Is Meaningful Use going away? Yes…and No

The facts behind the confusion for 2016 and beyond

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What I am going to cover

- The statement that started all the confusion
- How MU and MACRA/MIPS are legislated
- Review MU 2016 - 2018
- Payment Reform and Advanced Payment Models
  - Too many choices leading to a lot of confusion
- Resources

What CMS Acting Director Andy Slavitt said

"Let me dive a little deeper on the technology component. Now that we effectively have technology into virtually every place care is provided, we are now in the process of ending Meaningful Use and moving to a new regime culminating with the MACRA implementation.

The Meaningful Use program as it has existed, will now be effectively over and replaced with something better. Since late last year we have been working side by side with physician organizations across many communities — including with great advocacy from the AMA — and have listened to the needs and concerns of many. We will be putting out the details on this next stage over the next few months, but I will give you a themes guiding our implementation".

What Happened???

- CMS Acting Director Andy Slavitt made a remark at the national meeting for J.P. Morgan on Jan. 11 that Meaningful Use would be going away in 2016.
- The medical community went *haywire*
- ONC National Coordinator Dr. Karen DeSalvo and Andy Slavitt released a blog Jan. 19 clarifying that Meaningful Use would *not* be going away in 2016, and emphasized the path to sunset MU and move towards payment reform models already passed in MACRA/MIPS.

How MU and MIPS came into being

Meaningful Use

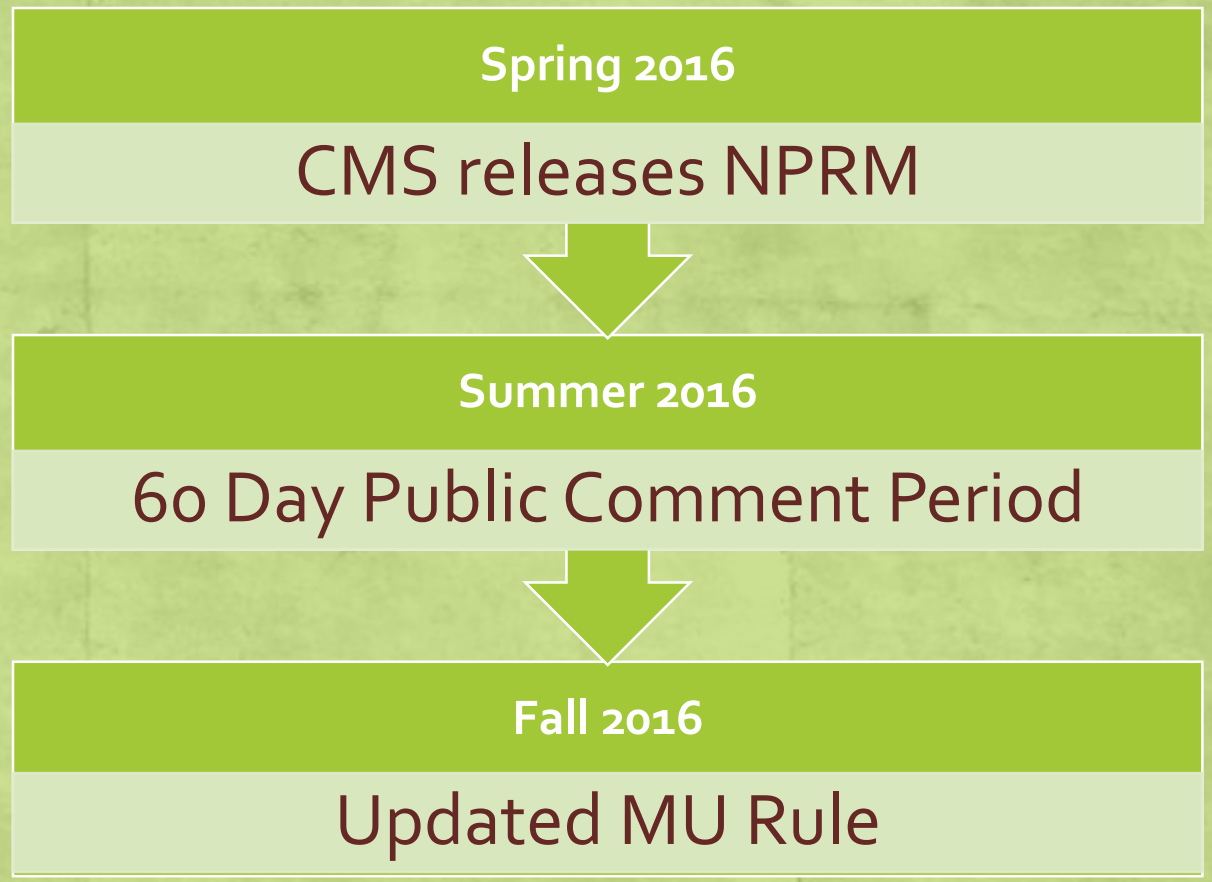
- Stimulus Act of 2009
- Included the HITECH Act
- Passed by Congress, signed into law by the President
- Only Congress can repeal or amend the law
- CMS can manage it, but must implement it

MIPS

- MACRA: Medicare Access and CHIP Reauthorization Act of 2015
  - Eliminates Sustainable Growth Rate (SRG) for providers' FFS
- Includes MIPS: Merit based Incentive Performance System
- Creates Pay for Performance model to replace Fee For Service
- Combines PQRS, MU, adds Resource Utilization

Timeline for MU 2016

- Don't expect any changes to the rule or the regulations
- May change exclusions, etc.
- May change hardship policy
- DO NOT DO ANYTHING DIFFERENTLY – KEEP ALL YOUR MEASURES UP AND YOU WON'T HAVE TO WORRY



Meaningful Use 2016

Meaningful Use of CEHRT in 2016

- Restructured Stage1 and Stage 2 objectives and measures to align with Stage 3
  - 10 objectives for EPs, including one consolidated public health reporting objective with measure options
- Streamlined the program by removing redundant, duplicative and topped out measures
- Starting in 2015, the EHR reporting period aligns with the calendar year for all providers (EPs and EHs/CAHs)
- Modified Stage 2 patient engagement objectives that require "patient action"
- CQM reporting for EPs and EHs/CAHs remains as previously finalized

Meaningful Use 2016

Meaningful Use of CEHRT in 2016

Patient Engagement Measures

1. Patient Electronic Access:
   - 2016: requires that at least 1 patient seen by EP views, downloads or transmits to a third party
   - 2017 (Stage 2): More than 5 percent of unique patients seen by EP views, downloads or transmits to a third party

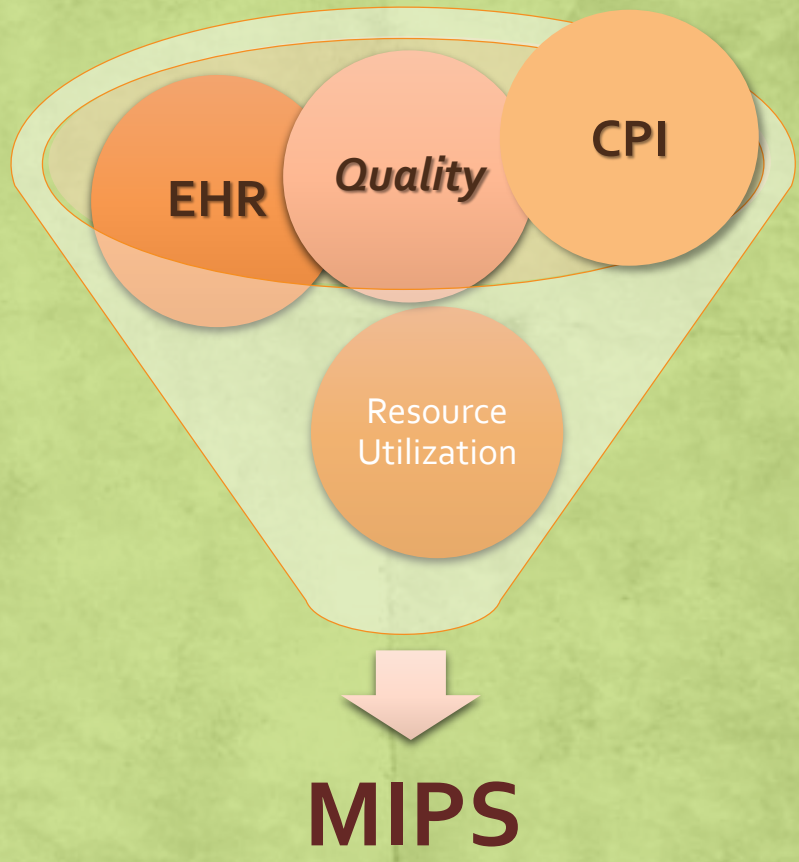
2. Secure Messaging (EPs only):
   - 2016: for at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient or in response to a secure message sent by the patient
   - 2017 (Stage 2): for more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient or in response to a secure message sent by the patient

What is MIPS?

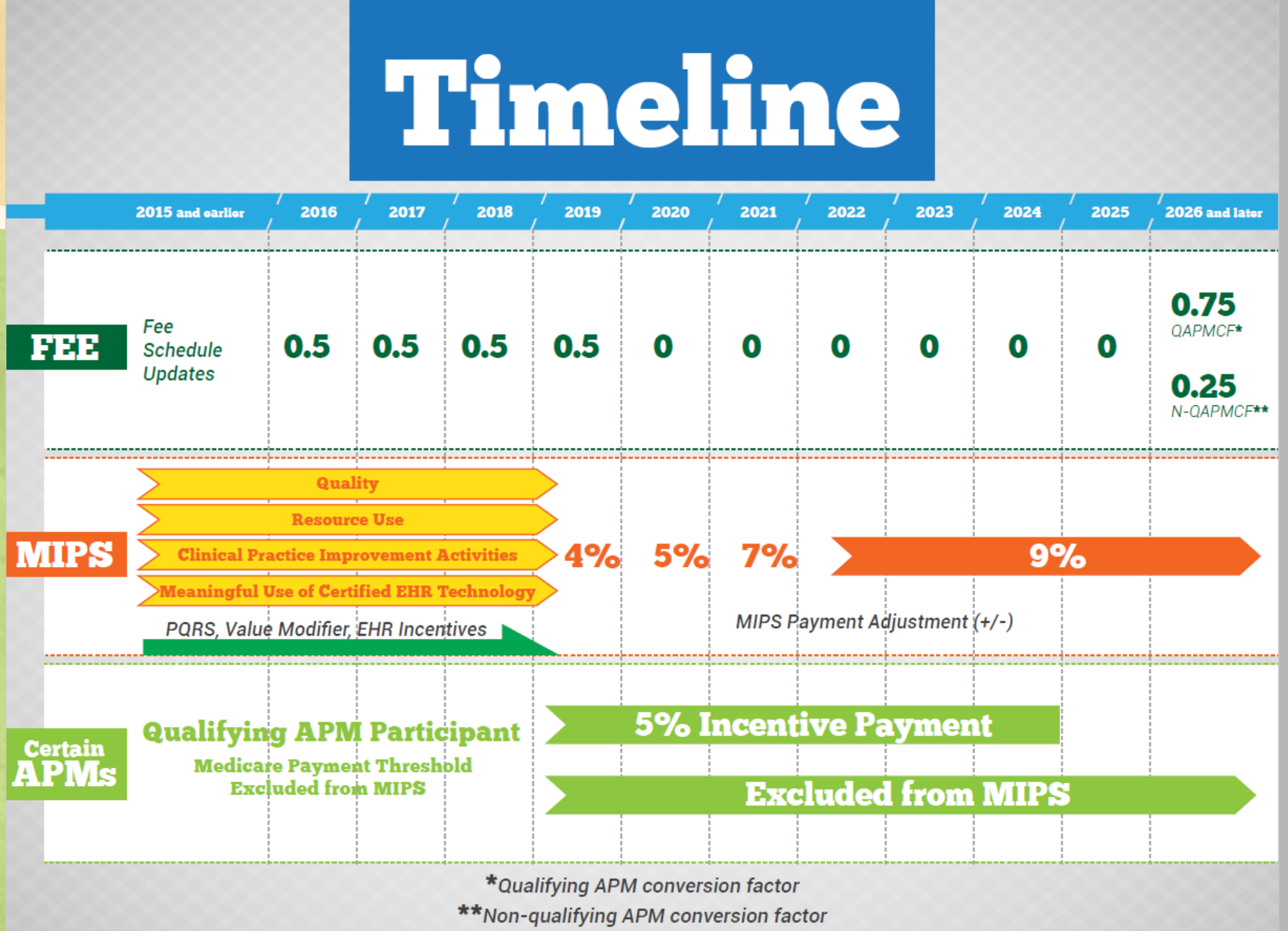
Merit-Based Incentive Payment System:

1.	Quality (PQRS)	30%
2.	Resource Use (VM)	30%
3.	Meaningful Use of CEHRT (MU)	25%
4.	Clinical Practice Improvement	15%

This starts with Medicare, but expect Medicaid and all commercial payers to match or exceed CMS's requirements.



Payment Reform Timeline 2016 - 2018



Multiple choices leading to a lot of confusion

- Pick ONE program that your practice can be successful with:
  - Specialty Registry
  - CMS
  - EHR Vendor (DSV system)
- Keep reporting MU until someone tells you to stop (likely Dec. 31, 2018)
- PQRS + Value Based Modifier
- If you are not paying attention to what you and your providers are documenting where, you are likely to make mistakes and miss measures
- Report every year – watch deadlines

This is not a good idea

It is interesting how many practices and providers are still not paying attention, yet these programs have been in development or implementation for a number of years.

Resources

- **MGMA – Medical Group Management Association**
  - **mgma.com**
- **Terrey Currie, MU Specialist at Telligen**
  - 720-554-1396
  - Terrey.currie@area-D.hcqis.org
- **Devin Detwiler, PQRS Specialist at Telligen**
  - 303-875-9131
  - Devin.Detwiler@area-D.hcqis.org
- **CMS pdf on MACRA**
  - Very good explanation with great graphics and explanation of the APR programs