



Hurdles for Physicians Working in Multiple Locations

Meaningful Use Rules Require Collaboration Among Medical Organizations

By John Netti

There have been several unforeseen obstacles so far this year for eligible professionals (EPs) seeking Meaningful Use. Delays in attaining the 2014 certified version of electronic health record (EHR) software from vendors has gotten the most attention. The work effort involved in implementing the new software versions and addressing new Stage 2 rules has recently prompted the Centers of Medicare and Medicaid Services (CMS) to postpone reimbursement penalties for not attaining meaningful use via a hardship exemption process. Hurdles that have drawn less attention however, involve physicians that practice at multiple locations, where they may have little influence in business decisions making.

Physicians practicing in multiple locations face two situations where CMS rules need to be applied. One involves what is referred to as “the 50% rule” which states that 50% of an eligible professional’s (EP) total encounters must be at a location where certified technology is available. They must base all meaningful use measures only on the encounters that occur at those locations. There is a hardship exemption that would eliminate the reimbursement penalty for EPs that practice medicine in locations where they are unable to control the availability of certified EHR technology if those locations contribute more than 50% of his/her outpatient encounters. It should be noted that to be considered “certified”, an EHR must be certified to at the 2014 level and for the EP’s full reporting period.

Eligible professionals that have 50% of their encounters at locations where there is a certified system do not count the data from the non-certified locations in their calculations of meaningful use measures. However, meaningful use measure data from all those locations that have a certified EHR must be included in the measures reported to CMS. The EHR must be certified for the EPs entire reporting period. If it is not, it is treated as though it was not certified at all.

Take the example a physician is a partner in a practice with a certified EHR but also works independently at a hospital outpatient clinic and two other private practices. If the one of the other private practices does not have a 2014 certified EHR, its encounters can be eliminated

from measure calculations. If the hospital outpatient clinic and the other private practice do have certified systems, the denominator and numerator data from those practices for each measure that the EP attests to, must be added to the data from the primary practice to determine the percentages to be reported to CMS.

The data from all the practices used in the calculations must come directly from a report generated by each of the certified systems. The report must be kept for auditing purposes for six years and should have the date it was generated (within the EP's reporting period) as well as the name of the EHR product and its CMS certification number. Also, all certified systems involved must be certified for the clinical quality measures used for attestation. It is important to note, that if any of the systems involves are "modular certified" and any of the core and menu measures that the EP will be reporting on are not among the those which the modular system is certified for, the product would not be considered certified because all reported measures must be reported from a Certified EHR. Information on product certification can be attained on the Office of National Coordinator (ONC) website (look for Certified Health IT Product List).

Furthermore, when attesting, a unique certification number must be used. It is provided by the ONC web site by adding each certified product to your cart. In the case of the example above, there will be three products listed in the cart and a unique certification number will be provided. Also, when viewing a product on the ONC site, it is easy to see the features it is and is not certified for. Finally, if audited for meaningful use, CMS will want to see a copy of the signature page of the contract and will need to be requested from the organization that entered into the contractual agreement with the vendor.

For physicians working in multiple locations to attain the reports with measure data from certified systems and the signed contract information will require collaboration by the healthcare organizations involved. Consequently a good deal of advanced communication with those organizations prior to the EP's reporting period will be needed. Also, at the time this article is being written, there is no hardship exemption from the reimbursement penalty available for EPs working at multiple locations that cannot attain the measure data needed and signed vendor contracts. There are, however physician organizations advocating with CMS to put one in place... stay tuned.

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