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Electronic Health Records: Don't Be Left in the Dark

NEW 2014 RULES AND CHANGES FOR MEANINGFUL USE IMPACT EVERY DC WITH MEDICARE PATIENTS.

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New rules recently announced by the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator (ONC) will impact all chiropractors participating in the Meaningful Use EHR Incentive Program. Currently, [the program](#), which pays eligible providers up to \$24,000 for adopting and completing meaningful use (MU) with a certified electronic health record in their practice, has resulted in millions of dollars paid to DCs over the past 2-3 years. What most doctors do not know is that the rules have changed for 2014 across the board. This includes first-time participants and all eligible providers, no matter what stage of MU participation for 2014.

Even more alarming is that all prior participants in the program need to get their EHR upgraded and re-certified to the new 2014 standards before they can start MU in 2014. And to top it off, payment reductions (penalties) start on Jan. 1, 2015 that will affect every DC who is reimbursed for Medicare services in 2015.

Medicare's EHR Incentive Program: A Little Background

First, let's provide a brief background on the program. There are five types of eligible providers for the Medicare Part B EHR Incentive Program: MD / DO, DDS, DPM, OD, and DC. More than 5,100 chiropractors had received over \$77 million from the incentive program as of November 2013. It is estimated that over \$140 million will be distributed by May 2014 to chiropractors alone, with \$18 billion paid out already to all eligible providers and hospitals.



Approximately 11,000 DCs have registered for the program; nearly half of those just in the past year. Therefore, most of those DCs will be getting their first incentive check in March or April 2014 for their participation in 2013.

The amount paid for the incentive is based on 75 percent of the allowed submitted charges during an entire calendar year (Jan. 1 - Dec. 31) by an individual DC for (Medicare Part B only) allowed services (98940, 98941, 98942 CPT codes). The maximum amount that can be paid to a first-year participant for 2014 is \$12,000.

The good news is that first-time participants only have to perform the meaningful use measures for a 90-day contiguous period during 2014 to qualify. This has been a standard rule for all eligible providers, whatever their first year of participation may be: they only need to comply with the MU measures for 90 days, yet still get to count the full calendar year of allowed charges submitted to determine their incentive payment amount from CMS.

This (2014) is the absolute last year you can start the program and still receive the incentive monies, up to a maximum of \$24,000 over the next 2-3 years of MU work. Up to \$12,000 of that can come in 2014 for only 90 days of work. Not a bad payday considering your staff can do 90 percent of the work, which is mostly data capture or testing of the EHR capabilities. (In my experience, most DCs who invested several hours of training say it was not that difficult and that their second year was much easier than the first, as it came second nature with proper training.)

Rule Changes for 2014

Now let's get back the new rule changes. Since we've established that first-time participants in 2014 can still choose any 90-day contiguous reporting period, one caveat exists: The EHR they perform the MU criteria upon for that entire 90-day reporting period *must* be performed on a certified 2014 edition EHR software.

The EHR vendors who were originally certified for the 2011 edition have all had their 2011-2013 certifications expire. All EHR systems must be certified to the new [2014 edition](#) standards before any eligible provider can perform or report the MU measures on that EHR system. This is true for stage 1 and stage 2 MU, affecting basically 100 percent of all eligible providers, to qualify for any incentive checks for the 2014-2015 participation years.

What's more, not only must all eligible providers in their second year of stage 1 or their first year of stage 2 perform their MU on a 2014 edition; they cannot choose just any time frame for their reporting period in 2014. The new rule released in December 2013 stipulates a reporting period that is limited to a calendar quarter (note that it is not necessarily 90 days). That calendar quarter must begin on one of the following four dates: Jan. 1, April 1, July 1 or Oct. 1. All eligible providers (except first-time participants who begin in 2014) must choose one of these four quarters to perform MU in 2014.

Remember, the EHR must be certified to the 2014 edition standards before you can begin MU. This means most chiropractors will not be using the first or second quarters of 2014, since they have to wait for their EHR vendor to get certified to the 2014 edition standards.

This is why CMS and ONC changed the reporting period rules for 2014 - to give vendors time since the rules were not released until late August 2013 for the stage 2 criteria. So, many DCs will be performing their MU in 2014 from July 1 all the way through Sept. 30, or from Oct. 1 to Dec. 31, as their selected reporting period.

Now, here's one more major rule to be aware of: Payment adjustments (a kinder and gentler way to say "penalties") begin Jan. 1, 2015 for first-time participating DCs who do not attest for MU by Oct. 1, 2014. This means you can still get your incentive monies *and* avoid payment reductions as a first-time participant in MU in 2014 as long as you complete MU in your 90-day reporting period by Sept. 30 and then attest on Oct. 1.

All DCs who do not participate in the MU program and successfully attest by Oct. 1 will be penalized 1 percent on all Medicare reimbursement payments for regular Medicare services for the entire 2015 calendar year. So, the goal here, if you are new to MU, is to start your MU no later than July 1. It is your last day to start MU to avoid 2015 penalties.

Then early in the morning on Oct. 1, attest to the completion of the MU by attesting at the [CMS website](#) - the same site where you initially registered for the EHR Incentive Program.

All other DCs who are in their second year of stage 1 or first year of stage 2 must perform MU in 2014 or be penalized in 2016 for not participating in 2014. Those same eligible providers who performed MU in 2013 and attested will avoid the 2015 penalties because they participated in 2013. These penalties compound each year and increase each subsequent year by an additional percentage point.

There are other changes to the actual measures themselves for [stage 2 compared to stage 1](#) criteria. Some of the main differences are that a number of menu set measures are now core measures in stage 2. Overall, the number of measures that DCs required to perform remains about the same when

comparing stage 1 to stage 2.

Most DCs will be eligible for about 3-4 exclusions from the new set of 17 core measures for stage 2. Of the six menu-set measures, the eligible provider must choose three that are relevant to their scope of practice, and cannot take an exclusion for the menu items, as there are certainly three menu measures that fall into most DCs' scopes. So, there are about 14 core measures and three menu measures, for a total of 17 measures that most DCs will perform. In addition to the measures, there are nine clinical quality measures (CQM) in stage 2, which is an increase from six CQMs in stage 1.

What You Can Do

The good news is that everybody can relax to some degree for a few months, since no one has to perform MU for the full calendar year in 2014. Be sure to have your vendor get certified no later than July 1, 2014, to avoid penalties and payment reductions for first-time eligible providers. Begin your training by June so you are prepared to perform MU beginning in July.

To recap: This is the absolute *last year* to join the EHR Incentive Program to get paid for performing MU. If you wait until after Oct. 3, 2014 to begin your first year of MU, you cannot receive any incentive payments in the future for EHR adoption. What's worse, if you choose to wait, you will be penalized starting Jan. 1, 2015, and these payment reductions will increase each year.

When you combine these payment reductions with another separate Medicare program called PQRS, those penalties combined with the MU penalties over the next few years could result in a 7 percent annual payment reduction on all subsequent Medicare reimbursement checks for your future.

Why not get paid for doing something that the standard of care is going to require at some point in the future? It's not difficult with proper training. Educate yourself on the rules, invest in training, and learn about many real stories of DCs who are growing in their practices because of MU. I'll share those stories in my next article on how MU measures can result in practice growth, better patient care, and a sense of empowerment with your staff.

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