

2016 Requirements for the EHR Incentive Programs: Eligible Professionals

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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 outlined in the October 2015 “Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 Through 2017; [final rule](#)”
- » Medicare EPs are not affected by MACRA, or the Quality Payment Program, until 2017
- » Providers who do not participate or demonstrate meaningful use successfully in 2016 will receive a payment adjustment in 2018

2016 Reporting Periods and Timelines

- » EPs must attest to the 2015 through 2017 (Modified Stage 2) criteria using EHR technology certified to the 2014 Edition; alternate exclusions available for certain objectives
- » First-time participants, or EPs who have not yet demonstrated meaningful use successfully, may use any **continuous 90-day reporting period**
- » All returning EPs must report for **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 participants 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 3 - February 28, 2017

2016 Meaningful Use Objectives for EPs

- 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 Secure Messaging
- 10 Public Health Reporting

Alternate Exclusions in 2016

- Many of the alternate exclusions that were available in 2015 are **not applicable** in 2016
- Two objectives for EPs offer alternate exclusions in 2016:
 - #3 - Computerized Provider Order Entry: Lab and Radiology Orders (measures 2 and 3)
 - #10 - Public Health Reporting: Syndromic Surveillance and Specialized Registry (measures 2 and 3)
- The EHR Registration and Attestation system will automatically identify those providers who are eligible for alternate exclusions
- These providers may choose to use alternate exclusions during attestation, but they are **not required** to use them

2016 CQM Reporting Requirements

- » EPs report on 9 CQMs covering at least 3 National Quality Strategy domains

- » Medicare EHR Incentive Program Reporting Options:
 - **Option 1:** Attest to CQMs through the EHR Registration & Attestation System
 - **Option 2:** eReport to CQMs through [Physician Quality Reporting System \(PQRS\) Portal](#)

- » Options that align with Other Quality Programs:
 - **Option 3:** Report individual EP CQMs through PQRS Portal
 - **Option 4:** Report group's CQMs through PQRS Portal
 - **Option 5:** Report group's CQMs through Pioneer ACO participation or Comprehensive Primary Care Initiative participation

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) for Medicare eligible hospitals and CAHs*
 - Proposes to require first time participants to attest to Modified Stage 2 to avoid the 2018 payment adjustment.
 - Proposes to allow certain EPs (new participants in 2017 and transitioning to MIPS) to apply for a significant hardship exception from 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

MACRA and MIPS

- Visit the Quality Payment Program website for more information:
go.cms.gov/QualityPaymentProgram

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://oncprojectracking.org/>

EHRinquiries@cms.hhs.gov

QUESTIONS?