



EHR Incentive Programs for Eligible Hospitals and Critical Access Hospitals What You Need to Know for 2016 Tipsheet



CMS published a final rule on October 16, 2015 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 the definition of meaningful use for 2015 through 2017.

Here's what you need to know about meeting the requirements of the EHR Incentive Programs in 2016.

Objectives and Measures

- All providers are required to attest to a single set of objectives and measures. This replaces the core and menu objectives structure of previous stages.
- There are **9 objectives** for eligible hospitals and CAHs.
- In 2016, all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition or the 2015 Edition, or a combination of the two.

Alternate Exclusions and Specifications

- Many of the alternate exclusions that were available in 2015 are not available in 2016.
- **Objective 3, Computerized Provider Order Entry (CPOE):** There are alternate exclusions for measure 2 and measure 3. Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) and/or measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.
- **Objective 4, Electronic Prescribing (eRx):** An eligible hospital or CAH may claim an exclusion for the eRx objective and measure for an EHR reporting period in 2016 if they were either scheduled to demonstrate Stage 1 in 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 2016.
- **Objective 10, Public Health Reporting:** Eligible hospitals/CAHs scheduled to be in Stage 1 and Stage 2 in 2016 must attest to **at least three measures** from the Public Health Reporting objective measures 1-4. However, eligible hospitals/CAHs may claim an alternate exclusion for for measure 3 (specialized registry reporting) as this measure might require the acquisition of

additional technologies eligible hospitals/CAHs did not previously have or did not previously intend to include in their activities of meaningful use. An alternate exclusion may only be claimed for one measure, then the provider must either attest to or meet the exclusion requirements for the remaining measures.

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

EHR Reporting Period

- For all returning participants, the EHR reporting period will be a minimum of any continuous 90-day period between January 1, 2016 and December 31, 2016.
- For returning participants that have not successfully demonstrated meaningful use in a prior year, the EHR reporting period is any continuous 90-day period between January 1 and December 31, 2016.
 - For all returning participants that choose to report CQMs by attestation in 2016, the reporting period will be 90 days.

Payment Adjustments & Attestation Deadlines

- For the 2016 EHR reporting period, all returning participants must attest by **March 13, 2017, at 11:59 PM ET.**
- New participants who successfully demonstrate meaningful use for 2016 and satisfy all other program requirements will avoid the payment adjustment in FY 2017 if the eligible hospital or CAH successfully attests by October 1, 2016, and will avoid the payment adjustment in FY 2018 if the eligible hospital successfully attests by March 13, 2017.
- Returning participants who successfully demonstrate meaningful use for 2016 and satisfy all other program requirements will avoid the payment adjustment in FY 2018 if the eligible hospital or CAH successfully attests by March 13, 2017.

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

| Objectives for 2015 through 2017 | Measures for Providers in 2016 |
|--|---|
| Objective 1: Protect Patient Health Information | 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 eligible hospital or CAH's risk management process. |
| Objective 2: 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 eligible hospital or CAH'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 hospital or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.</p> |
| Objective 3: Computerized Provider Order Entry | <p><i>Eligible hospitals and CAHs must meet the thresholds of all three measures.</i></p> <p>Measure 1: More than 60 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Measure 2: More than 30 percent of laboratory orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) 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 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>Measure 3: More than 30 percent of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Alternative Exclusion for Measure 3: 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> |
| Objective 4: Electronic Prescribing | Eligible Hospital/CAH Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT. |

| Objectives for 2015 through 2017 | Measures for Providers in 2016 |
|---|---|
| | <p>Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.</p> <p>Alternate Exclusion: An eligible hospital or CAH may claim an exclusion for the eRx objective and measure for an EHR reporting period in 2016 if they were either scheduled to demonstrate Stage 1 in 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 2016.</p> |
| Objective 5: Health Information Exchange | <p>Measure: The eligible hospital 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 percent of transitions of care and referrals.</p> |
| Objective 6: Patient Specific Education | <p>Eligible Hospital/CAH Measure: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient specific education resources identified by CEHRT.</p> |
| Objective 7: Medication Reconciliation | <p>Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).</p> |
| Objective 8: Patient Electronic Access (VDT) | <p>Measure 1: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.</p> <p>Measure 2: For an EHR reporting period in 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits his or her health information to a third party during the EHR reporting period.</p> <p>Exclusion for Measure 2: Any eligible hospital or CAH that is located 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> |

| Objectives for 2015 through 2017 | Measures for Providers in 2016 |
|--|---|
| <p>Objective 9: Public Health Reporting</p> | <p><i>In 2016, all eligible hospitals and CAHs must meet three measures.</i></p> <p>Measure Option 1 – Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.</p> <p>Exclusions for Measure 1: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital or CAH:</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 eligible hospital or CAHs at the start of the EHR reporting period. <p>Measure Option 2 – Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.</p> <p>Exclusions for Measure 2: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH:</p> <ul style="list-style-type: none"> • Does not have an emergency or urgent care department; • Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs 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 eligible hospitals or CAHs at the start of the EHR reporting period. <p>Measure Option 3 – Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</p> <p>Exclusions for Measure 3: Any 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:</p> |

| Objectives for 2015 through 2017 | Measures for Providers in 2016 |
|----------------------------------|--|
| | <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 eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. <p>Measure Option 4– Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.</p> <p>Exclusions for Measure 4: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH:</p> <ul style="list-style-type: none"> • Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period; • Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR 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 electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period. <p>Alternate Exclusion for 2016 <i>Eligible hospitals/CAHs scheduled to be in Stage 1 and Stage 2 in 2016:</i> Must attest to at least 3 measures from the Public Health Reporting Objective Measures 1-4.</p> <ul style="list-style-type: none"> • May claim an Alternate Exclusion for Measure 3 (Specialized Registry Reporting). • If an Alternate Exclusion is claimed, then the provider must either attest to or meet the exclusion requirements for the remaining measures described in 495.22 (e)(10)(ii)(C). |