



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

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# Final Rule

- On October 6, 2015, CMS released a final rule for the Medicare and Medicaid EHR Incentive Programs in 2015 through 2017 and Stage 3 in 2018 and beyond.
- The final rule is live here:  
<https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications>
- There is a 60-day comment period on the Stage 3 portion of the rule.



# Program Goals

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



# 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)*



# Participation Timeline

**2015**

Attest to modified criteria for 2015-2017 with accommodations for Stage 1 providers

**2016**

Attest to 2015-2017 criteria\*

**2017**

Attest to either 2015-2017 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*



# 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 Comment Period

- The final rule includes a 60-day comment period on certain provisions in the Stage 3 portion of the rule.
- Any comments on Stage 3 policies will be considered in future rulemaking.
- Comments can be submitted through [www.regulations.gov](http://www.regulations.gov) by **December 15, 2015**.



# Stage 3 Objectives & Measures for Eligible Professionals, Eligible Hospitals and CAHs



# 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 Objectives and Measures

### Protect Patient Health Information

- **Objective:** Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.
- **Measure:** Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1).



# Stage 3 Objectives and Measures

## Electronic Prescribing (eRX)

- **EP Objective:** EPs must generate and transmit permissible prescriptions electronically.
- **EP Measure:** More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
- **Eligible Hospital/CAH Objective:** Eligible hospitals and CAHs must generate and transmit permissible discharge prescriptions electronically (eRx).
- **Eligible Hospital/CAH Measure:** More than 25 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.



# Stage 3 Objectives and Measures

## Clinical Decision Support (CDS)

- **Objective:** Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
- **Measure 1:** Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP, eligible hospital, 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.



# Stage 3 Objectives and Measures

## Computerized Provider Order Entry (CPOE)

- **Objective**: Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders.
- **Measure 1**: More than 60 percent of medication orders created during the EHR reporting period are recorded using computerized provider order entry.
- **Measure 2**: More than 60 percent of laboratory orders created during the EHR reporting period are recorded using computerized provider order entry.
- **Measure 3**: More than 60 percent of diagnostic imaging orders created during the EHR reporting period are recorded using computerized provider order entry.



# Stage 3 Objectives and Measures

## Patient Electronic Access to Health Information

- **Objective:** The EP, eligible hospital or CAH provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
- **Measure 1:** For more than 80 percent of all unique patients seen by the EP or discharged: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available to access using any application of choice that is configured to meet the technical specifications of the API in the provider's CEHRT.
- **Measure 2:** The EP, eligible hospital or CAH must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.





# Stage 3 Objectives and Measures

## Care Coordination Through Patient Engagement

- **Objective:** Use CEHRT to engage with patients or their authorized representatives about the patient's care.
- **Measure 1:** During the EHR reporting period, more than 10 percent of all unique patients (or their authorized representatives) seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department actively engage with the electronic health record made accessible by the provider.
- **Measure 2:** For more than 25 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department 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 their authorized representative.
- **Measure 3:** Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.



# Stage 3 Objectives and Measures

## Health Information Exchange

- **Objective:** The EP, eligible hospital, or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.
- **Measure 1:** For more than 50 percent of transitions of care and referrals, the EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record.
- **Measure 2:** For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, eligible hospital or CAH incorporates into the patient's EHR an electronic summary of care document.



# Stage 3 Objectives and Measures

## Health Information Exchange (cont'd)

- **Measure 3:** For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, eligible hospital, or CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:
  - **Medication:** Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
  - **Medication allergy:** Review of the patient's known medication allergies.
  - **Current Problem list:** Review of the patient's current and active diagnoses.



# Stage 3 Objectives and Measures

## 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.
- **Measure 1 - Immunization Registry Reporting**: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).
- **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 from an urgent care setting.
- **Measure 3 – Electronic Case Reporting**: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.
- **Measure 4 – Public Health Registry Reporting**: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.
- **Measure 5 – Clinical Data Registry Reporting**: The EP, eligible hospital, or CAH is in active engagement to submit data to a clinical data registry.
- **Measure 6—Electronic Reportable Laboratory Result Reporting**: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.



# Objectives & Measures for EHR Incentive Programs in 2015 through 2017 for Eligible Professionals, Eligible Hospitals and CAHs



# EHR Incentive Programs in 2015-2017

- Restructured Stage 1 and 2 objectives and measures to align with Stage 3:
  - 10 objectives for EPs, including one consolidated public health reporting objective with measure options
  - 9 objectives for eligible hospitals and CAHs, including one consolidated public health reporting objective with measure options
- Starting in 2015, the EHR reporting period aligns with the calendar year for all providers.
- Changed the EHR reporting period in 2015 to 90 days to accommodate modifications to meaningful use.
- Modified Stage 2 patient engagement objectives that require patient action.
- Removed redundant, duplicative, and topped out measures.
- CQM reporting for both EPs and eligible hospitals remains as previously finalized.



# Alternate Exclusions and Specifications

- To assist providers who may have already started working on meaningful use in 2015, there are **alternate exclusions and specifications within individual objectives** for providers who were previously scheduled to be in Stage 1 of meaningful use in 2015.
- These provisions include:
  - Allowing providers who were previously scheduled to be in a Stage 1 EHR reporting period for 2015 to use a lower threshold for certain measures.
  - Allowing providers to exclude for Stage 2 measures in 2015 for which there is no Stage 1 equivalent.
- Alternate exclusions are based on the provider's scheduled stage and are available only for 2015 (and in 2016 for some limited cases); there are exclusions for some measures that are *not* based on the provider's stage.



# Objectives and Measures for 2015 – 2017

- 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 Reporting





# Objectives and Measures for 2015 – 2017

## 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).



# Objectives and Measures for 2015 – 2017

## 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.
- **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 alternate objective and measure for Stage 1 providers in 2015.*



# Objectives and Measures for 2015 – 2017

## 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 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.*



# Objectives and Measures for 2015 – 2017

## 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 is 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.*



# Objectives and Measures for 2015 – 2017

## 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 alternate exclusion for Stage 1 providers in 2015*



# Objectives and Measures for 2015 – 2017

## 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 are alternate exclusions for Stage 1 providers.*



# Objectives and Measures for 2015 – 2017

## 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 alternate exclusion for Stage 1 providers in 2015.*



# Objectives and Measures for 2015 – 2017

## 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 is an alternate exclusion for Measure 2 for Stage 1 providers in 2015.*





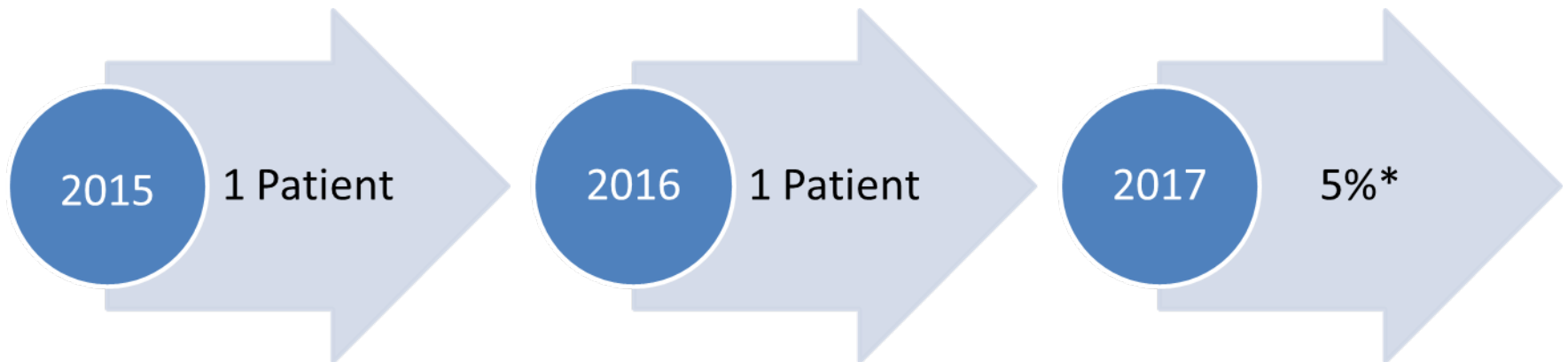
# Modified Stage 2 Objectives

## 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 alternate exclusion for Measure 2 for Stage 1 providers in 2015.*



# Changes to Measure 2 Threshold for Patient Electronic Access Objective for Eligible Professionals and Eligible Hospitals/CAHs



*\*5% of all unique patients seen within an EHR reporting period*



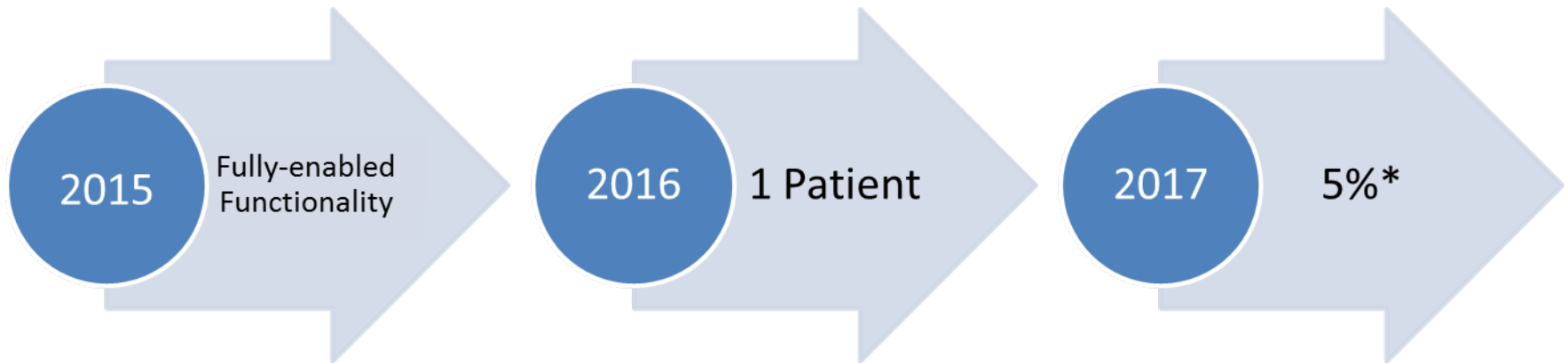
# Objectives and Measures for 2015 – 2017

## 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.
- *There is an alternate exclusion for Measure 2 for Stage 1 providers in 2015.*



# Changes to Threshold for Secure Messaging Objective for Eligible Professionals



*\*5% of all unique patients seen within an EHR reporting period.*



# Objectives and Measures for 2015 – 2017

## 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.
- *There are alternate exclusions and specifications for EPs and eligible hospitals and CAHs scheduled to be in Stage 1 and Stage 2.*