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healthcare IT made simple.

Meaningful Use Attestation
Are You Ready?

Contact us today:
info@ehrconcepts.com
Or call 1.888.674.0999

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We give back...

EHR Concepts takes pride in giving our clients resourceful information to prepare you for the next steps of Meaningful Use and other incentive programs.

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Prepare Now!

Here are the items we will be discussing today:

- Reminders for 2014
- Audit Documentation
- Patient Reminders and Workflow
- SOC Workflow
- Patient Education
- Patient Engagement for Portal Use

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Proposed Rule- announcement coming soon!

Table 2: Proposed CEHRT Systems Available for Use in 2014

If you were scheduled to demonstrate:	You would be able to attest for Meaningful Use:		
	Using 2011 Edition CEHRT to do:	Using 2011 & 2014 Edition CEHRT to do:	Using 2014 Edition CEHRT to do:
Stage 1 in 2014	2013 Stage 1 objectives and measures*	2013 Stage 1 objectives and measures* -OR- 2014 Stage 1 objectives and measures*	2014 Stage 1 objectives and measures
Stage 2 in 2014	2013 Stage 1 objectives and measures*	2013 Stage 1 objectives and measures* -OR- 2014 Stage 1 objectives and measures* -OR- Stage 2 objectives and measures*	2014 Stage 1 objectives and measures* -OR- Stage 2 objectives and measures

*Only providers that could not fully implement 2014 Edition CEHRT for the reporting period in 2014 due to delays in 2014 Edition CEHRT availability.

https://www.federalregister.gov/articles/2014/05/23/2014-11944/medicare-and-medicaid-programs-modifications-to-the-medicare-and-medicaid-electronic-health-record

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MU Reminders

Penalties for Medicare will be assessed in 2015 for either 2013 (if you started in 2011 or 2012) or 2014 (if you start in 2014 but don't attest by 10/1/14)

The length of Stage 2 is being extended by one year. This means that the start of Stage 3 has been pushed back to 2017 at the earliest.
CMS Link: http://www.cms.goveHealthListServ_Stage3Implementation.html

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Be Prepared for an Audit

- Core Measure No. 9- Complete a HIPAA Security Risk Analysis- Review the requirements and make sure you are completing all required items around this.
- Take a screenshot of the EHR version number
- Take screenshots that confirm functions of alerts
- Auditors like to see time-stamped date on items that you complete during the reporting period.

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Be Prepared for an Audit Cont...

- Keep record of patient list
- Keep paper copies of all MU attestation reports that were used to attest
- Take a time/date stamped screenshot of your certification number from ONC-CHPL and completed attestation

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Patient Reminders- Core Measure No 12

More than 10% of patients with two or more office visits in the last two years.

- The two office visits occur in the past two years prior to the reporting period (not during.)
- Discuss patient queries you want to run and workflow to notify patients
- Task-list setup- Central vs. office staff
- Batch print

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Summary of Care- Core Measure No 15

Summary of Care for TOC: Three parts to this measure:

- The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals- mark summary of care given
- Summary of Care record must be electronically transmitted to a recipient using direct messaging for more than 10% of all transition/referrals
- Must conduct at least one successful electronic exchange of Summary of Care record with a different EHR developer than the sender's EHR

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Summary of Care- Core Measure No 15

Getting Credit for Measure 1 of this measure:

How do you get credit for non-electronic referrals?

Additional info question- choose the one that works best for your users

How do you actually provide the summary of care for non-electronic referrals?

Manual export of SOC

Getting Credit for Measure 2 of this measure:

Send SOC electronically when ordering or during manual export AND SOC Acknowledgement task sent

Things to consider:

Referring provider's Direct IDs; Do you want to include internal?; Who will work associated tasks?

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Patient Education- Core Measure No 13

Patient Education:

Requires EHR technology to demonstrate capability to identify patient-specific education material using the Infobutton. Adhoc from ACI does not meet this measure; users must use Careguides, QuickSets or Info Button.

Numerator: The number of patients who had office visits during the EHR reporting period who were provided patient-specific education resources identified by Certified EHR Technology

Denominator: The number of unique patients seen by the eligible profession (EP) during the EHR reporting period.

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The Ability to VDT- Core Measure No 7

More than 50% of all unique patients seen by the EP are **provided** timely (available to the patient within 4 business days after the information is **available to the EP**) online ***access*** to their health information (Note, portal now required for stage 1 as well)

Also, more than 5% of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information

- 50% have to do what?
- Get your Patients engaged now!

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Helpful Links:

- MU Rule

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EPs.pdf

- Security Risk Assessment (Info and Tool):

http://www.healthit.gov/providers-professionals/security-risk-assessment

- MU Rule Stage 1

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_MU_TableOfContents.pdf

- MU 2 being extended

CMS Link: http://www.cms.goveHealthListServ_Stage3Implementation.html

- 2014 Proposed rule

https://www.federalregister.gov/articles/2014/05/23/2014-11944/medicare-and-medicaid-programs-

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Questions...

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