



MEANINGFUL USE - NEW RULE/REQUIREMENTS FOR 2015

On October 7, 2015, Centers for Medicare and Medicaid Services (CMS) released a final rule that specifies criteria that eligible professionals (EPs) must meet in order to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The final rule's provisions encompass 2015 through 2017 (Modified Stage 2) as well as Stage 3 in 2018 and beyond. The rule was published in the Federal Register on October 16, 2015.

The final rule outlines the reporting requirements for providers as a set of 10 objectives with associated measures that would replace all core and menu set measures criteria under Stage 1 and 2 MU; Clinical Quality Measures requirement (did not change), and updates the reporting period:

- All providers are required to attest to a single set of objectives and measures. This replaces the core and menu structure of previous stages. For EPs, there are **10 objectives**, including one consolidated public health reporting objective. In 2015, all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition.
- Starting in 2015, the EHR reporting period for all providers will be **based on the calendar year**. In 2015 only, the EHR reporting period for all providers will be **any continuous 90-day period**. EPs may select an EHR reporting period of any continuous 90 day period from January 1, 2015 - December 31, 2015.
- EPs must report on 9 (out of 64) CQMs selected by CMS using certified EHR technology. There are no changes to CQM selection or reporting scheme from requirements in Stage 2 MU. (More information will be published on CQM via MEDEHR in a later News Blast.)

Specific Objectives/Measures:

- **Objective 1: Protect Patient Health Information (Previously MU Stage 2 core measure #9)**
Measure: Conduct or review a security risk analysis in accordance with the requirements, including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements, and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.
Conducting a security risk analysis is required by each EP when certified EHR technology is adopted in the first reporting year. In subsequent reporting years, or when changes to the practice or electronic systems occur, a review must be conducted by each EP. CMS offers the link below to a Security Risk Analysis Tipsheet: Protecting Patients' Health Information to assist users in meeting this measure.
MEDEHR runs regular security risk checks as it relates to the software and server side for the Technical Safeguard section of the analysis; however, the practice must address the Technical Safeguard section for local PC's/Networks and all other sections of the analysis. (Yes/No attestation only).

https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/securityriskassessment_factsheet_updated20131122.pdf

- **Objective 2: Clinical Decision Support (CDS) (Previously MU Stage 2 core measure #6)**

NOTE: In order for EPs to meet the objective they must satisfy both measures.

Measure 1: Implement 5 CDS interventions related to 4 or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent 4 clinical quality measures related to an EP's scope of practice or patient population, the CDS interventions must be related to high priority health conditions.
[MEDEHR clients \(each EP\) must sign up and use Isabel for CDS at prompted screens: Ready for Checkout, Review Labs, and/or Medications \(Yes/No attestation only\).](#)

Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.

[MEDEHR auto preforms drug-drug and drug allergy interaction checks at specified points.](#)
 (Yes/No attestation only)

- **Objective 3: Computerized Provider Order Entry (CPOE) (Previously MU Stage 2 core measure #1)**

NOTE: An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.

Measure 1: More than 60% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.

[MEDEHR calculates the numerator based on the start date of eRx and coded meds.](#)
[The denominator is calculated based on eRx, coded meds, and un-coded meds.](#)

Measure 2: More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE.

[MEDEHR calculates the numerator based on test orders entered under category 'lab'.](#)
[If results are interfaced, this will auto create an order, therefore adding to the numerator/denominator calculation.](#)
[The numerator/denominator will always show as 100%.](#)

Measure 3: More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.

[MEDEHR calculates the numerator based on test orders under category 'radiology'.](#)
[The numerator/denominator will always show as 100%.](#)

- **Objective 4: Electronic Prescribing (Previously MU Stage 2 core measure #2)**

Measure: More than 50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

[MEDEHR calculates the numerator based on eRx entries.](#)
[The denominator is calculated based on eRx and coded med entries.](#)

- **Objective 5: Health Information Exchange (Previously MU Stage 2 core measure #15)**

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% of transitions of care and referrals.

[MEDEHR calculates the numerator based on CCD files created from the Facesheet tab, 'Display CCD file for Validation'. The denominator is calculated based on entries in the Encounter Mgmt Tab, Orders Tab, Referral Letter Tab patients which are marked 'Transition Out'.](#)
[Due to the late clarifications regarding electronic transmission of CCD files, MEDTRON is exploring several third party options for accommodating that part of the measure. *More information to come...*](#)

- **Objective 6: Patient Specific Education (Previously MU Stage 2 core measure #13)**

Measure: Patient specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.

[MEDEHR calculates the numerator based on providers usage of the Info button or Educational Materials.](#)
[The denominator is calculated based on unique patients seen for an office visit during the reporting period.](#)

- **Objective 7: Medication Reconciliation (Previously MU Stage 2 core measure #14)**

Measure: The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.

MEDEHR calculates the numerator based on the Encounter Mgmt Tab, Orders Tab, Referral Letter Tab patients marked 'Transition In'. The denominator is calculated based on the Encounter Mgmt Tab, Orders Tab, Referral Letter Tab patients marked 'Transition In', with 'Summary Provided / Medications Reconciled' also checked.

- **Objective 8: Patient Electronic Access (VDT) (Previously MU Stage 2 core measure #7)**

Measure 1: More than 50% 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.

MEDEHR calculates the numerator based on the provider printing the patient portal user ID and password form. The denominator is calculated based on unique patients seen for an office visit during the reporting period.

Measure 2: For an EHR reporting period in 2015, at least 1 patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.

MEDEHR calculates the numerator when a patient logs on via the Patient Portal. There is no denominator for this measure.

- **Objective 9: Secure Messaging (Previously MU Stage 2 core measure #17)**

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.

MEDEHR provides patients with secure electronic messaging via the Patient Portal (Yes/No attestation only).

- **Objective 10: Public Health Reporting (Previously MU Stage 2 core measure #16, menu measure #1, 5, 6)**

NOTE: An EP scheduled to be in Stage 2 in 2015 must meet 2 measures.

Measure 1 – Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

Measure 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

(In the LA jurisdiction, only available for Emergency Departments and Urgent Care Facilities)

Measure 3 – Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry. *(If excluded from measures 1 and/or 2 above, EP can select 2 registries from measure 3.)*

This objective does not specifically state that EPs must use registries, only that the EP must be in an 'active engagement', i.e., have registration of intent to initiate ongoing submission.

Exclusions apply to these measures for any EP who:

- 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.
- Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.
- 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.

NOTE: The Objective 10 requirement is specific to each practice and/or specialty, i.e., practice should contact MSI Software Support to obtain a quote if industry specific registry interface must be created.

Attestation Deadlines:

For an EHR reporting period in 2015, all Medicare providers must attest by February 29, 2016, however, providers will not be able to attest to MU for an EHR reporting period in 2015 prior to January 4, 2016.

Resources:

CMS EHR Incentive Programs: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

EHR for Eligible Professionals: What You Need to Know for 2015 Tipsheet: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3_EP.pdf

EHR Incentive Programs in 2015-2017 Overview Fact Sheet: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3Overview2015_2017.pdf

Contact Software Support for assistance or any questions via:

From **MEDPM** or **MEDEHR** Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to the Software Support Dept.

-OR-

Phone: (985) 234-0599 (local), (800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609