

Stage 2 Meaningful Use: What's Coming Down the Pike

On August 23, 2012, the Centers for Medicare and Medicaid Services (CMS) released the Final Rule for Stage 2 of the “*meaningful use*” requirement of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program (Program). Since the program’s inception in 2011, more than 3,300 hospitals and 120,000 eligible healthcare professionals have qualified for participation, exceeding the government’s target by approximately 23,000 individuals.¹ While Stage 1 of “*meaningful use*” focused on collecting data and moving toward the use of clinical decision support, Stage 2 is designed to improve care and lay the foundation for Stage 3’s goal to promote quality outcomes.² Several features of the Final Rule are designed to streamline the process for participating providers, as well as provide advance assurance that their systems comply with program requirements and qualify them for incentive payments under the Program. Although Stage 2 is not set to begin until 2014, providers should familiarize themselves with the requirements now in order to ensure their systems remain on track to become incentive-eligible.³

In the Final Rule, CMS made a number of changes from the proposed rule, which was published March 7, 2012, with respect to both: (1) eligible providers (EPs); and, (2) eligible hospitals and critical access hospitals (CAHs), as well as added new measures to the Program’s existing framework. While Stage 1 merely required providers to demonstrate widespread use of EHR, Stage 2 eliminates this requirement for both EPs and hospitals and instead imposes a *summary of care record* measure, whereby providers must electronically transmit patients’ summary of care record in 10 percent of instances, in addition to providing that summary through an unspecified means for at least 50 percent of referrals and transitions of care.⁴ This change represents a reduction to the proposed rule’s requirement for the percentage of electronically submitted summary of care records from 65 percent to 50.⁵ In addition, Stage 2 now requires only hospitals to grant patients “*electronic or online access*” to their data, as opposed to the “*electronic copy of their health information*” initially required of both EPs and hospitals under Stage 1.⁶ One of the other changes to Stage 2 allows for “*batch attestation*” of providers, eliminating the requirement that group providers perform attestation on an individual basis.⁷ In exchange for streamlining the existing

requirements, Stage 2 now requires both EPs and hospitals to select and report on 3 of 6 new *menu objectives*, which include objectives such as recording whether a patient age 65 years or older has an advance directive in place; generating and electronically transmitting discharge prescriptions; submitting surveillance data to public health agencies where legally permissible; and, recording electronic notes in patient records.⁸

Despite several significant changes, some aspects of the proposed Stage 2 rule remain intact, or have otherwise been incorporated into other objectives. The 2014 start date did not change from the proposed rule, and the Final Rule allows providers to continue using the current standards and implementation specifications laid out in the “*2011 Edition Certified EHR Technology*” certification criteria publication until 2014.⁹ The drug-drug and drug-allergy interaction checks no longer comprise a separate Stage 2 objective and instead have been incorporated into the Stage 2 clinical decision support measure for both EPs and hospitals.¹⁰ Each of the requirements pertaining to the maintenance of an up-to-date problem list of current and active diagnoses; active medication lists; and, active medication allergy lists have been incorporated into the Stage 2 *summary of care* document required of both EPs and hospitals when making referrals or transitions of care.¹¹ While the requirement that EPs and hospitals report their *clinical quality measures (CQMs)* to CMS or the states has been eliminated as a separate Stage 2 objective, providers must still meet this requirement, and beginning in 2014, all CQMs must be submitted electronically to CMS in order to demonstrate meaningful use.¹²

To date, incentive payments under the program have already reached \$6.6 billion. Although providers are not required to comply with Stage 2 requirements before 2014, the Final Rule provides that any Medicare EP or hospital that can demonstrate *meaningful use* in the two-year reporting period prior to the 2015 payment adjustment year will be able to avert the Medicare payment adjustments.¹³ Providers that first demonstrate *meaningful use* in 2014 may avoid this penalty if they register and attest to their achievement of *meaningful use* standards by July 1, 2014 for hospitals, or October 1, 2014 for EPs. EPs that are eligible for either Medicare or Medicaid may also make meaningful use attestations to state Medicaid agencies in order to avoid the Medicare penalty.¹⁴ Given the relatively short timeline

in which to demonstrate *meaningful use*, industry experts have suggested that providers begin reviewing the Final Rule *now* in order to ensure compliance by 2014, at the latest.

- 1 “Final Rules for Stage 2 Meaningful Use Released” By Diana Manos & Mary Mosquera, Healthcare IT News, August 23, 2012, <http://www.healthcareitnews.com/news/final-rules-stage-2-meaningful-use-released> (Accessed 9/22/12).
- 2 Diana Manos, August 23, 2012; “Detailed Analysis of the Final Rules on Stage 2 of Meaningful Use: The Journey Continues” By Robin Raiford et al., The Advisory Board Company, September 2012, p. 4.
- 3 Diana Manos, August 23, 2012.
- 4 Robin Raiford, September 2012, p. 4; “Stage 1 vs. Stage 2 Comparison Table for Eligible Professionals” Centers for Medicare and Medicaid Services, August 2012, <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage1vsStage2CompTablesforEP.pdf> (Accessed 9/20/12), p. 4, 6-8; “Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 2” Federal Register Vol. 77, No. 171 (Sept. 4, 2012), p. 54013-16.
- 5 Diana Manos, August 23, 2012; Federal Register Vol. 77, No. 171 (Sept. 4, 2012), p. 54016.
- 6 Diana Manos, August 23, 2012; CMS, August 2012, p. 4, 5; Federal Register Vol. 77, No. 171 (Sept. 4, 2012), p. 53976-77.
- 7 Diana Manos, August 23, 2012; Federal Register Vol. 77, No. 171 (Sept. 4, 2012), p. 54089-91.
- 8 CMS, August 2012, p. 9-10, 11-12; Federal Register Vol. 77, No. 171 (Sept. 4, 2012), p. 53970.
- 9 Diana Manos, August 23, 2012; “Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology” Department of Health and Human Services, Federal Register Vol. 77, No. 171 (Sept. 4, 2012), p. 54163.
- 10 CMS, August 2012, p. 1.
- 11 Ibid, p. 1-2
- 12 Ibid, p. 3-4.
- 13 Diana Manos, August 23, 2012; “At a Glance: Stage 2 Final Rule” Healthcare IT News Staff, Healthcare IT News, August 23, 2012, <http://www.healthcareitnews.com/news/glance-stage-2-final-rule> (Accessed 9/22/12).
- 14 Healthcare IT News, August 23, 2012.



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Robert James Cimasi, MHA, ASA, FRICS, MCBA, AVA, CM&AA, serves as President of **HEALTH CAPITAL CONSULTANTS (HCC)**, a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

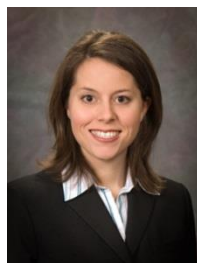
Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Intuition of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: *“The U.S. Healthcare Certificate of Need Sourcebook”* [2005 - Beard Books], *“An Exciting Insight into the Healthcare Industry and Medical Practice Valuation”* [2002 – AICPA], and *“A Guide to Consulting Services for Emerging Healthcare Organizations”* [1999 John Wiley and Sons].

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious *“Shannon Pratt Award in Business Valuation”* conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows.



Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the Senior Vice President of **HEALTH CAPITAL CONSULTANTS (HCC)**, where he focuses on the areas valuation and financial analysis for hospitals and other healthcare enterprises. Mr. Zigrang has significant physician integration and financial analysis experience, and has participated in the development of a physician-owned multi-specialty MSO and networks involving a wide range of specialties; physician-owned hospitals, as well as several limited liability companies for the purpose of acquiring acute care and specialty hospitals, ASCs and other ancillary facilities; participated in the evaluation and negotiation of managed care contracts, performed and assisted in the valuation of various healthcare entities and related litigation support engagements; created pro-forma financials; written business plans; conducted a range of industry research; completed due diligence practice analysis; overseen the selection process for vendors, contractors, and architects; and, worked on the arrangement of financing.

Mr. Zigrang holds a Master of Science in Health Administration and a Masters in Business Administration from the University of Missouri at Columbia, and is a Fellow of the American College of Healthcare Executives. He has co-authored *“Research and Financial Benchmarking in the Healthcare Industry”* (STP Financial Management) and *“Healthcare Industry Research and its Application in Financial Consulting”* (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser’s Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.



Anne P. Sharamitaro, Esq., is the Vice President of **HEALTH CAPITAL CONSULTANTS (HCC)**, where she focuses on the areas of Certificate of Need (CON); regulatory compliance, managed care, and antitrust consulting. Ms. Sharamitaro is a member of the Missouri Bar and holds a J.D. and Health Law Certificate from Saint Louis University School of Law, where she served as an editor for the Journal of Health Law, published by the American Health Lawyers Association. She has presented healthcare industry related research papers before Physician Hospitals of America and the National Association of Certified Valuation Analysts and co-authored chapters in *“Healthcare Organizations: Financial Management Strategies,”* published in 2008.