

Details of Stage 2 Meaningful Use

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By Allison Viola, MBA, RHIA

The release of STAGE 2 of the meaningful use program introduced adjustments that increased the challenges providers must overcome to meet the program requirements laid out by the Centers for Medicare and Medicaid Services (CMS). Stage 2 maintains the same core-menu structure and slightly increases the number of objectives and associated measures that providers must satisfy. CMS has proposed that eligible providers (EPs) must meet or qualify for an exclusion of 17 core objectives and three of five menu objectives. Eligible hospitals (EHs) and critical access hospitals (CAHs) will need to meet or qualify for exclusion to 16 core objectives and two of four menu objectives.

Although CMS restructured some of the objectives, most of the stage 1 core and menu objectives remain. For example, the set of objectives in stage 1 requiring patient copies of health information has been modified to reflect new digital access methods. Beginning in 2014, CMS has proposed replacing the original objectives for provision of physical copies with that of the ability to "view online, download and transmit" health information instead.¹ As stated in the Office of the National Coordinator's (ONC) proposed regulation for standards, implementation specifications, and certification criteria:

Given that this objective is about making health information more accessible to patients and their caregivers, we believe that patients should have another option available to access their health information. We also believe that in certain cases patients may want to direct their health care provider(s) to transmit a copy of their electronic health information to another entity the patient might use for centralizing their health information...²

Although CMS is introducing new objectives and increasing thresholds for the measures, it acknowledges the additional reporting burden these requirements impose. For this reason, CMS proposed creating a uniform set of denominators for all stage 2 objectives, outlined in the above table.

Uniform Denominators	
CMS has proposed creation of a uniform set of denominators that would be used for all stage 2 objectives.	
Proposed denominators for EPs	Proposed denominators for EHs and CAHs
Unique patients* seen by the EP during the EHR reporting period (stratified by age or previous office visit)	Unique patients admitted to EH/CAH inpatient or emergency department during the EHR reporting period (stratified by age)
Number of orders (medication, labs, radiology)	Number of orders (medication, labs, radiology)
Office visits	Inpatient bed days
Transitions of care/referrals	Transitions of care

*The term "unique patient" indicates that if a patient is seen or admitted more than once during the EHR reporting period, the patient still only counts once in the denominator.

Clinical Quality Measures

To align meaningful use with other quality reporting programs, CMS has proposed a set of clinical quality measures (CQMs) for 2014 intended to reduce provider burden of supporting other priorities while they work toward providing higher quality care and lower cost. CMS efforts to align quality measurement and reporting include selecting the same measures for different program measure sets, standardized measure development and specification processes across CMS programs, coordinating quality measurement stakeholder involvement efforts and opportunities for public comment, and identifying ways to minimize multiple submission requirements and mechanisms.³

The HITECH Act requires the secretary for the Department of Health and Human Services to avoid redundant or duplicative reporting when selecting CQMs for EPs. CMS has therefore proposed selecting measures that align with those of the physician quality reporting system, Medicare Shared Savings Program, National Committee for Quality Assurance, Health Resources and Services Administration, and more. If a selected measure is included in more than one CMS quality reporting program and is reported using certified EHR technology, CMS' objective is to avoid requiring EPs to report the same measure for a separate program. For EPs, CMS has proposed two reporting options, but will select only one method based upon public feedback.

- **Option 1a:** EPs report 12 CQMs from the proposed list, including at least one measure from each of the six domains
- **Option 1b:** EPs report 11 core CQMs listed in the table of the potential core CQM set, plus one menu CQM

CMS must also make efforts to align with quality reporting programs for EHs/CAHs, which will allow EHs/CAHs to report measures included in the hospital inpatient quality reporting program. CMS proposed changing the reporting requirement beginning FY 2014 to require EHs/CAHs to report 24 CQMs from a menu of 49, including at least one from each of the six domains. The 49 CQMs would include the current set of 15 finalized for FYs 2011 and 2012 in the stage 1 final rule, as well as additional pediatric, obstetric, and cardiac measures.⁴

Stage 2 – HIT Measures

CMS has proposed that EPs meet or qualify for an exclusion of 17 core and three of five menu objectives, and EHs meet or qualify for exclusion to 16 core and two of four menu objectives. Most stage 1 core and menu objectives remain.*

Eligible Professionals	Eligible Hospitals
17 Core Objectives <ul style="list-style-type: none"> • Can report N/A if few or no patients • Exceptions are specified • Exceptions require attestation 	16 Core Objectives <ul style="list-style-type: none"> • Can report N/A if few or no patients • Exceptions are specified • Exceptions require attestation
Choose three of five from menu <ul style="list-style-type: none"> • Non-applicable objectives reduce the number required 	Choose two of four from menu <ul style="list-style-type: none"> • Non-applicable objectives reduce the number required

Nearly all of stage 1 core and menu objectives are retained for stage 2	Nearly all of stage 1 core and menu objectives are retained for stage 2
* "Provide patients with an electronic copy of their health information" objective has been removed and replaced by "electronic/online access" core objective	

Notes

1. "Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 2, Proposed Rule." *Federal Register* 77:45 (March 7, 2012) pp. 13698-13829. www.gpo.gov/fdsys/pkg/FR-2012-03-07/pdf/2012-4443.pdf.
2. "Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology, Proposed Rule." *Federal Register* 77:45 (March 7, 2012) p. 13839. www.gpo.gov/fdsys/pkg/FR-2012-03-07/html/2012-4430.htm.
3. "Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 2, Proposed Rule."
4. Ibid.

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