



EHR Incentive Programs for Eligible Hospitals & CAHs: 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 eligible hospitals and CAHs, there are **9** 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 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 to a third party his or her health information during the EHR reporting period.

- Public Health Reporting: The public health reporting objectives have been consolidated into one objective with four measure options for eligible hospitals and CAHs.

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**.
- Eligible hospitals and CAHs may select an EHR reporting period of any continuous 90 day period from the beginning of the fiscal year to the end of the calendar year (October 1, 2014 through December 31, 2015). For eligible hospitals and CAHs, the action may occur at any point during that time as long as it is no earlier than October 1, 2014 and no later than the date of attestation for their 2015 EHR reporting period.

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 eligible hospitals that have not successfully demonstrated meaningful use in a prior year (new participants) is any continuous 90-day period beginning on October 1, 2014 and ending on December 31, 2015. New participants that successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FYs 2016 and 2017 if the eligible hospital successfully attests by February 29, 2016.
- In CY 2015, the EHR reporting period for a payment adjustment year for eligible hospitals that have successfully demonstrated meaningful use in a prior year (returning participants) is any continuous 90-day period beginning on October 1, 2014 and ending on December 31, 2015. Returning participants that successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2017 if the eligible hospital successfully attests by February 29, 2016.

- In CY 2015, the EHR reporting period for a payment adjustment year for CAHs that have not successfully demonstrated meaningful use in a prior year (new participants) is any continuous 90-day period beginning on October 1, 2014 and ending on December 31, 2015. A CAH that successfully demonstrates meaningful use for this period and satisfies all other program requirements will avoid the payment adjustment in FY 2015 if the CAH successfully attests by February 29, 2016.
- In CY 2015, the EHR reporting period for a payment adjustment year for CAHs that have successfully demonstrated meaningful use in a prior year (returning participants) is any continuous 90-day period beginning on October 1, 2014 and ending on December 31, 2015. A CAH that successfully demonstrates meaningful use for this period and satisfies all other program requirements will avoid the payment adjustment in FY 2015 if the CAH successfully attests by February 29, 2016.

APPENDIX A: OBJECTIVES AND MEASURES FOR 2015

Objectives for 2015	Measures for Providers in 2015	Alternate Exclusions and/or Specifications
Eligible Hospital and CAH Objectives and Measures		
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.	NONE
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>	<p><i>For an EHR reporting period in 2015 only, an eligible hospital or CAH 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: Objective: Implement one clinical decision support rule relevant to specialty or high priority hospital condition, along with the ability to track compliance with that rule.</p> <p>Measure: Implement one clinical decision support rule.</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</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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) 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 authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the</p>

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	<p>department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</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>EHR reporting period, are recorded using computerized provider order entry.</p> <p>Alternate Exclusion 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 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>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.</p> <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 EH/CAH Exclusion: The eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2015 if 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 do not select the Stage 2 eRx objective for an EHR reporting period in 2015.</p>
<p>Objective 5: Health Information Exchange</p>	<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>	<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>
<p>Objective 6: Patient Specific Education</p>	<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>	<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</p>

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		the Stage 1 Patient Specific Education menu objective.
Objective 7: Medication Reconciliation	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).	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.
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 2015, 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 to a third party his or her health information during the EHR reporting period.</p> <p>Measure 2 Exclusion: 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>	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.
Objective 9: Public Health Reporting (Objective 10 in the final rule;	<p>Eligible Hospitals and CAHs scheduled to be in Stage 2 in 2015 must meet three measures.</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>Alternate Exclusions:</p> <p><i>Eligible hospitals/CAHs scheduled to be in Stage 1:</i> Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-4.</p> <ul style="list-style-type: none"> • May claim an Alternate Exclusion for Measure 1, Measure 2, Measure 3 or Measure 4.

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<p>495.22 (e)(10)(ii)(C))</p>	<p>Measure 1 Exclusions: 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>Measure 2 Exclusions: 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 	<ul style="list-style-type: none"> • An Alternate Exclusion may only be claimed for up to three measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(ii)(C). <p><i>Eligible hospitals/CAHs scheduled to be in Stage 2:</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 Measure).

Objectives for 2015	Measures for Providers in 2015	Alternate Exclusions and/or Specifications
	<ul style="list-style-type: none"> 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>Measure 3 Exclusions: 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> <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>Measure 4 Exclusions: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable</p>	

Objectives for 2015	Measures for Providers in 2015	Alternate Exclusions and/or Specifications
	<p>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 <p>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>	