

Overview

On May 20, 2014, The Centers for Medicare and Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) published a [proposed rule](#) that would modify the Electronic Health Record (EHR) Incentive Program and revise the definition of certified electronic health record technology (CEHRT), among other related changes. The rule will be published in the Federal Register on May 23, 2014. Summarized below are key provisions that may be of interest to your organization. Comments will be accepted for 60 days following publication of the rule for public inspection.

Provisions of the Proposed Rule

Proposed Changes to Meaningful Use Stage Timeline and the Use of CEHRT

- For providers that could not fully implement 2014 Edition CEHRT to meet meaningful use for the duration of an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability, CMS is proposing to allow these eligible professionals, eligible hospitals, and critical access hospitals (CAHs) to continue to use 2011 Edition CEHRT or a combination of 2011 Edition and 2014 Edition CEHRT for the EHR reporting periods in CY 2014 and FY 2014, respectively
- CMS is proposing this change for 2014 only; all providers must use 2014 Edition CEHRT for the EHR reporting periods in CY 2015, FY 2015, and in subsequent years or until new certification requirements are adopted in subsequent rulemaking
- CMS is proposing that to qualify for an incentive payment under Medicaid for 2014 for adopting, implementing, or upgrading CEHRT, a provider must adopt, implement, or upgrade to 2014 Edition CEHRT only; A provider would not be able to qualify for a Medicaid incentive payment for 2014 for adopting, implementing, or upgrading¹ to 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT
- CMS is proposing that all eligible professionals, eligible hospitals, and CAHs that use only 2011 Edition CEHRT for their EHR reporting period in 2014 must meet the meaningful use objectives and associated measures for Stage 1 that were applicable for the 2013 payment year, regardless of their current stage of meaningful use
 - Providers who choose this option must attest that they are unable to fully implement 2014 Edition CEHRT because of issues related to 2014 Edition CEHRT availability delays when they attest to the meaningful use objectives and measures.
- CMS is proposing that all eligible professionals, eligible hospitals, and CAHs using a combination of 2011 Edition CEHRT and 2014 Edition CEHRT for their EHR reporting period in 2014 may choose to meet the 2013 Stage 1 objectives and measures (that is, Stage 1 measures and objectives that were applicable in 2013) or the 2014 Stage 1 objectives and measures (that is, Stage 1 measures and objectives that were applicable in 2014), or if they are scheduled to begin Stage 2 in 2014 under the timeline shown in Table 1, they may choose to meet the Stage 2 objectives and associated measures
 - Providers who choose this option must attest that they are unable to fully implement 2014 Edition CEHRT because of issues related to 2014 Edition CEHRT availability delays when they attest to the meaningful use objectives and measures
- CMS is proposing that providers who are scheduled to begin Stage 2 for the 2014 EHR reporting period but are unable to fully implement all the functions of their 2014 Edition CEHRT required for Stage 2 objectives and measures due to delays in 2014 Edition CEHRT availability would have the option of using 2014 Edition CEHRT to

¹ Adopt, Implement or Upgrade, is an option for providers who are participating in the Medicaid EHR Incentive Program, whereby they do not need to meet meaningful use criteria in their first year of participation in the program. Rather, these providers must attest to adopting (purchasing or acquiring) certified EHR technology; implementing (installing or commencing) the use of EHR; or upgrading (expanding available functionality) their use of EHR. Meaningful use criteria must be met in subsequent years, however.

attest to the 2014 Stage 1 objectives and measures for the 2014 EHR reporting period

- Providers who are scheduled to begin Stage 2 in 2014 who choose this option must attest that they are unable to fully implement 2014 Edition CEHRT because of issues related to 2014 Edition CEHRT availability delays when they attest to the meaningful use objectives and measures
- CMS is not proposing any changes to the EHR reporting periods in 2014 as they have already been established
- CMS is proposing that the flexibility regarding use of the various editions of CEHRT would apply only to the EHR reporting periods in 2014
- In 2015, all providers, except those in their first year of demonstrating meaningful use, are required to have a full year EHR reporting period. In addition, in 2015, all providers are required to have 2014 Edition CEHRT in order to successfully demonstrate meaningful use

Proposed CEHRT Systems Available for Use in 2014

If you were scheduled to demonstrate:	You would be able to attest for Meaningful Use:		
	Using 2011 Edition CEHRT to do:	Using 2011 & 2014 Edition CEHRT to do:	Using 2014 Edition CEHRT to do:
Stage 1 in 2014	2013 Stage 1 objectives and measures*	2013 Stage 1 objectives and measures* -OR- 2014 Stage 1 objectives and measures*	2014 Stage 1 objectives and measures
Stage 2 in 2014	2013 Stage 1 objectives and measures*	2013 Stage 1 objectives and measures* -OR- 2014 Stage 1 objectives and measures* -OR- Stage 2 objectives and measures*	2014 Stage 1 objectives and measures* -OR- Stage 2 objectives and measures

*Only providers that could not fully implement 2014 Edition CEHRT for the reporting period in 2014 due to delays in 2014 Edition CEHRT availability.

- CMS is proposing a 1-year extension of Stage 2 for providers listed in the table below
- CMS is proposing that Stage 3 would begin in CY 2017 for eligible physicians and FY 2014 for eligible hospitals and CAH's that first became meaningful users in 2011 or 2012
- CMS will maintain the existing timeline for providers that first became meaningful users in 2013 and for those that begin in 2014 and subsequent years, or until new certification requirements are adopted in subsequent rulemaking
- CMS invites comment on the aforementioned proposals

Proposed Stage of Meaningful Use Criteria by First Payment Year

First Payment Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	1 or 2*	2	2	3	3	TBD	TBD	TBD
2012		1	1	1 or 2*	2	2	3	3	TBD	TBD	TBD
2013			1	1*	2	2	3	3	TBD	TBD	TBD
2014				1*	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

*3-month quarter EHR reporting period for Medicare and continuous 90-day EHR reporting period (or 3 months at State option) for Medicaid EPs. All providers in their first year in 2014 use any continuous 90-day EHR reporting period.

Clinical Quality Measure (CQM) Submission in 2014

- CMS is proposing the following changes for reporting on clinical quality measures in 2014 for EPs, eligible hospitals, and CAHs for the Medicare and Medicaid EHR Incentive Programs
 - The method of CQM submission under this proposal would depend on the edition of CEHRT a provider uses to record, calculate, and report its clinical quality measures for the selected EHR reporting period in 2014
- If a provider elects to use only 2011 Edition CEHRT for its EHR reporting period in 2014, the provider would be required to report CQMs by attestation as follows:
 - Eligible professional's would report from the set of 44 measures and according to the reporting criteria finalized in the Stage 1 final rule
 - Three core/alternate core
 - Three additional measures; and
 - The reporting period would be any continuous 90 days within CY 2014 for eligible professionals that are demonstrating meaningful use for the first time or a 3-month CY quarter for eligible professionals that have previously demonstrated meaningful use
 - Eligible hospitals and CAHs would report all 15 measures finalized in the Stage 1 final rule
 - The reporting period would be any continuous 90 days within FY 2014 for hospitals that are demonstrating meaningful use for the first time or a 3-month FY quarter for hospitals that have previously demonstrated meaningful use
- If a provider elects to use a combination of 2011 and 2014 CEHRT and chooses to attest to the 2013 Stage 1 objectives and measures for its EHR reporting period in 2014, the provider would be required to report CQMs by attestation using the same measure sets and reporting criteria outlined above for providers who elect to use only 2011 CEHRT for EHR reporting periods in 2014
- CMS is further proposing that a provider may attest to data for the CQMs derived exclusively from the 2011 CEHRT for the portion of the reporting period in which 2011 was in place
- If a provider elects to use a combination of 2011 and 2014 CEHRT and chooses to attest to the 2014 Stage 1 objectives and measures or the Stage 2 objectives and measures, the provider would be required to submit CQMs in accordance with the requirements and policies established for CQM reporting for 2014 in the Stage 2 final rule and subsequent rulemakings
- CMS is also proposing that a provider must submit CQMs in accordance with the requirement and policies established for 2014 in those rulemakings if the provider elects to use only 2014 CEHRT for the entire duration of its EHR reporting period in 2014, regardless of the stage of meaningful use that the provider chooses to meet
- For the Medicaid EHR Incentive Program, the method of reporting CQMs for eligible professionals and eligible hospital will continue to be at the state's discretion
- CMS invites public comment on these proposals

Revision to CEHRT Definition for Additional Flexibility in 2014

- ONC is proposing to revise the CEHRT definition to make the first day of FY 2015 (for eligible hospitals and CAHs) and CY 2015 (for eligible professionals) the new required start date for exclusive use of 2014 Edition certified Complete EHRs and EHR Modules to meet the CEHRT definition
- ONC invites public comment on the proposal