The New Meaningful Use Final Rule
November 4, 2015

Chat Questions and Answers

1. If we are scheduled to attest for Stage 2 full year now, do we choose any 90 days or the dates 10/1/14 - 9/30/15?
    A. Any 90 days that you wish. If a hospital, you may choose any 90 days between October 1, 2014 and December 31, 2015. If an eligible professional, you may choose any 90 days between January 1, 2015 and December 31, 2015.

2. Does it mean that all PHI must be encrypted?
    A. One must do a risk assessment. A server in a locked facility does not need to have its data encrypted. Instead its perimeter (both electronic and physical) will need to be secured. However, a device that could easily be removed, such as a laptop, would be. Each case must be assessed for risk and, if necessary, take appropriate steps.

3. Stage 2 Security Risk, do we have to encrypt data or just address whether we need to or not?
    A. See the answer to the previous question (Question 2). You need to assess the risk of data theft or compromise and encrypt or secure accordingly.

4. Please discuss acceptable methods of exchanging summaries of care.
    A. The final rule with comments specifically retitled this to health information exchange. This more accurately describes the expectations for this measure. It states that any electronic method may be counted as long as the summary is produced with certified electronic health technology using the standards described and sent electronically. The provider also needs to be reasonably certain that the document was received by the location to which the referral was made. So just uploading it to an exchange will not count unless the information is retrieved. Reference http://www.federalregister.gov/a/2015-25595/p-913.

5. Would offering their health information via secure email count for access to health information or is it strictly defined to be via patient portal?
    A. Though this may be an excellent way to provide information to patients, to count toward the MU measure, the method must allow patients the on-demand ability to view, download or transmit their info. For more information see the testing procedure for the standard defined in § 170.314(e) (1) (View, Download, and Transmit to 3rd Party) found at https://www.healthit.gov/sites/default/files/170.314e1vdt_2014_tp_approved_v1.4_onc.pdf.

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6. Is there a quick-reference job-aid of this information?
    A. The CMS website has an excellent reference for the 2015 requirements. It can be found at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3Overview2015_2017.pdf.

7. What is the attestation page going to look like with all of these changes? The meaningful use dashboards that print out of EHRs may not follow the objective format.
    A. This is a good point. We will need to wait and see. The good news is that though they may be out of sequence, most all the necessary information will be included in the dashboards since the modified Stage 2 does not contain any new measures or requirements. The only complicating factor which may require interpretation is two patient engagement questions where one needs to only attest to the fact that one patient has viewed, downloaded or transmitted (VDT) their information. The other is that secure messages are now provider to patient and that it has been enabled for 2015 and one patient has received a message in 2016. Recall that you can attest to meeting criteria despite your dashboard report not supporting that fact, as long as you are able to produce documentation that you have met the criteria.

8. Can you clarify "not in a category of providers who collect data" for Syndromic surveillance please?
    A. The proposed rule stated: "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" http://www.federalregister.gov/a/2015-25595/p-1216 . This was then modified to state: "Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system." Consequently, in order to qualify for an exclusion, one would need to check with your local health department to see if you qualified under that exclusion. It appears that merely stating that you do not treat or diagnose any reportable diseases no longer qualifies you, http://www.federalregister.gov/a/2015-25595/p-1269. There are still the exclusions for public health agencies who are not ready to or are incapable of receiving this information at the start of your reporting period.

9. Is there a list of the registries an EP/EH can choose from?
    A. This has been a frequent request. We are not aware of a listing of registries at this time and have shared this request with staff at CMS. We recommend that you do the same with the appropriate authorities within your own state or service area. Another source of this information is your region's QIN-QIO.

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10. With Summary of Care, the final rule alludes to the fact that referrals may be sent via "alternate" electronic means, but they do not mention those other means. On page 187 it states, "expanding the options by which such exchanges may occur". Can you send via fax, SOAP, secure message and still meet the SOC measure?
    A. Though we cannot specify all the methods that it may be possible to transmit this information, looking at the testing criteria and understanding the intent – promote health information exchange or patient information that is secure and consumable at the other end – can begin to answer this question. A fax, though it provides information, is not "consumable" by the receiving party so, though one could say it is electronic, it is not in line with the spirit of the objective. These two testing criteria will provide further insight:
        i. https://www.healthit.gov/sites/default/files/170.314b2toc_createandtransmit_2014_tp_updated_v1.4.pdf
        ii. https://www.healthit.gov/sites/default/files/170_314b8_for_final_posting_0.pdf

11. How do you provide patient education when the population doesn't have a computer, that is where we would struggle?
    A. At this point, patient education via paper still counts. It will not be until 2018 that it will need to be made available electronically to count. Note, however it does not mean that the patient retrieves or looks at this information, but that it is available to them on line if they choose to retrieve it. Providing the documents in a format appropriate for your particular patient is still expected and part of excellent care.

12. Can a provider attest to a full year if they wanted in 2015?
    A. We are not aware of any benefit in doing this and are not sure if that will be possible.

13. Could you please speak to whether there is a list of registries available for providers to choose from? In order to meet the specialized registry aspect of the public health measure?
    A. There is not. Please see the previous response for Question 9.

Chat Links

- The link to the *exception application* available in early 2016: https://questions.cms.gov/faq.php?id=5005&faqId=12845

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- The link to information on the Security Risk Analysis portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-658

- The link to information on the Clinical Decision Support portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-6585

- The link to information on the Drug-Drug and Drug-Allergy portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-690

- The link to information on the Computerized Provider Order Entry (CPOE) portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-722

- The link to information on the ePrescribing portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-824

- The link to information on the Discharge ePrescribing (EHs) portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-836

- The link to information on Exclusions: http://www.federalregister.gov/a/2015-25595/p-585

- The link to information on the HIE: Summary of Care/Referral portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-863

- The link to information on the Patient Specific Education portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-924

- The link to information on the Medication Reconciliation portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-976

- The link to information on the Online Access to Health Information for Measure 1 portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-1017

- The link to information on the Online Access to Health Information for Measure 2 portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-1099

- The link to information on the Secure Electronic Messaging portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-1135

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- The link to information on the Public Reporting and Clinical Data Registry Reporting for EPs and EHs including exclusions portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-1175

- The link to information on the Immunization Registry submission portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-1262

- The link to information on the Syndromic Surveillance portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-1267

- The link to information on the Specialized Registries portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-1276

- The link to information on the Reportable Labs portion of the final rule: http://www.federalregister.gov/a/2015-25595/p-1272

- The link to information on the 2015 EP/EH/CAH CQM Reporting Options: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ReportingCQMsin2015.html

- Excellent CMS Resource: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage3Overview2015_2017.pdf

- You can find your local QIN-QIO at http://qioprogram.org

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