CalHIPSO

California Health Information Partnership & Services Organization

Meaningful Use Stage 2 proposed rules for Groups

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Demonstration of Meaningful Use

- What should the definition of a group be for the exercise of group reporting?
  - For example, under the PQRS Group Reporting Option, a group is defined as a physician group practice, as defined by a single Tax Payer Identification Number, with 25 or more individual eligible professionals who have reassigned their billing rights to the TIN. We could adopt this definition or an alternative definition.
- Should there be a self nomination process for groups as in PQRS or an alternative process for identifying groups?

Demonstration of Meaningful Use

- Regarding the availability of Certified EHR Technology across the group, should the group be required to utilize the same Certified EHR Technology?
- Should a group be eligible if Certified EHR Technology (same or different) is not available to all associated EPs at all locations?
- Should a group be eligible if they use multiple Certified EHR Technologies that cannot share data easily?

Demonstration of Meaningful Use

- With respect to EPs who practice in multiple groups or in a group and practice individually, how should meaningful use activities be calculated?
- As the HITECH Act requires all meaningful users to be paid 75 percent of all covered services, how should the covered services performed by EPs in another practice be assigned to the group TIN?
- How will meaningful use activities performed at other groups be included?

- Should these services be included in the attesting group, or should CMS just ignore this information or account for it in other ways?
- How should the government address a provider's failure to meet a measure individually?
- If a provider chooses not to participate in a particular objective should they be a meaningful EHR user under the group if their non-participation still allows group compliance with a percentage threshold?

Demonstration of Meaningful Use

- How should yes/no objectives be handled in this situation?
- Some providers in a group participate in Medicaid while others participate in Medicare; what covered services should the meaningful use calculation capture?
- Should the incentive payment be reassigned to the group?
- Should the incentive payment be reassigned to the group automatically or does the provider still need to assign it to the group at registration?

Demonstration of Meaningful Use

- Should the same policy exist if the provider has covered services billed to other TINs?
- How should covered services for providers who leave a group during an active EHR reporting period be handled?
- How should payment adjustments for Group reporting be handled?
- What alternative options should be considered for reporting meaningful use, while capturing necessary data?