CMS 2014 CEHRT Flexibility Rule

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November 3, 2014

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CMS 2014 CEHRT Flexibility Rule Overview

» CMS published final rule on August 29

» Effective October 1

» Rule provisions:

- Allows providers to meet meaningful use with EHRs certified to the 2011 or the 2014 Edition criteria, or a combination of both Editions for an EHR Reporting Period in 2014

- Requires providers to report using 2014 Edition certified EHR technology (CEHRT) for EHR Reporting Period in 2015

- Extends Stage 2 through 2016

2014 CEHRT Flexibility

➢ Flexibility only available to providers who are **unable to fully implement** 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability

➢ First-year Medicaid participants must use 2014 Edition CEHRT in order to receive a payment for adopt, implement, or upgrade for 2014 participation

2014 Flexibility Options: Stage 1

Options for providers scheduled to meet Stage 1 in 2014

2011 CEHRT	2011 & 2014 CEHRT	2014 CEHRT
• 2013 Stage 1 objectives and 2013 CQMs	• 2013 Stage 1 objectives and 2013 CQMs; **or** • 2014 Stage 1 objectives and 2014 CQMs	• 2014 Stage 1 objectives and 2014 CQMs

2014 Flexibility Options: Stage 2

Options for providers scheduled to meet Stage 2 in 2014

2011 CEHRT	2011 & 2014 CEHRT	2014 CEHRT
• 2013 Stage 1 objectives and 2013 CQMs	• 2013 Stage 1 objectives and 2013 CQMs; **or** • 2014 Stage 1 objectives and 2014 CQMs; **or** • 2014 Stage 2 objectives and 2014 CQMs	• 2014 Stage 2 objectives and 2014 CQMs; **or** • 2014 Stage 1 objectives and 2014 CQMs

Attestation System and CHPL Updated

➢ CMS Attestation System is updated to accept the flexibility options in the 2014 CEHRT Flexibility Rule

➢ Providers can go to the ONC CHPL and receive a CMS EHR Certification ID to successfully use the flexibility options

➢ CMS encourages hospitals to attest as soon as possible to be eligible for a 2014 incentive payment and to avoid the 2016 payment adjustment

➢ Providers can attest at any time after reporting period ends- up until 2 months after end of fiscal/calendar year

ONC CHPL Website:
http://oncchpl.force.com/ehrcert?q=chpl

Addressing Public Comments: Payment Adjustments

➢ Payment adjustments set by HITECH Act

➢ To avoid **2016** payment adjustment, Medicare eligible professionals should:

   – Demonstrate meaningful use during an EHR reporting period in 2014 and attest by:
      • **November 30, 2014** for eligible hospitals
      • **February 28, 2015** for eligible professionals
                              OR
   – Apply to CMS for hardship exception by:
      • **April 1, 2015** for eligible hospitals
      • **July 1, 2015** for eligible professionals

2015 Hardship Exception Application Extension

- CMS has reopened the submission period for hardship applications to avoid the **2015** Medicare payment adjustment

- **Applications are now due November 30, 2014 at 11:59 ET**

- This reopened submission period is **only** for providers that:
  - Have been unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability; **AND**

  - Were unable to attest by July 1, 2014 (for eligible hospitals) or October 1, 2014 (for eligible professionals) using the flexibility options provided in the CMS 2014 CEHRT Flexibility Rule.

April 1, 2014

Medicare EH 2015 hardship exception deadline

Oct 1, 2014

1st yr Medicare EP attestation deadline to avoid 2015 payment adjustment

July 1, 2014

-Medicare EP 2015 hardship exception deadline

-1st yr Medicare EH attestation deadline to avoid 2015 adjustment

Nov 30, 2014

-Medicare EH attestation deadline for 2014 payment/ avoid 2016 adjustment

-Reopened hardship exception application deadline for both EPs and EHs

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Feb 28, 2015

Medicare EP attestation deadline for 2014 payment/avoid 2016 adjustment

July 1, 2015

Medicare EP 2016 hardship exception deadline

April 1, 2015

Medicare EH 2016 hardship exception deadline

Addressing Public Comments: Reporting

➢ Flexibility does **not** allow for objectives and measures to be mixed and matched

➢ CQMs **cannot** be separated from meaningful use objectives and measures

   – Allowed to use updated specifications

What does "fully implement due to delays in 2014 CEHRT" mean?

The delay must be attributable to the issues related to software development, certification, implementation, testing, or release of the product by the EHR vendor which affected 2014 CEHRT availability.

- Examples that do **not** count as delays in availability:
  - **Financial Issues**
  - **Difficulty Meeting Measures**
  - **Staffing Issues**
  - **Provider Delays**

Can providers mix and match measures and objectives from different years and stages?

- CMS did not propose the ability to mix and match between the meaningful use objectives and measures and the CQMs for different years and stages.

- Providers must attest to the required set of objectives and measures applicable for the CEHRT option they choose, as well as the CQMs that relate to that option.

When do providers have to attest to the 2014 certification flexibility options?

- Eligible professionals have until February 28, 2015—two months after the last day of the calendar year—to attest to demonstrating meaningful use in 2014.

- The last day for eligible hospitals and critical access hospitals to attest to fiscal year 2014 is November 30, 2014.

- Providers in their first year can choose any 90 days of the 2014 calendar year to participate, and those in their second year and beyond can choose any three-month quarter in 2014.

Is there additional guidance for how providers should use the combination flexibility option?

CMS does not specify whether a provider must use 2011 Edition CEHRT or 2014 Edition CEHRT for a certain amount of time during the EHR reporting period, whether a certain amount of modules in one CEHRT edition or another is required, or whether a certain number of provider settings must have one CEHRT edition over another.

If providers practice in multiple locations with different CEHRT Editions, how can they take advantage of the flexibility options?

- Eligible professionals who practice in multiple locations may attest using the options outlined in this final rule.

- If an eligible professional uses different editions of CEHRT at multiple locations, he or she may choose to use the alternate CEHRT option that is best applied for his or her patient encounters across all locations during the EHR reporting period.

What if a provider has 2014 Edition CEHRT, but is not able to do the second measure of the Summary of Care objective due to lack of recipients with 2014 Edition CEHRT?

- CMS believes a limited exception is warranted for providers who could not meet the threshold for the Stage 2 summary of care measure because the recipients of the transitions or referrals were impacted by issues related to 2014 Edition CEHRT availability delays and therefore could not implement the functionality required to receive the electronic summary of care document.

- A referring provider under this circumstance may attest to the 2014 Stage 1 objectives and measures for the EHR reporting period in 2014.

- The referring provider <u>must retain documentation</u> clearly demonstrating that they were unable to meet the 10 percent threshold for the measure to provide an electronic summary of care document for a transition or referral for the reasons previously stated.

What will the audit process include for providers who have not fully implemented 2014 CEHRT?

- CMS will follow standard guidelines used for CMS programs with audit provisions, including auditing providers based on a random selection process, as well as selection based on key identifiers such as prior audit failure or known incidence of fraud.

- Providers will not be targeted by provider type, location, stage of meaningful use, or participation year.

How does a provider handle the security risk analysis with the flexibility rule?

- The security risk analysis may be completed outside or the EHR reporting period timeframe, but must take place no earlier than the start of the reporting year and end of the reporting year.

- For example, a EP who is reporting meaningful use for 90 days may complete the security risk analysis outside of this 90-day period, as long as it is completed no earlier than January 1st and no later than December 31st of the EHR reporting year.

CEHRT Rule Resources

» CEHRT Interactive Decision Tool – providers answer a few questions about their current stage of meaningful use and Edition of EHR certification, and the tool displays the corresponding 2014 options.

» 2014 CEHRT Flexibility Chart – chart provides a visual overview of CEHRT participation options for 2014.

» 2014 CEHRT Rule Quick Guide – guide provides corresponding resources based on the option a provider chooses for 2014 EHR Incentive Programs participation.

These resources are all available on the Educational Resources webpage: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/EducationalMaterials.html

Additional Resources

❑ EHR Incentive Programs Website
  ▪ http://www.cms.gov/EHRIncentivePrograms/

❑ EHR Incentive Program Information Center
  ▪ 888-734-6433, TTY: 888-734-656

❑ General Info on CQMs
  ▪ http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html