

## IN THIS ISSUE

*In October 2015, CMS released the Meaningful Use Final Rule for years 2015-2017.*

*Stage 1 eligible professionals are now required to meet Objectives 1 and 2 to demonstrate Meaningful Use in 2015.  
**Stage 2 eligible professionals must take notice of changes in bold to Objectives 1 and 2.***

*To view a table of these two objectives and suggested documentation to comply with the rule, please visit [crisphealth.org](http://crisphealth.org)*

### Objective 1: Protect Patient Health Information

Objective 1 requires eligible professionals to run a security risk analysis on their EHR in accordance with the requirements in 45 CFR 164.308(a)(1). Any security updates and deficiencies that are identified in the review should be included in the provider's risk management process and implemented or corrected as dictated by that process. The analysis should address the security, including encryption, of electronic protected health information created or maintained on their EHR.

The security risk analysis can be conducted outside the EHR reporting period if the reporting period is less than one full year. However, the risk analysis **must be within the same calendar year as the EHR reporting period. If the eligible professional attests prior to the end of the calendar year, the analysis must take place prior to the date of attestation. There are no alternate measures exclusions for this objective.**

For more information, please see the following resources:

- [Security Risk Assessment Tool](#)
- [Security Risk Assessment Tip Sheet](#)
- [Health Information Privacy and Security: A 10 Step Plan](#)

### Objective 2: Clinical Decision Support

Objective 2 requires eligible professionals to:

- (1) Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible professional's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions; and
- (2) Enable the drug-drug and drug allergy interaction checks for the entire EHR reporting period.

Providers scheduled to demonstrate Stage 1 in 2015 may meet Objective 2 by satisfying an alternate measure for measure one. The alternate measure requires eligible professionals to implement *one* clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule. Providers must meet the second measure or may claim exclusion if the eligible professional writes fewer than 100 medication orders during the EHR reporting period.

Providers scheduled to demonstrate Stage 2 in 2015 must meet both measures or may claim exclusion for the second measure if the eligible professional writes fewer than 100 medication orders during the EHR reporting period.

For more information, please see the following resources:

- [Examples discussed in Stage 3 Proposed Rule \(80 FR 16749 through 16750\)](#)
- [Clinical Decision Support Tip Sheet](#)

*A five-issue series will discuss the ten objectives that all eligible providers must meet for demonstrating Meaningful Use in 2015. This is the third of five issues.*

*To view more information regarding program requirements for 2015, please visit the [CMS Meaningful Use website](#).*

*If you have questions or concerns, please contact our Meaningful Use Support team at 877-952-7477.*

*You can also email [support@crisphealth.org](mailto:support@crisphealth.org).*

*The Maryland Medicaid EHR Incentive Registration and Attestation System, eMIPP, is currently offline. Providers can access and submit an attestation to the website beginning February 1, 2016.*

*The deadline for submitting a 2015 Medicaid attestation for both eligible professionals and hospitals is April 30, 2016.*