



Meaningful Use Stage 2 Modifications 2015-2017 APCM v1 p8

IHS Office of Information Technology

October 4, 2016



Modified Stage 2 Performance Measure Report

- APCM v1 p8
 - Release early October, 2016
 - Dependencies
 - EHR v1.1 p21
 - BPHR v2.1 p1
 - BMC v4.0 p11



Alpha/Beta Testers

- Oklahoma Area
 - Claremore
 - Lawton
- Navajo Area
 - Chinle
- Nashville Area
 - Cherokee



APCM v1.0 p8

- Modified logic
 - Summary of Care
 - Secure Messaging
- Resolved
 - M15P and PL15 reports delimited file option where the current rate field was populated with numerator data for some measures.
 - M15P and PL15 reports where the Patient Electronic Access Summary Page Numerator populated the VDT 2016 numerator and denominator fields for delimited reports.
- Miscellaneous changes:
 - Updated Summary Pages: Remove @ display next to Secure Electronic Messaging and remove the associated message at bottom of summary page



EHR Reporting Period

Year	Reporting Timelines
2016	*90 day reporting period for first time participants; Full year reporting period for participants beyond their first year of participation.
2017	90 day reporting period for first time participants 90 days for Stage 3 adopters Full year reporting period for participants beyond their first year of participation and new Medicare EPs

*** The Calendar Year (CY) 2017 Changes to the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) NPRM is proposing 90-days for all participants in CY 2016**



Modified Stage 2

- EPs and EHs in program year 2015 -2017 will report on Modified Stage 2 objectives and measures.
- Alternate exclusions added for Stage 1 EPs & EHs to meet Modified Stage.
 - Providers scheduled to demonstrate Stage 1 may choose to use the alternate exclusions and specifications, but they **are not required** to use them.



Demonstrating Modified Stage 2

Eligible Professionals

- 10 Objectives*
- 9 CQMs

Eligible Hospitals

- 9 Objectives*
- 16 CQMs

* Objectives may have multiple measures associated with them. Objectives also include the consolidated public health objective.



Modified Stage 2 Objectives

Eligible Providers

- CPOE
- eRx
- Clinical Decision Support
- Patient Electronic Access
- Protect Electronic Health Info
- Patient Specific Education
- Medication Reconciliation
- Summary of Care/HIE
- Secure Messaging
- Public Health Reporting

Eligible Hospitals

- CPOE
- eRx
- Clinical Decision Support
- Patient Electronic Access
- Protect Electronic Health Info
- Patient Specific Education
- Medication Reconciliation
- Summary of Care/HIE
- Public Health Reporting



Modified Stage 2

Objectives & Measures 2015-2017



Protect Electronic Health Information

Conduct or review a security risk analysis in accordance with the requirements in 45CFR 164.312(a)(2)(iv) and 45CFR 164.306 (d)(3), and implement security updates as necessary and correct identified deficiencies as part of the EP, EH or CAH's risk management process. **(Y/N)**

CY 2016 Stage 1 Alternate Exclusions and Specifications

N/A

RPMS logic change: No



Clinical Decision Support

Measure 1: Implement 5 clinical decision support interventions related to 4 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.

CY 2016 Stage 1 Alternate Exclusions and Specifications

N/A

RPMS logic change: No



CPOE

> 60% of medication, 30% of laboratory and 30% of radiology orders are created by the EP or the authorized provider of the Eligible Hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

CY 2016 Stage 1 Alternate Exclusions and Specifications

2016: Providers scheduled to demonstrate Stage 1 may claim an exclusion for Measure 2 (laboratory orders) and Measure 3 (radiology orders).

RPMS logic change: No



Electronic Prescribing (e-Rx)

EPs: **>50%** of all permissible prescriptions, or all prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

EHs: **>10%** of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

CY 2016 Stage 1 Alternate Exclusions and Specifications

2016: EHs that did not intend to select eRX may claim an exclusion. (eRX was a menu objective for Stage 2)

RPMS logic change: No



Patient-Specific Education Resources

Patient-specific education resources identified by CEHRT are provided to patients for **>10%** of all unique patients seen by the EP or discharged from the EH or CAH inpatient or emergency department during the EHR reporting period.

CY 2016 Stage 1 Alternate Exclusions and Specifications

N/A

RPMS logic change: No



Medication Reconciliation

The EP, EH or CAH performs medication reconciliation for **>50%** of transitions of care in which the patient is transitioned into the care of the EP or admitted to the EH's inpatient or emergency department.

CY 2016 Stage 1 Alternate Exclusions and Specifications

N/A

RPMS logic change: No



Patient Electronic Access

(View, Download, Transmit)

Measure 1: >**50%** of all unique patients seen by the EP or discharged from the inpatient or emergency departments of the EH or CAH during the EHR reporting period are provided timely online access to their health information (within 4 business days after the information is available to the EP or 36 hours of discharge).

RPMS logic change: No



Patient Electronic Access (cont.)

(View, Download, Transmit)

Measure 2 (VDT):

2015 & 2016: - At least **1** patient seen by the EP or discharged from the inpatient or emergency department views, downloads or transmit their health information during the EHR reporting period.

2017: **>5%** of unique patients seen by the EP or discharged from the inpatient or emergency department views, downloads or transmit their health information during the EHR reporting period.

CY 2016 Stage 1 Alternate Exclusions and Specifications

N/A

RPMS logic change: No



Public Health Reporting

EPs must meet 2 of 3 measures; eligible hospitals/CAHs must meet 3 of 4 measures:

Measure 1 -Immunization Registry Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.

Measure 2–Syndromic Surveillance Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

Measure 3–Specialized Registry Reporting: The EP, eligible hospital, or CAH is in active engagement to submit data to a specialized registry.

Measure 4 – Electronic Reportable Laboratory Result Reporting (for EHs/CAHs only): The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.

CY 2016 Stage 1 Alternate Exclusions and Specifications

N/A



Health Information Exchange aka: Summary of Care

The EP or EH 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 the summary to a receiving provider for **>10%** of transitions of care and referrals.

CY 2016 Stage 1 Alternate Exclusions and Specifications

N/A

RPMS logic change: Yes



Summary of Care/HIE – Logic Update

- Changed logic to include chart reviews and case management visits.
- Added logic to exclude HCPCS/CPT service categories Durable Medical Equipment and Transportation.
- Modified logic to look at RCIS Referral file and V Referral file for requesting provider and visit data.



Summary of Care/ HIE– EP (Denominator)

Denominator:

Exclusions: Emergency Room (clinic code 30), In-house referrals, and service category H.

Count each referral which meets the following criteria:

1. The RCIS Referral file Requesting Provider field (.06) entry is equal to the EP for whom the report is being generated.
AND
2. The RCIS Referral file Date Initiated field (.01) entry is within the EHR reporting period.
AND
3. The RCIS Referral file contains a value in the DATE APPROVED field that is within the EHR Reporting period.
AND
4. The RCIS Referral file field REFERRAL TYPE field (.04) entry is not equal to “N” (In-House).
AND
5. The RCIS Referral file field CPT SERVICE CATEGORY (.13) does not equal DIAGNOSTIC IMAGING, PATHOLOGY AND LABORATORY, TRANSPORTATION, OR DURABLE MEDICAL EQUIPMENT.



Summary of Care/HIE – EP (Numerator)

Numerator:

Transmitted documents - Count each referral in the Denominator which meets the following criteria:

1. The RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6, .04, DOCUMENT TYPE = CT (CCDA TRANSMITTED).

AND

2. There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6, .01, DATE-TIME PRINTED OR TX-FILE, which is between January 1 of the reporting year and the date the report is generated.

AND

3. There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6, .03, DATE-TIME ACKNOWLEDGED which is between January 1 of the reporting year and the date the report is generated.



Summary of Care/HIE – EH (Denominator)

Denominator:

Exclude EHs and CAHs that have no referrals during the EHR reporting period and In house Referrals.

Count each inpatient referral which meets the following criteria:

1. The RCIS Referral file Requesting Facility field (05) is equal to the facility the for which the report is being generated.

AND

2. There is a hospitalization defined as Service Category H during the EHR reporting period OR An emergency department visit defined as Emergency Department-30 and Service Category “A” during the EHR reporting period.

AND

3. The RCIS Referral file Date Initiated field (.01) entry is within the EHR reporting period.

AND

4. The RCIS Referral file contains a value in the DATE APPROVED field that is within the EHR Reporting period

AND

5. The RCIS Referral file field REFERRAL TYPE entry is not equal to “N” (In-House.

AND

5. The RCIS Referral file field CPT SERVICE CATEGORY (.13) does not equal DIAGNOSTIC IMAGING, PATHOLOGY AND LABORATORY, TRANSPORTATION or DURABLE MEDICAL EQUIPMENT. 23



Summary of Care/HIE– EH (Numerator)

Numerator:

Transmitted documents - Count each referral in the Denominator which meets the following criteria:

1. The RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6, .04, DOCUMENT TYPE = CT (CCDA TRANSMITTED).

AND

2. There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6, .01, DATE-TIME PRINTED OR TX-FILE, which is between January 1 of the reporting year and the date the report is generated.

AND

3. There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 900001.6, .03, DATE-TIME TACKNOWLEDGED which is between January 1 of the reporting year and the date the report is generated.



Secure Messaging

2015: The capability for patients to send and receive a secure electronic message with the EP was **fully enabled** during the EHR reporting period. **(Y/N)**

2016: 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 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.

2017: **>5%** 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.

CY 2016 Stage 1 Alternate Exclusions and Specifications

N/A

RPMS logic change: Yes



Secure Messaging - Logic

IHS Measure Exclusions:

Case Management (clinic code 77), Laboratory Services (clinic code 76), Radiology (clinic code 63), Pharmacy (clinic code 39), and Emergency Room (clinic code 30) visits are excluded.

Denominator Inclusions:

The number of unique patients with one or more face-to-face visits with the EP as primary provider during the EHR reporting period, where the visit has a Service Category of A, S, O or M. Search for all visits up to the last day of EHR Reporting Period.

Numerator Inclusions:

Count the number of patients in the denominator who were sent a secure electronic message by the EP/Message Agent anytime between January 1 and December 31st of the calendar year. The message must be sent using Certified EHR Technology determined in the following manner:

1. RPMS sends EHR calendar year and Patient Internal Entry Number_(DFN) for patients returned in denominator and queries API BPHRMUM (located in namespace BPHR).
2. PHR API BPHRMUM returns:
Signed up for PHR (0=No, 1=Yes)^date^Accessed PHR (0=No, 1=Yes)^last date^Used secure messaging (0=No, 1=Yes)^last_date^direct address



Mod S2 PM Menu

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CMBA(cdad).STE - TNVTPlus
Session Edit View Commands Script Help
**      IHS Performance Measure Reports      **
*****
                Version 1.0 (Patch 8)
                2013 DEMO HOSPITAL (CMBA)

Current 2015-2017 Meaningful Use (MU) Modified (Mod) Stage 2 (S2)
Performance Reports

M25P   2015-17 Mod S2 MU Performance Report-EP
PL25   2015-17 Mod S2 MU Patient Lists-EP
M25H   2015-17 Mod S2 MU Performance Report-EH
HL25   2015-17 Mod S2 MU Patient Lists-EH

M15P   2015-16 Mod S2 MU Performance Rpt/S1 Exclusions-EP
PL15   2015-16 Mod S2 MU Patient Lists/S1 Exclusions-EP

HMUR   Historical Meaningful Use Performance Rpts ...

You've got PRIORITY mail!

Select Meaningful Use Performance Reports Option:
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Sample Alternate Report

MODIFIED STAGE 2 EP MEANINGFUL USE PERFORMANCE REPORT SUMMARY

Performance Measures	Target	Current Rate	Num	Den	Excl Met	Alt Met
1. Protect e-Health Info+	Yes	Yes	N/A	N/A	N/A	N/A
2. Clin Decision Support+						
Imp 1 CDS 2015+	Yes	Yes	N/A	N/A	N/A	N/A
Imp 5 CDS 2016+	Yes	Yes	N/A	N/A	N/A	N/A
Drug Interaction Check+	Yes	Yes	N/A	N/A	Yes	N/A
3. CPOE Medications 2015	>30%	0.00%	0	0	Yes	N/A
CPOE Medications 2016	>60%	0.00%	0	0	Yes	N/A
CPOE Laboratory	>30%	0.00%	0	0	Yes	Yes
CPOE Radiology	>30%	0.00%	0	0	Yes	Yes

Excl Met: Regular MU exclusion for the measure

Alt Met: Alternate Exclusions/Specifications for Stage 1 in 2015 and 2016

Questions?

