



Meaningful Use

2015 – 2017 Stage 1 / 2
PRELIMINARY Revised
Regulations

May 2015

“Logistic”

- Announced April 10, 2015
- Public Comments due by June 9, 2015
- Final regulations by end of summer 2015

- EH will be on calendar year: January – December
- EH can attest from October 1, 2014 – December 2015 (15 months).
- 90 rolling days (not a year) in 2015
- 365 days in 2016 +

- Must have 2014 CEHR code in place (not 2015 code)
- Cannot attest before January 2016 (penalties)
- Stage 3, mandatory 2018, optional in 2017

Current

First Year MU	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021+
2011	1	1	1	2*	2	2	2 or 3	3	3	3	3
2012		1	1	2*	2	2	2 or 3	3	3	3	3
2013			1	1*	2	2	2 or 3	3	3	3	3
2014				1*	1	2	2 or 3	3	3	3	3
2015					1	1	1,2,3	3	3	3	3
2016						1	1,2,3	3	3	3	3
2017							1,2,3	3	3	3	3
2018 +								3	3	3	3

Proposed

First Payment Year	Stage of Meaningful Use			
	2015	2016	2017	2018
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3
2014	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3
2015	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3
2016	- NA -	Modified Stage 2	Modified Stage 2 Or Stage 3	Stage 3

*Modifications to Stage 2 proposed include exceptional provisions for certain objectives and measures for providers scheduled to be in Stage 1 in 2015 to accommodate these changes

“Meat of Regulations”

- BOTH stage 1 and **Stage 2** will be changed.
- Reduce # of objectives
- Remove objectives
- Everything becomes Core in 2015 +, no menu

Significant Changes

TABLE 3: OBJECTIVES AND MEASURES IDENTIFIED BY PROVIDER TYPE WHICH ARE REDUNDANT, DUPLICATIVE OR TOPPED OUT

Provider Type	Objectives and Measures	
Eligible Professional	Record Demographics	42 CFR §495.6 (j)(3)(i) and (ii)
	Record Vital Signs	42 CFR §495.6 (j)(4) (i) and (ii)
	Record Smoking Status	42 CFR §495.6 (j)(5) (i) and (ii)
	Clinical Summaries	42 CFR §495.6 (j)(11) (i) and (ii)
	Structured Lab Results	42 CFR §495.6 (j)(7) (i) and (ii)
	Patient List	42 CFR §495.6 (j)(8) (i) and (ii)
	Patient Reminders	42 CFR §495.6 (j)(9) (i) and (ii)
	Summary of Care	42 CFR §495.6 (j)(14) (i) and (ii)
	★ Measure 1 – Any Method	
	★ Measure 3 – Test	
	★ Electronic Notes	42 CFR §495.6 (j)(9) (i) and (ii)
★ Imaging Results	42 CFR §495.6 (k)(6) (i) and (ii)	
Family Health History	42 CFR §495.6 (k)(2) (i) and (ii)	
Eligible Hospital/CAH	Record Demographics	42 CFR §495.6 (l)(2) (i) and (ii)
	Record Vital Signs	42 CFR §495.6 (l)(3) (i) and (ii)
	Record Smoking Status	42 CFR §495.6 (l)(4) (i) and (ii)
	Structured Lab Results	42 CFR §495.6 (l)(6) (i) and (ii)
	Patient List	42 CFR §495.6 (l)(7) (i) and (ii)
	Summary of Care	42 CFR §495.6 (l)(11) (i) and (ii)
	Measure 1 – Any Method	
	Measure 3 – Test	
	eMAR	42 CFR §495.6 (l)(16) (i) and (ii)
	Advanced Directives	42 CFR §495.6 (m)(1) (i) and (ii)
	Electronic Notes	42 CFR §495.6 (m)(2) (i) and (ii)
	Imaging Results	42 CFR §495.6 (m)(2) (i) and (ii)
★ Family Health History	42 CFR §495.6 (m)(3) (i) and (ii)	
★ Structure Labs to Ambulatory Providers	42 CFR §495.6 (m)(6) (i) and (ii)	

Significant Changes (2015-2017)

TABLE 4: CURRENT STAGE STRUCTURE, RETAINED OBJECTIVES, AND PROPOSED STRUCTURE

	Current Stage 1 Structure	Retained Objectives	Proposed Structure
EP	13 core objectives 5 of 9 menu objectives including 1 public health objective	6 core objectives 3 menu objectives 2 public health objectives	9 core objectives 1 public health objective (2 measure options)
EH/ CAH	11 core objectives 5 of 10 menu objectives including 1 public health objective	5 core objectives 3 menu objectives 3 public health objectives	8 core objectives 1 public health objective (3 measure options)

	Current Stage 2 Structure	Retained Objectives	Proposed Structure
EP	17 core objectives including public health objectives 3 of 6 menu objectives	9 core objectives 0 menu objectives 4 public health objectives	9 core objectives 1 public health objective (2 measure options)
EH/ CAH	16 core objectives including public health objectives 3 of 6 menu objectives	7 core objectives 1 menu objective 3 public health objectives	8 core objectives 1 public health objective (3 measure options)

Stage 1 Alternatives for 2015

- Report Stage 2 but
 - Maintain the lower thresholds for Stage 1. Example: eRx is at 40% in Stage 1 and 50% in Stage 2. Could use 40%
 - Apply for exclusion for those measures who do not have a Stage 1 component. Example: Summary of Care is menu in Stage 1, could apply for exclusion in 2015

CPOE

	Stage 1	Stage 2 (current)	2015-2017 Proposed	Stage 3 Proposed
Medication	30%	60%	60%	80%
Labs		30%	30%	60%
Diagnostic Images		30%	30%	60%



- Expansion to include diagnostic imaging
- Protocol and standing orders may be excluded

ePrescribing

	Stage 1	Stage 2 Current	2015-2017 Proposed	Stage 3 Proposed
EP (providers)	40% Core	50% Core	50%	80%
EH (hospitals)		10% Menu	10%	25%

- Drug formulary checking enabled
- May include eRX of controlled substances in states where allowed

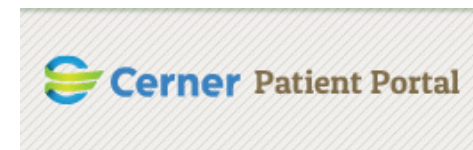
Clinical Decision Support

	Stage 1	Stage 2	2015-2017 Proposed	Stage 3 Proposed
EP (providers)	1 CDS	5 CDS tied to 4 QM	5 CDS tied to 4 QM	5 CDS tied to 4 QM
Drug Drug Drug Allergy	Enabled	Enabled	Enabled	Enabled

Clinical Decision Support Systems (CDSS)

Patient Access (VDT) / Engagement / Coordination of Care

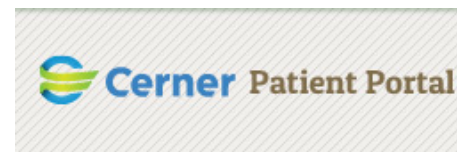
	Stage 1	Stage 2	2015-2017 Proposed	Stage 3 Proposed
Patient Access *	10% Menu 50% Core (later added)	50% Core	50% (Stage 1 and Stage 2)	80%
Patient Use		5% Core	1 patient	25% Portal or API
Secure messaging		5% Patient to Office (EP)	Enable (EP)	35% Hospital/Office to Patient or back (EP and EH)
Electronically incorporate information from patient or other sites *				15%



Education

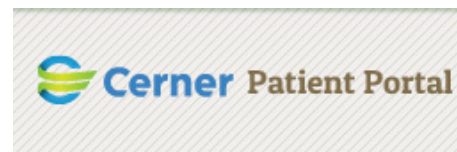
	Stage 1	Stage 2	2015-2017 Proposed	Stage 3
Patient Education	10% Menu	10% Core	10% Core	35% Core **

** Patient education provided electronically



Med Rec

	Stage 1	Stage 2	2015-2017 Proposed	Stage 3
Medication Reconciliation	50% Menu	50% Core	50% Core	See next slide



Summary of Care (CCDA) / HIE

	Stage 1	Stage 2	2015-2017 Proposed	Stage 3 Proposed
Summary of Care (paper, electronic or fax)	50% Menu	50% Core		
Summary of Care (electronic)		10% Core	10% Core, created by EHR	50% No exemption for less than 100 referrals
Test to outside EHR		One		
Incorporate electronic summary of care for transitions into practice				40%
Reconciliation for transitions into practice				80% medications, problem list, allergies

- Meet 2 of 3 measures
- Report on all 3
- Common Data set expanded

Secure Messaging

	Stage 1	Stage 2	2015-2017 Proposed	Stage 3 Proposed
Secure Messaging		5% Core	Enable (send and receive)	35% Hospital/Office to Patient

Public Health

	Stage 1	Stage 2	2015-2017 Proposed	Stage 3 Proposed
MICR	Menu (EH, EP)	Ongoing submission (EH, EP) Core		
Syndromic Surveillance	Menu (EH, EP)	Ongoing submission (EH Core, EP Menu)		
Reportable Labs	Menu (EH)	Ongoing submission EH Core		
Specialized Registry		Menu (EP)		
Cancer Registry		Menu (EP)		
Public Health Reporting			EP 3 (of 5) submission EH 4 (of 6) submission	EP 3 (of 5) submission EH 4 (of 6) Submission

Public Health/Registries

*Public health and clinical data registry reporting: There are 6 measures.

"Active engagement" is required for:

- immunizations;
- syndromic surveillance;
- reportable conditions case reporting (local, state, national PHA), not in stage 2;
- public health registries (local, state, national public health agency (PHA));
- non-public health registries (used to monitor Quality and Resource Use);
- electronic lab reporting.

EPs need to choose 3, and EHs need to choose 4.

Public Health/Registries

Measures for Objective 8; Public Health and Clinical Data Registry Reporting Objective

Measure	Maximum times measure can count towards objective for EP	Maximum times measure can count towards objective for EH or CAH
Measure 1- Immunization Registry Reporting	1	1
Measure 2- Syndromic Surveillance Reporting	1	1
Measure 3-Case Reporting	1	1
Measure 4-Public Health Registry Reporting*	3	4
Measure 5-Clinical Data Registry Reporting**	3	4
Measure 6- Electronic Reportable Laboratory Results	NA	1

Quality Measures (EP)

Proposing no changes to CQM selection or reporting scheme from CQM requirements in Stage 2 rule

For EHR reporting period in 2015 (and for providers participating for first time in 2016), proposing providers attest to any continuous 90-day period of CQM data during calendar year through Medicare EHR Incentive Program

Registration and Attestation site – Providers also have option to electronically report CQM data using established methods for electronic reporting

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

Public Comments

How to Submit Comments

The public can [submit comments](#)

(<https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>) in several ways, including via electronic submission or mail:

Electronically

You may submit electronic comments to

<http://www.regulations.gov>

(http://www.regulations.gov/#!documentDetail;D=CMS_FRDOC_0001-1668). Follow the

"Submit a comment" instructions.

By regular mail

By express or overnight mail

By hand or courier

Questions

