



EHR Incentive Programs for Eligible Professionals: What You Need to Know for 2015 Tipsheet



CMS recently published a final rule that specifies criteria that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet in order to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The final rule's provisions encompass 2015 through 2017 as well as Stage 3 in 2018 and beyond.

Here's what you need to know about meeting EHR Incentive Programs requirements in 2015.

Objectives and Measures

- All providers are required to attest to a single set of objectives and measures (Modified Stage 2). This replaces the core and menu objectives structure of previous stages.
- For EPs, there are **10** objectives, including one consolidated public health reporting objective.
- In 2015, all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition.
- To assist providers who may have already started working on meaningful use in 2015, there are alternate exclusions and specifications within individual objectives for providers. These include:
 - Allowing providers who were previously scheduled to be in a Stage 1 EHR reporting period for 2015 to use a lower threshold for certain measures.
 - Allowing providers to exclude for Stage 2 measures in 2015 for which there is no Stage 1 equivalent.
 - Allowing providers to exclude Modified Stage 2 measures in 2015 where a previous menu measure is now a requirement.

Changes to Specific Objectives/Measures

- Stage 2 Patient Electronic Access, Measure 2: For 2015, instead of the 5 percent threshold, this measure requires that at least 1 patient seen by the EP during the EHR reporting period (or patient authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.

- Stage 2 Secure Electronic Messaging: The 5 percent threshold has been changed to the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period (yes/no).
- Public Health Reporting: The public health reporting objectives have been consolidated into one objective with three measure options for EPs.

See **Appendix A** for a complete list of objectives, measures, and alternate exclusions and specifications.

EHR Reporting Period

- Starting in 2015, the EHR reporting period for all providers will be based on the **calendar year**.
- In 2015 only, the EHR reporting period for all providers will be **any continuous 90-day period**.
- EPs may select an EHR reporting period of any continuous 90 day period from January 1, 2015 through December 31, 2015.

Payment Adjustments & Attestation Deadlines

- For an EHR reporting period in 2015, all Medicare providers must attest by February 29, 2016.
- Despite the change to a 90-day EHR reporting period in 2015, providers will not be able to attest to meaningful use for an EHR reporting period in 2015 prior to January 4, 2016.
- In CY 2015, the EHR reporting period for a payment adjustment year for EPs who have not successfully demonstrated meaningful use in a prior year (new participants) is any continuous 90-day period in calendar year (CY) 2015. New participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustments in CYs 2016 and 2017 if the EP successfully attests by February 29, 2016.
- In CY 2015, the EHR reporting period for a payment adjustment year for EPs who have successfully demonstrated meaningful use in a prior year (returning participants) is any continuous 90-day period in CY 2015. Returning participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in CY 2017 if the EP successfully attests by February 29, 2016.

APPENDIX A: OBJECTIVES AND MEASURES FOR 2015 THROUGH 2017 (MODIFIED STAGE 2)

| Objectives for 2015 through 2017 | Measures for Providers in 2015 through 2017 | Alternate Exclusions and/or Specifications |
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| EP Objectives and Measures | | |
| Objective 1: Protect Patient Health Information | <p>Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP’s risk management process.</p> | <p>NONE</p> |
| Objective 2: Clinical Decision Support | <p><i>In order for EPs to meet the objective they must satisfy both of the following measures:</i></p> <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 EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.</p> <p>Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.</p> | <p><i>For an EHR reporting period in 2015 only, an EP who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of measure 1:</i></p> <p>Alternate Objective and Measure:</p> <p>Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.</p> <p>Measure: Implement one clinical decision support rule.</p> |

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| <p>Objective 3: Computerized Provider Order Entry</p> | <p><i>An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.</i></p> <p>Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period.</p> <p>Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Exclusion: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.</p> <p>Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Exclusion: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.</p> | <p>Alternate Measure 1: For Stage 1 providers in 2015, 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 computerized provider order entry.</p> <p>Alternate Exclusion for Measure 2: 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.</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.</p> |
| <p>Objective 4: Electronic Prescribing</p> | <p>EP Measure: More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.</p> <p>Exclusions: Any EP who -</p> <ul style="list-style-type: none"> • 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 | <p>Alternate EP Measure: For Stage 1 providers in 2015, more than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.</p> |

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| | of the EP's practice location at the start of his or her EHR reporting period. | |
| Objective 5: Health Information Exchange | <p>Measure: The EP 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 percent of transitions of care and referrals.</p> <p>Exclusion: Any EP 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>Alternate Exclusion: Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.</p> |
| Objective 6: Patient Specific Education | <p>EP 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>Exclusion: Any EP who has no office visits 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> |
| Objective 7: Medication Reconciliation | <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>Exclusion: Any EP who was not the recipient of any transitions of care during the EHR reporting period.</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> |
| Objective 8: Patient Electronic Access (VDT) | <p>EP 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: 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> |

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| | <p>EP Measure 2: For an EHR reporting period in 2015, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.</p> <p>Exclusions: Any EP who:</p> <ol style="list-style-type: none"> Neither orders nor creates any of the information listed for inclusion as part of the measures; 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>Objective 9: Secure Messaging</p> | <p>Measure: 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 during the EHR reporting period.</p> <p>Exclusion: Any EP 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>Alternate Exclusion: An EP 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>Objective 10: Public Health Reporting</p> | <p>An EP scheduled to be in Stage 2 in 2015 must meet 2 measures.</p> <p>Measure Option 1 – Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.</p> | <p>Alternate Exclusions: <i>EPs scheduled to be in Stage 1:</i> Must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3.</p> <ul style="list-style-type: none"> May claim an Alternate Exclusion for Measure 1, Measure 2, or Measure 3. |

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| | <p>Exclusions: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP--</p> <ul style="list-style-type: none"> • 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 at the start of the EHR reporting period <p>Measure Option 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.</p> <p>Exclusion for EPs: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP:</p> <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C). <p><i>EPs scheduled to be in Stage 2:</i> Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.</p> <ul style="list-style-type: none"> • May claim an alternate exclusion for Measure 2 or Measure 3 (Syndromic Surveillance Measure or Specialized Registry Reporting Measure). |

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| | <p>receive syndromic surveillance data from EPs at the start of the EHR reporting period.</p> <p>Measure Option 3 – Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.</p> <p>Exclusions: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP--</p> <ul style="list-style-type: none"> • 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. | |