

Program Year 2018

- **All Eligible Providers (EPs) and Eligible Hospitals (EHs) must attest to STAGE 3**

(Regardless of prior participation)

- **2015 CEHRT required**

- ◇ Technology certified as a combination of the 2015 edition and 2014 edition can be used to attest to Stage 3 requirements, if the mix of certified technologies would not prohibit them from meeting the Stage 3 measures.

- **365 day reporting period**

- ◇ Providers attesting to meaningful use for the first time can report on any continuous 90-day period.

- **EPs and EHs report on 8 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 objectives with flexible measure options include:

- * **Coordination of Care through Patient Engagement** – Providers must attest to all three (3) measures and must meet the thresholds for at least two (2) measures to meet the objective.
- * **Health Information Exchange** – Providers must attest to all three (3) measures and must meet the thresholds for at least two (2) measures to meet the objective.
- * **Public Health Reporting** – Eligible professionals must report on two (2) measures and eligible hospitals must report on four (4) measures.

FOR ADDITIONAL INFORMATION PLEASE CONTACT THE EHR TEAM:

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Eligible Professional Objectives and Measures

(1)	Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.
(2)	Generate and transmit permissible prescriptions electronically (eRx).
(3)	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
(4)	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.
(5)	Patient Electronic Access - The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.
(6)	Coordination of Care - Use CEHRT to engage with patients or their authorized representatives about the patient's care.
(7)	Health Information Exchange - The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.
(8)	Public Health Reporting - the EP is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/TableofContents_EP_Medicaid_Stage3.pdf

Eligible Hospital Objectives and Measures

(1)	Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.
(2)	Generate and transmit permissible discharge prescriptions electronically (eRx).
(3)	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
(4)	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.
(5)	Patient Electronic Access - The eligible hospital or CAH provides patients (or patient authorized representative) with timely electronic access to their health information and patient-specific education.
(6)	Coordination of Care - Use CEHRT to engage with patients or their authorized representatives about the patient's care.
(7)	Health Information Exchange - The eligible hospital or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.
(8)	Public Health Reporting - The eligible hospital or CAH is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

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