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
» OPPS 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 - OPPS 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

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<th>Objective</th>
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<td>1</td>
<td>Protect Patient Health Information</td>
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<tr>
<td>2</td>
<td>Clinical Decision Support</td>
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<td>3</td>
<td>Computerized Provider Order Entry (CPOE)</td>
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<td>4</td>
<td>Electronic Prescribing (eRx)</td>
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<td>5</td>
<td>Health Information Exchange</td>
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<td>6</td>
<td>Patient Specific Education</td>
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<td>Medication Reconciliation</td>
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<td>Patient Electronic Access (VDT)</td>
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<td>9</td>
<td>Secure Messaging</td>
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<td>10</td>
<td>Public Health Reporting</td>
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• 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](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Patient-Assessment-Instruments/PQRS/)

- 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:
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://oncprojecttracking.org/