Meaningful Use: What MGMA Members are Asking
Revised and Updated: March 2015

The MGMA Government Affairs staff receive a wide range of questions from members at all stages of meaningful use participation, from those that are planning to begin demonstrating meaningful use for the first time in 2015 to those who have been participating in the program for several years. In order to help you successfully demonstrate meaningful use in 2015 or apply for an exception to avoid looming penalties, we have compiled a list of the most common questions submitted by your colleagues. Please check back on a regular basis as these FAQs will be updated regularly as new information becomes available.

Special Alert – On Feb. 29, CMS announced its intent to add flexibility to the Meaningful Use program through changes such as shortening the 2015 Meaningful Use reporting period. Read the full Washington Connection article for more.

Find answers and MGMA tips to the following frequently asked questions:

- **New!** What is the deadline to attest to meaningful use for the 2014 reporting year?
- Our practice is moving to meaningful use in 2015. Are our eligible professionals (EPs) eligible for incentive payments?
- Can my practice be audited only for the most recent attestation year?
- Does an EP’s participation status in Medicare affect whether he or she will face a meaningful use penalty in 2015 and beyond?
- If an EP was granted a hardship exception, how does this affect his or her incentive payment in 2015?
- What happens if an EP is unable to meet meaningful use for one year?
- Who is able to submit computerized physician order entry (CPOE) for the purpose of meeting the meaningful use stage 2 core measure?
- When do the meaningful use penalties begin and how will they apply to my practice?
- Are there exceptions to the meaningful use penalty for certain specialties?
- What EHR products are certified for meaningful use?
- **Helpful Resources**
New! **What is the deadline to attest to meaningful use for the 2014 reporting year?**

CMS recently extended the deadline to allow EPs additional time to submit their meaningful use data. EPs now have until 11:59 pm ET on **March 20, 2015**, to attest.

CMS is also allowing EPs who have not already used their one "switch," to switch programs (from Medicare to Medicaid, or vice versa) for the 2014 payment year until 11:59 pm ET on March 20, 2015. After that time, EPs will no longer be able to switch programs.

In addition, CMS has extended the deadline for EPs participating in PQRS via EHR and via Qualified Clinical Data Registry (QCDR) using the QRDA III format to satisfy the clinical quality measure (CQM) component of Meaningful Use to March 20, 2015 by 8:00 pm ET. All other PQRS data submission deadlines remain the same.

**MGMA TIP:** MGMA urges practices to begin attesting for 2014 as soon as they can. As we have seen in previous years, CMS typically encounters slow-downs and glitches with its software near the deadline, as more practices are attesting. To help avoid any issues and if possible, practices should consider attesting during non-peak hours, such as evenings and weekends.

**Our practice is moving to meaningful use in 2015. Are our eligible professionals (EPs) eligible to earn incentive payments?**

No. Incentive payments are no longer available to EPs who begin meaningful use in 2015 and beyond. However, successfully attesting to meaningful use in 2015 will allow your providers to avoid future penalties.

**MGMA TIP:** With no incentive payment to defray the cost of a new EHR, members are strongly encouraged to identify the system that best meets their clinical and administrative needs. Before purchasing EHR software, members looking to begin meaningful use may consider reaching out to fellow MGMA members via the MGMA online member community to assess the relative usability and value of different systems.

**Can my practice be audited only for the most recent attestation year?**

No. CMS has the authority to audit meaningful use attestations that occurred prior to 2014. CMS details the audit process, what to expect, and what documentation will be needed to pass an audit in this [FAQ](#).

One of the leading causes for failing a meaningful use audit is insufficient documentation of a security risk assessment. MGMA has many resources available at our [HIPAA Resource Center](#) to assist members in conducting a security risk assessment.
MGMA TIP: Even if your EPs have received a bonus payment and have moved ahead in the meaningful use program, you are strongly encouraged to retain all supporting documentation in case of a future audit.

*Does an EP’s participation status in Medicare affect whether he or she will face a meaningful use penalty in 2015 and beyond?*

No, the meaningful use penalties apply to all EPs who do not meet the program requirements, regardless of whether the provider elects to "participate" for purposes of Medicare payment. However, EPs who do not treat Medicare beneficiaries will not see any penalty, regardless of their Medicare participation status. As a reminder, there are no penalties associated with participation in the Medicaid meaningful use incentive program.

CMS released a Medicare Learning Network article detailing how federal quality reporting program penalties will be applied for "non-participating" (Non-Par) Medicare providers. Federal law restricts Medicare Non-Par physicians from balance-billing more than 115% of the Medicare Non-Par reimbursement rate, a cap known as the "limiting charge." Beginning in 2015, a Non-Par provider's limiting charge will be adjusted to account for any applicable Meaningful Use penalties. According to CMS, Medicare Administrative Contractors (MACs) will list and display the meaningful use negative adjustment limiting charge amounts on their respective websites in advance of the federal quality reporting program penalty year. For more information, visit MGMA's Medicare participation decision FAQs.

*MGMA TIP:* All EPs who see Medicare patients, regardless of their participation status in Medicare, should evaluate the requirements for meeting meaningful use in order to avoid future penalties.

*If an EP was granted a hardship exception, how does this affect his or her incentive payment in 2015?*

In correspondence directly to MGMA regarding the 2014 meaningful use reporting period, CMS officials indicated that if eligible professionals are granted a hardship exception but their circumstances subsequently change, they are able to attest to meaningful use and earn the incentive payment, if applicable.

*What happens if an EP is unable to meet meaningful use for one year?*

If an EP does not successfully attest to meaningful use in a given year, he or she will not receive an incentive payment for that year. However, that EP is free to continue participating in the meaningful use program in future years to both earn future bonus money and avoid the penalty.
When the EP continues to participate and attest in subsequent years, the progression through the stages of meaningful use will continue to follow the CMS-established timeline of meeting the meaningful use criteria of each stage for two program years, regardless of whether the EP demonstrates meaningful use in each consecutive year. In other words, the EP must successfully attest to meaningful use in each consecutive year of incentive payment eligibility to earn the maximum bonus. Therefore, every year subsequent to the first payment year is a payment year regardless of whether an incentive payment is received by the EP.

Here is an example from CMS: “If an EP demonstrates the stage 1 criteria for the 1st payment year, but does not meet the stage 1 criteria in the 2nd payment year, the EP will receive an incentive payment for the 1st payment year but not receive the associated payment for the 2nd year.

When the EP proceeds to attest for the 3rd payment year, he or she may be eligible to receive the associated incentive payment if meaningful use is met. However, since the EP has completed the 1st and 2nd program years, the EP will be expected to demonstrate stage 2 meaningful use criteria to receive payment in the 3rd year, even if he or she did not meet the stage 1 criteria in the 2nd year.”

MGMA TIP: The EPs in your organization may be at different stages of meaningful use and may be reporting data for different time periods (i.e., 90 consecutive days vs one year), depending on when they joined your practice, and when they began participating in the meaningful use program. Talk with your vendor to ensure they are able to support each of your EPs.

Who is able to submit computerized physician order entry (CPOE) for the purpose of meeting the meaningful use stage 2 core measure?

In its guidance on the CPOE core measure, CMS states that “any licensed healthcare professionals and credentialed medical assistants, can enter orders into the medical record for purposes of including the order in the numerator for the objective of CPOE if they can originate the order per state, local and professional guidelines. Credentialing for a medical assistant must come from an organization other than the organization employing the medical assistant.”

In the preamble to the final meaningful use stage 2 rule, CMS commented that the requirement that individuals who enter CPOE are licensed health care professionals or credentialed medical assistants “means that the person entering the order could be required to enter the order correctly, evaluate CDS either using their own judgment or through accurate relay of the information to the ordering provider, and then either make a change to the order based on the CDS intervention or bypass the intervention. We do not believe that a layperson is qualified to do this, and as there is no licensing or credentialing of scribes, there is no guarantee of their qualifications.”
Similarly, in a frequently asked question (FAQ) on who may enter medication orders to meet the CPOE core objective, CMS states, “Any licensed healthcare professional can enter orders into the medical record for purposes of including the order in the numerator for the measure of the CPOE objective if they can enter the order per state, local, and professional guidelines. The order must be entered by someone who could exercise clinical judgment in the case that the entry generates any alerts about possible interactions or other clinical decision support aides. This necessitates that CPOE occurs when the order first becomes part of the patient's medical record and before any action can be taken on the order. Each provider will have to evaluate on a case-by-case basis whether a given situation is entered according to state, local, and professional guidelines, allows for clinical judgment before the medication is given, and is the first time the order becomes part of the patient's medical record.”

Regarding whether an individual needs to have the job title of medical assistant to enter CPOE, CMS has provided: “If a staff member of the eligible provider is appropriately credentialed and performs similar assistive services as a medical assistant but carries a more specific title due to either specialization of their duties or to the specialty of the medical professional they assist, he or she can use the CPOE function of CEHRT and have it count towards the measure. This determination must be made by the eligible provider based on individual workflow and the duties performed by the staff member in question. Whether a staff member carries the title of medical assistant or another job title, he or she must be credentialed to perform the medical assistant services by an organization other than the employing organization. Also, each provider must evaluate his or her own ordering workflow, including the use of CPOE, to ensure compliance with all applicable federal, state, and local law and professional guidelines.”

**MGMA TIP:** Although CMS offers considerable latitude in how the practice determines what staff are appropriate to perform CPOE, remember that the agency does not permit the practice to “self-credential” the individual performing this task.

**When do the meaningful use penalties begin and how will they apply to my practice?**

Medicare eligible professionals (EPs) who did not meaningfully use Certified Electronic Health Record Technology (CEHRT) in 2013 (or before Oct. 1, 2014 for EPs new to the program) will be penalized beginning on Jan. 1, 2015. The penalty is -1.0% of an EP’s Medicare Part B fee-for-service payments in 2015 and increases by -1.0% every year up to a maximum of -5.0% in 2019.

In general, meaningful use penalties are applied two years after the reporting year. For instance, EPs who successfully attested to meeting the meaningful use requirements in 2014 will avoid a -2.0% penalty in 2016. However, EPs who were unable to meet meaningful use in 2014 due to a hardship may apply for a hardship exception to avoid the 2016 penalty. The hardship exception application is expected to be made available in early 2015 and will be due to CMS by July 1, 2015.
To avoid a -3.0% penalty in 2017, EPs must successfully demonstrate meaningful use for the 2015 calendar year. If your providers are new to the meaningful use program in 2015, they must demonstrate meaningful use for 90 consecutive days in 2015 in order to avoid a 2017 penalty. In order to also avoid a 2016 penalty, new EPs must attest to meaningful use no later than Oct. 1, 2015. Note that meaningful use incentive payments are no longer available to EPs who first attest to meaningful use in 2015.

To avoid penalties in the future, EPs must continue to demonstrate meaningful use each year. The Centers for Medicare & Medicaid Services (CMS)'s Payment Adjustment and Hardship Exception Tipsheet provides more information on how to avoid meaningful use penalties.

**MGMA TIP:** For the latest information regarding the meaningful use program, including how to avoid future penalties, stay tuned to MGMA’s Washington Connection newsletter.

**Are there exceptions to the meaningful use penalty for certain specialties?**

In the meaningful use [stage 2 final rule](#), CMS finalized a specialty exception to the meaningful use penalty for EPs whose primary specialty in the Provider Enrollment Chain and Ownership System (PECOS) is listed as anesthesiology, radiology or pathology six months prior to the first day of the year in which the penalty would apply.

As hospital-based anesthesiologists, radiologists, and pathologists are not typically eligible for the incentive payment, they are exempted from the penalty, and the exception applies to these specialists in non-hospital settings.

**MGMA TIP:** Although CMS exempted a number of specialties from the payment adjustment, depending on where these EPs see their patients and the technology available at these locations, there may be instances where these EPs are able to meet the meaningful use requirements and successfully attest to earn an incentive payment.

**What EHR products are certified for meaningful use?**

The most up-to-date list of Certified EHR Technology products can be found at the Office of National Coordinator for Health Information Technology’s [Certified Health IT Product List](#) (CHPL). To view the complete list of EHR products certified for the 2014 Edition EHR Certification Criteria, you must first select the 2014 edition, choose the option to browse all products, and then limit the results by ambulatory vendors and complete products only. In 2015, both EPs seeking to meet Stage 1 requirements and EPs moving to Stage 2 of the program must use a 2014 certified product.

**MGMA TIP:** Many EHR software vendors certified multiple versions of their software to meet the 2011 certification requirements. So far, significantly fewer software products have been certified as meeting the 2014 criteria. Some vendors are only certifying a
limited number of versions, if at all. You are encouraged to discuss certification issues with your EHR vendor to determine if they will be certifying their software for the 2014 criteria, and, if so, which versions of their products.

Helpful Resources:

**Meaningful Use Hardship Exceptions and Penalties**
- CMS [How Payment Adjustments Affect Providers Tipsheet](#)
- CMS [Payment Adjustments & Hardship Exceptions Tipsheet for Eligible Professionals](#)

**Meaningful Use Stage 2**
- MGMA [Meaningful Use Stage 2 Regulations Overview on-demand webinar](#)
- CMS [Step-by-Step Stage 2 Attestation Guide](#)
- CMS [Stage 2 Overview Tipsheet](#)
- CMS [Stage 2 Guide](#)
- CMS [Stage 2 Toolkit](#)
- CMS [Stage 1 versus Stage 2 Comparison Table for Eligible Professionals](#)
- CMS [Stage 2 Eligible Professional Measures Specifications Table of Contents](#)
- ONC [Interoperability Training Modules](#)

CMS [Frequently Asked Questions (FAQs)](#)