

## Medicare and Medicaid Programs; Electronic Health Records Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 through 2017

Final Rule issued on October 6, 2015

### Changes that apply to both EPs and EHs/ CAHs

- Changes in this final rule apply to both the Medicare and Medicaid EHR Incentive Programs, with flexibility for states in implementing the public health reporting objective
- The Final Rule eliminated the distinction between core and menu objectives going forward, and established a common set of objectives and measures.

#### Reporting Period:

- In 2015, the EHR reporting period was changed to a 90-day period aligned with the Calendar Year; for EPs the reporting period is from January 1-December 31, 2015; for EHs and CAHs the reporting period can be captured from October 1, 2014-December 31, 2015.
- In 2016, EPs, EHs, and CAHs that are demonstrating meaningful use *for the first time* may use an EHR reporting period of any continuous 90-day period between January 1, 2016 and December 31, 2016. However, *all returning participants* will use an EHR reporting period of a full calendar year from January 1, 2016 through December 31, 2016.
- In 2017, EPs electing to demonstrate Stage 3 and EPs demonstrating MU for the first time will report a 90-day reporting period. Existing EPs not electing to begin Stage 3 in 2017 would use an EHR reporting period of 1 full calendar year per the final rule.

#### Meaningful Use Objectives

- Streamlined the program by removing reporting requirements on measures which have become redundant, duplicative, or topped out.
- Aligned the objectives and measures used in 2015 through 2017 with those identified in the Stage 3 proposed rule for use in 2017 and subsequent years.

#### Key Changes Specific to EPs

##### Number of Objectives and Measures:

- 10 required objectives for EPs using the Stage 2 objectives with alternate exclusions and specifications for Stage 1 providers in 2015.

**Reporting Period:** for 2015 only, allow all EPs (regardless of their prior participation in the program) to attest to an EHR reporting period of any continuous 90-day period within the calendar year.

**Patient Engagement:** Remove the 5 percent threshold for Measure 2 from the EP Stage 2 Patient Electronic Access (VDT) objective. Instead require that at least 1 patient seen by the provider during the EHR reporting period views, downloads, or transmits his or her health information to a third party.

##### Required Objectives:

There are proposed alternate measures, exclusion & or specifications for EPs who are schedule to report stage 1.

#### Key Changes Specific to EHs

##### Number of Objectives and Measures:

- 9 required objectives for eligible hospitals and CAHs using the Stage 2 objectives for eligible hospitals and CAHs

**Reporting Period:** For 2015 only, allow eligible hospitals and CAHs (regardless of their prior participation in the program) to attest to an EHR reporting period of any continuous 90-day period within the period beginning October 1, 2014 through December 31, 2015.

**Patient Engagement:** Removed the 5 percent threshold for Measure 2 from the EH and CAH Stage 2 Patient Electronic Access (VDT) objective. Instead require that at least 1 patient (or patient-authorized representative) discharged from the hospital during the EHR reporting period views, downloads, or transmits his or her health information to a third party.

##### Required Objectives:

**Electronic prescribing:** change objective from a “menu” objective to a mandatory objective with exclusions available

<p><b>Redundant, Duplicative or Topped Out Objectives and Measures:</b> Although these measures have been removed from the list of MU objectives, they remain vital to collect and document in the EHR. Much of this information will be required documentation through the patient portal and summary of care documents.</p> <ul style="list-style-type: none"> <li>• Record Demographics</li> <li>• Record Vital Signs</li> <li>• Record Smoking Status</li> <li>• Clinical Summaries</li> <li>• Structured Lab Results</li> <li>• Patient List</li> <li>• Patient Reminders</li> <li>• Summary of Care Measure 1- Any Method</li> <li>• Summary of Care Measure 3—Test</li> <li>• Electronic Notes</li> <li>• Imaging Results</li> <li>• Family Health History</li> </ul>	<p>for certain EHs and CAHs</p> <p><b>Redundant, Duplicative or Topped Out Objectives and Measures:</b> Although these measures have been removed from the list of MU objectives, they remain vital to collect and document in the EHR. Much of this information will be required documentation through the patient portal and summary of care documents.</p> <ul style="list-style-type: none"> <li>• Record Demographics</li> <li>• Record Vital Signs</li> <li>• Record Smoking Status</li> <li>• Structured Lab Results</li> <li>• Patient List</li> <li>• Summary of Care Measure 1—Any Method</li> <li>• Summary of Care Measure 3—Test</li> <li>• eMAR</li> <li>• Advanced Directives</li> <li>• Electronic Notes</li> <li>• Imaging Results</li> <li>• Family Health History</li> <li>• Structured Labs to Ambulatory Providers</li> </ul>
<p><b>Changes for EPs scheduled to attest to Stage 1 for 2015:</b> Three current <i>menu</i> objectives would now be <i>required</i> objectives:</p> <ul style="list-style-type: none"> <li>• Stage 1 Menu: Perform Medication Reconciliation</li> <li>• Stage 1 Menu: Patient Specific Educational Resources</li> <li>• Stage 1 Menu: Public Health Reporting Objectives (multiple options)</li> </ul>	<p><b>Change to Stage 2 for EHs and CAHs:</b> One current <i>menu</i> objective would now be a <i>required</i> objective. Stage 2 Menu EHs and CAHs only: Electronic Prescribing</p>
<p><b>Public Health Reporting:</b> select to report on any combination of 2 of the 3 available options</p> <p>EPs that attest to Stage 1 of meaningful use in 2015 would select to report on only 1 of the 3 available options</p>	<p><b>Public Health Reporting:</b> Stage 1 EHs and CAHs must meet at least 2 measures in 2015, Stage 2 EHs and CAHs must meet at least 3 measures in 2015, all EHs and CAHs must meet at least 3 measures in 2016 and 2017.</p> <p>Stage 1 EHs and CAHs in 2015 may select to report on any combination of 2 of the 4 available options</p>
<ul style="list-style-type: none"> <li>• Immunization Registry Reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Immunization Registry Reporting</li> </ul>
<ul style="list-style-type: none"> <li>• Syndromic Surveillance Reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Syndromic Surveillance Reporting</li> </ul>
<ul style="list-style-type: none"> <li>• Specialized Registry Reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Specialized Registry Reporting</li> </ul>
	<ul style="list-style-type: none"> <li>• Electronic Reportable Laboratory Results Reporting</li> </ul>

### Clinical Quality Measures:

- For an EHR reporting period in 2015, and for providers demonstrating meaningful use for the first time in 2016, providers may attest to any continuous 90-day period of CQM data during the calendar year through the Medicare EHR Incentive Program registration and attestation site; or
  - Electronically report CQM data using the established methods for electronic reporting.
  - For 2016 and subsequent years, providers beyond their first year of meaningful use may attest to one full calendar year of CQM data or they may electronically report their CQM data using the established methods for electronic reporting \*
- Note: for Medicaid providers participating in the Medicaid EHR Incentive program, states would continue to be responsible for determining whether and how electronic CQMs would occur or if they wish to allow reporting through attestation.

CQM Flexibility in 2017 - Providers can use 2014 CEHRT for CQMs and 2015 CEHRT for MU, or they can use 2015 CEHRT for CQMs and 2014 CEHRT for MU.

### Summary of Stage 3

Following a proposed optional year in 2017, beginning in 2018 all EPs would report on the same definition of MU at the Stage 3 level regardless of prior participation. **Exception:** Medicaid providers in their first year of demonstrating MU.

**Stage 3 Objectives:** Please note that Stage 3 is still open for comment for 60 days.

• Objective 1: Protect Electronic Health Information	• Objective 5: Patient Electronic Access
• Objective 2: Electronic Prescribing	• Objective 6: Coordination of Care Through Patient Engagement
• Objective 3: Clinical Decision Support	• Objective 7: Health Information Exchange
• Objective 4: CPOE	• Objective 8: Public Health & Clinical Data Registry Reporting

### 2015 CEHRT:

Beginning in 2018, all EPs must use EHR technology certified to the 2015 Edition for a full calendar year to successfully attest for the EHR reporting period.

**Payment Adjustments Timeline: Medicare Payment adjustments for EPs are applied to Medicare Physician Fee Schedule and the amounts were established by the regulations.**

EP Payment Adjustments		EHs Payment Adjustments	CAHs Payment Adjustments
For 2015	99% of MPFS	↓ 25% IPPS	100.66% reimbursement
For 2016	98% of MPFS	↓ 50 % IPPS	100.33% reimbursement
For 2017	97% of MPFS	↓ 75% IPPS	100% reimbursement

Additional information on EHR incentive Program Payment Adjustments can be found at [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj\\_Hardship.html](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/PaymentAdj_Hardship.html)

### Alternate Attestation Option in 2015:

- A dual eligible EP who has not successfully attested to AIU or Meaningful Use in either the Medicare or Medicaid program may use the alternate option and submit a full attestation through the Medicare Registration and Attestation system without switching EHR Incentive programs. This option is available solely for the purpose of avoiding the Medicare payment adjustments in 2016 and 2017.
- An EP may not use the alternate attestation option to attest to meaningful use in Medicare to avoid a payment adjustment in conjunction with an attestation for an incentive payment for AIU in the Medicaid program in the same year.