

Summary of Key Provisions: CMS EHR Incentive Program – Modifications to Meaningful Use in 2015 through 2017 (Final Rule)

Structure of the Rules:

CMS originally published three separate Proposed Rules:

- **Health IT Certification Criteria:** addressed Stage 3 of Meaningful Use (MU) requirements, among others
- **Stage 3 Meaningful Use (MU)**
- **Modifications to Meaningful Use in 2015 Through 2017:** addressed problems in the original Stage 2 MU rule, covering the period between 2015-2017

In response to the three proposed rules, CMS published two final rules on October 6, 2015:

- **2015 Health IT Certification Final Rule:** the final rule addressing MU certification requirements
- **Stage 3 Meaningful Use and Modifications to Stage 2 Final Rule:** modifications for Stage 2 of MU (2015-17) are final. However, a new 60-day comment period has been declared for the Stage 3 rules (2017 through subsequent years) to transition the program to a single stage for meaningful use.

Timing Requirements for Stage 2 MU Attestation

- The Stage 2 MU Modification rule will be in effect from 2015 through 2017
- As proposed, Eligible Professionals (EPs) participating in Stage 2 MU in 2015 will attest for **ANY** continuous 90-day period within calendar year 2015 (January 1 – December 31, 2015)
 - **ACP Concerns:**
 - Given how little time remains in 2015, the delay in issuing the rule has impacted the value of the shorter, 90-day reporting period
 - It is not clear at this point how many EPs will be able to make all of the changes required by the Modification to Stage 2 Rule in time to successfully attest for 2015
 - The 90-day reporting period was the **ONLY** attestation timing change in the final rules
- All EPs, except for those participating for the first time, are required to attest for the entire calendar year in 2016 and every year thereafter
 - **ACP Concerns:**
 - Given how little time remains in the calendar year, it seems highly unlikely that many EPs will be ready and able to attest on all measures on January 1, 2016.

Stage 3 MU Highlights

- The Stage 3 MU rule will be optional in 2017 and required for all EPs starting in 2018.
- The proposed rules were published prior to the passage of MACRA, and this final rule makes clear that decisions made do not take into account any changes in the program that MACRA might require or encourage.
- The purpose of the new 60-day comment period after the publication of the final rule on October 6, 2015, is to identify changes that should be made within Stage 3 of MU to address MACRA. (Stage 3 is optional in 2017 and required in 2018)

- A new Stage 3 of MU rule will be published in the first half of 2016 to address changes required in Stage 3 and beyond to address MACRA requirements.
 - **ACP Concerns:**
 - Since the MACRA payment schemes take effect on January 1, 2019, it is clear that the MU reporting requirements for 2017 will be included in the formula for calculating payment in 2019.

Additional ACP Advocacy Wins and Ongoing Concerns

- ACP requested the Stage 2 of MU Modification rule before it was proposed
- ACP supported a 90-day reporting in 2015 and the reduced thresholds on the patient engagement measures but also called for 90-day reporting in 2016 and 2017 in our comments on the proposed rule.
 - CMS did finalize 90 day reporting in 2015; however, it comes too late to benefit many of ACP's members.
 - CMS also finalized reduced patient engagement measure thresholds, however they cut back on the period when the reduced thresholds apply – decreasing the benefit of the reduced thresholds.
- With CMS requiring full year reporting in 2016, coupled with the fact that the final rule was published so late, it is going to be impossible for many members to successfully attest in 2016, unless CMS grants another shorter reporting period in 2016.
- The patient engagement thresholds are reduced to 1 patient for 2015 and 2016, and then increased in 2017 to 5 percent. When the reduction expires, it will result in more difficulty for members trying to attest.

Modifications to Objectives and Measures in Stage 2 of MU – 2015-2017

Removed Measures:

CMS has declared 12 original Stage 2 measures as redundant or topped-out and no longer needed:

- Record Vital Signs
- Record Smoking Status
- Clinical Summaries
- Structured Lab Results
- Patient List
- Patient Reminders
- Summary of Care
 - Measure 1 – Any Method
 - Measure 3 – Test
- Electronic Notes
- Imaging Results
- Family Health History

Remaining Objectives and Measures

CMS has revised definitions of objectives and measures, and has re-arranged the collection of measures under objectives. Alternative measures have been declared for first time attestors, but are not included in Table 1 below.

Table 1: Objectives and Measures for EPs – Stage 2 – 2015-2017

Objectives	Measures	Changes from Proposed Rule
<p>Objective 1: Protect Patient Health Information</p>	<p><u>Measure:</u> Conduct or review a security risk analysis including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology, and implement security updates as necessary and correct identified security deficiencies as part of the EP’s risk management process.</p>	<p><u>Minor wording</u></p>
<p>Objective 2: Clinical Decision Support</p>	<p><u>Measure 1:</u> 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 EPs scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions</p> <p><u>Measure 2:</u> The EP has enabled and implemented the functionality for drug- drug and drug-allergy interaction checks for the entire EHR reporting period.</p>	<p><u>No changes</u></p>
<p>Objective 3: Computerized Provider Order Entry CPOE</p>	<p><u>Measure 1:</u> More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p><u>Measure 2:</u> More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p><u>Measure 3:</u> More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p>	<p><u>No changes</u></p>

Objectives	Measures	Changes from Proposed Rule
Objective 4: Electronic Prescribing	<u>EP Measure:</u> More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT	Prescriptions for controlled substances may be included in the definition of permissible prescriptions where the electronic prescription of a specific medication or schedule of medications is permissible under state and federal law. Other wording changes.
Objective 5: Health Information Exchange	<u>Measure:</u> The EP that transitions or refers their patient to another setting of care or provider of care (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	EPs must have the ability to send all laboratory test results in the summary of care document, but an EP may work with their system developer to establish clinically relevant parameters based on their specialty, patient population, or for certain transitions and referrals which allow for clinical relevance to determine the most appropriate results for given transition or referral.
Objective 6: Patient-Specific Education	<u>EP Measure:</u> 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.	<u>No changes</u>
Objective 7: Medication Reconciliation	<u>Measure:</u> The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	<u>No changes</u>

Objectives	Measures	Changes from Proposed Rule
<p>Objective 8: Patient Electronic Access (VDT)</p>	<p><u>EP Measure 1:</u> 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.</p> <p><u>EP Measure 2:</u> For 2015 and 2016: At least 1 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.</p> <p>For 2017: More than 5 percent of unique patients seen by the EP during the EHR reporting period (or patient- authorized representative) views, downloads or transmits their health information to a third party during the EHR reporting period.</p>	<p>Providing patients with sufficient information needed to access their information meets the requirement.</p> <p>The measure threshold is set at 1 patient for 2015 and 2016, as proposed, and then increased to 5 percent in 2017 to work toward the increased threshold for Stage 3 in 2018.</p>
<p>Objective 9: Secure Messaging</p>	<p><u>Measure:</u> For 2015: 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.</p> <p>For 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 patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative) during the EHR reporting period.</p> <p>For 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) during the EHR reporting period.</p>	<p>The measure is changed from a patient initiated action to a provider-initiated action.</p> <p>The measure threshold is set at attestation that the function is enabled for 2015 as proposed, and then increased in 2016 to at least 1 patient, and then increased in 2017 to 5 percent.</p>

Objectives	Measures	Changes from Proposed Rule
<p>Objective 10: Public Health (EP must select two reporting targets defined in the three measures. Both targets can be in the same category.)</p>	<p><u>Measure 1 – Immunization Registry Reporting:</u> The EP is in active engagement with a public health agency to submit immunization data.</p> <p><u>Measure 2 – Syndromic Surveillance Reporting:</u> The EP is in active engagement with a public health agency to submit syndromic surveillance data.</p> <p><u>Measure 3 – Specialized Registry Reporting</u> – The EP is in active engagement to submit data to a specialized registry.</p>	<p><u>For Immunization Registry:</u> Proposed requirement for bi-directionality is removed.</p> <p><u>For Syndromic Surveillance:</u> Clarification of exclusion language.</p> <p><u>For proposed measure 3 – Case Reporting:</u> This proposed measure is removed.</p> <p><u>For proposed measure 4 – Public Health Registry Reporting and proposed measure 5 – Clinical Data Registry Reporting:</u> These proposed measures are removed and portions are combined into the new</p> <p><u>Measure 3 – Specialized Registry Reporting</u> A new category and measure is created that includes public health and clinical specialty registry reporting. Alternate exclusions are available to accommodate changes made to the measure so late in the reporting period. More information provided on the CMS FAQ webpage.</p>

Links to CMS Resources

1. [EHR Incentive Programs – 2015 Requirements](#)
2. [EHR Incentive Programs for Eligible Professionals: What You Need to Know for 2015 Tipsheet](#)
3. [EHR Incentive Programs: 2015 through 2017 \(Modified Stage 2\) Overview Fact Sheet](#)