Meaningful Use – Modifications Stage 2 Final Rule (2015-2017)[1]

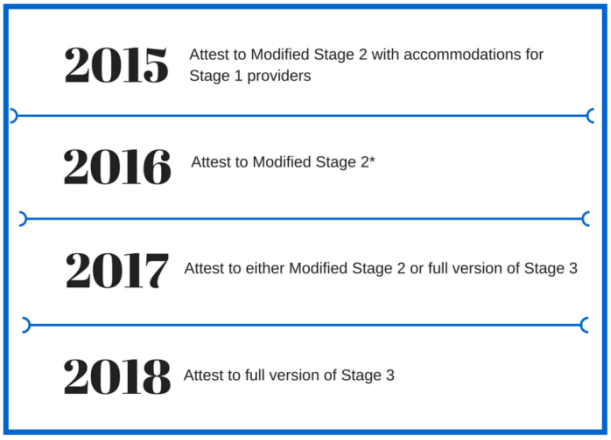
Regulatory summary provided by ASA Quality and Regulatory Affairs (qra@asahq.org)

The Centers for Medicare & Medicaid Services (CMS) published its Medicare and Medicaid Programs: Electronic Health Record Incentive Program – Stage 3 and ***Modifications to Meaningful Use in 2015 through 2017 Final Rule*** on October 16, 2015.

- The rule affects those anesthesiologists and providers, also known as Eligible Professionals (EPs) who are currently participating in Meaningful Use (MU) Stage 1 or Stage 2.
- All providers will move into the **Modified Stage 2** for the rest of 2015 and continuing through 2017 (Providers will have the option of moving to Stage 3 in 2017). CMS has provided alternative measures and exemptions for providers in Stage 1 in 2015.
- For 2015, EPs may select an EHR reporting period of any continuous 90 day period from January 1, 2015 through December 31, 2015. All returning MU participants in 2016 must report for the full year.
- All providers must move to Stage 3 in 2018.

NOTE: Anesthesiologists currently enjoy a hardship exemption from Meaningful Use. The hardship exemption is, by law, only available for anesthesiologists with a Medicare Provider Enrollment, Chain, and Ownership System (PECOS) designation of "05" through calendar year 2017. Under current law, anesthesiologists may need to participate in Meaningful Use once the exemption expires to avoid payment adjustments and to earn any incentive through MACRA.[2]

CMS has published a number of materials related to Meaningful Use rules. For additional materials on this rule, please review guidance materials from CMS.



*There are some exclusions in 2016 for Stage 1 providers

"Modified Stage 2" includes **TEN OBJECTIVES** for EPs to meet. CMS will no longer require providers to report "Core Objectives" and choose from "Menu Objectives." For EPs in Stage 1, this means reducing the amount of required objectives from 13 core objectives and 5 of 9 menu objectives to just ten. For those in Stage 2, it reduces the required objectives from 17 core (including public health objectives) and 3 of 6 menu items to just ten. Providers must still attest and report on Clinical Quality Measures – measures that often are not applicable to anesthesia providers.

Please visit the Quality and Regulatory Affairs webpage, by scanning the QR Code on the right, later this year for additional information on Meaningful Use (EHR Incentive Program).

[1] The recipient(s) should review the attached resource(s) with appropriate legal counsel and make their own determinations as to relevance to their particular practice setting and compliance with State and federal laws and regulations. This document is intended as guidance and does not constitute legal advice. The document should not be construed as representing ASA policy (unless otherwise stated), making clinical recommendations, dictating payment policy, or substituting for the judgment of a physician and consultation with independent legal counsel.

[2] Meaningful Use (EHR Incentive Program) is being replaced by the Medicare Access and CHIP Reauthorization Act (MACRA) beginning in payment year 2019 (based upon 2017 MU participation). CMS has not finalized how participation and/or non-participation in MU will affect an anesthesiologist's participation in MACRA.

Below is a **summary chart** of the ten Modified Stage 2 Objectives outlined by CMS in the Modifications Stage 2 Final Rule. EPs must also attest and report on Clinical Quality Measures.

NOTE: The chart below is **NOT** comprehensive in all rules and regulations guiding MU. The chart is intended to provider readers with a general understanding of MU Modifications Stage 2 requirements. Many of the objectives include some flexibility written into the rule along with exemptions. QRA **strongly encourages** EPs to read the Modifications Stage 2 rule and additional CMS guidance documents for clarification on each objective.

OBJECTIVE	MEASURES AND DESCRIPTIONS
Protect Electronic Health Information	Conduct or review a security risk analysis
Clinical Decision Support (CDS)	**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 **Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period
Computerized Provider Order Entry (CPOE)	**Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE **Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE **Measure 3:** More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE
E-Prescribing	More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology
Health Information Exchange	The EP who transitions or refers his or her patients to another setting of care or provider of care must (1) use Certified EHR Technology to create a summary of care record and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals
Patient Specific Education	Patient-specific education resources identified by Certified EHR Technology 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
Medication Reconciliation	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
Patient Electronic Access	**Measure 1:** More than 50 percent 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 **Measure 2:** For 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or their authorized representatives) views, downloads, or transmits his or her health information to a third party. In 2017, more than 5 percent of unique patients seen by the EP during the EHR Reporting Period views, downloads or transmits their health information to a third party.
Secure Electronic Messaging	**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 **In 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 Certified EHR Technology to the patient, or in response to a secure message sent by the patient during the EHR reporting period **In 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 Certified EHR Technology to the patient or in response to a secure message sent by the patient during the EHR reporting period.
Public Health Reporting	EP must choose from measures 1, 2 and 3 and must successfully attest to any two measures: (1) Immunization registry reporting: the EP is in active engagement with a public health agency to submit immunization data (2) Syndromic surveillance reporting: the EP is in active engagement with a public health agency to submit syndromic surveillance data (3) Specialized registry reporting: the EP is in active engagement to submit data to a specialized registry