

Summary: Meaningful Use Modifications NPRM (July 2016)

Comments due September 6

Background:

The Electronic Health Record (EHR) Incentive Program awards incentive payments (or downward payment adjustments) to eligible professionals and hospitals that demonstrate “meaningful use” of their certified health information technology (health IT). The Incentive Program was originally conceived as a three-stage program, with each stage requiring more advanced uses of health IT. Stage 2 took effect in 2014 for the earliest adopters, and Stage 3 is now scheduled to begin in 2018.

In October 2015, CMS finalized the first set of modifications for Meaningful Use Stage 2 (2015 and 2016), which included drastic changes to patient and family engagement measures. This was the first time the “one patient” threshold was introduced for the View/Download/Transmit online access measure. The most recent NPRM proposes additional modifications to Stage 2 and new modifications for Stage 3.

Earlier in 2015, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was signed into law. The Merit Based Incentive Payment Program (MIPS) will replace Meaningful Use for all Medicare eligible professionals starting in 2017. As such, most of the newly proposed modifications apply to Medicare hospitals only, not Medicare doctors nor Medicaid hospitals and doctors.

Reporting Period:

- CMS is proposing to shorten the reporting period for 2016 for Medicare and Medicaid doctors and hospitals to **90 days** from the full calendar year.
 - CMS is also proposing to shorten the reporting period for Clinical Quality Measures to 90 days.

Meaningful Use Measures and Thresholds:

- The proposed changes apply to Medicare eligible hospitals only, not Medicare eligible professionals or Medicaid doctors and hospitals.
- Removing Measures: CMS proposes to remove the **Clinical Decision Support (CDS)** and **Computerized Provider Order Entry (CPOE)** measures for Stage 2 in 2017 and Stage 3 in 2017 and 2018.
 - CMS proposes to retire these measures because performance in previous years amongst all hospitals is very high (averaging around 90%).
 - *Note: the MACRA NPRM also proposes to remove CDS and CPOE from the measures included in the Advancing Care Information category of MIPS for Medicare clinicians.*

- Lowering Thresholds: CMS proposes to lower thresholds for measures in both Stage 2 in 2017, and Stage 3 in 2018.

Stage 2:

- Only the threshold for patient use of online access (VDT) would be lowered:
 - View, download, transmit use: The number of patients who must actually use online access to their health information drops from the 5% threshold to **one patient** in 2017.
 - *Note: Previous modifications to Stage 2 finalized the “one patient” reduction for 2015 and 2016, but increased the threshold back up to 5% in 2017. CMS is now proposing to reduce this 5% threshold to “one patient” for 2017 as well.*

Stage 3:

- CMS proposes to lower thresholds for Stage 3 measures in 2018:

Objective 5: Patient Electronic Access to Health Information

- Patient electronic access: Drops from 80% to **50%**
- Patient-specific education materials: Drops from 35% to **10%**

Objective 6: Coordination of Care Through Patient Engagement

(only need to meet 2/3 measures)

- View, download, transmit use: Drops from 10% threshold to **one patient**
- Secure messaging: Drops from 25% to **5%** threshold
- Patient-generated health data: Remains at **5%** threshold
 - *Note: PGHD measure was new in Stage 3*

Objective 7: Health Information Exchange

(only need to meet 2/3 measures)

- Send electronic summary of care: Drops from 50% to **10%** threshold
- Incorporate electronic summary of care: Drops from 40% to **10%** threshold
- Clinical information reconciliation: Drops from 80% to **50%** threshold

Areas of Comment:

CMS requests comment on:

- Whether different thresholds would be more appropriate than those proposed for stages 2 and 3;
- How existing Meaningful Use measures can be made more stringent in future years (2019 and following);
- Whether new measures should be added in future years;
- Whether to remove the CDS and CPOE objectives and measures; and
- Whether these proposed changes should apply to Medicaid hospitals.

Changes for New Participants in Meaningful Use in 2017:

- Must attest to Stage 2: Medicare and Medicaid professionals and hospitals who are attesting to Meaningful Use for the first time in 2017 are required to attest to Modified Stage 2 measures.
- Hardship exemption for transition to MACRA: CMS can grant hardship exemptions from the 2018 payment adjustment for Medicare eligible professionals who would be first time Meaningful Users in 2017 and are also transitioning to MIPS in 2017.