Dublin, Ohio • Lisle, Illinois • Overland Park, Kansas • Great River, New York • Dublin, Ohio • Lisle, Illinois • Overland Park, Kansas • Great River, New York • Dublin, Ohio • Lisle, Illinois • Overland Park, Kansas • Great River, New York • Dublin, Ohio • Lisle, Illinois • Overland Park, Kansas • Great River, New York • Dublin, Ohio • Lisle, Illinois • Overland Park, Kansas • Great River, New York • Dublin, Ohi

Netsmart
www.ntst.com

Meaningful Use Stage 2

Frequently Asked Questions

Q. What is Meaningful Use Stage 2?

A. The Medicare and Medicaid EHR Incentive Program, also known as Meaningful Use, is divided into three stages with increasing requirements. Stage 2 of Meaningful Use is designed to help you continue to improve the quality, safety, and efficiency of client care with an EHR. While Stage 1 of Meaningful Use requires basic EHR adoption and data gathering, Stage 2 emphasizes care coordination and exchange of patient information among healthcare settings.

Q. Are Behavioral Health providers eligible for Meaningful Use?

A. Behavioral health providers are currently eligible for Medicare and Medicaid Provider incentives based on the number of "eligible professionals" (EPs) in their organization, assuming the organization meets criteria for MU of an EHR. For additional details on how to determine whether or not your organization and/or providers are eligible for Meaningful Use, please review the Meaningful Use FAQ for Behavioral Health Providers.

Q. When will the Netsmart Solutions be certified for Meaningful Use Stage 2?

A. Each Netsmart CareRecord must be certified separately. Currently, those certifications are slated to occur beginning in October 2013 through Q2 2014. Please see the estimated timelines below for Certification:

myAvatar 2014 – Certified November 2013
myEvolv – Scheduled for December 2013
TIER – Scheduled for December 2013
Insight – Scheduled for ??
MIS – Scheduled for Q2 2014

Q. What is the 2014 reporting timeline?

A. All providers, regardless of which stage they are in, will only be required to demonstrate Meaningful Use for a 90-day reporting period in 2014, tied to quarters of the calendar year. If you are in your first year of participation in the Meaningful Use program, you must begin your 90-day reporting period no later than July 1, 2014 and complete attestation to CMS by October 1, 2014 to avoid a penalty on your Medicare reimbursements in 2015.

Q. Can eligible professionals receive electronic health record incentive payments from both the Medicare and Medicaid programs?

A. Not for the same year. If an EP meets the requirements of both programs, they must choose to receive an EHR incentive payment under either the Medicare program or the Medicaid program. After a payment has been made, the EP may switch programs once.

Q. What are the Stage 2 requirements?

A. Providers who are participating in Stage 2 must achieve all 17 core measures, three menu measures, and report nine clinical quality measures (CQMs) to successfully demonstrate meaningful use. Exclusions apply for some measures that may be out of the scope of your practice.

Stage 2 Core Objective	Threshold
Client Lists	One-time Action
Client Reminders	10%
Clinical Decision Support	5 rules
Clinical Summary of Office Visit	50%
CPOE for Medications/Labs/Radiology	60%/30%/30%
Demographics	80%
Education Resources	One-time Action
Electronic Messaging NEW	5%
ePrescribing and Formulary Checks	50%
Immunization Registry	Ongoing
Lab Results	55%
Medication Reconciliation	50%
Online Access	50%, 5% of clients view, download or transmit
Security	One-time action
Smoking Status	80%
Summary of Care	50%, 10% submitted electronically, one-time to another EHR
Vital Signs	80%

Netsmart
www.ntst.com

Stage 2 Menu Objective	Threshold
Syndromic Surveillance	Ongoing
Family Health History NEW	20%
Imaging Results NEW	10%
Cancer Registry NEW	Optional – not part of current plans
Specialized Registry NEW	Ongoing
Electronic Notes NEW	30%

Q. What are the benefits of Meaningful use?

A. Meaningful Use was implemented to encourage broad adoption of IT within the healthcare industry to improve outcomes, drive interoperability and reduce variability. In particular, the legislation was seen as the initial step to shift the industry from a pay for quantity to a pay for quality healthcare system. Eligible providers and organizations receive monetary incentives (up to $63,000 for Medicaid providers) in the early stages with a gradual shift to payment reductions (Medicare program only) for those organization or providers who choose not to implement an EHR.

Q. This seems like too much trouble in process and in systems for the money we could receive from the incentives. Is there really a value in this?

A. The incentives offered as part of the legislation were intended to reduce some of the financial burden on providers and organizations for the investment in IT which is a sizable investment. These incentives were never considered to be the sole benefit of adopting technology. The true benefit of Meaningful Use for both providers and consumers is improved efficiency and quality of care.

Q. What if my organization doesn't choose to implement Meaningful Use? Is there a penalty? Is it too late to start?

A. Currently, there are no Medicaid-related reimbursement penalties for electing not to meet Meaningful Use criteria. However, beginning in 2015, there are Medicare penalties (reimbursement reductions) for MDs who are not meeting Meaningful Use criteria and bill at least $26,000 to Medicare.

To avoid those penalties, 2014 is the last year to demonstrate Meaningful Use. Eligible Providers must meaningfully use certified EHR for 90 days sometime within the first 9 calendar months in 2014. They can attest NO LATER than October 1, 2014.

Netsmart
www.ntst.com

Q. I know another organization that purchased a certified solution but didn't use it at all their first year and still received funding. Can I purchase a solution in 2014 and postpone implementation for a year and still receive payment?

A. Under the Medicaid EHR incentive program, eligible health care providers may first adopt, implement, or upgrade to certified EHR technology in their first year of the program and receive an incentive payment before having to meaningfully use certified EHR technology

Q. What happens if MU is met in some years and not in others?

A. This answer depends on the Meaningful Use program selected and if the Eligible Provider is a physician.

If you participate in the Medicare program, the incentive amount will be forfeited in the year the eligible provider did not achieve MU. For physicians, the Medicare payment reduction will reset back to 1% after achieving MU in the prior year. (See table below.)

If you participate in the Medicaid program, the eligible provider may skip years and still earn the full incentive as long as all 6 years are completed before 2021. The last year you can attest and still be eligible for full incentive is 2015. Currently, there are no penalties for not meeting MU if you participate in the Medicaid program.

Reporting Year	Adjust Year	MU Status	Reduction percentage
2013	2015	Did not meet MU	1%
2014	2016	Met MU	No reduction
2015	2017	Did not meet MU	1%
2016	2018	Did not meet MU	2%
2017	2019	Met MU	No reduction
2018	2020	Did not meet MU	1%