

2016 Requirements for the EHR Incentive Programs: Eligible Hospitals and Critical Access Hospitals

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Agenda

- » What You Need to Know in 2016
- » 2016 Reporting Periods and Timelines
- » Attestation Periods for 2016 Reporting
- » 2016 Meaningful Use Objectives
- » Alternate Exclusions in 2016
- » 2016 CQM Reporting Requirements
- » OPSS Proposed Rule
- » Program Resources

What You Need to Know in 2016

- » Requirements follow the October 2015 Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 Through 2017; [final rule](#).
- » Implementation of the Quality Payment Program established by the Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) will not affect eligible hospitals' and CAHs' participation in the Medicare and Medicaid EHR Incentive Programs.
- » Providers who do not participate or demonstrate meaningful use successfully in 2016 will receive a payment adjustment.

2016 Reporting Periods and Timelines

- » Eligible hospitals and CAHs must attest to the 2015 through 2017 Modified Stage 2 criteria using EHR technology certified to the 2014 Edition; alternate exclusions are available for certain objectives.
- » First-time hospital participants who have not demonstrated meaningful use successfully for the previous year may use an EHR reporting period of **any continuous 90-days**.
- » All returning hospitals must use an EHR reporting period of a **full calendar year** (January 1-December 31, 2016).*

**See slide 10 - OPSS NPRM proposes 90-day reporting period for all participants.*

Attestation Periods for 2016 Reporting

- » The attestation period for first-time hospitals is July 4-October 1, 2016. Providers that successfully attest by October 1st will avoid the payment adjustments for 2017. The Registration & Attestation system will be available until December 31st for first time attesters and again when the system opens for returning providers January 2017 through February 2017.
- » All returning providers will attest between January 1-February 28, 2017.

Eligible Hospitals and CAHs

OBJECTIVES FOR EHR INCENTIVE PROGRAMS IN 2015 THROUGH 2017

2016 Meaningful Use Objectives for Eligible Hospitals and CAHs

- 1 Protect Patient Health Information
- 2 Clinical Decision Support
- 3 Computerized Provider Order Entry (CPOE)
- 4 Electronic Prescribing (eRx)
- 5 Health Information Exchange
- 6 Patient Specific Education
- 7 Medication Reconciliation
- 8 Patient Electronic Access (VDT)
- 9 Public Health Reporting

Alternate Exclusions in 2016

- Many of the alternate exclusions that were available in 2015 are **not applicable** in 2016.
- There are three objectives for eligible hospitals and CAHs that offer alternate exclusions in 2016:
 - Objective 3 – Computerized Provider Order Entry (CPOE): Lab and Radiology Orders (measures 2 and 3)
 - Objective 4 – Electronic Prescribing
 - Objective 9 – Public Health Reporting: Specialized Registry (measure 3)
- The EHR registration and attestation system will automatically identify those hospitals that are eligible for alternate exclusions.
- The eligible hospitals and CAHs may choose to use alternate exclusions during attestation, but they are **not required** to use them.

2016 CQM Reporting Requirements

- » Eligible hospitals & CAHs need to report to 16 eCQMs if reporting via attestation, and 4 eCQMs if electronically reporting
- » Options that only apply for the EHR Incentive Programs:
 - **Option 1:** Attest to CQMs through the EHR Registration & Attestation System
 - **Option 2:** eReport CQMs through Hospital Inpatient Quality Reporting (IQR) through QualityNet Secure portal

For 2016 and subsequent years, providers beyond first year of meaningful use may attest to one full calendar year of CQM data or report CQM data electronically using established methods for electronic reporting.

CY 2017 Proposed Changes

Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Proposed Rule

- » This rule includes a number of proposed changes that would affect participation in the EHR Incentive Programs:
 - Proposes a 90-day reporting period in 2016 for all returning participants
 - Proposes to eliminate the CDS and CPOE objectives and measures beginning in 2017 and reduces thresholds for a subset of remaining objectives (in Modified Stage 2 in 2017 and Stage 3 in 2017 & 2018)*
 - Proposes to require first time participants to attest to Modified Stage 2 to avoid the 2018 payment adjustment.
 - Proposes to change the policy for measure calculations for all meaningful use measures unless otherwise specified

**Proposed changes apply only to Medicare EHR Incentive Program; they do not apply to eligible hospitals/CAHs that attest under a state's Medicaid EHR Incentive Program*



CY 2017 Proposed Changes

Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Proposed Rule

» Comments are due by 11:59pm EDT on September 6:

<https://www.federalregister.gov/articles/2016/07/14/2016-16098/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>

Program Resources

EHR Incentive Programs

- Visit the [2016 Program Requirements](#) page on the CMS EHR Incentive Programs website for additional resources such as:
 - Eligible Hospitals and CAHs: What You Need to Know in 2016 Fact Sheet
 - Eligible Hospitals and CAHs Attestation Worksheet
 - Eligible Hospitals and CAHs Specification Sheets for 2016
 - Public Health Reporting in 2016 Fact Sheet

OPPS:

- Review the [press release](#) for additional information, including a fact sheet and instructions on how to submit formal comments.

eCQMs:

- Issues and questions related to the eCQM specifications, logic, and/or QRDA reporting may be submitted through the JIRA Clinical Quality Measure Feedback System at: <http://oncprojecttracking.org/>

CMS Help Desks

- » **EHR Information Center Help Desk**
 - (888) 734-6433 / TTY: (888) 734-6563
 - Hours of operation: Monday-Friday 8:30 a.m. – 4:30 p.m. in all time zones (except on Federal holidays)

- » **NPPES Help Desk**
 - Visit <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
 - (800) 465-3203 / TTY (800) 692-2326

- » **PECOS Help Desk**
 - Visit <https://pecos.cms.hhs.gov/>
 - (866)484-8049 / TTY (866)523-4759

- » **Identification & Access Management System (I&A) Help Desk**
 - PECOS External User Services (EUS) Help Desk Phone: 1-866-484-8049
 - TTY 1-866-523-4759
 - E-mail: EUSSupport@cgi.com

EHRInquiries@cms.hhs.gov

QUESTIONS?