



Summary of the Final Rule for Meaningful Use for 2015 and 2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 412 and 495

[CMS-3310-FC and CMS-3311-FC]

RINs 0938-AS26 and 0938-AS58

Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 through 2017

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rules with comment period.

Discussion of MU for 2015 and 2016 begins on Page 134 of the Federal Register¹

Meaningful Use Objectives for 2015 and 2016

Objective 1: Protect Patient Health Information

Objective: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

Measures for Providers in 2015 and 2016

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 created or maintained by 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's risk management process.

Alternate Exclusions and/or Specifications for Certain Providers

NONE

¹ See: <https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program---stage-3-and>

CMS Final Rule: Meaningful Use Objectives for 2015 and 2016

Objective 2: Clinical Decision Support

Objective: Use clinical decision support to improve performance on high-priority health conditions.

Measures for Providers in 2015 and 2016

Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions

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

Alternate Exclusions and/or Specifications for Certain Providers

If for an EHR reporting period in 2015, the provider is scheduled to demonstrate Stage 1:

Alternate Objective and Measure 1:

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule.

Measure 1: Implement one clinical decision support rule.

Objective 3: Computerized Provider Order Entry CPOE

Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional that can enter orders into the medical record per state, local, and professional guidelines.

Measures for Providers in 2015 and 2016

Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Alternate Exclusions and/or Specifications for Certain Providers

Alternate Measure 1: For Stage 1 providers in 2015 only, more than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during

CMS Final Rule: Meaningful Use Objectives for 2015 and 2016

the EHR reporting period have at least one medication order entered using CPOE; or more than 30 percent of medication orders created by the EP during the EHR reporting period during the EHR reporting period, are recorded using computerized provider order entry.

Alternate Exclusion for Measure 2: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.

Alternate Exclusion for Measure 3: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016

Objective 4: Electronic Prescribing

EP Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measures for Providers in 2015 and 2016

Measure 1: More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

Alternate Exclusions and/or Specifications for Certain Providers

Alternate EP Measure: For Stage 1 providers in 2015 only, More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.

Objective 5: Health Information Exchange

Objective: The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

Measures for Providers in 2015 and 2016

Measure 1: The EP that transitions or 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 percent of transitions of care and referrals.

CMS Final Rule: Meaningful Use Objectives for 2015 and 2016

Alternate Exclusions and/or Specifications for Certain Providers

Alternate Exclusion: Provider may claim an exclusion for the measure of the Stage 2 Summary of Care objective, which requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

Objective 6: Patient-Specific Education

Objective: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.

Measures for Providers in 2015 and 2016

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

Alternate Exclusions and/or Specifications for Certain Providers

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.

Objective 7: Medication Reconciliation

Objective: The EP, eligible hospital or CAH that receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.

Measures for Providers in 2015 and 2016

Measure 1: The EP, performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

Alternate Exclusions and/or Specifications for Certain Providers

Alternate Exclusion: Provider 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.

CMS Final Rule: Meaningful Use Objectives for 2015 and 2016

Objective 8: Patient Electronic Access (VDT)

Objective: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

Measures for Providers in 2015 and 2016

Measure 1: More than 50 percent 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.

Measure 2: For 2015 and 2016: At least 1 patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits his or her health information to a third party during the EHR reporting period.

Alternate Exclusions and/or Specifications for Certain Providers

Alternate Exclusion Measure 2: Providers 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.

Objective 9: Secure Messaging

EP Objective: Use secure electronic messaging to communicate with patients on relevant health information. .

Measures for Providers in 2015 and 2016

Measure 1: For 2015: 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.

Measure 2: For 2016: For at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or patient authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative) during the EHR reporting period.

Alternate Exclusions and/or Specifications for Certain Providers

Alternate Exclusion: An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

CMS Final Rule: Meaningful Use Objectives for 2015 and 2016

Objective 10: Public Health

Objective: The EP, eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measures for Providers in 2015 and 2016

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.

Measure 3 – Specialized Registry Reporting – The EP is in active engagement to submit data to a specialized registry.

Alternate Exclusions and/or Specifications for Certain Providers

Stage 1 EPs in 2015 must meet at least 1 measure in 2015, Stage 2 EPs must meet at least 2 measures in 2015, and All EPs must meet at least 2 measures in 2016 and 2017.

Exclusions: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP

- Does not diagnose or treat any disease or condition associated with or collects relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

CMS Final Rule: Meaningful Use Objectives for 2015 and 2016

TABLE 6 - PUBLIC HEALTH REPORTING OBJECTIVE MEASURES FOR EPS IN 2015 THROUGH 2017

Measure Number and Name	Measure Specification	Maximum times measure can count towards the objective
Measure 1 – Immunization Registry Reporting	The EP is in active engagement with a public health agency to submit immunization data.	1
Measure 2 – Syndromic Surveillance Reporting	The EP is in active engagement with a public health agency to submit syndromic surveillance data.	1
Measure 3 – Specialized Registry Reporting	The EP is in active engagement with a public health agency to submit data to a specialized registry.	2 for EP

CMS Final Rule: Meaningful Use Objectives for 2015 and 2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 412 and 495

[CMS-3310-FC and CMS-3311-FC]

RINs 0938-AS26 and 0938-AS58

Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 through 2017

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rules with comment period.

TABLE 7: ELIGIBLE PROFESSIONAL (EP) OBJECTIVES AND MEASURES FOR 2015 THROUGH 2017

Discussion of MU for 2015, 2016 and 2017 begins on Page 134 of Federal Register

Objectives for 2015, 2016 and 2017	Measures for Providers in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
Objective 1: Protect Patient Health Information	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 created or maintained by 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’s risk management process.	NONE
Objective 2: Clinical Decision Support	Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EPs scope of practice or patient	If for an EHR reporting period in 2015, the provider is scheduled to demonstrate Stage 1: Alternate Objective and Measure 1: Objective: Implement one clinical decision support rule

CMS Final Rule: Meaningful Use Objectives for 2015 and 2016

	<p>population, the clinical decision support interventions must be related to high-priority health conditions</p> <p>Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p>	<p>relevant to specialty or high clinical priority, along with the ability to track compliance with that rule.</p> <p>Measure: Implement one clinical decision support rule.</p>
<p>Objective 3: Computerized Provider Order Entry CPOE</p>	<p>Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p>	<p>Alternate Measure 1: For Stage 1 providers in 2015 only, more than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or more than 30 percent of medication orders created by the EP during the EHR reporting period during the EHR reporting period, are recorded using computerized provider order entry.</p> <p>Alternate Exclusion for Measure 2: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.</p> <ul style="list-style-type: none"> • Alternate Exclusion for Measure 3: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016
<p>Objective 4: Electronic Prescribing</p>	<p>EP Measure: More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.</p>	<p>Alternate EP Measure: For Stage 1 providers in 2015 only, More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.</p>
<p>Objective 5: Health Information</p>	<p>Measure: The EP that transitions or 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</p>	<p>Alternate Exclusion: Provider may claim an exclusion for the measure of the Stage 2 Summary of Care objective, which requires the electronic transmission of a summary of care</p>

CMS Final Rule: Meaningful Use Objectives for 2015 and 2016

Exchange	transmits such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	document if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Objective 6: Patient-Specific Education	EP Measure: Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	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.
Objective 7: Medication Reconciliation	Measure: The EP, performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Alternate Exclusion: Provider 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.
Objective 8: Patient Electronic Access (VDT)	<p>EP Measure 1: More than 50 percent 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.</p> <ul style="list-style-type: none"> • EP Measure 2: For 2015 and 2016: At least 1 patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits his or her health information to a third party during the EHR reporting period. <p>For 2017: More than 5 percent of unique patients seen by the EP during the EHR reporting period (or patient authorized representative) views, downloads or transmits their health information to a third party during the EHR reporting period.</p>	Alternate Exclusion Measure 2: Providers 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.
Objective 9: Secure Messaging	<p>Measure:</p> <p>For 2015: 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.</p>	Alternate Exclusion: An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

CMS Final Rule: Meaningful Use Objectives for 2015 and 2016

	<p>For 2016: For at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or patient authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative) during the EHR reporting period.</p> <p>For 2017: For more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.</p>	
<p>Objective 10: Public Health</p>	<p>Measure 1 – Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.</p> <ul style="list-style-type: none"> ● Measure 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data. <p>Measure 3 – Specialized Registry Reporting – The EP is in active engagement to submit data to a specialized registry.</p>	<p>Stage 1 EPs in 2015 must meet at least 1 measure in 2015,</p> <p>Stage 2 EPs must meet at least 2 measures in 2015, and</p> <p>All EPs must meet at least 2 measures in 2016 and 2017.</p>

CMS Final Rule: Meaningful Use Objectives for 2015 and 2016