News Updates

Review Updated Information on Reporting Menu Objectives

CMS has released updated guidance on the how eligible professionals should select menu objectives for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. We encourage you to stay informed by taking a few minutes to review the information below.

Guidance on Reporting Menu Objectives
Eligible professionals participating in Stage 1 of the EHR Incentive Programs are required to report on a total of 5 meaningful use objectives from the menu set of 9 objectives. When selecting five objectives from the menu set, eligible professionals must choose at least one option from the public health menu set.

If an eligible professional is able to meet the measure of one of the public health menu objectives but can be excluded from the other, the eligible professional should select and report on the public health menu objective he or she is able to meet.

If an eligible professional can be excluded from both public health menu objectives, the eligible professional may meet the menu requirement one of two ways:

1. Claim an exclusion from only one public health objective and report on four additional menu objectives from outside the public health menu set.

2. Report on five menu objectives from outside the public health menu set

Eligible professionals participating in Stage 2 are required to report 3 meaningful use objectives from the menu set of 6.

We encourage eligible professionals to select menu objectives that are relevant to their scope of practice, and claim an exclusion for a menu objective only in cases where there are no remaining menu objectives for which they qualify or if there are no remaining menu objectives that are relevant to their scope of practice.

For example, we hope that eligible professionals will report on 5 measures, if there are 5 measures that are relevant to their scope of practice and for which they can report data, even if they qualify for exclusions in the other objectives.

The Registration and Attestation System may prompt an eligible professional to report on additional measures if he or she claims an exclusion. This is because starting in 2014, the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set. An eligible professional must meet the measure criteria for the objectives or report on all of the menu set objectives through a combination of meeting the exclusions and meeting the measures.

However, some eligible professionals who elect option 1 above may be asked to report on non-public health measures when they claim that exclusion in the Attestation System. These providers should document this issue for their records, and then claim the exclusion for the remaining measures in order to allow the system to accept their attestation.

For More Information
For more information, read the updated FAQ. For additional resources, please visit the EHR website.

This service is provided to you by the **Medicare and Medicaid EHR Incentive Programs.**

News Updates

Eligible Professional 2014 Attestation Deadline on February 28; Prepare for Attestation

If you are an eligible professional participating in the Medicare EHR Incentive Program, you have until **February 28, 2015** to attest to demonstrating meaningful use of the data collected during your EHR reporting period for the 2014 calendar year. If you are participating in the Medicaid EHR Incentive Program, please refer to your state's deadlines for attestation information.

The CMS Attestation System is open and fully operational, and includes the 2014 Certified EHR Technology (CEHRT) Flexibility Rule options. Medicare eligible professionals can attest any time to 2014 data **until 11:59 p.m. ET** on February 28, 2015.

Reminder: You must attest to demonstrating meaningful use **every year** to receive an incentive and avoid a Medicare payment adjustment.

Payment Adjustments
Payment adjustments were applied beginning January 1, 2015 for Medicare eligible professionals that did not successfully demonstrate meaningful use in 2013 (or 2014 for first-time participants) and did not receive a 2015 hardship exception.

Medicare eligible professionals that did not successfully demonstrate meaningful use in 2014 and do not receive a 2016 hardship exception will have payment adjustments applied beginning January 1, 2016. The application period will open in early January 2015. For more information, please review the payment adjustment tipsheet.

If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you **MUST** demonstrate meaningful use to avoid the payment adjustments. You may demonstrate meaningful use under either Medicare or Medicaid.

If you are only eligible to participate in the Medicaid EHR Incentive Program, you are not subject to these payment adjustments.

Attestation Resources

- Stage 1 Eligible Professionals Meaningful Use Table of Contents (2014 definition)
- Stage 2 Eligible Professionals Meaningful Use Table of Contents
- 2014 Stage 1 Attestation User Guide for Eligible Professionals
- 2013 Stage 1 Attestation User Guide for Eligible Professionals
- Stage 2 Attestation User Guide for Eligible Professionals
- CEHRT Flexibility Attestation Guide

News Updates

New Stage 2 Summary of Care FAQ Provides Guidance on Measure #3

To keep you updated with information on the Medicare and Medicaid EHR Incentive Programs, CMS has recently added one new FAQ about the Stage 2 Summary of Care objective. We encourage you to stay informed by taking a few minutes to review the new information below.

Question: When reporting on the Summary of Care objective in the EHR Incentive Programs, how can eligible professionals, eligible hospitals, and critical access hospitals (CAHs) meet measure 3 if they are unable to complete a test with the CMS Designated Test EHR (NIST EHR-Randomizer Application)?

Answer: CMS is aware of difficulties eligible professionals, eligible hospitals, and CAHs are having in the use of the CMS Designated Test EHR to meet measure 3 of the Stage 2 Summary of Care objective. At this time the two CMS Designated Test EHRs can only exchange/match with an eligible professional or eligible hospital that is Direct Trust (DT) Accredited. There is not a non-DT Accredited Test EHR for providers to use to successfully complete the test.

The following actions are currently in place to meet the Summary of Care objective for measure 3:

1. Exchange a summary of care with a provider or third party who has different CEHRT as the sending provider as part of the 10% threshold for measure #2. A successful exchange in measure #2 allows the provider to meet the criteria for measure #3 without the need to conduct a test with the Randomizer as outlined in measure #3, or
2. Conduct at least one successful test with the CMS designated test EHR (if the provider is Direct Trust Accredited).

If providers do not exchange summary of care documents with recipients using a different CEHRT in common practice, and cannot use the CMS Designated Test EHR for the reasons outlined above, they may retain documentation on their circumstances and attest “Yes” to meeting measure #3 if they have and are using a certified EHR which meets the standards required to send a CCDA (§ 170.202).

This exchange may be conducted outside of the EHR reporting period timeframe, but must take place no earlier than the start of the EHR reporting year and no later than the end of the EHR reporting year or the attestation date, whichever occurs first.

For example, an eligible professional or eligible hospital that is reporting meaningful use for a 90-day EHR reporting period may conduct this exchange outside of this 90-day period as long as it is completed no earlier than the first day of the EHR reporting year and no later than the last day of the EHR reporting year.

For more information on the NIST EHR-Randomizer Application, please visit: https://ehr-randomizer.nist.gov/ehr-randomizer-app/#/home.

News Updates

CMS Announces Intent to Engage in Rulemaking for EHR Incentive Program Changes for 2015

The Centers for Medicare & Medicaid Services (CMS) intends to engage in rulemaking this spring to help ensure providers continue to meet meaningful use requirements.

In response to input from health care providers and other stakeholders, CMS is considering the following changes to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs:

1. **Shortening the 2015 reporting period to 90 days** to address provider concerns about their ability to fully deploy 2014 Edition software
2. **Realigning hospital reporting periods to the calendar year** to allow eligible hospitals more time to incorporate 2014 Edition software into their workflows and to better align with other quality programs
3. **Modifying other aspects of the programs** to match long-term goals, reduce complexity, and lessen providers' reporting burden

These proposed changes reflect the Department of Health and Human Services' commitment to creating a health information technology infrastructure that:

- Elevates patient-centered care

- Improves health outcomes
- Supports the providers who care for patients

While CMS intends to pursue these changes through rulemaking, they will not be included in the pending Stage 3 proposed rule. CMS intends to limit the scope of the pending proposed rule to Stage 3 and meaningful use in 2017 and beyond.

To read Dr. Conway's blog on this announcement, go to: http://blog.cms.gov/. For more information about the EHR Incentive Programs, please visit http://www.cms.gov/EHRIncentivePrograms.

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Reminder: You must attest to demonstrating meaningful use **every year** to receive an incentive and avoid a Medicare payment adjustment.

Payment Adjustments
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- CEHRT Flexibility Attestation Guide

News Updates

Public Health Objectives: Reporting Requirements in Stage 1 and Stage 2

Public health registry reporting is required for providers participating in the EHR Incentive Programs. Objectives include submitting data to an immunization registry, submitting data to a syndromic surveillance database, and submitting reportable lab results to a public health agency (for hospitals only).

How This Objective Improves Care
The meaningful use public health objectives foster data collection in a format that can be shared across multiple health care organizations. The availability of more and better data will help public health organizations monitor, prevent, and manage diseases to improve population health.

Stage 1 vs Stage 2 Requirements
Stage 1 – Eligible professionals and eligible hospitals must complete (or qualify for an exclusion for) at least one public health objective in Stage 1 of meaningful use.

Stage 2 – In Stage 2 of meaningful use, some of the Stage 1 public health menu objectives become core objectives, and new public health reporting requirements are added to the menu objectives. Eligible professionals must demonstrate (or qualify for an exclusion for) the capability to submit electronic data for immunizations, while eligible hospitals must demonstrate (or qualify for an

exclusion for) the capability to submit electronic data for immunizations, reportable laboratory results, and syndromic surveillance.

Also in Stage 2, new public health menu objectives for eligible professionals include the capability to identify and report cancer cases to a cancer registry and specific cases to a specialized registry (other than a cancer registry).

How to Report Public Health Measures
Following are the steps for reporting in Stage 1 and Stage 2. For additional information on how to report public health measures, please visit the EHR website.

Stage 1
Year 1

1. Select at least one public health menu objective
2. Perform test of certified EHR technology's capacity to submit electronic data, and follow-up submission if that test is successful

Year 2 (and Year 3 if Applicable):

1. Submit data on an ongoing basis OR
2. Show evidence of action taken that demonstrates both that another test is not beneficial in moving towards follow-up submission and that follow-up submission is not possible in year 2 (and year 3 if applicable)

Stage 2

1. Report core public health objectives
2. Select menu public health objectives (optional)
3. Meet one of four criteria under the umbrella of ongoing submission

For More Information
For more information about public health objectives and public health registry reporting, download the Public Health Registry Tip Sheet, or visit the EHR website. You may also view a full listing of FAQs on this topic and others.

Visit the **CMS EHR Incentive Programs** website

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News Updates

Hospitals Must Start Medicare EHR Participation in 2015 to Earn Incentives

Not participating in the Medicare EHR Incentive Program yet? 2015 is the **last year** for eligible hospitals to begin and still earn incentive payments.

To earn a 2015 incentive payment and avoid a 2016 payment adjustment, first-time participants should:

- Begin their 90-day reporting period no later than **April 1, 2015**
- Attest by **July 1, 2015**

Eligible hospitals that miss this deadline can still earn a 2015 incentive payment—and avoid the 2017 payment adjustment—if they begin their reporting period by July 1 and attest by November 30. However, they will be **subject to the 2016 payment adjustment** unless they apply and qualify for a hardship exception.

Hospitals that successfully attest in 2015 will also be eligible to earn a 2016 incentive if they continue to participate.

Eligible hospitals that begin participating after 2015 will ***not*** be able to earn incentive payments. They will also be subject to payment adjustments in 2016 and 2017.

Additional Resources

The EHR Incentive Programs website offers tools and resources to help eligible hospitals to successfully participate:

- Tip Sheet for Medicare Eligible Hospitals
- Eligible Hospital 2014 Definition Spec Sheets
- Stage 1 Eligible Hospital and CAH Attestation Worksheet (2014 Definition)
- Stage 1 Attestation User Guide for Eligible Hospitals and CAHs
- Payment Adjustment Form Hardship Exception Tip Sheet for Hospitals

News Updates

Reminder: Deadline for Eligible Professionals to Register Intent for a Public Health Measure is March 1

If you are an eligible professional participating in the Medicare or Medicaid EHR Incentive Program and are planning to meet one of the Stage 2 public health measures, the deadline to register your intent to initiate ongoing submission with your public health agency (PHA), program, or other body to whom the information will be submitted is within 60 days of the start of your EHR reporting period. For 2015, this deadline for eligible professionals is **March 1, 2015****.

Eligible professionals that need to register their intent for a public health objective, but fail to register their intent by this deadline will not meet the measure.

Satisfying Public Health Measure Requirements
As a reminder a public health measure can be satisfied by meeting any one of the following criteria:

- Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period.
- Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.

- Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.
- Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

Resources
Please refer to the CMS Stage 2 Eligible Professional Specification Sheets for more information on the public health objectives.

For information and instructions on registering intent to initiate ongoing submission for a public health objective, please check with your public health agency, program, or other body to whom the information will be submitted.

*** CMS recently (1/29/2015) announced its intent to engage in rulemaking for EHR Incentive Programs changes for 2015. As part of the changes, CMS is considering shortening the 2015 reporting period to 90 days, which if adopted through the rulemaking process, would make March 1, 2015 the deadline for the first EP 90-day reporting period. There would be additional deadlines corresponding to subsequent 90-day reporting periods in 2015.*

News Updates

New EHR Attestation Deadline for Medicare Eligible Professionals: March 20, 2015

Eligible professionals now have until **11:59 pm ET on March 20, 2015,** to attest to meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program 2014 reporting year.

CMS extended the deadline to allow providers extra time to submit their meaningful use data. CMS continues to urge providers to begin attesting for 2014 as soon as they can.

This extension also allows eligible professionals, who have not already used their one “switch”, to switch programs (from Medicare to Medicaid, or vice versa) for the 2014 payment year until **11:59 pm ET on March 20, 2015.** After that time, eligible professionals will no longer be able to switch programs.

Medicare eligible professionals must attest to meaningful use every year to receive an incentive and avoid a payment adjustment. Providers who successfully attest for the 2014 program year will:

- Receive an incentive payment

- Avoid the Medicare payment adjustment, which will be applied January 1, 2016

Note: The Medicare extension does not affect deadlines for the Medicaid EHR Incentive Program. Additionally, the EHR reporting option for PQRS has been extended until March 20, 2015. Please be on the lookout for a separate listserv with information regarding the PQRS program extension.

How to Attest
Submit your data to the Registration and Attestation System, which includes 2014 Certified EHR Technology (CEHRT) Flexibility Rule options.

Tips for speed:

- Attest during non-peak hours, such as evenings and weekends
- Start now to:
  - Check that your information is up to date
  - Begin entering your 2014 data

To learn more, see the Educational Resources on the CMS EHR Incentive Programs website.

For help, call the **EHR Information Center: 1-888-734-6433**
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News Updates

CMS Announces Extension for EPs Participating in PQRS via EHR and QCDR (QRDA III format)

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the submission deadlines for the PQRS reporting methods below have been extended. All other submission timeframes for other PQRS reporting methods remain the same.

The revised submission deadline is **March 20, 2015 at 8 pm ET** for the following reporting methods:

- **EHR Direct or Data Submission Vendor** that is certified EHR technology (CEHRT)
- **Qualified clinical data registries (QCDRs) (using QRDA III format)** reporting for PQRS and the clinical quality measure (CQM) component of meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program

An Individuals Authorized Access to CMS Computer Services (IACS) account with the "PQRS Submitter Role" is required for these PQRS data submission methods. Please see the IACS Quick Reference Guides for specifics.

PQRS provides an incentive payment to individual eligible professionals (EPs) and group practices that satisfactorily participate or satisfactorily report data on quality measures for covered Medicare Physician Fee Schedule (PFS) services. Additionally, those who do not meet the 2014 PQRS reporting requirements will be subject to a negative payment adjustment on all Medicare Part B PFS services rendered in 2016.

Note: The deadline listed above does apply to individual EPs and Group Practices participating in other CMS programs such as the Medicare EHR Incentive Program and Comprehensive Primary Care Initiative that are utilizing the reporting methods listed above. Additionally, CMS has extended the deadline for EPs wishing to attest to meaningful use for the EHR reporting period in 2014 for the Medicare Electronic EHR Incentive Program to March 20, 2015. Please be on the lookout for a separate listserv with information regarding the attestation extension.

For questions, please contact the QualityNet Help Desk 1-866-288-8912 or via email at Qnetsupport@hcqis.org from 7:00 a.m. - 7:00 p.m. Central Time. Complete information about PQRS is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html.

News Updates

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CMS extended the deadline to allow providers extra time to submit their meaningful use data. CMS continues to urge providers to begin attesting for 2014 as soon as they can.

This extension also allows eligible professionals, who have not already used their one “switch”, to switch programs (from Medicare to Medicaid, or vice versa) for the 2014 payment year until **11:59 pm ET on March 20, 2015.** After that time, eligible professionals will no longer be able to switch programs.

Medicare eligible professionals must attest to meaningful use every year to receive an incentive and avoid a payment adjustment. Providers who successfully attest for the 2014 program year will:

- Receive an incentive payment

- Avoid the Medicare payment adjustment, which will be applied January 1, 2016

Note: The Medicare extension does not affect deadlines for the Medicaid EHR Incentive Program. Additionally, the EHR reporting option for PQRS has been extended until March 20, 2015. Please be on the lookout for a separate listserv with information regarding the PQRS program extension.

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News Updates

Learn More about Part B Drugs and Payment Adjustments

Do negative payment adjustments for the Medicare Electronic Health Record (EHR) Incentive Program, Physician Quality Reporting System (PQRS), and Value-Based Payment Modifier (VM) affect reimbursement for drugs?

The negative payment adjustments for EHR, PQRS, and VM only apply to Medicare Physician Fee Schedule (MPFS) claims for Part B covered professional services.

Covered professional services means services furnished by an eligible professional for which payment is made under, or is based on, the MPFS, as provided in section 1848(k)(3) of the Act.

The Part B drugs themselves are not services, and therefore are not paid under the MPFS. Only the services associated with the Part B drugs, such as injections, that may be necessary to administer the drugs are considered covered professional services that are paid under, or are based on, the MPFS.

For example, HCPCS code J2778 (Lucentis) would not be subjected to payment adjustments, but CPT code 67028 (intravitreal injection) would be subjected to payment adjustments.

Therefore, claims for Part B drugs themselves are not affected by the payment adjustments for EHR, PQRS, or VM.

To read the related FAQ, please visit: https://questions.cms.gov/faq.php?id=5005&faqId=11894.

For more information about the EHR Incentive Programs, visit the CMS EHR website.

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News Updates

Attest Soon to Ensure Successful Attestation Status in CMS System

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How to Attest
Submit your data to the Registration and Attestation System, which includes 2014 Certified EHR Technology (CEHRT) Flexibility Rule options.

Tips to ensure successful attestation:

- **Before you register**- make sure you have an active and approved enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS)
- **When registering**- be sure to have your NPI, Identity and Access Management (I&A) ID and Password, Payee TIN, and Payee NPI information available, along with your EHR Certification Number
- **Before you attest**- make sure you have a successful and active registration status in the Registration and Attestation System
    - Registration status will read "Active" when all validations pass
- **After you attest**- click on the status tab to see your progress, and then click the appropriate tab to see your registration, attestation, and payment status

CMS recommends you review all of your attestation information before submitting. To learn more, see the Educational Resources on the CMS EHR Incentive Programs website.

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News Updates

Medicare Eligible Hospitals: Take Action by April 1 to Avoid 2016 Payment Adjustment

Payment adjustments for eligible hospitals that did not successfully participate in the Medicare EHR Incentive Program in 2014 will begin on October 1, 2015. Medicare eligible hospitals can avoid the 2016 payment adjustment by taking action by April 1 and applying for a 2016 hardship exception.

The hardship exception application and instructions for Medicare eligible hospitals are available on the EHR Incentive Programs website, and outline the specific types of circumstances that CMS considers to be barriers to achieving meaningful use, and how to apply.

To file a hardship exception, Medicare eligible hospitals must:

- Show proof of a circumstance beyond the hospital's control.
- Explicitly outline how the circumstance significantly impaired the hospital's ability to meet meaningful use.

Supporting documentation must also be provided. CMS will review applications to determine whether or not a hardship exception should be granted.

Apply by April 1
As a reminder, the application must be submitted electronically or postmarked no later than **11:59 p.m. ET on April 1, 2015** to be considered.

If approved, the exception is valid for one year. If the hospital claims a hardship exception for the following payment year, a new application must be submitted.

Want more information about the EHR Incentive Programs?
Be sure to visit the Medicare and Medicaid EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

News Updates

Tomorrow is the Deadline for Medicare Eligible Professionals to Attest for 2014 Participation

Eligible professionals have until **11:59 pm ET tomorrow, March 20, 2015,** to attest to meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program 2014 reporting year.

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News Updates

CMS and ONC Release NPRMs on Stage 3 Requirements and 2015 Edition Certification Criteria

On Friday, CMS released a notice of proposed rulemaking (NPRM) for Stage 3, the next step in the implementation of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Concurrently, ONC also announced the proposed 2015 Edition certification criteria for health IT products. Both proposed rules focus on the interoperability of data across systems, and make the EHR Incentive Programs simpler and more flexible.

The CMS NPRM specifies the Stage 3 requirements for eligible professionals, eligible hospitals, and critical access hospitals to qualify for Medicaid EHR incentive payments and avoid Medicare payment adjustments in 2018 and beyond. ONC's proposed rule outlines the certification and standards to help providers meet the proposed Stage 3 requirements with a 2015 Edition CEHRT.

Note: Medicare incentive payments end in 2016 and Medicaid providers are not subject to payment adjustments.

Proposed Stage 3 Requirements
The CMS proposed rule would streamline Stage 3 of the EHR Incentive Programs and allow providers more flexibility for reporting by:

- Establishing a single, aligned reporting period for all providers based on the calendar year
- Aligning quality data for reporting via a single submission method for multiple CMS programs
- Simplifying meaningful use reporting requirements to eight objectives that focus on advanced use of EHR technology and quality improvement

The Stage 3 proposed rule's scope is limited to the requirements and criteria for meaningful use in 2017 and beyond. CMS is pursuing additional changes to meaningful use beginning in 2015 through separate rulemaking.

For More Information
For more information on the Stage 3 and 2015 Edition certification criteria proposed rules, review the press release and fact sheet.

More information about the comment periods will be available soon.

News Updates

Stage 3 NPRM Comment Period Now Open: Submit by May 29

CMS and ONC invite the public to submit comments on the recently released notices of proposed rulemaking (NPRMs) on Stage 3 requirements and 2015 Edition certification criteria for the Medicare and Medicaid EHR Incentive Programs. Comments must be received by May 29 to be considered.

About the NPRMs
The CMS NPRM specifies the Stage 3 requirements for eligible professionals, eligible hospitals, and critical access hospitals in the EHR Incentive Programs. ONC's proposed rule outlines the certification and standards to help providers meet the proposed Stage 3 requirements with a 2015 Edition CEHRT.

If finalized, the rules would allow providers more flexibility for reporting by:

- Establishing a single, aligned reporting period for providers based on the calendar year
- Aligning quality data for reporting via a single submission method for multiple CMS programs
- Simplifying meaningful use reporting requirements to eight objectives that focus on advanced use of EHR technology and quality improvement

The Stage 3 proposed rule's scope is limited to the requirements and criteria for meaningful use in 2017 and beyond. CMS is pursuing additional changes to meaningful use beginning in 2015 through separate rulemaking.

How to Submit Comments
The public can submit comments in several ways, including via electronic submission or mail:

1. Electronically
    - You may submit electronic comments to http://www.regulations.gov. Follow the "Submit a comment" instructions.
2. By regular mail
3. By express or overnight mail
4. By hand or courier

View the Stage 3 and 2015 Edition certification criteria proposed rules online for more information. Submissions must be received by **11:59pm ET on May 29, 2015** in order to be considered.

For More Information
For more information on the Stage 3 and 2015 Edition certification criteria proposed rules, review the press release and fact sheet.

News Updates

Medicare Eligible Hospitals: Take Action Today to Avoid 2016 Payment Adjustment

Payment adjustments for eligible hospitals that did not successfully participate in the Medicare EHR Incentive Program in 2014 will begin on October 1, 2015. Medicare eligible hospitals can avoid the 2016 payment adjustment by taking action today and applying for a 2016 hardship exception.

The hardship exception application and instructions for Medicare eligible hospitals are available on the EHR Incentive Programs website, and outline the specific types of circumstances that CMS considers to be barriers to achieving meaningful use, and how to apply.

To file a hardship exception, Medicare eligible hospitals must:

- Show proof of a circumstance beyond the hospital's control.
- Explicitly outline how the circumstance significantly impaired the hospital's ability to meet meaningful use.

Supporting documentation must also be provided. CMS will review applications to determine whether or not a hardship exception should be granted.

Apply Today
As a reminder, the application must be submitted electronically or postmarked no later than **11:59 p.m. ET today** to be considered.

If approved, the exception is valid for one year. If the hospital claims a hardship exception for the following payment year, a new application must be submitted.

Want more information about the EHR Incentive Programs?
Be sure to visit the Medicare and Medicaid EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

News Updates

Join CMS Education Sessions at HIMSS15 in Chicago

CMS is participating in the 2015 Healthcare Information and Management Systems Society (HIMSS) Annual Conference & Exhibition in Chicago from April 12-16, 2015.

Going to HIMSS15 next week? Attend CMS educational sessions, visit the CMS **Booth #6039**, and talk to CMS experts during office hours! Please join CMS at the following sessions:

Monday, April 13

- **CMS EHR Incentive Programs Overview**, 10:00 AM-11:00 AM (Session 10, Room S100C)
- **CMS Meaningful Use Stage 3 Requirements**, 1:00 PM-2:00 PM (Session 40, Room S100C)

Tuesday, April 14

- **Keynote: The Intersection of Quality and Innovation at CMS**, 10:00 AM-11:00 AM (Session 67, Room W196C)
- **CMS Quality Strategy**, 1:00 PM-2:00 PM (Session 86, Room S100C)

- **CMS Quality Reporting Update**, 4:00 PM-5:00 PM (Session 116, Room S100C)

Wednesday, April 15

- **CMS Future Directions in Quality Measurement**, 8:30 AM-9:30 AM (Session 131, Room S100C)
- **Improving Health Care Delivery through Collaboration with Lean tools**, 1:00 PM-2:00 PM (Session 176, Room S102D)

CMS Office Hours
Experts from CMS will be available at specific times throughout the conference to discuss programs and address questions at the CMS Booth #6039. More details about the office hours coming soon!

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CMS is tweeting about sessions at HIMSS15! Follow the @CMSGov Twitter handle and join the conversation using #CMSeHealth and #HIMSS15.

News Updates

Stage 3 NPRM Comment Period Now Open: Submit by May 29

CMS and ONC invite the public to submit comments on the recently released notices of proposed rulemaking (NPRMs) on Stage 3 requirements and EHR technology certified to the 2015 Edition for the Medicare and Medicaid EHR Incentive Programs. Comments must be received by May 29 to be considered.

About the NPRMs
The CMS NPRM specifies the Stage 3 requirements for eligible professionals, eligible hospitals, and critical access hospitals in the EHR Incentive Programs. ONC's proposed rule outlines the certification and standards to help providers meet the proposed Stage 3 requirements with EHR technology certified to the 2015 Edition.

If finalized, the rules would allow providers more flexibility for reporting by:

- Establishing a single, aligned reporting period for providers based on the calendar year
- Aligning quality data for reporting via a single submission method for multiple CMS programs
- Simplifying meaningful use reporting requirements to eight objectives that focus on advanced use of EHR technology and quality improvement

The Stage 3 proposed rule's scope is limited to the requirements and criteria for meaningful use in 2017 and beyond. CMS is pursuing additional changes to meaningful use beginning in 2015 through separate rulemaking.

How to Submit Comments
The public can submit comments in several ways, including via electronic submission or mail:

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    - You may submit electronic comments to http://www.regulations.gov. Follow the "Submit a comment" instructions.
2. By regular mail
3. By express or overnight mail
4. By hand or courier

View the Stage 3 and 2015 Edition Health Information Technology Certification Criteria proposed rules online for more information. Submissions must be received by **11:59pm ET on May 29, 2015** in order to be considered.

For More Information
For more information on the Stage 3 and 2015 Edition Certification Criteria proposed rules, review the press release and fact sheet.

News Updates

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CMS Office Hours
Experts from CMS will be available at specific times throughout the conference to discuss programs and address questions at the CMS Booth #6039.

Monday, April 13

- **Meaningful Use** - 11:15 AM-12:15 PM
- **ICD-10 Demonstrations** - 12:30 PM-1:30 PM & 3:00 PM-4:00 PM
- **eCQM Reporting** – 1:30 PM-2:30 PM

Tuesday, April 14

- **eCQM Reporting** - 11:00 AM-12:00 PM
- **ICD-10 Demonstrations** - 12:00 PM-1:00 PM & 3:00 PM-4:00 PM
- **Meaningful Use** – 4:00 PM-5:00 PM

Wednesday, April 15

- **eCQM Reporting** – 9:45 AM-10:45 AM
- **ICD-10 Demonstrations** – 11:00 AM-12:00 PM & 2:30 PM-4:00 PM
- **Meaningful Use** – 1:00 PM-2:30 PM

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EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

New NPRM Outlines Proposed EHR Requirements for Providers in 2015 through 2017

Today, CMS issued a new proposed rule for the Medicare and Medicaid EHR Incentive Programs to align Stage 1 and Stage 2 objectives and measures with the long-term proposals for Stage 3.

The modifications would allow providers to focus more closely on the advanced use of certified EHR technology to support health information exchange and quality improvement.

The new rule proposes a change in the reporting period for meaningful use from one year to 90 days in 2015.

Proposed Changes for EHR Incentive Programs
Together with the proposed Stage 3 notice of proposed rulemaking (NPRM) issued on March 20, 2015, the proposed rules align and merge the "stages" of meaningful use requirements.

The proposed rule changes the programs by:

- Streamlining reporting by removing redundant, duplicative, and topped-out measures

- Modifying patient action measures in Stage 2 objectives related to patient engagement
- Aligning the EHR reporting period for eligible hospitals and CAHs with the full calendar year
- Changing the EHR reporting period in 2015 to a 90-day period to accommodate modifications

For More Information
The new proposed rule may be viewed online. A fact sheet about the NPRM is also available. More information on the comment period for this proposed rule will be available soon.

For more about meaningful use, visit the CMS EHR Incentive Programs website at http://www.cms.gov/EHRIncentivePrograms.

News Updates

Hear from CMS Experts at Today's HIMSS15 Sessions on the EHR Incentive Programs

CMS is participating in the 2015 Healthcare Information and Management Systems Society (HIMSS) Annual Conference & Exhibition in Chicago from April 12-16, 2015.

Today at HIMSS15
If you are attending the conference, please join the following sessions to hear from CMS experts on the topics below:

- **CMS EHR Incentive Programs Overview**, 10:00 AM
  Session #10, Room #S100C
  Speakers: Elizabeth Holland and Elisabeth Myers
- **CMS Meaningful Use Stage 3 Requirements**, 1:00 PM
  Session #40, Room #S100C
  Speakers: Robert Anthony and Elisabeth Myers

Visit the CMS Booth at HIMSS
If you are attending HIMSS15, we encourage you to learn more about CMS programs by attending sessions and visiting **CMS Booth #6039** today from 11:00

AM – 6:00 PM CDT. CMS experts will be at the exhibit booth to answer questions about specific topics during office hours this week. Today's office hours:

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Remember to Comment on Stage 3 NPRM
CMS invites the public to submit comments on the recently released NPRM on Stage 3. Submit public comments electronically at: http://www.regulations.gov.

EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Attend Today's CMS Quality Sessions and Keynote by CMS Chief Medical Officer at HIMSS15

CMS is participating in the 2015 Healthcare Information and Management Systems Society (HIMSS) Annual Conference & Exhibition in Chicago from April 12-16, 2015.

Today at HIMSS15
If you are attending the conference, please join the following sessions to hear from CMS experts on the topics below:

- **Keynote Address: The Intersection of Quality and Innovation at CMS**, 10:00 AM
  Session #67, Room #W196C
  Speaker: Patrick H. Conway, MD, MSc
- **Interoperability Showcase: CMS Meaningful Use Stage 3 Requirements**, 12:30 PM
  Booth #2084
  Speakers: Elisabeth Myers
- **CMS Quality Strategy**, 1:00 PM
  Session #86, Room #S100C
  Speaker: Kate Goodrich, MD, MHS and Robert Anthony

- **CMS Quality Reporting Update**, 4:00 PM
  Session #116, Room #S100C
  Speakers: Minet Javellana, RN and Deborah Krauss, MS, RN

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News Updates

Hear from CMS Program Experts at Today's HIMSS15 Sessions

CMS is participating in the 2015 Healthcare Information and Management Systems Society (HIMSS) Annual Conference & Exhibition in Chicago from April 12-16, 2015.

Today at HIMSS15
If you are attending the conference, please join the following sessions.

- **CMS Future Directions in Quality Measurement**, 8:30 AM
  Session #131, Room #S100C
  Speakers: Minet Javellana to moderate a panel
- **CMS Meaningful Use Stage 3 and ONC 2015 Edition Certification Criteria Changes: The Discussion Continues**, 11:30 PM
  Session #160, Room #S100A
  Speakers: Robert Anthony and Elisabeth Myers
- **Improving Healthcare Delivery through Collaboration with Lean Tools**, 1:00 PM
  Session #176, Room #S102
  Speakers: Kate Goodrich, MD, MHS

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Remember to Comment on Stage 3 NPRM
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News Updates

Listen to CMS Acting Administrator Andy Slavitt at Today's Closing HIMSS15 Keynote

CMS is participating in the 2015 Healthcare Information and Management Systems Society (HIMSS) Annual Conference & Exhibition in Chicago from April 12-16, 2015.

Are you at HIMSS15? Attend this morning's closing keynote address by CMS' Acting Administrator, Andy Slavitt, at 8:30 AM CDT in the Skyline Ballroom, Room W375.

Acting Administrator Slavitt will provide an update on CMS programs and discuss CMS' focus on improving health outcomes, access, and affordability while improving health disparities and combatting health care fraud. We hope you will join CMS for this final HIMSS event.

Join the Twitter Conversation at HIMSS15
Remember to follow the @CMSGov Twitter handle and join the conversation using #CMSeHealth and #HIMSS15 during today's keynote.

Thank You!
Thank you to everyone who attended our sessions at HIMSS15. For more information about upcoming CMS events, visit the CMS eHealth website.

Remember to Comment on Stage 3 NPRM
CMS invites the public to submit comments on the recently released NPRM on Stage 3. Submit public comments electronically at: http://www.regulations.gov.

News Updates

CMS and ONC NPRMs Now Available for Comment; Stage 3 Comments Due by May 29

CMS and ONC invite the public to submit comments on the recently released notices of proposed rulemaking (NPRMs).

Due May 29:

- Stage 3 of Meaningful Use NPRM – Specifies the Stage 3 requirements for eligible professionals, eligible hospitals, and critical access hospitals in the EHR Incentive Programs
- EHR Technology Certified to the 2015 Edition NPRM – Outlines the certification and standards to help providers meet the proposed Stage 3 requirements with EHR technology certified to the 2015 Edition

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For More Information
For more information on the Stage 3 and 2015 Edition certification criteria proposed rules, review the press release and fact sheet.

News Updates

Sign up for Upcoming CMS Webinars to Learn about Proposed Rules for EHR Incentive Programs and Comment Submission

CMS invites the public to join the upcoming eHealth Provider Webinars on the recently released EHR Incentive Programs' proposed rules. Details about each webinar are provided below.

May 5 EHR Incentive Programs Proposed Rules Overview Webinar
Date: Tuesday, May 5, 2015
Time: 11am – 12pm ET
Topics: CMS will provide a broad overview of both the Stage 3 and Modifications to Meaningful Use in 2015 through 2017 proposed rules and provide information about the comment submission process.
Register: To participate, visit the registration webpage.

May 7 Modifications to Meaningful Use in 2015-2017 Overview Webinar
Date: Thursday, May 7, 2015
Time: 1pm – 2pm ET
Topics: CMS will provide an overview of the Modifications to Meaningful Use in 2015 through 2017 proposed rule and provide information about the comment submission process.
Register: To participate, visit the registration webpage.

Space for these webinars is limited. Register now to secure your spot. Once your registration is complete, you will receive a follow-up email with step-by-step instructions on how to log-in to the webinar. The presentations and recordings will be available on the Events page of the CMS eHealth website.

Please note: There will be **no Q&A** portion to these webinars. CMS must protect the rulemaking process and comply with the Administrative Procedure Act. Participants are encouraged to submit comments through the formal process outlined in the Federal Register.

For More Information
For more information on the Stage 3 proposed rule, review press release and fact sheet. For information about the Modifications to Meaningful Use in 2015-2017 proposed rule, review the fact sheet.

News Updates

Now Available: Updated 2014 eCQMs for 2016 Reporting

On May 1, CMS posted the annual update for the 2014 electronic clinical quality measures (eCQMs) for eligible hospitals and eligible professionals. Providers will use these updated measures to electronically report 2016 quality data for CMS quality reporting programs, including the Physician Quality Reporting System (PQRS), Inpatient Quality Reporting Program (IQR), and the EHR Incentive Programs.

CMS updates the specifications annually to improve their alignment with current clinical guidelines and code systems so that they remain relevant and actionable within the clinical care setting.

Where to Find the Measures
The updated measure specifications are available on the CMS website and include:

- 29 updated measures for eligible hospitals
- 64 updated measures for eligible professionals

All of the 2015 updated measure specifications have been re-specified using QDM 4.1.2 based-HQMF version R 2.1.

How to Download the Measures

To view the Measures from the eCQM Library on CMS.gov, download he entire set of eligible hospital or eligible professional measures in their respective zip files using the links.

To obtain the value sets for the eCQMs, download packages in multiple file formats from the “Downloads” page at the Value Set Authority Center. The value sets are available as a complete set, as well as value sets per measure. A login with a Unified Medical Language System Metathesaurus License is required, which is also available through the VSAC website. The Data Element Catalog, an additional resource linked on the VSAC homepage, contains the complete list of 2014 eCQMs and value set names.

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For More Information
For more information on the Stage 3 proposed rule, review press release and fact sheet. For information about the Modifications to Meaningful Use in 2015-2017 proposed rule, review the fact sheet.

News Updates

CMS and ONC NPRMs Now Available for Comment; Stage 3 Comments Due by May 29

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- Stage 3 of Meaningful Use NPRM – Specifies the Stage 3 requirements for eligible professionals, eligible hospitals, and critical access hospitals in the EHR Incentive Programs
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For More Information
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News Updates

Join May 11 Webinar to Learn More about CMS and ONC Proposed Rules

CMS and ONC invite the public to join the next eHealth Provider Webinar on the recently released Stage 3 and 2015 Edition Health IT Certification Criteria proposed rules. Details about the webinar are provided below.

Title: Stage 3/2015 Edition Health IT Certification Criteria Proposed Rules Overview
Date: Monday, May 11, 2015
Time: 11am – 12pm ET
Topics: Subject matter experts from CMS and ONC will provide an overview of the CMS Stage 3 and ONC 2015 Edition Health IT Certification Criteria proposed rules. Information about the comment submission process will also be provided.
Register: To participate, visit the registration webpage.

Space for this webinar is limited. Register now to secure your spot. Once your registration is complete, you will receive a follow-up email with step-by-step instructions on how to log-in to the webinar.

This webinar presentation and recording will be available on the Events page of the CMS eHealth website.

Please note: There will be **no Q&A** portion to this webinar. CMS and ONC must protect the rulemaking process and comply with the Administrative Procedure Act. Participants are encouraged to submit comments through the formal process outlined in the Federal Register.

For More Information
For more information on the Stage 3 and 2015 Edition Health IT Certification Criteria proposed rules, review the press release and fact sheet.

News Updates

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Title: Stage 3/2015 Edition Health IT Certification Criteria Proposed Rules Overview
Date: Monday, May 11, 2015
Time: 11am – 12pm ET
Topics: Subject matter experts from CMS and ONC will provide an overview of the CMS Stage 3 and ONC 2015 Edition Health IT Certification Criteria proposed rules. Information about the comment submission process will also be provided.
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News Updates

CMS and ONC NPRMs Now Available for Comment; Stage 3 Comments Due by May 29

CMS and ONC invite the public to submit comments on the three recently released notices of proposed rulemaking (NPRMs).

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- Stage 3 of Meaningful Use NPRM – Specifies the Stage 3 requirements for eligible professionals, eligible hospitals, and critical access hospitals in the EHR Incentive Programs
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News Updates

You can now access all CMS program sessions from this year's HIMSS Conference in Chicago via the CMS eHealth Events website

Visit the CMS eHealth Events page to access all of CMS' HIMSS15 program sessions. An overview of each individual session can be found below.

Sunday, April 12

- **Opening Keynote: CMS on Federal Quality Reporting (Session QU1):** Dr. Kate Goodrich, Director of the Quality Measurement and Health Assessment Group, outlines 2015 clinical quality measurement and reporting requirements and how they align with quality performance and public reporting through CMS quality programs

Monday, April 13

- **CMS EHR Incentive Programs Overview (Session 10):** CMS provides an update on EHR Incentive Programs participation and gives an overview of the Modifications to Meaningful Use in 2015-2017 proposed rule.
- **CMS Meaningful Use Stage 3 Requirements (Session 40):** CMS presents an outline of the proposed Stage 3 requirements.

Tuesday, April 14

- **Keynote: The Intersection of Quality and Innovation at CMS (Session 67):** Dr. Patrick Conway, Chief Medical Officer, outlines how CMS envisions health IT as a key component of health care transformation.
- **CMS Quality Strategy (Session 86):** Dr. Kate Goodrich presents the overall quality strategy for CMS, and explains how it will be used to achieve the agency's vision.
- **CMS Quality Reporting Update (Session 116):** CMS discusses 2015 CQM reporting requirements and provides an overview of the PQRS, IQR, HVBP, and VBM quality reporting programs.

Wednesday, April 15

- **CMS Future Directions in Quality Measurement (Session 131):** Panelists discuss current challenges and the future of quality measurement and quality measure development.
- **CMS Meaningful Use Stage 3 and ONC 2015 Edition Certification Criteria Changes (Session 160):** CMS and ONC provide an overview of the Stage 3 and 2015 Edition Health IT Certification Criteria proposed rules.
- **Improving Health Care Delivery through Collaboration with Lean Tools (Session 176):** Industry experts outline how Lean tools have led to cost savings, increased collaboration, and provide high quality products.

Don't Forget to Comment on CMS' Proposed Rules
For more information on the Stage 3 proposed rule, review the press release and fact sheet. For information about the Modifications to Meaningful Use in 2015-2017 proposed rule, review the fact sheet.

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News Updates

Recordings and Presentations from May CMS eHealth Webinars on EHR Proposed Rules Now Posted

Visit the CMS eHealth Events page to access webinar presentations on the recently proposed rules for the EHR Incentive Programs. Details about each presentation can be found below.

May 5 EHR Incentive Programs Proposed Rules Overview Webinar
Date: Tuesday, May 5, 2015
CMS provided a broad overview of both the Stage 3 and Modifications to Meaningful Use in 2015 through 2017 proposed rules.

- PDF Presentation
- Webinar Recording (Recording ID: 39WPCQ; Key: eHealth)

May 7 Modifications to Meaningful Use in 2015-2017 Overview Webinar
Date: Thursday, May 7, 2015
CMS provided an overview of the Modifications to Meaningful Use in 2015-2017 proposed rule.

- PDF Presentation
- Webinar Recording (Recording ID: 8K2F25; Key: eHealth)

May 11 Stage 3/2015 Certification Criteria Proposed Rules Overview
Date: Monday, May 11, 2015
Subject matter experts from CMS and ONC provided an overview of the CMS Stage 3 and ONC 2015 Certification Criteria proposed rules.

- PDF Presentation
- Webinar Recording (Recording ID: 8BRPG4; Key: eHealth)

Don't Forget to Comment on CMS' Proposed Rules
For more information on the Stage 3 proposed rule, review the press release and fact sheet. For information about the Modifications to Meaningful Use in 2015-2017 proposed rule, review the fact sheet.

Comments for the Stage 3 proposed rule are due by May 29, 2015. Comments for the Modifications to Meaningful Use in 2015-2017 proposed rule are due by June 15, 2015.

How to Submit Comments
The public can submit comments in several ways, including via electronic submission or mail:

1. Electronically
    - You may submit electronic comments to http://www.regulations.gov.
2. By regular mail
3. By express or overnight mail
4. By hand or courier

News Updates

Join June 4 for CMS eHealth Webinar for eCQM 102 for Quality Reporting Programs - How to Implement Quality Measure Updates

Join CMS, ONC, and industry representatives on **Thursday, June 4, from 12pm – 1:30pm ET** for an eHealth webinar session entitled “Taking the Next Step with Electronic Quality Measures (eCQM 102) for Quality Reporting Programs - How to Implement Quality Measure Updates.”

This webinar will provide useful background information and context for those involved in the implementation of electronic clinical quality measures (eCQMs), including practice administrators, quality leadership, clinicians, physician assistants, information technology leadership and other professionals.

Participants will have an opportunity to get answers from CMS, ONC, and industry experts on questions related to eCQM updates and the resulting implementations.

Agenda
The webinar will include an outline of the eCQM annual updates and a discussion of the implementation process and associated workflow implications.

There will also be a live Q&A session where participants can ask eHealth experts their questions. Please email any questions you would like the presenters to

address during the webinar to Alyssa Crawford (acrawford@mathematica-mpr.com).

Registration
To register for this webinar, please register here. Registration is limited, but a recording and transcript of the webinar will available on the CMS eHealth website after the event.

Want more information about eCQMs?
More information about eCQMs is available on the eCQI Resource Center. Additionally, a recording of the introductory webinar, Getting Started with Electronic Quality Measures eCQM 101 for Quality Reporting Programs, is available on the CMS eHealth Events page.

News Updates

CMS and ONC NPRMs Now Available for Comment; Stage 3 Comments Due Today

CMS and ONC invite the public to submit comments on the three recently released notices of proposed rulemaking (NPRMs).

Due Today:

- Stage 3 of Meaningful Use NPRM – Specifies the Stage 3 requirements for eligible professionals, eligible hospitals, and critical access hospitals in the EHR Incentive Programs
- 2015 Edition of Certification Criteria NPRM – Updates EHR certification criteria and standards to help providers meet the proposed Stage 3 requirements for meaningful use

Due June 15:

- Modifications to Meaningful Use in 2015-2017 NPRM – Proposes revised requirements for eligible professionals, eligible hospitals, and critical access hospitals participating in the EHR Incentive Programs in the years 2015 through 2017

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2. By regular mail
3. By express or overnight mail
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For More Information
For more information on the Stage 3 and 2015 Edition certification criteria proposed rules, review the press release and fact sheet.

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The hardship exception applications and instructions for an individual and for multiple Medicare eligible professionals are available on the EHR Incentive Programs website, and outline the specific types of circumstances that CMS considers to be barriers to achieving meaningful use, and how to apply.

To file a hardship exception, you must:

- Show proof of a circumstance beyond your control.
- Explicitly outline how the circumstance significantly impaired your ability to meet meaningful use.

Supporting documentation must also be provided for certain hardship exception categories. CMS will review applications to determine whether or not a hardship exception should be granted.

You do not need to submit a hardship application if you:

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- Eligible professionals with certain PECOS specialties (05-Anesthesiology, 22-Pathology, 30-Diagnostic Radiology, 36-Nuclear Medicine, 94-Interventional Radiology)

CMS will use Medicare data to determine your eligibility to be automatically granted a hardship exception.

Apply by July 1
As a reminder, the application must be submitted electronically or postmarked no later than **11:59 p.m. ET on July 1, 2015** to be considered.

If approved, the exception is valid for the 2016 payment adjustment only. If you intend to claim a hardship exception for a subsequent payment adjustment year, a new application must be submitted for the appropriate year.

In addition, providers who are not considered eligible professionals under the Medicare program are not subject to payment adjustments and do not need to submit an application. Those types of providers include:

- Medicaid only
- No claims to Medicare
- Hospital-based

Want more information about the EHR Incentive Programs?
Visit the EHR Incentive Programs website for the latest news and updates on the programs.

News Updates

Modifications to Meaningful Use in 2015-2017 Proposed Rule Comments are Due June 15

Remember to submit your comments on the CMS Modifications to Meaningful Use in 2015-2017 Proposed Rule by **June 15**. Comments are due by 11:59pm ET if submitted electronically, or if submitted by mail, hand, or courier, due no later than 5:00pm ET.

The rule proposes revised requirements for eligible professionals, eligible hospitals, and critical access hospitals participating in the EHR Incentive Programs in the years 2015 through 2017.

How to Submit Comments
The public can submit comments in several ways, including via electronic submission or mail:

1. Electronically
    - You may submit electronic comments to regulations.gov.
2. By regular mail
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Additional Information

For information about the Modifications to Meaningful Use in 2015-2017 proposed rule, review the fact sheet and eHealth provider webinar presentation on the eHealth website.

News Updates

Corrections to the 2015 Update eCQM Measures for 2016 eReporting

CMS is updating select electronic clinical quality measures (eCQMs) that eligible professionals and eligible hospitals will electronically report in 2016. These versions of the measures were posted on CMS' website on May 1, 2015 for the annual update of the 2014 measure set. Errors have been found in the XML renderings of 12 eligible professional eCQMs and 4 eligible hospital eCQMs. **Corrections for these measures should affect only those who are electronically consuming the Healthcare Quality Measures Format (HQMF).**

The measures that are affected in this update are listed below.

Eligible Professionals:

- CMS128v4, Anti-depressant Medication Management
- CMS136v5, ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- CMS137v4, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- CMS145v4, Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

- CMS155v4, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- CMS156v4, Use of High-Risk Medications in the Elderly
- CMS160v4, Depression Utilization of the PHQ-9 Tool
- CMS182v5, Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
- CMS52v4, HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
- CMS61v5, Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed
- CMS64v5, Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)
- CMS69v4, Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Eligible Professionals:

- CMS9v4, Exclusive Breast Milk Feeding
- CMS171v5, Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
- CMS172v5, Prophylactic Antibiotic Selection for Surgical Patients
- CMS188v5, Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients

For More Information

CMS is currently working on these corrections and will be re-posting these measures on the eCQM Library Page on CMS.gov on or before July 1, 2015

News Updates

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The public can submit comments in several ways, including via electronic submission or mail:

1. Electronically
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rule, review the fact sheet and eHealth provider webinar presentation on the eHealth website.

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For More Information

CMS has posted the revised measures, technical release notes, and measure logic document on the eCQI Resource Center and the eCQM Library.

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Please note: The application includes specific instructions for documentation requirements for each category, please check the instructions and form carefully for the documentation for the category for which you are applying. While supporting documentation must be provided for certain hardship exception categories, CMS

does not require additional documentation for 2014 Edition certified EHR technology issues. You should, however, retain documentation for your own records. CMS will independently review each application and any supporting documentation.

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News Updates

Discontinuation of NIST EHR-Randomizer Application; Effective July 1

To keep you updated with information on the Medicare and Medicaid EHR Incentive Programs, CMS has recently updated an FAQ about the Stage 2 Summary of Care objective. We encourage you to stay informed by taking a few minutes to review the new information below.

Question: When reporting on the Summary of Care objective in the Medicare and Medicaid Electronic Health Records (EHR) Incentive Program, how can eligible professionals and eligible hospitals meet measure 3 if they are unable to complete a test with the CMS designated test EHR (Randomizer)?

Answer: CMS is aware of difficulties related to systems issues that eligible professionals, eligible hospitals, and critical access hospitals (CAHs) are having in use of the CMS Designated Test EHRs (NIST EHR-Randomizer Application) to meet measure 3 of the Stage 2 Summary of Care objective, therefore, we will be discontinuing this option effective July 1, 2015.

Providers may still meet the Stage 2 Summary of Care objective measure #3 by using one of the following actions:

1. Exchange a summary of care with a provider or third party who has a different CEHRT as the sending provider as part of the 10% threshold for measure #2 (allowing the provider to meet the criteria for measure #3 without the CMS Designated Test EHR). This exchange may be conducted outside of the EHR reporting period timeframe, but must take place no earlier than the start of the year and no later than the end of the EHR reporting year or the attestation date, whichever occurs first.
2. If providers do not exchange summary of care documents with recipients using a different CEHRT in common practice, they may retain documentation on their circumstances and attest “Yes” to meeting measure #3 if they have and are using a certified EHR which meets the standards required to send a CCDA (§ 170.202).

For more information visit the Frequently Asked Questions page on the CMS Website.

News Updates

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News Updates

New FAQ related to reporting CQMs with a zero numerator and/or denominator

To keep you updated and in response to requests for verification of CMS policy on the Medicare and Medicaid EHR Incentive Programs, CMS recently added an FAQ related to an existing policy for reporting CQMs with a zero numerator and/or denominator. We encourage you to stay informed by taking a few minutes to review the new information below.

Question: For the Medicare EHR Incentive Program, can I report a CQM with a zero result in the numerator and/or denominator?

Answer: While we strongly encourage providers to report CQMs which are relevant to their patient population, zero is an acceptable result provided that this value was produced by certified EHR technology.

Additional Information
Please note that this FAQ relates to submission for the EHR Incentive Programs only. Reporting for credit in PQRS, IQR or another CMS quality reporting program may include additional requirements. To learn more, please visit the CMS Website.

For more information visit the Frequently Asked Questions page on the CMS website.

Visit the CMS EHR Incentive Programs website

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News Updates

Join July 23 Webinar to Learn More about Reporting as a Group Practice using EHR-based Reporting for PQRS

Join CMS experts for a **July 23** eHealth webinar for guidance on participation in the 2015 PQRS program through the group practice reporting option (GPRO) via an EHR-based reporting mechanism.

The webinar is intended for entities who plan to support group practice reporting for 2015 PQRS and for PQRS group practices who registered to submit data through an EHR-based reporting mechanism with certified EHR technology. Details about the webinar are provided below.

Title: 2015 Physician Quality Reporting System (PQRS) Support Webinar: PQRS Group Practices using Electronic Health Record (EHR)-based Reporting
Date: Thursday, July 23, 2015
Time: 11am – 12pm ET
Register: To participate, visit the registration webpage.

Agenda
The following items will be discussed during this support call:

- Background of the PQRS GPRO
- Electronic Reporting Overview

- Information for EHR Vendors
- Information for PQRS Group Practices
- Resources and Where to Call for Help

This webinar will also include a Question & Answer session.

For more information
This webinar presentation and recording will be available on the Events page of the CMS eHealth website.

News Updates

Use the National Broadband Map to Determine Broadband Speed in Your Area

The National Broadband Map (NBM) is a searchable and interactive tool that allows users to view broadband availability across every neighborhood in the United States.

The NBM is particularly helpful for providers in the EHR Incentive Programs that need to determine their broadband download speed for exclusion criteria. Providers can use the NBM to search, analyze, and map broadband availability in their area to determine if these exclusions apply.

How to use the NBM for the EHR Incentive Programs

1. Using the Summarize tool, select “County” as your geography, choose your corresponding state, and type in the name of your county. Then click the “Summarize” button.
2. The summarize results page will display full details of broadband availability for your county.
3. Scroll down to the section titled **“Broadband Speed Test (Mbps)”** and click the darker gold bar by the **“Home”** location for the median broadband

speed for housing units in your area (must be below 3Mbps for EHR broadband exclusions to apply).

4. Scroll back to the top of the results page to print or export the broadband data and save it for your records.

Note: Be sure you review the download speed, **not** the upload speed.

If you have any questions about how to use the data or to tell the National Telecommunications and Information Administration (NTIA) how you are using it, send an email to SBDD@ntia.doc.gov and visit the NTIA website for more information.

For more information about the EHR Incentive Programs, visit the EHR Incentive Programs website.

News Updates

Medicare EHR Incentive Program 2016 Payment Adjustment Fact Sheet for Hospitals Now Available

CMS has posted a new Medicare EHR Incentive Program fact sheet on the 2016 payment adjustments for Medicare eligible hospitals.

Visit the Payment Adjustments & Hardship Exceptions page on the CMS EHR Incentive Programs website to review the fact sheet and additional information about how Medicare eligible hospitals could be affected by payment adjustments and how to avoid them.

2016 Payment Adjustments for Medicare Eligible Hospitals
Medicare eligible hospitals that are not meaningful EHR users will be subject to a payment adjustment beginning on October 1, 2015. This payment adjustment is applied as a reduction to the applicable percentage increase to the Inpatient Prospective Payment System (IPPS) payment rate, thus reducing the update to the IPPS standardized amount for these hospitals.

Eligible hospitals receive the Medicare payment adjustment amount that is tied to a specific fiscal year. An eligible hospital that did not successfully demonstrate meaningful use for an applicable EHR reporting period in 2014 will receive a reduction to the IPPS applicable percentage increase in fiscal year 2016.

2016 Reconsiderations
For the eligible hospitals who received a Medicare payment adjustment letter for 2016, the application submission period for reconsiderations is October 1, 2015 - November 30, 2015. The application will be posted on October 1, 2015.

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News Updates

Visit New Webpage for Past Program Requirements and Resources

CMS has created a new webpage on the EHR Incentive Programs website that contains all the program requirements and resources for previous years of the EHR Incentive Programs. The webpage includes information on:

- 2014 Definition of Stage 2
- 2014 Definition of Stage 1
- 2014 Certified EHR Technology flexibility reporting
- 2014 Clinical Quality Measures (CQMs) reporting
- 2013 Definition of Stage 1
- 2013 CQM reporting
- 2011 and 2012 Definition of Stage 1

Please note: The corresponding pages for the programs above have been removed from the site; all respective resources can be found on the new webpage. The webpage also has FAQs and additional guidance for previous years of the EHR Incentive Programs.

Coming Soon
CMS will make further updates to the EHR Incentive Programs website to include new information and resources on the latest requirements for the EHR Incentive

Programs, including information on program participation in 2015. Stay tuned for additional announcements on website changes.

News Updates

FAQs with Guidance on Switching EHR Vendors Now Available on CMS Website

To keep you updated with information on the Medicare and Medicaid EHR Incentive Programs, CMS has recently added two new FAQs providing information on how to continue participation in the EHR Incentive Programs or apply for a hardship exception after switching vendors. We encourage you to stay informed by taking a few minutes to review the new information below.

Question: Can providers that have switched Certified Electronic Health Record (EHR) Technology vendors apply for a hardship exception to avoid the Medicare payment adjustment?

Answer: Yes, if a provider switches EHR vendors during the Program Year and is unable to demonstrate meaningful use, the provider may apply for an Extreme and/or Uncontrollable Circumstances hardship exception and if approved may be exempt from the payment adjustment.

For example, if an eligible professional (EP) switches EHR vendors in 2015 and is unable to demonstrate meaningful use in 2015, the EP can apply for an EHR Vendor Issue hardship, before the July 1, 2016 submission deadline, and be exempt from the payment adjustment in 2017.

Question: **What if your product is decertified?**

Answer: If your product is decertified, you can still use that product to attest if your EHR reporting period ended before the decertification occurred. If your EHR reporting period ended after the decertification occurred, you can apply for a hardship exception. If the decertification occurs after the hardship exception period has already closed for the payment adjustment year which would be applicable for your reporting period, please contact CMS Hardship Coordinator at EHRinquiries@cms.hhs.gov to apply for a hardship exception under the Extreme and/or Uncontrollable Circumstances category per CMS discretion to allow such an application.

Also, if you are a first time participant at a group practice which is switching products and the product is decertified after the hardship deadline, contact CMS at EHRinquiries@cms.hhs.gov.

For More Information
For more about the EHR Incentive Programs, visit the CMS EHR website.

News Updates

Visit the CMS Website to Review Updated FAQs on Participation in EHR Incentive Programs

To keep you informed of the latest information on the Medicare and Medicaid EHR Incentive Programs, CMS has recently updated three FAQs providing clarification on how to attest to certain objectives and measures.

(FAQ 9690) Question: When reporting on the Summary of Care objective in the EHR Incentive Program, which transitions would count toward the numerator of the measures?

Answer: A transition of care is defined as the movement of a patient from one setting of care (hospital, ambulatory, primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. To count toward the Summary of Care objective for providers sharing access to an EHR, the transition or referral may take place between providers with different billing identities such as a different National Provider Identifier (NPI) or hospital CMS Certification Number (CCN) … ***Read the full FAQ***

(FAQ 11984) Question: If an eligible professional (EP) in the EHR Incentive Programs is part of a group practice that has achieved ongoing submission to a public health agency (PHA), but the EP himself/herself did not administer any

immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry during their EHR reporting period, can he/she attest to meeting the measure since they are part of the group practice that is submitting data to the registry?

Answer: If a provider does not administer immunizations, they should not attest to the measure; they must claim the exclusion. If a provider does administer immunizations, but did not have any for a particular EHR reporting period, they are not required to claim the exclusion as long as they have done any necessary registration and testing and are reporting when they do have the data to report.

(FAQ 8231) Question: While the denominator for measures used to calculate meaningful use in the EHR Incentive Programs is restricted to patients seen during the EHR reporting period, is the numerator also restricted to activity during the EHR reporting period or can actions for certain meaningful use measures be counted in the numerator if they took place after the EHR reporting period has ended?

Answer: The criteria for a numerator is not constrained to the EHR reporting period unless expressly stated in the numerator statement for a given meaningful use measure. The numerator for the following meaningful use measures should include only actions that take place within the EHR reporting period: Preventive Care (Patient Reminders) and Secure Electronic Messaging.

For all other meaningful use measures, the actions may reasonably fall outside the EHR reporting period timeframe but must take place no earlier than the start of the reporting year and no later than the date of attestation in order for the patients to be counted in the numerator, unless a longer look-back period is specifically indicated for the objective or measure.***This FAQ relates to prior program years and has been archived as of April 10, 2015.***

Additional Information

CMS has also removed several outdated FAQs. Visit the CMS website to review the FAQs. And for more information about the EHR Incentive Programs, visit the CMS EHR website.

Visit the **CMS EHR Incentive Programs** website

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News Updates

Join CMS for National Health IT Week: October 5-9, 2015

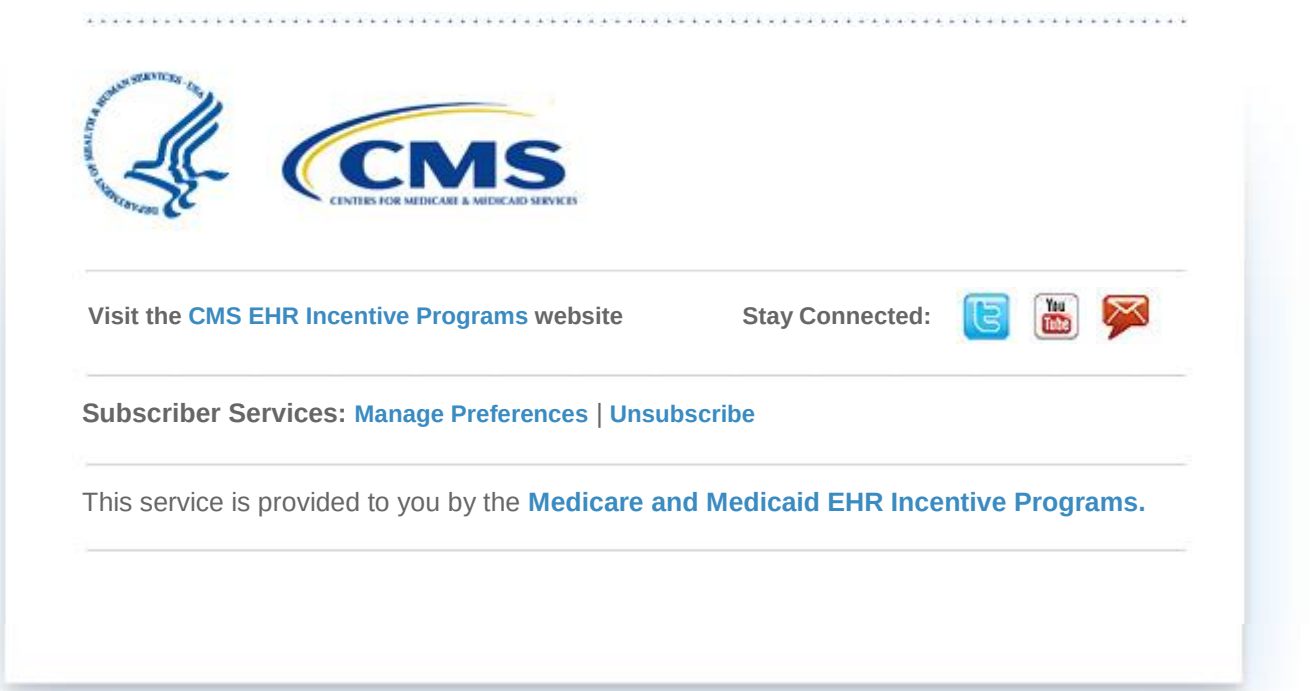
National Health IT Week kicks off on Monday, October 5! CMS will share guidance throughout the week to help providers and industry members successfully participate in ongoing CMS health IT initiatives.

CMS will include information about topics, including:

- Quality reporting
- Request for Information (RFI) related to new provisions in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA):
    - Merit-based Incentive Payment System (MIPS)
    - Alternative Payment Models (APMs)
    - Physician-Focused Payment Models (PFPMs)
- Medicare EHR Incentive Program payment adjustments

Stay tuned all week for the latest on CMS news, updates, and National Health IT week activities.

Join the Twitter Conversation
Follow @CMSGov on Twitter and join the conversation using the hashtag #NHITweek.



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News Updates

Learn about CMS Clinical Quality Reporting and New MACRA Request for Information

National Health IT Week is October 5-9, 2015. CMS is sharing guidance throughout the week to help providers and industry members successfully participate in ongoing CMS health IT initiatives. Stay tuned all week for the latest news and updates from CMS.

CMS uses quality measures in various initiatives, like the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, to help ensure our health care system is delivering effective, safe, efficient and timely care.

Clinical Quality Measures
Clinical quality measures, or CQMs, are tools that help measure and track the quality of health care services provided by health care providers and hospitals. These measures use data associated with providers' ability to deliver high-quality care or relate to long term goals for quality health care. CQMs measure many aspects of patient care including health outcomes, patient safety, clinical processes, and care coordination.

To participate in the CMS EHR Incentive Programs, eligible professionals, eligible hospitals, and critical access hospitals are required to submit CQM data from certified EHR technology. Electronic specifications are developed for each CQM to

allow providers to report CQMs from their EHR system. Each year, CMS makes updates to the electronic specifications of CQMs approved for submission in CMS programs.

Providers can access this information on the CMS EHR Incentive Programs website to electronically report on CQMs in 2016.

Request for Information on New Provisions for MACRA
CMS recently released a Request for Information (RFI) for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

This RFI seeks public comment by October 30 on Section 101 of MACRA, which:

- Repeals the Medicare Sustainable Growth Rate (SGR) methodology for updates to the physician fee schedule (PFS) and implements scheduled PFS updates.
- Adds the new Merit-based Incentive Payment System (MIPS) for eligible professionals, sunsets payment adjustments under the current initiatives for the Physician Quality Reporting System (PQRS), Value-Based Payment Modifier (VM), and the Medicare EHR Incentive Program, and consolidates aspects of those programs into the new MIPS.
- Promotes the development of Alternative Payment Models (APMs) by providing incentive payments for certain EPs who participate in APMs and by encouraging the creation of additional Physician-Focused Payment Models (PFPMs).

The RFI and instructions about how to comment are available on the Federal Register. The complete Medicare Access and CHIP Reauthorization Act of 2015 can be viewed at https://www.congress.gov/bill/114th-congress/house-bill/2/text.

News Updates

Learn about New Requirements for Participation in EHR Incentive Programs

The Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) recently announced the release of final rules for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs and the 2015 Edition Health IT Certification Criteria. The rules will be published on October 16, 2015, and are currently on display in the Federal Register.

The EHR Incentive Programs final rule provides new criteria that eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must meet in order to successfully participate in the EHR Incentive Programs. The final rule outlines program requirements in 2015 through 2017 (Modified Stage 2) and Stage 3 in 2018 and beyond, and includes a comment period for Stage 3.

The 2015 Edition Health IT Certification Criteria final rule builds on past editions of adopted health IT certification criteria, and includes new and updated IT functionality and provisions that support the EHR Incentive Programs' care improvement, cost reduction, and patient safety across the health system.

EHR Incentive Programs Final Rule Provisions
Through the new requirements of the EHR Incentive Programs, CMS will expand

meaningful use of certified EHR technology to promote health information exchange and improved outcomes. The rule also includes changes to the structure of the EHR Incentive Programs to improve efficiency, effectiveness, and flexibility.

Major policy provisions include:

- Program modifications to reduce reporting burden, eliminate redundant and duplicative reporting, and to better align the objectives and measures of meaningful use with the Stage 3 requirements.
- A revised single set of objectives and measures, including a reduction of the overall number of objectives to which a provider must attest.
- Changes in EHR reporting periods, including a shift to calendar year for all providers and 90-day reporting for 2015.
- Revisions to attestation and payment adjustment deadlines.
- Optional Stage 3 reporting in 2017.

For more information about the EHR Incentive Programs final rule, view the Final Rule Fact Sheet that highlights key changes to the EHR Incentive Programs.

To learn more about the ONC 2015 Edition Health IT Certification Criteria final rule, visit: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-10-06.html

Want more information about the EHR Incentive Programs?
Make sure to visit the EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

News Updates

Join Tomorrow's Webinar about the CMS EHR Incentive Programs Final Rule

National Health IT Week is October 5-9, 2015. CMS is sharing guidance throughout the week to help providers and industry members successfully participate in ongoing CMS health IT initiatives. Stay tuned all week for the latest news and updates from CMS.

CMS invites you to join a webinar titled, "EHR Incentive Programs Final Rule Overview & What You Need to Know for 2015," to learn more about the recently released Medicare and Medicaid EHR Incentive Programs Final Rule with a comment period for Stage 3. The presentation will be held during National Health IT Week on **Thursday, October 8, from 12:00 to 1:00 PM ET**.

What You Will Learn
The webinar will cover the following topics:

- Overview of the EHR Incentive Programs Final Rule
- Requirements for the EHR Incentive Programs in 2015 through 2017 (Modified Stage 2)
- Stage 3 requirements for 2018 and Beyond
- What You Need to Know to Participate in 2015

- New CMS Resources

How to Register
Space is limited. Register now to secure your spot for this webinar. If you are unable to join, a copy of the presentation will be posted on the CMS Events page of the eHealth website following the event.

For More Information
More information about new requirements for participation in the EHR Incentive Programs is available on the 2015 Program Requirements webpage of the CMS EHR Website.

News Updates

How to Participate in the EHR Incentive Programs in 2015: What You Need to Know Now

National Health IT Week is October 5-9, 2015. CMS is sharing guidance throughout the week to help providers and industry members successfully participate in ongoing CMS health IT initiatives. Stay tuned all week for the latest news and updates from CMS.

CMS recently published a final rule that specifies criteria that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet in order to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.

EHR Incentive Programs Final Rule Provisions
The new requirements of the EHR Incentive Programs expand meaningful use of certified EHR technology to promote health information exchange and improved patient outcomes. The rule also includes changes to the structure of the EHR Incentive Programs to improve efficiency, effectiveness, and flexibility.

Major provisions in the EHR Incentive Programs for 2015 include:

- A revised single set of objectives and measures, including a reduction in the overall number of objectives to which a provider must attest.

- Alternate exclusions and specifications for providers previously scheduled to be in Stage 1 of meaningful use.
- A shift to calendar year reporting and a 90-day EHR reporting period for all providers.
- Attesting to objectives and measures using EHR technology certified to the 2014 Edition.
- Revisions to attestation and payment adjustment deadlines.

Register for Today's Webinar
CMS is hosting a webinar about the EHR Incentive Programs final rule **today from 12:00 to 1:00 PM ET.** Due to high demand, CMS has added this additional line for today's webinar. Register now to secure your spot.

Want More Information about the EHR Incentive Programs?
For more information about the EHR Incentive Programs final rule, view the "What You Need to Know for 2015" tipsheets for Eligible Professionals and Eligible Hospitals/CAHs, which highlight key changes to the EHR Incentive Programs for this year.

Make sure to visit the EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

News Updates

Learn More about Medicare EHR Incentive Program Payment Adjustments, Hardship Exceptions, and Reconsiderations

National Health IT Week is October 5-9, 2015. CMS is sharing guidance throughout the week to help providers and industry members successfully participate in ongoing CMS health IT initiatives. Stay tuned all week for the latest news and updates from CMS.

In the American Recovery and Reinvestment Act of 2009 (ARRA), Congress mandated that payment adjustments be applied to Medicare eligible professionals, eligible hospitals, and critical access hospitals (CAHs) that are not meaningful users of certified EHR Technology under the Medicare EHR Incentive Program.

Providers eligible to participate in the Medicare EHR Incentive Program must demonstrate meaningful use in either the Medicare EHR Incentive Program or in the Medicaid EHR Incentive Program (or be granted a hardship exception) to avoid a payment adjustment.

Medicare hospitals began to receive payment adjustments on October 1, 2014, and Medicare eligible professionals began to receive payment adjustments on January 1, 2015.

Note: Medicaid providers who are only eligible to participate in the Medicaid EHR Incentive Program are not subject to these payment adjustments.

2016 Payment Adjustments
Providers receive the Medicare payment adjustment amount that is tied to a specific calendar/fiscal year. An eligible professional or eligible hospital that did not successfully demonstrate meaningful use for an applicable EHR reporting period in 2014 will receive a payment adjustment in calendar/fiscal year 2016.

Though the deadlines for 2016 hardship exception applications have passed, more information about the 2017 applications for avoiding the 2017 payment adjustment will be available in early 2016.

2016 Reconsiderations
For the eligible hospitals that received a Medicare payment adjustment letter for 2016, the application submission period for reconsiderations is **October 1, 2015 - November 30, 2015**. The application is now available.

For eligible professionals, the submission period for 2016 reconsiderations will be January 1, 2016 – February 29, 2016. An announcement will be made when the application is available.

Resources
To learn more, visit the Payment Adjustments & Hardship Exceptions page on the CMS EHR Incentive Programs website. A fact sheet on the 2016 payment adjustments for Medicare eligible hospitals is also available.

News Updates

EHR Incentive Programs Final Rule Presentation on CMS Website

CMS has added the presentation and recording from last week's webinar titled, "EHR Incentive Programs Final Rule Overview and What You Need to Know for 2015," to the 2015 Program Requirements and eHealth events webpages.

The October 8 presentation covered the following topics:

- Overview of the EHR Incentive Programs Final Rule
- Requirements for the EHR Incentive Programs in 2015 through 2017 (Modified Stage 2)
- Stage 3 Requirements for 2018 and Beyond
- What You Need to Know to Participate in 2015
- New CMS Resources

Want to Learn More?
For those who were unable to attend, you can view the recorded webinar online. In addition, CMS plans to host more webinars on the recently released final rule in the future. Stay tuned for more information.

For More Information
More information and resources about new requirements for participation in the

EHR Incentive Programs is available on the 2015 Program Requirements webpage of the CMS EHR Website.

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News Updates

Visit the CMS Website to Review the New Public Health Reporting FAQ

On October 6, CMS released the final rule for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. To support provider participation in 2015, CMS has also released FAQ #12985 in response to inquiries about the public health reporting objective in 2015.

In the FAQ, CMS clarifies that alternate exclusions to the measures in the public health reporting objective are available for providers in 2015 based on the changes to the public health reporting objective. Providers for whom the alternate exclusion is applicable will be presented that option in the attestation system.

Question: For 2015, how should a provider report on the public health reporting objective if they had not planned to attest to certain public health measures? Is there an alternate exclusion available to accommodate the changes to how the measures are counted?

Answer: We do not intend to inadvertently penalize providers for their inability to meet measures that were not required under the previous stages of meaningful use. Nor did we intend to require providers to engage in new activities during 2015,

which may not be feasible after the publication of the final rule in order to successfully demonstrate meaningful use in 2015.

In the final rule at 80 FR 62788, we discuss our final policy to allow for alternate exclusions and specifications for certain objectives and measures where there is not a Stage 1 measure equivalent to the Modified Stage 2 (2015 through 2017) measure or where a menu measure is now a requirement. This includes the public health reporting objective as follows.

First, EPs scheduled to be in Stage 1 may attest to only 1 public health measure instead of 2 and eligible hospitals or CAHs may attest to only 2 public health measures instead of 3.

Second, we will allow providers to claim an alternate exclusion for a measure if they did not intend to attest to the equivalent prior menu objective consistent with our policy for other objectives and measures as described at 80 FR 62788.

CMS will allow Alternate Exclusions for the Public Health Reporting Objective in 2015 as follows:

EPs scheduled to be in Stage 1: Must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3

- May claim an Alternate Exclusion for Measure 1, Measure 2 or Measure 3.
- An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).

EPs scheduled to be in Stage 2: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3

- May claim an Alternate Exclusion for Measure 2 or Measure 3 (Syndromic Surveillance Measure or Specialized Registry Reporting Measure).

Eligible hospitals/CAHs scheduled to be in Stage 1: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-4

- May claim an Alternate Exclusion for Measure 1, Measure 2, Measure 3 or Measure 4.
- An Alternate Exclusion may only be claimed for up to three measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(ii)(C).

Eligible hospitals/CAHs scheduled to be in Stage 2: Must attest to at least 3 measures from the Public Health Reporting Objective Measures 1-4

- May claim an Alternate Exclusion for Measure 3 (Specialized Registry Reporting Measure).

For More Information
Visit the FAQ page on the CMS website to review the full list of FAQs.

News Updates

Submit Comments on Stage 3 Provisions in the EHR Incentive Programs Final Rule by December 15, 2015

CMS has published the final rule with comment period for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs, which provides new criteria that eligible professionals, eligible hospitals, and critical access hospitals (CAHs) must meet in order to successfully participate in the EHR Incentive Programs in 2015 through 2017 and Stage 3 in 2018 and beyond.

To facilitate additional feedback about Stage 3, CMS announced a 60-day public comment period for certain Stage 3 provisions. CMS is particularly interested in feedback on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which established the Merit-based Incentive Payment System (MIPS) and consolidates certain aspects of a number of quality measurement and federal incentive programs into one more efficient framework. CMS will use this feedback to inform future policy developments for the EHR Incentive Programs, as well as consider it during rulemaking to implement MACRA.

Stage 3 provisions eligible for comment include:

- II.B.1.b.(3).(iii) - EHR Reporting Period in 2017 and Subsequent Years;
- II.B.1.b.(4).(a) - Considerations in Review and Analysis of the Objectives and Measures for Meaningful Use;

- II.B.2.b - Objectives and Measures for Stage 3 of the EHR Incentive Programs;
- II.D.1.e - Methods for Demonstration of the Stage 3 Criteria of Meaningful Use for 2017 and Subsequent Years;
- II.G.2 - EHR Reporting Period and EHR Reporting Period for a Payment Adjustment Year for First Time Meaningful EHR Users in Medicaid;
- Paragraphs (1)(ii)(C)(3), (1)(iii), (2)(ii)(C)(3) and 2(iii) of the definition of an EHR reporting period in section 495.4; and
- Paragraphs (2)(ii)(C)(2) and (2)(iii) of the definition of an EHR reporting period for a payment adjustment year in section 495.4.

Submit a Formal Comment by December 15
CMS encourages the public to submit comments on the Stage 3 provisions by **December 15, 2015**. Comments can be submitted in several ways, including:

1. Electronically
    - Submit electronic comments via regulations.gov.
2. By regular mail
3. By express or overnight mail
4. By hand or courier

For more information about the EHR Incentive Programs, visit the CMS website.

News Updates

Visit the CMS Website to Review New FAQs on Participation in EHR Incentive Programs

On October 6, the Centers for Medicare & Medicaid Services (CMS) released the final rule with comment for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. To keep you informed of changes to the programs and how to participate in 2015, CMS has also released three new FAQs providing clarification on how to attest to certain measures for health information exchange, patient electronic access, and other objectives that require patient action.

FAQ 12817

Question: For the Health Information Exchange objective for meaningful use in 2015 through 2017, may an eligible professional (EP), eligible hospital or critical access hospital (CAH) count a transition of care or referral in its numerator for the measure if they electronically create and send a summary of care document using their CEHRT to a third party organization that plays a role in determining the next provider of care and ultimately delivers the summary of care document?

Answer: Yes. An EP, eligible hospital or CAH may count transmissions in this measure's numerator when a third party organization is involved so long as:

- The summary of care document is created using certified EHR technology (CEHRT);
- The summary of care document is transmitted electronically by the EP, eligible hospital or CAH to the third party organization…*Read the full FAQ*

FAQ 12821

Question: If multiple eligible professionals or eligible hospitals contribute information to a shared portal or to a patient's online personal health record (PHR), how is it counted for meaningful use when the patient accesses the information on the portal or PHR?

This answer is relevant to the following meaningful use objectives: Patient Specific Education and Patient Electronic Access measure 2.

Answer: If an eligible professional sees a patient during the EHR reporting period, the eligible professional may count the patient in the numerator for this measure if the patient (or an authorized representative) views online, downloads, or transmits to a third party any of the health information from the shared portal or online PHR. The same would apply for an eligible hospital or CAH if a patient is discharged during the EHR reporting period. If patient-specific education resources are provided electronically, it may be counted in the numerator for any provider within the group sharing the CEHRT who has contributed information to the patient's record if that provider has the patient in their denominator for the EHR reporting period. The respective eligible professional, eligible hospital, or CAH must have contributed at least some of the information identified in the Medicare and Medicaid Programs; Electronic Health Record Incentive Program - Stage 3 and Modifications to Meaningful Use in 2015 Through 2017 final rule (80 FR 62807 through 62809) to the shared portal or online PHR for the patient. However, the respective provider need not have contributed the particular information that was viewed, downloaded, or transmitted by the patient. ... *Read the full FAQ.*

FAQ 12825

Question: In calculating the meaningful use objectives requiring patient action, if a patient sends a message or accesses his/her health information made available by their eligible professional (EP), can the other EPs in the practice get credit for the patient's action in meeting the objectives?

Answer: Yes. This transitive effect applies to the Secure Electronic Messaging objective, the 2nd measure of the Patient Electronic Access (View, Download and Transmit) objective, and the Patient Specific Education objective.

If a patient sends a secure message about a clinical or health related subject to the group practice of their EP, that patient can be counted in the numerator of the

Secure Electronic Messaging measure for any of the EPs at the group practice who use the same certified electronic health records technology (CEHRT) that saw and patient during their EHR reporting period.

Similarly, if a patient views, downloads or transmits to a third party the health information that was made available online by their EP, that patient can be counted in the numerator of the 2nd Patient Electronic Access measure for any of the EPs in that group practice who use the same CEHRT and saw that patient during their EHR reporting period.

If patient-specific education resources are provided electronically, it may be counted in the numerator for any provider within the group sharing the CEHRT who has contributed information to the patient's record if that provider has the patient in their denominator for the EHR reporting period. …*Read the full FAQ.*

For more information on accurately calculating the numerator for measures, please visit FAQ 8231.

To read the full FAQs visit the FAQ page of the CMS Website.

News Updates

Visit the CMS Website to Review the New Public Health Reporting FAQs

On October 6, CMS released the final rule for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. To support provider participation in 2015, CMS has released two additional FAQs in response to inquiries about the public health reporting objective in 2015.

FAQ 13409

Question: For 2015, how should a provider report on the public health reporting objective if they had planned to be in Stage 1 meaningful use which required sending a test message and continued submission if successful, but did not require registration of intent?

Answer: We did not intend to require providers to engage in new activities during 2015, which may not be feasible after the publication of the final rule in order to successfully demonstrate meaningful use in 2015. Since providers in Stage 1 in 2015 were not previously required to submit a registration of intent to submit data to meet Objective 10 measures, providers may meet the measures by having sent a test message or by being in production. Providers who have sent a test message can be considered to have met Option 2 of Active Engagement - Test and

Validation; providers who are in production can be considered to have met Option 3 of Active Engagement - Production.

FAQ 13413

Question: Does integration of the PDMP (Prescription Drug Monitoring Program) into an EHR count as a specialized registry?

Answer: If the PDMP within a jurisdiction has declared itself a specialized registry ready to accept data, then the integration with a PDMP can count towards a specialized registry. The EHR must be CEHRT, but there are no standards for the exchange of data.

For More Information

Visit the FAQ page of the CMS Website to review the full list of FAQs.

Remember to Comment on Stage 3 Final Rule

CMS invites the public to submit comments on certain provisions of the Medicare and Medicaid EHR Incentive Programs Stage 3 final rule. Submit comments electronically at https://www.regulations.gov by **Tuesday, December 15, 2015 at 11:59 pm EST**. Comments submitted by **regular, express, overnight mail, or courier are due no later than 5:00 pm EST on December 15**.

News Updates

Submit Applications for Payment Adjustment Reconsiderations by November 30

In the American Recovery and Reinvestment Act of 2009 (ARRA), Congress mandated that payment adjustments should be applied to Medicare eligible professionals, eligible hospitals, and critical access hospitals (CAH) that are not meaningful users of Certified Electronic Health Record (EHR) Technology under the Medicare EHR Incentive Program. Payment adjustments for eligible hospitals began on October 1, 2014.

2016 Payment Adjustments for Medicare Eligible Hospitals
Eligible hospitals receive the Medicare payment adjustment amount that is tied to a specific fiscal year. For fiscal year 2016, Medicare eligible hospitals that were not meaningful EHR users in 2014, and were not granted a hardship exception, were subject to a payment adjustment beginning October 1, 2015. This payment adjustment is applied as a reduction to the applicable percentage increase to the Inpatient Prospective Payment System (IPPS) payment rate, thus reducing the update to the IPPS standardized amount for these hospitals.

2016 Reconsiderations Application Due November 30
For eligible hospitals who received a Medicare payment adjustment letter for 2016, and believe their hospital was subject to a payment adjustment in error,

applications for payment adjustment reconsideration for fiscal year 2016 must be submitted electronically or postmarked by **11:59 PM EST** on **November 30**.

The instructions and application for a payment adjustment reconsideration are available on the Payment Adjustments & Hardship Information page of the CMS website.

Remember to Comment on Stage 3 Final Rule
CMS invites the public to submit comments on certain provisions of the Medicare and Medicaid EHR Incentive Programs Stage 3 final rule. Submit comments electronically at https://www.regulations.gov by **Tuesday, December 15, 2015 at 11:59 PM EST**. Comments submitted **by regular, express, overnight mail, or courier are due no later than 5:00 PM EST on December 15**.

News Updates

Deadline Extended for Participation in the Hospital IQR and Medicare EHR Incentive Programs

The Centers for Medicare and Medicaid Services (CMS) has extended the deadline to submit electronic clinical quality measure (eCQM) data for eligible hospitals participating in the Hospital Inpatient Quality Reporting (IQR) or Medicare Electronic Health Record (EHR) Incentive Programs. Hospitals now have until **Thursday, December 31, 2015 at 11:59 PM PT** to submit eCQM data using the QualityNet Secure Portal.

This extension only applies to the eCQM voluntary submission option for the IQR Program and the e-Reporting option of clinical quality measure data for the Medicare EHR Incentive Program. Given this extension, there will no longer be additional QualityNet Help Desk or PDM support during November 28-30, 2015, beyond normal levels. If hospitals choose to meet program requirements using this data submission method, this change will not affect the February 29, 2016 attestation deadline.

Please Note: CMS has been informed of some problems with accessing reports and verifying submissions through the QualityNet Secure Portal. We are closely monitoring the situation and providing assistance to those affected. If your hospital

needs more assistance submitting eCQM data, please contact the support contractor at the toll-free number below.

For More Information

Questions about the Hospital IQR or PCHQR Programs may be submitted through the Inpatient Questions & Answers tool at https://cms-ip.custhelp.com. You can also call the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor, toll-free, at 844-472-4477 or 866-800-8765 weekdays from 8 AM to 8 PM ET.

News Updates

Visit the CMS Website for More Information on 2015 Program Requirements

To help eligible professionals, eligible hospitals, and critical access hospitals (CAHs) successfully participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in 2015, CMS has posted new resources on the CMS EHR Incentive Programs website.

- Eligible Professionals and Eligible Hospitals/CAHs: What You Need to Know for 2015
- Overview of the EHR Incentive Programs in 2015-2017
- What's Changed for the EHR Incentive Programs in 2015-2017
- Eligible Professionals and Eligible Hospitals/CAHs Attestation Worksheets
- Alternate Exclusions and Specifications Fact Sheet
- Eligible Professionals and Eligible Hospitals/CAHs Objectives and Measures Tables
- Eligible Professionals and Eligible Hospitals/CAHs Specification Sheets

CMS will continue to update the EHR Incentive Programs website to include additional information and resources for eligible professionals and eligible hospitals/CAHs. Stay tuned!

About the EHR Incentive Programs Final Rule
On October 6, CMS released the final rule for the EHR Incentive Programs, which provides new criteria that eligible professionals, eligible hospitals, and CAHs must meet in order to successfully participate in the EHR Incentive Programs in 2015 through 2017 and Stage 3 in 2018 and beyond.

Remember to Comment on Stage 3 Final Rule
CMS invites the public to submit comments on certain provisions of the Medicare and Medicaid EHR Incentive Programs Stage 3 final rule. Submit comments electronically at regulations.gov by **Tuesday, December 15, 2015 at 11:59 pm EST**. Comments submitted by **regular, express, overnight mail, or courier are due no later than 5:00 pm EST on December 15**.

News Updates

Don’t Forget 2015 Program Year Attestation Begins January 4, 2016

CMS has updated the EHR Incentive Programs Attestation Batch Upload page with the Attestation Batch Upload Specifications for 2015 program year attestation. These specifications include both CSV and XML data mapping options for the batch upload of the attestation information.

Attestations for the 2015 program year will be accepted for all Medicare eligible professionals, eligible hospitals, and critical access hospitals (CAHs) from **January 4, 2016 through February 29, 2016**. All Medicaid program participants should refer to their State Medicaid offices for more information on attestation timeframes for the 2015 program year.

More Information about Attestation Batch Upload
Eligible professionals, surrogates for multiple eligible professionals, or an authorized official for eligible hospitals have the option to upload attestations using a batch file. However, each provider type, stage number, and measure category combinations require a separate batch file. When choosing to attest via batch upload, each category must be complete.

The following combinations are allowed:

- Clinical Quality Measures Only
- Meaningful Use Objectives Only
- Meaningful Use Objectives and Clinical Quality Measures

For detailed instructions, visit the Attestation Batch Upload page on the EHR Incentive Programs website.

News Updates

CMS & ONC Release Request for Information: Certification and Frequency Requirements for the Reporting of Quality Measures under CMS Programs

The Centers for Medicare and Medicaid Services (CMS), in conjunction with the Office of the National Coordinator (ONC), published the *Request for Information: Certification Frequency and Requirements for the Reporting of Quality Measures under CMS Programs.* It can be found on the Federal Register. The RFI displayed in the Federal Register on December 30, 2015, and will publish on December 31, 2015.

As outlined in the RFI, CMS and ONC seek public comment on several items related to the certification of health information technology (HIT), including electronic health record (EHR) products used for reporting to the:

- EHR Incentive Programs; and
- Certain CMS quality reporting programs such as, but not limited to, the Hospital Inpatient Quality Reporting (IQR) Program and the Physician Quality Reporting System (PQRS).

CMS and ONC request feedback on how often to require recertification, the number of CQMs a certified Health IT Module should be required to certify to, and ways to improve testing of certified Health IT Module(s). The feedback will inform

CMS and ONC of elements that may need to be considered for future rules relating to the reporting of quality measures under CMS programs. This request for information is part of the effort of CMS to streamline/reduce eligible professional (EP), eligible hospital, critical access hospital (CAH), and health IT developer burden around government requirements.

The RFI has a 30-day comment period. Please visit the RFI for instructions on how to submit comments. We want to hear from you and value all input received from our stakeholders.

News Updates

New Guidance for EPs Reporting the Diabetes: Hemoglobin A1c (CMS122v3) Measure for Program Year 2015

Due to an error found in the logic, the Centers for Medicare & Medicaid Services (CMS) is providing guidance on measure CMS122 (Diabetes: Hemoglobin A1c Poor Control), which is included in the 2014 measure set for the Electronic Health Record (EHR) Incentive Program for eligible professionals (EPs). Version CMS122v3 of the measure was posted on the CMS website in May 2014. A subsequent posting of this measure in 2015 (CMS122v4) resolved this issue for the 2016 program year.

Background

CMS122 measures the percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement year. A patient meets the numerator condition if any of the following are true:

1. The most recent HbA1c reading is > 9.0%;
2. The most recent HbA1c result is missing; or
3. If there are no HbA1c tests performed and results documented during the measurement period.

CMS122 is an inverse measure, meaning that lower scores indicate better performance. In 2014, this measure was updated as CMS122v3 to include logic

and specifications for numerator condition (2), where there is evidence of a laboratory test's having been performed, but the result of the test was not recorded. This logic introduced an error, which results in patients with HbA1c laboratory results of less than 9.0% as being numerator compliant, artificially inflating the (inverse) performance score.

What should you do if you report this measure?
Version CMS122v3 affects the 2015 program year and 2017 payment year for several programs including the Physician Quality Reporting System (PQRS), the Medicare EHR Incentive Program, the Value-Based Payment Modifier (VM) and the Comprehensive Primary Care (CPC) initiative. Guidance for each program is provided below.

- **PQRS**
  Reporting CMS122v3 will count as one of the nine measures required to satisfactorily report for the PQRS program. For PQRS questions regarding CMS122v3, please contact the QualityNet Help Desk at Qnetsupport@hcqis.org or 1-866-288-8912, TTY: 1-877-715-6222.
- **EHR Incentive Programs**
  Reporting CMS122v3 will count as one of the nine measures required to satisfactorily report for the EHR Incentive Programs. For questions regarding CMS122v3, please contact the EHR Incentive Programs Information Center at 1-888-734-6433 or TTY 1-888-734-6563.
- **Value Modifier (VM) Program**
  Based on this logic error, CMS will not include CMS122v3 in the calculation of the Quality Composite for the CY 2017 Value Modifier. For VM questions regarding CMS122v3, please contact the Physician Value Help Desk at pvhelpdesk@cms.hhs.gov or 1-888-734-6433 (press option 3).
- **Comprehensive Primary Care Initiative (CPC)**
  All practices are required to report 9 measures from the 13 CPC eCQM measures. If a practice is unable to report on a different CPC eCQM, then they should report this measure to meet the 9 measure reporting requirement for the CPC program. For 2015 CPC Medicare shared savings, CMS will not include this measure in performance calculations for quality scoring purposes. Practices that report on CMS122v3 will still be eligible to receive any Medicare shared savings based on their other reported eCQMs. For CPC questions regarding CMS122v3, please contact the CPC Support at: cpcisupport@telligen.org or 1-800-381-4724.

For more information on eCQMs, visit the eCQM Library.

Visit the CMS EHR Incentive Programs website

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