

## Summary of Modified Meaningful Use for Eligible Professionals (EPs) – 2015 Focus

These pages capture a summary of the impact on the Stage 2 measures per the **CMS 2015 – 2017 Modification** final rulemaking (released 10/06/15, published in Federal Register 10/16/15) compared to Stage 2. Please note the “Scheduled for Stage 1” in 2015 column as well. **Updated October 9, 2015**

**FOR QUESTIONS OR COMMENTS PLEASE**  
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| Stage 2 Core (report all 17)                                 | Stage 2 (Final Rule 2012) Description  | 2015 – 2017 Modification MU  | Stage 2 Exclusion   | Alternate Options If 2015 Scheduled for Stage 1   |
|--|--|--|---|---|
| 1. CPOE [%]  | >60% of medication, 30% of lab, <b>AND</b> 30% of radiology orders   | <b>Modified Objective 3</b><br>No change from Stage 2  | Fewer than 100 for each medication, radiology, laboratory orders, <a href="#">see Specification Sheet</a> | Stage 1 EPs may use “Alternate Measure” <ul style="list-style-type: none"> <li>&gt; 30% medications</li> </ul>  |
| 2. e-Prescribing (eRx) [%]                                   | >50% of permissible Rx’s compared to one formulary & transmitted electronically using CEHRT  | <b>Modified Objective 4</b><br>No change from Stage 2  | fewer than 100 Rxs or no ePharm within 10 miles   | Stage 1 EPs may use “Alternate Measure” <ul style="list-style-type: none"> <li>&gt;40% ePrescribed</li> </ul>   |
| 3. Demographics  | 80% of unique patients   | Removed *  | None  | Stage 1 was 50%   |
| 4. Vital Signs   | 80% of unique patients<br>≥ age 3 - blood pressure<br>all ages - height & weight are recorded as structured data                                 | Removed *  | Yes – 4 exclusions, <a href="#">see Specification Sheet</a> for details                                   | Stage 1 was 50% of unique patients ≥ age 3 - height, weight & blood pressure  |
| 5. Smoking Status  | >80% of unique patients ≥ 13 years old   | Removed *  | Has no patients ≥ age 13  | Stage 1 was 50%   |
| 6. Clinical Decision Support [5 Yes/No]                      | M1) 5 CDS interventions tied to ≥ 4 CQMs<br>M2) Drug-drug & drug-allergy interaction checks enabled for entire EHR reporting period              | <b>Modified Objective 2</b><br>No change;  | M2 only EP writes fewer than 100 medication orders  | Stage 1 EPs may use “Alternate Measure” <ul style="list-style-type: none"> <li>1 CDS Rule</li> <li>Drug interactions not applicable to Alt Msr</li> </ul> |
| 7. Patient Electronic Access to Health Information (VDT) [%] | M1) 50% of unique patients seen are provided online access within 4 business days (VDT)<br>M2) >5% actually access (view, download, or transmit) | <b>Modified Objective 8</b><br>M1 (50%) no change<br><b>M2 reduced from 5% to “at least 1 patient”</b> | Yes – 2 exclusions, <a href="#">see Specification Sheet</a> for details                                   | Measure 2 Only<br>Stage 1 EPs may use “Alternate Exclusion” <ul style="list-style-type: none"> <li>Stage 1 did not have an equivalent Core Msr</li> </ul> |
| 8. Clinical Summary  | >50% of office visits, within 1 business day   | Removed  | Any EP who has no office visits   | Stage 1 was 50% within 3 business days  |

| Stage 2 Core (report all 17)   | Stage 2 (Final Rule 2012) Description  | 2015 – 2017 Modification MU   | Stage 2 Exclusion  | Alternate Options If 2015 Scheduled for Stage 1   |
|--|--|---|--|---|
| 9. Priv & Sec [Yes]  | Conduct SRA w/ encryption of data at rest  | Modified Objective 1<br>No change   | None   | No alternate  |
| 10. Lab Results  | >55% of lab tests in EHR as structured data  | Removed *   | No lab tests where results are either in a positive/negative affirmation or numeric format   | Stage 1 was <ul style="list-style-type: none"> <li>&gt;40%</li> <li>Menu measure</li> </ul>   |
| 11. Patient List   | Generate one list by condition   | Removed   | None. (Yes attestation reqd)   | Stage 1 was Menu measure  |
| 12. Patient Reminders  | >10% of patients seen ≥ 2 times in past 24 months were identified and had reminders provided   | Removed   | Has had no office visits in the 24 months before the EHR reporting period                    | <ul style="list-style-type: none"> <li>&gt;20% ≥ age 65 or ≤ age 5</li> <li>Menu measure</li> </ul>   |
| 13. Patient Education [%] **   | >10% of unique patients seen by EP Educational resources identified by CEHRT   | Modified Objective 6<br>No change   | No office visits during the EHR reporting period   | Stage 1 EPs may use "Alternate Exclusion" <ul style="list-style-type: none"> <li>Did not intend to select Stage 1 Menu choice **</li> </ul>     |
| 14. Medication Reconciliation [%]  | >50% of patients transitioned into care of provider has medication reconciliation performed  | Modified Objective 7<br>No change   | Any EP who was not the recipient of any transitions of care during the EHR reporting period. | Stage 1 EPs may use "Alternate Exclusion" <ul style="list-style-type: none"> <li>Did not intend to select Stage 1 Menu choice***</li> </ul>     |
| 15. Summary of Care Record [%]<br>New Name:<br>Health Information Exchange   | M1) >50% of transitions and/or referrals to another provider or setting<br>M2) 10% sent electronically<br>M3) At least one sent to provider using different vendor's EHR or to CMS-designated test EHR | Modified Objective 5<br>M1 and M3 are removed<br>M2 "simplified" but still 10%; created in CEHRT and transmitted electronically | Fewer than 100 transfers or referrals  | Stage 1 EPs may use "Alternate Specification" <ul style="list-style-type: none"> <li>Stage 1 did not have an equivalent Core measure</li> </ul> |
| 16. Immunization Registries  | Successful ongoing electronic transmission of immunization data  | Moved into Public Health Measure. See page 4.   | Yes – 4 exclusions, <a href="#">see Specification Sheet</a> for details                      | <ul style="list-style-type: none"> <li>Perform at least 1 test</li> <li>Menu measure</li> </ul>   |
| 16. Public Health [Yes] No exact correlation to one specific Stage 2 Measure | Active engagement with a Public Health Agency or clinical data registry to submit electronic PH data using CEHRT (abbreviated)   | Modified Objective 10<br>Meet 2 of 3 Options Stage<br>See Page 4 for details  | Various, however exclusion do not count towards "meeting"                                    | Stage 1 EPs may use "Alternate Exclusion" <ul style="list-style-type: none"> <li>May meet 1 PH option</li> </ul>                                |

| Stage 2 Core (report all 17)      | Stage 2 (Final Rule 2012) Description  | 2015 – 2017 Modification MU                | Stage 2 Exclusion   | Alternate Options If 2015 Scheduled for Stage 1  |
|-----------------------------------|--|--|---|--|
| 17. <b>Secure Messaging [Yes]</b> | 5% of unique patients send electronic message that contains health information | <b>Modified Objective 9 Capability Yes</b> | Yes – 2 exclusions, <a href="#">see Specification Sheet</a> for details | Stage 1 EPs may use “Alternate Exclusion”<br>Stage 1 did not have an equivalent Core measure |

| S2 Menu Set Measures (Rpt on 3 of 6) | Stage 2   | 2015 – 2017 Modification NPRM                 | Stage 2 Exclusion                    | Alternate Options If 2015 scheduled for Stage 1 |
|--------------------------------------|---|---|--------------------------------------|---|
| 1. <b>Syndromic Surveillance</b>     | Successful ongoing electronic transmission of syndromic surveillance data to public health agency                     | Moved into Public Health Measure. See Page 4. | Yes – <a href="#">See Spec Sheet</a> | Perform at least 1 test                         |
| 2. <b>Electronic Note</b>            | >30% of patients seen have an electronic progress note created, edited, signed by EP                                  | Removed                                       | No                                   | New S2 measure                                  |
| 3. <b>Imaging Results</b>            | >10% of all scans and tests are incorporated into or accessible through CEHRT   | Removed *                                     | Fewer than 100 or no access          | New S2 measure                                  |
| 4. <b>Family History</b>             | >20% of patients seen have a structured data entry for family health history or note that family history was reviewed | Removed                                       | Any EP who has no office visits      | New S2 measure                                  |
| 5. <b>Cancer Registries</b>          | Successful ongoing electronic submission of cancer case information to cancer registry                                | Indirectly moved into Public Health Measure   | Yes – <a href="#">See Spec Sheet</a> | New S2 measure                                  |
| 6. <b>Specialized Registries</b>     | Successful ongoing electronic submission of specific case information to specialized registry                         | Moved into Public Health Measure              | Yes – <a href="#">See Spec Sheet</a> | New S2 measure                                  |

\* Removed as standalone measures but are required data elements to meet either Patient Electronic Access or the Summary of Care measures

\*\* Regarding the Alternate Exclusions, “*did not intend to select the Stage 1 Patient Education menu objective*”, reference Page 200 (of 752 page Final Rule pdf) wherein the rule states, “*we acknowledge that it may be difficult for a provider to document intent and will not require such documentation*”





| Public Health                         | 2015 – 2017 Modification NPRM Scheduled for Stage 2   | Exclusions  | 2015 scheduled for Stage 2                                      | 2015 scheduled for Stage 1                 |
|---------------------------------------|---|---|---|--|
| 1. Immunization Registry Reporting    | The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.              | Yes, See <a href="#">CMS EHR Incentive Programs 2015 through 2017 (Modified Stage 2) Overview</a> | Must meet 2 measures to meet the threshold (Iz, SynSurv, Spec.) | May meet one measure to meet the threshold |
| 2. Syndromic Surveillance Reporting   | The EP, eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.     | Yes, above link   | Must meet 2 measures to meet the threshold (Iz, SynSurv, Spec.) | May meet one measure to meet the threshold |
| 3. Specialized Registry Reporting *** | The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit data to a specialized registry. | Yes, above link   | Must meet 2 measures to meet the threshold (Iz, SynSurv, Spec.) | May meet one measure to meet the threshold |

\*\*\* Reference Page 261+ of the final rule, "We are not finalizing our proposal to split specialized registry reporting into two distinct measures; We include cancer case reporting as an option for EPs only under the adopted specialized registry reporting measure."

| Public Health              | Definition of Active Engagment (as Proposed)   |
|----------------------------|--|
| Active Engagement Option 1 | <b>Completed Registration to Submit Data:</b> The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period. |
| Active Engagement Option 2 | <b>Testing and Validation:</b> The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.  |
| Active Engagement Option 3 | <b>Production:</b> The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.   |

**CQMS:** 2015 – 2017 Modification, no changes from Stage 2. Must report on 9 (of 64) CQMs from 3 (of 6) Nat'l Domains