



EHR/Meaningful Use 2015-2017

The requirements for Meaningful Use attestation have changed due to the recently released *Medicare and Medicaid Programs: Electronic Health Record Incentive Program – Stage 3 and Modifications to Meaningful Use in 2015 through 2017* final rule.

Under the new requirements, there is no longer a designation between core and menu measures. All eligible professionals must report on the Modified Stage 2 **10 mandatory objectives for 2015 through 2017**. There are exclusions and specifications for providers in 2015 and 2016 depending which Stage of Meaningful Use the provider was scheduled to report.

By 2018, all providers will be required to move to Stage 3 Meaningful Use. The Meaningful Use program will become one component of the Merit Based Incentive Program in 2019 based on 2017 reporting.

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	2018	2019
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2014	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2015	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2016	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3

EHR Reporting Periods and Related Payment Adjustment Years:

Penalties:

- Providers who do not successfully attest to Meaningful Use in 2015 will receive a 3% penalty in 2017.
- Providers who do not successfully attest in 2016 will receive a 4% penalty in 2018.

*Please note, if more than 75% of eligible professionals become successful Meaningful Users in 2016 and 2017, the penalty percentage will remain at 3%.

Reporting periods:

For 2015, CMS has confirmed that providers have the option to report for any continuous 90-day period up to a reporting period of 365 days in a calendar year. Therefore, a 120 day period, for example, is an acceptable EHR reporting period in 2015. **The reporting deadline for 2015 is February 29, 2016. CMS plans to open the attestation system on January 4, 2016.**

For 2016 and 2017, providers new to Meaningful Use can attest for any 90-day period. **All providers who have previously attested for Meaningful Use must report for a full calendar year in 2016 and 2017.**

See the chart below for more details on reporting periods and payment adjustment years for 2015 and 2016.

2015			
	EHR Reporting Period	Applies to Avoid Payment Adjustment in 2016	Applies to Avoid Payment Adjustment in 2017
Returning Eligible professional (Successfully demonstrated Meaningful Use in a Prior Year)	Any continuous 90-day reporting period up to 365 days in a calendar year.	No (Had to report in 2014)	Yes
New Eligible Professional (Have not successfully demonstrated Meaningful use in a prior year)	Any continuous 90-day reporting period up to 365 days in a calendar year.	Yes	Yes

2016			
	EHR Reporting Period	Applies to avoid Payment Adjustment in 2017	Applies to avoid payment adjustment in 2018
Returning Eligible professional (Successfully demonstrated Meaningful Use in a Prior Year)	Full calendar year 2016	No (Had to report in 2015)	Yes
New Eligible Professional (Have not successfully demonstrated Meaningful use in a prior year)	Any continuous 90-day reporting period up to 365 days in a calendar year.	Yes	Yes

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. All previous Stage 2 exclusions also still apply.** See below for a full overview of the reporting objectives:

Objectives for 2015, 2016 and 2017	Measures for Providers in 2015, 2016 and 2017	Alternative Exclusions and/or Specifications for Certain Providers
Protect Patient Health Information	<p>Measure: Conduct or review a security risk analysis (including addressing security of electronic public health information created or maintained by CHERT), implement security updates as necessary and correct identified security deficiencies as part of the eligible professionals risk management process.</p>	None
Clinical Decision Support	<p>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’s scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p>Measure 2: The eligible professional has enabled and implemented the functionality for drug and drug-allergy interaction checks for the entire EHR reporting period.</p>	<p>If for an EHR reporting period in 2015 the provider is scheduled to demonstrate Stage 1:</p> <p><u>Alternative Objective and Measure 1:</u> Objective: Implement one clinical decision support rule relevant to your specialty or a high clinical priority, along with the ability to track compliance within that rule.</p> <p>Measure: Implement one clinical decision support rule.</p>
Computerized Provider Order Entry (CPOE)	<p>Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE.</p> <p>Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE.</p> <p>Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.</p>	<p><u>Alternate Measure 1:</u> For Stage 1 providers in 2015 only, more than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or more than 30 percent of medication orders created by the EP during the EHR reporting period, are recorded using CPOE.</p> <p><u>Alternate Exclusion for Measure 2:</u> Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, 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>Alternate Exclusion for Measure 3: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, 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>Electronic Prescribing</p>	<p>Measure: 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>Alternate EP Measure: For Stage 1 providers in 2015 only, More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.</p>
<p>Health Information Exchange</p>	<p>Measure: 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>Alternate Exclusion: Provider may claim an exclusion for the measure of the Stage 2 Summary of Care objective, which requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, if they were scheduled to demonstrate Stage 1, which does not have an equivalent measure. Stage 2: Unforeseen Circumstances Hardship Exemption – you may use this option and you will be exempt from Meaningful Use in 2015 if providers you refer to are not able to receive summary of care documents. ASCRS recommends that you both attest for MU and fill out the hardship exemption, even if you are unable to meet this measure.</p>
<p>Patient-Specific Information</p>	<p>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.</p>	<p>Alternate Exclusion: Provider may claim an exclusion for the measure of the Stage 2 Patient-Specific Education objective if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient-Specific Education menu objective.</p>
<p>Medication Reconciliation</p>	<p>Measure: 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>Alternate Exclusion: Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.</p>
<p>Patient Electronic Access</p>	<p>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.</p>	<p>Alternate Exclusion Measure 2: Providers may claim an exclusion for the second measure if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.</p>

	<p>Measure 2: 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. 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>Secure Messaging</p>	<p>Measure: 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. 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. 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>Alternate Exclusion: An eligible professional may claim an exclusion for the measure if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.</p>
<p>Public Health</p>	<p>Measure 1: Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data. Measure 2: Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data. Measure 3: Specialized Registry Reporting – The EP is in active engagement to submit data to a specialized registry.</p>	<p>Stage 1 - EPs in 2015 must meet at least 1 measure in 2015 Stage 2 - EPs must meet at least 2 measures in 2015, and all EPs must meet at least 2 measures in 2016 and 2017.</p> <p>NOTE: CMS has confirmed that ophthalmologists can claim exclusions for all the public health measures, including the specialized registry reporting measure. Ophthalmologists can claim exclusions for measures 1 and 2 because they do not apply to ophthalmology. Providers can claim an exclusion for measure 3, if they were not previously planning on reporting this public health measure. ASCRS recommends that</p>

providers choose the exclusion for measure 3, if they were not previously planning to report this measure even if they are currently using a specialized data registry, including the IRIS registry. CMS has released an FAQ on this issue that providers should reference if they need additional information.

Alternate Exclusion Measure 1:

Any EP, eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP, eligible hospital, or CAH--

- 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 receive immunization data from the EP, eligible hospital, or CAH at the start of the EHR reporting period.

Alternate 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.

Alternate Exclusion

Measure 3: Any EP, eligible hospital, or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP, eligible hospital, or CAH--

- 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, eligible hospital, or CAH 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.

Hardship Exemption:

CMS has notified ASCRS that they are issuing a hardship exemption for providers who are unable to successfully attest to Meaningful Use 2015 due to the delay in releasing the final rule. See the FAQ on this hardship exemption below:

Q: If an Eligible Professional (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: CMS finalized the modifications to reporting requirements in 2015 in order to align with future Stage 3 requirements and to ease the overall burden associated with reporting on the EHR Incentive Programs. These modifications did not add any new requirements for EPs, eligible hospitals, or CAHs, but instead reduced the number of measures that had already been required for 2015.

In addition, the modifications allowed for a 90-day reporting period in 2015 for all providers—which can be any 90 consecutive days in the 2015 calendar year (or between October 1, 2014 and December 31, 2015 for eligible hospitals and CAHs).

Because of the wide flexibility in reporting periods and the reduced number of previously established requirements, CMS expects that the majority of all providers will be able to meet the modified 2015 reporting requirements for a 90-day reporting period. Providers have until February 29, 2016 to attest to their meaningful use data, which allows sufficient time for any necessary changes to the reports generated for attestation. In most cases, no such changes will be necessary as providers may use the same report and simply only input the data for the retained objectives and measures.

However, if a provider is still unable to meet the requirements of meaningful use for an EHR reporting period in 2015 for reasons related to the timing of the publication of the final rule, a provider may apply for a hardship exception under the “extreme and uncontrollable” circumstances category. Each hardship exception application will be reviewed on a case-by-case basis, as required by law.

Other Information:

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