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**Advisory**  
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IT Strategy Council

# “Extra” Time to Succeed in Meaningful Use, A New CMS FAQ Confirms

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# Table of Contents

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- Abstract ..... 4**
- The Challenge ..... 4**
- Background on the Original Analysis..... 4**
- Confirmation of Our Discovery ..... 5**
- What It All Means ..... 5**
- Action Items ..... 6**
- Appendix 1. Stage 2 Objectives ..... 7**
- Appendix 2. Stage 1 Objectives ..... 10**

# Abstract

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Last month,<sup>1</sup> we reported an analysis of the Office of the National Coordinator for Health Information Technology (ONC) test data that suggested actions to increase numerators for several percentage-based measures are not constrained by a provider's chosen reporting period. We provided our analysis to the Centers for Medicare & Medicaid Services (CMS). As anticipated, a recently issued Frequently Asked Question<sup>2</sup> (FAQ) confirms our original analysis: eligible professionals (EPs) and eligible hospitals (EHs) have more time to collect data to increase certain numerators than previously realized, up to the date of attestation. In fact, the earlier the chosen reporting period, the longer providers have to satisfy those measures and be successful in demonstrating meaningful use (MU).

## The Challenge

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Without ONC and/or CMS action at the time of the previous publication, there were many possible implications of the finding, and it remained unclear which objectives were affected and what timeframe applied.

## Background on the Original Analysis

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Incentives in the CMS Electronic Health Record (EHR) Incentive Program are associated with specified reporting periods during which thresholds and other performance requirements are measured. At its basic level, that performance is calculated by counts of actions in a numerator divided by counts of patients in a denominator.

It had always been our understanding (and we believe the entire industry's understanding) that numerators are constrained by the reporting period. However, the test data suggested the opposite: providers had time outside of the selected reporting period to increase the numerator of some percentage-based measures.

In our original analysis, we took the example of the Stage 2 MU View, Download, and Transmit (VDT) objective's second measure, which requires 5% of unique patients to view, download, or transmit their electronic health information. A patient seen or discharged could log in to a patient portal during or after the reporting period, and that later action would count (i.e., increase the numerator). Table 1 shows this scenario: during a reporting period, 350 patients were seen or discharged and only 5 of them logged into the patient portal, falling short of the 5% threshold. However, of the remaining 345 patients, an additional 20 accessed the portal subsequent to the end of the reporting period, but before the attestation date. This brings the numerator to 25, or 7.1%, which exceeds the 5% threshold.

1) Levinthal, N. and Panjamapirom, A., "Extra Time to Succeed in Meaningful Use? A Definite Maybe." IT Strategy Council, April 16, 2103, <http://www.advisory.com/~media/Advisory-com/Research/ITSC/Research-Notes/2013/Extra-Time-to-Succeed-in-Meaningful-Use.pdf>

2) <https://questions.cms.gov/faq.php?faqId=8231>

**Table 1. VDT Scenario**

<b>Timeline to Count Actions</b>	<b>Denominator - Number of Patients Seen/Discharged During the Reporting Period</b>	<b>Numerator – Number of Patients Logging into Patient Portal</b>	<b>Measure Performance Percentage</b>	<b>Meets the 5% Threshold?</b>
At the close of a reporting period	350	5	1.4%	No
After the reporting period before date of attestation	350	25	7.1%	Yes

## Confirmation of Our Discovery

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The recently published CMS FAQ confirms numerators are not constrained to the EHR reporting period unless specified within the numerator statement itself. The FAQ indicates providers have until the end of the attestation period (i.e., two months after the end of the FY/CY year) to collect data to increase numerators. For example, eligible providers planning to attest in CY 2015 will collect data from January 1 to December 31, 2015, yet they may increase applicable numerators within the two months following the end of the CY, up to the attestation deadline (i.e., February 29, 2016).<sup>3</sup>

## What It All Means

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We believe this numerator logic can act as a prioritizing agent for providers' work plans and increase their chance of MU success. This clarification impacts all MU participants, regardless of stage and year. Appendices 1 and 2 describe the impact of this clarification for both Stage 1 and 2 objectives. The best case scenario is one in which providers meet all the objective's measures within the reporting period. However, if any of the percentage-based measures fail to meet the threshold, providers can take advantage of the "extra" time to improve their performance. For example, the Patient-Specific Education Resources objective would qualify, but the Population and Public Health objectives would not.

The CMS clarification applies only to specified numerators, whereas the denominator is constant and based on the selected EHR reporting period. Actions performed on records for patients not seen during the specified reporting period do not count towards numerator increases.

While this clarification is welcome news to providers, there are caveats to consider. First, there is a possible downstream impact for certain objectives, such as VDT. Demographics, vital signs, smoking status, and lab test results are all required VDT data elements, so providers will jeopardize compliance if these are not coded and available within the specified timeframe (i.e., 36 hours after discharge for EH, and four business days for EP). Worth noting, however, is that demographics, vital signs, smoking status, and lab test results all have higher thresholds than VDT alone, so there may be value in the post-reporting accounting should performance lag. Second, some actions outside the reporting period may

3) 2016 is a leap year.

not align with practical clinical workflows. For example, during a second FY quarter reporting period, an EH discharges a patient on January 3, 2014. Should the opportunity to provide a patient-specific education resource not occur during the admission, the EH may do so at some point before November 30, 2014 (the deadline for attestation).

We would reiterate that providers should not view this CMS clarification as an occasion to relax implementation timelines or postpone reporting periods. To the contrary, providers will be well served to begin their reporting periods as soon as their EHR upgrades allow and organizational readiness permits. Providers should view the “extra” time purely as a safety net to ensure they meet the long-term aspirations of MU.

## Action Items

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- Choose the earliest possible reporting period based on your upgrade timeline and monitor performance in FY/CY 2014. In our previous note,<sup>4</sup> we recommended a timeline for upgraded technology and requisite reporting periods. At a minimum, you must implement those certified capabilities that must be enabled for the entire reporting period (i.e., Clinical Decision Support, Drug-Drug/Drug-Allergy Interaction Checks, and Drug Formulary Checks) before the reporting period commences.
- Validate your EHR vendor(s) report logic for each impacted percentage-based measure to ensure that the action outside of a given reporting period will increase the numerator.
- Run reports throughout the reporting period to monitor performance towards meeting: (1) the "within" reporting period requirements; and (2) those the team may address "outside" the reporting period (see Appendices).

4) Panjamapirom, A., and Levinthal, N., “Due for an Upgrade? The Tight Timeline for 2014 Edition EHR Upgrades.” IT Strategy Council, January 23, 2013, <http://www.advisory.com/Research/IT-Strategy-Council/Research-Notes/2013/Due-for-an-Upgrade-The-Tight-Timeline-for-2014-Edition-EHR-Upgrades>.

## Appendix 1. Stage 2 Objectives

EH	EP	Stage 2 Objective	WITHIN Action to increase the numerator must occur within the reporting period	OUTSIDE Action to increase the numerator <u>can also occur outside</u> the reporting period	Comments
<b>CORE</b>					
X	X	Computerized Practitioner Order Entry (CPOE)	✓		Licensed healthcare professionals must enter orders via CPOE during the reporting period.
X	X	Demographics	✓	✓	Utilizing the records of patients identified in the denominator, providers can capture demographic data outside of the reporting period and increase the numerator. Note: Demographics are a required VDT data element, so providers will jeopardize compliance if not available within the specified timeframe.
X	X	Vital Signs	✓	✓	Utilizing the records of patients identified in the denominator, providers can capture vital signs outside of the reporting period and increase the numerator. Note: Vital signs are a required VDT data element, so providers will jeopardize compliance if not available within the specified timeframe.
X	X	Smoking Status	✓	✓	Utilizing the records of patients identified in the denominator, providers can capture smoking status outside of the reporting period and increase the numerator. Note: Smoking status is a required VDT data element, so providers will jeopardize compliance if not available within the specified timeframe.
X	X	Clinical Decision Support (CDS)	✓		CDS interventions and drug-drug/drug-allergy interaction checks must be enabled for the entire reporting period.
X	X	View, Download, and Transmit – Measure 1	✓		Information must be made available online within 36 hours (EH) after discharge and four business days (EP) after the information is available to the provider. Note: Patients discharged from the hospital or seen by the EP in the last days of the selected reporting period may increase the numerator if providers can make the information available online within the specified time period. For example, EHs have an additional 36 hours to meet Measure 1 from the last day of a selected reporting period.
X	X	View, Download, and Transmit – Measure 2	✓	✓	Patients seen/discharged during the reporting period may view, download, or transmit their information until the deadline for attestation and thereby increase the numerator count.
X	X	Privacy and Security	✓		Security risk analysis must be completed before the end of the reporting period.

EH	EP	Stage 2 Objective	WITHIN Action to increase the numerator must occur within the reporting period	OUTSIDE Action to increase the numerator can <u>also occur</u> outside the reporting period	Comments
X	X	Clinical Lab Test Results	✓	✓	Utilizing the tests identified in the denominator, providers can capture lab results outside of the reporting period and increase the numerator. Note: Lab test results are a required VDT data element, so providers will jeopardize compliance if not available within the specified timeframe.
X	X	Patient Lists	✓		Providers must generate a list within the reporting period.
X	X	Patient-Specific Education Resources	✓	✓	Utilizing the records of patients identified in the denominator, providers can deliver education resources outside of the reporting period and increase the numerator.
X	X	Medication Reconciliation	✓	✓	Utilizing the records of patients identified in the denominator, providers can perform medication reconciliation outside of the reporting period and increase the numerator.
X	X	Summary of Care Record	✓	✓	Utilizing the transitions of care identified in denominators for Measures 1 and 2, providers can send a summary of care record outside of the reporting period and increase the numerator. Note: Measure 3 has two options; the second, a test of exchange with a CMS test EHR, must be completed within the reporting period.
X	X	Immunization Registries	✓		Providers must conduct ongoing reporting required for all measures.
X		Reportable Laboratory Results	✓		
X		Syndromic Surveillance	✓		
X		Electronic Medication Administration Record (eMAR)	✓		Providers can count only the number of orders with doses tracked using eMAR with assistive technology.
	X	ePrescribing	✓		Providers can count only the number of prescriptions sent electronically.



EH	EP	Stage 2 Objective	WITHIN Action to increase the numerator must occur within the reporting period	OUTSIDE Action to increase the numerator can <u>also occur</u> outside the reporting period	Comments
	X	Clinical Summaries	✓		Providers must constrain this measure by three business days. Note: Patients seen by the EP in the last days of the selected reporting period will be able to increase the numerator if the summary can be provided within the specified time period. For example, EPs have an additional three business days to meet the measure from the last day of a selected reporting period.
	X	Patient Reminders	✓		Providers can count only reminders sent during the EHR reporting period.
	X	Secure Messaging	✓		Providers can count only patients who send an electronic message to the EP during the reporting period.
<b>MENU</b>					
X		Advance Directives	✓	✓	Utilizing the records of patients identified in the denominator, providers can capture an indication of advance directives outside of the reporting period and increase the numerator.
X	X	Electronic Notes	✓	✓	Utilizing the records of patients identified in the denominator, providers can record electronic notes outside of the reporting period and increase the numerator.
X	X	Imaging Results	✓	✓	Utilizing the imaging tests identified in the denominator, providers can capture the results outside of the reporting period and increase the numerator.
X	X	Family Health History	✓	✓	Utilizing the records of patients identified in the denominator, providers can capture family health history outside of the reporting period and increase the numerator.
X		ePrescribing	✓		Providers can count only the number of prescriptions sent electronically.
X		Electronic Lab Results to Ambulatory Providers	✓	✓	Utilizing the tests identified in the denominator, providers can send lab results outside of the reporting period and increase the numerator.
	X	Syndromic Surveillance	✓		Ongoing reporting required for all measures.
	X	Report Cancer Registry	✓		
	X	Report Specialized Registry	✓		

## Appendix 2. Stage 1 Objectives

EH	EP	Stage 1 Objective	WITHIN Action to increase the numerator must occur within the reporting period	OUTSIDE Action to increase the numerator <u>can also occur</u> outside the reporting period	Comments
<b>CORE</b>					
X	X	CPOE – Reporting Option 1 Using the Existing Denominator	✓		The denominator is determined by the number of unique patients seen or admitted during the reporting period with at least one medication in the medication list. The unique patients without at least one medication seen or admitted during the reporting period would not be included in the denominator. However, if these patients are subsequently seen or admitted outside of the reporting period and have at least one medication populated in the medication list, providers may notice an increase in the denominator. In that circumstance, providers cannot count CPOE orders entered outside of the reporting period; thus performance may be affected. We recommend providers select the alternative denominator (see below).
X	X	CPOE – Reporting Option 2 Using the Alternative Denominator	✓		Licensed healthcare professionals must enter orders via CPOE. We recommend providers select this alternative denominator as there is possible performance impact of the other option (see above). Additionally, providers are well poised to meet later Stage 2 requirements by selecting this alternative denominator.
X	X	Drug-Drug/Drug-Allergy Interaction Checks	✓		Drug-drug/drug-allergy interaction checks must be enabled for the entire reporting period.
X	X	Problem List	✓	✓	Utilizing the records of patients identified in the denominator, providers can record problem list data outside of the reporting period and increase the numerator. Note: Problem list is a required data element for Electronic Copy of Health Information (FY/CY 2013) and VDT (FY/CY 2014 and beyond), so providers will jeopardize compliance if not available within the specified timeframe.
X	X	Medication List	✓	✓	Utilizing the records of patients identified in denominators, providers can record medication list data outside of the reporting period and increase the numerator. Note: Medication list is a required data element for Electronic Copy of Health Information (FY/CY 2013) and VDT (FY/CY 2014 and beyond), so providers will jeopardize compliance if not available within the specified timeframe.
X	X	Medication Allergy List	✓	✓	Utilizing the records of patients identified in the denominator, providers can record medication allergy list data outside of the reporting period and increase the numerator Note: Medication allergy list is a required data element for Electronic Copy of Health Information (FY/CY 2013) and VDT (FY/CY 2014 and beyond), so providers will jeopardize compliance if not available within the specified timeframe.

EH	EP	Stage 1 Objective	WITHIN Action to increase the numerator must occur within the reporting period	OUTSIDE Action to increase the numerator <u>can also occur</u> outside the reporting period	Comments
X	X	Demographics	✓	✓	Utilizing the records of patients identified in the denominator, providers can capture demographics outside of the reporting period and increase the numerator. Note: Demographics are a required data element for VDT (FY/CY 2014 and beyond), so providers will jeopardize compliance if not available within the specified timeframe.
X	X	Vital Signs	✓	✓	Utilizing the records of patients identified in the denominator, providers can capture vital signs outside of the reporting period and increase the numerator. Note: Vital signs is a required data element for VDT (FY/CY 2014 and beyond), so providers will jeopardize compliance if not available within the specified timeframe.
X	X	Smoking Status	✓	✓	Utilizing the records of patients identified in the denominator, providers can capture smoking status outside of the reporting period and increase the numerator. Note: Smoking status is a required data element for VDT (FY/CY 2014 and beyond), so providers will jeopardize compliance if not available within the specified timeframe.
X	X	Clinical Decision Support (CDS)	✓		A CDS intervention must be enabled for the entire reporting period.
X	X	Electronic Copy of Health Information	✓		Providers must deliver an e-copy of health information to patients upon request within three business days. The denominator is limited to those requests made four business days prior to the end of the EHR reporting period. Note: Effective FY/CY 2014, this measure will be replaced by the first measure of VDT.
X		Electronic Copy of Discharge Instructions	✓		Providers must deliver an electronic copy of discharge instructions upon request at the discharge. Note: Effective FY 2014, this measure will be replaced by the first measure of VDT.
X	X	View, Download, and Transmit – Measure 1	✓		Information must be made available online within 36 hours (EH) after discharge and four business days (EP) after the information is available to the provider. Note: Patients discharged from the hospital or seen by the EP in the last days of the selected reporting period may increase the numerator if providers can make the information available online within the specified time period. For example, EHs have an additional 36 hours to meet Measure 1 from the last day of a selected reporting period. This measure is not required for Stage 1 providers in FY/CY 2013.
X	X	Privacy and Security	✓		Security risk analysis must be completed before the end of the reporting period.
	X	ePrescribing	✓		Providers can count only the number of prescriptions sent electronically.

EH	EP	Stage 1 Objective	WITHIN Action to increase the numerator must occur within the reporting period	OUTSIDE Action to increase the numerator <u>can also occur</u> outside the reporting period	Comments
	X	Clinical Summaries	✓		Providers must constrain this measure by three business days. Note: Patients seen by the EP in the last days of the selected reporting period will be able to increase the numerator if the summary can be provided within the specified time period. For example, EPs have an additional three business days to meet the measure from the last day of a selected reporting period.
<b>MENU</b>					
X	X	Drug Formulary Checks	✓		Drug formulary checks must be enabled for the entire reporting period.
X		Advance Directives	✓	✓	Utilizing the records of patients identified in the denominator, providers can capture an indication of advance directives outside of the reporting period and increase the numerator.
X	X	Clinical Lab Test Results	✓	✓	Utilizing the tests identified in the denominator, providers can capture lab results outside of the reporting period and increase the numerator. Note: Lab test results is a required data element for Electronic Copy of Health Information (FY/CY 2013) and VDT (FY/CY 2014 and beyond), so providers will jeopardize compliance if not available within the specified timeframe.
X	X	Patient Lists	✓		Providers must generate a list within the reporting period.
X	X	Patient-Specific Education Resources	✓	✓	Utilizing the records of patients identified in the denominator, providers can deliver education resources outside of the reporting period and increase the numerator.
X	X	Medication Reconciliation	✓	✓	Utilizing the records of patients identified in the denominator, providers can perform medication reconciliation outside of the reporting period and increase the numerator.
X	X	Summary of Care Record	✓	✓	Utilizing the transitions of care identified in the denominator, providers can send a summary of care record outside of the reporting period and increase the numerator.
	X	Patient Reminders	✓		Providers must send reminders during the reporting period.
	X	Timely Access	✓	✓	Providers can increase the numerator as long as the information is available to the patient within four business days of being updated in the EHR. Note: This measure will be replaced by the first measure VDT starting in CY 2014.

EH	EP	Stage 1 Objective	WITHIN Action to increase the numerator must occur within the reporting period	OUTSIDE Action to increase the numerator <u>can also occur</u> outside the reporting period	Comments
X	X	Immunization Registries	✓		Must select at least one population and public health measure and perform at least one test of data submission before the end of the reporting period.
X		Reportable Laboratory Results	✓		
X	X	Syndromic Surveillance	✓		

Note: Starting FY/CY 2013, the clinical quality measure objective is removed from the core set and is incorporated in the definition of meaningful user, and the exchange of key clinical information objective is eliminated from the core set.