Medicaid Electronic Health Record (EHR) Incentive Program
2015- 2017 Meaningful Use (MU)

Module 13

October 2015

Acronyms Used in this Training

Acronym	Definitions	Acronym	Definitions
AIU	Adopt, Implement, Upgrade	CQM	Clinical Quality Measures
BA	Business Associates	CY	Calendar Year
CAH	Critical Access Hospital	EH	Eligible Hospital
CDR	Clinical Data Repository	EHR	Electronic Health Record
CE	Covered Entities	ELR	Electronic Laboratory Reporting
CEHRT	Certified Electronic Health Record Technology	eMAR	Electronic Medication Administration Record
CMS	Centers for Medicare & Medicaid Services	EP	Eligible Professional
CPOE	Computerized Physician Order Entry	eRx	Electronic Prescribing

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Acronyms Used in this Training (*continued*)

Acronym	Definitions	Acronym	Definitions
FY	Fiscal Year	IT	Information Technology
HHS	Department of Health and Human Services	MU	Meaningful Use
HIE	Health Information Exchange	NQS	National Quality Strategy
HIPAA	Health Insurance Portability and Accountability Act	ONC	Office of the National Coordinator for Health Information Technology
HIT	Health Information Technology	PHI	Protected Health Information
HITECH	Health Information Technology for Economic and Clinical Health Act	SMA	State Medicaid Agency
IIS	Immunization Information System	SMHP	State Medicaid HIT Plan
IR	Immunization Registry	TA	Technical Assistance

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Using this module

- This module uses audio narration on some screens. To adjust the audio use the audio icon on the bottom of the screen.

- Click the "Narration" tab on the left panel of the module to read a transcript of the narration.

- Access the Acronym Glossary on the top right of the page.

- Click the "Next" button on the bottom right to advance to the next page.

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Medicaid EHR Incentive Program
Training Series

Click on each of the modules below to learn more.

Module 1:
Fundamentals of the Medicaid
EHR Incentive Program

Module 5 (Spanish Version):
Program Overview; CMS and State Responsibilities

Module 9:
Clinical Quality Measures

Module 13:
2015-2017 Meaningful Use

Module 2:
Centers for Medicare & Medicaid Services (CMS) and State Responsibilities

Module 6:
State Medicaid Agency (SMA) Staff Orientation

Module 10:
2014 Certified Electronic Health Records Technology (CEHRT)

Module 3:
Medicaid Provider Responsibilities

Module 7:
Program Integrity and State Audit Strategy

Module 11:
Federal Data Resources for State Medicaid Agencies (SMAs)

Module 4:
Stage 1 Meaningful Use

Module 8:
Stage 2 Meaningful Use

Module 12:
Health Information Exchange (HIE)

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Objectives

This module provides an overview of the Meaningful Use objectives and measures for 2015 through 2017. After completing this training, you will be able to:

1. **Describe** reasons for the modifications.
2. **Identify** the current reporting periods for 2015 -2017.
3. **Identif**y the structural changes to the MU requirements.
4. **Identify** the MU Objectives and composite Measures.
5. **Outline** the alternate measures and exclusions for Stage 1 and Stage 2 requirements.
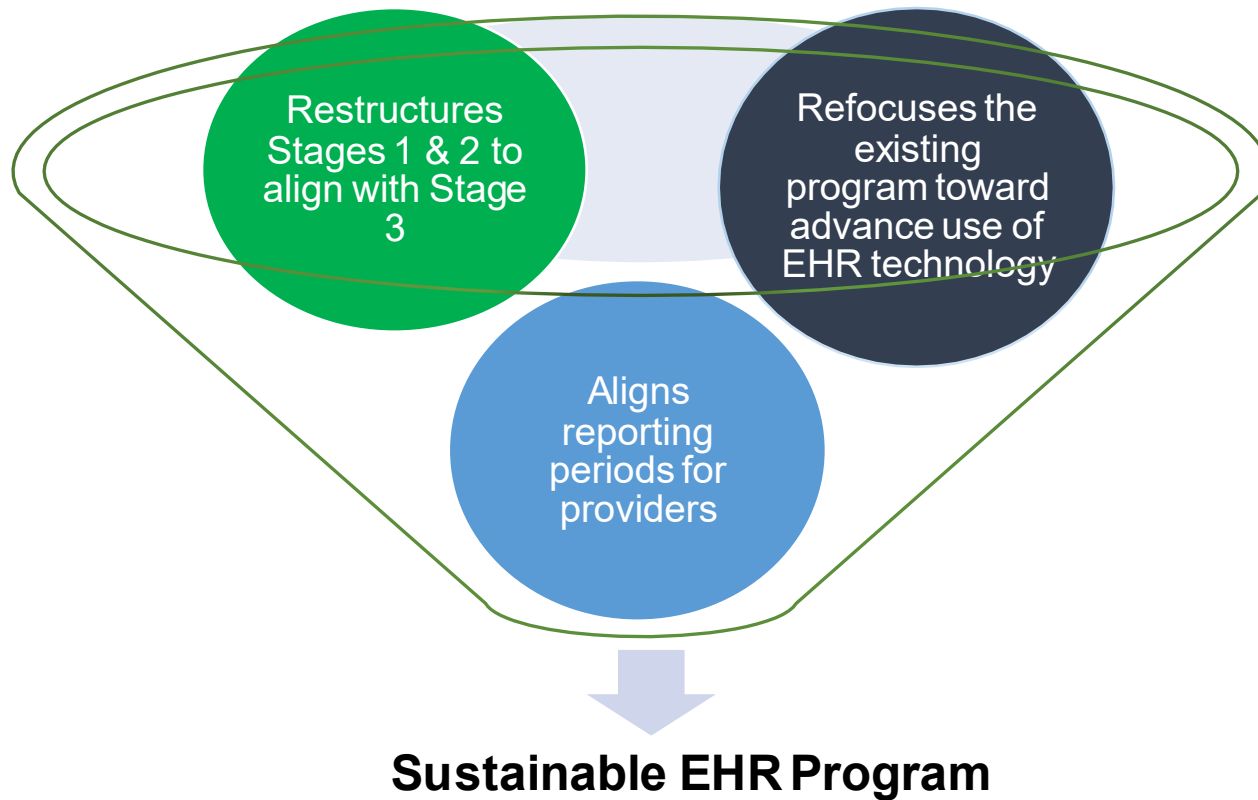6. **Describe** the Clinical Quality Measure (CQM) reporting requirements.

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Medicaid EHR Incentive Program: The Purpose of MU Provisions

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Purpose of MU Provisions

- **Stage 1 MU requirements** provide specific objectives and measures that provider EHR systems must meet, beginning with the "meaningful use" of Certified Electronic Health Record Technology (CEHRT).

- **Stage 2 MU requirements** expand upon the Stage 1 requirements by emphasizing patient engagement and care coordination.

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Purpose of MU Modification

Restructures Stages 1 & 2 to align with Stage 3

Refocuses the existing program toward advance use of EHR technology

Aligns reporting periods for providers

Sustainable EHR Program

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Goals of MU Modifications

- Change the Medicare and Medicaid EHR Incentive program reporting period to

  - a 90-day period to align with the calendar year (CY) in 2015, and

  - a full calendar-year reporting period, starting in 2016

- Streamline the program by condensing the core and menu objectives structure into a single set of objectives and composite measures.

- Modify the patient action measures in Stage 2 objectives related to patient engagement.

- Improve outcomes for patients through health information exchange enabled by advancements in Health Information Technology (HIT).

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Summary of MU Modifications: EHR Reporting period

2015	2016	2017

Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) will change their reporting period from the fiscal year (FY) to the calendar year (CY) in order to align with the provision in the Stage 3 proposed rule.

All EHs/CAHs* are to attest to an EHR reporting period of any continuous 90-day period within the period beginning October 1, 2014 to December 31, 2015.

*regardless of their prior participation in the program

Medicaid Providers attesting to MU for the 1st time in 2016 or 2017 can attest to an EHR reporting period of any continuous 90-day period within the calendar year.

All **returning MU providers** would use an EHR reporting period of a full calendar year from January 1, 2016 through December 31, 2016.

Providers opting to attest to Stage 3 in 2017 can use any 90-day period within the reporting year.

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Summary of MU Modifications: MU *Objectives* and *Measures*

- Stage 1 & 2 Core and menu objectives reduced and broken down into a **single set of mandatory objectives**.

- All Public Health reporting objectives consolidated into one objective with measure options:

  - 3 measures for Eligible Professionals (EPs) with an option to report a combination of 2 measures

  - 4 measures for Eligible Hospitals (EHs) with an option to report a combination of 3 measures.

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Summary of MU Modifications: *Certification Requirements*

- Providers are still allowed to use CEHRT certified to the 2014 Edition from 2015 to 2017, until there is a transition to the 2015 Edition in 2018.

- Providers also have the option to upgrade to the 2015 Edition CEHRT prior to the 2018 mandatory transition.

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Steps for MU Implementation for HIT

When providers use CEHRT in a meaningful way, it builds a broader HIT infrastructure to help reform and improve the healthcare system by ensuring quality, efficiency, and patient safety.

The MU criteria are being implemented in three Stages and will continue to evolve.

Stage 3
Improved Outcomes
2017+

Stage 2
Advanced Clinical Practices (Clinical Decision Support)
2014 - 2017

Stage 1
Data Capture and Information Sharing
2011 - 2013

The first Stage of MU sets the baseline for electronic data capture and information sharing. The second and third Stages of MU build on the data captured to improve health outcomes.

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Medicaid EHR Incentive Program: General Requirements for Meaningful Use

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General MU Requirements

There are two general MU requirements necessary for meeting MU:

- **At least 80% of unique patients** must have their data in a certified EHR during the EHR reporting period.

- **At least 50% of all encounters** for providers who work in multiple healthcare sites must take place at a location with a CEHRT system.

These MU requirements ensure that incentive payments are paid to providers who are willing to use CEHRT as their primary way of recording patient information.

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Medicaid MU Path

The **Medicaid MU path providers** must follow from Stage 1 through Stage 3, depending on the year they began participating.

Program Year	2011	2012	2013	2014	2015	2016	2017
2011	AIU	1	1	1 or 2*	2*	2* or 3	3
2012		AIU	1	1 or 2*	2*	2* or 3	3
2013			AIU	1*	2*	2* or 3	3
2014				AIU	2*	2* or 3	3
2015					AIU	2* or 3	3
2016						2* or 3	3

STAGE OF MEANINGFUL USE CRITERIA BY PROGRAM YEAR

* The Modifications to Stage 2 include alternate exclusions and specifications for certain Objectives and measures for providers that were scheduled to demonstrate Stage 1 of MU in 2015.

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Payment Adjustment

- **Medicaid EPs who do not meet the eligibility criteria to attest to the Medicaid EHR Incentive program** and want to avoid Medicare payment adjustment, have the option of attesting through the Medicare Registration and Attestation system.

- EPs choosing this option
  - Will not get an incentive payment for that year
  - Will retain eligibility for that payment year
  - Can either subsequently attest to Medicaid or skip a year

The Medicare Registration and Attestation system is the system by which providers either attest to the Medicare EHR program or begin their attestation to the Medicaid EHR program.

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Discontinued Objectives and Measures

Discontinued Objectives and Measures

Eligible Hospitals/CAH	Eligible Professionals
Record Demographics	Record Demographics
Record Vital Signs	Record Vital Signs
Record Smoking Status	Record Smoking Status
Structured Lab Results	Clinical Summaries
Patient List	Structured Lab Results
Summary of Care Measure 1 - Any Method Measure 3 - Test	Patient List
Electronic Medication Administration Record (eMAR)	Patient Reminders
Advanced Directives	Summary of Care Measure 1 - Any Method Measure 3 - Test
Electronic Notes	Electronic Notes
Imaging Results	Imaging Results
Family Health History	Family Health History
Structure Labs to Ambulatory Providers	

Why were some objectives discontinued?

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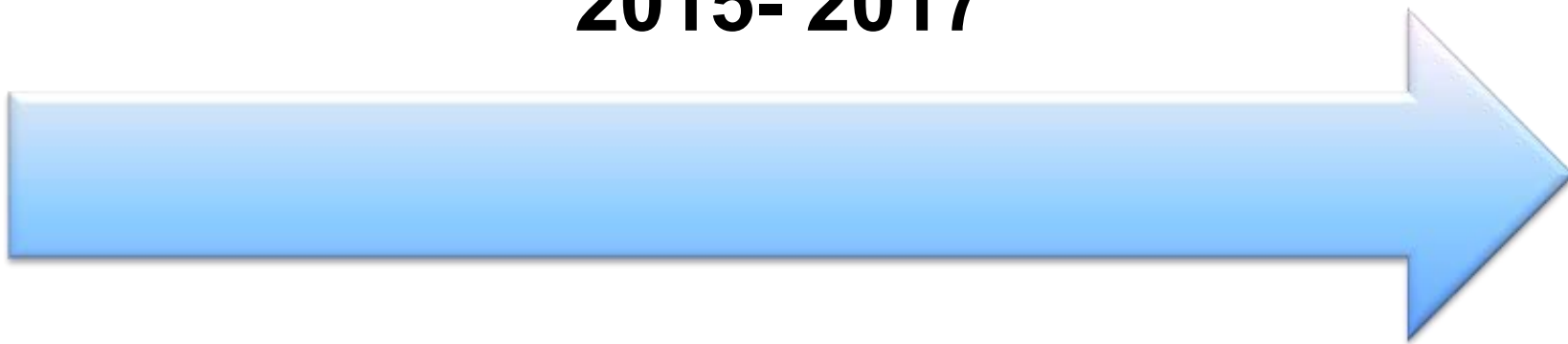
Why Were Some Objectives Discontinued?

The core and menu objectives in Stage 1 and 2 were evaluated to determine if they should be modified for the EHR Incentive program, beginning in 2015 and subsequent years. Objectives that met one or more of the following criteria were discontinued:

- *Redundant:* Objectives where a viable Health Information Technology (HIT)-based solution could replace paper actions (e.g. Clinical Summary).
- *Duplicative:* Objectives where some aspect is captured in the course of meeting another objective or measure (e.g. Recording Vital Signs).
- *Topped out:* Measures that have achieved widespread adoption at a high rate of performance and no longer represent a basis upon which provider performance may be differentiated (e.g. Smoking Status).

Although the individual reporting of these objectives were discontinued, many are still conducted through other retained objectives.
Providers are highly encouraged to continue to conduct these activities as best suits their practice and patient population preferences because of their value for quality care.

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Medicaid EHR Incentive Program: Reporting MU Objectives and Measures 2015- 2017

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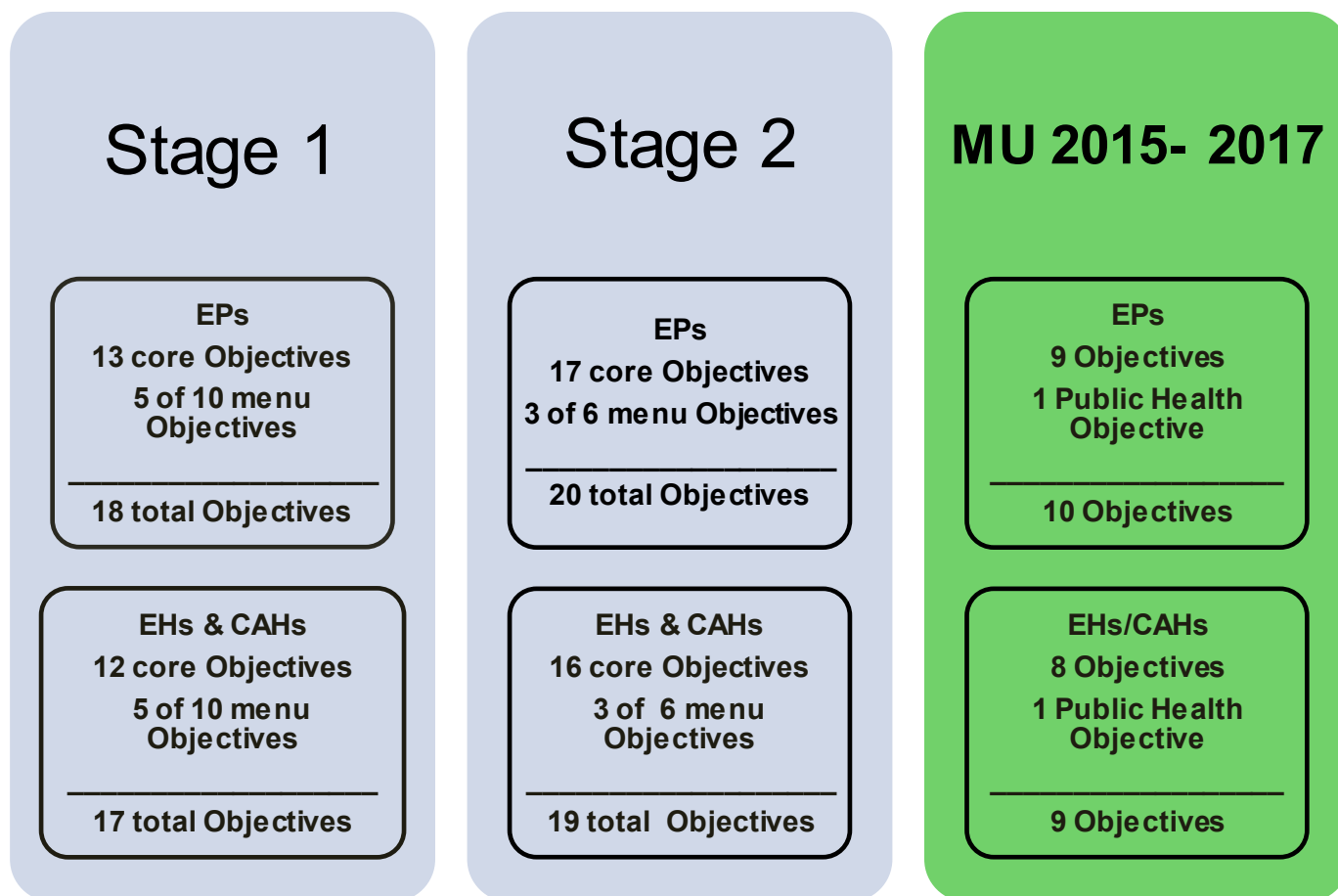ANALYSIS, TRAINING & TECHNICAL ASSISTANCE

Medicaid Stage 2 MU Requirements Changes

- **Pre-2015 Stage 1 and 2 Medicaid MU requirements** consist of the following:

  - **Core Objectives:** Eligible professionals must meet each of the 10 core objectives or meet an exclusion criteria.

  - **Menu Objectives:** Eligible providers must select and meet three menu objectives.

- **Meaningful Use Objectives and Measures for 2015 through 2017:**

  - **Objectives:** Eligible professionals must meet each of the 10 mandatory objectives or alternate exclusions and specifications.

  - **Single Public Health Objective with multiple Measures.**

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Changes to the Core and Menu Objectives

Stage 1

EPs
13 core Objectives
5 of 10 menu Objectives
_____
18 total Objectives

EHs & CAHs
12 core Objectives
5 of 10 menu Objectives
_____
17 total Objectives

Stage 2

EPs
17 core Objectives
3 of 6 menu Objectives
_____
20 total Objectives

EHs & CAHs
16 core Objectives
3 of 6 menu Objectives
_____
19 total Objectives

MU 2015- 2017

EPs
9 Objectives
1 Public Health Objective
_____
10 Objectives

EHs/CAHs
8 Objectives
1 Public Health Objective
_____
9 Objectives

Objectives & Measures, Alternate Measures/Exclusions for 2015 - 2017 MU

- All providers attesting to MU are **required to attest to a single set of objectives and measures** beginning in EHR reporting period in 2015, which would align with the Stage 3 objectives and measures.

- Adjustments have been made in the form of *Alternate Exclusions and Measures* to accommodate providers that have already begun work toward meeting MU in 2015. These adjustments include retaining the different specifications between Stage 1 and Stage 2.

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What have you learned up to this point?

The 2015-2017 modifications include **restructuring MU Stage 1 and Stage 2 goals to align with Stage 3 goals in 2017 or 2018.** This involves transforming the existing program toward advanced use of EHR technology, and aligning the reporting periods for providers to support a flexible clear framework. This also ensures future sustainability of the EHR Incentive program.

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Knowledge Check: Question 1

There have been several changes to the Core and Menu objectives.

In 2015-2017, there are _____ objectives compared to previous years.

    A.   Fewer

    B.   More

    C.   An equal amount of

*The answer is A. Because duplicate objectives, redundant objectives, and topped out objectives have been removed, there are **fewer** objectives.*

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Stage 2 Meaningful Use: Objectives for Eligible Professionals

Eligible Professionals must meet all objectives. Click on each objective to learn more.

Objective 1: Protect Patient Health Information

Objective 6: Patient Specific Education

Objective 2: Clinical Decision Support

Objective 7: Medication Reconciliation

Objective 3: Computerized Provider Order Entry (CPOE)

Objective 8: Patient Electronic Access (VDT)

Objective 4: Electronic Prescribing (eRx)

Objective 9: Secure Electronic Messaging

Objective 5: Health Information Exchange

Objective 10: Public Health Reporting

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Objective 1: Protect Patient Health Information

Protect electronic health information created or maintained by CEHRT through the implementation of appropriate technical capabilities

- *Conduct or review security analysis and incorporate in risk management process.*

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Objective 2: Clinical Decision Support

Use Clinical Decision Support to improve performance on high-priority health conditions

– Implement five clinical decision support interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire EHR reporting period.

– Enable and implement the functionality for drug-drug and drug allergy interaction checks.

View Alternate measures

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Objective 2: Alternate Measures

For a provider scheduled to demonstrate Stage 1 in 2015:

- **Alternate Measure 1:** Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with the rule.

- **Alternate Measure 2**: Implement one clinical decision support rule.

Objective 3: Computerized Provider Order Entry (CPOE)

Use a computerized physician order entry (CPOE) for more than 60% of medication, 30% of laboratory, and 30% of radiology orders

- **Measure 1:** More than 60% of medication orders created by the EP or by authorized providers of the EH's or CAH's inpatient or emergency department during the EHR reporting period are recorded using CPOE.

- **Measure 2**: More than 30% of laboratory orders created by the EP or by authorized providers of the EH's or CAH's inpatient or emergency department during the EHR reporting period are recorded using CPOE.

- **Measure 3**: More than 30% of radiology orders created by the EP or by authorized providers of the EH's or CAH's inpatient or emergency department during the EHR reporting period are recorded using CPOE.

View Alternate measures

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Objective 3: Alternate Measures

Alternate Exclusion & Measure: For a provider scheduled to demonstrate Stage 1 in 2015 *only*.

- **Alternate Measure 1**: More than 30% of all unique patients with at least one medication in their medication list during the EHR reporting period have at least one medication order entered using CPOE, or more than 30% of medication order created are recorded using CPOE.

- **Alternate Exclusion for Measure 2**: Provider scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 of the Stage 2 CPOE objective for an EHR reporting period in 2015 and 2016.

- **Alternate Exclusion for Measure 3**: Provider scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 of the Stage 2 CPOE objective for an EHR reporting period in 2015 and 2016.

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Objective 4: Electronic Prescribing (eRx)

Generate and transmit permissible prescriptions electronically

- More than 50% of all permissible prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

View Alternate measures

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Objective 4: Alternate Measures

If the provider is scheduled to demonstrate Stage 1 in 2015 *only*:

Alternate Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using Certified EHR Technology.

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Objective 5: Health Information Exchange (HIE)

The EP provides a summary of care record for each transition of care or referral

EPs that transition or refer their patients 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.

View Alternate Exclusion

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Objective 5: Measure Exclusion

Measure Exclusion:

For 2015, providers may claim exclusion for measure 2 of Stage 2 if they were scheduled to demonstrate Stage 1 because it does not have an equivalent measure.

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Objective 6: Patient Specific Education

Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient

- *Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.*

View Alternate measures

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Objective 6: Alternate Measures

Alternate Exclusion & Measure:

*For 2015**,** providers may claim exclusion for Stage 2 measure if they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective.*

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Objective 7: Medication Reconciliation

EP who receives a patient from another setting of care or provider of care, or believes an encounter is relevant, should perform medication reconciliation

- The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

View Alternate Exclusion

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Objective 7: Alternate Exclusion

Alternate Exclusion:
For 2015, Providers may claim exclusion for Stage 2 objective if they were scheduled to demonstrate Stage 1 but did not intend to select Stage 1 Medication Reconciliation menu objective.

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Objective 8: Patient Electronic Access (View, Download, or Transmit [VDT])

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.

- **Measure 1**: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.

- **Measure 2** - For 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or their authorized representatives) views, downloads, or transmits his or her health information to a third party.

- **Measure 2** - For 2017, more than 5% of unique patients seen by the EP during the EHR reporting (or their authorized representatives) views, downloads, or transmits his or her health information to a third party.

View Alternate measures

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Objective 8: Alternate Measures

Alternate Exclusion & Measure: Any EP who -

(a) Neither orders nor creates any of the information listed for inclusion as part of the measures; or

(b) Conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability, according to the latest information available from the Federal Communications Commission (FCC) on the first day of the EHR reporting period.

   – Provider may also claim exclusion if he or she was scheduled to demonstrate Stage 1 in 2015 because it does not have an equivalent measure.

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Objective 9: Secure Electronic Messaging

Use secure electronic messaging to communicate with patients on relevant health information

- For **2015** - The capability for patients to send and receive a secure electronic message with the provider was fully enabled.

- For **2016** - 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% 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.

View Alternate Exclusion

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Objective 9: Measure Exclusion

Measure Exclusion:
Providers can claim an exclusion if they were scheduled in 2015 to demonstrate Stage 1, which does not have an equivalent measure.

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Objective 10: Public Health Reporting

The EP is in *active engagement* with a Public Health Agency (PHA) or Clinical Data Registry (CDR) to submit electronic public health data in a meaningful way using CEHRT, except where prohibited and in accordance with applicable law and practice

- **Measure 1** —Immunization Registry (IR) Reporting: The EP is in active engagement with a PHA to submit immunization data.

- **Measure 2** —Syndromic Surveillance Reporting: The EP is in active engagement with a PHA to submit syndromic surveillance data.

- **Measure 3** - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

> - *Stage 1 EPs 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*

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Stage 2 Meaningful Use: Objectives for EHs

EHs/CAHs must meet *all* Objectives. Click on each objective to learn more.

Objective 1: Protect Patient Health Information

Objective 2: Clinical Decision Support

Objective 3: Computerized Provider Order Entry (CPOE)

Objective 4: Electronic Prescribing

Objective 5: Health Information Exchange

Objective 6: Patient Specific Education

Objective 7: Medication Reconciliation

Objective 8: Patient Electronic Access (VDT)

Objective 9: Public Health Reporting

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Objective 1: Protect Patient Health Information

Protect electronic health information created or maintained by CEHRT through the implementation of appropriate technical capabilities.

- Conduct or review security risk analysis and incorporate in risk management process.

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Objective 2: Clinical Decision Support

Use Clinical Decision Support to improve performance on high-priority health conditions

- 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.

- Enabled and implemented the functionality for drug-drug and drug allergy interaction checks.

View Alternate Measures

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Objective 2: Alternate Exclusions & Measures

Alternate Exclusions and Measures:

For a provider scheduled to demonstrate Stage 1 in 2015.

– **Alternate Measure 1:** Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with the rule.

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Objective 3: Computerized Provider Order Entry (CPOE)

Use CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology orders

- **Measure 1:** More than 60% of medication orders created by authorized providers of the EH's or CAH's inpatient or emergency department during the EHR reporting period are recorded using CPOE.

- **Measure 2**: More than 30% of laboratory orders created by authorized providers of the EH's or CAH's inpatient or emergency department during the EHR reporting period are recorded using CPOE.

- **Measure 3:** More than 30% of radiology orders created by authorized providers of the EH's or CAH's inpatient or emergency department during the EHR reporting period are recorded using CPOE.

View Alternate Measures

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Objective 3: Alternate Exclusions & Measures

Alternate Exclusions & Measures:

For a provider scheduled to demonstrate Stage 1 in 2015 *only*:

- **Alternate Measure 1**: More than 30% of all unique patients with at least one medication in their medication list during the EHR reporting period have at least one medication order entered using CPOE; or more than 30% of medication orders created are recorded using CPOE.

- **Alternate Exclusion for Measure 2:** Provider may claim an exclusion for measure 2 of the Stage 2 CPOE objective for an EHR reporting period in 2015 and 2016.

- **Alternate Exclusion for Measure 3:** Provider may claim an exclusion for measure 3 of the Stage 2 CPOE objective for an EHR reporting period in 2015 and 2016.

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Objective 4: Electronic Prescribing (eRx)

Generate and transmit permissible discharge prescriptions electronically

More than 10% of hospital discharge medication orders for permissible prescriptions (for new or changed prescriptions) are compared to at least one drug formulary and transmitted electronically using CEHRT.

View Exclusion

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Objective 4: Alternate Exclusion

Alternate Exclusions:

– Provider will be excluded for the eRx objective and measure, if for an EHR reporting period in 2015, they were either scheduled to demonstrate Stage 1 which does not have an equivalent measure, or if they are scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx menu objective for an EHR reporting period in 2015.

– The EH or CAH may claim an exclusion for the eRx objective and measure, if for an EHR reporting period in 2016 they were either scheduled to demonstrate Stage 1 in 2015 or 2016, or if they are scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx objective for an EHR reporting period in 2015.

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Objective 5: Health Information Exchange

The EH 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 of care record for each transition of care or referral

– The EH 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% of transitions of care and referrals.

View Alternate Exclusion

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Objective 5: Alternate Exclusion

Alternate Exclusion:
Provider may claim exclusion for measure 2 of the Stage 2 in 2015, if they were scheduled to demonstrate Stage 1 because it does not have an equivalent measure.

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Objective 6: Patient Specific Education

Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient

- More than 10% of all unique patients admitted to the EH's or CAH's inpatient or emergency department are provided patient specific education resources identified by CEHRT.

View Alternate Exclusion

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Objective 6: Alternate Exclusion

Alternate Exclusions & Measures:

Provider may claim exclusion for the Stage 2 measure if they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective in 2015.

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Objective 7: Medication Reconciliation

EH or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation

- The EH or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned or admitted to the EH's or CAH's inpatient or emergency department.

View Alternate Exclusion

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Objective 7: Alternate Exclusion

Alternate Exclusion:
Provider may claim exclusion for Stage 2 objective if they were scheduled to demonstrate Stage 1 but did not intend to select Stage 1 Medication Reconciliation menu objective in 2015.

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Objective 8: Patient Electronic Access (VDT)

Provide patients the ability to view online, download, and transmit information about a hospital admission

- **Measure 1:** More than 50% of all patients who are discharged from the inpatient or emergency department of an EH or CAH have their information available online within 36 hours of discharge.

- **Measure 2:** For 2015 & 2016, at least 1 patient who is discharged from the inpatient or emergency department of an EH or CAH (or his or her authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.

- **Measure 2:** For 2017, more than 5% of unique patients discharged from the inpatient or emergency department of an EH or CAH (or patient authorized representative) view, download, or transmit to a third party their health information during the EHR reporting period.

View Alternate Measure

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Objective 8: Alternate Exclusion

Alternate Exclusion for Measure 2: Provider may claim 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.

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Objective 9: Public Health Reporting

Public Health Reporting: The EP is in active engagement with a Public Health Agency (PHA) or Clinical Data Registry (CDR) to submit electronic public health data in a meaningful way using CEHRT, except where prohibited and in accordance with applicable law and practice

- **Measure 1** - *Immunization Registry Reporting*: The EH or CAH is in active engagement with a PHA to submit immunization data.

- **Measure 2** - *Syndromic Surveillance Reporting*: The EH or CAH is in active engagement with a PHA to submit syndromic surveillance data.

- **Measure 3** - *Specialized Registry Reporting*: The EH or CAH is in active engagement to submit data to a specialized registry.

- **Measure 4** - *Electronic Reportable Laboratory Result Reporting*: The EH or CAH is in active engagement with a PHA to submit electronic reportable laboratory results.

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What Have You Learned Up to This Point?

Objectives for EPs and EHs include:

- Increasing the number of physician orders by CPOE
- Increasing the number of eRx
- Increasing the number of electronic Clinical Support Decisions
- Providing better patient access
- Providing better transitional care
- Secure electronic messaging
- Improved data collection on public health issues

Alternative objectives are available for EPs in Stage 1 and health care providers in areas where internet infrastructure would not support the objectives.

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Knowledge Check: Question 2

An eligible hospital (EH) *must* submit immunization data. True or false?

    A. True
    B. False

*The answer is **false**. An EH or CAH would need to meet a combination of any three out of the four measures available to them.*

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Medicaid EHR Incentive Program: CQM Reporting Requirements

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CQM Reporting

Reporting Obligations:

In order to meet the MU requirements 2015 through 2017, **providers must report on:**

- MU Objectives and measures; and
- Clinical quality measures (CQMs) in order to meet the MU requirements 2015 through 2017.

CMS selected all CQMs to align with the Department of Health and Human Services (HHS), National Quality Strategy (NQS) priorities for healthcare quality improvement, and the following six measure domains:

More on CQMs

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

Button opens popup with this info

When selecting CQMs to report, providers must select CQMs that cover at least three out of the six domains.

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CQM Reporting Periods

Reporting Periods:

- **Providers demonstrating MU for the 1ˢᵗ time** may attest to any continuous 90-day period of CQM data during the calendar year for 2015 - 2017.

- **Providers reporting 90 days of CQMs via attestation in 2015**, will be allowed to use a continuous 90-day reporting period, which can be different from their 90-day EHR reporting period for MU.

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Electronic Submission of CQMs

State responsibility:

- States still have the responsibility to determine how the submission of CQMs would occur.

- Changes made by states to their CQMs reporting methods must be submitted through the State Medicaid HIT Plan (SMHP) for CMS review.

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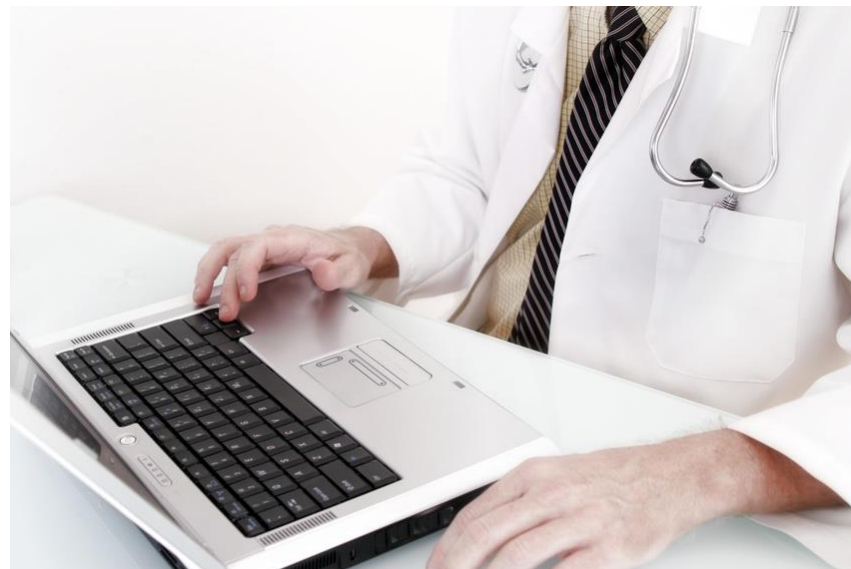
Medicaid EHR Incentive Program: Public Health Reporting

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Public Health Reporting Flexibility

States have the flexibility to **specify the transmission methodology for public health reporting** as long as it does not require EHR functionality beyond what was specified in the 2014 Edition CEHRT.

Public Health Reporting

Public Health core and menu objectives were consolidated into a single objective with multiple measure options for 2015 – 2017 MU.

Providers must be in **"active engagement"** with a Public Health Agency (PHA) or Clinical Data Registry (CDR).

Active engagement means that a provider is in the process of moving towards sending "production data" (data generated through actual clinical process involving patient care) to a PHA or CDR.

What does this change mean?

Active engagement requirements are similar with Stage 1 and 2 requirements. The change in definition is intended to better capture the activities a provider conducts in order to engage with a PHA or CDR.

Any prior action taken to meet the non-consolidated public health reporting objectives of MU Stages 1 and 2 would count toward meeting the active engagement requirement of this objective.

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Public Health Reporting – *Active* Engagement Options

Active Engagement may be demonstrated by any of the following:

- **Active Engagement Option 1 – Completed Registration to Submit Data**:
  - The EP, EH or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted;
  - Registration was completed within 60 days after the start of the EHR reporting period; and
  - The EP, EH, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

- **Active Engagement Option 2 – Testing and Validation:**
  - The EP, EH, or CAH is in the process of testing and validation of the electronic submission of data.
  - Providers must respond to requests from the PHA or, where applicable, the CDR, within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

- **Active Engagement Option 3 – Production**
  - The EP, EH, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

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Public Health Reporting - Measures

- **Measure 1 – Immunization Registry Reporting**: The EP, EH, or CAH is in active engagement with a public health agency (PHA) 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, EH or CAH is in active engagement with a PHA to submit syndromic surveillance data from a non-urgent care ambulatory setting where the jurisdiction accepts syndromic data from such settings, and the standards are clearly defined for EPs, or an emergency or urgent care department for EH and CAHs.

- **Measure 3- Specialized Registry Reporting**: The EP, EH, or CAH is in active engagement with a PHA to submit data to a specialized registry.

- **Measure 4 - Electronic Reportable Laboratory Result Reporting**: The EH or CAH is in active engagement with a PHA to submit electronic reportable laboratory (ELR) results. *This measure is for EHs and CAHs only*.

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Summary

- In this training, you learned about:
    - Reasons for the modifications.
    - The current reporting periods for 2015 -2017.
    - The structural changes to the MU requirements.
    - The current structure of the MU objectives and composite measures.
    - The alternate measures and exclusions for Stage1 and 2 requirements.
    - The CQM reporting requirements.

Learn more about the CMS Stage 1 and 2 MU modifications, published October 2015, by visiting: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3_EP.pdf

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Knowledge Check: Question 3

Each of the following are goals of the MU Objectives and Measures for 2015 through 2017, except for which one?

A. Aligning the reporting period in 2015 – 2017 with the reporting period in Stage 3 MU.

B. Streamlining the structure of the objectives and measures with the Stage 3 structure to provide a flexible, clear framework and sustainable EHR Incentive program.

C. Improve outcomes for patients through health information exchange (HIE) enabled by advancements in HIT.

D. **Define certification requirements for 2015 CEHRTs.**

*The answer is **D**. Defining certification requirements for 2015 CEHRTs is the main purpose of ONC 2015 certification rule*

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Knowledge Check: Question 4

The current structure for the MU Objectives and Measure requirements for 2015 through 2017 is:

A. EPs must meet 20 out of 25 Objectives to qualify for MU (15 core + 5 menu Objectives).

B. EPs must meet 10 mandatory Objectives and Measures, EHs/CAHs must meet 9 mandatory Objectives and Measures to qualify for MU.

C. EPs must meet 20 out of 23 Objectives to qualify for MU (17 core + 3 menu objectives).

D. EPs must meet 25 out of 25 Objectives to qualify for MU (15 core + 10 menu objectives).

*The answer is **B**. The core and menu Objectives structure has been broken down into a single set of mandatory Objectives and Measures.*

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Knowledge Check: Question 5

Which of the following is a **mandatory** objective for EPs and EHs in the 2015- 2017 MU Objectives and Measures?

A. **Electronic Prescribing**
B. Record demographics
C. Record smoking status Improving care coordination
D. Record vital signs

*The answer is **A**. All the other options are redundant, topped out or duplicative, and therefore discontinued.*

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Knowledge Check: Question 6

A provider cannot use a 2014 edition of the CEHRT in 2015 through 2017. True or false?

A. True
B. False

*The answer is **False**. A provider can continue use of the 2104 edition of CEHRT until the transition to the 2015 edition, in 2018. However, he or she may decide to upgrade prior to 2018.*

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Resources

Name and Hyperlink	Description
CMS EHR Incentive Program Web site	This page provides information about the CMS Medicare and Medicaid EHR Incentive Programs.
EHR Incentive Program Electronic Specifications	This page provides information about quality measures and measure specifications.
Meaningful Use	This page provides information about the core and menu MU objectives that are specific to EPs, or EHs and CAHs.
ONC Overview: Federal Health IT Strategic Plan 2011-2015	This page provides information about the Federal Government's vision and mission to help eligible providers become meaningful users of HIT.
Report to Congress: National Strategy for Quality in Health Care	This page provides information about the NQS, which sets the priorities to guide the effort of increasing access to high-quality, affordable health care.

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Resources *(continued)*

Name and Hyperlink	Description
ONC Final Rule 2014 Edition Standards & Certification Criteria	This document provides information about the 2014 Edition S&CC.
Reporting Clinical Quality Measures Will Change for All Providers in 2014	This document provides information about the changes that impact how CQMs are reported beginning in 2014.
EP 2015 Tipsheet	This document provides information about meeting EHR Incentive Program requirements in 2015.
EH 2015 Tipsheet	This document provides an overview of Stage 1 and Stage 2 MU.
Module 4: Stage 1 Meaningful	This training provides an overview of the Stage 1 MU requirements of the HITECH Act.

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Resources *(continued)*

Name and Hyperlink	Description
CMS Stage 2 Meaningful Use Final Rule	This page provides information about the Stage 2 MU Final Rule, which was published in September 2012.
Clinical Quality Measures	This page provides information about CQMs, which are tools to help measure and track the quality of healthcare services provided by EPs, EHs, and CAHs.
Stage 2 Meaningful Use Exclusions Regarding Broadband	This document provides information to providers who are located in counties with limited broadband availability.
What's Changed for 2015-2017	This document provides information on what has changed for EHR incentive Programs in 2015 through 2017.

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Medicaid Electronic Health Record (EHR) Incentive Program Meaningful Use 2015-2017

Module 13