CMS & ONC Final Rules:
2015 & Beyond

Today's Presenters:

Al Wroblewski, Client Services Relationship Manager
Joe Kynoch, Project Manager

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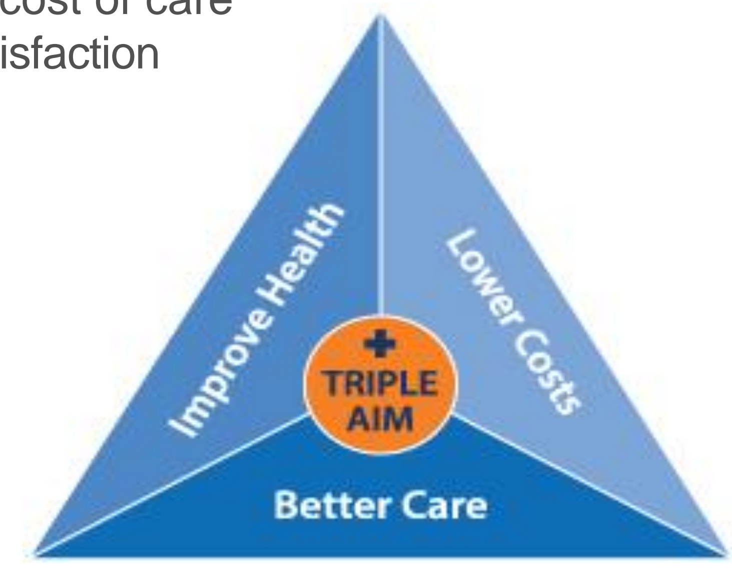
MeHI's Role

Provide a broad range of services to help providers

- Navigate the increasingly complex Health IT landscape
- Capitalize on the shift toward performance-based reimbursement
- Achieve Meaningful Use of Certified EHR Technology (CEHRT)
- Leverage Health IT to achieve the **Triple Aim +*1***
  - Improving patient care
  - Improving population health
  - Reducing the cost of care
  - + Provider Satisfaction



Meaningful Use Definition & Objectives

- **Meaningful Use Defined**
- Meaningful Use is using certified electronic health record (EHR) technology to:
  - Improve quality, safety, efficiency, and reduce health disparities
  - Engage patients and family
  - Improve care coordination, and population and public health
  - Maintain privacy and security of patient health information
  - Ultimately, it is hoped that the Meaningful Use compliance will result in:
    - Better clinical outcomes
    - Improved population health outcomes
    - Increased transparency and efficiency
    - Empowered individuals
    - More robust research data on health systems

Meaningful Use

- Meaningful Use (MU) is at the core of the EHR Incentive Payment Programs
- CMS distinguishes between Eligible Hospitals (EHs) and Eligible Professionals (EPs) – slightly different objectives and measures
- Previous rulemaking established three stages of Meaningful Use:
  - STAGE 1 - Data Capture and Information Sharing
  - STAGE 2 - Advanced Clinical Processes
  - STAGE 3 – Improved Outcomes

CMS Final Rule:

Modifications to MU for 2015-2017

CMS Final Rule - Overview

- The CMS Final Rule regarding Stage 3 Meaningful Use and MU Modifications for 2015-2017 was published in the Federal Register on October 16, 2015 and becomes effective December 15, 2015.
  - Outlined modifications to Stage 1 and Stage 2 Meaningful Use objectives and measures, reporting periods, and timelines to better align with Stage 3
  - Outlined objectives and measures for Stage 3 Meaningful Use

CMS Final Rule – Key Changes

Key Changes – How will CMS accomplish its goals?

- Changes to the following aspects of the program:
- Participation Timeline
  - EHR Reporting Periods
  - Meaningful Use Objectives and Measures
- No significant changes to the *purpose* of the objectives
- No changes to the General Requirements
- For the Medicaid EHR Incentive Payment Program:
  - No changes to Patient Volume Threshold requirements
  - No changes to Adopt, Implement, Upgrade (AIU) requirements
- No enhancements to 2014 Edition CEHRT are required at this time
  - 2015 Edition CEHRT will be required starting in 2018*

**The Office of the National Coordinator for Health IT (ONC) changed the naming convention for CEHRT. Editions are now named based on the year the technical standards are released, not the year the CEHRT Edition is required to be used.*

CMS Final Rule – Participation Timeline

- In 2015, all providers must attest to the Modified Stage 2 criteria
- This hybrid version of the program removes topped-out objectives and measures and realigns with long-term goals that CMS identified for Stage 3
- Includes accommodations for Stage 1 providers; also for Stage 2 providers where the objective might have been a menu objective and was changed to a requirement
- Reduced number of measures that are subset of the current version of the program to which all providers may attest

CMS Final Rule – Participation Timeline

- In 2016, all providers must attest to the same group of measures; some that had an exclusion option in 2015 have been removed
- Fewer variances between Stage 1 and Stage 2 providers
- The goal is to move everyone to a more unified synchronized program: reporting on the same time period, the same timeline, and from the same subset with a few exclusions
- In 2017, all providers will attest to the same group of measures or they may elect to move onto Stage 3 objectives and measures (optional requirement)
- In 2018, all providers will be required to move to Stage 3

EHR Reporting & Related Payment Adjustments for EPs

2015			
Eligible Professionals (EPs)	**EHR Reporting Period for a payment adjustment year**	**Applies to avoid a payment adjustment in CY 2016**	**Applies to avoid a payment adjustment in CY 2017**
EP-new participants	Any continuous 90-day period in CY2015	Yes, if the EP successfully attests by February 29, 2016	Yes, if the EP successfully attests by February 29, 2016
EPs-returning participants	Any continuous 90-day period in CY2015	No	Yes, if the EP successfully attests by February 29, 2016
2016			
	EHR Reporting Period for a payment adjustment year	**Applies to avoid a payment adjustment in CY 2017**	**Applies to avoid a payment adjustment in CY 2018**
EP-new participants	Any continuous 90-day period in CY2016	Yes, if the EP successfully attests by October 1, 2016	Yes, if the EP successfully attests by February 28, 2017
EPs-returning participants	Full CY2016	No	Yes, if the EP successfully attests by February 28, 2017
2017			
	EHR Reporting Period for a payment adjustment year	**Applies to avoid a payment adjustment in CY 2018**	**Applies to avoid a payment adjustment in CY 2019**
EP-new participants	Any continuous 90-day period in CY2017	Yes, if the EP successfully attests by October 1, 2017	N/A
EPs-returning participants	N/A	N/A	N/A
Medicaid EP-returning participants demonstrating Stage 3	Any continuous 90-day period in CY2017	No	Yes, if successfully attest by February 28, 2018

CMS Final Rule – Timeline: Transition to 2015 CEHRT

Year	Requirement
2015	Use 2014 Edition
2016	Use 2014 Edition, 2015 Edition, or a combination of 2014 and 2015 Editions (as long as Modified Stage 2 requirements can be met)
2017	Use 2014 Edition, 2015 Edition, or a combination of 2014 and 2015 Editions (as long as Modified Stage 2 requirements can be met) **or** use 2015 Edition alone if attesting to Stage 3
2018	Use 2015 Edition

CMS Final Rule – Changes to Participation Timeline

2015	Attest to modified criteria for 2015-2017 (Modified Stage 2) with accommodations for Stage 1 providers
2016	Attest to 2015-2017 criteria (Modified Stage 2)*
2017	Attest to either 2015-2017 criteria (Modified Stage 2) **or** full version of Stage 3
2018	Attest to full version of Stage 3

**some alternate exclusions remain in 2016 for Stage 1 providers*

CMS Final Rule – Changes to EHR Reporting Periods

- In 2015, all providers attest using an EHR reporting period of any continuous 90-day period within the calendar year
- In 2016:
  - first-time MU participants will attest using any continuous 90-day period within the calendar year
  - returning participants will attest using a **full calendar year** (January 1, 2016 through December 31, 2016)
- In 2017:
  - first-time MU participants and anyone choosing to demonstrate Stage 3 will attest using any continuous 90-day period within the calendar year
  - returning Stage 2 participants will attest using the **full calendar year** (January 1, 2017 through December 31, 2017)
- In 2018, all providers will attest to Stage 3 using the **full calendar year** (January 1, 2018 through December 31, 2018)

CMS Final Rule – Removed Objectives

- Removed MU Objectives – for both Stage 1 and Stage 2
  - Drug-Drug and Drug-Allergy Interaction Checks
  - Problem List
  - Medication List
  - Medication Allergy List
  - Drug Formulary Checks
  - Demographics
  - Vital Signs
  - Smoking Status
  - Clinical Visit Summaries
  - Structured Lab Results
  - Patient Lists
  - Patient Reminders
  - Electronic Notes
  - Imaging Results
  - Family Health History
- EHR system will still collect and report on this data
- Although these are no longer MU requirements, providers should still perform these tasks as best practice

CMS Final Rule – List of Objectives

- Meaningful Use Objectives – Modified Stage 2
  1. Protect Patient Health Information – Security Risk Analysis
  2. Clinical Decision Support (CDS)
  3. Computerized Provider Order Entry (CPOE)
  4. Electronic Prescribing (eRx)
  5. Health Information Exchange (HIE) – *previously known as "Summary of Care"*
  6. Patient Specific Education
  7. Medication Reconciliation
  8. Patient Electronic Access (Patient Portal)
  9. Secure Electronic Messaging (Eligible Professionals only)
  10. Public Health and Clinical Data Registry Reporting
      a. Immunization Registry Reporting
      b. Syndromic Surveillance Reporting
      c. Specialized Registry Reporting
      d. Reportable Lab Results Reporting (Eligible Hospitals only)

CMS Final Rule – Notable Changes to Objectives

- Objective 8 – Patient Electronic Access (Patient Portal)
  - Measure 1 – 50% of all unique patients are provided timely online access to their health information (no change)
  - Measure 2 – from 5% threshold to "at least one patient views, downloads or transmits their health information"
- Objective 9 – Secure Electronic Messaging
  - For 2015, from percentage to "functionality fully enabled" (yes/no)
  - For 2016, EP must send at least one message
  - For 2017, EP must send secure messages to >5% of unique patients
- Objective 10 – Public Health Reporting
  - Eligible Professionals must report on 2 of the following measures*:
    1. Immunization Registry
    2. Syndromic Surveillance
    3. Specialized Registry Reporting

**EPs scheduled to attest to Stage 1 in 2015 must report on only 1 measure*

CMS Final Rule: Highlights of Proposed Stage 3 Meaningful Use

Proposed Stage 3 Meaningful Use - Goals

- CMS outlined the following goals for the Stage 3 MU provisions:
  1. Provide a flexible, clear framework to simplify the MU program and reduce provider burden
  2. Ensure future sustainability of MU program
  3. Advance the use of Health IT to promote Health Information Exchange (HIE) and care coordination through patient engagement improved health outcomes
  4. Streamline the MU program by:
     - Synchronizing a single stage and a single reporting period
     - Removing objectives that are:
       - redundant paper-based versions of now electronic functions
       - duplicative of more advanced measures using same CEHRT functionality
       - "topped-out" and have reached high performance
     - Focusing on advanced use objectives (total of 8)

Stage 3 Meaningful Use – Key Elements

- Coordination of Care through Patient Engagement
  - 10% of patients use portal or application programming interface (API)
  - 25% of patients must receive message from EP
  - 5% of patients enter their own data or may come from other agencies

Stage 3 Meaningful Use – Key Elements

- Health Information Exchange
  - 50% of outgoing referrals/transitions sent electronically
  - 40% of incoming referrals/transitions and new patients come with summaries of care
  - 80% of incoming referrals/transitions and new patients have medications, allergies, and problem lists reconciled

Stage 3 Meaningful Use – Key Elements

- Public Health Reporting
  - Must report three measures
  - Registries
    - Immunization
    - Syndromic Surveillance
    - Electronic Case Reporting
    - Other Public Health Registries
    - Clinical Data Registries

ONC 2015 Final Rule Certification Criteria 2015 and Beyond

ONC - Who are They and What Do They Do?

The Office of the National Coordinator for Health Information Technology (ONC)

Coordinates the Nationwide effort to Implement and Use
Health Information Technology (HIT)

- Define the Rules
  - Criteria - what are the components of Health Information Technology
  - Standards - code sets, vocabulary, etc used in the criteria
- Certify HIT Systems
- Set the Direction
  - Interoperability Road Map
- Support Adoption of HIT
  - Electronic Health Records (EHRs)
  - Health Information Exchange (HIE)
  - Meaningful Use

ONC - Who Are They and What Do They Do? (cont.)

- 2011 and 2014 – Supported Meaningful Use
  - Certified EHR Technology (CEHRT)
  - Meaningful Use Measurement criteria
  - Focus on Ambulatory and Inpatient Settings
- 2015 and Beyond
  - Define the Criteria - the components of Health IT
    - 60 Criteria in 2015
  - Provide Testing and Certification
  - Coordinate Product Audits and Reviews
  - Support Multiple Settings and Programs

ONC 2015 Criteria – Who Uses Them?

- Agencies or other Organizations Define Program Requirements
  - CMS – Meaningful Use Incentive Program
    - Certified EHR Technology (CEHRT)
  - Other Organizations in the Future
    - Long-Term Care
    - Behavioral Health
    - Department of Defense HIT Modernization project
- Vendors
  - Develop systems that meet the functionality specified in the Criteria

ONC 2015 Certification Criteria – How They Will Be Used

2015 Base EHR Definition

Functionality of all Certified Health IT should possess

- Demographics
- Problem List
- Medication List
- Smoking Status
- Implantable Device List
- Clinical Decision Support
- Order Entry
- CQM – record and export
- Transitions of Care
- Data Export
- Application Access (API)
- Direct Project information exchange

ONC 2015 Certification Criteria – How They Will Be Used

Common Clinical Data Set

- Contains all data from "Common MU Data Set"
- New Data
  - Immunizations
  - UDI for Implantable devices
  - Assessment and plan of treatment
  - Goals
  - Health Concerns
- Changed data
  - Code set and vocabulary standards updated
- Key data that should be accessible and available for exchange
- Data must conform to certain Vocabulary and Code Set standards

ONC 2015 Certification Criteria – New Criteria

New Criteria Associated with Meaningful Use Program

- Application Access to the Common Clinical Data Set - provide an application programming interface (API) to facilitate Patient Selection, Data Category Request, All Data Request
- Trusted Connection - Message or Transport Level trust for Direct Messages
- Audits of Health Information
- Patient Health Information Capture - accept health information directly from the patient
- List of Implantable Devices
- Transmission Public Health Agencies: Case Reporting, Antimicrobial Use and Resistance and Health Care Surveys
- Accessibility Centered Design
- C-CDA Creation

ONC 2015 Certification Criteria – New Criteria

Application Access to the Common Clinical Data Set (API)

Applications must demonstrate that they can respond to requests for patient data.

- Patient Selection
  - Return Patient ID to be used in future queries
- Patient Data by Category
  - Returns a “Category” of patient data – “Medications”
- All Patient Data
  - Returns all Patient Data

Data must be in C-CDA format

Standards are not complete

ONC 2015 Certification Criteria – New Criteria

New Criteria Associated with Programs Beyond Meaningful Use

- Social, Psychological and Behavioral Health Data – access, record and change
- Summary Record of Common Clinical Data Set
  - Create
  - Receive
- Data Segmentation for Privacy
  - Send
  - Receive
- Care Plan – create, send, receive and access Care Plan Document of the C-CDA
- Clinical Quality Measures
  - Filter

ONC 2015 Rule: Use Cases MU and Beyond

<table>
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<tr><td colspan="12">Certification Criteria to Meet Specific Program Needs</td></tr>
<tr><td colspan="12">Long-Term Care</td></tr>
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ONC 2015 Final Rule For More Information

- 2015 Edition Final Rule (pre-publication version): https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-certification-criteria-2015-edition-base-electronic
  - The 2015 Edition final rule provisions become **effective on January 14, 2016**.
- For more information and guidance on the 2015 Edition Final Rule, please visit: https://www.healthit.gov/policy-researchers-implementers/2015-edition-final-rule
- 2015 Edition Final Rule Test Procedures: The 2015 Edition final test procedures will be available by the end of October 2015 with a 30-day comment period.
- ONC Regulations: https://www.healthit.gov/policy-researchers-implementers/health-it-regulations

MeHI eHealth Services

MeHI eHealth Services

Support providers with

- Meaningful Use
  - Registration and Attestation support
  - Secure document storage and audit preparation
- Patient engagement education and resources
- Security Risk Assessment - Privacy and Security tools
- Physician Quality Reporting System (PQRS)
- Merit-Based Incentive Payment System (MIPS)
- Other Health IT Initiatives

Provide eHealth Education

- Educational outreach, informational webinars and training courses
- Subject matter expertise on topics of interest to provider organizations

Contact Us

Al Wroblewski
Client Services Relationship Mgr.
(508) 870-0312 ext. 603
Wroblewski@masstech.org

Joe Kynoch
Project Manager
(508) 870-0312 ext. 242
Kynoch@masstech.org