

Overview of the 2017 Outpatient Prospective Payment System/Ambulatory Surgical Centers Final Rule Changes in 2017 and 2018 for the Electronic Health Records Incentive Programs

January 2018

On November 14, 2016, the Centers for Medicare & Medicaid Services (CMS) published a [final rule with comment period](#) that includes changes responsive to stakeholder feedback that will result in the continued advancement of certified EHR technology (CEHRT) utilization. The program is continuing its focus on supporting interoperability and data sharing for all participants under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.

This fact sheet provides an overview of the Modified Stage 2 and Stage 3 criteria in 2018 and program requirements for the **Medicare and Medicaid EHR Incentive Programs**.

Note: Beginning in 2017, Medicare eligible clinicians will report to the advancing care information requirements under the Merit-based Incentive Payment System (MIPS).

Summary

The Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Centers (ASC) final rule with comment period impacts all participants in the Medicare and Medicaid EHR Incentive Programs.

The final rule with comment period eliminated the Clinical Decision Support (CDS), the Computerized Provider Order Entry (CPOE) objectives and measures beginning in 2017, and reduced a subset of thresholds for the remaining objectives and measures for Modified Stage 2 and Stage 3 in 2017 and 2018. In addition, new naming conventions were added to measures for Modified Stage 2 and Stage 3. These changes only apply to eligible hospitals, critical access hospitals (CAHs) and Dual-Eligible hospitals attesting to CMS.

Additionally, the final rule with comment period modifies measure calculations by requiring that actions included in the numerator (for specified measures) must occur within the EHR reporting period if that period is a full calendar year (CY), or if it is less than a full CY, within the CY in which the EHR reporting period falls.

Modified Stage 2 Objectives and Measures in 2018 for Eligible Hospitals, CAHs, and Dual-Eligible Hospitals Attesting to CMS

The following are the seven Modified Stage 2 objectives, which eligible hospitals and CAHs attesting to CMS must meet in order to successfully demonstrate meaningful use for an EHR reporting period in 2018.

1. Protect Patient Health Information
2. Electronic Prescribing
3. Health Information Exchange
4. Patient Specific Education
5. Medication Reconciliation
6. Patient Electronic Access
7. Public Health Reporting

For detailed descriptions of all the Modified Stage 2 objectives and measures, see the Eligible Hospitals, CAHs, and Dual-Eligible Hospitals Attesting to CMS Objective and Measure Tables.

Stage 3 Objectives and Measures for Eligible Hospitals, CAHs, and Dual-Eligible Hospitals Attesting to CMS

The following are the six Stage 3 objectives, which eligible hospitals, CAHs, and Dual-Eligible Hospitals attesting to CMS must meet in order to successfully demonstrate meaningful use for an EHR reporting period in 2018.

1. Protect Patient Health Information
2. Electronic Prescribing
3. Patient Electronic Access to Health Information
4. Coordination of Care Through Patient Engagement
5. Health Information Exchange
6. Public Health and Clinical Data Registry Reporting

For detailed descriptions of all the Modified Stage 3 objectives and measures, see the eligible hospitals, CAHs, and, Dual-Eligible Hospitals Attesting to CMS Objective and Measure Tables.

CEHRT Flexibilities in 2018

Providers have the option to attest to the Modified Stage 2 objectives and measures using 2014 Edition CEHRT, 2015 Edition CEHRT, or a combination of the two in 2018

Providers attesting to Stage 3 objectives and measures, have the option to use 2015 Edition CEHRT or a combination of the 2014 and 2015 CEHRT editions, as long as their EHR technology can support the functionalities, objectives, and measures for Stage 3.

Removal of Objectives and Reductions in Thresholds

For Modified Stage 2, we reduced the threshold for the following measure in 2017 and 2018:

- **Patient Electronic Access Objective**
View, Download or Transmit (VDT): At least one patient (or patient-authorized representative)* who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH during the EHR reporting period VDTs to a third party his or her health information during the EHR reporting period.

*Reduced from more than 5 percent to at least one

For Stage 3, we reduced the thresholds for the following measures in 2017 and 2018:

- **Patient Electronic Access to Health Information Objective**
Provide Patient Access: For more than 50 percent* of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23): (1) the patient (or the patient-authorized representative) is provided timely access to VDT his or her health information; and (2) the provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the application programming interfaces (APIs) in the provider's CEHRT.

*Reduced from more than 80 percent to more than 50 percent

Patient-Specific Education: The eligible hospital or CAH must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 10 percent* of unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

*Reduced from more than 35 percent to more than 10 percent

- **Coordination of Care Through Patient Engagement Objective**
VDT: During the EHR reporting period, at least one unique patient (or their authorized representatives)* discharged from the eligible hospital or CAH

inpatient or emergency department (POS 21 or 23) actively engages with the EHR made accessible by the provider and engages in one of the following: (1) VDT to a third party their health information; or (2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or (3) a combination of (1) and (2).

*Reduced from more than 5 percent to at least one

Secure Messaging: For more than 5 percent* of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) 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).

*Reduced from more than 25 percent to more than 5 percent

- **Health Information Exchange Objective**

Send a Summary of Care: For more than 10 percent* of transitions of care and referrals, the eligible hospital or CAH that transitions or refers their patient to another care setting or provider: (1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record.

*Reduced from more than 50 percent to more than 10 percent

Request/Accept Summary of Care: For more than 10 percent* of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH incorporates into the patient's EHR an electronic summary of care document.

*Reduced from more than 40 percent to more than 10 percent

Clinical Information Reconciliation: For more than 50 percent* of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) medication: review of the patient's medication, including the name, dosage, frequency, and route of each medication; (2) medication allergy: review of the patient's known allergic medications; and (3) current Problem list: review of the patient's current and active diagnoses.

*Reduced from more than 80 percent to more than 50 percent

- **Public Health and Clinical Data Registry Reporting Objective**

We reduced the reporting requirement for eligible hospitals, CAHs, and Dual-Eligible hospitals attesting to CMS to any combination of three measures*.

*Reduced to any combination of three measures from any combination of four measures

Flexibility within Objectives and Measures

Stage 3 includes flexibility within certain objectives to allow providers to choose the measures most relevant to their patient population or practice. The Stage 3 objectives with flexible measure options include:

- **Coordination of Care through Patient Engagement** – Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.
- **Health Information Exchange** – Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.
- **Public Health and Clinical Registry Reporting** - Eligible hospitals, CAHs, and Dual-Eligible hospitals must attest to any combination of three measures from a total of six measures.

EHR Reporting Period in 2018

- For 2018, the EHR reporting period for all participants is a minimum of any continuous 90 days from January 1 through December 31, 2018.
- Check the [Landing page](#) for up to date information on the attestation deadline.