



# **CMS Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs Final Rule Overview October 8, 2015**

**Elizabeth S. Holland**

Center for Clinical Standards and Quality  
Centers for Medicare & Medicaid Services



# Disclaimer

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations.

This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations.

We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.



# Learning Objectives

1

Understand program requirements for 2015-2017 (Modified Stage 2)

2

Explain Stage 3 requirements; 60-day comment period

3

Prepare for 2015 participation



# Overview of EHR Incentive Programs Final Rule

The CMS rule is live here:

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-25595.pdf>



# Major Changes from Proposed Rules

- Allowing 90-day reporting period for all first-time participants, and providers who choose to implement Stage 3, in 2017
- Modifying:
  - Patient action requirements
  - Public health reporting requirements
  - Measure thresholds for Stage 3 objectives, including CPOE and eRx



# Participation Timeline

**2015**

Attest to modified criteria for 2015-2017 (Modified Stage 2) with accommodations for Stage 1 providers

**2016**

Attest to 2015-2017 (Modified Stage 2) criteria\*

**2017**

Attest to either 2015-2017 (Modified Stage 2) criteria or full version of Stage 3

**2018**

Attest to full version of Stage 3

*\*Some alternate exclusions remain in 2016 for Stage 1 providers*



# EHR Reporting Periods

**2015**

All providers attest to EHR reporting period of any continuous 90-day period within calendar year (hospitals have a 15 month period)

**2016**

First-time participants may use EHR reporting period of any continuous 90-day period between January 1 and December 31, 2016  
*All returning participants must use EHR reporting period of **full calendar year** (January-December 31, 2016)*

**2017**

First-time participants may use EHR reporting period of any continuous 90-day period; providers attesting to Stage 3 may also use 90-day reporting period  
*All returning participants must use EHR reporting period of **full calendar year** (January-December 31, 2017)*

**2018**

First-time **Medicaid** participants may use 90-day EHR reporting period  
*All other providers must use EHR reporting period of full calendar year (January 1- December 31, 2018)*



# Changes from Stage 1 for EPs

## Previous Stage 1 EP Objectives

- 13 core objectives
- 5 of 9 menu objectives

## EP Objectives for 2015-2017 (Modified Stage 2)

- **10 core objectives** (including one consolidated public health reporting objective with 3 measure options)



# Changes from Stage 1 for Eligible hospitals/CAHs

## Previous EHs/CAHs Stage 1 Objectives

- 11 core objectives
- 5 of 10 menu objectives including 1 public health objective

## EHs/CAHs Objectives for 2015-2017 (Modified Stage 2)

- **9 objectives** (including one consolidated public health reporting objective with 4 measure options)



# Changes from Stage 2 for EPs

## Previous EP Stage 2 Objectives

- 17 core objectives including public health objectives
- 3 of 6 menu objectives

## EP Objectives for 2015-2017 (Modified Stage 2)

- **10 objectives** (including one consolidated public health reporting objective with 3 measure options)



# Changes from Stage 2 for EHRs

## Previous EHRs/CAHs Stage 2 Objectives

- 16 core objectives including public health objectives
- 3 of 6 menu objectives

## EHRs/CAHs Objectives for 2015-2017 (Modified Stage 2)

- **9 objectives** (including one consolidated public health reporting objective with 4 measure options)



# EHR Certification

No changes to the certification requirements for objectives and measures of meaningful use for EHR reporting periods in 2015 through 2017.

Providers continue to use technology certified to the 2014 Edition for EHR reporting period in 2015 and subsequent years until they transition to health information technology certified to the 2015 Edition that is required for EHR reporting period in 2018.

*Note: Providers may upgrade early to technology certified to the 2015 Edition for EHR reporting period prior to 2018 as outlined in final rule.*



# Overview of 2015-2017 (Modified Stage 2) Requirements



# Goals of Provisions

1

Align with Stage 3 to achieve overall goals of programs

2

Synchronize reporting period objectives and measures to reduce burden

3

Continue to support advanced use of health IT to improve outcomes for patients



# Changes for 2015-2017 (Modified Stage 2)

## Final Rule for Medicare and Medicaid EHR Incentive Programs:

- Changes EHR reporting period in 2015 to 90-day period to accommodate modifications
- Aligns EHR reporting period with full calendar year
- Streamlines program by removing redundant, duplicative and topped out measures
- Modifies patient action measures related to patient engagement
- Modifies public health reporting requirements



# Alignment of Meaningful Use

**The rule reconciles measures to align 2015-2017 (Modified Stage 2) with Stage 3 to:**

- Prepare providers to report Stage 3 criteria in 2018
- Reduce provider burden and create a single set of sustainable objectives that promote best practices for patients
- Enable providers to focus on objectives, which support advanced use of health IT, such as:
  - Health information exchange
  - Consumer engagement
  - Public health reporting



# Changes to Patient Access Objectives

The following changes are effective for providers for EHR reporting period beginning in 2015:

Changing threshold from Stage 2 objective for Patient Electronic Access measure #2 from 5% to equal to or greater than **1 patient** seen by provider or discharged from hospital

Changing threshold from Stage 2 objective Secure Electronic Messaging from percent to **functionality fully enabled** (yes/no)



# **Modified Stage 2 Objectives & Measures For Eligible Professionals, Eligible Hospitals and CAHs**



# Modified Stage 2 Objectives

- 1 Protect Patient Health Information
- 2 Clinical Decision Support
- 3 CPOE
- 4 Electronic Prescribing (eRx)
- 5 Health Information Exchange
- 6 Patient Specific Education
- 7 Medication Reconciliation
- 8 Patient Electronic Access (VDT)
- 9 Secure Messaging (EPs only)
- 10 Public Health and Clinical Data Registry Reporting Reporting



# Modified Stage 2 Objectives

## Protect Patient Health Information

- **Objective**: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
- **Measure**: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP, eligible hospital, or CAH's risk management process.



# Modified Stage 2 Objectives

## Clinical Decision Support

- **Objective:** Use clinical decision support to improve performance on high-priority health conditions.
- **Measure 1:** Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP, eligible hospital's or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.
- **Measure 2:** The EP, eligible hospital, or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.
- *There is an exclusion as well as an alternate objective and measure for Stage 1 providers in 2015.*



# Modified Stage 2 Objectives

## Computerized Provider Order Entry (CPOE)

- **Objective:** Use CPOE for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
- **Measure 1:** More than 60 percent of medication orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
- **Measure 2:** More than 30 percent of laboratory orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
- **Measure 3:** More than 30 percent of radiology orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.
- *There are exclusions as well as two alternate exclusions for Stage 1 providers scheduled to demonstrate in 2015 and 2016, and an alternate measure for Stage 1 providers in 2015 only.*



# Modified Stage 2 Objectives

## Electronic Prescribing (eRx)

- **EP Objective:** Generate and transmit permissible prescriptions electronically (eRx).
- **EP Measure:** More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
- **Eligible Hospital/CAH Objective:** Generate and transmit permissible discharge prescriptions electronically (eRx).
- **Eligible Hospital/CAH Measure:** More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
- *There are exclusions for EPs and eligible hospitals/CAHs as well as an alternate measure for EPs scheduled to demonstrate Stage 1 in 2015, and an alternate exclusion for eligible hospitals/CAHs scheduled to participate in Stage 1.*



# Modified Stage 2 Objectives

## Health Information Exchange

- **Objective:** The EP, eligible hospital, or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.
- **Measure:** The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must-- (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.
- *There is an exclusion as well as an alternate exclusion for Stage 1 providers in 2015*



# Modified Stage 2 Objectives

## Patient Specific Education

- **Objective**: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.
- **EP Measure**: Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.
- **Eligible Hospital/CAH Measure**: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by CEHRT.
- *There is an exclusion as well as an alternate exclusions for Stage 1 providers.*



# Modified Stage 2 Objectives

## Medication Reconciliation

- **Objective**: The EP, eligible hospital, or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.
- **Measure**: The EP, eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).
- *There is an exclusion as well as an alternate exclusion for Stage 1 providers in 2015*



# Modified Stage 2 Objectives

## Patient Electronic Access (for EPs)

- **EP Objective:** Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.
- **EP Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.
- **EP Measure 2:** For an EHR reporting period in 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits his or her health information to a third party during the EHR reporting period. For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit health information to a third party during the EHR reporting period.
- *There are exclusions plus an alternate exclusion for Measure 2 for Stage 1 providers in 2015.*



# Modified Stage 2 Objectives

## Patient Electronic Access (for eligible hospitals/CAHs)

- **Eligible Hospital/CAH Objective:** Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.
- **Measure 1:** More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.
- **Measure 2:** For an EHR reporting period in 2015 and 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits to a third party his or her information during the EHR reporting period. For an EHR reporting period in 2017, more than 5 percent of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient authorized representative) view, download or transmit to a third party his or her information during the EHR reporting period.
- *There is an exclusion as well as an alternate exclusion for Measure 2 for Stage 1 providers in 2015.*



# Modified Stage 2 Objectives

## Secure Messaging (EPs only)

- **Objective:** Use secure electronic messaging to communicate with patients on relevant health information.
- **Measure:** For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.
- For an EHR reporting period in 2016, for at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative).
- For an EHR reporting period in 2017, for more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative).
- *There is an exclusion as well as an alternate exclusion for Measure 2 for Stage 1 providers in 2015.*



# Modified Stage 2 Objectives

## Public Health Reporting

- **Objective:** The EP, eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.
- *EPs must meet 2 of 3 measures; eligible hospitals/CAHs must meet 3 of 4 measures:*
- **Measure 1 - Immunization Registry Reporting:** The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.
- **Measure 2–Syndromic Surveillance Reporting:** The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data.
- **Measure 3–Specialized Registry Reporting** - The EP, eligible hospital, or CAH is in active engagement to submit data to a specialized registry.
- **Measure 4 – Electronic Reportable Laboratory Result Reporting (for Eligible Hospitals/CAHs only):** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.
- **Alternate Specification:** An EP scheduled to be in Stage 1 in 2015 may meet 1 measure and an eligible hospital or CAH scheduled to be in Stage 1 in 2015 may meet two measures.
- *Multiple exclusions apply.*



# Clinical Quality Measures

No changes to CQM selection or reporting scheme from CQM requirements in Stage 2 rule

For EHR reporting period in 2015 (and for providers participating for first time in 2016), providers attest to any continuous 90-day period of CQM data during calendar year through Medicare EHR Incentive Program

Registration and Attestation site – Providers also have option to electronically report CQM data using established methods for electronic reporting

For 2016 and subsequent years, providers beyond first year of meaningful use may attest to one full calendar year of CQM data or electronically report CQM data using established methods for electronic reporting



# Stage 3 Requirements



# Goals of Stage 3 Provisions

1

Provide a flexible, clear framework to simplify the meaningful use program and reduce provider burden

2

Ensure future sustainability of Medicare and Medicaid EHR Incentive Programs

3

Advance the use of health IT to promote health information exchange and improved outcomes for patients



# Stage 3 Streamlines Programs

- Synchronizes on single stage and single reporting period
- Reduces burden by removing objectives that are:
  - Redundant paper based versions of now electronic functions
  - Duplicative of other more advanced measures using same certified EHR technology function
  - Topped out and have reached high performance
- Focuses on advanced use objectives (8)



# Stage 3 Objectives

- 1 Protect Electronic Health Information
- 2 Electronic Prescribing (eRx)
- 3 Clinical Decision Support
- 4 Computerized Provider Order Entry (CPOE)
- 5 Patient Electronic Access to Health Information
- 6 Coordination of Care through Patient Engagement
- 7 Health Information Exchange
- 8 Public Health Reporting



## Stage 3 Comment Period

- The final rule includes a 60-day comment period on the Stage 3 portion of the rule.
- Seeking comments on Stage 3:
  - Measures
  - Objectives
  - Reporting Periods
- Any modifications to Stage 3 based on those comments will be proposed through notice and comment rulemaking in future regulations.



# Preparing for 2015 Participation



# 2015 Participation

- Confirm your Stage
- Check registration information
  - NPPES login information
  - Make sure e-mail address is correct
  - Make sure payment information is correct
  - Identity and Access Management (I&A)
    - Make sure surrogate users are up-to-date



# CMS Help Desks

## **EHR Information Center Help Desk**

- (888) 734-6433 / TTY: (888) 734-6563
- Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

## **NPPES Help Desk**

- Visit <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- (800) 465-3203 - TTY (800) 692-2326

## **PECOS Help Desk**

- Visit <https://pecos.cms.hhs.gov/>
- (866)484-8049 / TTY (866)523-4759

## **Identification & Access Management System (I&A) Help Desk**

- PECOS External User Services (EUS) Help Desk Phone: 1-866-484-8049
- TTY 1-866-523-4759
- E-mail: [EUSSupport@cgi.com](mailto:EUSSupport@cgi.com)



# Objectives and Measures

- All providers required to attest to single set of objectives and measures, replacing core and menu objectives structure of previous stages.
- For eligible professionals: **10** objectives, including **1** consolidated public health reporting objective
- For eligible hospitals and CAHs: **9** objectives, including **1** consolidated public health reporting objective
- Accommodations to assist providers already working on meaningful use in 2015, including:
  - Retaining different specifications between Stage 1 and Stage 2
  - Allowing special exclusions for certain objectives/measures for those previously scheduled to participate in Stage 1 for EHR reporting period in 2015



# Reporting Period for 2015 Only

- EHR reporting period for eligible professionals, eligible hospitals, and CAHs begins and ends based on the **calendar year**
- EHR reporting period for all providers is **any continuous 90-day period** within calendar year
  - Eligible professionals may select an EHR reporting period for any continuous 90 days from January 1, 2015-December 31, 2015
  - Eligible hospitals and CAHs may select an EHR reporting period of any continuous 90 day period from October 1, 2014-December 31, 2015



# Attestation & Payment Adjustments

- EHR reporting period for payment adjustment year = any continuous 90-day period
- For EHR reporting period in 2015, all Medicare providers must attest by **February 29, 2016**
- Providers can attest to meaningful use for EHR reporting period in 2015 beginning **January 4, 2016**
- Use CEHRT certified to the 2014 Edition
- Submit Clinical Quality Measures



## Most frequent question

**Q:**

**If an EP, eligible hospital or Critical Access Hospital (CAH) is unable to effectively plan for a reporting period in 2015 due to the timing of the publication of the 2015 through 2017 Modifications final rule, can they apply for a hardship exception?**

**A: FAQ**

**#12845: <https://questions.cms.gov/faq.php?faqId=12845&id=5005>**



# New Resources

- Additional information available on new 2015 Program Requirements page
- More resources coming soon!
- <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>