



EHR Incentive Programs for Eligible Professionals: 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.
- For EPs, there are **10** objectives.
- 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 applicable 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. Or, the provider may choose to attest to the modified Stage 2 CPOE objective.
- **Objective 10, Public Health Reporting:** EPs scheduled to be in Stage 1 and Stage 2 in 2016 must attest to **at least two measures** from the Public Health Reporting measures 1-3. However, EPs may claim an alternate exclusion for measure 2 (syndromic surveillance) and Measure 3 (specialized registry reporting) as these measures 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 up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure.

Changes to Specific Objectives/Measures in 2016

- **Objective 9, Secure Electronic Messaging:** For an EHR reporting period in 2016, for **at least 1 patient** seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

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 CY 2017 and CY 2018 if the EP successfully attests by October 1, 2016, and will avoid the payment adjustment in CY 2018 if the EP successfully attests by March 13, 2017.
- Returning participants who successfully demonstrate meaningful use for this CY 2016 and satisfy all other program requirements will avoid the payment adjustment in CY 2018 if the EP 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
<p>Objective 1: Protect Patient Health Information</p>	<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>Objective 2: Clinical Decision Support</p>	<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>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 for Measure 1: 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 for Measure 2: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.</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 the EP during the EHR reporting period are recorded using computerized provider order entry.</p>

Objectives for 2015 through 2017	Measures for Providers in 2016
	<p>Exclusion for Measure 3: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.</p> <p>Alternate 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>
<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 of the EP's practice location at the start of his or her EHR reporting period.
<p>Objective 5: Health Information Exchange</p>	<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>Objective 6: Patient Specific Education</p>	<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>Objective 7: Medication Reconciliation</p>	<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>Objective 8: Patient Electronic Access (VDT)</p>	<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>Exclusion for Measure 1: Any EP who:</p> <ul style="list-style-type: none"> • Neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information."

Objectives for 2015 through 2017	Measures for Providers in 2016
	<p>EP Measure 2: For an EHR reporting period in 2016, at least one patient seen by the EP during the EHR reporting period (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 EP who:</p> <ul style="list-style-type: none"> • Neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information”; 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 2016, for at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) 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>Objective 10: Public Health Reporting</p>	<p><i>EPs in 2016 must meet 2 of the 3 measures.</i></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>Exclusions for Measure 1: 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.

Objectives for 2015 through 2017	Measures for Providers in 2016
	<p><u>Measure Option 2 – Syndromic Surveillance Reporting:</u> The EP is in active engagement with a public health agency to submit syndromic surveillance data.</p> <p><u>Exclusions for Measure 2:</u> 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 receive syndromic surveillance data from EPs at the start of the EHR reporting period. <p><u>Measure Option 3 – Specialized Registry Reporting:</u> The EP is in active engagement to submit data to a specialized registry.</p> <p><u>Exclusions for Measure 3:</u> 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. <p><u>Alternate Exclusions for 2016:</u> EPs scheduled to be in Stage 1 and Stage 2 in 2016: 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 and Measure 3 (Syndromic Surveillance and Specialized Registry Reporting). • 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).