Meaningful Use Modifications
Program Years 2015 and 2016

Liz Hansen
PCMH CCE, CMUP, CHSP, CHSA
Grant Program Director, SCHIEx
February 11, 2016
• Changes in the meaningful use requirements – what was deleted and what was included

• How a provider can meet the Health Information Exchange (eSummary of Care) requirements

• Public Health Reporting requirements and timeline
Participation Timeline

- **2015**
  - Attest to Modified Stage 2 2015
  - *(90 calendar days)*

- **2016**
  - Attest to Modified Stage 2 2016
  - *(If first year of MU, 90 calendar days; All other MU full calendar year)*

- **2017**
  - Attest to either Modified Stage 2 2017 or full version of Stage 3

- **2018**
  - Attest to full version of Stage 3

➢ **Stage 3 requires 2015 Edition CEHRT**

2015PY Attestation Deadlines for Eligible Professionals (EP)

- **Adopt, Implement or Upgrade (AIU)**
  - State Level Repository currently accepting 2015PY AIU
  - Deadline for 2015PY AIU attestation - 2/29/16

- **Meaningful Use (MU)**
  - Anticipate MU attestation screens will be available by April/May 2016 timeframe
  - Deadline for 2015PY MU attestations – 6/30/16
2016PY Attestation Deadlines for Eligible Professionals (EP)

- Adopt, Implement or Upgrade (AIU)
  - State Level Repository currently accepting 2016PY AIU
  - Deadline for 2016PY AIU attestation – anticipated 2/28/2017

- Meaningful Use (MU)
  - Deadline for 2016PY MU attestation – anticipated 2/28/2017
EHR Reporting Periods for Eligible Professionals (EP)

All providers must attest to Modified Stage 2 objectives and measures

• **2015 MU**
  – Regardless of scheduled Stage, report any continuous 90-day period, from Jan 1, 2015 – Dec 31, 2015
  • Modified Stage 2 with alternate exclusions and specifications

• **2016 MU**
  – First year Meaningful Use
  • Report any continuous 90-day period, from Jan 1, 2016 – Dec 31, 2016
  • Modified Stage 2 with alternate exclusions and specifications
  – All other Meaningful Use
  • Report full-year (calendar year 2016)
  • If scheduled Stage 2 - no alternate exclusions and specifications
### Requirements by PY and Stage

<table>
<thead>
<tr>
<th>First year as a meaningful EHR user</th>
<th>Stage of Meaningful Use</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>Modified Stage 2</td>
<td>Modified Stage 2</td>
<td>Modified Stage 2 Or Stage 3</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>Modified Stage 2</td>
<td>Modified Stage 2</td>
<td>Modified Stage 2 Or Stage 3</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Modified Stage 2</td>
<td>Modified Stage 2</td>
<td>Modified Stage 2 Or Stage 3</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Modified Stage 2*</td>
<td>Modified Stage 2</td>
<td>Modified Stage 2 Or Stage 3</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>Modified Stage 2*</td>
<td>Modified Stage 2</td>
<td>Modified Stage 2 Or Stage 3</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>N/A</td>
<td>Modified Stage 2</td>
<td>Modified Stage 2 Or Stage 3</td>
<td></td>
</tr>
</tbody>
</table>

* The Modifications to Stage 2 include alternate exclusions and specifications for certain objectives and measures for providers that were scheduled to demonstrate Stage 1 of meaningful use in 2015. **Note:** Alternate exclusion reporting continues in 2016 for CPOE (all providers) and eRx (for eligible hospitals) only.

[HTTP:www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms)
Attestation Method

• No changes to the method

• SC Medicaid EHR Incentive Program – attest to MU through the S.C. State Level Repository (SLR) [www.scdhhs.gov/slr](http://www.scdhhs.gov/slr)

• CMS Registration and Attestation Portal – [https://ehrincentives.cms.gov](https://ehrincentives.cms.gov)
Medicare payment adjustments are applied to Medicare EP who are not meaningful users.

Certain eligible provider types are shared between the Medicaid and Medicare EHR Incentive Programs (Physicians, Optometrists, and *Dentists).

These shared EP types, even if registered in the Medicaid EHR Incentive Program, are still subject to Medicare payment adjustments if they do not meet meaningful use requirements.

*Dentists that are doctors of dental surgery or dental medicine are considered eligible professionals in the Medicare EHR Incentive Program.
Medicaid-registered EP – PY 2015 CMS MU Attestation

EP registered for Medicaid EHR Incentive Program:

- If meet patient volume eligibility for PY 2015
  - May attest to CMS by 2/29/16 for MU to avoid payment adjustment (S.C. SLR MU attestation not yet available)
  - To earn EHR incentives, must still attest to State for MU for PY 2015 when MU attestation is available (April/May 2016)

- If do not meet patient volume eligibility for PY 2015
  - May attest to CMS by 2/29/16 for MU to avoid payment adjustment
  - Will effectively “skip” PY 2015 in the S.C. Medicaid EHR Incentive Program
Medicare Payment Adjustments and Hardship Information

• EP attesting for the first time before Feb 29, 2015 may not be subject to Medicare penalties (claim adjustments) in either 2016 or 2017

• EP who achieves MU for the first time in PY 2015:
  – Before Oct 1, 2016 will not be penalized in 2017 and 2018
  – Before Oct 1, 2017 will not be penalized in 2018
    – Merit-Based Incentive Payment System (MIPS) begins 2019

• All unable to attest in PY 2015 due to Final Rule delay:
  – Hardship Exemption form and instructions available
    – Deadline March 15, 2016
    – CMS FAQ #14113 – documentation for hardship category
Modified Stage 2
Objectives and Measures
1. Protect Electronic Health Information
2. Clinical Decision Support
3. CPOE
4. Electronic Prescribing (eRx)
5. Health Information Exchange
6. Patient-Specific Education
7. Medication Reconciliation
8. Patient Electronic Access (View, Download, Transmit)
10. Public Health and Clinical Data Registry Reporting

- Must report CQM (9 over at least 3 domains)
### Modified Stage 2 Objectives

**2015: Stage 1 – First Year**

#### CORE

<table>
<thead>
<tr>
<th>Objective</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Computerized physician order entry (CPOE)</td>
<td>&gt;30%</td>
</tr>
<tr>
<td>2. E-Prescribing (eRX)</td>
<td>&gt;40%</td>
</tr>
<tr>
<td>3. Implement one clinical decision support rule (at least 1)</td>
<td></td>
</tr>
<tr>
<td>4. Provide clinical summaries for patients for each office visit</td>
<td>&gt;50%</td>
</tr>
<tr>
<td>5. Drug-drug and drug-allergy interaction checks</td>
<td></td>
</tr>
<tr>
<td>6. Record demographics</td>
<td>&gt;50%</td>
</tr>
<tr>
<td>7. Maintain an up-to-date problem list of current and active diagnoses</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>8. Maintain active medication list</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>9. Maintain active medication allergy list</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>10. Record and chart changes in vital signs 3 years or older</td>
<td>&gt;50%</td>
</tr>
<tr>
<td>11. Record smoking status for patients 13 years or older</td>
<td>&gt;50%</td>
</tr>
<tr>
<td>12. Provide patients with ability to view online, download &amp; transmit HI</td>
<td>&gt;50%</td>
</tr>
<tr>
<td>13. Protect electronic health information (risk assessment, mediation plan with dates)</td>
<td></td>
</tr>
<tr>
<td>14. Report ambulatory clinical quality measures to CMS/States</td>
<td></td>
</tr>
</tbody>
</table>
### Modified Stage 2 Objectives

#### Stage 1 – First Year

1. Drug formulary checks
   - Included in eRX

2. Incorporate clinical lab test results as structured data >40% (Changed)

3. Generate list of patients by specific conditions (at least 1) (Included in eRX)

4. Send reminders to patients per patient preference for preventive/follow-up care >20% (Changed to 10% eSOC w/exemption)

5. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate >10%

6. Medication reconciliation >50%

7. Summary of care record for each transition of care/referrals >50%

8. Capability to submit electronic data to immunization registries/systems

9. Capability to provide electronic Syndromic Surveillance data to public health agencies

---
## Modified Stage 2 Objectives

### Stage 2 – No Longer Required

<table>
<thead>
<tr>
<th>CORE</th>
<th>No Longer Required</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE3</td>
<td>Record Demographics</td>
<td>80</td>
</tr>
<tr>
<td>CORE4-1</td>
<td>Record Vital Signs (Ht, Wt, BP&gt;3 Yrs)</td>
<td>80</td>
</tr>
<tr>
<td>CORE4-2</td>
<td>Record Vital Signs (Ht, Wt)</td>
<td>80</td>
</tr>
<tr>
<td>CORE4-3</td>
<td>Record Vital Signs (BP &gt; 3 Yrs)</td>
<td>80</td>
</tr>
<tr>
<td>CORE5</td>
<td>Record smoking status</td>
<td>80</td>
</tr>
<tr>
<td>CORE8</td>
<td>Clinical Summaries</td>
<td>50</td>
</tr>
<tr>
<td>CORE10</td>
<td>Clinical Lab-Test Results</td>
<td>55</td>
</tr>
<tr>
<td>CORE12</td>
<td>Preventive Care - Patient Reminders</td>
<td>10</td>
</tr>
<tr>
<td>CORE15-2</td>
<td>Summary of Care Exchange with Different EHR</td>
<td>10</td>
</tr>
<tr>
<td>MENU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENU2</td>
<td>Electronic Notes</td>
<td>30</td>
</tr>
<tr>
<td>MENU3</td>
<td>Imaging Results</td>
<td>10</td>
</tr>
<tr>
<td>MENU4</td>
<td>Family Health History</td>
<td>20</td>
</tr>
</tbody>
</table>
1. Protect Patient Health Information
2. Clinical Decision Support (5 CDS relating to at least 4 CQM)
3. CPOE
4. Electronic Prescribing (eRx)
5. Health Information Exchange
6. Patient-Specific Education
7. Medication Reconciliation
8. Patient Electronic Access (View, Download, Transmit)
10. Public Health and Clinical Data Registry Reporting

➢ Must report CQM (9 over at least 3 domains)
Clinical Quality Measures

• No changes to CQM selection or reporting scheme from CQM requirements in Stage 2 Rule

• 9 CQM across at least 3 of 6 domains

• For PY 2015 (and for EP participating for first time in PY 2016), EP attest to any continuous 90-day period of CQM data from calendar year

• For PY 2016, EP beyond first year of meaningful use attest to one full calendar year of CQM data

• For Medicaid EP attesting for MU in CMS Registration and Attestation portal: choose Option 2 for manual entry of CQM
5. Health Information Exchange (HIE): Summary of Care/Referral

Modified Stage 2 Objectives

Stage 1 (Menu)
- Measure
  - >50% of referrals and transitions of care
- Denominator
  - Care transitions
- Exclusion
  - EP: Does not refer or transition
  - EH: None

Stage 2 (Core)
- Measure
  - >50% of referrals and transitions of care
  - >10% sent electronically
  - One or more sent electronically to:
    - A different provider with a different EMR
    - The CMS designated test EHR
- Denominator
  - Care transitions
- Exclusion
  - EP: <100 transfers or referrals during the EHR reporting period
  - EH: None

Final
- Stage 1
  - May claim exclusion in 2015 only
  - New Stage 2 requirement in 2016 & 2017
- Stage 2
  - SoC is created with CEHRT and >10% eExchanged
- Denominator
  - Unchanged
- Exclusion
  - EP: <100 transfers or referrals during the EHR reporting period
  - EH: None
  - Alternate Exclusion PY 2015

The New Meaningful Use Final Rule,” CMS, Quality Improvement Organizations; Quality Innovation Network, National Coordinating Center, 11/2/2015  http://qioprogram.org
5. Health Information Exchange (HIE): Summary of Care/Referral

- Establish Direct secure email address for Exchange of Summary of Care (SoC)/Referral
  - EHR vendor may provide Direct secure email address
  - South Carolina Health Information Exchange (SCHIEEx)
    - Can provide a Direct secure email address
    - For additional information, visit: www.schiex.org

- Understand how to generate a Summary of Care document (CCD) from your certified EHR

- Attach Summary of Care to Direct secure email and send to other provider using their Direct email address

- Contact SCHIEEx for assistance in obtaining participation with other providers
10. Public Health & Clinical Data Registry Reporting

- Active engagement with a public health agency (PHA) or clinical data registry (CDR) to submit electronic public health data
  
  - PY 2015:
    - An EP in Stage 1 must meet at least one measure option, or exclude all measures
    - An EP in Stage 2 must meet at least two measure options, or exclude all measures
  
  - PY 2016:
    - All EP must meet two measure options, or exclude all measures
10. Public Health & Clinical Data Registry Reporting

• Active Engagement:
  – Completed Registration to Submit Data:
    • Registration submitted within 60 days of start of EHR reporting period
    • Providers who have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period
  – Testing and Validation
  – Production (electronically submitting production data)

• Timing of Active Engagement as it relates to EHR reporting period
The Electronic Health Record (EHR) Incentive Programs in 2015 through 2017 include a consolidated public health reporting objective for eligible professionals (EPs). Below is an overview of the public health reporting objective, measures, and alternate exclusions for EPs. Details on how to successfully demonstrate “active engagement” for public health reporting are also provided.

**Public Health Reporting Objective and Measures**

*Objective*: The EP 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*: The public health reporting objective for EPs includes three measures. EPs must attest to any combination of **two measures**—this includes EPs scheduled to be in Stage 2 in 2015 and all EPs in 2016 and 2017. An EP scheduled to be in Stage 1 may meet one measure in 2015.

10. Public Health & Clinical Data Registry Reporting

- Exclusions
  - CMS FAQ #13409 – PY 2015: EP who had not planned on new Active Engagement “registration of intent” requirement
  - CMS FAQ #12985 – PY 2015: public health reporting alternate exclusions and specifications
  - For information about MU objectives, measures, and exclusions, please refer to the PY 2015 CMS Specification Sheets

- Documentation for audit purposes
  - Documentation for having met the measure or the exclusion
  - S.C. Medicaid EHR Incentive Program requires documentation included as part of the attestation submission

10. Public Health & Clinical Data Registry Reporting

- 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

- S.C. Public Health Agency is S.C. Department of Health and Environmental Control (DHEC). General MU Information
Measure 1 - PHA/CDR: Submit to Immunization Registry

- Measure: 1 test of submission to state immunization registry except where prohibited with continued submission if successful
- Denominator: Yes/No Attest
- Exclusions: Administers no immunizations
- No registry with the capacity to receive

The New Meaningful Use Final Rule,” CMS, Quality Improvement Organizations; Quality Innovation Network, National Coordinating Center, 11/2/2015 http://qioprogram.org

• Exclusions
  - Administers no immunizations
  - No registry with the capacity to receive

CMS Specification Sheet

Alternate Exclusions PY 2015
Modified Stage 2 Objectives

10. Public Health & Clinical Data Registry Reporting

Immunization Registry

- SCDHEC – Immunization Registry
  Email: sciregistry@dhec.sc.gov

- South Carolina Health Information Exchange (SCHIEx)
  http://schiex.org

- Exclusion for “does not administer any immunizations”
  - ‘immunizations’ includes, but is not limited to: flu, pneumonia, Gardasil, etc.
10. Public Health & Clinical Data Registry Reporting

Immunization Registry

Immunization Registry Data – Electronic Submission

Under the South Carolina Immunization Registry Regulation, all health care providers who perform immunizations in the state of South Carolina are required to submit immunization data.

Submitting immunization data electronically to immunization registries or immunization information systems is one way your health care organization can help demonstrate meaningful use.

The South Carolina Immunization Provider Access System (SCI PAS) is a web portal that serves, in part, as the gateway to the South Carolina Immunization Registry (SCI Registry). The SCI Registry:

- Is designed to consolidate a resident of South Carolina’s immunization records from multiple providers into one complete, accurate and definitive immunization record
- Receives data from hospital systems, local health departments, private providers, Medicaid, and schools
- Is intended to give health professionals the tools needed to make sound medical decisions
- Helps provide updated recommendations for immunization scheduling based on CDC recommendations
- Helps Vaccines for Children (VFC) providers streamline vaccine management and improve accountability.

http://www.scdhec.gov/Health/FHPF/meaningfulUse/immunizationRegistry/
Measure 2 - PHA/CDR: Syndromic Surveillance

Stage 1 (Menu)
- Measure
  - ≥1 test of submission to a public health agency except where prohibited with continued submission if successful
- Denominator
  - Yes/No Attest
- Exclusions
  - Not in a category of providers who collect this data
  - No agency with the capacity to receive

Stage 2 (EP: Menu; EH: Core)
- Measure
  - Successful ongoing submission to a public health agency for the entire EHR reporting period
- Denominator
  - Yes/No Attest
- Exclusion
  - EP: Not in a category of providers who collect this data
  - EH: No Emergency or Urgent Care
  - No agency with the capacity to receive

Final
- Measure
  - Active engagement with a public health agency to submit syndromic surveillance data
- Denominator
  - Unchanged
- Exclusions
  - CMS Specification Sheet
  - Alternate Exclusions PY 2015
10. Public Health & Clinical Data Registry Reporting

*Syndromic Surveillance*

- **DHEC Syndromic Surveillance**
  Email: [muhelpdesk@dhec.sc.gov](mailto:muhelpdesk@dhec.sc.gov)

- In S.C., currently only available for EP in Urgent Care settings
10. Public Health & Clinical Data Registry Reporting
Syndromic Surveillance

Syndromic Surveillance

In South Carolina, syndromic surveillance is used to monitor chief complaint data to help identify events of public health concern.

The electronic health record (EHR) incentives program, commonly known as Meaningful Use (MU), includes an objective for healthcare professionals and organizations to send HL7 2.5.1 syndromic surveillance messages to public health.

DHEC currently requests syndromic surveillance messages from:

1. Hospitals (emergency room visits, admissions)
2. Urgent care centers

The information must be sent in specific formats that have been developed for sending health-related information between healthcare information systems. Data submission and analysis is coordinated at the state health department. A daily report is made available to the reporting facility based on their submitted data. Facilities may be contacted for additional information by the state health department if a review of the data identifies a trend that may indicate a situation of public health concern.

http://www.scdhec.gov/Health/FHPF/meaningfuluse/SyndromicSurveillance
Measure 3 - PHA/CDR: Specialized Registries (may report more than one)

Stage 1
- None

Stage 2 (EP Menu)
- Measure
  - Successful on-going submission of specific case information to a specialized registry for the entire EHR reporting period.
- Denominator
  - Attest yes/no
- Exclusion:
  - Does not diagnose or treat relevant diseases;
  - No registry with the capacity to receive

Final (EP and EH)
- Measure:
  - Active engagement to submit relevant data to a specialized registry
- Denominator
  - Unchanged
- Exclusions
  - CMS Specification Sheet
  - Alternate Exclusions PY 2015
10. Public Health & Clinical Data Registry Reporting

Specialized Registries

- Nationally Certified Public Health or Clinical Data Registries

- Meet due diligence to determine if specialized registry is available for the EP by contacting:
  - The state PHA (SC DHEC), and
  - Any specialty registries with which the EP is affiliated

- Specialized Registry: has confirmed readiness to accept data, supports all three stages of Active Engagement, and is able to provide confirmation of Active Engagement back to the provider for audit purposes.
10. Public Health & Clinical Data Registry Reporting
Specialized Registries – Cancer Registry

Cancer Registries – Electronic Reporting

Submitting cancer cases and treatment data to public health agencies electronically is one of the ways you can demonstrate meaningful use of electronic health records (EHR). Cancer reporting from ambulatory providers to state cancer registries is a new public health objective for Stage 2 of the meaningful use program.

Reporting to cancer registries by health care providers would address current under reporting of cancer, especially certain types. In the past most cancers were diagnosed and/or treated in a hospital setting and data were primarily collected from this source. However, medical practice is changing rapidly and an increasing number of cancer cases are never seen in a hospital. Data collection from providers presents new challenges since the infrastructure for reporting is less mature than it is in hospitals. Certified EHR Technology can address this barrier by identifying reportable cancer cases and treatments to the provider and facilitating electronic reporting either automatically or upon verification by the provider.
South Carolina Central Cancer Registry (SCCCR)

- Specialties such as dermatology, urology, hematology, medical oncology, and gastroenterology, where cancer diagnosis and/or treatment frequently occur in the outpatient setting, are among those that will be given high priority.

- EP that have an existing organizational relationship with a hospital, radiation treatment center, or ambulatory surgery center that already reports to the SCCCR will be given low priority.

- CMS encourages EP to select and report on MU objectives that are relevant to the EP scope of practice.

- For additional information, please contact: CancerRegistryMU@dhec.sc.gov
Resources

• South Carolina Healthy Connections Medicaid, Health Information Technology Division (S.C. Medicaid EHR Incentive Program)  
  www.scdhhs.gov/hit

• South Carolina Health Information Exchange (SCHIEx)  
  www.schiex.org

• S.C. Department of Health and Environmental Control (DHEC) Meaningful Use Information  
  http://www.scdhec.gov/Health/FHPF/MeaningfulUse/RecordIncentive/

• CMS Stage 3 and Modifications to Meaningful Use in 2015 Through 2017 Final Rule  

• ONC 2015 Edition Health IT Certification Criteria Final Rule  

• CMS.gov Medicaid State Information  
Thank you!