

# 6 things you need to know about the MU2 final rule

Important meaningful use revisions—some optional, some mandatory—will be effective as early as January 1

By **MICHAEL McBRIDE**, *Technology Editor*

## POWER POINTS

- Medicare providers who fail to achieve meaningful use (MU) by a specific date will find their future Medicare payments adjusted.
- Attesting to MU during 2014 now will take only 90 days, regardless of which stage the Medicare provider is attesting.

**N**ow that the Centers for Medicaid and Medicare Services (CMS) has announced the “final rule” for attestation of meaningful use (MU) stage 2, what does it mean to you?

Primary care physicians (PCPs) and other eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) now can review the upcoming MU stage 2 requirements.

The final rule revises certain MU stage 1 criteria as well as establishes criteria for stage 2 of MU attestation. Additionally, it specifies the payment adjustments (read: reductions) to Medicare reimbursements that EPs, eligible hospitals, and CAHs can expect should they fail to demonstrate MU of certified electronic health record (EHR) technology.

Most of the stage 1 revisions that affect PCPs, whether optional or mandatory, will take place in 2013—some as early as January 1.

## ASKING QUESTIONS CRITICAL

Elizabeth Holland, director, Health Information Technology (HIT) Initiatives Group, and Robert Anthony, policy analyst, are both with the Office of E-Health Standards and Services (OESS). They spoke with

*Medical Economics* after a National eHealth Collaborative live Web seminar in which Anthony outlined



Elizabeth Holland

the most significant new revisions in the MU final rule. OESS is a division of CMS.

“Providers have to have successfully attested to MU use no later than October 1, 2014, to avoid payment adjustments, so our goal is to assist as many people as we possibly can,” Holland says. “We have resource centers and lots of information on our Web site. We’re here to help.”

You’ll want to start investigating an EHR’s capabilities before the technology is installed. OESS resources, tools, and timelines found at [www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentive-Programs/Stage\\_2.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentive-Programs/Stage_2.html) will guide you through the new regulations.



Robert Anthony

“It’s critical for providers to ask their EHR vendors detailed questions and to be informed about the products they’re buying,” Anthony says. “There are a lot of EHR products out there. Knowing that an EHR can meet MU is great, and that’s the knowledge that certification provides. But whether the EHR specifically fits your practice’s needs—whether it has the ability to integrate with your other systems—only your vendor can answer those questions.”

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## STAGE 2 VERSUS STAGE 1

The stage 2 final rule significantly revises the

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stage 1 criteria. It's important that you understand those differences and how to apply them. Here are some of the most pertinent aspects of the MU stage 2 final rule that apply to you:

■ **Stage 2 timeline**

Medicare providers who attested to MU stage 1 in 2011 now have an additional year before they have to attest to stage 2. The deadline has been extended to 2014. The earliest eligible hospitals and CAHs can attest to MU stage 2 is fiscal year 2014. For EPs, it's calendar year 2014.

Providers who first attest to MU stage 1 in 2012 still must attest to stage 2 by 2014. The table below illustrates the new timeline for attesting to all MU stages.

FIRST YEAR	STAGE OF MEANINGFUL USE										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

SOURCE: Centers for Medicare and Medicaid Services

The meaningful use stage 2 final rule goes into effect 60 days after the final rule was published in the *Federal Register* September 4.

■ **Data portability**

Patient records must now be transferable between all stage 2 certified EHRs. The inability to move their patients' records has been a sore point with providers from the beginning. The stage 2 final rule requires EHR vendors to recertify their EHRs products to a new set of standards that includes upgraded capabilities based on physicians' needs.

"The new certification capabilities for 2014 EHRs include a provision for data portability," Anthony says. "This was in response to hearing from a lot of providers who said that once they were locked into an EHR system, their data was 'behind a wall,' and that they were unable to get it out. The new provision in

the final rule requiring data to be 'portable' to other systems gives vendors an incentive to pay attention to those needs. Physicians should be able to migrate to another EHR."

2014 technology will be capable of both stage 1 and stage 2 MU requirements. Because everybody will have to upgrade their EHRs to 2014 standards, the ability to exchange and extract patient records in a common manner will be built in. This capability will be extremely important as the electronic health industry evolves.

"In the past year, we've seen the EHR market shrink as vendors discontinued components of their EHRs to focus on other aspects of their products, or they were purchased by a larger EHR company that then dropped one EHR in favor of another," Anthony says.

"That's going to keep happening, and that's one of the driving forces behind data portability—that physicians can take their patients' records out of an EHR that's been 'sunsetting' or that's become obsolete and transfer it into another EHR that might be a better match for their practice," he adds.

■ **2014 reporting period 90 days only**

Attesting to MU during 2014 now will take only 90 days, regardless of which stage the Medicare provider is attesting.

Originally, after attesting to MU stage 1 for 90 days, attestation of stages 2 and 3 were scheduled to take place over the course of a full year each.

Shortening the 2014 attestation period to just 90 days, regardless of which MU stage you're in, is intended to enable providers who already have installed EHRs time to upgrade their systems to MU stage 2 EHR certification requirements.

The 2014 3-month attestation schedule falls within the fiscal quarters for eligible hospitals and CAHs, and within the calendar quarters for EPs. This timing is designed to better align the MU stage 2 attestation process with the CMS Physician Quality Reporting System and Hospital Inpatient Quality Reporting quality measurement programs.

■ **New core/menu objectives**

Most of the stage 1 core objectives have been retained for MU stage 2, and the requirements have been strengthened. Providers and vendors alike, however, have new objectives in stage 2 that affect how EHRs must function and how providers can use them.

"One of the big changes from 2011 to 2014 EHRs," Anthony says, "is that right now your EHR has to do everything, whereas, starting in 2014, your EHR only

needs to be capable of doing the objectives to which you're attesting."

Under MU stage 2, EPs are required to complete 17 core objectives and three menu objectives (chosen from a list of six possible choices), for a total of 20 objectives. Eligible hospitals and CAHs have 16 core and three menu objectives to meet, for a total of 19. Two entirely new core objectives:

- using secure electronic messaging to communicate with patients on relevant health information (for EPs only), and
- automatically tracking medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eligible hospitals and CAHs only).

Stage 1 objectives that were replaced by stage 2 objectives:

- Patients must have the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP (EPs only).
- Patients must have the ability to view online, download, and transmit their health information within 36 hours after discharge from the hospital (eligible hospitals and CAHs only).

A full list of MU stage 2 core/menu objectives is available in the online version of this article at [www.MedicalEconomics.com/MU2final](http://www.MedicalEconomics.com/MU2final).

In addition, to promote health information exchange between healthcare providers, doctors who transition or refer their patients to another healthcare setting or care provider must provide a "summary of care" to the patient's next provider for at least 50% of those patients.

### ■ Exclusions for menu objectives

In stage 1, EPs, eligible hospitals, and CAHs could count an exclusion toward their minimum five menu objectives requirement. Doing so is not permitted in stage 2. Providers are now required to select from among only those menu objectives they can meet.

### ■ Clinical quality measures

The reporting of clinical quality measures (CQMs) is required of all healthcare providers to attest to MU. The stage 2 final rule refines the method by which providers report CQMs:

- EPs must now report on nine out of 64 total CQMs.
- Eligible hospitals and CAHs must now report on 16 out of 29 total CQMs.

Additionally, beginning in 2014, all providers who are beyond their first year of MU must report CQMs electronically to CMS. CQMs also must be selected from three of six key healthcare policy domains:

- patient and family engagement,
- patient safety,
- care coordination,
- population and public health,
- efficient use of healthcare resources, and
- clinical processes/effectiveness.

## ADJUSTMENT TO MEDICARE PAYMENTS

The MU program's maximum incentive payments to providers who attest to MU shrink with each consecutive year. In addition, Medicare providers who fail to achieve MU by a specific date will find their future Medicare payments adjusted (reduced).

"If you participate [in the MU program] in 2012, you might be eligible for an \$18,000 incentive in your first year. But if you wait till 2013, you only receive \$15,000 in your first year," Holland says. "In addition, physicians must complete the 90-day attestation to MU by October 1, 2014, to avoid the adjustment to their Medicare reimbursements in 2015."

The MU EHR Incentive Program will help you implement EHR technology into your practice. But it can be effective only if you understand the ground rules. If you haven't yet attested to MU stage 1, your best bet will be to make selecting the best EHR for your practice your highest priority. That choice ultimately can ensure or prevent your success.

Because the MU stage 2 final rule requires vendors to upgrade their systems, Holland notes that doctors who are still shopping for EHRs should be asking vendors whether their EHR products are certified for 2014.

"Physicians [who haven't yet attested to stage 1] shouldn't be thinking about stage 2 so much," Holland says. "But they should be thinking about when they will be getting their EHR in place and when they're planning on first attesting, because I'd hate for physicians to get an EHR in 2013, not be able to attest in 2013, and then have to upgrade right away in 2014 for the new criteria."

Anthony adds: "Over the next year to 18 months, there's going to be a big development effort on the part of the vendors to accommodate the 2014 certification." **ME**

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