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## Meaningful Use for Specialists

It will come as no surprise to most specialists familiar with Meaningful Use, that the EHR Incentive Program is heavily weighted toward primary care. Although the Center for Medicare and Medicaid Services (CMS), the government organization responsible for the program, has provided a pathway to Meaningful Use for most situations, for some specialties the process can be very complex, requiring a good deal of effort in wading through rules and how to apply them to a given practice. The level of complexity increases significantly for specialists like radiologists, pathologists and anesthesiologists, who may seldom see a patient and/or have no control over the technology used to capture Meaningful Use data. Fortunately, over the past few months, CMS has announced some accommodations to make compliance with the EHR Incentive Program a little easier for specialty practices.

Specialists that do much of their work in a hospital setting often believe they are considered hospital-based and therefore exempt from the EHR program. Many are surprised to learn that to be considered hospital-based, ninety percent or more of their encounters must be in the hospital and/or emergency room setting (place-of-service codes 23 and 21 respectively). Being an individual Eligible Provider means that a physician is not only eligible for the incentive money but also liable for the Medicare reimbursement penalties that begin in 2015.

CMS has provided hardship exceptions to help specialties prolong the EHR incentive penalties if certain criteria are met. These include, 1) “a limited interaction with patients (lack of face-to-face or telemedicine interaction with patients; AND lack follow-up need with patients)” and 2) “a lack of control over the availability of Certified EHR Technology at one or more practice location”. Practices that meet these criteria will need to apply for penalty exemptions with CMS.

Although these exemptions are for a minimum of two years beginning in 2015, the ruling specifically warns that it is expected that ALL Eligible Providers will eventually need to meet Meaningful Use. Although a hardship exemption may postpone the penalty, the financial incentives are not likewise being extended. Therefore each provider who does not meet Meaningful Use between 2012 through 2016 is leaving up to $44,000 from the Medicare program on the table.

Exclusions for certain Meaningful Use measures are provided for all specialties in the program on a provider by provider basis. They can be particularly helpful for specialists. For example, if recording vital signs is not relevant for a provider in a certain specialty, this measure will not need to be met. These rules are referred to as “out of scope of practice” and apply to other measures as well.

Providers must select five of ten optional Menu Set measures. In the past, with slight exception, they could select five for which they qualified for an exclusion, regardless of whether there were others for which they were eligible. This made it fairly easy to satisfy the Menu Set requirement. However, as of 2014 you cannot take five exclusions on measures if there are other Menu measures for which you can report.

Specialists are also able to use data supplied by referring physicians and/or a health information exchange to meet their measures. The data supplied by these sources does not need to come out of certified technology to meet Meaningful Use, it is only necessary that the EHR technology that is used to record and store the information is certified.

A very key exclusion that will help specialist reach Meaningful Use was announced in January 2013 and involves clinical summaries. Providers that do not have an office visit with patients are excluded from the Core measure to "provide clinical summaries for patients after each office visit." An office visit includes separate, billable encounters that result from evaluation and management services provided to the patient. Office visits are defined as concurrent care or transfer of care visits, consultant visits (when a provider is asked to render an expert opinion/service for a specific condition or problem by a referring provider), and prolonged physician services without direct (face-to-face) patient contact (tele-health). A specialist that does not have any visits that fit into these categories may claim an exclusion for the clinical summary objective.

Also, beginning in 2014, patients must have the capability to electronically view, download or transmit their health information. This will involve using a patient portal and replaces two previous Stage One measures; electronic copies of health information (core) and timely access to health information (menu). It is also important to remember that in 2014 all participants in the EHR incentive program will only need to be at Meaningful Use for a ninety day period, regardless of which stage they are in. This will give practices more time to launch their patient portals.

Although the road to Meaningful Use is more daunting for specialties than for other practices, new rule changes by CMS have made the process a little easier. Practices that have special challenges should take the time to understand the nuances of the Meaningful Use rules relevant to their situation and should document their reasoning very well regarding how they apply them to use in the event of an audit.

The EHR Advisory Group, LLC provides an array of EHR & Meaningful Use, as well as HIPAA privacy, security, breach and risk management services.

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