Overview of the CMS Modification to Meaningful Use  
2015 through 2017

On April 10, 2015, the Centers for Medicare & Medicaid Services (CMS) issued a new proposed rule for the Medicare and Medicaid EHR Incentive (meaningful use) Programs to, according to the agency, align Stage 1 and Stage 2 objectives and measures with the long-term proposals for Stage 3, build progress toward program milestones, reduce complexity and simplify reporting.

**Highlights**

The proposed rule would streamline reporting requirements. To accomplish these goals, the NPRM proposes to

- Reduce the overall number of objectives;
- Remove measures that have become redundant, duplicative or have reached widespread adoption;
- Significantly reduce the reporting requirements for the patient electronic access requirements (view, download and transmit/secure messaging);
- Allow a 90 day reporting period in 2015 to accommodate the implementation of these proposed changes in 2015;
- Realign the reporting period beginning in 2015, so hospitals would participate on the calendar year instead of the fiscal year.

**Summary of Major Provisions**

**EHR Reporting Period in 2015 and 2016**

- For 2015 and 2016, CMS proposes allowing new participants in meaningful use to attest for an EHR reporting period of any continuous 90-day period within the calendar year.
- For 2015 only, CMS proposes allowing all EPs (regardless of prior participation in the program) to attest to an EHR reporting period of any continuous 90-day period within the calendar year. The agency states that this 90-day EHR reporting period for 2015 would allow EPs additional time to address any remaining issues with implementation of technology certified to the 2014 Edition and accommodate changes to the objectives and measures of meaningful use proposed in this rule.
- In 2016, CMS proposes that EPs demonstrating meaningful use for the first time may use an EHR reporting period of any continuous 90-day period between Jan. 1, 2016 and Dec. 31, 2016. However, all returning participants would use an EHR reporting period of a full calendar year from Jan. 1, 2016 through Dec. 31, 2016.
- In 2017 all EPs, including both new and existing participants, would use an EHR reporting period of one full calendar year as proposed in the Stage 3 proposed rule, with a limited exception for Medicaid EPs demonstrating meaningful use for the first time.
CMS also proposes aligning the definition of an EHR reporting period with the calendar year for all EPs beginning in 2015 and continuing through 2016 onward. Specifically, this would change the EHR reporting period for eligible hospitals and critical access hospitals from the fiscal year to the calendar year beginning in 2015.

**Meaningful Use Objectives and Measures for 2015 through 2017**

- Similar to what CMS proposed in the Stage 3 rule, the agency has identified objectives and measures found to be redundant, duplicative or topped out, and would no longer require these for successful demonstration of meaningful use. These changes would remove the menu and core structure of Stages 1 and 2 and reduce the overall number of objectives to which a provider must attest.

- The following objectives are proposed to be no longer required to be reported:
  - Record Demographics
  - Record Vital Signs
  - Record Smoking Status
  - Clinical Summaries
  - Structured Lab Results
  - Patient List
  - Patient Reminders
  - Summary of Care
    - Measure 1 – Any Method
    - Measure 3 – Test
  - Electronic Notes
  - Imaging Results
  - Family Health History

- In addition, CMS proposes changes to individual objectives and measures for Stage 2 of meaningful use as follows:
  - Changing the threshold for the Stage 2 Objective for Patient Electronic Access second measure from "5%" to "equal to or greater than one."
  - Converting the threshold for the Stage 2 Objective Secure Electronic Messaging from a percentage-based measure to a yes/no response regarding whether functionality is "fully enabled."
  - Consolidating all public health reporting objectives into one objective with measure options following the structure of the Stage 3 Public Health Reporting Objective.
  - CMS notes that these proposals include provisions to maintain the existing definitions for the objectives and measures, including numerator and denominator calculation, provisions to maintain measure thresholds for 2015, and provisions to allow exclusions for certain EPs in 2015 in order to facilitate the transition for EPs already engaged in the workflows, data capture and measure calculation for an EHR reporting period in 2015.
Current stage structure, retained objectives and proposed structure

<table>
<thead>
<tr>
<th>Current Stage 1 Structure</th>
<th>Retained Objectives</th>
<th>Proposed Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 13 core objectives</td>
<td>- 6 core objectives</td>
<td>- 9 core objectives</td>
</tr>
<tr>
<td>- 5 of 9 menu objectives</td>
<td>- 3 menu objectives</td>
<td>- 1 public health objective</td>
</tr>
<tr>
<td>(including 1 public health objective)</td>
<td>- 2 public health objectives</td>
<td>(2 measure options)</td>
</tr>
<tr>
<td>Current Stage 2 Structure</td>
<td>Retained Objectives</td>
<td>Proposed Structure</td>
</tr>
<tr>
<td>- 17 core objectives</td>
<td>- 9 core objectives</td>
<td>- 9 core objectives</td>
</tr>
<tr>
<td>- 3 of 6 menu objectives</td>
<td>- 0 menu objectives</td>
<td>- 1 public health objective</td>
</tr>
<tr>
<td>(including public health objectives)</td>
<td>- 4 public health objectives</td>
<td>(2 measure options)</td>
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Certification Requirements

- Under this proposed rule, CMS does not propose changes to the individual certification requirements for the objectives and measures of meaningful use for an EHR reporting period in 2015 through 2017.
- Until a transition to EHR technology certified to the 2015 Edition is required (included in the Stage 3 proposed rule beginning with an EHR reporting period in 2018), CMS proposes that EPs would continue to use EHR technology certified to the 2014 Edition for an EHR reporting period in 2015, 2016 and 2017.
- As outlined in the Stage 3 proposed rule, EPs may upgrade early to EHR technology certified to the 2015 Edition for an EHR reporting period prior to 2018.

Medicaid EHR Incentive Program in 2015 through 2017

- CMS states that the proposals included in this rule would also apply for the Medicaid EHR Incentive Program, including the proposed changes to the EHR reporting period in 2015 and 2016, and the objectives and measures required to demonstrate meaningful use in 2015 through 2017.
- Consistent with the Stage 3 proposed rule, CMS proposes continuing to offer states flexibility under the Medicaid EHR Incentive Program for the public health reporting objective.
- For meaningful use in 2015 through 2017, CMS would continue the policy stated in the Stage 2 final rule allowing states to specify the means of transmission of data or otherwise change the public health measure (as long as it does not require EHR functionality above and beyond that which is included in the certification requirements specified under the 2014 Edition certification criteria).
Clinical Quality Measurement

- CMS does not propose changes to the Clinical Quality Measures (CQM) selection or reporting scheme (9 or 16 CQMs across at least 3 domains) from current CQM requirements for all EPs seeking to demonstrate meaningful use.

- For an EHR reporting period in 2015, and for EPs demonstrating meaningful use for the first time in 2016, CMS is proposing that EPs may—
  - Attest to any continuous 90-day period of CQM data during the calendar year through the meaningful use registration and attestation site; or
  - Electronically report CQM data using the established methods for electronic reporting.

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

Alternate Exclusions and Specifications for Meaningful Use Stage 1 EPs in 2015

- CMS proposes several alternate exclusions and specifications for EPs scheduled to demonstrate Stage 1 of meaningful use in 2015, which would allow these EPs to continue to demonstrate meaningful use despite proposals to use only Stage 2 meaningful use objectives and measures for 2015-2017. These provisions fall into the following two major categories:
  - Maintaining specifications for objectives and measures which have a lower threshold or other measure difference between Stage 1 and Stage 2.
  - Establishing an exclusion for Stage 2 measures that do not have an equivalent Stage 1 measure associated with any Stage 1 objective, or where the EP did not plan to attest to the menu objective that would now be otherwise required.

- For the first category, CMS proposes that EPs scheduled to demonstrate Stage 1 of meaningful use for an EHR reporting period in 2015 may attest using specifications established for Stage 1 objectives and measures for each retained objective or measure where there is a difference in specifications between Stages 1 and 2. For example, the Stage 1 electronic prescribing objective for EPs requires that "more than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology." However, the Stage 2 electronic prescribing objective requires that "more than 50% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology." Therefore, for an EHR reporting period in 2015, EPs scheduled to demonstrate Stage 1 of meaningful use may attest using the specifications associated with the Stage 1 measure. CMS notes that for an EHR reporting period beginning in 2016, all EPs must attest to Stage 2 specifications for the measure, including measure thresholds.

- For an EHR reporting period in 2016, all EPs, including those who would otherwise be scheduled for Stage 1 in 2016, would be required to meet Stage 2 specifications with no alternate exclusions.
• For the second category, CMS notes that some objectives, such as the Patient Electronic Access objective, have the same requirements for one measure (more than 50% of patients are provided access to view, download and transmit their health information) for both Stage 1 and Stage 2. However, there is an additional measure for Stage 2 (more than 5% of patients view, download or transmit their health information).

• Other objectives, such as the Summary of Care objective, are designated as a menu objective for Stage 1, but are a core objective for Stage 2, and may have additional measure requirements in Stage 2 that are not applicable for Stage 1.

• Some Stage 2 objectives consist of requirements from multiple Stage 1 objectives, such as drug-drug and drug-allergy decision support interventions. For these consolidated objectives, all EPs would be required to attest to the Stage 2 objective and measures.

• For objectives where there is a measure that is not equivalent between Stage 1 and Stage 2, or where the objective moves from menu to core between Stage 1 and Stage 2, CMS proposes including an exclusion for providers who were scheduled to demonstrate Stage 1 of meaningful use for the 2015 EHR reporting period. For example, Stage 1 EPs may be excluded from the requirement to send an electronic summary of care record for more than 10% of transitions of care, as required in the Stage 2 Summary of Care objective measure 2.

• Alternate exclusions and specifications for certain meaningful use objectives and measures for the 2015 EHR reporting period are defined in the description of each objective and measure in this proposed rule.

Demonstration of Meaningful Use

• CMS proposes to continue its common method for demonstrating meaningful use in both the Medicare and Medicaid EHR Incentive Programs.

• The demonstration methods CMS has adopted for Medicare would automatically be available to states for use in their Medicaid programs. The agency proposes continuing to use attestation as the method for demonstrating that an EP has met the objectives and measures of meaningful use.

• In lieu of individual Medicare EP attestation through the CMS registration and attestation system, CMS proposes continuing to use the existing optional batch file process for attestation.

• CMS proposes shifting attestation deadlines to accommodate the proposed switch to calendar year-based reporting for eligible hospitals and critical access hospitals (CAHs) beginning in 2015, as well as the newly-proposed 90-day EHR reporting period for all EPs in 2015. The agency additionally proposes changes to attestation deadlines for new meaningful EHR users in 2015 and 2016 in order to avoid Medicare payment adjustments in 2016 and 2017.

• Finally, CMS proposes an alternate attestation option for certain Medicaid EPs to demonstrate meaningful use in 2015 and subsequent years to avoid Medicare payment adjustments.
Payment Adjustments and Hardship Exceptions

CMS proposes changes to the definition of an EHR reporting period regarding a payment adjustment, as well as the attestation deadlines for certain EPs to demonstrate meaningful use for an EHR reporting period in order to avoid the Medicare payment adjustment.

### Proposed Objectives, Measures and Alternative Measures

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<td><strong>CPOE</strong></td>
<td>Measure 1: More than 60% of medication orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or ER department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</td>
<td>If for an EHR reporting period in 2015, the provider is scheduled to demonstrate Stage 1: Alternate Measure 1: More than 30% of all unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or ER department (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE; OR, more than 30% of medication orders created by the EP, or authorized providers of the eligible hospital or CAH, for patients admitted to their inpatient or ER departments (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. Alternate Exclusion for Measure 2: Provider may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015. Alternate Exclusion for Measure 3: Provider may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.</td>
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<td>Measure 2: More than 30% of laboratory orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or ER department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</td>
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<td>Measure 3: More than 30% of radiology orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or ER department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</td>
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<tr>
<td>Measure</td>
<td>Description</td>
<td>Exclusion/Alternate Measure</td>
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<td><strong>Electronic Prescribing</strong></td>
<td>More than 50% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.</td>
<td>If for an EHR reporting period in 2015, the provider is scheduled to demonstrate Stage 1: Alternate EP Measure: More than 40% of all permissible prescriptions written by the EP are transmitted electronically using Certified EHR Technology.</td>
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<td><strong>Clinical Decision Support</strong></td>
<td>Implement 5 clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP’s, eligible hospital’s or CAH’s scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that 1 of the 5 clinical decision support interventions be related to improving healthcare efficiency.</td>
<td>If for an EHR reporting period in 2015, the provider is scheduled to demonstrate Stage 1: Alt. Objective and Measure 1: Objective: Implement 1 clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule. Measure: Implement 1 clinical decision support rule.</td>
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<td><strong>Patient Electronic Access (VDT)</strong></td>
<td>More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information (subject to the EP's discretion to withhold certain information). EP Measure 2: At least 1 patient seen by the EP (or their authorized representatives) during the EHR reporting period views, downloads, or transmits his or her health information to a third party.</td>
<td>Alternate Exclusion Measure 2: Provider may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.</td>
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<tr>
<td>Measure</td>
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<td>Alternate Exclusion</td>
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<td>Protect Electronic Health Information</td>
<td>Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data stored in Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP, eligible hospital or CAHs risk management process.</td>
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<td>Patient Specific Education</td>
<td>Measure: Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.</td>
<td>Alternate Exclusion: Provider may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if, for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, but did not intend to select the Stage 1 Patient Specific Education menu objective.</td>
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<td>Medication Reconciliation</td>
<td>Measure: The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or ER department (POS 21 or 23).</td>
<td>Alternate Exclusion: EP may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if, for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.</td>
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<td>Summary of Care</td>
<td>Measure: The EP, eligible hospital or CAH that transitions/refers their patient to another setting of care or provider of care (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving provider for more than 10% of transitions of care and referrals.</td>
<td>Alternate Exclusion: Provider may claim an exclusion for Measure 2 of the Stage 2 Summary of Care objective if, for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.</td>
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<td>Secure Messaging</td>
<td>Measure: During the EHR reporting period, the capability for patients to send and receive a secure electronic message with the provider was fully enabled.</td>
<td>Alternate Exclusion: An EP may claim an exclusion for the measure if, for a 2015 EHR reporting period, they were scheduled to demonstrate Stage 1, which does not have an equivalent Public Health measure.</td>
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| Public Health Reporting | Measure Option 1 – Immunization Registry Reporting: The EP, eligible hospital, or CAH is actively engaged with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Measure Option 2 – Syndromic Surveillance Reporting: The EP, eligible hospital, or CAH is actively engaged with a public health agency to submit syndromic surveillance data from a non-urgent care ambulatory setting for EPs, or an ER or urgent care department for eligible hospitals and CAHs (POS 23).

Measure Option 3 – Case Reporting: The EP, eligible hospital, or CAH is actively engaged with a public health agency to submit case reporting of reportable conditions.

Measure Option 4 – Public Health Registry Reporting: The EP, eligible hospital, or CAH is actively engaged with a public health agency to submit data to public health registries.

Measure Option 5 – Clinical Data Registry Reporting: The EP, eligible hospital, or CAH is actively engaged in submitting data to a clinical data registry. | None |