



Meaningful Use

2015 – 2017

Final Regulations

October 2015

Credit



Summary

- Attestation period
 - 2015: Continuous 90 days (everyone)
 - 2016: 365 days 2016 and beyond (unless new provider, continuous days)
- Staging:
 - Modified Stage 2 (2015-2017)
 - Stage 3 (2017 optional, 2018 +)
- Code Needed
 - Must have 2014 CEHR code in place (not 2015 code)
 - Stage 3, must have 2015 certified code

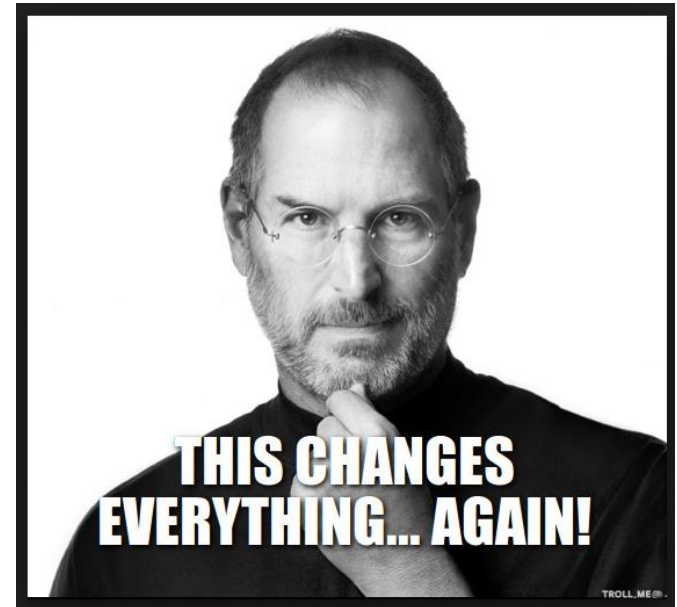


Stages of Meaningful Use



Summary

- 2018 Increased emphasis on:
 - Electronic patient engagement (portal)
 - Electronic exchange of summary of care (CCDA)
 - Electronic data submission (Registry)
- Stage 1 and 2 objective and measures restructured to align with Stage 3.
- Removed many objectives



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

Penalty



Attestation Deadlines (con't)

	2015		2016		2017	
	<u>Attestation Deadline</u>	<u>Penalty Avoided</u>	<u>Attestation Deadline</u>	<u>Penalty Avoided</u>	<u>Attestation Deadline</u>	<u>Penalty Avoided</u>
New EPs	2/29/2016	CY 2016 & CY 2017	10/1/2016	CY 2017	10/1/2017	CY 2018
			2/28/2017	CY 2018 ⁽¹⁾	2/28/2018	CY 2019 ⁽²⁾
Returning EPs	2/29/2016	CY 2017	2/28/2017	CY 2018	2/28/2018	CY 2019

- Last day to attest 2/29/16, DO NOT WAIT
- Usually is extended

Topped – Out (Removed)

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)

- Objectives are good for , do not discontinue
- ★ This information needs to be collected for Patient Portal, Summary of Care and/or Quality Measure (and problem list, med list, allergy list)

2015-2017

Modified Meaningful Use Objectives	Stage 1 Exclusions & Alternate Measures 2015	2015	Stage 1 Exclusions & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	Must be enabled for full reporting period				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to QM	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
CPOE of Laboratory Orders	Exclusion	>30%	Exclusion	>30%	>30%
CPOE of Radiology Orders	Exclusion	>30%	Exclusion	>30%	>30%
4. ePrescribe					
ePrescribe	>40% (EP) *Exclusion	>50% (EP) >10% (EH)	N/A (EP) *Exclusion	>50% (EP) >10% (EH)	>50% (EP) >10% (EH)
5. Health Information Exchange					
Electronic Transition of Care (CCDA)	Exclusion	>10%	N/A	>10%	>10%
6. Patient Education					
Patient Specific Education	Exclusion	>10%	N/A	>10%	>10%
7. Medication Reconciliation					
Medication Reconciliation	Exclusion	>50%	N/A	>50%	>50%
8. Patient Electronic Access					
View, Download, Transmit #1	N/A	>50%	N/A	>50%	>50%
View, Download, Transmit #2	Exclusion	1 Patient	N/A	1 Patient	>5%
9. Secure Messaging					
Secure Messaging (EP Only)	Exclusion	Y/N	N/A	1 Patient	>5%
10. Public Health	2 of 4 (EH) 1 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)	N/A N/A	3 of 4 (EH) 2 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)
Immunization Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

Protect Patient Health Information (SRA)

Modified Meaningful Use Objectives	Stage 1 Exclusions & Alternate Measures 2015	2015	Stage 1 Exclusions & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to QM	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
CPOE of Laboratory Orders	Exclusion	>30%	Exclusion	>30%	>30%
CPOE of Radiology Orders	Exclusion	>30%	Exclusion	>30%	>30%
4. ePrescribe					
ePrescribe	>40% (EP) *Exclusion	>50% (EP) >10% (EH)	N/A (EP) *Exclusion	>50% (EP) >10% (EH)	>50% (EP) >10% (EH)
5. Health Information Exchange					
Electronic Transition of Care (CCDA)	Exclusion	>10%	N/A	>10%	>10%
6. Patient Education					
Patient Specific Education	Exclusion	>10%	N/A	>10%	>10%
7. Medication Reconciliation					
Medication Reconciliation	Exclusion	>50%	N/A	>50%	>50%
8. Patient Electronic Access					
View, Download, Transmit #1	N/A	>50%	N/A	>50%	>50%
View, Download, Transmit #2	Exclusion	1 Patient	N/A	1 Patient	>5%
9. Secure Messaging					
Secure Messaging (EP Only)	Exclusion	Y/N	N/A	1 Patient	>5%
10. Public Health					
	2 of 4 (EH) 1 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)	N/A N/A	3 of 4 (EH) 2 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)
Immunization Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

- Not many changes
- Encryption of data
- Living breathing document (want to see improvement over time).
- Must be completed EVERY YEAR.
- EP's responsible for this, can't say Office should have completed this.

Clinical Decision Support

Modified Meaningful Use Objectives	Stage 1 Exclusions & Alternate Measures 2015	2015	Stage 1 Exclusions & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual	N/A	Annual	Annual
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
CPOE of Laboratory Orders	Exclusion	>30%	Exclusion	>30%	>30%
CPOE of Radiology Orders	Exclusion	>30%	Exclusion	>30%	>30%
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7. Medication Reconciliation					
Medication Reconciliation	Exclusion	>50%	N/A	>50%	>50%
8. Patient Electronic Access					
View, Download, Transmit #1	N/A	>50%	N/A	>50%	>50%
View, Download, Transmit #2	Exclusion	1 Patient	N/A	1 Patient	>5%
9. Secure Messaging					
Secure Messaging (EP Only)	Exclusion	Y/N	N/A	1 Patient	>5%
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	2 of 4 (EH) 1 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)	N/A N/A	3 of 4 (EH) 2 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)
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Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

- Not changing
- Must be in place ENTIRE reporting year.
- CDS must relate to 4 or more CQM's, document that in your audit material
- Screen prints of turned on and firing
- No exclusion for CDS
- Drug-Drug and Drug-Allergy
- Exclusion: writes fewer than 100 med orders

CPOE

Modified Meaningful Use Objectives	Stage 1 Exclusions & Alternate Measures 2015	2015	Stage 1 Exclusions & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
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Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
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- >60% med orders created are recording using CPOE
- MEDS: >30% of unique patients with at least one med in their med list order by CPOE OR 30% of med order created by CPOE
- LABS/RADS: >30% of or lab and rad orders using CPOE
- Exclusion: write fewer than 100 orders (each)

ePrescribing

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1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
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Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

- Permissible prescriptions
- Drug formulary checking enabled
- Exclusion: write fewer than 100 prescriptions or does not have a pharmacy within 10 miles that accepts electronic prescriptions

Health Information Exchange

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1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
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	*Exclusion	>10% (EP)	*Exclusion	>10% (EP)	>10% (EP)
5. Health Information Exchange					
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	1 of 3 (EP)	2 of 3 (EP)	N/A	2 of 3 (EP)	2 of 3 (EP)
Immunization Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
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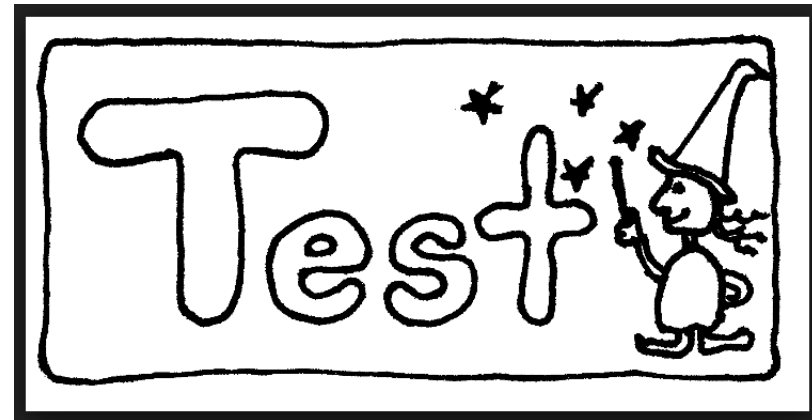
- Uses CEHR to create your summary (CCDA) and transmits electronically

- Define what is a transition within your practice

- NextGen Share
- eCw P2P

- Exclusion: less than 100 transitions (all years)

Health Information Exchange



MMC Interpretation of Transition

Definition of Terms

Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum this includes all transitions of care and referrals that are ordered by the EP.

- If the provider to whom the referral is made or to whom the patient is transitioned to has access to the medical record maintained by the referring provider then the summary of care record would not need to be provided, and that patient must not be included in the denominator for transitions of care.

Examples of Transitions of Care:

- Referral to a specialist or another primary care provider (outside your practice)
- Referral to Hospice
- Referral to Home Care
- Referral to Palliative Care
- Referral to a rehab hospital
- Referral/transfer to an extended care facility/assisted living to be managed by a provider from another practice
- Referring a patient from an ambulatory practice to the ED
- Patients who are referred back to their primary care provider after seeing a specialist (and the specialist has completed care of the patient and will not manage/see the patient for this medical issue)
- Patient leaves the practice

Examples that are NOT Transitions of Care:

- Ordering lab test
- Ordering cardiac rehab
- Ordering diabetic education
- Ordering a physical therapy
- Ordering radiology test (MRI, x-Ray, Cat Scan, Bone Density, etc.)
- Ordering other diagnostic studies (PFT, EKG, etc.)
- Scheduling patients for a procedure at another site if the procedure is performed by a referring provider/practice. Examples:
 - Cardiologist schedules a patient for a cardiac cath to be performed at the local hospital where the cardiologist will be performing the cardiac cath
 - A surgeon who sees a patient in the office and schedules surgery at the hospital
- Specialist/consultant sending information back to the referring provider but not sending the patient back to them. Often provider will send a courtesy note indicating the specialist saw the patient and what the patient will be treated for.
- Referral of a patient to another provider within the same practice (using the same EHR).

Health Information Exchange

<http://www.munsonhealthcare.org/summaryofcare>



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▼ **Technology**

- ▶ Ambulatory Information Technology Services
- ▶ Business Associates Agreement P2P
- ▶ eSig
HIPAA/HITECH
- ▼ Meaningful Use
 - Audit Documentation
 - Data Exchange Instructions
 - Proof of CEHR Ownership
 - Public Health
 - Quality Measures
 - Registering and Attesting
 - Security Audit
 - Summary of Care**
- ▶ Meaningful Use Webinars
- Mobile Devices (i.e. iPhone, iPad)
- Outlook
- Paging
- Physician Order Entry (POE)
- ▶ Physician Web Scheduler (PWS)
- ▶ PowerChart
- PowerScribe 360 | Critical Results (formerly Veriphy)

[Home](#) > [Technology](#) > [Meaningful Use](#) > [Summary of Care](#)

Summary of Care

RESOURCES

- [Summary of Care Overview](#)
- [Transition of Care Presentation - March 2015](#)
- [Summary of Care Checklist for Providers](#)

WEBINARS

- [Transition of Care Webinar 3.25.15](#)
- [Transition of Care Webinar - eCW 5.20.15](#)

DIRECT ADDRESSES

Direct addresses are intended for clinician communication only. Referring providers should continue to follow their usual referral process in addition to sending a CCDA electronically to make sure patient's needs are promptly addressed.

The Direct addresses are only intended for EMR to EMR transmission and cannot be used as email addresses.

- [Munson Healthcare Regional Direct Trust Email Listing 07.28.15](#)
- [Great Lakes Health Connect HISP Directories](#)

Health Information Exchange

<http://www.munsonhealthcare.org/summaryofcare>

MHC REGIONAL DIRECT TRUST EMAIL LISTING

July 28, 2015

Status	Type	Location	Last Name	First Name	Initials	Cre	State License	Direct Address
Active	Provider	Kalkaska Medical Associates	Cupp	Maria	I		1558647354	maria.cupp.p4@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Kalkaska Medical Associates	Frick	Marc	A		1285660605	marc.frick.p4@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Kalkaska Medical Associates	Hodgman	Richard	E		1275561474	richard.hodgman.p4@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Kalkaska Medical Associates	Holmes	Jeremy	K		1912935867	jeremy.holmes.p4@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Kalkaska Medical Associates	Long	Andrew			1558554808	andrew.long.p4@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Kalkaska Medical Associates	Minor	Thomas	A		1508937731	thomas.minor.p4@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Kalkaska Medical Associates	Sailor	Nathan	C		1194017160	nathan.sailor.p4@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Kalkaska Medical Associates	Smith	Sara	L		1497980684	sara.smith.p4@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Kalkaska Medical Associates	Ziegler	Gary	R		1497781983	gary.ziegler.p4@direct.munsonhealthcare.nextgenshare.com
Active	SNF	Lakeview Lutheran					1366633018	Mw0008641 lakeview.lutheran@lssm.midirect.net
Active	Provider	Mancelona Family Practice	Brown	Albert	C		1174516744	albert.brown.p5@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Mancelona Family Practice	Green	Michelle	Renae		1174729818	michelle.green.p5@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Mancelona Family Practice	Han	Soomin			1962818393	soomin.han.p5@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Mancelona Family Practice	James	Michael	M		1366473084	michael.james.p5@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Mancelona Family Practice	Leino	Jennifer	A		1588648539	jennifer.leino.p5@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Mancelona Family Practice	Nicholls	Kimberly	M		1467407106	kimberly.nicholls.p5@direct.munsonhealthcare.nextgenshare.com
Active	SNF	Manistee County Medical Care Facility					1083610984	1070000225 manistee.county.medical.care.facility@mcacf.midirect.net
Active	SNF	Meadow Brook Medical Care Facility					1861497398	1070000246 meadow.brook.medical.care.facility@meadowbrookmcf.midirect.net
Active	Hospital	Munson Cadillac Hospital					1295079937	1060000041 medreccad@direct.mhc.net
Active	Hospital	Munson Graying Hospital					1285726828	1060000029 medreccgr@direct.mhc.net
Active	Provider	Roscommon Community Health Center	Anderson	Amorette	Leann		1205025046	amorette.anderson.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Prudenville Community Health Center	Baker	Hayley			1942519525	hayley.baker.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Beltz	Kathy	J		1952601262	kathy.beltz.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Bennett	Jason			1699921106	jason.bennett.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Byrd	Valda			1760489561	valda.byrd.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Crook	William			1801854534	william.crook.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Cvitkovich	Garrick			1659316784	garrick.cvitkovich.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Roscommon Community Health Center	DeYoung	Karen			1982801569	karen.deyoung.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	DeYoung	Zachariah			1033979700	zachariah.deyoung.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Roscommon Community Health Center	Dibbet	Mark			1215953948	mark.dibbet.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Fox	Jeff			1819156893	jeff.fox.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Prudenville Community Health Center	Gee	James			1487974184	james.gee.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Prudenville Community Health Center	Gielinski	Barbara	S		1811920960	barbara.gielinski.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	GlasserEdw	Melissa	Lynne		1093793846	melissa.glasser.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Helini	Antoinette	M		1268418859	antoinette.helini.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Helinski	Athena			1033146444	athena.helinski.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Prudenville Community Health Center	Janisse	Amanda	C		1942561964	amanda.janisse.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Kelsey	Marjorie	L		1285650903	marjorie.kelsey.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Kirkland	Kent			1396746277	kent.kirkland.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Koehler	Kristie			1174856785	kristie.koehler.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Korneli	Ferdinand	J		1225054943	ferdinand.korneli.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	LaGattuta	David			1578589297	david.lagattuta.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Nigrelli	Joanna			1609028992	joanna.nigrelli.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Peterson	Jamie	Duane		1942393772	jamie.peterson.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Prudenville Community Health Center	Rubert	Cynthia			1023074960	cynthia.rubert.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Ruch	Joshua	Michael		1770746257	joshua.ruch.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Schubert	Carl			1023041274	carl.schubert.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Schultz	Vincent			1932125655	vincent.schultz.p1@direct.munsonhealthcare.nextgenshare.com
Active	Provider	Grayling Community Health Center	Stirling	Brian	N		1396723938	brian.stirling.p1@direct.munsonhealthcare.nextgenshare.com

Education

- Patient education must be identified by the CERHT
- Exclusions: has not office visits.
- No change until 2018

Modified Meaningful Use Objectives	Stage 1 Exclusion & Alternate Measures 2015	2015	Stage 1 Exclusion & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to QM	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
CPOE of Laboratory Orders	Exclusion	>30%	Exclusion	>30%	>30%
CPOE of Radiology Orders	Exclusion	>30%	Exclusion	>30%	>30%
4. ePrescribe					
ePrescribe	>40% (EP) *Exclusion	>50% (EP) >10% (EH)	N/A (EP) *Exclusion	>50% (EP) >10% (EH)	>50% (EP) >10% (EH)
5. Health Information Exchange					
Electronic Transition of Care (CCDA)	Exclusion	>10%	N/A	>10%	>10%
6. Patient Education					
Patient Specific Education	Exclusion	>10%	N/A	>10%	>10%
Medication Reconciliation	Exclusion	>50%	N/A	>50%	>50%
8. Patient Electronic Access					
View, Download, Transmit #1	N/A	>50%	N/A	>50%	>50%
View, Download, Transmit #2	Exclusion	1 Patient	N/A	1 Patient	>5%
9. Secure Messaging					
Secure Messaging (EP Only)	Exclusion	Y/N	N/A	1 Patient	>5%
10. Public Health					
	2 of 4 (EH) 1 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)	N/A N/A	3 of 4 (EH) 2 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)
Immunization Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

Med Rec

Modified Meaningful Use Objectives	Stage 1 Exclusion & Alternate Measures 2015	2015	Stage 1 Exclusion & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to QM	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
CPOE of Laboratory Orders	Exclusion	>30%	Exclusion	>30%	>30%
CPOE of Radiology Orders	Exclusion	>30%	Exclusion	>30%	>30%
4. ePrescribe					
ePrescribe	>40% (EP) *Exclusion	>50% (EP) >10% (EH)	N/A (EP) *Exclusion	>50% (EP) >10% (EH)	>50% (EP) >10% (EH)
5. Health Information Exchange					
Electronic Transition of Care (CCDA)	Exclusion	>10%	N/A	>10%	>10%
6. Patient Education					
Patient Specific Education	Exclusion	>10%	N/A	>10%	>10%
7. Medication Reconciliation					
Medication Reconciliation	Exclusion	>50%	N/A	>50%	>50%
View, Download, Transmit #1	N/A	>50%	N/A	>50%	>50%
View, Download, Transmit #2	Exclusion	1 Patient	N/A	1 Patient	>5%
9. Secure Messaging					
Secure Messaging (EP Only)	Exclusion	Y/N	N/A	1 Patient	>5%
10. Public Health					
	2 of 4 (EH) 1 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)	N/A N/A	3 of 4 (EH) 2 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)
Immunization Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

- Only Med Rec at this time, will expand to Problem List and Allergy
- Exclusion: basically, no new patients

Patient Electronic Access (VDT)

Modified Meaningful Use Objectives	Stage 1 Exclusion & Alternate Measures 2015	2015	Stage 1 Exclusion & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to QM	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
CPOE of Laboratory Orders	Exclusion	>30%	Exclusion	>30%	>30%
CPOE of Radiology Orders	Exclusion	>30%	Exclusion	>30%	>30%
4. ePrescribe					
ePrescribe	>40% (EP) *Exclusion	>50% (EP) >10% (EH)	N/A (EP) *Exclusion	>50% (EP) >10% (EH)	>50% (EP) >10% (EH)
5. Health Information Exchange					
Electronic Transition of Care (CCDA)	Exclusion	>10%	N/A	>10%	>10%
6. Patient Education					
Patient Specific Education	Exclusion	>10%	N/A	>10%	>10%
7. Medication Reconciliation					
8. Patient Electronic Access					
View, Download, Transmit #1	N/A	>50%	N/A	>50%	>50%
View, Download, Transmit #2	Exclusion	1 Patient	N/A	1 Patient	>5%
Secure Messaging (EP Only)	Exclusion	Y/N	N/A	1 Patient	>5%
10. Public Health	2 of 4 (EH) 1 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)	N/A N/A	3 of 4 (EH) 2 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)
Immunization Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

- Based on unique patients
- EP discretion to withhold certain information
- Exclusion: 50% rule on patient encounters in county that does not have 4mps broadband (IMPORTANT)

 **Cerner Patient Portal**

VARIAN
medical systems

eClinicalWeb
Patient Portal
login here

PatientPortal
NEXGEN[®]
HEALTHCARE

Broadband Map Exclusion

Crawford country, 1.7 MBPS, August 2015.....
Crawford County, October 2015, 1.7.....
Kalkaska County, August 2015, 1.9 Mbps.....
Kalkaska County, October 2015, 1.9 Mbps.....
Wexford County, August 2015, 2.5 Mbps.....
Wexford County, October 2015, 2.5 Mbps.....
Missaukee, August 2015, 1.1 Mbps.....
Missaukee, October 2015, 1.1 Mbps.....
Grand Traverse, August 2015, 10.6 Mbps
Benzie (Frankfort), August 2015, 8.4 Mbps
Otsego, August 2015, 13.8 Mbps
Charlevoix, August 2015, 3.4 Mbps
Charlevoix, October 2015, 3.4 Mbps
Emmet, August 2015, 10.9 Mbps
Emmet, October 2015, 10.9 Mbps
Antrim Country, August, 2015, 5.0 Mbps
Antrim Country, October, 2015, 5.0 Mbps
Manistee, August 2015, 1.5 Mbps.....
Manistee, October 2015, 1.5 Mbps.....
Chippewa, October 2015, 1.0 Mbps
Luce, October 2015, 1.1 Mbps.....
Roscommon, October 2015, 11.4 Mbps.....
Leelanau, October 2015, 5.1 Mbps.....
Grand Traverse, October 2015, 10.6 Mbps.....

Exclusion: 50% rule on patient encounters in county that does not have 4mps broadband (IMPORTANT)

<http://www.broadbandmap.gov/summarize>

Use the National Broadband Map to Determine Broadband Speed in Your Area

The [National Broadband Map \(NBM\)](#) is a searchable and interactive tool that allows users to view broadband availability across every neighborhood in the United States.

The NBM is particularly helpful for providers in the EHR Incentive Programs that need to determine their broadband download speed for exclusion criteria. Providers can use the NBM to search, analyze, and map broadband availability in their area to determine if these exclusions apply.

How to use the NBM for the EHR Incentive Programs

1. Using the [Summarize tool](#), select "County" as your geography, choose your corresponding state, and type in the name of your county. Then click the "Summarize" button.
2. The summarize results page will display full details of broadband availability for your county.
3. Scroll down to the section titled "**Broadband Speed Test (Mbps)**" and click the darker gold bar by the "**Home**" location for the median broadband speed for housing units in your area (must be below 3Mbps for EHR broadband exclusions to apply).
4. Scroll back to the top of the results page to print or export the broadband data and save it for your records.

Note: Be sure you review the download speed, not the upload speed.

If you have any questions about how to use the data or to tell the National Telecommunications and Information Administration (NTIA) how you are using it, send an email to SBDD@ntia.doc.gov and visit the [NTIA website](#) for more information.

Secure Messaging

Modified Meaningful Use Objectives	Stage 1 Exclusion & Alternate Measures 2015	2015	Stage 1 Exclusion & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to QM	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
CPOE of Laboratory Orders	Exclusion	>30%	Exclusion	>30%	>30%
CPOE of Radiology Orders	Exclusion	>30%	Exclusion	>30%	>30%
4. ePrescribe					
ePrescribe	>40% (EP) *Exclusion	>50% (EP) >10% (EH)	N/A (EP) *Exclusion	>50% (EP) >10% (EH)	>50% (EP) >10% (EH)
5. Health Information Exchange					
Electronic Transition of Care (CCDA)	Exclusion	>10%	N/A	>10%	>10%
6. Patient Education					
Patient Specific Education	Exclusion	>10%	N/A	>10%	>10%
7. Medication Reconciliation					
Medication Reconciliation	Exclusion	>50%	N/A	>50%	>50%
8. Patient Electronic Access					
View, Download, Transmit #1	N/A	>50%	N/A	>50%	>50%
9. Secure Messaging					
Secure Messaging (EP Only)	Exclusion	Y/N	N/A	1 Patient	>5%
10. Public Health					
	2 of 3 (EP)	2 of 3 (EP)	N/A	2 of 3 (EP)	2 of 3 (EP)
Immunization Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

- Turned on for entire reporting period
- Audit: either reporting showing usage and/or screen print showing turned on
- Note what happens in 2017 (prepare now for this, it could take a year to get to 5%)
- Exclusion: 4 Mbps broadband described on previous page
- All years: “send and receive” enabled or bi-directional

Public Health

Modified Meaningful Use Objectives	Stage 1 Exclusion & Alternate Measures 2015	2015	Stage 1 Exclusion & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to QM	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
CPOE of Laboratory Orders	Exclusion	>30%	Exclusion	>30%	>30%
CPOE of Radiology Orders	Exclusion	>30%	Exclusion	>30%	>30%
4. ePrescribe					
ePrescribe	>40% (EP) *Exclusion	>50% (EP) >10% (EH)	N/A (EP) *Exclusion	>50% (EP) >10% (EH)	>50% (EP) >10% (EH)
5. Health Information Exchange					
Electronic Transition of Care (CCDA)	Exclusion	>10%	N/A	>10%	>10%
6. Patient Education					
Patient Specific Education	Exclusion	>10%	N/A	>10%	>10%
7. Medication Reconciliation					
Medication Reconciliation	Exclusion	>50%	N/A	>50%	>50%
8. Patient Electronic Access					
View, Download, Transmit #1	N/A	>50%	N/A	>50%	>50%
View, Download, Transmit #2	Exclusion	1 Patient	N/A	1 Patient	>5%

10. Public Health	2 of 4 (EH) 1 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)	N/A N/A	3 of 4 (EH) 2 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)
Immunization Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

- Immunization: MCIR (can count as 1), consider doing a flu clinic for your patients once a week in October/November
- Syndromic Surveillance: MMC completes test for hosted practices (can count as 1)
- Specialized Registry: Can count as 2. Now here is the problem, what is specialized registry

Public Health (Exclusion)

Modified Meaningful Use Objectives	Stage 1 Exclusion & Alternate Measures 2015	2015	Stage 1 Exclusion & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to QM	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
CPOE of Laboratory Orders	Exclusion	>30%	Exclusion	>30%	>30%
CPOE of Radiology Orders	Exclusion	>30%	Exclusion	>30%	>30%
4. ePrescribe					
ePrescribe	>40% (EP) *Exclusion	>50% (EP) >10% (EH)	N/A (EP) *Exclusion	>50% (EP) >10% (EH)	>50% (EP) >10% (EH)
5. Health Information Exchange					
Electronic Transition of Care (CCDA)	Exclusion	>10%	N/A	>10%	>10%
6. Patient Education					
Patient Specific Education	Exclusion	>10%	N/A	>10%	>10%
7. Medication Reconciliation					
Medication Reconciliation	Exclusion	>50%	N/A	>50%	>50%
8. Patient Electronic Access					
View, Download, Transmit #1	N/A	>50%	N/A	>50%	>50%
View, Download, Transmit #2	Exclusion	1 Patient	N/A	1 Patient	>5%

10. Public Health	2 of 4 (EH) 1 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)	N/A N/A	3 of 4 (EH) 2 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)
Immunization Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

- Exclusion: does not administer immunization
- Exclusion: not in a category that accepts syndromic surveillance (podiatrist, certified mid wives, mental health professionals)

Exclusion (Specialized):

- Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic data
- Operates in a jurisdiction where no specialized registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive data

Public Health

Modified Meaningful Use Objectives	Stage 1 Exclusion & Alternate Measures 2015	2015	Stage 1 Exclusion & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to QM	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
CPOE of Laboratory Orders	Exclusion	>30%	Exclusion	>30%	>30%
CPOE of Radiology Orders	Exclusion	>30%	Exclusion	>30%	>30%
4. ePrescribe					
ePrescribe	>40% (EP) *Exclusion	>50% (EP) >10% (EH)	N/A (EP) *Exclusion	>50% (EP) >10% (EH)	>50% (EP) >10% (EH)
5. Health Information Exchange					
Electronic Transition of Care (CCDA)	Exclusion	>10%	N/A	>10%	>10%
6. Patient Education					
Patient Specific Education	Exclusion	>10%	N/A	>10%	>10%
7. Medication Reconciliation					
Medication Reconciliation	Exclusion	>50%	N/A	>50%	>50%
8. Patient Electronic Access					
View, Download, Transmit #1	N/A	>50%	N/A	>50%	>50%
View, Download, Transmit #2	Exclusion	1 Patient	N/A	1 Patient	>5%

10. Public Health	2 of 4 (EH) 1 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)	N/A N/A	3 of 4 (EH) 2 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)
Immunization Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

- Active Engaged (complete registration), **MUST HAPPEN WITHIN 60 DAYS OF START OF REPORTING PERIOD**
- Testing and Validation
- Production
- Manual submission does not work
- Pretty liberal interpretation

Potential Registries:

- Pinnacle (Next Gen, Cardiology and Diabetes)
- NPO: eHx Hub (Ed Worthington)
- PHO: WellCentive (Beth Oberhaus)
- Dart Net (eCw), only one up and running
- Called 800 hot line, they would not give guidance, indicated ask MCEITA. Bruce Maki is who I call

Public Health/Registries



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[EHR Incentive Programs] 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?

We do not intend to inadvertently penalize providers for their inability to meet measures that were not required under the previous stages of meaningful use. Nor did we intend to require providers to engage in new activities during 2015, which may not be feasible after the publication of the final rule in order to successfully demonstrate meaningful use in 2015.

In the final rule at 80 FR 62788, we discuss our final policy to allow for alternate exclusions and specifications for certain objectives and measures where there is not a Stage 1 measure equivalent to the Modified Stage 2 (2015 through 2017) measure or where a menu measure is now a requirement. This includes the public health reporting objective as follows.

First, EPs scheduled to be in Stage 1 may attest to only 1 public health measure instead of 2 and eligible hospitals or CAHs may attest to only 2 public health measures instead of 3. In addition, we will allow providers to claim an alternate exclusion for a measure if they did not intend to attest to the equivalent prior menu objective consistent with our policy for other objectives and measures as described at 80 FR 62788.

We will allow Alternate Exclusions for the Public Health Reporting Objective in 2015 as follows:

EPs scheduled to be in Stage 1: Must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3

- May claim an Alternate Exclusion for Measure 1, Measure 2 or Measure 3.
- 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).

EPs scheduled to be in Stage 2: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3

- May claim an Alternate Exclusion for Measure 2 or Measure 3 (Syndromic Surveillance Measure or Specialized Registry Reporting Measure)

Eligible hospitals/CAHs scheduled to be in Stage 1: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-4

- May claim an Alternate Exclusion for Measure 1, Measure 2, Measure 3 or Measure 4

FAQ 12985
Created 10/19/15

Updated:
10/20/15
10/21/15

Public Health/Registries

Question: 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?

Answer: We do not intend to inadvertently penalize providers for their inability to meet measures that were not required under the previous stages of meaningful use. Nor did we intend to require providers to engage in new activities during 2015, which may not be feasible after the publication of the final rule in order to successfully demonstrate meaningful use in 2015.

In the final rule at 80 FR 62788, we discuss our final policy to allow for alternate exclusions and specifications for certain objectives and measures where there is not a Stage 1 measure equivalent to the Modified Stage 2 (2015 through 2017) measure or where a menu measure is now a requirement. This includes the public health reporting objective as follows.

First, EPs scheduled to be in Stage 1 may attest to only 1 public health measure instead of 2 and eligible hospitals or CAHs may attest to only 2 public health measures instead of 3.

Second, we will allow providers to claim an alternate exclusion for a measure if they did not intend to attest to the equivalent prior menu objective consistent with our policy for other objectives and measures as described at 80 FR 62788.

CMS will allow Alternate Exclusions for the Public Health Reporting Objective in 2015 as follows:

EPs scheduled to be in Stage 1: Must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3

- May claim an Alternate Exclusion for Measure 1, Measure 2 or Measure 3.
- 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).

EPs scheduled to be in Stage 2: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3

- May claim an Alternate Exclusion for Measure 2 or Measure 3 (Syndromic Surveillance Measure or Specialized Registry Reporting Measure).

Eligible hospitals/CAHs scheduled to be in Stage 1: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-4

- May claim an Alternate Exclusion for Measure 1, Measure 2, Measure 3 or Measure 4.
- An Alternate Exclusion may only be claimed for up to three measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(ii)(C).

Eligible hospitals/CAHs scheduled to be in Stage 2: Must attest to at least 3 measures from the Public Health Reporting Objective Measures 1-4

- May claim an Alternate Exclusion for Measure 3 (Specialized Registry Reporting Measure).

Quality Measures (EP)

Modified Meaningful Use Objectives	Stage 1 Exclusion & Alternate Measures 2015	2015	Stage 1 Exclusion & Alternate Measures 2016	2016	2017
1. Protect Patient Health Info.					
Security Risk Assessment	N/A	Annual Assessment	N/A	Annual Assessment	Annual Assessment
2. Clinical Decision Support	<i>Must be enabled for full reporting period</i>				
D/D, D/A Interaction Checking	N/A	Enabled	N/A	Enabled	Enabled
CDS Interventions, 4 related to QM	1 CDS	5 CDS	N/A	5 CDS	5 CDS
3. CPOE					
CPOE of Medication Orders	>30%	>60%	N/A	>60%	>60%
CPOE of Laboratory Orders	Exclusion	>30%	Exclusion	>30%	>30%
CPOE of Radiology Orders	Exclusion	>30%	Exclusion	>30%	>30%
4. ePrescribe					
ePrescribe	>40% (EP) *Exclusion	>50% (EP) >10% (EH)	N/A (EP) *Exclusion	>50% (EP) >10% (EH)	>50% (EP) >10% (EH)
5. Health Information Exchange					
Electronic Transition of Care (CCDA)	Exclusion	>10%	N/A	>10%	>10%
6. Patient Education					
Patient Specific Education	Exclusion	>10%	N/A	>10%	>10%
7. Medication Reconciliation					
Medication Reconciliation	Exclusion	>50%	N/A	>50%	>50%
8. Patient Electronic Access					
View, Download, Transmit #1	N/A	>50%	N/A	>50%	>50%
View, Download, Transmit #2	Exclusion	1 Patient	N/A	1 Patient	>5%
9. Secure Messaging					
Secure Messaging (EP Only)	Exclusion	Y/N	N/A	1 Patient	>5%
10. Public Health					
	2 of 4 (EH) 1 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)	N/A N/A	3 of 4 (EH) 2 of 3 (EP)	3 of 4 (EH) 2 of 3 (EP)
Immunization Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Specialized Registry	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement
Reportable Labs (EH Only)	Active Engagement	Active Engagement	Active Engagement	Active Engagement	Active Engagement

- Not on list to left (DO NOT FORGET)
- No changes
- In 2015, must report 90 days
- Does not need to be same 90 days at the rest of the measures
- Does not need to be electronic until 2018
- In 2016 and 2017, NEW PARTICIPANTS any 90 days
- Does not need to be the same 90 days.
- In 2016 and 2017, RETURNING EPs, must be full year
- PQRS: don't forget (Not MU)

2018 (Stage 3)

Significant changes

Stage 3 Objectives	2017	2018 & Beyond
1. Protect Patient Health Information	1 of 1	1 of 1
Security Risk Assessment	Annual Assessment	Annual Assessment
2. ePrescribe	1 of 1	1 of 1
ePrescribe	>60% (EP) >25% (EH)	>60% (EP) >25% (EH)
3. Clinical Decision Support (enabled for entire reporting period)	2 of 2	2 of 2
Drug Drug, Drug Allergy Checking	Enabled	Enabled
CDS Interventions related to 4 CQM	5 CDS	5 CDS
4. CPOE	3 of 3	3 of 3
CPOE of Med Orders	>60%	>60%
CPOE of Lab Orders	>60%	>60%
CPOE of Rad (Diagnostic Imaging Orders)	>60%	>60%
5. Electronic Access to Health Information	2 of 2	2 of 2
Patient Electronic Access (VDT Measure #1)	>80% (Patient Portal & API)	>80% (Patient Portal & API)
Patient Specific Education	>35%	>35%
6. Coordination of Care through Patient Engagement	2 of 3	2 of 3
Patient Engagement with EHR (VDT Measure #2)	>5% (Patient Portal, API, or both)	>10% (Patient Portal, API, or both)
Secure Messaging	>5% (EH and EP)	>25% (EH and EP)
Patient Generated Health Information	>5%	>5%
7. Health Information Exchange	2 of 3	2 of 3
Electronic Transition of Care	>50%	>50%
Incorporate CCDA Available Data	>40%	>40%
Clinical Reconciliation of Medications, Problems and Medication Allergies	>80% (2 of 3)	>80% (2 of 3)
8. Public Health	4 of 6 (EH) 2 of 5 (EP)	4 of 6 (EH) 2 of 5 (EP)
Immunization Registry Bi-Directional	Active Engagement	Active Engagement
Syndromic Surveillance	Active Engagement	Active Engagement
Electronic Case Reporting	Active Engagement	Active Engagement
Public Health Registry	Active Engagement	Active Engagement
Clinical Data Registry	Active Engagement	Active Engagement
Reportable Labs (EH only)	Active Engagement	Active Engagement

- eRx goes to 60% (from 50%)
- CPOE for Lab and Rad goes to 60%
- Patient Electronic Access (aka, Patient Portal goes to 80% and adds API)
- Patient Ed must be electronic and goes to 35%
- Secure messaging goes to 25% from 5% (sending and receiving)
- Add in patient generated health information, 5% (aka, fit bit, portal uploads, pre-reg forms, blood sugar levels, etc).
- Summary of Care goes to 50%
- Incorporate CCDA 40% of the time.
- Reconciliation of Problem List and Med Allergy
- Public Health defines their registry differently

Providers: Coming and Going

- Employment contract: penalty and incentive
- Previous employer: share data, who receives incentive.
- Future employer: share data, who receives incentive
- Audits: challenging
- Change employment on December 31/January 1, still challenges



Summary

- 90 days in 2015
- 1 year 2016 and thereafter for most
- Stage 2 for all in 2016
- Stage 3 for all in 2018
- Elimination of several measures
- Increased emphasis on:
 - Electronic patient engagement (portal)
 - Electronic exchange of summary of care (CCDA)
 - Electronic data submission (Registry)



Summary for EP

	2015 Stage 1	2015 Stage 2	2016	2017 Stage 2	2018 Stage 3
Security Risk Analysis	1	1	1	1	1
ePrescribe & drug-formulary query	40%	50%	50%	50%	60%
Clinical Decision Support and Drug Drug, Drug Allergy	1	5	5	5	5
CPOE Meds	30%	60%	60%	60%	60%
CPOE Labs	-----	30%	30%	30%	60%
CPOE Radiology	-----	30%	30%	30%	60%
Electronic Access to Health Information					
Patient Electronic Access (VDT #1 / Portal access)	50%	50%	50%	50%	80% +API
Patient Education	10%*	10%	10%	10%	35% electronic
Coordination of Care through Patient Engagement (2 out of 3 in 2018)					
Patients Engagement (VDT #2 / Portal Usage)		one	one	5%	10%
Secure messaging		enable	one	5%	25%
Patient generated Health Information					5%
Health Information Exchange (2 out of 3 in 2018)					
Electronic Transition of Care, aka Med Reconciliation(transition in),	50% Meds	50% Meds	50% Meds	50% Meds	80% Med, Problem, Allergy
Incorporate Available Data / Electronic Clinical Reconciliation (transition in)	-----	-----	-----	-----	40%
Electronically transmit CCDa (transition out)	----	10%	10%	10%	50%
Electronic Public Health Data Transmission	1	2	2	2	2

Resources

Resources

Final Rule: <http://federalregister.gov/a/2015-25595>

2015 Tip Sheet: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3_EP.pdf

Modified S2 Tip Sheet: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3Overview2015_2017.pdf

Randi Terry: rterry@mhc.net, 231-935-5199

Joseph Cook, DO, jcook1@mhc.net, 231-935-8013

Questions

