



# Understanding Meaningful Use in 2015

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# Objectives

- Understand the goals of the ongoing CMS EHR Incentive Program
- Recognize the timelines and stages of meaningful use in 2015 and subsequent years
- Comprehend the meaningful use requirements in 2015-2017

# Acronyms

ACB: Authorized Certification Body  
A/I/U: Adopt, Implement or Upgrade  
CDR: Clinical Data Registry  
CDS: Clinical Decision Support  
CEHRT: Certified Electronic Health Record Technology  
CHPL: Certified HealthIT Products List  
CMS: Centers for Medicare and Medicaid Services  
CPOE: Computerized Provider Order Entry  
CQM: Clinical Quality Measure  
CY: Calendar Year  
ePHI: Electronic Protected Health Information  
eRx: ePrescribing  
HIT: Health Information Technology  
IT: Information Technology  
MACRA: Medicare Access and CHIP Reauthorization Act of 2015  
MIPS: Merit-based Incentive Payment System  
MU: Meaningful Use  
ONC: Office of the National Coordinator  
PHA: Public Health Agency  
PQRS: Physician Quality Reporting System

# Agenda

- Goals of CMS EHR Incentive Program
- General MU Information
- Stages of Meaningful Use
- Modified MU Stage 2 Requirements
- Hardship Exceptions
- MU Changes in 2016 and Later

# Goals of CMS EHR Incentive Program

- Goals with the Final Rule
  - Simplification of program requirements
  - Introduction of flexibility with certain objectives
  - Option to participate in Stage 3 in 2017 but not required until 2018
  - Overall focus on interoperability
  - Focus on the advanced use of EHR technology
  - Moving all providers to a single set of requirements

# Goals of CMS EHR Incentive Program

- Policy Goals
  - Align with national healthcare quality improvement efforts
  - Promote interoperability and health information exchange
  - Focus on the 3-part aim of reducing cost, improving access and improving quality

# Goals of CMS EHR Incentive Program

- MU and MACRA
  - MACRA sunsets the MU payment adjustment for EPs at the end of CY 2018
    - MU will be incorporated under MIPS beginning in CY 2019
    - CMS is allowing a 60-day comment period on specific provisions of the MU Final Rule to be considered for MIPS
    - MIPS proposed rule is expected to be issued in mid-2016

# Stages of Meaningful Use

First Year Demonstrating Meaningful Use	Stage of Meaningful Use				
	2015	2016	2017	2018	2019 and Subsequent Years
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2014	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2015	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2016	n/a	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2017	n/a	n/a	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2018	n/a	n/a	n/a	Stage 3	Stage 3
2019 and Subsequent Years	n/a	n/a	n/a	n/a	Stage 3



# Stages of Meaningful Use

- Meaningful Use Stage 1
  - For 2015 only (with one exception), providers scheduled to attest to MU Stage 1 may use “alternate exclusions and specifications” to the Modified MU Stage 2 requirements
- Receiving Incentives
  - 2014 was the last year a Medicare EP could begin attesting to receive incentives
  - 2016 is the last year a Medicaid EP can begin attesting to receive incentives

# General MU Information

## Certified EHR Technology (CEHRT)

- 2015: 2014 Edition CEHRT
- 2016: 2014 Edition, 2015 Edition, or combination of 2014 and 2015 Edition CEHRTs
- 2017
  - MU Stage 2 attesters: 2014 Edition, 2015 Edition, or combination of 2014 and 2015 Edition CEHRTs
  - Early MU Stage 3 attesters: 2015 Edition CEHRT
- 2018 and subsequent years: 2015 Edition CEHRT

# General MU Information

- Meaningful Use Reporting Periods
  - Modified MU Stage 2
    - 2015: 90 days within the calendar year for all EPs
    - 2016:
      - 90 days within the calendar year for all new attesters
      - Full calendar year for previous MU attesters
    - 2017:
      - 90 days within the calendar year for all new attesters
      - Full calendar year for previous MU attesters

# General MU Information

- Meaningful Use Reporting Periods
  - MU Stage 3
    - 2017 (early attesters): 90 days within the calendar year
    - 2018 and subsequent years: Full calendar year
  - New Medicaid EPs attesting to MU that attested to A/I/U prior to 2017
    - 2017 and 2018: 90 days within the calendar year

# General MU Information

## EHR Reporting Periods and Related Payment Adjustment Years for EPs

2015			
	<b>EHR reporting period for a payment adjustment year</b>	<b>Applies to avoid a payment adjustment in CY 2016</b>	<b>Applies to avoid a payment adjustment in CY 2017</b>
<b>EPs who have not successfully demonstrated meaningful use in a prior year (new participants)</b>	Any continuous 90-day period in CY 2015	Yes, if EP successfully attests by February 29, 2016	Yes, if EP successfully attests by February 29, 2016
<b>EPs who have successfully demonstrated meaningful use in a prior year (returning participants)</b>	Any continuous 90-day period in CY 2015	No	Yes, if EP successfully attests by February 29, 2016

# General MU Information

## EHR Reporting Periods and Related Payment Adjustment Years for EPs (continued)

2016			
	<b>EHR reporting period for a payment adjustment year</b>	<b>Applies to avoid a payment adjustment in CY 2017</b>	<b>Applies to avoid a payment adjustment in CY 2018</b>
<b>EP new participants</b>	Any continuous 90-day period in CY 2016	Yes, if EP successfully attests by October 1, 2016	Yes, if EP successfully attests by February 28, 2017
<b>EP returning participants</b>	CY 2016	No	Yes, if successfully attest by February 28, 2017

# General MU Information

## EHR Reporting Periods and Related Payment Adjustment Years for EPs (continued)

	2017		
	EHR reporting period for a payment adjustment year	Applies to avoid a payment adjustment in CY 2018	Applies to avoid a payment adjustment in CY 2019
EP new participants	Any continuous 90-day period in CY 2017	Yes, if EP successfully attests by October 1, 2017	N/A
EP returning participants	N/A	N/A	N/A
Medicaid EP returning participants demonstrating Stage 3	Any continuous 90-day period in CY 2017	No	Yes, if successfully attest by February 28, 2018

# General MU Information

- Payment Adjustments
  - For EPs that started attesting to Medicare in 2014 or earlier, payment adjustment years will be the second year following the MU reporting year
  - For new EPs that meet the applicable attestation deadline, payment adjustments will be avoided for two years following the MU reporting year

Proposal to finalize payment adjustments for 2019 will be addressed in future rule making required by MACRA



# General MU Information

- Medicaid EP Alternate Demonstration of MU
  - Qualified EPs
    - Previously attested under Medicaid (A/I/U or MU)
    - No longer qualify for Medicaid EHR Incentive Program but want to avoid the Medicare payment adjustment
  - How it works
    - This is not a switch from the Medicaid EHR Incentive Program to the Medicare EHR Incentive Program
    - For purposes of Medicaid incentives, use of the alternative method will be treated as though the EP did not attest to MU for that year

# General MU Information

- How it works (continued)
  - 2015 only: For EPs who have not successfully attested to A/I/U or MU in previous years, EP may attest under the Medicare EHR Incentive Program to avoid payment adjustments in 2015 and 2016
    - EPs cannot submit an attestation for A/I/U under Medicaid for an incentive payment in conjunction with the alternate demonstration of MU

# Modified MU Stage 2 Requirements

- In General
  - EPs must meet 10 objectives
    - Some objectives have multiple measures
  - Exclusions apply to all EPs participating in the CMS EHR Incentive Program
  - Alternate exclusions and specifications
    - Only apply to EPs scheduled to be at MU Stage 1
    - Are typically applicable to 2015 only

# Modified MU Stage 2 Requirements

- Objective 1: Protect Patient Health Information
  - Objective: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities
  - Measure: Conduct or review a security risk analysis including addressing the security (to include encryption) of ePHI created or maintained by CEHRT, and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process
    - Must be completed prior to attestation or prior to the end of the calendar year for the reporting period, whichever comes first
  - No exclusion
  - No alternate exclusion or specification

# Modified MU Stage 2 Requirements

- Objective 2: Clinical Decision Support (CDS)
  - Objective: Use CDS to improve performance on high-priority health conditions
  - Measure 1: Implement 5 CDS interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period
    - Alternate Specification: For 2015 only, implement 1 CDS rule relevant to the specialty or high clinical priority along with the ability to track compliance with that rule
  - Measure 2: EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire reporting period
    - Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period

# Modified MU Stage 2 Requirements

- Objective 3: Computerized Provider Order Entry
  - Objective: Use CPOE for medication, laboratory, and radiology orders directly entered by any licenses healthcare professional that can enter orders into the medical record per state, local and professional guidelines
  - Measure 1: More than 60% of medication orders created by the EP during the EHR reporting period are recorded using CPOE
    - Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period
    - Alternate Specification: For 2015 only, more than 30% of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period are reported using CPOE

# Modified MU Stage 2 Requirements

- Objective 3: Computerized Provider Order Entry (cont.)
  - Measure 2: More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE
    - Exclusion: Any EP who writes fewer than 100 lab orders during the EHR reporting period
  - Measure 3: More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE
    - Exclusion: Any EP who writes fewer than 100 radiology orders during the EHR reporting period
  - Alternate Exclusion for Measures 2 and 3: For 2015 and 2016 for providers scheduled to be at MU Stage 1, EP may claim an exclusion due to no MU Stage 1 equivalent measure

# Modified MU Stage 2 Requirements

- Objective 4: Electronic Prescribing
  - Objective: Generate and transmit permissible prescriptions electronically
  - Measure: More than 50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT
  - Exclusions: Any EP that writes fewer than 100 permissible prescriptions during the EHR reporting period; or does not have a pharmacy within his/her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of the EHR reporting period
  - Alternate Specification: For 2015 only, more than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT



# Modified MU Stage 2 Requirements

- Objective 5: Health Information Exchange (previously Transition of Care)
  - Objective: The EP who transitions their patient to another setting/provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral
  - Measure: The EP that transitions or refers their patient to another setting of care or provider of care must
    - Use CEHRT to create a summary of care record
    - Electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals
  - 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: For 2015 only, EP may claim an exclusion due to no MU Stage 1 equivalent measure

# Modified MU Stage 2 Requirements

- Objective 5: Health Information Exchange (continued)

All summary of care documents must include the following information if the provider knows it:

- Patient name
- Referring or transitioning provider's name and office contact information
- Current problem list\*
- Current medication list\*
- Current medication allergy list\*
- Procedures
- Encounter diagnosis
- Immunizations
- Laboratory test results
- Vital Signs

- Smoking status
- Functional status
- Demographic information
- Care plan field, including goals and instructions
- Care team including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider
- Reason for referral

# Modified MU Stage 2 Requirements

- Objective 6: Patient-Specific Education
  - Objective: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient
  - Measure: Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period
  - Exclusion: Any EP who has no office visits during the EHR reporting period
  - Alternate Exclusion: For 2015 only, EP may claim an exclusion if the EP did not intend to select the MU Stage 1 menu measure

# Modified MU Stage 2 Requirements

- Objective 7: Medication Reconciliation
  - Objective: The EP that receives a patient from another setting/provider of care or believes an encounter is relevant performs medication reconciliation
  - Measure: The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP
  - Exclusion: Any EP who was not the recipient of transitions of care during the reporting period
  - Alternate Exclusion: For 2015 only, EP may claim an exclusion if the EP did not intend to select the MU Stage 1 menu measure

# Modified MU Stage 2 Requirements

- Objective 8: Patient Electronic Access
  - Objective: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP
  - Measure 1: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information

# Modified MU Stage 2 Requirements

- Objective 8: Patient Electronic Access (continued)
  - Measure 2:
    - 2015 and 2016: At least one patient seen by the EP during the EHR reporting period views, downloads or transmits to a third party his or her health information during the EHR reporting period
      - Alternate Exclusion: For 2015 only, EP may claim an exclusion due to no MU Stage 1 equivalent measure

# Modified MU Stage 2 Requirements

## Objective 8: Patient Electronic Access (continued)

### — Measure 2: (continued)

- 2017: More than 5% of unique patients seen by the EP during the EHR reporting period view, download or transmit to a third party their health information during the EHR reporting period
  - Exclusions:
    - Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures; or
    - Any EP who conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period

# Modified MU Stage 2 Requirements

- Objective 8: Patient Electronic Access (continued)
  - Information available to the patient must include the following within 4 business days of receipt by the EP:
    - Patient name
    - Provider's name and office contact information
    - Current problem list
    - Procedures
    - Laboratory test results
    - Current medication list and medication history
    - Current medication allergy list and medication allergy history
    - Vital Signs
    - Smoking status
    - Demographic information
    - Care plan fields, including goals and instructions
    - Any known care team members including the primary care provider of record



# Modified MU Stage 2 Requirements

- Objective 8: Patient Electronic Access (continued)
  - Interesting Note:
    - “In the EHR Incentive Programs, the specifications for the measure allow the provision of access to take many forms and do not require a provider to obtain an email address from the patient. We understand that many CEHRT products may be designed in that fashion, but it is not by the program. If a provider's CEHRT does require a patient email address, but the patient does not have or refuses to provide an email address or elects to "opt out" of participation, that is not prohibited by the EHR Incentive Program requirements nor does it allow the provider to exclude that patient from the denominator. Instead, the provider may still meet the measure by providing that patient all of the necessary information required for the patient to subsequently access their information, obtain access through a patient-authorized representative, or otherwise opt-back-in without further follow up action required by the provider.”

# Modified MU Stage 2 Requirements

- Objective 9: Secure Electronic Messaging
  - Only objective that applies only to EPs
  - Objective: Use secure electronic messaging to communicate with patients on relevant health information
  - Measure:
    - 2015: The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period
      - Alternate Exclusion: For 2015 only, EP may claim an exclusion due to no MU Stage 1 equivalent measure
    - 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 CEHRT to the patient or in response to a secure message sent by the patient during the EHR reporting period

# Modified MU Stage 2 Requirements

- Objective 9: Secure Electronic Messaging (continued)
  - Measure (cont.):
    - 2017: For more than 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 in response to a secure message sent by the patient during the EHR reporting period
      - Exclusions:
        - Any EP who has no office visits during the EHR reporting period or
        - Any EP who conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period

# Modified MU Stage 2 Requirements

- Objective 10: Public Health Reporting
  - 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
  - Measure 1: Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data
  - Exclusion applicable to Kansas EPs:
    - EP does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period

# Modified MU Stage 2 Requirements

- Objective 10: Public Health Reporting (continued)
  - Measure 2: Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data
  - Exclusion for non-urgent care EPs: EP is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system

# Modified MU Stage 2 Requirements

- Objective 10: Public Health Reporting (continued)
  - Measure 3: Specialized Registry Reporting - The EP is in active engagement to submit data to a specialized registry
  - Exclusions:
    - EP does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period;
    - EP operates in a jurisdiction for which no specialized 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
    - EP operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period

# Modified MU Stage 2 Requirements

- Objective 10: Public Health Reporting (continued)
  - Active engagement options
    - Option 1 - Completed Registration to Submit Data
      - EP registered to submit data with the PHA (or CDR) to which the information is being submitted within 60 days after the start of the EHR reporting period; and
      - EP is awaiting an invitation from the PHA or CDR to begin testing and validation
    - Option 2 - Testing and Validation: EP is in the process of testing and validation of the electronic submission of data
      - Providers must respond to requests from the PHA (or CDR) within 30 days; failure to respond twice within an EHR reporting period would result in the provider not meeting the measure
    - Option 3 - Production: The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA (or CDR)

# Modified MU Stage 2 Requirements

- Objective 10: Public Health Reporting (continued)
  - Attesting to the objective
    - EPs must attest to 2 measures
      - Alternate Specification: For 2015, EPs may attest to 1 measure
    - EPs may attest to up to 2 specialized registries
    - If unable to attest to 2 measures, EPs may
      - Attest to 1 measure and 2 exclusions
      - Attest to 3 exclusions



# Modified MU Stage 2 Requirements

- Removed Objectives
  - Record demographics
  - Record vital signs
  - Record smoking status
  - Record electronic lab results
  - Provide a clinical summary for each office visit
  - Generate a list of patients by specific condition
  - Provider patient reminders for preventive or follow-up care
  - Record electronic notes in patient records
  - Access to imaging results in CEHRT
  - Record patient family health history as structured data

# Modified MU Stage 2 Requirements

- Clinical Quality Measures (continued)
  - Reporting requirements
    - 9 (of 64) CQMs
    - CQMs must cover at least 3 (of 6) NQS domains
  - CEHRT
    - 2017: May use 2014 Edition or 2015 Edition software independent of the software used for the objectives and measures for the EHR reporting period

# Modified MU Stage 2 Requirements

- Clinical Quality Measures (continued)
  - Reporting period
    - 2015 only
      - Submission via attestation: 90 day reporting period
        - May choose to attest to a CQM reporting period of greater than 90 days up to the full calendar year
      - Electronic submission: Full calendar year of CQM data using the 2014 electronic specifications
    - 2016 and subsequent years:
      - Full calendar year reporting period for previous attesters
      - 2016 and 2017 Only: 90-day reporting period for new attesters in the Medicare EHR Incentive Program
      - 90-day reporting period for new attesters in the Medicaid EHR Incentive Program
        - Can be a different 90-day period than the EHR reporting period

# Modified MU Stage 2 Requirements

- Clinical Quality Measures
  - Reporting Options
    - EPs participating in Medicare EHR Incentive Program only
      - Option 1: Attest to CQMs through the EHR Registration & Attestation System
        - Available through 2017 only unless electronic submissions is not feasible
      - Option 2: Electronically report CQMs through PQRS Portal
    - EPs participating in multiple programs (e.g. CMS EHR Incentive Program and PQRS)
      - Option 1: Report individual EP's CQMs through PQRS Portal
      - Option 2: Report group's CQMs through PQRS Portal
    - State Medicaid EHR Incentive Programs can continue to determine how CQM data is submitted (e.g. electronically or via attestation)

# Hardship Exceptions

- Hardship Exception Application is based on the year the payment adjustment would be applied, not the EHR reporting period
- Application Deadlines
  - For EPs that have not previously attested to MU, hardship exception application is due by July 1 of the reporting year
    - If uncertain about ability to meet MU criteria, may apply for a hardship exception
      - Does not need to be withdrawn if able to successfully attest to MU
    - Example: EP attesting in 2016 for their first year of MU must submit their 2017 Hardship Exception Application by July 1, 2016
  - For previous EPs, July 1 of the year preceding the payment adjustment year
    - Example: EP unable to meet MU in 2015 must submit their 2017 Hardship Exception Application by July 1, 2016 to avoid a 2017 payment adjustment

# Hardship Exceptions

- Hardship Exceptions
  - Do not need to apply for a hardship exception for
    - Providers new to the profession in their first year
    - EPs that are designated as hospital-based
    - EPs with specific PECOS specialties within 6 months of the first day of the payment adjustment year
      - Anesthesiology (05)
      - Pathology (22)
      - Diagnostic Radiology (30)
      - Nuclear Medicine (36)
      - Interventional radiology (94)

# Hardship Exceptions

- Hardship Exceptions
  - Categories
    - Infrastructure (e.g. insufficient broadband)
    - New EP (limited to 2 years from start of practice medicine)
    - Unforeseen circumstances (e.g. natural disasters, EHR vendor issues, etc.)
    - Lack of face-to-face/telemedicine patient interaction or provision of patient follow-up care
    - Lack of control of availability of CEHRT at locations accounting for more than 50% of patient encounters
    - EP with specific primary specialties in PECOS

# MU Changes in 2016 and Later

- **ONC Health IT Certification Program**
  - Certification process for 2015 Edition certified health IT
    - Transitioning to certification of health information technology modules
      - No longer includes certification for “complete EHR”
  - Goals of modular certification include
    - Program agnostic so can support MU as well as other HIT-based quality improvement initiatives
      - CMS EHR Incentive Program defines CEHRT for their program
    - Flexibility for vendors
    - Allow providers to pick the modules they need to meet MU



# MU Changes in 2016 and Later

- **ONC Health IT Certification Program**
  - **Transparency**
    - Vendors will be required to have a single location accessible via a link that lists the modules required to meet various MU criteria and price
    - Link will be placed on the vendor's product on the ONC CHPL website
    - Vendor issues will be posted on the ONC CHPL
  - **Ongoing testing**
    - Random field testing of 2% of certified health IT technology will be required by the accredited certification bodies to ensure that the product performs in the field comparably to testing lab performance
    - Must also investigate complaints

# Key Concepts

- All providers must attest to the Modified MU Stage 2 requirements including, as applicable, the alternate exclusions and specifications.
- For the 2015 EHR reporting period, the security risk analysis must be completed by December 31, 2015.
- Attestations for the Medicare EHR Incentive Program 2015 reporting year must be submitted between January 4, 2016 and February 29, 2016.
- Keep an eye on Stage 3 requirements that are significantly higher than Stage 2 requirements.

# Resources

- [\*Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 3 and Modifications to Meaningful Use in 2015 Through 2017; Final Rule\*](#)
- *ONC Fact Sheet: 2015 Edition Health IT Certification Criteria, Base EHR Definition, and ONC Health IT Certification Program Modifications Final Rule*
- [National Broadband Map](#)
- CMS [Payment Adjustments & Hardship Information](#) webpage

# Any Questions



# Synōvim Services



Services to optimize your practice.



## EHR Implementation & Optimization

- Readiness assessment
- Vendor selection
- Project management
- Go-live planning and support
- Interoperability and health information exchange consultation



## Information Systems Security Management

- Security risk analysis
- Risk remediation
- Policies & Procedures development and updating
- ISS staff training program development



## Meaningful Use Assistance

- Incentive program education
- Incentive program consultation
- Registration and review
- MU monitoring
- Attestation and reporting assistance



If you have any questions about today's presentation, please do not hesitate to contact me.

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