

The New Meaningful Use Final Rule

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Objectives

- Provide a detailed view of the changes to Meaningful Use Stages 1 & 2
- Provide an overview of the changes to Stage 3 starting in 2017
- Help you understand what you need to start now or do differently

The Evolution

- Proposed Rules for Stage 3
 - Released: March 30, 2015
- Proposed Changes to Stage 1 and 2
 - Released: April 15, 2015
- Medicare Access and CHIP Reauthorization Act (MACRA)
 - Signed: April 16, 2015
 - Modifying the EHR incentive program starting in 2019 for professionals:
 - Merit-based Incentive Payment System (MIPS)
- Final Rule with Comment Period
 - Published October 16, 2015
 - <https://federalregister.gov/a/2015-25595>
 - Comments close: December 15, 2015

Timeline Changes for MU 1-2

- 90 Day reporting for all in 2015 and in 2017 for those choosing to do MU3
- Providers scheduled to do MU1
 - In 2015 and 2016 will do MU 2 with additional exemptions that differ each year
 - In 2017 will do MU 2 without additional exemptions
- In 2018, Medicare first timers must do a full year (Medicaid only may do any 90 days)

First Year as a Meaningful EHR User	Stage of Meaningful Use										
	2011	2012	2013	2014 90 days	2015 90 days	2016	2017 90 days MU3	2018	2019	2020	2021 and future years
2011	1	1	1	2*	2	2	2 or 3	3	3	3	3
2012		1	1	2*	2	2	2 or 3	3	3	3	3
2013			1	1	2	2	2 or 3	3	3	3	3
2014				1	1	2	2 or 3	3	3	3	3
2015					1	1	X, 2 or 3	3	3	3	3
2016						1	X, 2 or 3	3	3	3	3
2017							X, 2 or 3	3	3	3	3
2018 and future years								3	3	3	3

Reporting Periods

- A calendar year for all
 - Hospitals
 - October 1, 2014 – December 31, 2015 for 2015 only
- 2015
 - Any 90 days
- 2016 and 2017
 - Any 90 days for first time attesters and, in 2017, those attempting MU3
 - Full year for those beyond their first year
- 2018 and later
 - Full year reporting for all except Medicaid only first year

Attestation

- No changes to the method
- All Medicare
 - No 2015 Medicare attestations before January 2016
- Deadlines
 - Last day of February for all in all years
- Medicaid
 - Providers who fall below 30% (or 20%) threshold, can attest under Medicare to avoid the penalty without it constituting a switch in payment programs

Penalties and Exceptions

- **Unchanged Except**
 - Anyone attesting for the first time before Feb 29, 2016 will not be penalized in either 2016 *or* 2017
- **All who attest for first time by:**
 - Oct 1, 2016 will not be penalized in 2017 and 2018
 - *Oct 1, 2017 will not be penalized in 2018 (MIPS starts in 2019)*
- ***All unable to attest in 2015 due to Final Rule delay:***
 - *An exception application will be available early in 2016.*
<https://questions.cms.gov/faq.php?id=5005&faqId=12845>

Miscellaneous Changes

- State Flexibility
 - Unchanged
- Paper-based documents
 - No longer count in numerators starting in 2015 *except* for patient education materials through Stage 2

Proposed Program Goals and Objectives for Stages 1&2

- Protect Patient Health Information
- Clinical Decision Support
- Computerized Provider Order Entry
- Electronic Prescribing
- Health Information Exchange
- Patient Specific Education
- Medication Reconciliation
- Patient Electronic Access to Health Information
- Secure Messaging
- Public Health and Clinical Data Registry Reporting

Security Risk Analysis

Stage 1 (Core)

- Measure
 - Conduct or review a security risk analysis, implement security updates as necessary and correct identified security deficiencies
- Denominator
 - Yes/No Attest
- Exclusion
 - None

Stage 2 (Core)

- Measure
 - Conduct or review a security risk analysis, ***including the encryption/security of data stored in CEHRT***, implement security updates as necessary and correct identified security deficiencies
- Denominator
 - Yes/No Attest
- Exclusion
 - None

Final

- Unchanged except:
 - Implies that it is expanded to include all instances of electronically stored PHI not just on CEHRT
- <http://www.federalregister.gov/a/2015-25595/p-658>

Clinical Decision Support (CDS)

Stage 1 (Core)

- Measures (were separate)
 - 1 CDS rule relevant to the specialty specific quality metric or high priority condition with the ability to track compliance
- Denominator
 - Yes/No Attest
- Exclusion
 - None

Stage 2 (Core)

- Measures
 - **5 CDS *interventions*** relevant to 4 quality metrics or high priority condition
- Denominator
 - Yes/No Attest
- Exclusion
 - None

Final

- Stage 1
 - Unchanged for 2015 only
 - Stage 2 requirement in 2016 & 2017
- Stage 2
 - Unchanged
- <http://www.federalregister.gov/a/2015-25595/p-685>

Drug-Drug and Drug-Allergy Interaction Checks

Stage 1 (Core)

- Measure
 - This functionality is enabled for the entire EHR reporting period
- Denominator
 - Yes/No Attest
- Exclusion
 - None

Stage 2 (Core)

- Measure
 - This functionality is enabled for the entire EHR reporting period
- Denominator
 - Yes/No Attest
- Exclusion
 - EP: if writes <100 medication orders

Final

- Stage 1&2
 - Unchanged
- <http://www.federalregister.gov/a/2015-25595/p-690>

Computerized Provider Order Entry (CPOE)

Stage 1 (Core)

- Measure
 - >30% of patients on any meds with \geq one CPOE med order *or may use >30% all orders*
- Denominator
 - Unique patients *or unique orders*)
- Exclusion:
 - Any EP who writes <100 medication orders during the EHR reporting period.

Stage 2 (Core)

- Measures
 - **>60%** of all medication orders, **>30% of all laboratory and >30% radiology orders** must be entered using CPOE
- Denominators:
 - Unique orders
- Exclusions:
 - Any EP who writes <100 medication, <100 radiology, or <100 laboratory orders during the EHR reporting period.

Final

- Stage 1
 - Unchanged for 2015
 - Stage 2 requirement in 2016 & 2017
 - May exclude lab and radiology in 2016
- Stage 2
 - Unchanged
- <http://www.federalregister.gov/a/2015-25595/p-722>

Any licensed healthcare professionals and **credentialed medical assistants**, can enter orders into the medical record for purposes of including the order in the numerator for the objective of CPOE if they can originate the order per state, local and professional guidelines.

ePrescribing (EP)

Stage 1 (Core)

- Measure
 - >40% of permissible scripts are generated and transmitted electronically
- Denominator
 - Number of permissible (non-controlled substance) scripts written by the EP
- Exclusion
 - Any EP who writes <100 prescriptions during the EHR reporting period.
 - **No pharmacies that accept e-prescriptions within 10 miles**

Stage 2 (Core)

- Measure
 - **>50** percent of permissible or all prescriptions written are queried for a drug formulary and transmitted electronically
- Denominator
 - Number of permissible **or all** scripts written by the EP
- Exclusion
 - Any EP who writes <100 **permissible** prescriptions during the EHR reporting period.
 - **No pharmacies that accept e-prescriptions within 10 miles**

Final

- Stage 1
 - Unchanged for 2015 only
 - Stage 2 requirement in 2016 & 2017
- Stage 2
 - Unchanged
- <http://www.federalregister.gov/a/2015-25595/p-824>

Discharge ePrescribing (EH)

Stage 1

- None

Stage 2 (Menu)

- Measure
 - >10 percent of hospital discharge medication orders for permissible prescriptions are queried for a drug formulary and transmitted electronically.
- Denominator
 - Number of new, changed, and refilled prescriptions
- Exclusion
 - No internal pharmacy that can accept electronic prescriptions
 - Not located within 10 miles of any pharmacy that accepts electronic prescriptions

Final

- Stage 1 & 2
 - *No longer includes refills*
 - May exclude in 2015 *and* 2016
 - Required in 2017 otherwise unchanged from Stage 2
- <http://www.federalregister.gov/a/2015-25595/p-836>

Addressing “Exclusions”

- “We understand that intent or lack thereof may be difficult for a provider to document and will not require documentation that a provider did not plan to attest to a menu objective for the provider to claim the alternate exclusion”
 - <http://www.federalregister.gov/a/2015-25595/p-585>

Drug Formulary Check

Stage 1 (Menu)

- Measure
 - Implement drug formulary checks with at least one internal or external formulary
- Denominator
 - Yes/No Attest
- Exclusion
 - EP: writes <100 medication orders during the EHR reporting period
 - EH: None

Stage 2 (Core/Menu)

- Measure
 - EP: Incorporated into the eRx core item
 - EH: Incorporated into the eRx menu item

Final

- Stage 1
 - 2015:
 - EPs may claim an exclusion
 - EHs: Not measured
 - 2016 & 7: In the eRx item
- Stage 2
 - Incorporated into the Stage 2 eRx item for EPs & EHs

HIE: Summary of Care / Referral

Stage 1 (Menu)

- **Measure**
 - >50% of referrals and transitions of care
- **Denominator**
 - Care transitions
- **Exclusion**
 - EP: Does not refer or transition
 - EH: None

Stage 2 (Core)

- **Measure**
 - >50% of referrals and transitions of care
 - >10% sent electronically
 - One or more sent electronically to:
 - A different provider with a different EMR
 - The CMS designated test EHR
- **Denominator**
 - Care transitions
- **Exclusion**
 - EP: <100 transfers or referrals during the EHR reporting period
 - EH: None

Final

- **Stage 1**
 - May claim exclusion in 2015 only
 - New Stage 2 requirement in 2016 & 2017
- **Stage 2**
 - SoC is created with CEHRT and >10% eExchanged
- **Denominator**
 - Unchanged
- **Exclusion**
 - Unchanged
- <http://www.federalregister.gov/a/2015-25595/p-863>

Patient Specific Education

Stage 1 (Menu)

- Measure
 - >10% of all unique patients are provided patient- specific education resources identified by Certified EHR Technology.
- Denominator
 - Unique patients
- Exclusion
 - None

Stage 2 (*Core*)

- Measure
 - >10% of all unique patients are provided patient- specific education resources identified by Certified EHR Technology.
- Denominator
 - Unique patients
- Exclusion
 - EP: No office visits
 - EH: None

Final

- Stage 1
 - May claim exclusion in 2015 only
 - Stage 2 requirement in 2016 & 2017
- Stage 2
 - Unchanged
 - Paper still counts
- <http://www.federalregister.gov/a/2015-25595/p-924>

Medication Reconciliation

Stage 1 (Menu)

- Measure
 - >50% of transitions of care or a relevant encounter
- Denominator
 - # of transitions of care (***and relevant encounters if there is a policy***)
- Exclusion
 - EP: No transitions of care or referrals received
 - EH: None

Stage 2 (**Core**)

- Measure
 - >50% of transitions of care or a relevant encounter
- Denominator
 - # of transitions of care (and relevant encounters if there is a policy)
- Exclusion
 - EP: No transitions of care or referrals received
 - EH: None

Final

- Stage 1
 - May be excluded 2015
 - Stage 2 requirement in 2016 & 2017
- Stage 2
 - Unchanged
- <http://www.federalregister.gov/a/2015-25595/p-976>

Online Access to Health Information: Measure 1

Stage 1 Core

- Measure
 - >50% are provided timely online access to their health information within 4 business days of it being available
- Denominator
 - Unique patients
- Exclusion
 - EP: Creates no information, except for “Patient name” and “Provider's name” and office contact information.

Stage 2 Core

- Measure
 - >50% are provided timely online access to their health information within 4 business days of it being available
- Denominator
 - Unique patients
- Exclusion
 - EP: Creates no information, except for “Patient name” and “Provider's name” and office contact information.

Final

- Stage 1 & 2
 - Unchanged
- <http://www.federalregister.gov/a/2015-25595/p-1017>

Online Access to Health Information: Measure 2

Stage 1

- None

Stage 2 Core

- Measure
 - >5% view, download, or transmit (VDT) their health information
- Denominator
 - Unique patients
- Exclusions
 - EP: Creates no information, except for “Patient name”, “Provider's name” and office contact information
 - ALL: ≥50% encounters in a county with <50% of its housing units have 3 Mbps broadband
 - <http://www.broadbandmap.gov/>

Final

- Stage 1
 - Stage 2 requirement
 - May claim exclusion in 2015 only
- Stage 2
 - Unchanged except:
 - 2015 & 2016: 1 patient
 - 2017: 5%
- Exclusion
 - Unchanged except now 4 Mbps broadband
- <http://www.federalregister.gov/a/2015-25595/p-1099>

Secure Electronic Messaging

Stage 1

- None

Stage 2 (Core) EP

- Measure
 - >5% of unique patients (or their representatives) seen by the EP during the reporting period send the EP a secure message.
- Denominator
 - Unique patients
- Exclusion
 - No office visits
 - ≥50% encounters in a county with <50% percent of its housing units have 3 Mbps broadband

Final EP

- Stage 1
 - Stage 2 requirement
 - May claim exclusion in 2015 only
- Stage 2
 - Unchanged except:
 - **Provider sends the message**
 - 2015 & 2016: 1 patient
 - 2017: 5%
- Exclusion
 - Unchanged except now 4 Mbps broadband
- <http://www.federalregister.gov/a/2015-25595/p-1135>

Public Health (PH) & Clinical Data Registry (CDR) Reporting

- Proposed Objective:
 - Active engagement with a Public Health Agency (PHA) or clinical data registry (CDR) to submit electronic public health.
- Active Engagement:
 - Completed Registration to Submit Data:
 - Application submitted with 60 days of reporting period
 - Awaiting invitation to test and validate
 - Testing and Validation:
 - EP/EH must respond to requests to test within 30 days
 - Production:
 - Active submission of data
- Exclusions
 - Agencies not capable at the start of the EP/EH reporting period
<http://www.federalregister.gov/a/2015-25595/p-1175>

PH & CDR Reporting Options

Measure	EP: Maximum times measure can count <ul style="list-style-type: none"> • Stage 1 2015: Choose 1, 2016 on: Choose 2 • Stage 2: Choose 2 	EH: Maximum times measure can count <ul style="list-style-type: none"> • Stage 1 2015: Choose 2, 2016 on: Choose 3 • Stage 2: Choose 3
Immunization Registry Reporting	1	1
Syndromic Surveillance Reporting	1	1
Specialized Registry Reporting	2	3
Electronic Reportable Laboratory Results	N/A	1

PH/CDR: Submit to Immunization Registry

Stage 1 (Menu)

- Measure
 - ≥ 1 test of submission to state immunization registry **except where prohibited** with continued submission if successful
- Denominator
 - Yes/No Attest
- Exclusions
 - Administers no immunizations
 - No registry with the capacity to receive

Stage 2 (Core)

- Measure
 - **Successful ongoing submission** of electronic immunization data to an immunization registry or information system for the entire EHR reporting period
- Denominator
 - Yes/No Attest
- Exclusion
 - Administers no immunizations
 - No registry with the capacity to receive

Final

- Measure
 - **Active engagement** with a public health agency to submit immunization data
- Denominator
 - Unchanged
- Exclusion
 - Unchanged
- <http://www.federalregister.gov/a/2015-25595/p-1262>

PH/CDR: Syndromic Surveillance

Stage 1 (Menu)

- Measure
 - ≥ 1 test of submission to a public health agency **except where prohibited** with continued submission if successful
- Denominator
 - Yes/No Attest
- Exclusions
 - Not in a category of providers who collect this data
 - No agency with the capacity to receive

Stage 2 (EP: Menu; EH: Core)

- Measure
 - **Successful ongoing submission** to a public health agency for the entire EHR reporting period
- Denominator
 - Yes/No Attest
- Exclusion
 - EP: Not in a category of providers who collect this data
 - EH: No Emergency or Urgent Care
 - No agency with the capacity to receive

Final

- Measure
 - **Active engagement** with a public health agency to submit syndromic surveillance data
- Denominator
 - Unchanged
- Exclusion
 - Unchanged
- <http://www.federalregister.gov/a/2015-25595/p-1267>

PH/CDR: Specialized Registries (may do more than one)

Stage 1

- None

Stage 2 (EP Menu)

- Measure
 - Successful on-going submission of specific case information to a specialized registry for the entire EHR reporting period.
- Denominator
 - Attest yes/no
- Exclusion:
 - Does not diagnose or treat relevant diseases;
 - No registry with the capacity to receive

Final (EP *and* EH)

- Measure:
 - **Active engagement** to submit relevant data to a specialized registry
- Denominator
 - Unchanged
- Exclusion
 - Unchanged
- <http://www.federalregister.gov/a/2015-25595/p-1276>

PH/CDR: Reportable Labs (EH)

Stage 1 (Menu)

- Measure
 - ≥ 1 test of submission to a public health agency with continued submission if successful
- Denominator
 - Attest yes/no
- Exclusion:
 - Does not order reportable labs;
 - No PHA with the capacity to receive

Stage 2 (Core)

- Measure
 - **Successful ongoing submission** to a public health agency for the entire EHR reporting period
- Denominator
 - Attest yes/no
- Exclusion:
 - Does not order reportable labs;
 - No PHA with the capacity to receive

Final

- Measure:
 - **Active engagement** with a public health agency to submit electronic reportable lab results.
- Denominator
 - Unchanged
- Exclusion
 - Unchanged
- <http://www.federalregister.gov/a/2015-25595/p-1272>

Changes to Stage 1: 2015-17

Measure	Stage 1 2014		Stage 1 2015		"Stage 1" 2016		Stage 2 2017	
Security Risk Analysis	C	Y/N	C	Y/N	C	Y/N	C	Y/N
CDS	C	1 Rule	C	1 Rule	C	5 Rules	C	5 Rules
Drug Interactions	C	Y/N	C	Y/N	C	Y/N	C	Y/N
Medications	C	30%	C	30%	C	60%	C	60%
labs			Exclusion		Exclusion		C	30%
Radiology			Exclusion		Exclusion		C	30%
ePrescribing (EP)	C	40%	C	40%	C	50%	C	50%
eRx with Formulary (EH)					Exclusion		C	10%
Drug Formulary (EP)	M	Y/N	Exclusion		eRx		eRx	
Summary of Care Any Method	M	50%			(eSoC)		(eSoC)	
eSummary of Care (eSoC)			Exclusion		C	10%	C	10%
Patient Ed	M	10%	Exclusion		C	10%	C	10%
Med Rec	M	50%	Exclusion		C	50%	C	50%
Have access to VDT	C	50%	C	50%	C	50%	C	50%
Actually VDT			Exclusion		C	1 patient	C	5%
Secure messages			Exclusion		C	1 patient	C	5%
Immunization Registry	M	Y/N	EP: 1 of 3 EH: 2 of 4	Y/N	EP: 2 of 3 EH: 3 of 4	Y/N	EP: 2 of 3 EH: 3 of 4	Y/N
Syndromic Surveillance	M	Y/N		Y/N		Y/N		
Specialized Registries				Y/N (multi)		Y/N (multi)		
Reportable Labs (EH)	M (EH)	Y/N		Y/N		Y/N		

Deleted from Stage 1: 2015-17

Measure	Stage 1 2014		Stage 1 2015	"Stage 1" 2016	Stage 2 2017
	C	50%	(eAccess)	(eAccess & eSoC)	(eAccess & eSoC)
Demographics	C	50%	(eAccess)	(eAccess & eSoC)	(eAccess & eSoC)
Vital Signs	C	50%	(eAccess)	(eAccess & eSoC)	(eAccess & eSoC)
Problem List	C	80%	(eAccess)	(eAccess & eSoC)	(eAccess & eSoC)
Medication List	C	80%	(eAccess)	(eAccess & eSoC)	(eAccess & eSoC)
Allergies	C	80%	(eAccess)	(eAccess & eSoC)	(eAccess & eSoC)
Smoking	C	50%	(eAccess)	(eAccess & eSoC)	(eAccess & eSoC)
Advanced Directives (EH)	M	50%	not measured	not measured	not measured
Incorporate Labs	M	40%	(eAccess)	(eAccess & eSoC)	(eAccess & eSoC)
Clinical Summaries (EP)	C	50%	(eAccess)	(eAccess)	(eAccess)
Patient Lists	M	Y/N	not measured	not measured	not measured
Patient Reminders (EP)	M	20%	not measured	not measured	not measured

Changes to Stage 2: 2015-17

Measure	Stage 2 2014		Stage 2 2015		Stage 2 2016		Stage 2 2017	
Security Risk Analysis	C	Y/N	C	Y/N	C	Y/N	C	Y/N
CDS	C	5 Rules	C	5 Rules	C	5 Rules	C	5 Rules
Drug Interactions	C	Y/N	C	Y/N	C	Y/N	C	Y/N
Medications	C	60%	C	60%	C	60%	C	60%
labs	C	30%	C	30%	C	30%	C	30%
Radiology	C	30%	C	30%	C	30%	C	30%
eRx with Formulary (EP)	C	50%	C	50%	C	50%	C	50%
eRx with Formulary (EH)	M	10%	Exclusion		Exclusion		C	10%
eSummary of Care (eSoC)	C	10%	C	10%	C	10%	C	10%
Patient Ed	C	10%	C	10%	C	10%	C	10%
Med Rec	C	50%	C	50%	C	50%	C	50%
Have access to VDT	C	50%	C	50%	C	50%	C	50%
Actually VDT	C	5%	C	1 patient	C	1 patient	C	5%
Secure messages	C	5%	C	Enabled	C	1 patient	C	5%
Immunization Registry	C	Y/N	EP: 2 of 3 EH: 3 of 4	Y/N	EP: 2 of 3 EH: 3 of 4	Y/N	EP: 2 of 3 EH: 3 of 4	Y/N
Syndromic Surveillance	EP: M EH: C	Y/N		Y/N		Y/N		
Specialized Registries (Only EP 2014; all 2015-2017)	EP: M	Y/N		Y/N (mult)		Y/N (mult)		
Reportable Labs (EH)	C	Y/N		Y/N		Y/N		

Deleted from Stage 2: 2015-17

Measure	Stage 2 2014		Stage 2 2015	Stage 2 2016	Stage 2 2017
Case Reporting			Dropped	Dropped	Dropped
Public Health Registry			Special Reg	Special Reg	Special Reg
Clinical Data Registry			Special Reg	Special Reg	Special Reg
Cancer Registry (EP)	M	Y/N	Special Reg	Special Reg	Special Reg
Summary of Care Any Method	C	50%	(eSoC)	(eSoC)	(eSoC)
eSoC Diff EHR & system	C	Y/N	not measured	not measured	not measured
Demographics	C	80%	(eAccess & eSoC)	(eAccess & eSoC)	(eAccess & eSoC)
Vital Signs	C	80%	(eAccess & eSoC)	(eAccess & eSoC)	(eAccess & eSoC)
Smoking	C	80%	(eAccess & eSoC)	(eAccess & eSoC)	(eAccess & eSoC)
Family History	M	20	not measured	not measured	not measured
Advanced Directives (EH)	M	50%	not measured	not measured	not measured
eMAR (EH)	C	10%	not measured	not measured	not measured
Provider Notes	M	30%	(eAccess & eSoC)	(eAccess & eSoC)	(eAccess & eSoC)
Imaging Results	M	10%	not measured	not measured	not measured
Incorporate Labs	C	55%	(eAccess & eSoC)	(eAccess & eSoC)	(eAccess & eSoC)
Clinical Summaries (EP)	C	50	(eAccess)	(eAccess)	(eAccess)
Patient Lists	C	Y/N	not measured	not measured	not measured
Patient Reminders (EP)	C	10%	not measured	not measured	not measured
Provide eLab Results (EH)	M	20%	not measured	not measured	not measured

Changes for Stage 3 from the Proposed Rule

- EP e-Prescribing 80% => 60%
- CPOE Meds 80% => 60%
- Enable VDT or API access => VDT and API access
- Patients use VDT or API 25% => 10%
- Secure messaging to the patient
- Incorporate patient data 15% => 5%

Changes from 2017 Stage 2 to Stage 3 (1 of 2)

Measure	Stage 2 2017		Stage 3 2017		Stage 3 2018	
	C	Y/N	C	Y/N	C	Y/N
Security Risk Analysis	C	Y/N	C	Y/N	C	Y/N
CDS	C	5 Rules	C	5 Rules	C	5 Rules
Drug Interactions	C	Y/N	C	Y/N	C	Y/N
CPOE Medications	C	60%	C	60%	C	60%
CPOE Labs	C	30%	C	60%	C	60%
CPOE Radiology	C	30%	C	60%	C	60%
ePrescribing (EP)	C	50%	C	60%	C	60%
Drug Formulary (EP)	eRx		eRx		eRx	
eRx with Formulary (EH)	C	10%	C	25%	C	25%
Patient Ed	C	10%	C	35%	C	35%
Have access to VDT	C	50%				
Have access to VDT and API			C	80%	C	80%

Changes from 2017 Stage 2 to Stage 3 (2 of 2)

Measure	Stage 2 2017		Stage 3 2017		Stage 3 2018		
Actually VDT	C	5%	Attest	5%	Attest	10%	
Secure messages	C	5%	all	5%	all	25%	
Incorporate Pt generated data			meet 2	5%	meet 2	5%	
eSummary of Care (eSoC)	C	10%	Attest	50%	Attest	50%	
Incorporate CCDA			all	40%	all	40%	
Clinical Info Reconciliation			meet 2	80%	meet 2	80%	
Med Rec	C	50%	Clin Info Rec		Clin Info Rec		
Immunization Registry	EP: 2 of 3	Y/N	EP: 2 of 5 EH: 4 of 6	Y/N	EP: 2 of 5 EH: 4 of 6	Y/N	
Syndromic Surveillance		Y/N		Y/N		Y/N	
Specialized Registries	EH: 3 of 4	Y/N (mult)					
Reportable Labs (EH)		Y/N		Y/N		Y/N	
Case Reporting				Y/N		Y/N	Y/N
Public Health Registry				Y/N (mult)		Y/N (mult)	Y/N (mult)
Clinical Data Registry			Y/N (mult)	Y/N (mult)	Y/N (mult)		

CEHRT

- Use 2014 or 2015 Certified EHR Technology (CEHRT) or a combination through 2017 for MU 1 & 2
- Use 2015 CEHRT for MU 3

No Change in CQM Reporting 2015-2017

- Same method, domain requirements and number as for 2014
- 2015
 - Any 90 days in the calendar year
 - EHs, the additional 3 months at the end of CY 2014 (15 month reporting year)
 - Can be more than 90 days and does not need to correspond with MU objective reporting period
- *2016 and 2017*
 - Full year reporting except first year MU
- 2018 on
 - Full year for all except first year MU Medicaid only.

Reminder: 2015 EP CQM Reporting Options

- Options that only apply for the EHR Incentive Program:
 - Option 1: Attest to CQMs through the EHR Registration & Attestation System
 - Option 2: eReport CQMs through Physician Quality Reporting System (PQRS) Portal
- Options that Align with Other Quality Programs:
 - Option 3: Report individual eligible professionals' CQMs through PQRS Portal
 - Option 4: Report group's CQMs through PQRS Portal
 - Option 5: Report group's CQMs through Pioneer ACO participation or Comprehensive Primary Care Initiative participation

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ReportingCQMsIn2015.html>

Reminder: 2015 EH/CAH CQM Reporting Options

- EHR Reporting Options for Eligible Hospitals in 2015 Include:
 - Option 1: Attest to CQMs through the Registration & Attestation System
 - Option 2: eReport through Hospital Inpatient Quality Reporting (IQR)

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ReportingCQMsin2015.html>

Excellent CMS Resource

- https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3Overview2015_2017.pdf

Thank You

Thank you for participating in this webinar!



For additional information please contact your
Quality Innovation Network – Quality Improvement Organization
<http://qioprogram.org/>

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