
Meaningful Use Deadline Looming

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July 1, 2017, is the deadline for physicians to submit a hardship application for the 2018 payment adjustment, based on the 2016 reporting period for the EHR Incentive Program. If you were eligible to participate in the program, but you did not successfully report the program's required "meaningful use" criteria for 2016 by the deadline, it's vital to apply for the hardship. Hardship is granted on an annual basis, so you must apply again even if you were granted the hardship in the past. Although there are multiple criteria for the hardship, most physicians can meet the hardship definition: "...extreme and uncontrollable circumstances in the form of issues with the certification of the EHR product or products such as delays or decertification, issues with the implementation of the CEHRT [certified electronic health record technology] such as switching products, or issues related to insufficient time to make changes to the CEHRT to meet CMS regulatory requirements for reporting in 2016."

The application, which only takes a few minutes to complete, must be submitted electronically by July 1, 2017 – or faxed on or before that date. These five minutes will save you thousands of dollars in penalties, as the Centers for Medicare & Medicaid Services (CMS) will apply a 3% penalty to all of your Medicare reimbursement in 2018 to those who fail to participate successfully or are not granted the hardship.

Access the application [here](#).

Meaningful Use: What's the Deal?

Many of you may be asking why we are still covering the EHR Incentive Program. There is significant confusion about this topic among physicians, administrators and EHR system vendors. Based on the recommendation of their vendor for "new" criteria, I have personally witnessed practices that have jumped through hoops unnecessarily. Before you take the opportunity to address meaningful use in 2017, it pays to review the facts:

1. The EHR Incentive Program for Medicare sunset on December 31, 2016. The program closed its doors. The hardship application is due on July 1, 2017, because of the two-year gap between the "performance" year – in this case, 2016 – and the "adjustment" year – 2018. The hardship is based on your 2016 performance, when the program was still up and running.
2. Although the program halted in 2016, the new Merit-based Incentive Payment System (MIPS) incorporates most of the criteria through the Advancing Care Information (ACI) category. Although it's called a new name, you'll recognize the reporting requirements immediately as they are simply a variation of the historical

meaningful use criteria. The 2017 program requirements for ACI can be accessed via [this link](#).

3. The EHR Incentive Program for Medicaid is still alive and kicking. Indeed, it has five more years of participation. The Centers for Medicare & Medicaid Services (CMS) remains committed to the program, although 2016 was the final year to start it. Therefore, only those physicians and advanced practice providers who enrolled in 2016 – or prior to 2016 – are eligible to continue. Note that only providers who saw 30% or more of their patient volume as Medicaid beneficiaries are eligible, with the bar lowered for pediatricians to 20%. The 2017 program requirements can be accessed via [this link](#). The current EHR reporting period is a minimum of any continuous 90-days between January 1 and December 31, 2017. This program does not have any penalties associated with it; however, each provider is eligible for an \$8,500 annual bonus. Importantly, you can “skip” reporting periods under this program so even if you started in 2013 – and never reported in the interim – you can pick back up in 2017 and still gain your bonus payment.
4. Hospitals, which may be your employer or a partner as you navigate the reimbursement landscape, are still participating in the EHR Incentive Program. The program has not shut down for hospitals, which continue to be required to participate by submitting the meaningful use criteria.

Given the fact that the EHR Incentive Program has been altered based on participation status, it’s important to clarify any communication about the program, as well as EHR system updates and upgrades, with your vendor. Because compliance depends on where you stand – MU for Medicare, MIPS ACI, MU for Medicaid, or an Eligible Hospital – it pays to understand the ground rules to avoid investing time in unnecessary activities.

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