

February CMS and ONC eHealth Vendor Workgroup

February 18, 2016
12:00 PM EDT

Agenda Item	Speaker
Submission Updates, Errors, and What to Do to Correct Inaccuracies for 2015 PQRS EHR Submission	Dr. Daniel Green <i>CMS' Center for Clinical Standards and Quality</i>
Specialized Registries: New Opportunities for Healthcare Providers, EHR Developers, and Public Health	Daniel Chaput and Sanjeev Tandon <i>The Office of the National Coordinator for Health Information Technology</i>
The Joint Commission's 2015 and 2016 eCQM Data Transmissions	Mitra Biglari <i>The Joint Commission</i>
Medicare and Medicaid EHR Incentive Programs Attestation System Announcements	Nichole Davick <i>CMS' Division of Health Information Technology</i>
Resources for Participation in the Medicare and Medicaid EHR Incentive Programs	Kathleen Johnson <i>CMS' Division of Health Information Technology</i>
CMS at HIMSS16	Kathleen Johnson <i>CMS' Division of Health Information Technology</i>

Questions

Dr. Daniel Green

**SUBMISSION UPDATES,
ERRORS, AND WHAT TO DO
TO CORRECT
INACCURACIES FOR 2015
PQRS EHR SUBMISSION**

PQRS is a provider-based program

Announcements

- 1. Data Submission Deadline Extension: 2015 QRDA I and III PQRS data can be entered and submitted via the [Portal](#) now through March 11, 2016 8:00 p.m. ET**
 - CMS extended the original submission date of February 29, 2016 to March 11, 2016
- 2. Upcoming 2015 PQRS Support Call for PQRS Group Practices using Electronic Reporting:**

Date	Time (ET)	Topic
4/21/2016	12:00-1:30 PM	Vendor Workgroup: Lessons Learned

Announcements (cont.)

- 3. Upcoming planned system outages:** The Portal will be unavailable for scheduled maintenance and will not be accessible during the following periods:
- **Every Tuesday** starting at 8:00 pm ET through Wednesday at 6:00 am ET (on a as needed basis)
 - **Every Thursday** starting at 8:00 pm ET through Friday at 6:00 am ET (on a as needed basis)
 - **Upcoming Potential Downtime Dates:**
 - February: 2/26/2016 8:00PM ET – 2/29/2016 6:00AM ET
 - See the Portal website for the complete list of scheduled system outages, at <https://www.qualitynet.org/pqrs>

Announcements (cont.)

4. **Common Submission Errors:** The January 28, 2016 presentation addressed common submission errors for QRDA I and III.
 - The presentation is available as reference on the [Vendor page](#) on the CMS eHealth website.

Resources

- **CMS PQRS Website**
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>
- **PFS Federal Regulation Notices**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices.html>
- **Medicare and Medicaid EHR Incentive Programs**
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>
- **CMS Value-based Payment Modifier Website**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html>
- **Physician Compare**
<http://www.medicare.gov/physiciancompare/search.html>
- **Frequently Asked Questions (FAQs)**
<https://questions.cms.gov/>
- **MLN Connects Provider eNews**
<http://cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html>
- **PQRS Listserv**
https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_520

Where to Call for Help

- **QualityNet Help Desk:**

866-288-8912 (TTY 877-715-6222) or qnetsupport@hcqis.org

7:00 a.m.–7:00 p.m. CST Monday through Friday

You will be asked to provide basic information such as name, practice, address, phone, and e-mail.

- **EHR Incentive Program Information Center:**

888-734-6433 (TTY 888-734-6563)

- **Value Modifier Help Desk:**

888-734-6433 Option 3 or pvhelpdesk@cms.hhs.gov

- **CPC Help Desk:**

E-mail: cpcisupport@telligen.org

- **Physician Compare Help Desk:**

E-mail: PhysicianCompare@Westat.com

Question and Answer Session

**For questions unanswered or situationally-specific,
please contact QualityNet Help Desk**

866-288-8912 (TTY 877-715-6222) or qnet support@hcqis.org

7:00 a.m.–7:00 p.m. CST Monday through Friday

Daniel Chaput and Sanjeev Tandon

**PUBLIC HEALTH REPORTING
INQUIRIES FOR THE
MEDICARE AND MEDICAID EHR
INCENTIVE PROGRAMS**

The Office of the National Coordinator for
Health Information Technology



Specialized Registries: New Opportunities for Healthcare Providers, EHR Developers, and Public Health

Dan Chaput
Sanjeev Tandon

February 18, 2016

Putting the **I** in Health **IT**
www.HealthIT.gov



Agenda

- **EHR MU and Specialized Registries**
- **What can count as a specialized registry?**
- **Audience Questions and Discussion**

RECAP ON MU

Electronic Health Records Meaningful Use: Terms

MU - Meaningful Use

EHR - Electronic Health Record

EMR - Electronic Medical Record

CMS - Centers for Medicare & Medicaid Services

**ONC - Office of the National Coordinator for
Health Information Technology**

EP - Eligible Professional

EH - Eligible Hospital

CAH - Critical Access Hospital

CEHRT - Certified EHR Technology

PHA - Public Health Agency

Recap - CMS Regulations for Modified MU & Stage3

- ❑ All providers are required to attest to a single set of objectives and measures. This replaces the core and menu structure of previous stages.
- ❑ One consolidated public health reporting objective.
- ❑ **Public Health (PH) and Clinical Data Registry (CDR).**
- ❑ Starting in 2016, the EHR reporting period for all providers will be based on the calendar year. Except, providers that have not successfully demonstrated meaningful use in a prior year will be still allowed to use any continuous 90-day period.
- ❑ In 2016, all providers must use 2014 CEHRT.

Modified Meaningful Use (2015 through 2017)

- **EPs are required to attest to any combination of two measures of three.**
- **In 2015, EPs intending to be in Stage 1 were required to meet at least 1 measure, and EPs intending to be in Stage 2 were required to meet at least 2 measures.**
- **All EPs must meet at least 2 measures in 2016 and 2017.**

Modified Meaningful Use (2015 through 2017)

- **EHs and CAHs would be required to attest to any combination of three measures out of four.**
- **In 2015, EHs and CAHs intending to be in Stage 1 were expected to meet at least 2 measures, and EHs and CAHs intending to be in Stage 2 were expected to meet at least 3 measures.**
- **All EHs and CAHs must meet at least 3 measures in 2016 and 2017.**

Modified Meaningful Use (2015 through 2017)

Measure number and name	Measure specification	Max times measure can count	Exclusion Criteria
Measure 1- Immunization Registry Reporting	The EP, EH, or CAH is in active engagement with a public health agency to submit immunization data.	1	<ol style="list-style-type: none"> 1. Does not administer any Immunizations during the EHR reporting period OR 2. Operates in a jurisdiction for which no immunization registry is capable of accepting the specific MU standards OR 3. Operates in a jurisdiction where no immunization registry has declared readiness.
Measure 2 - Syndromic Surveillance Reporting	The EP, EH or CAH is in active engagement with a public health agency to submit syndromic surveillance data.	1	<ol style="list-style-type: none"> 1. Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction OR 2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data per specific MU standards OR 3. Operates in a jurisdiction where no public health agency has declared readiness.

Modified Meaningful Use (2015 through 2017)

Measure number and name	Measure specification	Max times measure can count	Exclusion Criteria
Measure 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.	2 for EP, 3 for eligible hospital/CAH.	<ol style="list-style-type: none"> 1. Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by specialized registry OR 2. Operates in a jurisdiction for which no specialized registry is capable of accepting electronic transactions in the specific MU standards OR 3. Operates in a jurisdiction where no public health agency has declared readiness.
Measure 4—Electronic Reportable Laboratory Results Reporting	The eligible hospital or CAH is in active engagement with a public health agency to submit ELR results.	N/A for EP, 1 for eligible hospital/CAH	<ol style="list-style-type: none"> 1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction OR 2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific MU standards OR 3. Operates in a jurisdiction where no public health agency has declared readiness.

Stage 3 Meaningful Use (2017 Optional; 2018 Mandatory)

- **EPs would be required to attest to any combination of two measures out of five and EH's/CAH's would be required to attest to any combination of four measures out of six. Exclusion to a measure does not count toward the total.**
- **EPs, eligible hospitals, and CAHs may choose to report to more than one public health registry or clinical data registry to meet the number of measures required to meet the objective.**
- **A specialized registry to which the EP, eligible hospital or CAH reported using Active Engagement Option 3: Production in a prior year under the EHR Incentive Programs in 2015 through 2017 public health reporting objective may also count toward the measure in 2017, 2018 and subsequent years.**

Stage 3 Meaningful Use (2017 Optional; 2018 Mandatory)

Measure number and name	Measure specification	Max times measure can count	Exclusion Criteria
Measure 1 - Immunization Registry Reporting	The EP, EH, or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry /immunization information system (IIS).	1	<ol style="list-style-type: none"> Does not administer any Immunizations during the EHR reporting period OR Operates in a jurisdiction for which no immunization registry is capable of accepting the specific MU standards OR Operates in a jurisdiction where no immunization registry has declared readiness. Operates in a jurisdiction where no immunization registry has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.
Measure 2 - Syndromic Surveillance Reporting	The EP, EH, or CAH is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	1	<p>Exclusion for EPs</p> <ol style="list-style-type: none"> Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system OR Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific MU standard OR Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period. <p>Exclusion for EHs and CAHs</p> <ol style="list-style-type: none"> Does not have an emergency or urgent care department OR Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EHs or CAHs in the specific MU standards OR Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EHs or CAHs as of 6 months prior to the start of the EHR reporting period.

Stage 3 Meaningful Use (2017 Optional; 2018 Mandatory)

Measure number and name	Measure specification	Max times measure can count	Exclusion Criteria
<p>Measure 3 - Electronic Case Reporting*</p> <p>*Not available in 2017 for optional Stage 3 requirements.</p>	<p>The EP, EH, or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.</p>	<p>1</p>	<p>1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period OR</p> <p>2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period OR</p> <p>3. Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.</p>
<p>Measure 4 - Public Health Registry Reporting*</p>	<p>The EP, EH, or CAH is in active engagement with a public health agency to submit data to public health registries.</p>	<p>2 for EPs, 4 for EHs and CAHs</p>	<p>1. Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period OR</p> <p>2. Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period OR</p> <p>3. Operates in a jurisdiction where no public health registry for which the EP, EH, or CAH is eligible to declared readiness or to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.</p>

Stage 3 Meaningful Use (2017 Optional; 2018 Mandatory)

Measure number and name	Measure specification	Max times measure can count	Exclusion Criteria
Measure 5 - Clinical Data Registry Reporting	The EP, EH, or CAH is in active engagement to submit data to a clinical data registry	2 for EPs, 4 for EHs and CAHs	<ol style="list-style-type: none"> 1. Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period OR 2. Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period OR 3. Operates in a jurisdiction where no clinical data registry for which the EP, EH, or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
Measure 6 - Electronic Reportable Laboratory Results	The EH or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results	N/A for EPs, 1 for EHs and CAHs	<ol style="list-style-type: none"> 1. Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period OR 2. Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; OR 3. Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from an EH or CAH as of 6 months prior to the start of the EHR reporting period.

SPECIALIZED REGISTRIES

THE FAQs

Specialized Registries Described (2015 – 2017)

Specialized Registries

Public Health Registry

- A registry that is administered by, or on behalf of, a local, state, territorial or national public health agency and which collects data for public health purposes.

Clinical Data Registry

- Administered by, or on behalf of, other non public health agency entities

Also noted: Case Reporting*

- “reportable conditions” as defined by the state, territorial, and local PHAs to monitor disease trends and support the **management of outbreaks**
- *not to be confused with the separate measure for Stage 3

What can count as a specialized registry?

- In order to count as a specialized registry, a receiving entity needs to declare that they are ready to accept data as a specialized registry and be using the data to improve population health outcomes. The receiving entity must be able to receive electronic data generated from CEHRT; manual data entry into a web portal would not qualify for submission to a specialized registry. The electronic file can be sent to the receiving entity through any appropriately secure mechanism including, but not limited to, a secure upload function on a web portal, sFTP, or Direct. The receiving entity must also be able to support documentation related to the submitting provider's Active Engagement status. The receiving entity should have a registration of intent process, a process to take the provider through test and validation and a process to move into production. The receiving entity should be able to provide appropriate documentation for the sending provider or their current status in Active Engagement. Consistent with existing policy, an action to meet one program requirement may not count toward meeting another objective or requirement. Therefore, the sending provider cannot meet the measure using a submission of data already being sent to meet other EHR Incentive Program requirements, such as using a QCDR to submit eCQMs to CMS to meet quality reporting requirements. [Source: CMS FAQ # 13653]

What steps does a provider have to take to determine if there is a specialized registry available for them, or if they should instead claim an exclusion?

- ❑ The provider is not required to make an exhaustive search of all potential registries. Instead, they must do a few steps to meet due diligence in determining if there is a registry available for them, or if they meet the exclusion criteria.
 - 1 - A provider should check with their State to determine if there is an available specialized registry maintained by a public health agency
 - 2 - A provider should check with any specialty society with which they are affiliated to determine if the society maintains or endorses a specialized registry

- ❑ More details in CMS FAQ # 13657. Please click link pasted below.

What steps do eligible hospitals need to take to meet the specialized registry objective? Is it different for EP's?

- **For an eligible hospital, the process is the same as for an EP. However, we note that eligible hospitals do not need to explore every specialty society with which their hospital-based specialists may be affiliated. The hospital may simply check with the jurisdiction and any such organization with which it is affiliate, if no such organization exists and if their jurisdiction has no registry, they may simply exclude from the measure. [Source: CMS FAQ # 14117]**

Questions?

**Daniel.Chaput@hhs.gov or ilu2@cdc.gov or
meaningfuluse@cdc.gov**

Mitra Biglari

THE JOINT COMMISSION'S 2015 AND 2016 ECQM DATA TRANSMISSIONS



The Joint Commission 2015 and 2016 eCQM Data Transmissions

February 18, 2016

Mitra Biglari
Project Director

Agenda

- ▶ 2015 eCQM data submission summary update

- ▶ 2016 eCQM submission
 - ▶ Documents posted
 - ▶ PET access instruction

eCQM Updates 2015

- ▶ 2015 eCQM data submission to The Joint Commission:
 - ▶ 6 vendors submitted eCQM data for 34 hospitals
 - Vendors: Acmeware, Cerner, Medisolv, Persivia, Premier, and Press Ganey
 - ▶ 1 vendor submitted only Trial data
 - ▶ 130,307 patients (QRDA I) were submitted
 - Contained 132,286 episodes of care
 - Multiple Episodes of care were submitted

eCQM Updates 2015

- ▶ The Joint Commission Received production data on all TJC-Supported eCQMs except eAMI-7a:

eCAC-3

eED-1a, eED-2a,


ePC-01, ePC-05,

eSCIP-Inf-1, eSCIP-Inf-9

eSTK-2, eSTK-3, eSTK-4, eSTK-5, eSTK-6, eSTK-8, eSTK-10

eVTE-1, VTE-2, eVTE-3, eVTE-4, eVTE-5, eVTE-6

- ▶ All vendors submitted Measure Results even though it was optional!




eCQM 2016 Submission

- For eCQM submission of 2016 discharges, The Joint Commission adopts
 - eMeasure specification: eCQM - June 2015 Update
 - *CMS-IG: CMS Implementation Guide for Quality Reporting Document Architecture Category I and Category III Eligible Professional Programs and Hospital Quality Reporting (HQR) Supplementary Implementation Guide for 2016*
 - *QRDA Guide: HL7 Implementation Guide for CDA Release 2: Quality Reporting Document Architecture Category I, Release 1, Draft Standard for Trial Use (DSTU) Release 3, US Realm, June 2015*

eCQM

2016 Submission

- ▶ The Joint Commission requires a few changes to QRDA Category I files to submit to The Joint Commission
- ▶ Differences are documented in the TJC-Implementation Guide posted on The Joint Commission web site
- ▶ Please refer to CMS-IG and QRDA-IG documents for the remaining content that is unchanged
- ▶ TJC-XPath document for eCQM 2015 measures, accepted by The Joint Commission is also posted



eCQM

2016 Submission

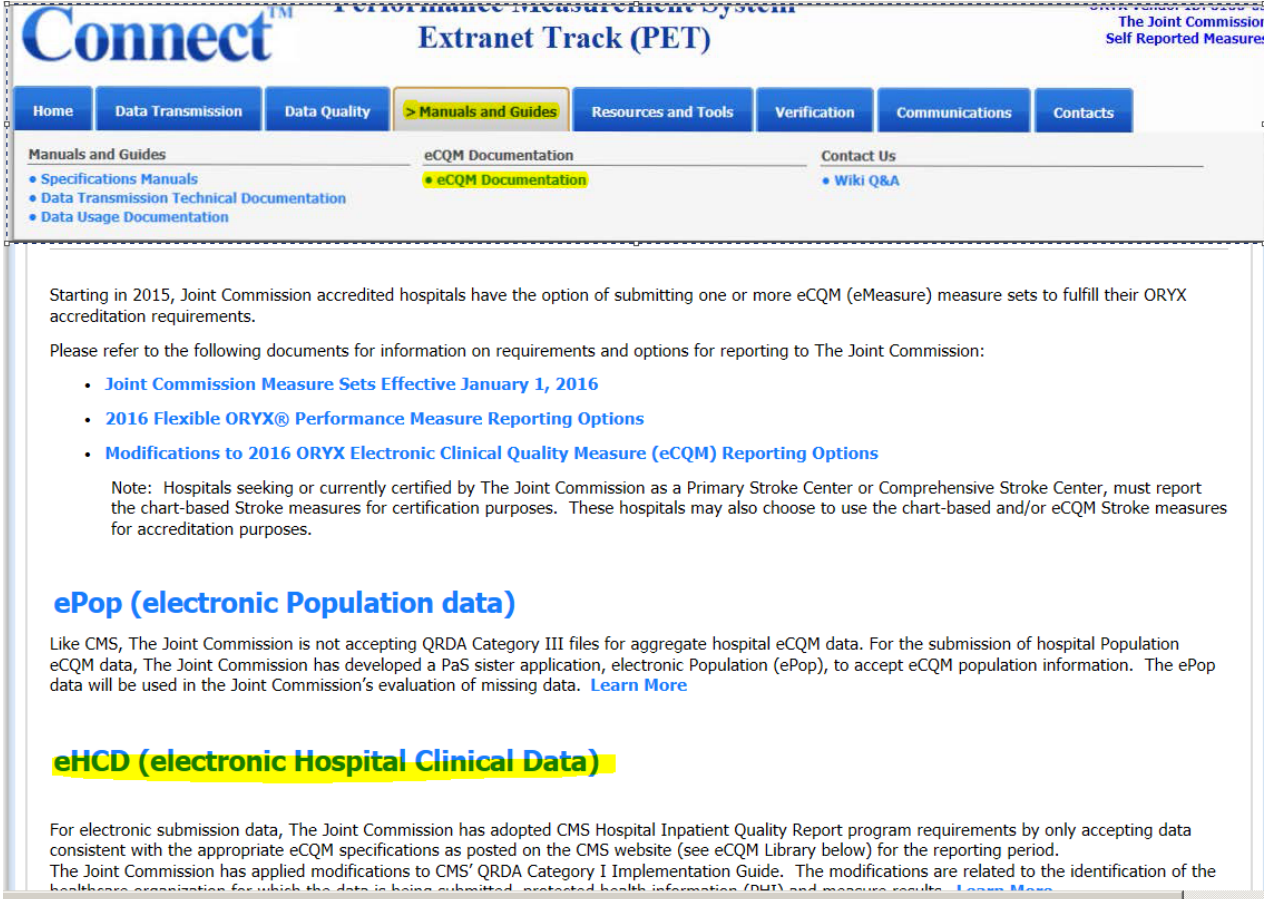
- Both TJC-IG and TJC-XPath documents will be updated as we work on this version
- Whenever a document is updated a news line would be posted on **Important Update** section of the **Home** Page on PET
- Make a note of the Last Update date on these documents
- These documents are posted on the 'Performance Measurement System Extranet Track (PET)' web site which is available to The Joint Commission's eVendors and Candidate eVendors

PET Home Page

<https://pet.jointcommission.org/PETPages/PETHome.aspx>

The screenshot shows the PET Home Page interface. At the top right, there is a navigation bar with links: Welcome Mitra Biglari, Settings, Help, Contact Us, and Logout. The main header features the logo for 'The Joint Commission Connect™' on the left, the title 'Performance Measurement System Extranet Track (PET)' in the center, and a yellow highlighted box on the right containing the text 'ORVX Vendor ID: 0100-03 The Joint Commission Self Reported Measures'. Below the header is a horizontal menu with buttons for '> Home', 'Data Transmission', 'Data Quality', 'Manuals and Guides', 'Resources and Tools', 'Verification', 'Communications', and 'Contacts'. The main content area is divided into two sections. On the left, under 'Favorite Apps Edit', there are four items, each with a 'Launch' button: 'eCQM Hospital Clinical Data (eHCD)', 'Hospital Clinical Data (HCD)', 'Non-core Aggregate Data (X12)', and 'Population and Sample Size (PaS) Data'. On the right, under 'Important Updates', there are two update items, each with a blue circular icon: 'The new Specifications Manual for Joint Commission National Quality Measures (version 2016A) has bee...' and 'HCD has been updated to address CSTK issue and new message document has been posted'.

PET eCQM Page



Connect™ Performance Measurement System
Extranet Track (PET)
The Joint Commission
Self Reported Measure

Home Data Transmission Data Quality **> Manuals and Guides** Resources and Tools Verification Communications Contacts

Manuals and Guides eCQM Documentation Contact Us

- Specifications Manuals
- Data Transmission Technical Documentation
- Data Usage Documentation

- **eCQM Documentation**

- Wiki Q&A

Starting in 2015, Joint Commission accredited hospitals have the option of submitting one or more eCQM (eMeasure) measure sets to fulfill their ORYX accreditation requirements.

Please refer to the following documents for information on requirements and options for reporting to The Joint Commission:

- [Joint Commission Measure Sets Effective January 1, 2016](#)
- [2016 Flexible ORYX® Performance Measure Reporting Options](#)
- [Modifications to 2016 ORYX Electronic Clinical Quality Measure \(eCQM\) Reporting Options](#)

Note: Hospitals seeking or currently certified by The Joint Commission as a Primary Stroke Center or Comprehensive Stroke Center, must report the chart-based Stroke measures for certification purposes. These hospitals may also choose to use the chart-based and/or eCQM Stroke measures for accreditation purposes.

ePop (electronic Population data)

Like CMS, The Joint Commission is not accepting QRDA Category III files for aggregate hospital eCQM data. For the submission of hospital Population eCQM data, The Joint Commission has developed a PaS sister application, electronic Population (ePop), to accept eCQM population information. The ePop data will be used in the Joint Commission's evaluation of missing data. [Learn More](#)

eHCD (electronic Hospital Clinical Data)

For electronic submission data, The Joint Commission has adopted CMS Hospital Inpatient Quality Report program requirements by only accepting data consistent with the appropriate eCQM specifications as posted on the CMS website (see eCQM Library below) for the reporting period. The Joint Commission has applied modifications to CMS' QRDA Category I Implementation Guide. The modifications are related to the identification of the healthcare organization for which the data is being submitted, protected health information (PHI) and measure results. [Learn More](#)

PET eHCD page

Contains TJC-IG and XPath



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The Joint Commission
ConnectTM Performance Measurement System
Extranet Track (PET)

ORYX Vendor ID: 0100-03
The Joint Commission
Self Reported Measure

> Home | Data Transmission | Data Quality | Manuals and Guides | Resources and Tools | Verification | Communications | Contacts

eHCD (electronic Hospital Clinical Data)

- [FAQ For Electronic Hospital Clinical Data \(eHCD\)](#) - 6/18/2015
- [Joint Commission's eHCD Integrity Edits](#) - 10/07/2015

2016 Data Receipt Documentation

- [The Joint Commission's QRDA Category I Implementation Guide \(eCQM June-2015 version for submission of 2016 Discharged data\)](#) - Updated 02/15/2016. This IG contains the guidelines for submission of data to The Joint Commission and highlights the differences between The Joint Commission and CMS. In addition, the IG includes the 2016 Joint Commission ORYX eCQM List with their OIDs and examples of how to report measure results within the QRDA Category I file.
- [Joint Commission's XPath Mapping to QRDA-1 Templates For eCQM June 2015 Update](#) - Updated 02/15/2015
- [Joint Commission's QRDA Category I Sample Files](#) - Coming soon.

2015 Data Receipt Documentation



Question? Product Support? Feedback?

- ▶ Please review the Guide and XPath documents and provide your feedback or concerns
- ▶ Please use our helpdesk web site for prompt reply
<https://manual.jointcommission.org>
- ▶ To get a timely response, when posting a technical question, please use
 - **‘Technical Questions and Transmission’** category or
 - **‘eHCD’** category

Questions?
mbiglari@jointcommission.org

Nichole Davick

**MEDICARE AND MEDICAID EHR
INCENTIVE PROGRAMS
ATTESTATION SYSTEM
ANNOUNCEMENTS**

CMS Extends Attestation Deadline for EHR Incentive Programs

CMS Extends the Attestation Deadline for the EHR Incentive Programs to March 11, 2016

The Centers for Medicare & Medicaid Services (CMS) extended the attestation deadline for the Medicare & Medicaid Electronic Health Record (EHR) Incentive Programs to **Friday, March 11, 2016 at 11:59 p.m. ET**, from the original deadline of Monday, February 29.

Medicare EHR Incentive Program

Eligible professionals, eligible hospitals, and critical access hospitals (CAHs) can attest through the CMS [Registration and Attestation System](#).

Medicaid EHR Incentive Program

Providers should refer to their respective [states](#) for attestation information and deadlines.

To attest to the EHR Incentive Programs in 2015:

- **Eligible Professionals** may select an EHR reporting period of any continuous 90 days from January 1, 2015 (the start of the 2015 calendar year) through December 31, 2015.
- **Eligible Hospitals/CAHs** may select an EHR reporting period of any continuous 90 days from October 1, 2014 (the start of the federal fiscal year) through December 31, 2015.

Preparing to Participate in the EHR Incentive Programs in 2015 through 2017

Registration and Attestation Checklists

To help providers prepare to participate in the Medicare and/or Medicaid Electronic Health Record (EHR) Incentive Programs, CMS has published the [registration and attestation checklists](#). Providers can register and/or attest through the [Medicare & Medicaid EHR Incentive Program Registration and Attestation Website](#).

Registration Checklist

- Make sure to have an active and approved enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS).

- For Medicare providers who are still eligible to receive an incentive payment, verify that the [Medicare Administrative Contractor \(MAC\)](#) has the correct banking information and payee information.

- Visit the Registration Tab on the [Registration and Attestation Website](#) to ensure the information is accurate (such as the Payee selection and email address). CMS will communicate with providers about the Incentive Programs using the email address on file on the Personal Information page of the Registration and Attestation website.

Attestation Resources and Information

Attestation User Guides

Updated Attestation User Guides for [eligible professionals](#) and [eligible hospitals](#) are now available to help providers attest to EHR Incentive Programs in 2015 through 2017 requirements.

Attestation Batch Upload Specifications

Visit the [Attestation Batch Upload](#) webpage to access the updated guides. (Please note: the technical teams are monitoring and reaching out to providers who are having difficulty utilizing the batch upload process. Providers will receive emails with tips and numbers to call if they need help.)

Hospital-Based Determination/Status

First-time participants in the EHR Incentive Programs must contact the EHR information center at 888-734-6433 to determine if they are deemed hospital-based. Choose option 1 for the EHR Incentive Programs, then choose option 4 in the interactive voice response system (IVR). Existing eligible professionals should review and resubmit their registration on the [Registration & Attestation website](#) to determine their hospital-based status.

Clinical Quality Measures (CQMs)

Eligible professionals in their first year must manually attest to the CQMs through the [Medicare & Medicaid EHR Incentive Program Registration and Attestation Website](#).

Alternate Attestation Method Available for Certain Medicaid Eligible Professionals

An Alternate Method of Attestation is Available for Certain Medicaid Providers through the EHR Incentive Program Registration and Attestation System

In the [final rule](#) for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, the Centers for Medicare & Medicaid Services (CMS) finalized the proposal to allow certain Medicaid eligible professionals (EPs) to use an alternate option of attesting through the EHR Incentive Program [Registration and Attestation System](#) for the purpose of avoiding the Medicare payment adjustment ([80 FR 62900 through 62901](#)).

Beginning in 2015, Medicaid EPs who have previously received an incentive payment under the Medicaid EHR Incentive Program, but will fail to meet the eligibility requirements for the program in subsequent years, will be allowed to attest using the EHR Incentive Program Registration and Attestation system for the purpose of avoiding the Medicare payment adjustment. (*Note: There are no changes to the EHR Incentive Program Registration and Attestation System for the alternate attestation method.*)

CMS to Update the EHR Incentive Programs Registration and Attestation System on February 21

CMS Plans to Correct Attestation System to Allow EPs to Claim an Exclusion for Measure 1 of the Patient Electronic Access Objective

The [Centers for Medicare & Medicaid Services \(CMS\)](#) will shut down the [Medicare & Medicaid EHR Incentive Program Registration and Attestation System](#) on Sunday, **February 21, 2016, between 6:00 a.m. and 10:00 a.m. EDT**, to correct an error that is preventing eligible professionals (EPs) from claiming an exclusion for Measure 1 of the [Patient Electronic Access Objective](#) (referred to as 8A in the attestation system).

EPs whose attestation was rejected as a result of not meeting objective 8 may modify and resubmit their attestation information after February 21, 2016. EPs who have successfully attested to the EHR Incentive Programs' 2015 requirements do not need to take any action.

Batch attestation users who have not yet submitted their files will also need to wait to submit their data until after February 21. To successfully upload a batch attestation with this exclusion, please ensure the batch files include a 'Y/N' indicator for each provider record on the file. Users who have already submitted a batch attestation file for the 2015 program year do not need to resubmit.

For More Information

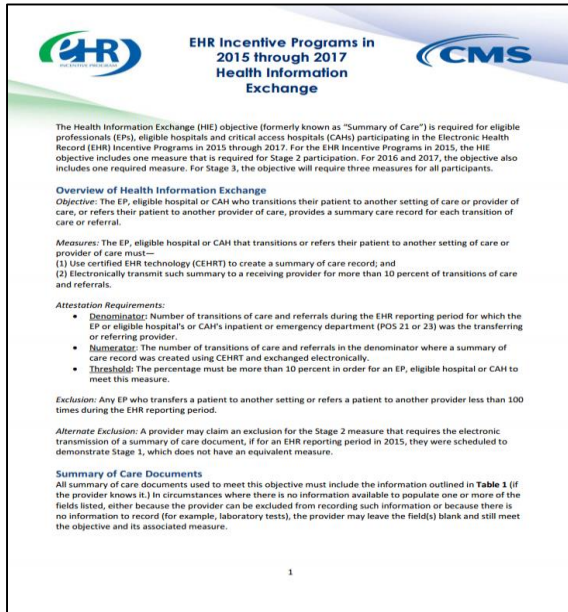
Visit the CMS website or contact the EHR Information Center Help Desk at (888) 734-6433/ TTY: (888) 734-6563. The hours of operation are Monday through Friday between 7:30 a.m. and 6:30 p.m. CT, and 8:30 a.m. and 7:30 p.m. EST.

Questions?
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Kathleen Johnson

**RESOURCES FOR
PARTICIPATION IN THE
MEDICARE AND MEDICAID EHR
INCENTIVE PROGRAMS**

CMS Has Posted New Resources for Participation in the Medicare & Medicaid EHR Incentive Programs in 2015-2017



EHR Incentive Programs in 2015 through 2017 Health Information Exchange

The Health Information Exchange (HIE) objective (formerly known as "Summary of Care") is required for eligible professionals (EPs), eligible hospitals and critical access hospitals (CAHs) participating in the Electronic Health Record (EHR) Incentive Programs in 2015 through 2017. For the EHR Incentive Programs in 2015, the HIE objective includes one measure that is required for Stage 2 participation. For 2016 and 2017, the objective also includes one required measure. For Stage 3, the objective will require three measures for all participants.

Overview of Health Information Exchange
Objective: The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care, or refers their patient to another provider of care, provides a summary care record for each transition of care or referral.

Measures: The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must—
(1) Use certified EHR technology (CEHRT) 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.

Attestation Requirements:

- Denominator:** Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.
- Numerator:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.
- Threshold:** The percentage must be more than 10 percent in order for an EP, eligible hospital or CAH to meet this measure.

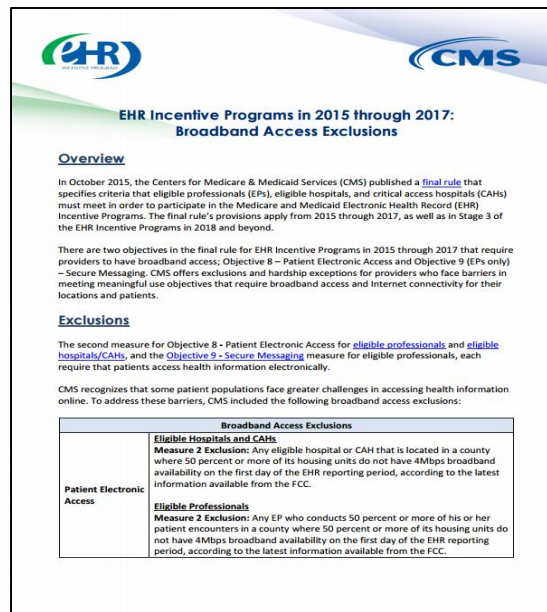
Exclusion: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

Alternate Exclusion: A provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document, if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

Summary of Care Documents
All summary of care documents used to meet this objective must include the information outlined in Table 1 (if the provider knows it). In circumstances where there is no information available to populate one or more of the fields listed, either because the provider can be excluded from recording such information or because there is no information to record (for example, laboratory tests), the provider may leave the field(s) blank and still meet the objective and its associated measure.

1

[Health Information Exchange Tipsheet](#)



EHR Incentive Programs in 2015 through 2017: Broadband Access Exclusions

Overview
In October 2015, the Centers for Medicare & Medicaid Services (CMS) published a final rule that specifies criteria that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet in order to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The final rule's provisions apply from 2015 through 2017, as well as in Stage 3 of the EHR Incentive Programs in 2018 and beyond.

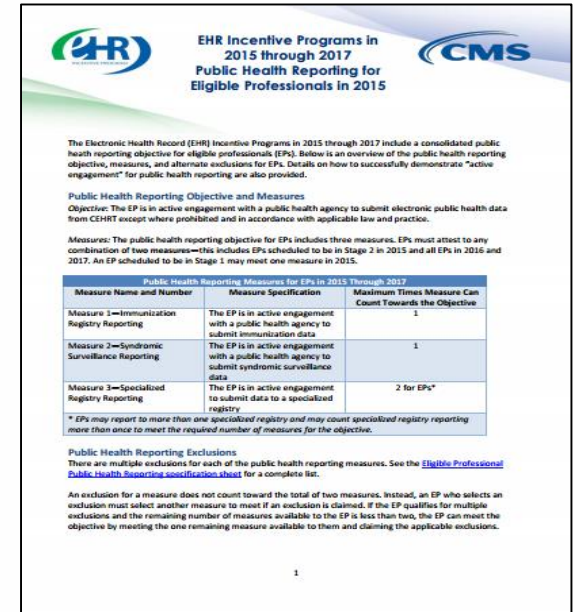
There are two objectives in the final rule for EHR Incentive Programs in 2015 through 2017 that require providers to have broadband access; Objective 8 – Patient Electronic Access and Objective 9 (EPs only) – Secure Messaging. CMS offers exclusions and hardship exceptions for providers who face barriers in meeting meaningful use objectives that require broadband access and internet connectivity for their locations and patients.

Exclusions
The second measure for Objective 8 – Patient Electronic Access for [eligible professionals](#) and [eligible hospitals/CAHs](#), and the [Objective 9 – Secure Messaging](#) measure for eligible professionals, each require that patients access health information electronically.

CMS recognizes that some patient populations face greater challenges in accessing health information online. To address these barriers, CMS included the following broadband access exclusions:

Broadband Access Exclusions	
Patient Electronic Access	Eligible Hospitals and CAHs Measure 2 Exclusion: Any eligible hospital or CAH that is located in a county where 50 percent or more of its housing units do not have 4Mbps broadband availability on the first day of the EHR reporting period, according to the latest information available from the FCC.
	Eligible Professionals Measure 2 Exclusion: Any EP who conducts 50 percent or more of his or her patient encounters in a county where 50 percent or more of its housing units do not have 4Mbps broadband availability on the first day of the EHR reporting period, according to the latest information available from the FCC.

[Broadband Access Tipsheet](#)



EHR Incentive Programs in 2015 through 2017 Public Health Reporting for Eligible Professionals in 2015

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.

Public Health Reporting Measures for EPs in 2015 Through 2017		
Measure Name and Number	Measure Specification	Maximum Times Measure Can Count Towards the Objective
Measure 1—Immunization Registry Reporting	The EP is in active engagement with a public health agency to submit immunization data.	1
Measure 2—Syndromic Surveillance Reporting	The EP is in active engagement with a public health agency to submit syndromic surveillance data.	1
Measure 3—Specialized Registry Reporting	The EP is in active engagement to submit data to a specialized registry.	2 for EPs*

* EPs may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.

Public Health Reporting Exclusions
There are multiple exclusions for each of the public health reporting measures. See the [Eligible Professional Public Health Reporting specification sheet](#) for a complete list.

An exclusion for a measure does not count toward the total of two measures. Instead, an EP who selects an exclusion must select another measure to meet if an exclusion is claimed. If the EP qualifies for multiple exclusions and the remaining number of measures available to the EP is less than two, the EP can meet the objective by meeting the one remaining measure available to them and claiming the applicable exclusions.

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[Public Health Reporting Tipsheet for Eligible Professionals and Eligible Hospitals/CAHs](#)

Spotlight On: Clinical Decision Support

Learn More about Clinical Decision Support Interventions

For the [Medicare and Medicaid Electronic Health Record \(EHR\) Incentive Programs in 2016](#), eligible professionals and eligible hospitals must meet the CDS objective by:

1. Implementing five CDS rules related to four or more clinical quality measures (CQMs) or related to a high-priority health condition for the EP, eligible hospital, or CAH's scope of practice or patient population.
2. Enabling and implementing functionality for drug-drug and drug-allergy interaction checks.

CMS Guidance for CDS Interventions

The CDS objective gives providers flexibility in the types of CDS interventions they employ, as well as the timing of the CDS.

Providers can customize the implementation of the CDS to their own needs for their clinical practice and patient population. The CDS should be implemented at a “relevant point in patient care,” which refers to a relevant point in clinical workflows when the intervention can influence clinical decision-making before diagnostic or treatment action is taken in response to the intervention.

Additionally, providers are not limited to just “pop-up” alert CDS interventions. They can meet the objective by using [other methods of CDS](#).

CMS Has posted New Resources for Participation in the Medicare & Medicaid EHR Incentive Programs in 2016

Visit the 2016 Program Requirements webpage on the CMS EHR Incentive Programs Website for additional guidance on meeting the 2016 EHR Incentive Programs requirements.

New resources include:

- [Eligible Professionals: What You Need to Know for 2016](#)
- [Eligible Hospitals and CAHs: What You Need to Know for 2016](#)
- [Eligible Professionals Attestation Worksheet for Modified Stage 2 in 2016](#)
- [Eligible Hospitals and CAHs Attestation Worksheet for Modified Stage 2 in 2016](#)
- [EHR Incentive Programs in 2016: Alternate Exclusions](#)

Coming Soon: 2016 Specification Sheets for Eligible Professionals and Eligible Hospitals/CAHs

CMS Releases New and Updated FAQs with Guidance for Hospital- specific Eligible Professionals and Eligible Hospitals Participating in the EHR Incentive Programs

[FAQ #2639](#) - Are physicians who practice in hospital-based ambulatory clinics eligible to receive Medicare or Medicaid electronic health record (EHR) incentive payments?

A hospital-based eligible professional (EP) is defined as an EP who furnishes 90 percent or more of his/her services in either the inpatient or emergency department of a hospital. Hospital-based EPs do not qualify for Medicare or Medicaid EHR incentive payments.

If you are a new EP and need to determine your hospital-based status, contact the EHR information center at (888)734-6433. Choose option 1 for the EHR Incentive Programs, then choose option 4 in the interactive voice response system (IVR). You will need your National Provider Identifier (NPI) and the last 5 digits of your Tax Identification Number (TIN). If you are an existing EP, review and resubmit your registration on the [Registration & Attestation](#) website to determine your hospital based status.

[FAQ #14117](#) - What steps do eligible hospitals need to take to meet the specialized registry objective? Is it different from EPs?

For an eligible hospital, the process is the same as for an EP. However, we note that eligible hospitals do not need to explore every specialty society with which their hospital-based specialists may be affiliated. The hospital may simply check with the jurisdiction and any such organization with which it is affiliate, if no such organization exists and if their jurisdiction has no registry, they may simply exclude from the measure.

For further information please see FAQ #: [13657](#)

Questions?
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Kathleen Johnson
CMS AT HIMSS16

HIMSS16 Annual Conference & Exhibition
CMS Education Sessions

Title	Session	Time & Location
Monday, February 29		
Opening Keynote: Sec. Sylvia Mathews Burwell and Michael Dell	KEYDELL	5:00 p.m. – 7:00 p.m. PST Room Palazzo Ballroom at the Venetian
Tuesday, March 1		
CMS EHR Incentive Programs in 2015 through 2017 Overview	26	10:00 a.m. – 11:00 a.m. PST Room Palazzo B
CMS Listening Session: EHR Incentive Programs in 2018 & Beyond	56	1:00 p.m. – 2:00 p.m. PST Room Palazzo B
A Special Session with ONC and CMS (Presentation by Karen DeSalvo, M.D. and Andy Slavitt)	N/A	5:30 p.m. – 6:30 p.m. PST Rock of Ages Theatre

Visit CMS at Booth #10309

HIMSS16 Annual Conference & Exhibition
CMS Education Sessions

Title	Session	Time & Location
Tuesday, March 1		
CMS EHR Incentive Programs in 2015 through 2017 Overview	26	10:00 a.m. – 11:00 a.m. PST Room Palazzo B
CMS Listening Session: EHR Incentive Programs in 2018 & Beyond	56	1:00 p.m. – 2:00 p.m. PST Room Palazzo B
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Visit CMS at Booth #10309

HIMSS16 Annual Conference & Exhibition
CMS Education Sessions

Title	Session	Time & Location
Wednesday, March 2		
CMS Listening Session: Merit-Based Incentive Payment System (MIPS)	101	8:30 a.m. – 9:30 a.m. PST Room Palazzo B
CMS Electronic Clinical Quality Measurement (eCQM) Development and Reporting	131	11:30 a.m. – 12:30 p.m. PST Room Palazzo B
Thursday, March 3		
Interoperability Showcase: eCQM Submissions	N/A	10:00 a.m. – 11:00 a.m. PST Booth #11954
CMS Patient and Family Engagement Panel	234	1:00 p.m. – 2:00 p.m. PST Room Palazzo B

Visit CMS at Booth #10309

Questions?
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For general questions related to the Medicare &
Medicaid EHR Incentive Programs,
e-mail: **EHRINQUIRIES@CMS.HHS.GOV**