Documentation requirements

Meaningful Use

The Medicare and Medicaid EHR Programs provide financial incentives for the “meaningful use” of certified EHR technology to improve patient care. The incentive program evolves into a penalty program as stages are completed, sometime around 2015. To receive an EHR incentive payment, providers have to show that they are “meaningfully using” their EHRs by meeting thresholds for a number of objectives. CMS has established the objectives for “meaningful use” that eligible professionals (EP’s) must meet in order to receive an incentive payment.

The Medicare and Medicaid EHR Incentive Programs are staged in three steps with increasing requirements for participation. All providers begin participating by meeting the Stage 1 requirements for a 90-day period in their first year of meaningful use and a full year in their second year of meaningful use. After meeting the Stage 1 requirements, providers will then have to meet Stage 2 requirements for two full years. Eligible professionals participate in the program on the calendar years.

What are the requirements for Stage 1 of Meaningful Use?

Meaningful use includes both a core set and a menu set of objectives that are specific to eligible professionals (EP).

EP’s must meet:
· 15 required core objectives
· 5 objectives chosen from a list of 10 menu set objectives

What are the requirements for Stage 2 of Meaningful Use?

EPs must meet:
· 17 core objectives
· 3 menu objectives that they select from a total list of 6

Reporting on Clinical Quality Measures?

In addition to meeting the core and menu objectives, eligible professionals are also required to report clinical quality measures.
Eligible professionals must report on 9 of the 64 clinical quality measures, and 3 of the 6 key health care policy domains.

Clinical Quality Measures

Metrics that help measure and track the quality of health care services provided by EP's. These metrics are broken into 6 National Quality Strategy Domains.

The 6 NQS domains are:
1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population/Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Process/Effectiveness

Core Objectives
EP's are required to meet all core objectives to receive incentive payments.

Eligible Professional Qualification (EP)
A provider is eligible for an EHR Incentive Program if they meet the following criteria:

<90% of his or her services are performed in a hospital inpatient or emergency room setting

Medicaid (If an EP meets Medicaid requirements, the program selection will default to Medicaid)

- The provider is: a Physician (primarily doctor of medicine and doctor of osteopathy), Nurse Practitioner, Certified Nurse-Midwife, Dentist
- At least 30% of patients are covered by Medicaid OR
- (If pediatrician) At least 20% of patients are covered by Medicaid

Medicare(If an EP does not meet Medicaid requirements, then the program selection will default to Medicare)

- The provider is: a Doctor of medicine or osteopathy, Doctor of dental surgery or dental medicine, Doctor of podiatry, Doctor of optometry, Chiropractor

National Quality Strategy
Published by the Agency for Healthcare Research and Quality on behalf of the U.S. Department of Health and Human Services, the NQS identified 6 priorities in quality:

1. Making care safer by reducing harm caused in the delivery of care
2. Ensuring that each person and family is engaged as partners in their care
3. Promoting effective communication and coordination of care
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease

5. Working with communities to promote wide use of best practices to enable healthy living

6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models

To understand more about meaningful use and meeting the threshold set by CMS please talk with your Practice Supervisor.

Provider Based Billing; Please visit the following link, http://intranet.fletcherallen.org/Depts/Compliance/Pages/pb_resources.aspx ,for questions and tools available related to professional billing.

If you have questions or need more information about the topics listed, consult your Practice Supervisor for the name of your coding educator to have a better understanding of how this may impact you.

1. Choosing invalid primary DX codes
2. Coding new vs. established patients
3. Coding for office visits during post op periods
4. Linking DX codes to procedure codes
5. Coding for inclusive codes that should not be coded
6. Choosing correct modifiers
7. Listing referring providers for consults
8. Some insurances do not accept PA's as the billing provider
9. Listing MD of the day for nursing visits on charge tickets
10. Charge entry staff cannot select the diagnosis or charge code for the visit.

Our compliance departments is committed to providing education on laws, policies, procedures, and other requirements regarding health care fraud and abuse and enforcement, professional documentation, and the integrity and compliance policies of their individual department. You may also visit the following link, http://intranet.fletcherallen.org/Depts/Compliance/Pages/Welcome.aspx, for contact information and the Integrity & Complainace Plan.

For a specific Department or person search there are various avenues to gain this information; Outlook directory or utilizing the intranet telephone directories found at this link; http://intranet.fletcherallen.org/Organizational_Overview/Pages/phone_directory.aspx,phone numbers for departments or department phone numbers and person search with the Intelliweb program.

Physician PRISM Resources

Dermatology – Julie Lin

Gastroenterology – Doris Strader
Infectious Disease –Lou Polish
Endocrinology- open at this time
Rheumatology – Chichi Lau
Cardiology – Friederike Keating
Hematology/Oncology – open at this time
Pulmonary – Yolanda Mageto

PRISM Link:

http://intranet.fletcherallen.org/Computer_Systems/PRISM/Pages/Welcome.aspx

How to get enhancement requests into the PRISM pipeline - Please reach out to the Practice Supervisor in your site who will work with the PRISM Department.

How to get training (e.g. for Dragon) – There is link on the PRISM home page (above) for Dragon Resources.

For all other system training needs, please reach out to the Practice Supervisor in your site.

Mandatories – There is a link to the Medical Staff Office on the UVMMC Home Page

http://intranet.fletcherallen.org/Pages/Home.aspx

The University of Vermont Medical Group Practice Standards and Commitments can be found by going to this link;
http://insite.fletcherallen.org/sites/teams/MGCentral/MGET/All%20MGET%20Documents/UVM_MG_Practice_Standards_-_2014.pdf