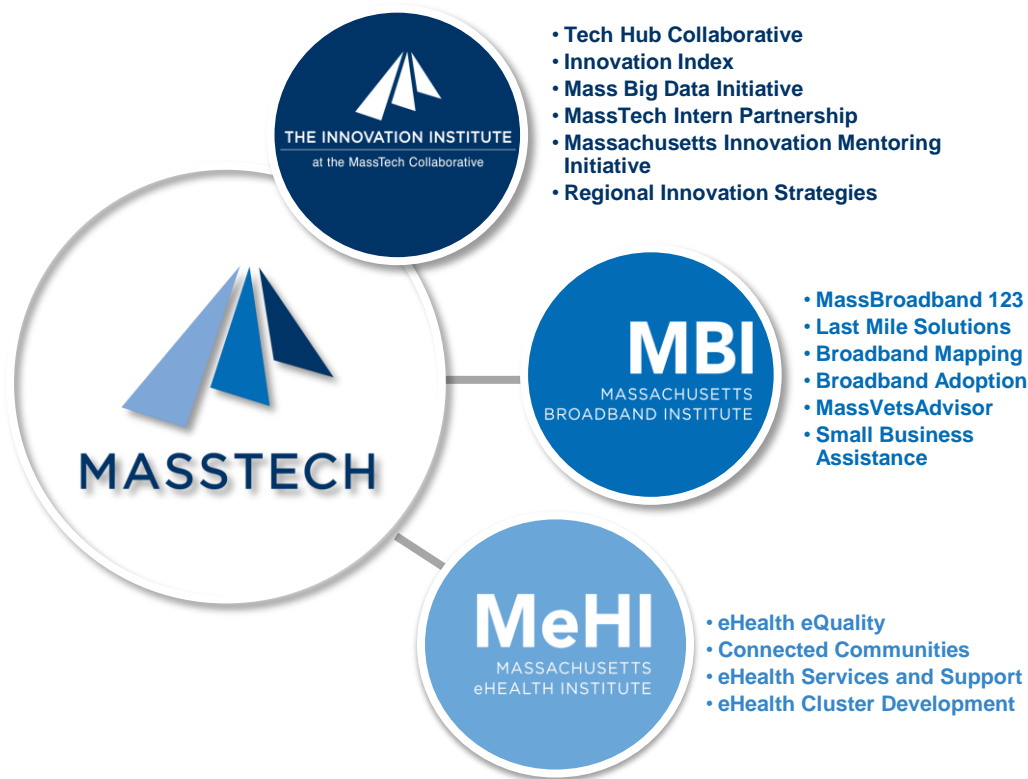


# Final Rule Regarding EHR Certification Flexibility for 2014

Today's presenters:

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# Massachusetts eHealth Institute (MeHI)



## MeHI is the designated state agency for:

- Coordinating health care innovation, technology and competitiveness
- Accelerating the adoption of health information technologies
- Promoting health IT to improve the safety, quality and efficiency of health care in Massachusetts
- Advancing the dissemination of electronic health records systems in all health care provider settings

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**MeHI is a division of the Massachusetts Technology Collaborative, a public economic development agency**

# MeHI eHealth Services and Support Overview

- Support all healthcare providers in achieving Meaningful Use (MU) of EHR technology
  - MU Gap Analysis
  - Registration and Attestation support
  - Secure document storage and audit preparation
- Support providers with Physician Quality Reporting System (PQRS) reporting
  - Qualified registry for submitting PQRS measures
- Collaborate with external partners to offer:
  - patient engagement resources
  - privacy and security tools
  - other health IT resources

## Goals of today's session:

1. Provide information about the Final Rule as it relates to the Medicare and Medicaid EHR Incentive Payment Programs
2. Clarify key components of the Final Rule
3. Offer an opportunity for the provider community to ask questions

# Background Information

- Office of the National Coordinator for Health Information Technology (ONC) sets standards for certified EHR technology (CEHRT)
- In September 2012, Final Rules were published by both CMS and ONC
  - CMS Final Rule revised objectives and measures for both Stage 1 and Stage 2 Meaningful Use
  - ONC Final Rule established specifications and certification criteria for 2014 Edition certified EHRs
  - 2014 Edition certification criteria were designed to support the changes to MU measures and EHR Incentive Programs
- 2014 Edition criteria required extensive changes by EHR vendors
  - many EHR products were certified later than anticipated
- Provider associations noted a backlog of many months for updated version to be installed

# CMS Final Rule – August 29, 2014

- Released August 29, 2014 by CMS in collaboration with ONC
- Eligible Professionals (EPs) and Eligible Hospitals (EHs) participating in the Medicare or Medicaid EHR Incentive Program in 2014 can attest using 2011 Edition CEHRT
  - Goal is to provide EPs and EHs more flexibility in which CEHRT they can use to achieve Meaningful Use (MU) in 2014
- Any of the following can be used to meet MU measures in 2014:
  - 2011 Edition CEHRT
  - a combination of 2011 and 2014 Edition CEHRT
  - 2014 Edition CEHRT

- Adopt, Implement, Upgrade (AIU) attestation in 2014 still requires 2014 Edition CEHRT
- Beginning in 2015, all EPs and EHs are required to attest using a 2014 Edition CEHRT
- Final Rule also formalizes CMS and ONC's previously stated intention to extend Stage 2 through 2016 and begin Stage 3 in 2017

# 2013 Stage 1 vs 2014 Stage 1

- In the 2012 Stage 2 Final Rule, changes were made to Stage 1 MU
  - some changes took effect in 2013; others took effect in 2014
  - to differentiate, CMS uses the following terminology:
    - 2013 Stage 1 objectives and measures
    - 2014 Stage 1 objectives and measures
- Under the new Final Rule, EPs and EHs have the option to attest to 2013 Stage 1 objectives and measures
  - includes 2013 Stage 1 Clinical Quality Measures (CQMs)
- Providers may attest to the 2013 Stage 1 objectives and measures regardless of whether they were planning to attest to **Stage 1** or **Stage 2** in 2014



# Reporting Options

- **Providers in their first or second year of Stage 1 in 2014 can attest to:**
  - 2013 Stage 1 objectives and measures, using 2011 Edition CEHRT, or using a combination of 2011 and 2014 Edition CEHRT
  - 2014 Stage 1 objectives and measures, using 2014 Edition CEHRT
- **Providers in their first year of Stage 2 in 2014 can attest to:**
  - 2013 Stage 1 objectives and measures, using 2011 Edition CEHRT, or using a combination of 2011 and 2014 Edition CEHRT\*
  - 2014 Stage 1 objectives and measures, using 2014 Edition CEHRT\*
  - Stage 2, using either a combination of 2011 and 2014 Edition CEHRT or a 2014 Edition CEHRT

\*Providers in their first year of Stage 2 who attest to Stage 1 objectives and measures will attest to their **second year of Stage 2** in 2015.

# Meaningful Use Options

If you were scheduled to demonstrate:	use 2011 Edition CEHRT to demonstrate	use 2011 & 2014 Edition CEHRT to demonstrate	use 2014 Edition CEHRT to demonstrate
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

# Proposed Changes to MU Timeline

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	3 → 2	3	TBD	TBD	TBD	TBD
2012		1	1	1 OR 2	2	3 → 2	3	TBD	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

# Important Considerations

- Reporting periods
  - Any 90-day or calendar quarter reporting period
  - 365-day reporting period in 2015
- MU Measures and CQMs
  - Transition of Care limited exception
  - No change in CQMs (Medicare vs Medicaid)
- Supporting Documentation for delays or hardships
  - Medicare vs Medicaid
  - Hardship exception applications in 2015
- EPs practicing in multiple locations
- Immunization Public Health Reporting
- Reason for delaying Stage 3 until 2017

- Press release regarding the Final Rule:

<http://cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-08-29.html>

# Questions, Concerns, Feedback

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