CMS EHR Incentive Programs in 2015 through 2017 Overview
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Conflict of Interest

Elisabeth Myers

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Have no real or apparent conflicts of interest to report.

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We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Learning Objectives

1 Explain EHR Incentive Program Requirements for 2015-2017

2 Highlight Participation Data

3 Describe important milestones

Goals and Priorities of Modified Stage 2

1	Align with Stage 3 to achieve overall goals of programs
2	Synchronize reporting period objectives and measures to reduce burden
3	Continue to support advanced use of health IT to improve outcomes for patients

Participation Timeline

| 2015 | Attest to modified criteria for 2015-2017 (Modified Stage 2) with accommodations for Stage 1 providers |

| 2016 | Attest to 2015-2017 (Modified Stage 2) criteria* |

| 2017 | Attest to either 2015-2017 (Modified Stage 2) criteria **or** full version of Stage 3 |

| 2018 | Attest to full version of Stage 3 |

Some alternate exclusions remain in 2016 for Stage 1 providers

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EHR Reporting Periods

| 2015 | All providers attest to EHR reporting period of any continuous 90-day period within calendar year (hospitals have a 15 month period) |

2016

First-time participants may use EHR reporting period of any continuous 90-day period between January 1 and December 31, 2016

*All returning participants must use EHR reporting period of **full calendar year** (January-December 31, 2016)*

2017

First-time participants may use EHR reporting period of any continuous 90-day period; providers attesting to Stage 3 may also use 90-day reporting period

*All returning participants must use EHR reporting period of **full calendar year** (January-December 31, 2017)*

2018

First-time **Medicaid** participants may use 90-day EHR reporting period

All other providers must use EHR reporting period of full calendar year (January 1- December 31, 2018)

Changes from Stage 1 for EPs

Previous Stage 1 EP Objectives

- 13 core objectives
- 5 of 9 menu objectives

EP Objectives for 2015-2017 (Modified Stage 2)

- **10 core objectives** (including one consolidated public health reporting objective with 3 measure options)

Changes from Stage 1 for Eligible Hospitals/CAHs

Previous EHs/CAHs Stage 1 Objectives

- 11 core objectives
- 5 of 10 menu objectives including 1 public health objective

EHs/CAHs Objectives for 2015-2017 (Modified Stage 2)

- **9 objectives** (including one consolidated public health reporting objective with 4 measure options)

Objectives and Measures for the EHR Incentive Programs in 2015 through 2017

Objectives for EHR Incentive Programs in 2015 through 2017

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

Modified objectives vs. Stage 2 objectives

- **Electronic prescribing (eRx)** is a required objective for eligible hospitals and CAHs, not a menu objective; there is an exception for Stage 1 eligible hospitals and CAHs in 2015.
- The **health information exchange** objective includes only the second measure from the Stage 2 summary of care objective.
- The **patient electronic access** objective has been retained from Stage 2; no modification to the first measure, but the threshold has changed for the second measure**.**
- The **secure messaging** objective has a phased approach for its measure's threshold.
- All **public health reporting** objectives have been consolidated into one objective with measure options.

Objectives for EHR Incentive Programs in 2015 through 2017

Electronic Prescribing (eRx)

- **<u>EP Objective</u>**: Generate and transmit permissible prescriptions electronically (eRx).

- **<u>EP Measure</u>**: More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

- **<u>Eligible Hospital/CAH Objective</u>**: Generate and transmit permissible discharge prescriptions electronically (eRx).

- **<u>Eligible Hospital/CAH Measure:</u>** 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.

- *There is an alternate measure for EPs scheduled to demonstrate Stage 1 in 2015, and an alternate exclusion for eligible hospitals/CAHs scheduled to participate in Stage 1.*

Objectives for EHR Incentive Programs in 2015 through 2017

Health Information Exchange

- **Objective**: The EP, eligible hospital, or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

- **Measure**: The EP, 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.

- *There is an alternate exclusion for Stage 1 providers in 2015*

Objectives for EHR Incentive Programs in 2015 through 2017
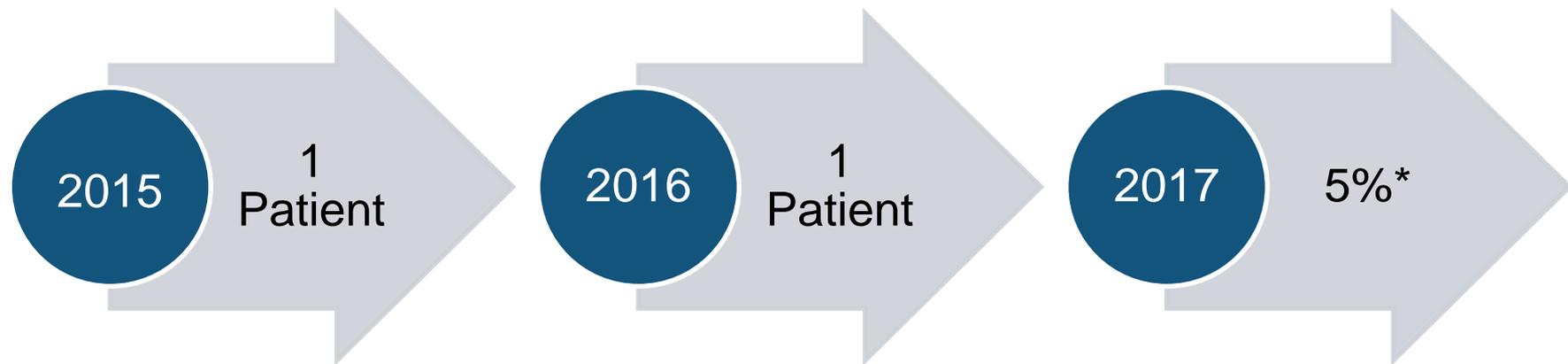
Patient Electronic Access

(for EPs)

- **EP Objective**: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

- **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.

- **EP Measure 2**: For an EHR reporting period in 2015 and 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. For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit health information to a third party during the EHR reporting period.

- *There is an alternate exclusion for Measure 2 for Stage 1 providers in 2015.*

Objectives for EHR Incentive Programs in 2015 through 2017

Patient Electronic Access

(Eligible Hospitals/ CAHs)

- **Eligible Hospital/CAH Objective**: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

- **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.

- **Measure 2:** For an EHR reporting period in 2015 and 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 information to a third party during the EHR reporting period. For an EHR reporting period in 2017, more than 5 percent of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient authorized representative) view, download or transmit to a third party his or her information during the EHR reporting period.

- *There is an alternate exclusion for Measure 2 for Stage 1 providers in 2015.*

Changes to Measure 2 Threshold for Patient Electronic Access Objective for Eligible Professionals and Eligible Hospitals/CAHs
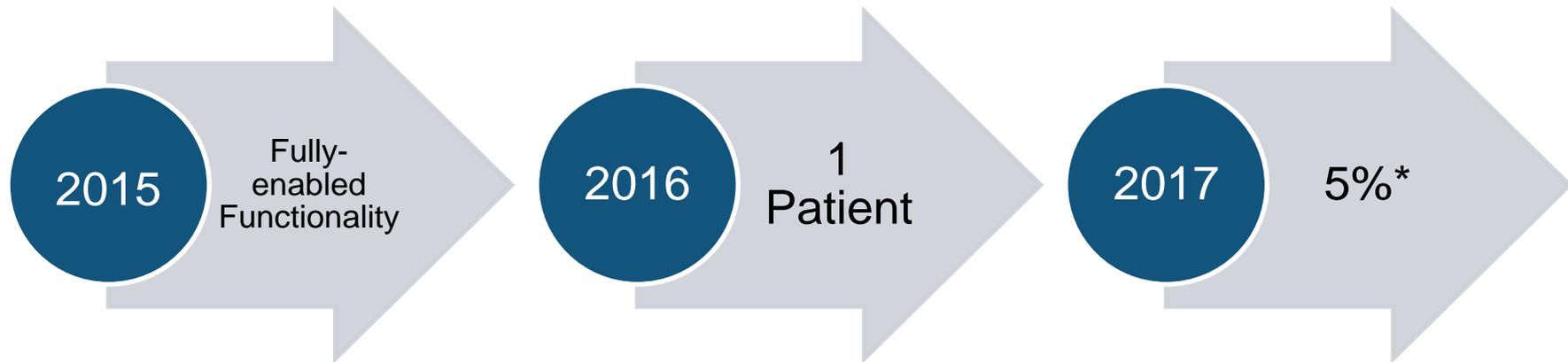

2015 → 1 Patient

2016 → 1 Patient

2017 → 5%*

*5% of all unique patients seen within an EHR reporting period

Objectives for EHR Incentive Programs in 2015 through 2017

Secure Messaging (EPs only)

- **Objective**: Use secure electronic messaging to communicate with patients on relevant health information.

- **Measure**: For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.
- 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
- For an EHR reporting period in 2017, for more than 5 percent of unique patients 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.

- *There is an alternate exclusion for Measure 2 for Stage 1 providers in 2015.*

Changes to Threshold for Secure Messaging Objective for Eligible Professionals

2015 — Fully-enabled Functionality

2016 — 1 Patient

2017 — 5%*

*5% of all unique patients seen within an EHR reporting period.

Objectives for EHR Incentive Programs in 2015 through 2017

Public Health Reporting

- **Objective**: The EP, eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

- *EPs must meet 2 of 3 measures; eligible hospitals/CAHs must meet 3 of 4 measures:*
- **Measure 1 - Immunization Registry Reporting**: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.
- **Measure 2–Syndromic Surveillance Reporting**: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data.
- **Measure 3–Specialized Registry Reporting** - The EP, eligible hospital, or CAH is in active engagement to submit data to a specialized registry.
- **Measure 4 – Electronic Reportable Laboratory Result Reporting (for Eligible Hospitals/CAHs only):** The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

- *There are alternate exclusions and specifications for EPs and eligible hospitals and CAHs scheduled to be in Stage 1 and Stage 2 in 2015.*

Recent Public Health FAQs

2015

- **FAQ #12985:** For 2015, how should a provider report on the public health reporting objective if they had not planned to attest to certain public health measures? Is there an alternate exclusion available to accommodate the changes to how the measures are counted?

- **FAQ #14393:** (New): Can a provider register their intent after the first 60 days of the reporting period in order to meet the measures if a registry becomes available after that date?

2016

- **FAQ #14117:** What steps do eligible hospitals need to take to meet the specialized registry objective? Is it different from EPs?

- **FAQ #14401** (New): For 2016, what alternate exclusions are available for the public health reporting objective? Is there an alternate exclusion available to accommodate the changes to how the measures are counted?

- **FAQ #14397** (New): What should a provider do in 2016 if they did not previously intend to report to a public health reporting measure that was previously a menu measure in Stage 2 and they do not have the necessary software in CEHRT or the interface the registry requires available in their health IT systems? What if the software is potentially available but there is a significant cost to connect to the interface?

Alternate Exclusions & Specifications

- In 2015, providers scheduled to be in Stage 1 may choose to use the alternate exclusions and specifications, but they are *not required* to use them.

- The EHR Incentive Programs registration and attestation system will automatically identify those providers who are eligible for alternate exclusions and specifications.

- Upon attestation, these providers will be offered the option to attest to the Modified Stage 2 objective and measure, and the option to attest to the alternate specification or claim the alternate exclusion, if available.

- Providers may independently select the option available to them for each measure for which an alternate specification or exclusion may apply.

Current Participation in the EHR Incentive Programs

- As of December 2015:

    - **More than 559,000** eligible professionals, eligible hospitals, and critical access hospitals are actively registered in the Medicare and Medicaid EHR Incentive Programs

    - **More than 482,000** health care providers received payment for participating in the Medicare and Medicaid EHR Incentive Programs

- **More than $21 billion** in Medicare EHR Incentive Program payments have been made between May 2011 and December 2015

- **All 50 states** have launched their Medicaid EHR Incentive Programs

- **More than $10 billion** in Medicaid EHR Incentive Program payments have been made between January 2011 (when the first set of states launched their programs) and December 2015

Attestation for 2015

- EHR reporting period for 2015 = any continuous 90-day period

- **For EHR reporting period in 2015:**

✓ The 2015 attestation period for providers began on **January 4, 2016**

✓ All Medicare providers must attest by **March 11, 2016**

✓ All providers must:

    ❑ Use CEHRT certified to the 2014 Edition

    ❑ Submit Clinical Quality Measures

Hardship Exceptions

CMS has launched a streamline application that will reduce burdens on clinicians.

– Deadline extension
– Exception from the 2017 Payment Adjustment
– FAQs available for guidance

Educational Resources

www.cms.EHRIncentiveprograms

Questions

EHRInquiries@cms.hhs.gov

Visit CMS Office Hours at Booth 10309

Office Hours Topic	Time
Tuesday, March 1	
Merit-Based Incentive Payment System (MIPS)	**11:30 a.m. – 12:30 p.m.** Booth #10309
Quality Measurement Development and Reporting	**12:30 p.m. – 1:30 p.m.** Booth #10309
EHR Incentive Programs	**2:30 p.m. – 3:30 p.m.** Booth #10309
Wednesday, March 2	
EHR Incentive Programs	**11:00 a.m. – 12:00 p.m.** Booth #10309
Merit-Based Incentive Payment System (MIPS)	**1:00 p.m. – 2:00 p.m.** Booth #10309
Quality Measurement Development and Reporting	**2:00 p.m. – 3:00 p.m.** Booth #10309
Thursday, March 3	
Merit-Based Incentive Payment System (MIPS)	**9:30 a.m. – 10:30 a.m.** Booth #10309
EHR Incentive Programs	**11:00 a.m. – 12:00 p.m.** Booth #10309
Quality Measurement Development and Reporting	**1:00 p.m. – 2:00 p.m.** Booth #10309

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Title	Session	Time & Location
Tuesday, March 1		
CMS EHR Incentive Programs in 2015 through 2017 Overview	26	**10:00 a.m. – 11:00 a.m.** Palazzo B
CMS Listening Session: EHR Incentive Programs in 2018 & Beyond	56	**1:00 p.m. – 2:00 p.m.** Palazzo B
A Special Session with ONC and CMS (Presentation by Dr. Karen DeSalvo and Andy Slavitt)	N/A	**5:30 p.m. – 6:30 p.m.** Rock of Ages Theatre
Wednesday, March 2		
CMS Listening Session: Merit-Based Incentive Payment System (MIPS)	101	**8:30 a.m. – 9:30 a.m.** Palazzo B
CMS Electronic Clinical Quality Measurement (eCQM) Development and Reporting	131	**11:30 a.m. – 12:30 p.m.** Palazzo B
Thursday, March 3		
Interoperability Showcase: eCQM Submissions	N/A	**10:00 a.m. – 11:00 a.m.** Booth #11954
CMS Patient and Family Engagement Panel	234	**1:00 p.m. – 2:00 p.m.** Palazzo B