



## EHR/Meaningful Use Guide 2015-2017

In 2015, the requirements for Meaningful Use attestation changed due to the Medicare and Medicaid Programs: Electronic Health Record Incentive Program – Stage 3 and Modifications to Meaningful Use in 2015 through 2017 final rule (or EHR Flexibility Rule).

**All eligible professionals must report on 10 mandatory objectives for 2015 through 2017 included in the Modified Stage 2 Rule.** In 2016, there are exclusions and specifications for providers depending which Stage of Meaningful Use the provider is scheduled to report.

**The Meaningful Use program will become the Advancing Care Information Category as part of the new Merit-Based Incentive Payment System (MIPS) option under – MACRA for payment in 2019 based on 2017 performance**

**\*Note: The Meaningful Use program is being sunset and providers must attest to the new Merit-Based Incentive Payment System (MIPS) program in 2017. However, first time participants who have not successfully demonstrated Meaningful Use would be required to attest to Modified Stage 2 by October 1, 2017, to avoid the 2018 payment adjustment.**

Please see below for details on the reporting periods, the required objectives and measures, and hardship exemptions.

**Stage of Meaningful Use Criteria by First Reporting Year:**

First Year Demonstrating Meaningful Use	Stage of Meaningful Use		
	2015	2016	2017
<b>2011</b>	Modified Stage 2	Modified Stage 2	N/A – Report Through MIPS
<b>2012</b>	Modified Stage 2	Modified Stage 2	N/A – Report Through MIPS
<b>2013</b>	Modified Stage 2	Modified Stage 2	N/A – Report Through MIPS
<b>2014</b>	Modified Stage 2	Modified Stage 2	N/A – Report Through MIPS
<b>2015</b>	Modified Stage 2	Modified Stage 2	N/A – Report Through MIPS
<b>2016</b>	Modified Stage 2	Modified Stage 2	Attest by October 1, 2017 to Modified Stage 2 to avoid 2018 payment adjustment

**EHR Reporting Periods and Related Payment Adjustment Years:**

**Penalty:**

Providers who do not successfully attest to Meaningful Use in 2016 will receive a 4% penalty in 2018.

**Reporting period:**

**For 2016 and 2017, returning providers must report Meaningful Use for any continuous 90-day period.**

Providers participating in Meaningful Use for the first time in 2016 can attest to Modified Stage 2 by **October 1, 2017**, to avoid the 2018 payment adjustment.

New participants transitioning to MIPS may qualify for a **Significant Hardship Exemption in 2017 to avoid the 2018 penalty**. Certain eligible professionals can apply for a significant hardship exception if they meet all of the following requirements: (1) have not successfully demonstrated Meaningful Use in a prior year, (2) intend to attest to Meaningful Use for an EHR reporting period in 2017, and (3) intend to transition to MIPS and report on measures specified for the advancing care information performance category of MIPS as finalized for 2017.

**Objectives and Measures:**

**As stated above, all providers must report 10 objectives in 2015.** Each objective consists of **1 to 3** measures that all eligible professionals must report. **New exclusions for each objective are based on a provider’s Stage of Meaningful Use.** See below for a full overview of the reporting objectives:

Objectives for 2015, 2016 and 2017	Measures for Providers in 2015, 2016 and 2017	Exclusions / Alternate Exclusions for Certain Providers
Protect Patient Health Information	<b>Measure:</b> Conduct or review a security risk analysis (including addressing security of electronic public health information created or maintained by CEHRT), implement security updates as necessary and correct identified security deficiencies as part of the eligible professionals risk management process.	None
Clinical Decision Support	<b>Measure 1:</b> 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’s scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. <b>Measure 2:</b> The eligible professional has enabled and implemented the functionality for drug and drug-allergy interaction checks for the entire EHR reporting period.	<b>Measure 2 Exclusion:</b> Any EP who writes fewer than 100 medication orders during the EHR reporting period.
Computerized Provider Order Entry (CPOE)	<b>Measure 1:</b> More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE.  <b>Measure 2:</b> More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE.	<b>Measure 1 - Exclusion:</b> Any provider who writes fewer than 100 medication orders during the EHR reporting period.  <b>Measure 2 - Exclusion:</b> Any provider who writes fewer than 100 laboratory orders during the EHR reporting period.

	<p><b>Measure 3:</b> More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.</p>	<p><b>Measure 3 - Exclusion:</b> Any provider who writes fewer than 100 radiology orders during the EHR reporting period.</p> <p><b>Alternate Exclusion for Measure 2:</b> Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.</p> <p><b>Alternate Exclusion for Measure 3:</b> Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.</p>
<p><b>Electronic Prescribing</b></p>	<p><b>Measure:</b> More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.</p>	<p><b>Exclusion:</b> Any provider who writes fewer than 100 permissible prescriptions during the EHR reporting period; or does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.</p>
<p><b>Health Information Exchange</b></p>	<p><b>Measure:</b> 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.</p>	<p><b>Exclusion:</b> Any provider who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.</p>
<p><b>Patient-Specific Information</b></p>	<p><b>Measure:</b> 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.</p>	<p><b>Exclusion:</b> Any provider who has no office visits during the EHR reporting period.</p>
<p><b>Medication Reconciliation</b></p>	<p><b>Measure:</b> 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.</p>	<p><b>Exclusion:</b> Any provider who was not the recipient of any transitions of care during the EHR reporting period.</p>
<p><b>Patient Electronic Access</b></p>	<p><b>Measure 1:</b> 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><b>Measure 2:</b>  <b>For 2015 and 2016:</b> 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</p>	<p><b>Alternate Exclusion Measure 1:</b> Any provider who neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information."</p> <p><b>Alternate Exclusion Measure 2:</b> Any provider who neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact</p>

	<p>information to a third party during the EHR reporting period.  <b>For 2017:</b> 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>information;” or conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.</p>
<p><b>Secure Messaging</b></p>	<p><b>Measure:</b>  <b>For 2015:</b> 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.  <b>For 2016:</b> 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.  <b>For 2017:</b> 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><b>Exclusion:</b> Any provider who has no office visits during the EHR reporting period; or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.</p>
<p><b>Public Health</b></p>	<p><b>All EPs must meet at least 2 measures in 2016 and 2017:</b></p> <p><b>Measure 1:</b> Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.</p> <p><b>Measure 2:</b> Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.</p> <p><b>Measure 3:</b> Specialized Registry Reporting – The EP is in active engagement to submit data to a specialized registry.</p>	<p><b>Exclusion - Measure 1:</b>  Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP-  Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;  Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or  Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to</p>

receive immunization data from the EP at the start of the EHR reporting period.

**Exclusion - Measure 2:**

Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP--  
Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

May claim an alternate exclusion for Measure 2 if provider was not previously planning to report this measure.

**Exclusion - Measure 3:** Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP--

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or

Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

May claim an alternate exclusion for Measure 2 if provider was not previously planning to report this measure.

**Alternate Exclusion for Measure 2:** All EPs may claim an alternate exclusion for measure 2 (syndromic surveillance reporting) for an EHR reporting period in 2016.

**Alternate Exclusion for Measure 3:** All EPs may claim an alternate exclusion for measure 3 (specialized registry reporting) for an EHR reporting period in 2016.

**Other Information:**

If you have any questions, please contact Allison Madson, manager of regulatory affairs, at 703-591-2220.