period.
- These changes apply only to hospitals (including critical access hospitals [CAHs]). Clinics and individual providers are covered under MACRA.
- Changes in requirements apply to hospitals participating as "Medicare only" and "dual eligible" (Medicare and Medicaid) organizations. Hospitals and CAHs participating solely as a "Medicaid only" facility will be subject to each state's decision to adopt or not adopt the approved changes.

WITH STAGE 3, THE NUMBER OF MEASUREMENTS IS REDUCED FROM 16 TO 6

THE FOLLOWING REQUIREMENTS HAVE BEEN *REMOVED* FROM STAGE 3 FOR 2019 AND 2020.

- Patient education—part of the "Patient Electronic Access to Health Information"
- Coordination of Care through Patient Engagement, all three measures:
    - View, Download, Transmit, VDT
    - Secure Messaging
    - Patient Generated Health Data

The electronic prescribing objective is now composed of the previous stage 3 ePrescribing measure (10 point maximum) with two additional measures.

THE TWO NEWLY PROPOSED MEASURES INCLUDE:

Query of Prescription Drug Monitoring Program (PDMP) (5 bonus points)	Verify Opioid Treatment Agreement (5 bonus points)
• For at least one patient, perform a Prescription Drug Monitoring Program (PDMP) query for a Schedule II opioid prior to submission of an eRx for a Schedule II opioid • This measure is optional for 2019 and required for 2020	• For at least one patient who has at least 30 cumulative days of a Schedule II opioid prescription within the previous six months, identify the existence of a signed opioid treatment agreement • This measure is optional for both 2019 and 2020

THE HEALTH INFORMATION EXCHANGE REQUIREMENT INCLUDES TWO MEASURES:

- The "Send a Summary of Care" measure has been renamed to "Support Electronic Referral Loops by Sending Health Information" (20 point maximum)
- The previous two measures, "Request/Accept a Summary of Care," and "Clinical Information Reconciliation" have been combined into a new measure, "Support Electronic Referral Loops by Receiving and Incorporating Health Information" (20 point maximum)
- If a site is not capable of receiving a summary of care and/or performing a reconciliation of clinical information on patient admission, it may take an exemption from reporting this measure, but the maximum points allowed for transmitting a summary of care will double to a maximum of 40

PROVIDE PATIENT ELECTRONIC ACCESS TO HEALTH INFORMATION (40 POINTS)

- The measure to provide patients access to their health information has not changed from previous Stage 3 requirements
- The previous Stage 3 requirements had a 2nd measure that addressed the provision of patient specific education. As noted earlier, the education measure has been removed from these approved requirements
- If requested by the patient, access to their health information through use of an API will need to be met by the facility

PUBLIC HEALTH AND CLINICAL DATA EXCHANGE (10 POINTS)

- Yes/no response
- Two measures required from:
    - Syndromic Surveillance Reporting
    - Immunization Registry Reporting
    - Reportable Laboratory Result Reporting
    - Electronic Case Reporting
    - Public Health Registry Reporting
    - Clinical Data Registry Reporting
- Failure to report will result in a score of zero for this objective, as well as a total score of zero for the entire PI program
- If the hospital claims an exemption for either or both measures, the 10 points would be applied to the Provide Patients Electronic Access to Health Information measure, bringing its maximum points to 50

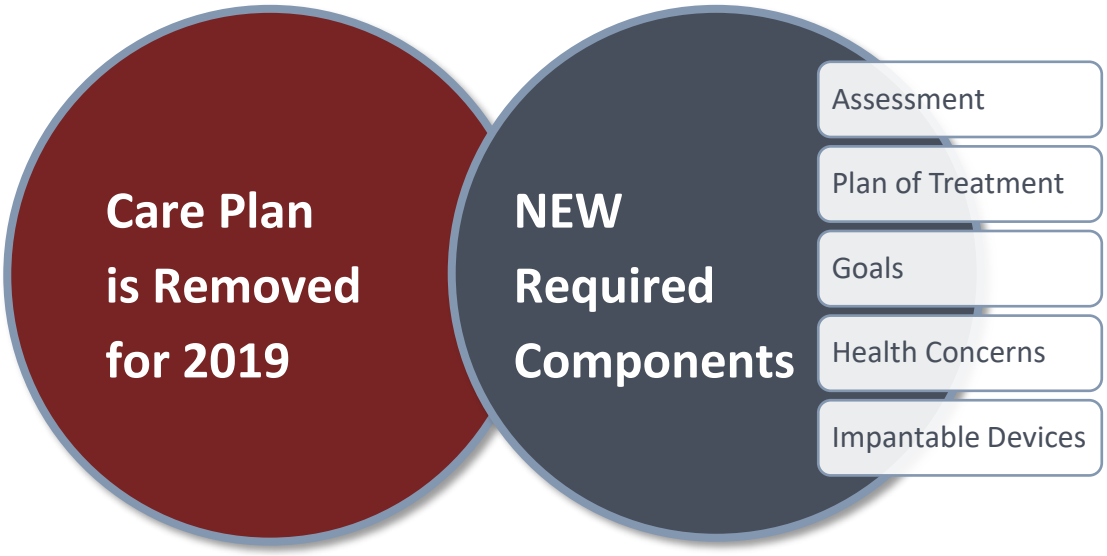
PROTECT PATIENT HEALTH INFORMATION (HIPAA SECURITY RISK ASSESSMENT)

- Required but no associated points
- Can be performed outside the 90-day reporting period but within the calendar year
- The requirement covers all systems that contain electronic PHI
- If audited, site will need to provide documentation of the assessment as well as documentation showing remediation plans and progress towards mitigation

SUBMISSION OF CLINICAL QUALITY MEASURES (CQM)

- If submitting electronically, hospitals will need to report on four of 16 permitted CQMs in QRDA-1 format through QualityNet (QNET)
- Under certain circumstances, hospitals may be able to submit their CQMs manually. If they do submit manually, hospitals will need to report on 16 CQMs
- Response at attestation will be a yes or no answer, with no associated metrics or points
- Hospitals should look at measures being proposed for removal in 2020; it may be worthwhile choosing four that will remain in use

THE REQUIREMENTS FOR THE CONTENT OF THE CONTINUITY OF CARE DOCUMENT (CCD) HAVE NO PROPOSED CHANGES BUT IT IS WORTH REITERATING THE CHANGES THAT WILL NEED TO BE MADE:



SCORING

Instead of the existing compliance minimums for each criterion and the "all or nothing" threshold for incentives and penalties, the finalized changes include a scoring methodology which allows for some flexibility in the manner compliance may be achieved. Here are the basics:

- Calculation of compliance percentages is for each required measure and objective.
- A points system is being used, with points calculated based on the maximum point total for each measure and the hospital's compliance percentage.
- When the individual criteria points are summed, a minimum of 50 points is required to avoid the penalty of a reduction in the CMS annual Medicare increase.

1 ePrescribing
- eRx - 10 points maximum
- Query Prescription Drug Monitoring program/database - if performed one time, 5 bonus points
- Verify Opioid Treatment Agreement, if performed one time, 5 bonus points

2 Health Information Exchange
- Transmitting a CCD on discharge for every patient - 20 points maximum
- Receiving a CCD on admission. For patients never seen at the facility, perform reconciliation on meds, med allergies, problems - 20 points maximum
- If site can't receive a CCD, transmitting a summary of care becomes 40 points maximum

3 Provide Patient Electronic Access to Health Information
- 40 points maximum

4 Two Public Health Submissions
- 10 points

5 HIPAA Security Risk Analysis
- Yes/no answer
- No associated points, but submission is required

6 Clinical Quality Measures
- No Electronic submission required on four CQMs
- No associated points, but submission is required

SCORING EXAMPLES: Below are scoring examples of two hospitals' compliance levels.

Scoring Example – Hospital Can Receive CCD

Measure	Max Points	Current Compliance %	Site Points
eRx	**10**	64 %	**6.4**
Transmit CCD	**20**	80 %	**16**
Receive CCD	**20**	0 %	**0**
Patient Access	**40**	87 %	**34.8**
Public Health	**10**	100 %	**10**
Total Points			**67.2**

Scoring Example – Hospital Cannot Receive CCD

Measure	Max Points	Current Compliance %	Site Points
eRx	**10**	64 %	**6.4**
Transmit CCD	**40**	80 %	**32**
Receive CCD	**0**	0 %	**0**
Patient Access	**40**	87 %	**34.8**
Public Health	**10**	100 %	**10**
Total Points (no summary of care)			**83.2**

Both hospitals are able to achieve a total score greater than 50 and would not receive a penalty for 2019.

CONCLUSION

Overall, the changes in the Stage 3 requirements for 2019 and 2020 support CMS's directions of increasing patient access to their health information, increasing interoperability and sharing of health data between hospitals and providers, and increasing the utilization level of electronic health records.

The change to a 90-day reporting period and reduction in number of requirements and measures should help to reduce the time hospitals will need to dedicate to meeting PI requirements. The new performance-based scoring methodology should allow facilities to direct their clinical efforts to improving their processes rather than simply trying to meet compliance minimums.

About Navin, Haffty & Associates

Since our inception in 2001, NHA's sole focus has been providing solutions that maximize the value of your MEDITECH EHR. The experience we gained along the way has made us the largest and most respected MEDITECH consulting firm in North America. Our exclusive focus has allowed us to provide clients with greater insight and understanding of MEDITECH's capabilities and the expertise to better deliver innovative tools, solutions, and strategies that improve your operational performance and enhance patient care quality. Our proven track record has positioned us to **become MEDITECH's first and most experienced READY-certified consulting firm.** Our staff not only makes up the largest MEDITECH consulting team available, it is also comprised of the most experienced professionals in the industry. By leveraging the combined expertise of our consulting team, NHA stands second to none and is uniquely positioned to meet the needs of any organization utilizing the MEDITECH EHR.

For more information or assistance with Stage 3 planning, contact us at (888) 837-1300 or visit us at www.navinhaffty.com.

navin, haffty & associates

1900 West Park Drive, Suite 180 | Westborough, MA 01581 | Tel: (888) 837-1300 | Fax: (781) 878-8703
www.navinhaffty.com