



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | January 10, 2013

Medicare EPs Must Attest by February 28 at 11:59 pm ET to Receive 2013 Incentive

If you are an eligible professional (EP), the last day you can register and attest to demonstrating meaningful use for the 2013 Medicare EHR Incentive Program is February 28, 2014. You must successfully **attest by 11:59 p.m. Eastern Standard Time on February 28** to receive an incentive payment for your 2013 participation.

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

Medicaid Eligible Professionals

EPs participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation information.

Payment Adjustments

Payment adjustments for EPs will be applied beginning January 1, 2015, to Medicare participants that have not successfully demonstrated meaningful use. The adjustment is determined by your reporting period in a prior year. For more information, visit the [payment adjustment tipsheet for EPs](#).

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

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for EPs](#)
- [Attestation Guide for Medicare EPs](#)
- [Stage 2 Payment Adjustment Tipsheet for EPs](#)

Plan Ahead

Review all of the important dates for the EHR Incentive Programs on the [HIT Timeline](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | January 15, 2013

Submit Quality Data for 2013 PQRS-Medicare EHR Incentive Pilot by February 28, 2014

The Physician Quality Reporting System (PQRS) Medicare EHR Incentive Pilot allows eligible professionals to meet the [clinical quality measure \(CQM\)](#) reporting requirement for the Medicare EHR Incentive Program through electronic submission while also reporting for the PQRS program.

Are you an [eligible professional](#) who is participating or wishes to participate in the [2013 PQRS-Medicare EHR Incentive Pilot](#)? You can now submit your 2013 quality data.

If you would like to participate in the pilot you must submit 12 months of CQM data by **February 28, 2014 at 11:59 pm ET.**

Steps to Successfully Participate

To successfully participate in the pilot, you must do the following by February 28, 2014:

1. Register for an IACS account (for EHR submission only)
2. Indicate intent to report CQMs using pilot in EHR Registration & Attestation System
3. Generate required reporting files

4. Test data submission
5. Submit quality data

If you cannot submit your CQM data for 12 months electronically through PQRS, you must return to the EHR Attestation System and deselect the electronic reporting option. **Please note: if you do not submit your 2013 quality data or deselect the electronic reporting option in the EHR Attestation System, you will not receive an EHR incentive payment.**

For More Information

For further guidance on the 2013 PQRS-Medicare EHR Incentive Pilot, please read the [Participation Guide](#) and [Quick-Reference Guide](#).

If you have additional questions, please contact QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via gnetsupport@sdps.org. The Help Desk is available Monday through Friday from 7:00 a.m.-7:00 p.m. CST.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | January 21, 2013

Learn More about eCQM Reporting for IQR and EHR Programs on January 22

Are you a hospital participating in the [Inpatient Quality Reporting](#) (IQR) Program and the [Medicare EHR Incentive Program](#)? If so, join tomorrow's CMS webinar to receive information on both programs, including:

- IQR and Medicare EHR Incentive Program Alignment
- eCQM Submission Options and Timelines
- Upcoming Events

Participants will also have an opportunity to ask questions.

Participation Information

The webinar will be held **tomorrow, January 22 at 3:00 PM ET**. [Click here](#) to register.

IQR System Open

CMS is now accepting eCQM test and production submissions for the IQR Program and the EHR Incentive Program. Hospitals can submit until November 30, 2014.

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | January 22, 2014

Medicare EPs Must Attest by February 28 at 11:59 pm ET to Receive 2013 Incentive

If you are an eligible professional (EP), the last day you can register and attest to demonstrating meaningful use for the 2013 Medicare EHR Incentive Program is February 28, 2014. You must successfully **attest by 11:59 p.m. Eastern Standard Time on February 28** to receive an incentive payment for your 2013 participation.

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

Medicaid Eligible Professionals

EPs participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation information.

Payment Adjustments

Payment adjustments for EPs will be applied beginning January 1, 2015, to Medicare participants that have not successfully demonstrated meaningful use. The adjustment is determined by your reporting period in a prior year. For more information, visit the [payment adjustment tipsheet for EPs](#).

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

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for EPs](#)
- [Attestation Guide for Medicare EPs](#)
- [Stage 2 Payment Adjustment Tipsheet for EPs](#)

Plan Ahead

Review all of the important dates for the EHR Incentive Programs on the [HIT Timeline](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | January 31, 2013

Submit Quality Data for 2013 PQRS-Medicare EHR Incentive Pilot by February 28, 2014

The Physician Quality Reporting System (PQRS) Medicare EHR Incentive Pilot allows eligible professionals to meet the [clinical quality measure](#) (CQM) reporting requirement for the Medicare EHR Incentive Program through electronic submission while also reporting for the PQRS program.

Are you an [eligible professional](#) who is participating or wishes to participate in the [2013 PQRS-Medicare EHR Incentive Pilot](#)? You can now submit your 2013 quality data.

If you would like to participate in the pilot you must submit 12 months of CQM data by **February 28, 2014 at 11:59 pm ET.**

Steps to Successfully Participate

To successfully participate in the pilot, you must do the following by February 28, 2014:

1. Register for an IACS account (for EHR submission only)
2. Indicate intent to report CQMs using pilot in EHR Registration & Attestation System
3. Generate required reporting files

4. Test data submission
5. Submit quality data

If you cannot submit your CQM data for 12 months electronically through PQRS, you must return to the EHR Attestation System and deselect the electronic reporting option. **Please note: if you do not submit your 2013 quality data or deselect the electronic reporting option in the EHR Attestation System, you will not receive an EHR incentive payment.**

For More Information

For further guidance on the 2013 PQRS-Medicare EHR Incentive Pilot, please read the [Participation Guide](#) and [Quick-Reference Guide](#).

If you have additional questions, please contact QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via gnetsupport@sdps.org. The Help Desk is available Monday through Friday from 7:00 a.m.-7:00 p.m. CST.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | February 3, 2014

Important Payment Adjustment Information for Medicare EPs

Eligible professionals (EPs) participating in the Medicare EHR Incentive Program may be subject to payment adjustments beginning on **January 1, 2015**. CMS will determine the payment adjustment based on meaningful use data submitted prior to the 2015 calendar year. EPs must demonstrate meaningful use prior to 2015 to avoid payment adjustments.

Determine how your EHR Incentive Program participation start year will affect the 2015 payment adjustments:

If you began in 2011 or 2012...

If you first demonstrated meaningful use in 2011 or 2012, you must demonstrate meaningful use for a full year in 2013 to avoid the payment adjustment in 2015.

If you began in 2013...

If you first demonstrate meaningful use in 2013, you must demonstrate meaningful use for a 90-day reporting period in 2013 to avoid the payment adjustment in 2015.

If you plan to begin in 2014...

If you first demonstrate meaningful use in 2014, you must demonstrate meaningful use for a 90-day reporting period in 2014 to avoid the payment adjustment in 2015. This reporting period must occur in the first 9 months of calendar year 2014, and

EPs must attest to meaningful use no later than October 1, 2014, to avoid the payment adjustment.

Avoiding Payment Adjustments in the Future

You must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years.

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.

Helpful Resources

For more information on EP payment adjustments, view the [Payment Adjustments and Hardship Exceptions Tipsheet](#) for EPs.

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.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | February 3, 2014

Important Payment Adjustment Information for Medicare EPs

Eligible professionals (EPs) participating in the Medicare EHR Incentive Program may be subject to payment adjustments beginning on **January 1, 2015**. CMS will determine the payment adjustment based on meaningful use data submitted prior to the 2015 calendar year. EPs must demonstrate meaningful use prior to 2015 to avoid payment adjustments.

Determine how your EHR Incentive Program participation start year will affect the 2015 payment adjustments:

If you began in 2011 or 2012...

If you first demonstrated meaningful use in 2011 or 2012, you must demonstrate meaningful use for a full year in 2013 to avoid the payment adjustment in 2015.

If you began in 2013...

If you first demonstrate meaningful use in 2013, you must demonstrate meaningful use for a 90-day reporting period in 2013 to avoid the payment adjustment in 2015.

If you plan to begin in 2014...

If you first demonstrate meaningful use in 2014, you must demonstrate meaningful use for a 90-day reporting period in 2014 to avoid the payment adjustment in 2015. This reporting period must occur in the first 9 months of calendar year 2014, and

EPs must attest to meaningful use no later than October 1, 2014, to avoid the payment adjustment.

Avoiding Payment Adjustments in the Future

You must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years.

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.

Helpful Resources

For more information on EP payment adjustments, view the [Payment Adjustments and Hardship Exceptions Tipsheet](#) for EPs.

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.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | February 7, 2014

New EHR Attestation Deadline for Eligible Professionals: March 31, 2014

CMS is extending the deadline for eligible professionals to attest to meaningful use for the Medicare EHR Incentive Program 2013 reporting year from 11:59 pm ET on February 28, 2014 to 11:59 pm ET March 31, 2014.

In addition, CMS is offering assistance to eligible hospitals who may have experienced difficulty attesting to submit their attestation retroactively and avoid the 2015 payment adjustment.

This extension will allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year, as well as avoid the 2015 payment adjustment.

This extension does not impact the deadlines for the Medicaid EHR Incentive Program or any other CMS program, including the [electronic submission for the Physician Quality Reporting System EHR Incentive Program Pilot](#).

How to attest?

If you are an eligible professional, you may use the [registration and attestation system](#) to submit your attestation for meaningful use for the 2013 reporting

year. You must attest prior by 11:59 pm ET on March 31, 2014 to meet the new 2013 program deadline.

If you are an eligible hospital, you may [contact CMS](#) for assistance submitting your attestation retroactively. You must contact CMS by 11:59 pm on March 15, 2014 in order to participate for the 2013 program year.

Resources

If you are an eligible professional working on your attestation for the 2013 reporting period, there are resources available to help you with the registration and attestation process.

- [Stage 1 Meaningful Use Calculator](#)
- [Registration and Attestation User Guides](#)
- [EHR Incentive Program Website](#)

The EHR Information Center is open to assist you with all of your registration and attestation system inquiries. Please call, 1-888-734-6433 (primary number) or 888-734-6563 (TTY number). The EHR Information Center is open Monday through Friday from 7:30 a.m. – 6:30 p.m. (Central Time), except federal holidays.

Tips

In addition, there are some simple steps you can take which will help to make the process easier for you:

- Ensure that your payment assignment and other relevant information is up to date in the Medicare payment system PECOS
- Make sure to include a valid email address in your EHR program registration
- Consider logging on to use the attestation system during non-peak hours such as evenings and weekends
- Log on to the registration and attestation system now and ensure that your information is up to date and begin entering your 2013 data
- If you experience attestation problems, call the EHR Incentive Program Help Desk and report the problem
- If your organization has more than 1,000 providers assigned to a proxy user, use the PECOS system to designate additional proxies to facilitate attestation.

Eligible Hospital Instructions:

1. Send the following information to EH2013Extension@Provider-Resources.com no later than 11:59 PM EST on 3/15/2014:

- CCN
 - Hospital Name
 - Contact Person Name
 - Contact Person Email
 - Contact Person Phone
2. Type “**EH 2013 EXTENSION**” in the subject line of the email note
 3. Each Hospital must be identified in a separate email

CMS will contact the person that you designate in your request to provide additional instructions regarding the Eligible Hospital 2013 attestation submission.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | February 10, 2014

New CMS and ONC Tool Enables Providers to Meet Transitions of Care Measure

Are you a provider who is demonstrating [Stage 2 of meaningful use](#)? If so, a new CMS and ONC tool called the [Randomizer](#) will let you exchange data with a Test EHR in order to meet measure #3 of the Stage 2 transitions of care requirement. The transitions of care requirement for [eligible professionals](#) and [eligible hospitals](#) includes three measures. Measure #3 is outlined below:

- Conduct one or more successful electronic exchanges of a summary of care document with a recipient who has EHR technology that was developed by a different EHR technology developer than yours, or
- Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period.

How to Use the Tool

To use the tool to meet this measure, you must [register](#) with EHR Randomizer. Once registered, it will pair your EHR technology with a different test EHR from the list of authorized systems. You must then send a [Consolidated Clinical Document Architecture](#) (CCDA) summary of care record to the Test EHR. CMS and ONC recommend that you send a test CCDA document that **does not** contain actual patient information.

Test EHRs will be required to email you within one day of the test, with notification of success or failure. A notification of a successful test can be used as proof of meeting the transitions of care measure.

Refer to the Randomizer [Test Instructions](#) and [FAQs](#) for more information.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | February 18, 2014

Eligible Professionals Must Decide to Participate in 2013 PQRS-EHR Pilot by February 19, 2014

Are you planning to participate in the 2013 Physician Quality Reporting System (PQRS) Medicare EHR Incentive Pilot? If you want to participate, you must indicate your selection in the EHR [Registration and Attestation System](#) by **February 19, 2014**.

Beginning February 20, if you have previously selected the electronic reporting pilot you will **not** be able to change the selection to participate in the pilot through the EHR registration system. Pilot participants then have until February 28 to submit their PQRS data to CMS.

If you access the EHR attestation system for the first time between February 20 and March 31, you will **only** be able to attest to your clinical quality measures (CQMs). You will no longer be able to select the pilot option.

Still Time to Take Action

If you selected the pilot, but you are no longer interested in participating in the pilot, return to your EHR attestation and select "No" on the electronic reporting page **by February 19 at 11:59 pm ET**. You may then enter your CQM data into the system and finish your attestation.

Please note: If you do not go back and select “NO” by February 19 at 11:59pm ET you will not be able to change your selection later.

Attestation Deadline Extension Does Not Affect PQRS or Pilot

The extension of the deadline for eligible professionals to attest to meaningful use for the Medicare EHR Incentive Program 2013 reporting year from 11:59pm ET on February 28 to 11:59pm ET on March 31 does **NOT** affect the PQRS program. And the attestation deadline does not apply to the PQRS-EHR pilot (for the purposes of submitting CQM data).

Pilot Resources

Review the following resources for more information about the 2013 PQRS-Medicare EHR Incentive Pilot:

- [2013 PQRS Medicare EHR Incentive Pilot Participation Guide](#)
- [2013 PQRS Medicare Electronic Health Record \(EHR\) Incentive Pilot: Quick-Reference Guide](#)

EHR Info Center

For additional questions regarding the registration and attestation system or deselecting the pilot option, contact the EHR Information Center at 1-888-734-6433 (primary number) or 888-734-6563 (TTY number) from 7:30am – 6:30pm CT Monday through Friday, except federal holidays.

Quality Net Help Desk

For assistance with data submission or questions about the PQRS-EHR Pilot, please contact the QualityNet Help Desk at 1-866-288-8912 or via qnetsupport@sdps.org Monday through Friday from 7:00am – 7:00pm CT.



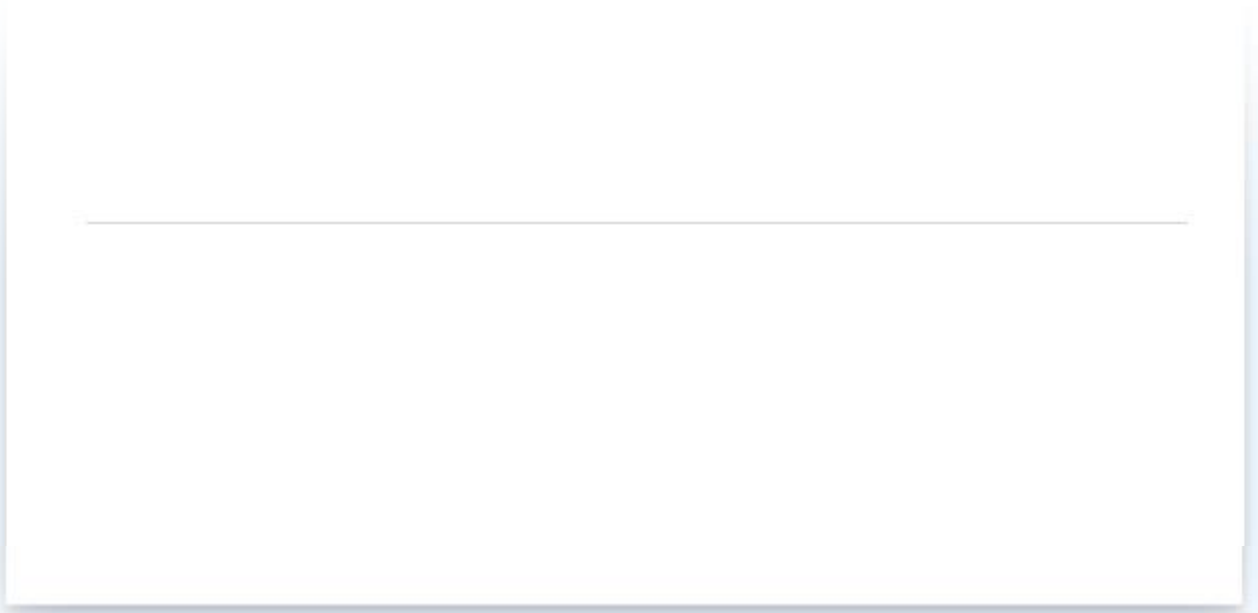
Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | February 20, 2014

2013 Final Program Year for the Medicare Electronic Prescribing (eRx) Incentive Program

Did you know that 2013 was the final program year for participating and reporting in the Medicare Electronic Prescribing (eRx) Incentive Program?

The 6-month 2014 eRx payment adjustment reporting period, which began on January 1, 2013 and ended on June 30, 2013, was the final reporting period to avoid the 2014 eRx payment adjustment. You do not need to report G-codes (G8553) for 2014 eRx events.

Content will remain available on the [eRx Incentive Program website](#) so participants have an opportunity to access reference materials associated with the eRx incentive payment, payment adjustment, and feedback reports.

Electronic Prescribing Continues with EHR Incentive Programs

It is important to note that electronic prescribing via certified EHR technology is still a requirement for eligible professionals in order to achieve meaningful use under the [Medicare and Medicaid EHR Incentive Programs](#):

Want to find out more about eHealth?

Visit the CMS [eHealth website](#) for the latest news and updates on CMS eHealth initiatives. Sign up for [CMS eHealth Listserv](#) and [follow us](#) on Twitter.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | February 21, 2014

Going to HIMSS14? Attend CMS Education Sessions on the EHR Incentive Programs

CMS looks forward to participating at the 2014 Healthcare Information and Management Systems Society (HIMSS) Annual Conference & Exhibition in Orlando, FL. from February 24 - 27.

Representatives from CMS will be located at booth #575 throughout the conference to discuss the Medicare and Medicaid EHR Incentive Programs.

EHR Sessions at HIMSS

If you are attending HIMSS, please join the following CMS educational sessions:

- **CMS EHR Incentive Programs Overview**, Monday, February 24, 11:30 a.m. – 12:30 p.m.
- **Meaningful Use Stage 2: An Introductory Guide**, Monday, February 24, 3:00 p.m. – 3:30 p.m.
- **CMS Meaningful Use Stage 2 Requirements**, Tuesday, February 25, 8:30 a.m. – 9:30 a.m.

These meetings will be held in Room 320, except for the Meaningful Use Stage 2: An Introductory Guide, which will be held in the Meaningful Use Experience Showcase.

For more CMS sessions, please check the [HIMSS schedule](#).

Join the Twitter Conversation at HIMSS14

CMS is tweeting about sessions at HIMSS14! Follow the [@CMSGov](#) Twitter handle and join the conversation using #CMSHealth and #HIMSS14.

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.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | February 25, 2014

New and Updated FAQs for the EHR Incentive Programs Now Available

To keep you updated with information on the Medicare and Medicaid EHR Incentive Programs, CMS has recently added four new FAQs and an updated FAQ to the [CMS FAQ system](#). We encourage you to stay informed by taking a few minutes to review the new information below.

New FAQs:

1. For some of the eligible professional (EP) clinical quality measures (CQMs), there are look back periods or look forward periods for which data was not available. How are these CQMs calculated for the reporting period? [Read the answer.](#)
2. Why does the result of the clinical quality measure for CMS140v2 not accurately reflect an accurate performance rate upon calculation according to the measure logic in the specification? [Read the answer.](#)
3. 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 EP, can the other EPs in the practice get credit for the patient's action in meeting the objectives? [Read the answer.](#)
4. When reporting on the Summary of Care objective in the Electronic Health Records (EHR) Incentive Program, how is a transition of care defined and

which transitions would count toward the numerator of the measures? [Read the answer.](#)

Updated FAQ:

A number of measures for Meaningful Use objectives for eligible hospitals and critical access hospitals (CAHs) include patients admitted to the Emergency Department (ED). Which ED patients should be included in the denominators of these measures for the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs.](#)



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 6, 2014

Reminder: Medicare EPs Must Attest by March 31 at 11:59 pm ET to Receive 2013 Incentive

Due to the large volume of providers attesting, please submit your data as soon as possible and during non-peak hours to avoid system delays.

If you are an eligible professional, the last day you can register and attest to demonstrating meaningful use for the 2013 Medicare EHR Incentive Program is March 31, 2014. You must successfully **attest by 11:59 p.m. Eastern Daylight Time on March 31**, to receive an incentive payment for your 2013 participation.

CMS extended the deadline for eligible professionals to attest to meaningful use for the Medicare EHR Incentive Program to allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year.

Medicaid Eligible Professionals

Eligible professionals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation information.

Eligible Hospitals

If you are an eligible hospital, you may [contact CMS](#) for assistance submitting your

attestation retroactively. You must contact CMS by 11:59 pm on March 15, 2014 in order to participate for the 2013 program year.

Payment Adjustments

Payment adjustments for eligible professionals will be applied beginning January 1, 2015, to Medicare participants that have not successfully demonstrated meaningful use. For more information, visit the [payment adjustment tipsheet for eligible professionals](#).

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

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

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for Eligible Professionals](#)
- [Attestation Guide for Medicare Eligible Professionals](#)
- [Stage 2 Payment Adjustment Tipsheet for Eligible Professionals](#)

Plan Ahead

Review important dates for the EHR Incentive Programs and all CMS eHealth program using this [Interactive Timeline](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 7, 2014

Register for the National Provider Call on March 18 to Learn About Reporting Once for 2014 Medicare Quality Reporting Programs

Join CMS on **March 18 from 1:30 to 3:00 pm ET** for a [National Provider Call](#) about reporting across Medicare quality reporting programs in 2014.

This call will provide an overview of how to report across various 2014 Medicare quality reporting programs, including the Physician Quality Reporting System (PQRS), Electronic Health Record (EHR) Incentive Programs, Value-Based Payment Modifier (VM), and Accountable Care Organizations (ACOs).

CMS subject matter experts will guide providers who wish to report quality measures one time during the 2014 program year to maximize their participation in the various Medicare reporting programs.

Agenda

During the call, individual eligible professionals, group practices, and ACOs will learn how to:

- Become incentive eligible for the 2014 PQRS program
- Avoid the 2016 PQRS payment adjustment

- Satisfy the clinical quality measure (CQM) component of the Medicare EHR Incentive Program
- Satisfy requirements for the 2016 VM adjustment, if applicable

A link to the slide presentation will be [posted](#) prior to the call.

Registration Information

To register for this National Provider Call, please visit the CMS [MLN Connects Upcoming Calls](#) registration website.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 10, 2014

Medicare Eligible Hospitals: Take Action by April 1 to Avoid 2015 Payment Adjustment

[Payment adjustments for eligible hospitals](#) that have not successfully participated in the Medicare EHR Incentive Program will begin on **October 1, 2014**. Hospitals can avoid the payment adjustment by taking action by April 1.

Hospitals that have never participated in the Medicare EHR Incentive Program can:

- Submit a hardship exception application for experiencing circumstances that posted a significant barrier to achieving meaningful use
- Begin 90 days of [meaningful use](#) for the 2014 reporting year by April 1 and attest by July 1

Hospitals that participated in 2011 or 2012, but did not successfully participate in 2013 due to circumstances that created barriers can also submit a hardship exception.

About Hardship Exceptions

The [hardship exception application](#) for Medicare eligible hospitals is available on the [EHR Incentive Programs website](#) and outlines the specific types of circumstances that CMS considers to be barriers to achieving meaningful use.

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

As a reminder, the application must be submitted electronically or postmarked no later than **11:59pm ET on April 1, 2014** to be considered. If approved, the exception is valid for one year.

Demonstrate Meaningful Use

CMS has developed resources for hospitals that demonstrate meaningful use of certified EHR technology, including:

- [Stage 1 meaningful use spec sheets](#)
- [Attestation worksheet](#)
- [Meaningful use attestation calculator](#)

Dually eligible hospitals can avoid the Medicare payment adjustment by successfully meeting meaningful use under the Medicaid EHR Incentive Program.

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.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 12, 2014

Reminder: Medicare Eligible Professionals Must Attest by March 31 at 11:59 pm ET to Receive 2013 Incentive

Due to the large volume of providers attesting, please submit your data as soon as possible and during non-peak hours to avoid system delays.

If you are an eligible professional, the last day you can register and attest to demonstrating meaningful use for the 2013 Medicare EHR Incentive Program is March 31, 2014. You must successfully **attest by 11:59 p.m. Eastern Daylight Time on March 31**, to receive an incentive payment for your 2013 participation.

CMS extended the deadline for eligible professionals to attest to meaningful use for the Medicare EHR Incentive Program to allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year.

Medicaid Eligible Professionals

Eligible professionals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation information.

Eligible Hospitals

If you are an eligible hospital, you may [contact CMS](#) for assistance submitting your

attestation retroactively. You must contact CMS by 11:59 pm on March 15, 2014 in order to participate for the 2013 program year.

Payment Adjustments

Payment adjustments for eligible professionals will be applied beginning January 1, 2015, to Medicare participants that have not successfully demonstrated meaningful use. For more information, visit the [payment adjustment tipsheet for eligible professionals](#).

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

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

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for Eligible Professionals](#)
- [Attestation Guide for Medicare Eligible Professionals](#)
- [Stage 2 Payment Adjustment Tipsheet for Eligible Professionals](#)

Plan Ahead

Review important dates for the EHR Incentive Programs and all CMS eHealth program using this [Interactive Timeline](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 18, 2014

Important Payment Adjustment Information for Medicare Eligible Professionals

Eligible professionals participating in the Medicare EHR Incentive Program may be subject to payment adjustments beginning on **January 1, 2015**. CMS will determine the payment adjustment based on meaningful use data submitted prior to the 2015 calendar year. Eligible professionals must demonstrate meaningful use prior to 2015 to avoid payment adjustments.

Determine how your EHR Incentive Program participation start year will affect the 2015 payment adjustments:

If you began in 2011 or 2012...

If you first demonstrated meaningful use in 2011 or 2012, you must demonstrate meaningful use for a full year in 2013 to avoid the payment adjustment in 2015.

If you began in 2013...

If you first demonstrated meaningful use last year, you needed to demonstrate meaningful use for a 90-day reporting period to avoid the payment adjustment in 2015.

If you plan to begin in 2014...

If you first demonstrate meaningful use in 2014, you must demonstrate meaningful

use for a 90-day reporting period in 2014 to avoid the payment adjustment in 2015. This reporting period must occur in the first 9 months of calendar year 2014, and eligible professionals must attest to meaningful use no later than October 1, 2014, to avoid the payment adjustment.

Avoiding Payment Adjustments in the Future

You must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years.

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.

Helpful Resources

For more information on payment adjustments, view the [Payment Adjustments and Hardship Exceptions Tipsheet](#) for eligible professionals.

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.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 20, 2014

Medicare Eligible Hospitals: Take Action by April 1 to Avoid 2015 Payment Adjustment

[Payment adjustments for eligible hospitals](#) that have not successfully participated in the Medicare EHR Incentive Program will begin on **October 1, 2014**. Hospitals can avoid the payment adjustment by taking action by April 1.

Hospitals that have never participated in the Medicare EHR Incentive Program can:

- Submit a hardship exception application for experiencing circumstances that posted a significant barrier to achieving meaningful use
- Begin 90 days of [meaningful use](#) for the 2014 reporting year by April 1 and attest by July 1

Hospitals that participated in 2011 or 2012, but did not successfully participate in 2013 due to circumstances that created barriers can also submit a hardship exception.

Note: Critical access hospitals are on a different payment adjustment schedule, and have until November 30, 2015 to apply for a 2015 hardship exception.

About Hardship Exceptions

The [hardship exception application](#) for Medicare eligible hospitals is available on

the [EHR Incentive Programs website](#) and outlines the specific types of circumstances that CMS considers to be barriers to achieving meaningful use. Supporting documentation must also be provided. CMS will review applications to determine whether or not a hardship exception should be granted.

As a reminder, the application must be submitted electronically or postmarked no later than **11:59pm ET on April 1, 2014** to be considered. If approved, the exception is valid for one year.

Demonstrate Meaningful Use

CMS has developed resources for hospitals that demonstrate meaningful use of certified EHR technology, including:

- [Stage 1 meaningful use spec sheets](#)
- [Attestation worksheet](#)
- [Meaningful use attestation calculator](#)

Dually eligible hospitals can avoid the Medicare payment adjustment by successfully meeting meaningful use under the Medicaid EHR Incentive Program.

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.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 21, 2014

Reminder: Medicare EPs Must Attest by March 31 at 11:59 pm ET to Receive 2013 Incentive

Due to the large volume of providers attesting, please submit your data as soon as possible and during non-peak hours to avoid system delays.

If you are an eligible professional, the last day you can register and attest to demonstrating meaningful use for the 2013 Medicare EHR Incentive Program is March 31, 2014. You must successfully **attest by 11:59 p.m. Eastern Daylight Time on March 31**, to receive an incentive payment for your 2013 participation.

CMS extended the deadline for eligible professionals to attest to meaningful use for the Medicare EHR Incentive Program to allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year.

Medicaid Eligible Professionals

Eligible professionals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation information.

Payment Adjustments

Payment adjustments for eligible professionals will be applied beginning January 1, 2015, to Medicare participants that have not successfully demonstrated meaningful

use. For more information, visit the [payment adjustment tipsheet for eligible professionals](#).

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

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

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for Eligible Professionals](#)
- [Attestation Guide for Medicare Eligible Professionals](#)
- [Stage 2 Payment Adjustment Tipsheet for Eligible Professionals](#)

Plan Ahead

Review important dates for the EHR Incentive Programs and all CMS eHealth programs using this [Interactive Timeline](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 25, 2014

Reminder: Medicare EPs Must Attest by March 31 at 11:59 pm ET to Receive 2013 Incentive

Due to the large volume of providers attesting, please submit your data as soon as possible and during non-peak hours to avoid system delays.

If you are an eligible professional, the last day you can register and attest to demonstrating meaningful use for the 2013 Medicare EHR Incentive Program is March 31, 2014. You must successfully **attest by 11:59 p.m. Eastern Daylight Time on March 31**, to receive an incentive payment for your 2013 participation.

CMS extended the deadline for eligible professionals to attest to meaningful use for the Medicare EHR Incentive Program to allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year.

Medicaid Eligible Professionals

Eligible professionals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation information.

Payment Adjustments

Payment adjustments for eligible professionals will be applied beginning January 1, 2015, to Medicare participants that have not successfully demonstrated meaningful

use. For more information, visit the [payment adjustment tipsheet for eligible professionals](#).

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

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

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for Eligible Professionals](#)
- [Attestation Guide for Medicare Eligible Professionals](#)
- [Stage 2 Payment Adjustment Tipsheet for Eligible Professionals](#)

Plan Ahead

Review important dates for the EHR Incentive Programs and all CMS eHealth programs using this [Interactive Timeline](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 26, 2014

Medicare Eligible Hospitals: Take Action by April 1 to Avoid 2015 Payment Adjustment

[Payment adjustments for eligible hospitals](#) that have not successfully participated in the Medicare EHR Incentive Program will begin on **October 1, 2014**. Hospitals can avoid the payment adjustment by taking action by April 1.

Hospitals that have never participated in the Medicare EHR Incentive Program can:

- Submit a hardship exception application for experiencing circumstances that posted a significant barrier to achieving meaningful use
- Begin 90 days of [meaningful use](#) for the 2014 reporting year by April 1 and attest by July 1

Hospitals that participated in 2011 or 2012, but did not successfully participate in 2013 due to circumstances that created barriers can also submit a hardship exception.

Note: Critical access hospitals are on a different payment adjustment schedule, and have until November 30, 2015 to apply for a 2015 hardship exception.

About Hardship Exceptions

The [hardship exception application](#) for Medicare eligible hospitals is available on

the [EHR Incentive Programs website](#) and outlines the specific types of circumstances that CMS considers to be barriers to achieving meaningful use. Supporting documentation must also be provided. CMS will review applications to determine whether or not a hardship exception should be granted.

As a reminder, the application must be submitted electronically or postmarked no later than **11:59pm ET on April 1, 2014** to be considered. If approved, the exception is valid for one year.

Demonstrate Meaningful Use

CMS has developed resources for hospitals that demonstrate meaningful use of certified EHR technology, including:

- [Stage 1 meaningful use spec sheets](#)
- [Attestation worksheet](#)
- [Meaningful use attestation calculator](#)

Dually eligible hospitals can avoid the Medicare payment adjustment by successfully meeting meaningful use under the Medicaid EHR Incentive Program.

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.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 28, 2014

Medicare EPs Must Attest by Next Monday, March 31 at 11:59 pm ET to Receive 2013 Incentive

Due to the large volume of providers attesting, please submit your data as soon as possible and during non-peak hours to avoid system delays.

If you are an eligible professional, the last day you can register and attest to demonstrating meaningful use for the 2013 Medicare EHR Incentive Program is March 31, 2014. You must successfully **attest by 11:59 p.m. Eastern Daylight Time on March 31**, to receive an incentive payment for your 2013 participation.

CMS extended the deadline for eligible professionals to attest to meaningful use for the Medicare EHR Incentive Program to allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year.

Medicaid Eligible Professionals

Eligible professionals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation information.

Payment Adjustments

Payment adjustments for eligible professionals will be applied beginning January 1, 2015, to Medicare participants that have not successfully demonstrated meaningful

use. For more information, visit the [payment adjustment tipsheet for eligible professionals](#).

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

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

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for Eligible Professionals](#)
- [Attestation Guide for Medicare Eligible Professionals](#)
- [Stage 2 Payment Adjustment Tipsheet for Eligible Professionals](#)

Plan Ahead

Review important dates for the EHR Incentive Programs and all CMS eHealth programs using this [Interactive Timeline](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 28, 2014

Medicare EPs Must Attest by Next Monday, March 31 at 11:59 pm ET to Receive 2013 Incentive

Due to the large volume of providers attesting, please submit your data as soon as possible and during non-peak hours to avoid system delays.

If you are an eligible professional, the last day you can register and attest to demonstrating meaningful use for the 2013 Medicare EHR Incentive Program is March 31, 2014. You must successfully **attest by 11:59 p.m. Eastern Daylight Time on March 31**, to receive an incentive payment for your 2013 participation.

CMS extended the deadline for eligible professionals to attest to meaningful use for the Medicare EHR Incentive Program to allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year.

Medicaid Eligible Professionals

Eligible professionals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation information.

Payment Adjustments

Payment adjustments for eligible professionals will be applied beginning January 1, 2015, to Medicare participants that have not successfully demonstrated meaningful

use. For more information, visit the [payment adjustment tipsheet for eligible professionals](#).

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

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

Resources

- [Meaningful Use Attestation Calculator](#)
- [Attestation Worksheet for Eligible Professionals](#)
- [Attestation Guide for Medicare Eligible Professionals](#)
- [Stage 2 Payment Adjustment Tipsheet for Eligible Professionals](#)

Plan Ahead

Review important dates for the EHR Incentive Programs and all CMS eHealth programs using this [Interactive Timeline](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | March 31, 2014

New Security Risk Assessment Tool Helps Providers Ensure HIPAA Compliance

HHS has [released](#) a new [Security Risk Assessment \(SRA\) tool](#) to help health care providers in small-to-medium sized offices conduct risk assessments of their organizations.

The SRA Tool is the result of a collaborative effort by the HHS Office of the National Coordinator for Health Information Technology (ONC) and Office for Civil Rights (OCR). The tool is designed to help practices conduct and document a risk assessment to evaluate potential security risks in their organizations under the [Health Insurance Portability and Accountability Act \(HIPAA\) Security Rule](#).

The application, available for downloading at www.HealthIT.gov/security-risk-assessment, also produces a report that can be provided to auditors. The webpage contains a User Guide and Tutorial video to help providers begin using the tool.

Security Risk Assessment for Meaningful Use

Conducting and reviewing a security risk assessment is not only a key requirement of the HIPAA Security Rule, but is also a core objective for providers participating in the Medicare and Medicaid EHR Incentive Programs.

The CMS [Security Risk Analysis Tipsheet](#) helps providers understand:

- Steps for conducting a security risk analysis
- How to create an action plan
- Security areas to be considered and their corresponding security measures
- Myths and facts about conducting or reviewing a security risk analysis

Be sure to review the steps and conduct or review the analysis. It is required in both stages of meaningful use to receive an incentive payment.

SRA Tool Feedback

ONC is requesting that users provide feedback on the new SRA Tool. Public comments on the SRA Tool [will be accepted](#) until June 2, 2014.

For more information about the requirements for meaningful use, visit the [EHR Incentive Programs website](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | April 1, 2014

Medicare Eligible Hospitals: Take Action Today to Avoid 2015 Payment Adjustment

[Payment adjustments for eligible hospitals](#) that have not successfully participated in the Medicare EHR Incentive Program will begin on **October 1, 2014**. Hospitals can avoid the payment adjustment by taking action today.

Hospitals that have never participated in the Medicare EHR Incentive Program can:

- Submit a hardship exception application for experiencing circumstances that posted a significant barrier to achieving meaningful use
- Begin 90 days of [meaningful use](#) for the 2014 reporting year by today, April 1, and attest by July 1

Hospitals that participated in 2011 or 2012, but did not successfully participate in 2013 due to circumstances that created barriers can also submit a hardship exception.

Note: Critical access hospitals are on a different payment adjustment schedule, and have until November 30, 2015 to apply for a 2015 hardship exception.

About Hardship Exceptions

The [hardship exception application](#) for Medicare eligible hospitals is available on

the [EHR Incentive Programs website](#) and outlines the specific types of circumstances that CMS considers to be barriers to achieving meaningful use. Supporting documentation must also be provided. CMS will review applications to determine whether or not a hardship exception should be granted.

As a reminder, the application must be submitted electronically or postmarked no later than **11:59pm ET today** to be considered. If approved, the exception is valid for one year.

Demonstrate Meaningful Use

CMS has developed resources for hospitals that demonstrate meaningful use of certified EHR technology, including:

- [Stage 1 meaningful use spec sheets](#)
- [Attestation worksheet](#)
- [Meaningful use attestation calculator](#)

Dually eligible hospitals can avoid the Medicare payment adjustment by successfully meeting meaningful use under the Medicaid EHR Incentive Program.

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.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | April 1, 2014

CMS Posts 2014 Eligible Hospital Electronic Clinical Quality Measure Annual Update

The annual update of the 2014 electronic clinical quality measures (eCQMs) for eligible hospitals and corresponding specifications for electronic reporting are now available. CMS updates the specifications annually to ensure that specifications align with current clinical guidelines, code sets, and remain relevant and actionable within the clinical care setting.

The eCQM specifications are used for multiple programs, such as the Hospital Inpatient Quality Reporting program, to align with the EHR Incentive Programs and reduce the burden on providers to report quality measures.

CMS strongly encourages the implementation and use of the updated 2014 eCQMs for eligible hospitals because they include new codes, logic corrections, and clarifications. However, CMS will accept all versions of the eCQMs for meaningful use, beginning with the December 2012 release, until the next phase of the EHR Incentive Programs.

Updated 2014 CQM Resources

To help eligible hospitals navigate the updated eCQMs, several resources are available on the [eCQM Library page](#):

- Table of 2014 Eligible Hospital Measure Versions
- 2014 eCQM Specifications for Eligible Hospital Release April2014
- 2014 eCQM Measure Logic Guidance v1.6 April2014
- Guide to Reading Eligible Provider and Hospital eCQMs April2014

Need additional eCQM file formats or access to past versions for side by side comparisons?

Visit the Meaningful Use tab of the [United States Health Information Knowledgebase](#) (USHIK).

Need additional information about the EHR Incentive Programs?

Visit the [EHR Incentive Programs website](#) for the latest news and updates.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | April 4, 2014

Review New and Updated FAQs for the EHR Incentive Programs

To keep you updated with information on the Medicare and Medicaid EHR Incentive Programs, CMS has recently added three new FAQs and five updated FAQs to the [CMS FAQ system](#). We encourage you to stay informed by taking a few minutes to review the new information below.

New FAQs:

1. For Eligible Professionals (EP) in the Medicaid EHR Incentive Program using the group proxy method of calculating patient volume, how should the EPs calculate patient volume using the “12 months preceding the EP’s attestation” approach, as not all of the EPs in the group practice may use the same 90-day period. [Read the answer.](#)
2. Can a hospital count a patient toward the measures of the “Patient Electronic Access” objective in the Medicare and Medicaid EHR Incentive Programs if the patient accessed his/her information before they were discharged? [Read the answer.](#)
3. When demonstrating Stage 2 meaningful use in the EHR Incentive programs, would an eligible professional (EP) be required to report on the “Electronic Notes” objective even if he or she did not see patients during their reporting period? [Read the answer.](#)

Updated FAQ:

1. Do States need to verify the "installation" or "a signed contract" for adopt, implement, or upgrade (AIU) in the Medicaid EHR Incentive Program? [Read the answer.](#)
2. For Stage 1 and 2 meaningful use objectives of the Medicare and Medicaid EHR Incentive Programs that require submission of data to public health agencies, if multiple eligible professionals (EPs) are using the same certified EHR technology across several physical locations, can a single test or onboarding effort serve to meet the measures of these objectives? [Read the answer.](#)
3. For the Stage 2 meaningful use objective of the Medicare and Medicaid EHR Incentive Programs that requires the successful electronic exchange of a summary of care document with either a different EHR technology or the CMS designated test EHR, if multiple eligible professionals (EPs) are using the same certified EHR technology across several physical locations, can a single test meet the measure? [Read the answer.](#)
4. 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? [Read the answer.](#)
5. When reporting on the Summary of Care objective in the EHR Incentive Program, which transitions would count toward the numerator of the measures? [Read the answer.](#)

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

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



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | April 8, 2014

New Meaningful Use Calculator Helps Providers Attest to Stage 2

Are you a provider participating in Stage 2 of meaningful use? If so, use the new CMS [Stage 2 Meaningful Use Attestation Calculator](#) to determine if you will successfully meet [Stage 2 requirements](#).

Like the [Stage 1 calculator](#), eligible professionals, eligible hospitals, and critical access hospitals (CAHs) can enter and review their data for each measure. The tool then calculates whether or not you will successfully demonstrate Stage 2 of meaningful use. A results page explains why you may or may not receive an incentive payment by displaying a pass/fail summary for each measure.

Get Started

Take four easy steps to get started:

- Select your provider type: eligible professional or eligible hospital/CAH
- Answer questions on your meaningful use core objectives
- Answer questions on your meaningful use menu objectives
- Receive your results

Be sure to answer each measure you intend to meet by either filling in the numerator and denominator values or marking down an exclusion (for those that apply).

Please note: The attestation calculator is not actual attestation and does not guarantee that you will meet the program's qualifications. It is only a guide of whether or not you would meet the program's Stage 2 meaningful use requirements.

Resources

Providers who have completed at least two years of Stage 1 of meaningful use will demonstrate Stage 2 in 2014. Below are additional Stage 2 resources.

- [Stage 2 Guide](#)
- [Stage 2 Meaningful Use Specification Sheet Table of Contents for Eligible Professionals](#)
- [Stage 2 Meaningful Use Specification Sheet Table of Contents for Eligible Hospitals and CAHs](#)
- [Stage 2 Data Sharing Tipsheet for Eligible Professionals](#)

Want more information?

Visit the [Registration and Attestation](#) and [Stage 2](#) pages for useful resources to help you successfully demonstrate meaningful use.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | April 9, 2014

Learn More about the Batch Reporting Option for 2014

Are you part of a group practice with multiple eligible professionals or part of a system of eligible hospitals participating in the Medicare EHR Incentive Program? If so, you now have the option to submit your attestations through the batch reporting method.

The batch reporting method – or attestation batch upload – is a new reporting method for 2014 that allows you to upload and submit attestations for multiple eligible professionals or eligible hospitals. You can submit your attestation with other members of your medical group or hospital system in a single file through the CMS [Registration and Attestation System](#), while still tracking each eligible professional's and eligible hospital's individual meaningful use data. Providers in Stage 1 or Stage 2 of meaningful use can submit their attestation through batch reporting with 2014 certified EHR technology.

Please note: While batch reporting provides groups with the ability to submit attestations together, incentive payments are distributed to each eligible professional or eligible hospital. Providers participating in the Medicaid EHR Incentive Program should check with their state to determine if batch reporting is available.

What measures can you submit with batch reporting?

You can submit the following measure combinations through batch reporting:

- Core measures and menu measures
- Core measures, menu measures, and clinical quality measures
- Clinical quality measures only

Helpful resources

For more information on submitting your groups' attestations using the batch reporting method, review the new [Batch Reporting User Guide](#). You may also visit the [Attestation Batch Upload Page](#) to view the batch templates and sample batch attestations.

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | April 10, 2014

Eligible Hospitals: Review Changes in Stage 1 Meaningful Use Criteria that Begin in Fiscal Year 2014

Is your Medicare [eligible hospital](#) or critical access hospital (CAH) participating or planning to participate in Stage 1 of the Medicare or Medicaid EHR Incentive Program this year? The Stage 2 rule for meaningful use included changes to Stage 1 requirements that took effect at the start of the 2014 fiscal year on October 1, 2013.

These changes include:

Record and Chart Changes in Vital Signs

Change: The age limit increased for recording blood pressure in patients, from age 2 to age 3; there is no age limit for height and weight.

2014 Measure: For more than 50 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period, blood pressure (for patients age 3 and over only) and height and weight (for all ages) should be recorded as structured data.

Patient Electronic Access

Change: Core objective “*Electronic copy of health information*” and core objective

“Electronic copy of discharge instructions” are combined to become the new *“View online, download, and transmit”* core objective.

2014 Measure: More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have access to their information online within 36 hours of discharge.

Clinical Quality Measure (CQM) Reporting

Change: Reporting CQMs is still required, but it has been removed as a separate objective.

Stage 1 Resources

Resources to help you understand changes to Stage 1 of meaningful use are available on the EHR Incentive Programs website, including:

- [Stage 1 Changes Tipsheet](#)
- [2014 Stage 1 Changes Tipsheet](#)

For More Information

Visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | April 14, 2014

New EHR Incentive Programs Tipsheet for Eligible Professionals Practicing in Multiple Locations

Are you an eligible professional practicing in multiple locations? Review the new [Multiple Locations Tipsheet](#) for information on how to successfully demonstrate meaningful use in the [Medicare and Medicaid EHR Incentive Programs](#).

The tipsheet includes guidance on determining if a location is equipped with certified EHR technology, calculating patient encounters, and what to do when different menu objectives and clinical quality measures (CQMs) are chosen across locations.

Guidance for Multiple Locations

Here are some key points to keep in mind if you are practicing in multiple locations:

- To demonstrate meaningful use, 50 percent of patient encounters must take place at locations with certified EHR technology during the reporting period.
- A location is equipped with certified EHR technology if you have access to the certified EHR at the beginning of the EHR reporting period.
- You can add numerators and denominators from each certified EHR system for an accurate total.

- You should report on menu objectives and CQMs from the location with the most patient encounters if different locations chose different measures.

For More Information

Visit the CMS [EHR Incentive Programs website](#) for more resources to help you successfully participate.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | April 15, 2014

Eligible Professionals Must Start Medicare EHR Participation in 2014 to Earn Incentives

Important Medicare Deadline Approaching for Eligible Professionals

If you are an eligible professional for the Medicare EHR Incentive Program, 2014 is the **last year** you can **start** participation in the Medicare EHR Incentive Program in order to receive incentive payments.

Eligible professionals who begin participation in the Medicare EHR Incentive Program after 2014 will *not* be able to earn an incentive payment for that year or any subsequent year of participation.

If you choose to participate in the Medicare EHR Incentive Program for the first time in 2014, you should begin your 90-day reporting period no later than **July 1, 2014** and submit attestation by **October 1, 2014** in order to avoid the payment adjustment in 2015.

Note: October 1 is the attestation deadline for eligible professionals in their first year of participation to avoid the payment adjustment. However, eligible professionals who miss this deadline can still demonstrate meaningful use during

the last 90-day reporting period of the year (October - December 2014) and earn an incentive payment for 2014.

Providers Who First Begin Participation in 2014 must:

- Demonstrate [Stage 1 of meaningful use](#)
- Meet [2014 EHR certification criteria](#)
- Select any 90-day reporting period to demonstrate meaningful use, but must start no later than July 1, in order to avoid the adjustment

To Earn Your Maximum Medicare Incentive

- Demonstrate 90 days of Stage 1 of meaningful use in 2014 to earn up to \$11,760.
- Demonstrate a full year of Stage 1 of meaningful use in 2015 to earn up to \$7,840.
- Demonstrate a full year of Stage 2 of meaningful use in 2016 to earn up to \$3,920.

If you successfully demonstrate meaningful use each year beginning in 2014, your total payment amount could be as much as **\$23,520**.

Additional Resources

The [EHR Incentive Program](#) website offers several helpful tools and resources so you can successfully begin participation:

- [An Introduction to the Medicare EHR Incentive Program for Eligible Professionals](#)
- [Interactive Eligibility Assessment Tool](#)
- [The Stage 1 Meaningful Use Attestation Calculator](#)
- [My EHR Participation Timeline](#)
- [Payment Adjustments & Hardship Exceptions Tipsheet for Eligible Professionals](#)



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | April 16, 2014

Eligible Professionals: Review Changes in Stage 1 Meaningful Use Criteria that Begin in 2014

Are you a Medicare [eligible professional](#) who is participating or planning to participate in Stage 1 of the Medicare or Medicaid EHR Incentive Program this year? The Stage 2 rule for meaningful use included changes to Stage 1 requirements that took effect on January 1, 2014.

These changes include:

Record and Chart Changes in Vital Signs

Change: The age limit increased for recording blood pressure in patients from age 2 to age 3; there is no age limit for height and weight.

2014 Measure: For more than 50 percent of all unique patients seen by the eligible professional during the EHR reporting period, blood pressure (for patients age 3 and over only) and height and weight (for all ages) should be recorded as structured data.

Patient Electronic Access

Change: Menu objective “*Timely electronic access to health information*” and core

objective “*Electronic copy of health information*” are combined to become the new “*View online, download, and transmit*” core objective.

2014 Measure: More than 50 percent of all unique patients seen by the eligible professional during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the eligible professional) online access to their health information.

Clinical Quality Measure (CQM) Reporting

Change: Reporting CQMs is still required, but it has been removed as a separate objective.

Stage 1 Resources

Resources to help you understand changes to Stage 1 of meaningful use are available on the EHR Incentive Programs website, including:

- [Stage 1 Changes Tipsheet](#)
- [2014 Stage 1 Changes Tipsheet](#)

Visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | April 18, 2014

Learn About the Special EHR Reporting Periods for Eligible Professionals in 2014

If you are an [eligible professional](#), make sure you are aware of the [special reporting periods](#) for submitting meaningful use measures in 2014.

Meaningful Use Reporting for Medicare and Medicaid Eligible Professionals

You only need to demonstrate meaningful use for a three-month, or 90-day, reporting period, regardless if you are demonstrating [Stage 1](#) or [Stage 2](#) of meaningful use.

Choose your reporting period based on your program and participation year:

- **Medicare beyond first year of meaningful use:** Select a three-month reporting period fixed to the quarter of the calendar year.
- **Medicare in first year of meaningful use:** Select any 90-day reporting period. *To avoid the 2015 payment adjustment, begin your reporting period by July 1 and attest by October 1.*
- **Medicaid:** Select any 90-day reporting period that falls within the 2014 calendar year.

For More Information

Make sure to visit the EHR Incentive Programs [website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | April 22, 2014

Eligible Professionals: Hardship Exception Applications due July 1, 2014

Are you a Medicare provider who was unable to successfully demonstrate meaningful use for 2013 due to circumstances beyond your control? CMS is accepting applications for hardship exceptions to avoid the upcoming Medicare payment adjustment for the 2013 reporting year.

Payment adjustments for the Medicare EHR Incentive Program will begin on [January 1, 2015 for eligible professionals.](#)

However, you can avoid the adjustment by completing a hardship exception application and providing supporting documentation that proves demonstrating meaningful use would be a significant hardship for you. CMS will review applications to determine whether or not you are granted a hardship exception.

CMS has posted hardship exception applications on the EHR website for:

- [Eligible professionals](#)
- [Eligible professionals submitting multiple National Provider Identifiers \(NPIs\)](#)

Applications for the 2015 payment adjustments are due **July 1, 2014 for eligible professionals**. If approved, the exception is valid for one year.

New Hardship Exception Tipsheets

You can also avoid payment adjustments by successfully demonstrating meaningful use prior to the payment adjustment. Tipsheets are available on the [CMS website](#) that outline when [eligible professionals](#) must demonstrate meaningful use in order to avoid the payment adjustments.

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | May 14, 2014

Learn About the Special EHR Reporting Periods for Eligible Professionals in 2014

If you are an [eligible professional](#), make sure you are aware of the [special reporting periods](#) for submitting meaningful use measures in 2014.

Meaningful Use Reporting for Medicare and Medicaid Eligible Professionals

You only need to demonstrate meaningful use for a three-month, or 90-day, reporting period, regardless if you are demonstrating [Stage 1](#) or [Stage 2](#) of meaningful use.

Choose your reporting period based on your program and participation year:

- **Medicare beyond first year of meaningful use:** Select a three-month reporting period fixed to the quarter of the calendar year.
- **Medicare in first year of meaningful use:** Select any 90-day reporting period. *To avoid the 2015 payment adjustment, begin your reporting period by July 1 and attest by October 1.*
- **Medicaid:** Select any 90-day reporting period that falls within the 2014 calendar year.

For More Information

Make sure to visit the EHR Incentive Programs [website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | May 16, 2014

Review Steps for Submitting Stage 2 Meaningful Use Data through the Attestation System

Are you preparing to submit Stage 2 meaningful use data for the Medicare EHR Incentive Program? If so, CMS has recently posted the following step-by-step guides to help navigate the [CMS Attestation System](#):

- [Stage 2 Attestation User Guide for Eligible Professionals](#)
- [Stage 2 Attestation User Guide for Eligible Hospitals and CAHs](#)

These guides provide instructions and important information that you will need in order to successfully attest, as well as helpful tips and screenshots to walk you through the process.

Note: While all providers begin their registration through the CMS Registration & Attestation System, Medicaid eligible professionals and Medicaid-only eligible hospitals must attest through their State Medicaid Agency's website. Please visit the [Medicaid State Information page](#) to learn more.

Additional Stage 2 Resources

CMS has additional resources to help ensure your attestation will be successful:

- [Stage 2 Attestation Worksheet for Eligible Professionals](#)

- [Stage 2 Attestation Worksheet for Eligible Hospitals and CAHs](#)
- [Stage 2 Meaningful Use Specification Sheet Table of Contents for Eligible Professionals](#)
- [Stage 2 Meaningful Use Specification Sheet Table of Contents for Eligible Hospitals and CAHs](#)

For More Information

Visit the [Registration and Attestation](#) and [Stage 2](#) pages for more information on how to successfully demonstrate meaningful use.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | May 20, 2014

CMS and ONC Release NPRM Allowing CEHRT Flexibility and Extending Stage 2

Today, CMS and ONC released a [notice of proposed rulemaking \(NPRM\)](#) that would allow providers participating in the EHR Incentive Programs to use the 2011 Edition of certified electronic health record technology (CEHRT) for calendar and fiscal year 2014.

The NPRM will grant flexibility to providers who are experiencing difficulties fully implementing 2014 Edition CEHRT to attest this year. The proposed rule would allow providers to use EHRs that have been certified under the 2011 Edition, a combination of the 2011 and 2014 Editions, or the 2014 Edition.

Beginning in 2015, all eligible providers would be required to report using 2014 Edition CEHRT.

2014 Participation Options

Under this proposal, valid only for the 2014 reporting year, providers would be able to use 2011 Edition CEHRT for either Stage 1 or Stage 2, would have the option to attest to the 2013 definition of meaningful use core and menu objectives, and use the 2013 definition CQMs.

Providers currently working on Stage 1 in 2014 would be able to demonstrate:

- Stage 1 (2013 Definition) using 2011 Edition CEHRT, or using a combination of 2011 and 2014 Edition CEHRT; **or**
- Stage 1 (2014+ Definition) using 2014 Edition CEHRT.

Providers currently working on Stage 2 in 2014 would be able to demonstrate:

- Stage 1 (2013 Definition) using 2011 Edition CEHRT, or using a combination of 2011 and 2014 Edition CEHRT;
- Stage 1 (2014+ Definition) using 2014 Edition CEHRT; **or**
- Stage 2 (2014+ Definition) using 2014 Edition CEHRT.

Extending Stage 2

The proposed rule also includes a provision that would formalize CMS and ONC's [recommended timeline](#) to extend Stage 2 through 2016. If finalized, the earliest a provider would participate in Stage 3 of meaningful use would be 2017.

For More Information

Visit the CMS Newsroom to read the [press release](#) about the NPRM.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | May 28, 2014

Eligible Professionals Must Submit Hardship Exception Applications by July 1, 2014

Are you a Medicare provider who was unable to successfully demonstrate meaningful use for 2013? CMS is accepting applications for hardship exceptions to avoid the upcoming Medicare payment adjustment for the 2015 reporting year.

Payment adjustments for the Medicare EHR Incentive Program will begin on **January 1, 2015 for eligible professionals.**

However, you can avoid the adjustment by completing a hardship exception application and providing supporting documentation that proves demonstrating meaningful use would be a significant hardship for you. CMS will review applications to determine whether or not you are granted a hardship exception.

CMS has posted hardship exception applications on the EHR website for:

- [Eligible professionals](#)
- [Eligible professionals submitting multiple National Provider Identifiers \(NPIs\)](#)

Applications for the 2015 payment adjustments are due **July 1, 2014 for eligible professionals**. If approved, the exception is valid for one year.

New Hardship Exception Tipsheets

You can also avoid payment adjustments by successfully demonstrating meaningful use prior to the payment adjustment. Tipsheets are available on the [CMS website](#) that outline when [eligible professionals](#) must demonstrate meaningful use in order to avoid the payment adjustments.

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | June 2, 2014

CMS Posts 2014 Eligible Professional Electronic Clinical Quality Measure Update

The annual update of the [2014 electronic clinical quality measures](#) (eCQMs) for eligible professionals and corresponding specifications for electronic reporting is now available. CMS updates the specifications annually to ensure that the measure representation and recent code system versions reflect the best understanding of standards and logic, and remain relevant and actionable within the clinical care setting. In addition, some of the non-substantive changes to the measures were made based on input from the provider and vendor communities.

The eCQM specifications are used for multiple programs, such as the Physician Quality Reporting System (PQRS), to align with the EHR Incentive Programs and reduce the burden on providers to report quality measures.

CMS strongly encourages the implementation and use of the updated electronic specifications of the CQMs since they include updated terminologies, logic corrections, and intent clarifications. However, CMS will accept all versions of the CQMs for the EHR Incentive Programs, beginning with those finalized in the December 4, 2012 CMS-ONC Interim Final Rule.

Please note, the 2014 updated specifications cannot be used prior to the 2015 EHR Reporting Period.

Updated 2014 CQM Resources

To help eligible professionals navigate the updated eQMs, several resources are available on the [eCQM Library page](#). Additional eCQM file formats and access to past versions for side by side comparisons are available on the Meaningful Use tab of the [United States Health Information Knowledgebase](#) (USHIK).

EHR CQM Certification

To participate in the EHR Incentive Programs for 2014, a system must at least be certified to the specifications published in the December 2012 Interim Final Rule.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | June 4, 2014

NPRM Comment Period Now Open: Submit by July 21, 2014

CMS and ONC invite the public to [submit comments](#) on the recently released [notice of proposed rulemaking \(NPRM\)](#) that would allow providers participating in the EHR Incentive Programs to use the 2011 Edition or 2014 Edition of certified electronic health record technology (CEHRT) for the 2014 reporting year.

Comments [must be received](#) by **July 21, 2014** to be considered.

About the NPRM

If finalized, the proposal would allow providers to meet Stage 1 or Stage 2 of meaningful use with EHRs certified to the 2011 or 2014 Edition criteria or a combination of both Editions.

Beginning in 2015, all eligible providers would be required to report using 2014 Edition CEHRT.

2014 Participation Options

If finalized, this proposal will provide participation options that vary by a provider's stage of meaningful use and by their CEHRT Edition selection.

<u>2011 CEHRT</u>

Providers in Stage 1 or 2:

- 2013 Definition Stage 1 objectives and 2013 CQMs

Combination of 2011 & 2014 CEHRT

Providers in Stage 1:

- 2013 Definition Stage 1 objectives and 2013 CQMs; or
- 2014 Definition Stage 1 objectives and 2014 CQMs

Providers in Stage 2:

- 2013 Definition Stage 1 objectives and 2013 CQMs; or
- 2014 Definition Stage 1 objectives and 2014 CQMs; or
- 2014 Definition Stage 2 objectives and 2014 CQMs

2014 CEHRT

Providers in Stage 1:

- 2014 Definition Stage 1 objectives and 2014 CQMs

Providers in Stage 2:

- 2014 Definition Stage 2 objectives and 2014 CQMs; or
- 2014 Definition Stage 1 objectives and 2014 CQMs

Extending Stage 2

The proposed rule also includes a provision that would formalize CMS and ONC's [recommended timeline](#) to extend Stage 2 through 2016. If finalized, the earliest a provider would participate in Stage 3 of meaningful use would be 2017.

For More Information

Visit the CMS Newsroom to read the [press release](#) about the [NPRM](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | June 10, 2014

Provide Feedback on the Draft Combined 2015 QRDA Implementation Guide by June 27

CMS has posted a [draft combined QRDA implementation guide](#) for eligible professionals and eligible hospitals to use for 2015 clinical quality measures (CQMs). In an effort to be collaborative and transparent, CMS is accepting feedback from the health care industry on the draft guide until June 27, 2014.

The draft 2015 implementation guide includes information for both eligible hospitals and eligible professionals, and CMS encourages vendors, providers, and others in the health care industry to submit comments on this new format, as well as other aspects of the guide, including:

- 2015 QRDA submission methods
- Addition of the Program Name requirement
- Location of the CMS Certification Number (CCN)
- Handling of the Tax Identification Number (TIN) and National Provider Identification (NPI)

Commenters may also submit feedback on the overall usefulness of the guide and areas that need improvement. CMS will review and consider all feedback submitted [through JIRA](#) by June 27 before finalizing the guide.

For more Information

To learn more about CQMs, visit the [Clinical Quality Measures webpage](#) and the [eCQM Library webpage](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | June 12, 2014

Reminder: Deadline Approaching for Eligible Professionals to Submit Hardship Exception Applications

Are you a Medicare provider who was unable to successfully demonstrate meaningful use for 2013? CMS is accepting applications for hardship exceptions to avoid the upcoming Medicare payment adjustment for the 2015 reporting year.

Payment adjustments for the Medicare EHR Incentive Program will begin on **January 1, 2015 for eligible professionals.**

However, you can avoid the adjustment by completing a hardship exception application and providing supporting documentation that proves demonstrating meaningful use would be a significant hardship for you. CMS will review applications to determine whether or not you are granted a hardship exception.

CMS has posted hardship exception applications on the EHR website for:

- [Eligible professionals](#)
- [Eligible professionals submitting multiple National Provider Identifiers \(NPIs\)](#)

Applications for the 2015 payment adjustments are due **July 1, 2014 for eligible professionals**. If approved, the exception is valid for one year.

Hardship Exception Tipsheets

You can also avoid payment adjustments by successfully demonstrating meaningful use prior to the payment adjustment. Tipsheets are available on the [CMS website](#) that outline when [eligible professionals](#) must demonstrate meaningful use in order to avoid the payment adjustments.

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | June 13, 2014

Visit CQM Library for Updated Eligible Professional QRDA I and III Packages

Today, CMS posted updated versions of the [Quality Reporting Document Architecture \(QRDA\) I and III packages](#) for eligible professionals to use to report clinical quality measures (CQMs) this year. The purpose of the updates is to correct **only the sample files** that were part of the download packages. There are not changes to the technical specifications.

Each package includes a supplementary implementation guide and a change log that describes the updates. Updates to each package sample file include:

2014 CMS QRDA I Implementation Guide for Eligible Professionals CQMs

1. Corrected the typo in the Pioneer ACO QRDA-I sample file name. "Pioneer ACO (OMAT) Sample QRDA-I.xml" is now "Pioneer ACO (QMAT) Sample QRDA-I.xml".

2014 CMS QRDA III Implementation Guide for Eligible Professionals CQMs

1. Added missing parent template ids in the CPC QRDA-III sample file, "Comprehensive Primary Care (CPC) Sample QRDA-III.xsl", to align with the conformance statements specified in the guide.

2. Added missing parent template ids to examples shown in Figures 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, and 24 in *Volume 2—Templates and Supporting Materials* of the CMS Eligible Professionals Programs QRDA-III, Release 1, Version 2.0, to align with the conformance statements specified in the guide.

The documents are available for download on the [CQM Library page](#) under Additional Resources. To learn more about clinical quality measures visit the [EHR Incentive Programs website](#).



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | June 18, 2014

Eligible Professionals: EHR Hardship Exception Applications Due July 1, 2014

Eligible professionals can now use CMS' new [interactive tool](#) to help determine if they will avoid upcoming 2015 and 2016 Medicare EHR Incentive Program payment adjustments by demonstrating meaningful use, or if they should apply for a [hardship exception](#).

If an eligible professional determines that they need to apply for a hardship exception, the application must be submitted **by July 1, 2014**. CMS will review applications to determine whether or not a hardship exception will be granted. If approved, the exception is valid for one year.

Applying for Hardship Exception

When submitting hardship exception applications, entries must include supporting documentation that proves demonstrating meaningful use presented [significant hardship](#).

CMS has posted hardship exception applications on the EHR website for:

- [Eligible professionals](#)

- [Eligible professionals submitting multiple National Provider Identifiers \(NPIs\)](#)

Please read and follow the submission instructions on the application. Note that all required supporting documentation must be included at the time of submission. Completing your application online and submitting it electronically to EHRhardship@provider-resources.com, with all required supporting documentation, will reduce the application processing time. Please **do not** submit hand-written applications.

Hardship Exception Tipsheets

You can also avoid payment adjustments by successfully demonstrating meaningful use prior to the payment adjustment. Tipsheets are available on the [CMS website](#) that outline when [eligible professionals](#) must demonstrate meaningful use in order to avoid the payment adjustments.

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | June 25, 2014

Eligible Professionals Must Submit Hardship Exception Applications by July 1, 2014

CMS reminds eligible professionals that the deadline to submit a hardship exception application is approaching. An [interactive tool](#) is available to help eligible professionals determine if they will avoid upcoming 2015 and 2016 Medicare EHR Incentive Program payment adjustments by demonstrating meaningful use, or if they should apply for a [hardship exception](#).

If an eligible professional determines that they need to apply for a hardship exception, the application must be submitted **by July 1, 2014**. CMS will review applications to determine whether or not a hardship exception will be granted. If approved, the exception is valid for one year.

Applying for Hardship Exception

When submitting hardship exception applications, entries must include supporting documentation that proves demonstrating meaningful use presented [significant hardship](#).

CMS has posted hardship exception applications on the EHR website for:

- [Eligible professionals](#)

- [Eligible professionals submitting multiple National Provider Identifiers \(NPIs\)](#)

Please read and follow the submission instructions on the application. Note that all required supporting documentation must be included at the time of submission. Completing your application online and submitting it electronically to EHRhardship@provider-resources.com, with all required supporting documentation, will reduce the application processing time. Please **do not** submit hand-written applications.

Hardship Exception Tipsheets

You can also avoid payment adjustments by successfully demonstrating meaningful use prior to the payment adjustment. Tipsheets are available on the [CMS website](#) that outline when [eligible professionals](#) must demonstrate meaningful use in order to avoid the payment adjustments.

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | June 30, 2014

Eligible Professionals Must Submit Hardship Exception Applications by July 1, 2014

CMS reminds eligible professionals that hardship exception applications must be submitted **by 11:59 p.m. ET, tomorrow, July 1, 2014**. An [interactive tool](#) is available to help eligible professionals determine if they will avoid upcoming 2015 and 2016 Medicare EHR Incentive Program payment adjustments by demonstrating meaningful use, or if they should apply for a [hardship exception](#).

CMS will review applications to determine whether or not a hardship exception will be granted. If approved, the exception is valid for one year.

Applying for Hardship Exception

When submitting hardship exception applications, entries must include supporting documentation that proves demonstrating meaningful use presented [significant hardship](#).

CMS has posted hardship exception applications on the EHR website for:

- [Eligible professionals](#)
- [Eligible professionals submitting multiple National Provider Identifiers \(NPIs\)](#)

Please read and follow the submission instructions on the application. Note that all required supporting documentation must be included at the time of submission. Completing your application online and submitting it electronically to EHRhardship@provider-resources.com, with all required supporting documentation, will reduce the application processing time. Please **do not** submit hand-written applications.

Hardship Exception Tipsheets

You can also avoid payment adjustments by successfully demonstrating meaningful use prior to the payment adjustment. Tipsheets are available on the [CMS website](#) that outline when [eligible professionals](#) must demonstrate meaningful use in order to avoid the payment adjustments.

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | July 1, 2014

Eligible Professionals Must Submit Hardship Exception Applications Today

CCMS reminds eligible professionals that **today** is the last day to submit applications to receive a hardship exception. Applications must be submitted **by 11:59 p.m. ET** in order to be considered.

An [interactive tool](#) is available to help eligible professionals determine if they will avoid upcoming 2015 and 2016 Medicare EHR Incentive Program payment adjustments by demonstrating meaningful use, or if they should apply for a [hardship exception](#).

Applying for Hardship Exception

Entries must include supporting documentation that proves demonstrating meaningful use presented [significant hardship](#).

The hardship exception applications for [eligible professionals](#) and [eligible professionals submitting multiple National Provider Identifiers \(NPIs\)](#) are available on the EHR website. Please keep the following in mind when applying:

- *Read and follow the submission instructions on the application.*
- *All required supporting documentation must be included at the time of submission.*

- Complete your application online and submit it electronically to EHRhardship@provider-resources.com with all required supporting documentation to reduce the application processing time.
- If possible, please use Acrobat Reader to create and save your applications.
- Please **do not** submit hand-written applications.

CMS will review applications to determine whether or not a hardship exception will be granted. If approved, the exception is valid for one year.

Hardship Exception Resources

You can also avoid payment adjustments by successfully demonstrating meaningful use prior to the payment adjustment. Tipsheets are available on the [CMS website](#) that outline when [eligible professionals](#) must demonstrate meaningful use in order to avoid the payment adjustments.

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | July 7, 2014

Now Available: Interactive Tool to Help Providers Understand 2014 CEHRT NPRM

In May 2014, CMS released a [notice of proposed rulemaking \(NPRM\)](#) that would grant flexibility to providers who are experiencing difficulties fully implementing 2014 Edition certified EHR technology (CEHRT) to attest this year.

CMS has created an [interactive decision tool](#) that guides providers through their potential participation options for 2014. Providers answer a few questions about their current stage of meaningful use and Edition of EHR certification, and the tool displays the corresponding options proposed in the NPRM.

About the NPRM

Under this proposal, valid only for the 2014 reporting year, providers would be able to use 2011 Edition CEHRT for either Stage 1 or Stage 2, would have the option to attest to the 2013 definition of meaningful use core and menu objectives, and use the 2013 definition CQMs.

2011 CEHRT

Providers in Stage 1 or 2:

- 2013 Definition Stage 1 objectives and 2013 CQMs

Combination of 2011 & 2014 CEHRT

Providers in Stage 1:

- 2013 Definition Stage 1 objectives and 2013 CQMs; or
- 2014 Definition Stage 1 objectives and 2014 CQMs

Providers in Stage 2:

- 2013 Definition Stage 1 objectives and 2013 CQMs; or
- 2014 Definition Stage 1 objectives and 2014 CQMs; or
- 2014 Definition Stage 2 objectives and 2014 CQMs

2014 CEHRT

Providers in Stage 1:

- 2014 Definition Stage 1 objectives and 2014 CQMs

Providers in Stage 2:

- 2014 Definition Stage 2 objectives and 2014 CQMs; or
- 2014 Definition Stage 1 objectives and 2014 CQMs

The proposed rule also includes a provision that would formalize CMS and ONC's [recommended timeline](#) to extend Stage 2 through 2016. If finalized, the earliest a provider would participate in Stage 3 of meaningful use would be 2017.

Submit Comments

CMS and ONC invite the public to [submit comments](#) on the NPRM. Comments must be received **by July 21, 2014** to be considered.

For More Information

Visit the CMS Newsroom to read the [press release](#) about the [NPRM](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | July 8, 2014

[Learn More about Changes in the Vital Signs Menu Objective in 2014](#)

Did you know that the vital signs objective is different in 2014? This year there was an increase in patient age limit for recording blood pressure to age 3 and a removal of age limit requirement for height and weight for the Stage 1 objective. These changes mirror the requirements for the objective in Stage 2.

Meeting Vital Signs Requirements

To meet the vital signs requirements, you will need to record more than 50 percent for Stage 1 (80 percent for Stage 2) of all unique patients' blood pressures (for patients age 3 and over only) and height and weight (for all ages) as structured data using one numerator and denominator.

You need to record height and weight, and blood pressure of your patient, as applicable. The certified EHR technology will calculate BMI and the growth chart based on age.

You are also not required to update height, weight, and blood pressure for every visit by the patient. You can make the decision based on the patient's individual circumstances.

New Exclusions in 2014 for Eligible Professionals

In both Stage 1 and Stage 2, you can be excluded from reporting this objective if you don't meet certain requirements.

What are the Requirements and When are the Exclusions Applicable to You?

1. If you see no patients 3 years or older, you are excluded from recording blood pressure;
2. If you believe that all three vital signs of height, weight, and blood pressure have no relevance to your scope of practice, you are excluded from recording them;
3. If you believe that height and weight are relevant to your scope of practice, but blood pressure is not, you are excluded from recording blood pressure;
or
4. You believe that blood pressure is relevant to your scope of practice, but height and weight are not, you are excluded from recording height and weight.

If you meet exclusion (3) or exclusion (4), you must both attest to the exclusion and report the numerator and denominator for the remaining elements of the measure.

More Information

For more information on the Record and Chart Vital Signs measure, review the specification sheets for [Stage 1](#) and [Stage 2](#). For information about other meaningful use measures, visit the [CMS Meaningful Use webpage](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | July 8, 2014

CORRECTION: Learn More about Changes in the Vital Signs Core Objective in 2014

**An earlier version of this message misstated Vital Signs as a menu objective.*

Did you know that the vital signs objective is different in 2014? This year there was an increase in patient age limit for recording blood pressure to age 3 and a removal of age limit requirement for height and weight for the Stage 1 objective. These changes mirror the requirements for the objective in Stage 2.

Meeting Vital Signs Requirements

To meet the vital signs requirements, you will need to record more than 50 percent for Stage 1 (80 percent for Stage 2) of all unique patients' blood pressures (for patients age 3 and over only) and height and weight (for all ages) as structured data using one numerator and denominator.

You need to record height and weight, and blood pressure of your patient, as applicable. The certified EHR technology will calculate BMI and the growth chart based on age.

You are also not required to update height, weight, and blood pressure for every visit by the patient. You can make the decision based on the patient's individual circumstances.

New Exclusions in 2014 for Eligible Professionals

In both Stage 1 and Stage 2, you can be excluded from reporting this objective if you don't meet certain requirements.

What are the Requirements and When are the Exclusions Applicable to You?

1. If you see no patients 3 years or older, you are excluded from recording blood pressure;
2. If you believe that all three vital signs of height, weight, and blood pressure have no relevance to your scope of practice, you are excluded from recording them;
3. If you believe that height and weight are relevant to your scope of practice, but blood pressure is not, you are excluded from recording blood pressure;
or
4. You believe that blood pressure is relevant to your scope of practice, but height and weight are not, you are excluded from recording height and weight.

If you meet exclusion (3) or exclusion (4), you must both attest to the exclusion and report the numerator and denominator for the remaining elements of the measure.

More Information

For more information on the Record and Chart Vital Signs measure, review the specification sheets for [Stage 1](#) and [Stage 2](#). For information about other meaningful use measures, visit the [CMS Meaningful Use webpage](#).



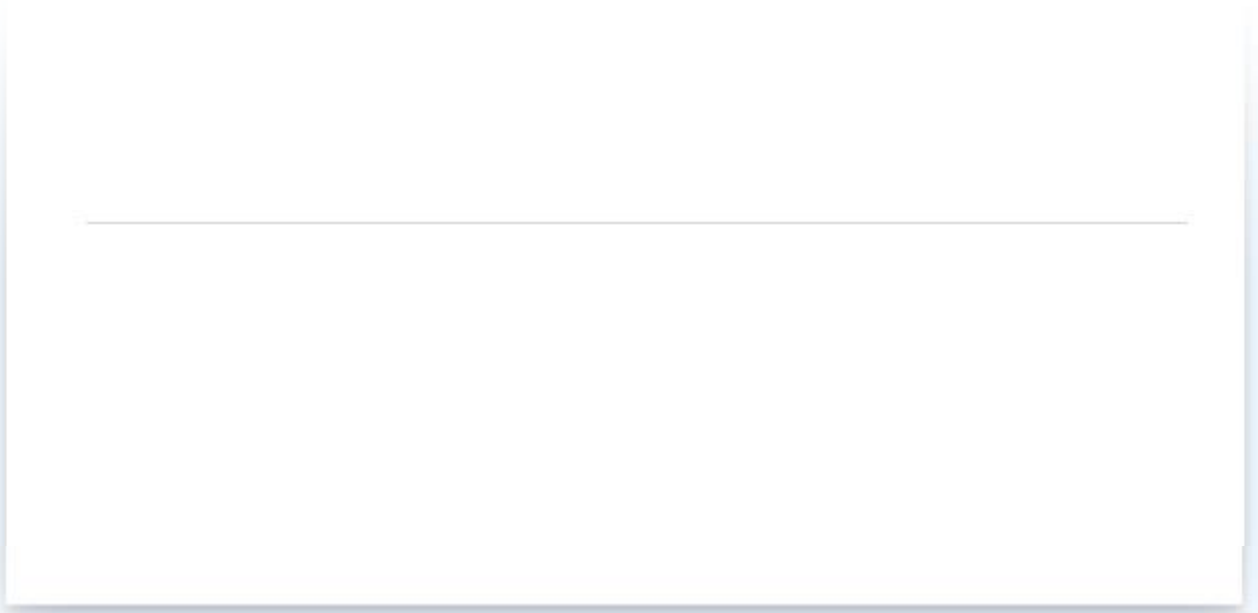
Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | July 15, 2014

Learn More about Summary of Care Meaningful Use Requirements in Stage 2

If you are an eligible provider participating in the EHR Incentive Programs, you will have the option of reporting the Summary of Care menu objective in [Stage 1](#), but will be required to meet the core objective in [Stage 2](#).

The [intent of the objective](#) is to demonstrate that a provider has the full capability to use their certified EHR technology to successfully transmit a summary of care document to a different EHR vendor in a live setting.

Meeting Stage 2 Summary of Care Requirements

To [count toward the objective](#), the transition or referral must take place between providers with different billing identities such as a different National Provider Identifier (NPI) or hospital CMS Certification Number (CCN).

If the receiving provider already has access to the certified EHR technology (CEHRT) of the initiating provider of the transition or referral, simply accessing the patient's health information does not count toward meeting this objective.

However, if the initiating provider also sends a summary of care document, this transition can be included in the denominator and the numerator as long as it is counted consistently across the organization and across both measures if:

- For Measure 1, a summary of care document is also provided by any means
- For Measure 2, a summary of care document is provided using the same technical standards used if the receiving provider did not have access to the CEHRT

What to Include for Measure 1

Include the transitions of care in which a summary of care document was provided to the recipient of the transition or referral by any means.

What to Include for Measure 2

Include the transitions of care in which a summary of care document was transmitted electronically using a CEHRT to the recipient, or via exchange facilitated by an organization that is an eHealth Exchange participant.

What to Include for Measure 3

A single summary of care document sent to a provider using a different EHR and EHR Vendor or a test with the CMS and ONC [Randomizer](#) test system would meet the measure.

Measure 3 requires sending one record to someone on a different vendor system one time. If that happens in the course of fulfilling Measure 2, there is no need to do a test. The test EHR only exists for providers who never send to someone on a completely different vendor than their own.

Providers that use the same CEHRT and share a network for which their organization either has operational control of or license to use can conduct one test for the successful electronic exchange of a summary of care document with either a different EHR technology or the CMS designated test EHR that covers all providers in the organization.

For More Information

For more information about the Summary of Care requirements, review the following materials:

- Stage 1 Summary of Care spec sheets for [eligible professionals](#) and [eligible hospitals](#)
- Stage 2 Summary of Care spec sheets for [eligible professionals](#) and [eligible hospitals](#)

- [Provider User Guide](#) for the [NIST EHR Randomizer Tool](#)



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | July 17, 2014

Review NPRM Resources and Submit Comments by July 21

Next **Monday, July 21**, is the last day to [submit comments](#) on the CEHRT [notice of proposed rulemaking \(NPRM\)](#). Paper comment submissions must be received by **5:00 pm ET** in order to be considered; electronic comment submissions must be received by **11:59 pm ET**.

To help the public understand proposed changes under the NPRM before submitting a comment, CMS has developed the following resources:

- [NPRM 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 options proposed in the NPRM.
- [2014 CEHRT Flexibility Chart](#) – chart provides a visual overview of NPRM participation options.

More about the NPRM

Under this proposal, valid only for the 2014 reporting year, providers would be able to use 2011 Edition CEHRT for either Stage 1 or Stage 2, would have the option to attest to the 2013 definition of meaningful use core and menu objectives, and use the 2013 definition CQMs.

The proposed rule also includes a provision that would formalize CMS and ONC's [recommended timeline](#) to extend Stage 2 through 2016. If finalized, the earliest a provider would participate in Stage 3 of meaningful use would be 2017.

For More Information

Visit the CMS Newsroom to read the [press release](#) about the [NPRM](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | July 21, 2014

Learn More about Clinical Decision Support Interventions

Clinical Decision Support (CDS) is a key functionality of health IT that contributes to improved quality of care and enhanced outcomes by avoiding errors and adverse events, improving efficiencies, reducing costs, and enhancing provider and patient satisfaction.

In [Stage 1 of meaningful use](#), [eligible professionals](#) and [eligible hospitals](#) must implement one CDS rule. In [Stage 2](#), [eligible professionals](#) and [eligible hospitals](#) must implement five CDS interventions and enable and implement functionality for drug-drug and drug-allergy interaction.

New CMS Guidance for Clinical Decision Support Interventions

Although the trigger intervention certification criteria require EHR technology to produce an alert at relevant points during patient care, the meaningful use objectives give providers flexibility in the types of CDS interventions they employ, and [do not limit them to “pop-up” alert interventions](#).

Providers can meet the objectives by using other kinds of CDS, including, but not limited to:

- Clinical guidelines
- Condition-specific order sets

- Focused patient data reports and summaries
- Documentation templates
- Diagnostic support
- Contextually relevant reference information

For more information on CDS, review the [Clinical Decision Support tipsheet](#) and the [new FAQ](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | July 29, 2014

[Visit the eCQM Library Page to Review the Combined 2015 CMS QRDA Implementation Guide](#)

The [Combined 2015 QRDA Implementation Guide](#) for eligible professionals, eligible hospitals, and critical access hospitals (CAHs) to use for reporting electronic clinical quality measures (eCQMs) starting in the 2015 reporting year is now available on the [CMS website](#). The 2015 Combined Implementation Guide provides technical instructions for QRDA Category I & Category III reporting for the following programs:

- Hospital Quality Reporting including the EHR Incentive Programs and Inpatient Quality Reporting (IQR)
- Ambulatory programs including the Physician Quality Reporting System (PQRS), the Comprehensive Primary Care (CPC) Initiative, and Pioneer ACO

CMS accepted public feedback on the draft guide from June 10, 2014 to July 8, 2014, and has made revisions accordingly for inclusion in this release.

The CMS 2015 QRDA Implementation Guide is updated for the 2015 reporting year, and combines business requirements and information from three previously published CMS QRDA guides:

1. [The 2014 CMS QRDA Implementation Guide for Eligible Hospital Clinical Quality Measures](#)
2. [The 2014 CMS QRDA I Implementation Guides for Eligible Professionals Clinical Quality Measures](#) [zip file]
3. [The 2014 CMS QRDA III Implementation Guides for Eligible Professionals Clinical Quality Measures](#) [zip file]

About the Combined Guide

Combining the above guides into a single document provides a unified resource for implementers, eliminating the need to locate the individual program guides. More importantly, combining guides harmonizes differences among earlier versions of the CMS QRDA guides, especially between the QRDA-I guides for eligible professionals, eligible hospitals, and CAHs.

The CMS 2015 QRDA Implementation Guide incorporates applicable technical corrections made in the new 2014 HL7 errata updates to the HL7 Implementation Guides for QRDA I and III.

The new guide contains two main parts:

- Part A is the harmonized QRDA-I implementation guide for both eligible professionals and eligible hospitals/CAHs.
- Part B is the QRDA-III implementation guide for eligible professionals.

It also includes appendices that annotate the changes between the HL7 QRDA-I and QRDA-III standards and the CMS QRDA specific constraints. Changes between the CMS 2014 QRDA guides and the new combined guide are provided as well.

Additional Resources

The 2015 CMS QRDA Implementation Guide is available for download on the [eCQM Library Page](#) in the Additional Resources section. To learn more about CQMs, visit the [Clinical Quality Measures webpage](#). For questions about reporting requirements using the 2015 QRDA Implementation Guide, please refer to the specific program's help desk or information center.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | July 30, 2014

[Learn More about the Stage 2 Electronic Notes Menu Objective](#)

To help improve clinical processes, CMS included “Electronic Notes” as a menu objective in Stage 2 of the EHR Incentive Programs. The objective requires more electronic documentation of patient symptoms, treatments, circumstances, and other observations to give providers additional historical information to use throughout a patient’s treatment plan.

[Eligible professionals](#) and [eligible hospitals](#) who select this menu objective are required to create electronic notes for more than 30 percent of their unique patients. The text of the notes must be searchable and may contain drawings and other content.

New Exclusion for Eligible Professionals

A new exclusion for the electronic notes menu objective has recently been released by CMS. Eligible professionals who have not had any office visits during the EHR reporting period may be eligible to claim [an exclusion to this objective](#). There is no exclusion for hospitals.

Remember: Starting this year, exclusions will no longer count towards the number of menu objectives needed to successfully demonstrate meaningful use. Providers

cannot claim an exclusion for a menu objective if there are other menu objectives they can meet.

Additional Resources

For more information on Stage 2, visit the [CMS Stage 2 webpage](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | August 15, 2014

2014 CQM Electronic Reporting Guides for Eligible Professionals and Eligible Hospitals

Are you an eligible professional or eligible hospital participating in the Medicare EHR Incentive Program? If so, CMS has posted new two materials to help you report clinical quality measures (CQMs) in 2014, including:

- [An Introduction to EHR Incentive Programs for Eligible Professionals: 2014 Clinical Quality Measure Electronic Reporting Guide](#)
- [An Introduction to EHR Incentive Programs for Eligible Hospitals: 2014 Clinical Quality Measure Electronic Reporting Guide](#)

The guides are interactive. Users can click on the chapters of the Table of Contents for CQM information relevant to their needs, including:

- CQM Overview Information
- Changes to CQMs in 2014
- List of 2014 CQMs
- Submitting CQM Data for the 2014 Reporting Year
- Resources

Reporting CQMs for 2014

As explained in Chapter 2, beginning in 2014, the number of CQMs you report differs from previous years:

- Eligible professionals must select and report 9 CQMs from a list of 64 approved measures.
- Eligible hospitals must select and report 16 CQMs from a list of 29 approved measures.

In 2014 only, you need to submit CQM data for a three-month or 90-day reporting period, regardless if you are demonstrating Stage 1 or Stage 2 of meaningful use.

Reporting Once

Chapter 4 of each guide provides information on how to submit measures in order to satisfy requirements both for meaningful use and other quality reporting programs, such as the [Hospital Inpatient Quality Reporting](#) (IQR) program for eligible hospitals and the [Physician Quality Reporting System](#) (PQRS) program for eligible professionals.

Want to learn more?

To learn more about CQMs, visit the [Clinical Quality Measures webpage](#) and the [eCQM Library webpage](#).

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | August 22, 2014

Now Available: Provider User Guide for NIST EHR Randomizer Tool

Are you a provider in [Stage 2 of meaningful use](#) who needs help meeting measure #3 of the Transitions of Care core objective? If so, CMS and ONC encourage you to use a new provider [user guide](#) that outlines instructions on how to use the [NIST EHR Randomizer](#), including:

- Required information
- Steps to register
- Guidance on how to perform the test

The guide walks providers through every step of the Randomizer—from registration to completion of the test.

About the NIST EHR Randomizer

The [Randomizer](#) tool enables providers to exchange data with a Test EHR in order to [meet measure #3](#) of the Stage 2 Transitions of Care objective.

Once [registered](#), the tool pairs a provider's EHR technology with a different test EHR from the list of authorized systems. The provider must then send a

[Consolidated Clinical Document Architecture](#) summary of care record to the Test EHR.

Providers will receive an email with notification of success or failure that can be used as proof of meeting the measure.

Transitions of Care Objective in Stage 2

The Stage 2 Transitions of Care objective for [eligible professionals](#) and [eligible hospitals](#) includes three measures. Measure #3 is outlined below:

- Conduct one or more successful electronic exchanges of a summary of care document, as part of which is counted in “measure 2” with a recipient who has EHR technology that was developed by a different EHR technology developer than the sender’s, or
- Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period.

More Information

For more information about the Stage 2 Transitions of Care objective and other Stage 2 requirements, visit the [CMS Stage 2 of Meaningful Use webpage](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | August 26, 2014

Review New FAQs for the EHR Incentive Programs

To keep you updated with information on the Medicare and Medicaid EHR Incentive Programs, CMS has recently added three new FAQs to the [CMS FAQ system](#). We encourage you to stay informed by taking a few minutes to review the new information below.

New FAQs:

1. For the certification criteria that providers must have in place to meet the Clinical Decision Support (CDS) objective, what type of interventions must the EHR technology trigger to meet the criteria? For this and for the Eligible Provider and Eligible Hospital Core Measures related to the Objective “use clinical decision support to improve performance on high-priority health conditions,” are “pop-up” alerts the only type of intervention that a provider can use to meet the CDS objective? [Read the answer.](#)
2. I am an eligible professional. What should I do if my patients don't have broadband access? [Read the answer.](#)
3. In the inpatient setting, when providing patient data to satisfy the Summary of Care and View Online, Download, and Transmit objectives, does a

hospital have to provide two different documents for patients and providers?
[Read the answer.](#)

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs.](#)





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | August 29, 2014

Review Final Rule to Determine Your CEHRT Participation Options for Program Year 2014

Today, CMS released a [final rule](#) that allows providers participating in the EHR Incentive Programs to use the 2011 Edition of certified electronic health record technology (CEHRT) for calendar and fiscal year 2014.

The rule grants flexibility to providers who are unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 CEHRT availability. Providers may now use EHRs that have been certified under the 2011 Edition, a combination of the 2011 and 2014 Editions, or the 2014 Edition for 2014 participation.

Beginning in 2015, all eligible providers **will be required** to report using 2014 Edition CEHRT.

2014 Participation Options

Under the rule, providers are able to use 2011 Edition CEHRT, and have the option to attest to the 2013 Stage 1 meaningful use objectives and the 2013 definition CQMs.

2011 CEHRT

Providers scheduled to meet Stage 1 or Stage 2:

- [2013 Stage 1 objectives](#) and [2013 CQMs](#)

Combination of 2011 & 2014 CEHRT

Providers scheduled to meet Stage 1:

- 2013 Stage 1 objectives and 2013 CQMs; **or**
- [2014 Stage 1 objectives](#) and [2014 CQMs](#)

Providers scheduled to meet Stage 2:

- 2013 Stage 1 objectives and 2013 CQMs; **or**
- 2014 Stage 1 objectives and 2014 CQMs; **or**
- [2014 Stage 2 objectives](#) and 2014 CQMs

2014 CEHRT

Providers scheduled to meet Stage 1:

- 2014 Stage 1 objectives and 2014 CQMs

Providers scheduled to meet Stage 2:

- 2014 Stage 1 objectives and 2014 CQMs; **or**
- 2014 Stage 2 objectives and 2014 CQMs

CEHRT Flexibility Resources

To help the public understand the final rule's changes to 2014 participation, CMS has developed the following 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 to participate in the EHR Incentive Programs in 2014.

Extending Stage 2

The rule also finalizes CMS and ONC's [recommended timeline](#) to extend Stage 2

through 2016. The earliest a provider can participate in Stage 3 of meaningful use is now 2017.

For More Information

Visit the CMS Newsroom to read the [press release](#) about the final rule. For more EHR Incentive Programs resources, visit the [CMS EHR website](#).



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | September 3, 2014

Learn More about Patient Electronic Access Requirements

If you are an eligible professional participating in the EHR Incentive Programs, you will be required to meet Patient Electronic Access measures. Patients' access to their EHRs can help them make more informed decisions about their health care and improve efficiencies in health care delivery.

In order to meet [2014 Stage 1 requirements](#), you must provide more than 50% of your unique patients with timely access to their health information within four business days of the information being available to you. If you are in [Stage 2](#), you must also demonstrate that more than 5% of your unique patients view online, download, or transmit to a third party their health information.

New CMS Guidance for Calculating Patient Electronic Access Across Multiple Providers

If you are an eligible professional, new CMS guidance may help you meet the Patient Electronic Access objective.

Stage 2 Measure #2: Eligible Professionals in the Same Group Practice

Eligible professionals in group practices are able to [share credit to meet the patient electronic access threshold](#) if they each saw the patient during the same EHR reporting period and they are using the same certified EHR technology. The patient

can only be counted in the numerator by all of these eligible professionals if the patient views, downloads, or transmits their health information online.

Stage 2 Measure #2: Providers with the Same Patient

If multiple eligible providers who see the same patient and contribute information to an online personal health record (PHR) during the same EHR reporting period, all of the eligible providers [can count the patient](#) to meet requirement if the patient accesses *any* of the information in the PHR. In other words, a patient does not need to access the specific information an eligible provider contributed, in order for them to count the patient to meet their threshold.

Stage 1 and Stage 2 Measure #1: Providers with Patients who Opt-Out

A patient can choose not to access their health information, or “opt-out.” Patients cannot be removed from the denominator for opting out of receiving access. If a patient opts out, a provider may count them in the numerator if they have been given all the information necessary to opt back in without requiring any follow up action from the provider, including, but not limited to, a user ID and password, information on the patient website, and how to create an account.

More Information

For more information on the Patient Electronic Access objective, review the [2014 Stage 1](#) and [Stage 2](#) specification sheets and the [Patient Electronic Access tipsheet](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | September 9, 2014

Broadband Access: Find Out What Exclusions and Hardship Exceptions May Apply

CMS offers exclusions and hardship exceptions for eligible professionals who face challenges in meeting meaningful use objectives that require that they and their patients have broadband access and Internet connectivity.

Patients' Access to Broadband

The [Secure Electronic Messaging](#) measure for eligible professionals and the second measure for the [Patient Electronic Access](#) objective for eligible professionals and eligible hospitals/CAHs require that patients access health information electronically. CMS recognizes that some patient populations face greater challenges in getting online access to health information.

To address these barriers, CMS included exclusions for these two requirements:

Eligible professionals who conduct 50 percent or more of their patient encounters in a county in which 50 percent or more of its housing units do not have availability to 3Mbps broadband (according to the latest information available from the FCC) on the first day of the EHR reporting period may exclude these measures.

Eligible professionals can use the [FCC's National Broadband Map](#) to search, analyze, and map broadband availability in their area to determine if these exclusions apply. For more information, read the [new FAQ](#).

Hardship Exceptions for Insufficient Internet Connectivity

Many meaningful use objectives, such as [Summary of Care](#) and [Electronic Prescribing](#), require Internet connectivity to send health information to patients, pharmacies, registries, and laboratories. CMS has determined that lack of sufficient Internet connectivity renders compliance with these meaningful use requirements a hardship.

If eligible professionals can demonstrate insufficient Internet connectivity, they can apply for a hardship exception for future payment adjustments. To qualify for the exception, they must demonstrate that the Internet connectivity is insufficient to comply with the meaningful use objectives, and that there are significant barriers—like high cost—to obtaining a sufficient infrastructure.

Learn more about hardship exceptions on the [Payment Adjustments and Hardship Exceptions](#) webpage.

For More Information

For more information about meaningful use objectives, exclusions, and hardship exceptions, visit the [EHR website](#). To view the FCC's National Broadband Map, go to: <http://www.broadbandmap.gov/>.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | September 10, 2014

Register Today for CMS and ONC Webinar on September 16th

CMS invites you to join a joint webinar with ONC about recent regulatory updates, including the [CMS 2014 CEHRT Flexibility final rule](#), and the [ONC 2014 Edition Release 2](#) final rule. The presentation will be held on **September 16th from 2:30 – 3:30pm ET** during National Health IT Week.

What will you learn?

On this webinar CMS and ONC experts will discuss:

- Overview of CEHRT and Release 2 Rules
- Stage 2 Extension
- 2014 CEHRT Flexibility Options: Stages 1 & 2
- 2014 Edition Release 2 Optional and Revised Certification Criteria
- ONC Health IT Certification Program Updates
- Relevant Resources

A portion of the webinar will be dedicated to Q&A

Registration Information

[Register now](#) to secure your spot for this webinar. 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.

For More Information

To learn more about other eHealth events and National Health IT Week, visit the [CMS Events page](#) on the eHealth website.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | September 12, 2014

Join CMS for National Health IT Week: September 15-19, 2014

National Health IT Week kicks off on Monday, September 15! As part of this week, CMS is highlighting its eHealth initiative, which seeks to create efficiencies and improve health care delivery in our nation's health care system.

CMS will be offering activities and webinars designed to help providers and industry better prepare and participate in eHealth, including:

- **Monday, September 15:** *ICD-10: Get Ready Now*
 - [CMS-AAPC ICD-10 Code-a-thon](#) – 1:00-4:45 PM ET
- **Tuesday, September 16:** *CMS 2014 CEHRT Flexibility Rule; First Year Medicare Eligible Professionals: Start Reporting by October 3 to Receive Payments*
 - [CMS and ONC Recent Regulatory Updates](#) – 2:30-3:30 PM ET
- **Wednesday, September 17:** *Streamlining Your Practice with Administrative Simplification*
 - [Administrative Simplification Webinar](#) – 12:00-1:30 PM ET
- **Thursday, September 18:** *New Quality Reporting Modules*

- [eCQMs 101 Webinar](#) – 12:00-1:00 PM ET

Look for CMS eHealth listservs every day next week featuring daily topics and activities.

Join the Twitter conversation

Follow [@CMSGov](#) on Twitter and join the conversation using the hashtags #NHITWeek and #CMSeHealth. More information will be posted throughout the week.

For More Information

To learn more about eHealth, visit the CMS [eHealth website](#) and watch an [introductory video](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | September 15, 2014

REMINDER: Join Tomorrow's Webinar on CMS and ONC Regulatory Updates

CMS invites you to join a joint webinar with ONC about recent regulatory updates, including the [CMS 2014 CEHRT Flexibility final rule](#), and the [ONC 2014 Edition Release 2](#) final rule. The presentation will be held tomorrow, **September 16th from 2:30 – 3:30pm ET** during National Health IT Week.

What will you learn?

On this webinar CMS and ONC experts will discuss:

- Overview of CEHRT and Release 2 Rules
- Stage 2 Extension
- 2014 CEHRT Flexibility Options: Stages 1 & 2
- 2014 Edition Release 2 Optional and Revised Certification Criteria
- ONC Health IT Certification Program Updates
- Relevant Resources

A portion of the webinar will be dedicated to Q&A

Registration Information

[Register now](#) to secure your spot for this webinar. 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.

For More Information

To learn more about other eHealth events and National Health IT Week, visit the [CMS Events page](#) on the eHealth website.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | September 16, 2014

October 3rd is Last Day for 1st-year Medicare EPs to Begin a 2014 Reporting Period

National Health IT Week is September 15-19, 2014. CMS will mark the week by hosting several webinars and launching new resources on [eHealth University](#) that help providers participate in eHealth programs. For the latest news and updates on CMS' Health IT activities, visit the [CMS eHealth website](#).

CMS wants to make sure you don't miss an opportunity to receive incentive payments for the Medicare EHR Incentive Program.

The last day to begin a 2014 reporting period for first-year Medicare eligible professionals is October 3rd.

Here are a few key points eligible professionals who have not yet started participation in the Medicare EHR Incentive Program should know.

Earning Incentives

- October 3rd is the last day to start the 90-day reporting period in 2014 for the Medicare EHR Incentive Program.

- If you start participation by October 3, you will have the opportunity to receive an incentive for 2014, and if you continue to achieve meaningful use, can earn incentive payments for 2015 and 2016 participation.
- If you wait and start participation in 2015, you will not be eligible to receive incentive payments, but can avoid payment adjustments.

Avoiding Adjustments

- You will not avoid the [payment adjustment in 2015](#), as you will not be able to attest to 90 days of data by October 1, 2014.
- If you applied for a 2015 hardship exception by July 1, 2014, you may avoid the payment adjustment.
- If you attest to 2014 data by February 28, 2015, you will avoid the 2016 payment adjustment.

Medicare eligible professionals must attest to demonstrating meaningful use **every year** to receive an incentive and avoid a payment adjustment.

For More Information

To learn more about other eHealth events and National Health IT Week, visit the [CMS Events page](#) on the eHealth website. For more information about the EHR Incentive Programs, visit the [CMS EHR website](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates | September 16, 2014

Review New and Updated FAQs for the EHR Incentive Programs

To keep you updated with information on the Medicare and Medicaid EHR Incentive Programs, CMS has recently added one new FAQ and updated seven FAQs to the [CMS FAQ system](#). We encourage you to stay informed by taking a few minutes to review the new information below.

New FAQ:

1. For Measure 2 of the Stage 2 Summary of Care objective for the EHR Incentive Programs, may an [eligible professional](#), [eligible hospital](#), or [critical access hospital](#) 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? [Read the answer](#).

Updated FAQs:

1. If my practice does not typically collect information on any of the core, alternate core, and additional clinical quality measures (CQMs) listed in the Final Rule on the Medicare and Medicaid EHR Incentive Programs, do I

need to report on CQMs for which I do not have any data? [Read the answer.](#)

2. Can eligible professionals use CQMs from the alternate core set to meet the requirement of reporting three additional measures for the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)
3. If one of the measures for the core set of CQMs for eligible professionals is not applicable for my patient population, am I excluded from reporting that measure for the Medicare or Medicaid EHR Incentive Programs? [Read the answer.](#)
4. If none of the core, alternate core, or additional clinical quality measures adopted for the Medicare and Medicaid EHR incentive programs apply, am I exempt from reporting on all CQMs? [Read the answer.](#)
5. If the denominators for all three of the core CQM are zero, do I have to report on the additional CQMs for eligible professionals under the Medicare and Medicaid EHR Incentive Programs? [Read the answer.](#)
6. For the Medicare and Medicaid EHR Incentive Programs, if the certified EHR technology possessed by an eligible professional generates zero denominators for all CQMs in the additional set that it can calculate, is the eligible professional responsible for determining whether they have zero denominators or data for any remaining CQMs in the additional set that their certified EHR technology is not capable of calculating? [Read the answer.](#)
7. I am an eligible professional who has successfully attested for the Medicare EHR Incentive Program, so why haven't I received my incentive payment yet? [Read the answer.](#)

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

2014 Hospital Reporting Ends Today; CMS Attestation System Open

CMS reminds eligible hospitals and critical access hospitals (CAHs) participating in the EHR Incentive Programs that **today** marks the end of the 2014 fiscal year (FY) and the end of the last 2014 reporting period.

Attestation Deadline

Hospitals participating in the Medicare EHR Incentive Program have until **November 30, 2014** to attest to demonstrating meaningful use of the data collected during the FY 2014 reporting period. Hospitals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation.

The [CMS Attestation System](#) is open and fully operational. Medicare eligible hospitals can attest any time to 2014 data until 11:59 p.m. ET on November 30, 2014.

Note: Hospitals seeking to use one of the new flexibility options will be able to attest in mid-October. More information will be sent soon.

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

Payment Adjustments

The 2016 payment adjustment will be applied at the beginning of FY 2016 (October 1, 2015) for Medicare eligible hospitals that did not successfully demonstrate meaningful use in 2014 and did not receive a hardship exception. Read the eligible hospital [payment adjustment tipsheet](#) to learn more.

Note: CAHs have a different payment adjustment schedule. Review the [CAH Payment Adjustment and Hardship Exception Tipsheet](#).

Attestation Resources

- [Stage 1 Eligible Hospital and CAH Meaningful Use Table of Contents \(2014 definition\)](#)
- [Stage 2 Eligible Hospital and CAH Meaningful Use Table of Contents](#)
- [Stage 1 Attestation User Guide for Eligible Hospitals](#)
- [Stage 2 Attestation User Guide for Eligible Hospitals](#)

More information

To learn more, visit the [Eligible Hospital Information](#) page on the [EHR Incentives Programs](#) website.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Eligible Hospitals: Meeting Meaningful Use in 2015 with 2014 Edition Certified EHR Technology (CEHRT)

The 2015 program year for the EHR Incentive Programs begins on October 1, 2014 for eligible hospitals. Medicare eligible hospitals beyond their first year of participation have a 365-day EHR reporting period.

All eligible hospitals are required to have [2014 Edition certified EHR technology \(CEHRT\)](#) to be able to successfully participate in 2015. Some hospital objectives require that 2014 Edition CEHRT be in place for the entire reporting year, while others may only need to be in place for part of the year.

Objectives Requiring CEHRT Functionality for the Full Year

Objectives that require 2014 Edition CEHRT be in place for the entire reporting year:

1. [Stage 1](#) Drug-Drug / Drug-Allergy Interaction Checks
2. [Stage 2](#) Clinical Decision Support for Drug-Drug / Drug-Allergy

Please note: interruption during the reporting period is allowed for reasons such as system maintenance.

Public Health Objectives Flexibility

Some objectives require a test for the first demonstration, and then require ongoing submission. These objectives give eligible hospitals 60 days from the start of the reporting period to allow time for things like successfully registering, onboarding with the registry, and submitting a test. This inherently provides some flexibility for getting their 2014 Edition CEHRT in place later and submit ongoing from that point forward:

1. [Stage 1](#) and [Stage 2](#) Immunization Registries Data Submission
2. [Stage 1](#) and [Stage 2](#) Electronic Reportable Lab Results
3. [Stage 1](#) and [Stage 2](#) Syndromic Surveillance Data Submission

This flexibility is only allowed if it complies with local and state laws. Some states may require retro-active submission of the data from the beginning of the year if there is a delay in implementation.

Threshold Objectives Flexibility

For all of the threshold objectives (those with a numerator and denominator), the eligible hospital must meet the threshold to meet the measure(s) and objective. Eligible hospitals may not need to have 2014 Edition CEHRT in place for the full year to be able to meet the threshold for these objectives.

If the eligible hospital meets the threshold during the reporting period, it meets the measure whether or not the function was in place for the full year.

For More Information

To learn more about the requirements for each objective, review the [Stage 1](#) and [Stage 2](#) specification sheets. Visit the [EHR website](#) for more program information and resources.



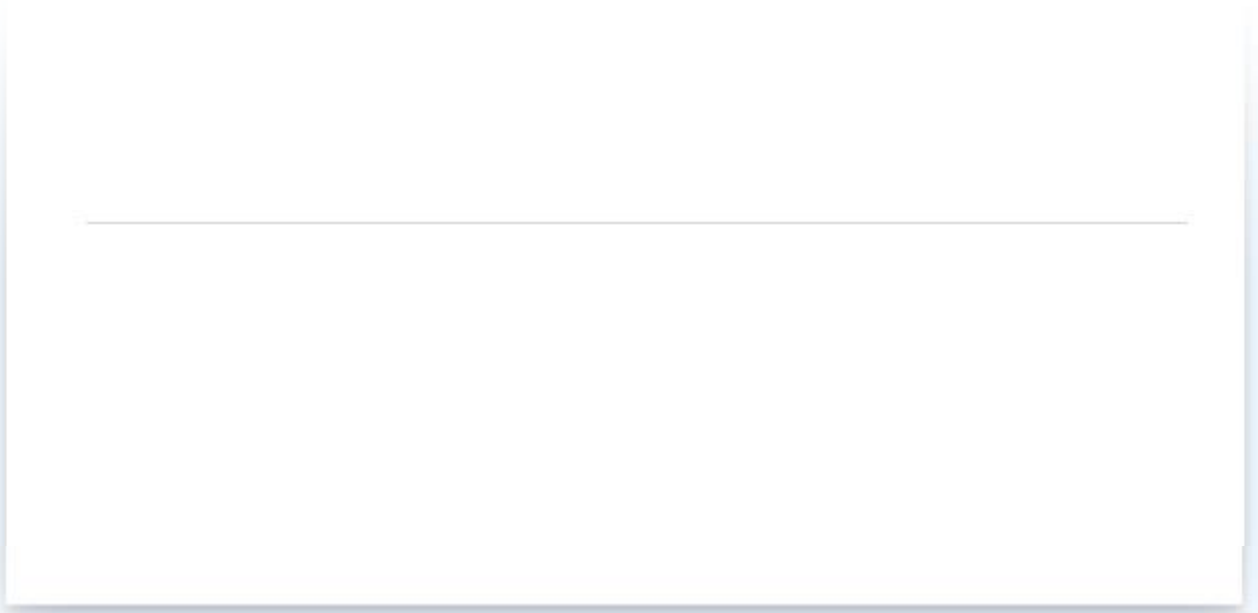
Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

[Learn How to Report 2014 eCQMs through the QualityNet Portal](#)

Overview of 2014 CQM Requirements

Eligible professionals attesting to [2014 CQMs](#) are required to report 9 from a list of 64 approved CQMs for the EHR Incentive Programs. The CQMs reported must cover at least 3 of the 6 available National Quality Strategy (NQS) domains, which represent the Department of Health and Human Services' NQS priorities for healthcare quality improvement.

Unlike 2013, 2014 CQM reporting does not require the submission of a core set of CQMs. CMS has instead identified two recommended core sets of CQMs—one for [adult populations](#) and one for [pediatric populations](#)—that focus on high-priority health conditions and best-practices for care delivery.

Reporting 2014 CQMs

Medicare eligible professionals have several options for submitting their 2014 CQMs. In addition to attesting through the CMS [Registration and Attestation System](#), they can electronically report their data.

Even if eligible professionals are not participating in the 2014 Physician Quality Reporting System (PQRS) program, they can electronically submit their 2014 electronic CQMs (eCQMs) in the QRDA III format using the [QualityNet Portal](#).

Eligible professionals who would like to submit their 90 days (first year of participation) or one quarter (second year and beyond) of 2014 eCQM data through the Portal must use the most recent version of the 2014 eCQMs ([June 2013](#)) except for measure CMS140 (the December 2012 version, or CMS140v2, must be used to report this measure).

2014 Electronic CQM Reporting Resources

CMS has several resources for electronically submitting 2014 CQMs through the QualityNet Portal:

- [2014 CQM Electronic Reporting Guide](#)
- [QualityNet Portal User Guide](#)
- [2014 CMS QRDA III Implementation Guides for Eligible Professionals Clinical Quality Measures \[ZIP\]](#)
- [eCQM Library](#)

2014 QRDA III SEVT Testing Now Available

The Submission Engine Validation Tool (SEVT) for 2014 QRDA III submission is now available on the [QualityNet Portal](#). CMS recommends QRDA submitters and certified EHR technology vendors use this tool for 2014 submission testing.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Hardship Exception Applications to Avoid the 2015 Medicare Payment Adjustment Due November 30, 2014

CMS is announcing its intent to reopen the submission period for hardship exception applications for eligible professionals and eligible hospitals to avoid the [2015 Medicare payment adjustments](#) for not demonstrating meaningful use of Certified Electronic Health Record Technology (CEHRT). The new deadline will be November 30, 2014. Previously, the hardship exception application deadline was April 1, 2014 for eligible hospitals and July 1, 2014 for eligible professionals.

As part of the American Recovery and Reinvestment Act of 2009 (Recovery Act), Congress mandated payment adjustments under Medicare for eligible hospitals, critical access hospitals, and eligible professionals that are not meaningful users of CEHRT. The Recovery Act allows the Secretary to consider, on a case-by-case basis, hardship exceptions for eligible hospitals, critical access hospitals, and eligible professionals to avoid the payment adjustments.

This reopened [hardship exception application](#) submission period is for eligible professionals and eligible hospitals that:

- Have been unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability; **AND**

- Eligible professionals who were unable to attest by October 1, 2014 and eligible hospitals that were unable to attest by July 1, 2014 using the flexibility options provided in the CMS [2014 CEHRT Flexibility Rule](#).

These are the only circumstances that will be considered for this reopened hardship exception application submission period. [Applications](#) must be submitted by **11:59 PM EST November 30, 2014**.

More Information

More information about the application process will be shared soon. We intend to address this issue in upcoming rulemaking. Visit the [Payment Adjustments and Hardship Exceptions webpage](#) for more information about Medicare EHR Incentive Program payment adjustments.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Register for the 10/30 National Provider Call on the CMS 2014 Certified EHR Technology Flexibility Rule

Are you an eligible professional or eligible hospital that has not fully implemented 2014 Edition certified EHR technology (CEHRT) for an EHR reporting period in 2014? Join CMS on October 30 from **2:00 p.m. – 3:00 p.m. ET** for a [National Provider Call](#) providing guidance and instructions on how the provisions of the [2014 CEHRT Flexibility Rule](#) can help you report for 2014.

The call will include detailed information about the 2014 flexibility options for eligible professionals and eligible hospitals that have been unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in the 2014 Edition CEHRT availability.

CMS experts will respond to participant questions during a live Q&A session.

Agenda:

The following topics will be discussed on the call:

- CMS 2014 CEHRT Flexibility Rule overview
- 2014 flexibility options
- Attestation System updates

- CMS responses to public comments
- Resources
- Q&A

A link to the slide presentation will be [posted](#) to prior to the call.

Registration

To [register](#) for this MLN Connects National Provider Call, please visit the CMS [MLN Connects Upcoming Calls](#) registration website. **Registration will close at 12:00 p.m. ET on the day of the call, or when available space has been filled;** no exceptions will be made, so please register early.

For More Information

For more information about the 2014 CEHRT Flexibility Rule, review the [2014 CEHRT Rule: Quick Guide](#) on the [EHR Incentive Programs website](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Learn More about the Protect Electronic Health Information Core Objective

If you are a provider participating in the EHR Incentive Programs, conducting or reviewing a security risk analysis is required to meet [Stage 1](#) and [Stage 2](#) of meaningful use. This meaningful use objective complements, but does not impose new or expanded requirements on the [HIPAA Security Rule](#).

How This Objective Improves Care

Security risk analysis doesn't just help your organization ensure it is compliant with HIPAA's [administrative, physical, and technical safeguards](#); this ongoing process also helps reveal areas where your organization's electronic protected health information (e-PHI) could be at risk. Meeting this objective can help you avoid and address common security gaps that lead to cyber-attack or data loss, which helps protect your practice, information, technology, and the people you serve.

New CMS Guidance for When to Complete a Security Risk Analysis

A security risk analysis needs to be conducted or reviewed during each program year for Stage 1 and Stage 2. These steps may be completed outside **OR** during the EHR reporting period timeframe, but must take place no earlier than the start of the reporting year and no later than the end of the reporting year.

For example, an eligible professional who is reporting for a 90-day EHR reporting period in 2014 may complete the appropriate security risk analysis requirements outside of this 90-day period as long as it is completed between January 1st and December 31st in 2014. For more information, read the [new FAQ](#).

Please note:

- Conducting a security risk analysis is required when certified EHR technology is adopted in the first reporting year.
- In subsequent reporting years, or when changes to the practice or electronic systems occur, a review must be conducted.

Resources for Security Risk Analysis

To help providers understand what's required to meet this core objective, CMS has a [Security Risk Analysis Tipsheet](#) available on the [Educational Resources](#) page that includes:

- Steps for conducting a security risk analysis
- How to create an action plan
- Security areas to consider and potential courses of action
- Myths and facts about conducting or reviewing a security risk analysis

This information is also available as an intermediate level resource on [eHealth University](#).

Providers in small-to-medium sized offices may also use ONC's [Security Risk Assessment \(SRA\) tool](#) to conduct risk assessments of their organizations. The tool also produces a report that can be provided to auditors. A [User Guide](#) and [Tutorial video](#) are available to help providers use the tool.

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Hardship Exception Applications to Avoid the 2015 Medicare Payment Adjustment Due November 30, 2014

CMS reopened the submission period for hardship exception applications for eligible professionals and eligible hospitals to avoid the [2015 Medicare payment adjustments](#) for not demonstrating meaningful use of Certified Electronic Health Record Technology (CEHRT). The new deadline is **11:59 PM EST November 30, 2014**.

Eligible professionals and eligible hospitals that have never met meaningful use before may apply during this reopened [hardship exception application](#) submission period if they meet both of the following:

- The provider was unable to attest by July 1, 2014 (for eligible hospitals) or October 1, 2014 (for eligible professionals); **AND**
- The provider has been unable to fully implement 2014 Edition CEHRT by the dates above due to delays in 2014 Edition CEHRT availability.

These are the only circumstances that will be considered for this reopened hardship exception application submission period.

Applications Details

Providers who would like to submit an application should review the following guidance:

- The application is available on the [Payment Adjustments and Hardship Exceptions webpage](#).
- The completed application must be attached to an email and sent to ehrhardship@provider-resources.com.
- For eligible professionals without Internet connectivity, submit this application and all supporting documentation via fax to 814-464-0147.
- Submit the application no later than 11:59 PM EST November 30, 2014.

More Information

Visit the [Payment Adjustments and Hardship Exceptions webpage](#) for more information about Medicare EHR Incentive Program payment adjustments.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Register Today for the 10/30 National Provider Call on the CMS 2014 Certified EHR Technology Flexibility Rule

Are you an eligible professional or eligible hospital that has not fully implemented 2014 Edition certified EHR technology (CEHRT) for an EHR reporting period in 2014? Join CMS this Thursday, October 30 from **2:00 p.m. – 3:00 p.m. ET** for a [National Provider Call](#) providing guidance and instructions on how the provisions of the [2014 CEHRT Flexibility Rule](#) can help you report for 2014.

The call will include detailed information about the 2014 flexibility options for eligible professionals and eligible hospitals that have been unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in the 2014 Edition CEHRT availability.

CMS experts will respond to participant questions during a live Q&A session.

Agenda:

The following topics will be discussed on the call:

- CMS 2014 CEHRT Flexibility Rule overview
- 2014 flexibility options
- Attestation System updates
- CMS responses to public comments

- Resources
- Q&A

A link to the slide presentation will be [posted](#) prior to the call.

Registration

To [register](#) for this MLN Connects National Provider Call, please visit the CMS [MLN Connects Upcoming Calls](#) registration website. **Registration will close at 12:00 p.m. ET tomorrow.**

For More Information

For more information about the 2014 CEHRT Flexibility Rule, review the [2014 CEHRT Rule: Quick Guide](#) on the [EHR Incentive Programs website](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Register for 11/3 Webinar on the 2014 CEHRT Flexibility Rule

Join representatives from the Centers for Medicare & Medicaid Services (CMS) on **Monday, November 3rd, from 12:00 p.m. to 1:00 p.m. ET** for a webinar on the [2014 Certified EHR Technology \(CEHRT\) Flexibility Rule](#).

This presentation will cover guidance and instructions on how eligible professionals who have been unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability can use the rule's flexibility to report for 2014.

A portion of the webinar will be dedicated to Q&A.

How to Register

[Register now](#) to participate in this webinar. Once registration is complete, you will receive a follow-up email with instructions on how to log-in to the webinar. Space is limited, so register now!



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Deadlines for 2014 Hospital Reporting on November 30

November 30, 2014 is an important date for the 2014 Medicare EHR Incentive Program for eligible hospitals and critical access hospitals (CAHs).

Attestation Deadline

Eligible hospitals and CAHs must successfully attest to demonstrating meaningful use by **November 30** to receive a 2014 incentive payment. Hospitals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#) for attestation.

The [CMS Attestation System](#) is open and fully operational, and now includes the [2014 Certified EHR Technology \(CEHRT\) Flexibility Rule](#) options. Medicare eligible hospitals can attest any time to 2014 data until 11:59 p.m. ET on November 30, 2014.

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

eCQM Submission Deadline

Eligible hospitals and CAHs who are electronically submitting clinical quality measures to qualify for that requirement of meaningful use must submit to qualify for that requirement of meaningful use must submit to [Quality Net](#) by **November 30**

to successfully meet the deadline to be evaluated for a 2014 incentive payment. Hospitals participating in the Medicaid EHR Incentive Program need to refer to their [state deadlines](#).

2015 Hardship Exception Deadline

CMS reopened the submission period for hardship exception applications for eligible hospitals to avoid the [2015 Medicare payment adjustments](#) for not demonstrating meaningful use of CEHRT. The new deadline is **11:59 PM ET November 30, 2014**.

Eligible hospitals that have never met meaningful use before may apply during this reopened [hardship exception application](#) submission period if they were unable to attest by July 1, 2014 **AND** were unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability.

2016 Payment Adjustments

Payment adjustments will be applied at the beginning of FY 2016 (October 1, 2015) for Medicare eligible hospitals that have not successfully demonstrated meaningful use in 2014. Read the eligible hospital [payment adjustment tipsheet](#) to learn more.

Note: CAHs have a different payment adjustment schedule. Review the [CAH Payment Adjustment and Hardship Exception Tipsheet](#).

Resources

Attestation resources are available on the [Educational Resources](#) webpage of the [EHR Incentives Programs](#) website.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

[2015 Physician Fee Schedule Final Rule: Changes to Medicare EHR Incentive Program Hardship Exceptions](#)

The [2015 Physician Fee Schedule 2015 Final Rule](#) includes an Interim Final Rule with a request for public comment (IFC) related to the EHR Incentive Programs. This IFC provisionally adopts changes to the regulatory language about hardship exceptions from the Medicare payment adjustment in the EHR Incentive Programs.

As part of the American Recovery and Reinvestment Act of 2009 (ARRA), Congress mandated payment adjustments under Medicare for eligible hospitals, critical access hospitals, and eligible professionals that are not meaningful users of certified EHR technology (CEHRT).

ARRA allows the Secretary to consider, on a case-by-case basis, hardship exceptions for eligible hospitals, critical access hospitals, and eligible professionals to avoid the payment adjustments.

In October, CMS reopened the submission period for [hardship exception applications](#) for eligible professionals and eligible hospitals to avoid the 2015 Medicare payment adjustments for not demonstrating meaningful use of CEHRT.

Hardship Exception Extension

Eligible professionals and eligible hospitals that have never met meaningful use

before may apply during this reopened hardship exception application submission period if they were unable to fully implement 2014 Edition CEHRT due to delays in 2014 Edition CEHRT availability **AND** could not attest by the early attestation deadline for new participants. The [application deadline](#) is **November 30, 2014**.

The language in the rule makes the necessary changes to the regulation to support the extension of the hardship application period. Comments are due by December 30, 2014, and more information will be available when the rule is published in the Federal Register on November 13, 2014.

Reporting of eQMs for the Medicare EHR Incentive Program

While CMS is still requiring eligible professionals who report clinical quality measures (QMs) electronically for the Medicare EHR Incentive Program to use the most recent version of eQMs, eligible professionals would not be required to ensure that their CEHRT products are recertified to the most recent version of the electronic specifications for the QMs.

Resources

Review the 2015 Physician Fee Schedule Rule [fact sheet](#) for more information about regulatory changes to the EHR Incentive Programs. For more information about the EHR Incentive Programs, visit the [CMS EHR website](#).



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

How to Report Once in 2014 for Medicare Quality Reporting Programs

Providers participating in the 2014 PQRS program may be eligible to report their quality data one time only to earn credit for multiple Medicare quality reporting programs.

Individual eligible professionals and group practices will be able to report once on a single set of clinical quality measures (CQMs) and satisfy some of the various requirements of several of the following programs, depending on eligibility:

- Physician Quality Reporting System (PQRS)
- Value-Based Payment Modifier (VM)
- Medicare EHR Incentive Program
- Medicare Shared Savings Program Accountable Care Organization (ACO)
- Pioneer ACO
- Comprehensive Primary Care Initiative (CPCI)

CMS aligned some of the reporting requirements for these programs starting in 2014 to reduce the burden of data collection. Those eligible professionals who choose to report once will reap several benefits:

- Earn the 2014 PQRS incentive and avoid the 2016 PQRS payment adjustment.
- Satisfy the CQM requirements of the Medicare EHR Incentive Program.
- Satisfy requirements for the 2016 VM, ACO, and/or CPCI, if eligible.

Note: aligned reporting options are only available to eligible professionals beyond their first year of participation in the Medicare EHR Incentive Program.

How to Report Once

Individual eligible professionals and group practices must submit a full year (January 1- December 31, 2014) of data to receive credit for the various programs.

The following resources will help explain how providers can report their quality data one time for 2014 participation in applicable quality programs:

- [Reporting Once Interactive Tool](#) – provides reporting guidance based on how the eligible professional plans to participate in PQRS in 2014.
- [eHealth University Reporting Once Module](#) – explains how to report quality measures one time during the 2014 program year and satisfy quality reporting requirements PQRS, the Medicare EHR Incentive Program, the VM, and ACOs.
- [2014 CQM Electronic Reporting Guide](#) – provides an overview of 2014 CQMs and options for reporting them to CMS.

2014 QRDA III SEVT Testing Available

The Submission Engine Validation Tool (SEVT) for 2014 QRDA III submission is available on the [QualityNet Portal](#). CMS recommends QRDA submitters and certified EHR technology vendors use this tool for 2014 submission testing. For more information about CQMs visit the [CQM Basics page](#) of the EHR Incentive Programs website.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

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



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

[Learn More about Summary of Care Meaningful Use Requirements in Stage 2](#)

If you are an eligible provider participating in the EHR Incentive Programs, you will have the option of reporting the Summary of Care menu objective in [Stage 1](#), but will be required to meet the core objective in [Stage 2](#).

CMS wants to ensure providers are able to meet Measure #2 of the Summary of Care objective in Stage 2. Below is some additional guidance to help you meet the measure.

Guidance for Meeting Measure #2

For Measure #2 of the Stage 2 Summary of Care objective, an eligible professional, eligible hospital or critical access hospital (CAH) may count a transition of care or referral in its numerator for the measure if they electronically create and send a summary of care document 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 electronically transmitted by the eligible professional, eligible hospital, or CAH to the third party organization is done so using EITHER:

- a. their CEHRT's transport standard capability; or
 - b. an exchange facilitated by an organization that is an eHealth Exchange participant.
- The third party organization can confirm for the sending provider that the summary of care document was ultimately received by the next provider of care.

In instances where a “third party organization that plays a role in determining the next provider of care and ultimately delivers the summary of care document” is involved, the service the third party provides does not have to be certified for the transmission to be counted in the numerator for Measure #2. Nor are there any specific requirements around the technical standards or methods by which the third party delivers the summary of care document to the receiving provider (e.g., SOAP, secure email, fax).

For More Information

For more information, read the [updated FAQ](#). For additional Stage 2 resources, visit the [Stage 2 webpage](#) of the EHR Incentive Programs website.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Hardship Exception Applications to Avoid the 2015 Medicare Payment Adjustment Due November 30, 2014

CMS reopened the submission period for hardship exception applications for eligible professionals and eligible hospitals to avoid the [2015 Medicare payment adjustments](#) for not demonstrating meaningful use of Certified Electronic Health Record Technology (CEHRT). The deadline is **11:59 PM EST November 30, 2014**.

Eligible professionals and eligible hospitals that have never met meaningful use before may apply during this reopened [hardship exception application](#) submission period if they meet both of the following:

- The provider was unable to attest by July 1, 2014 (for eligible hospitals) or October 1, 2014 (for eligible professionals); **AND**
- The provider has been unable to fully implement 2014 Edition CEHRT by the dates above due to delays in 2014 Edition CEHRT availability.

These are the only circumstances that will be considered for this reopened hardship exception application submission period.

Applications Details

Providers who would like to submit an application should review the following guidance:

- The application is available on the [Payment Adjustments and Hardship Exceptions webpage](#).
- The completed application must be attached to an email and sent to ehrhardship@provider-resources.com.
- For eligible professionals without Internet connectivity, submit this application and all supporting documentation via fax to 814-464-0147.
- Submit the application no later than 11:59 PM EST November 30, 2014.

More Information

Visit the [Payment Adjustments and Hardship Exceptions webpage](#) for more information about Medicare EHR Incentive Program payment adjustments.



Visit the [CMS EHR Incentive Programs website](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).





EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

New EHR Attestation Deadline for Eligible Hospitals: December 31, 2014

CMS is extending the deadline for eligible hospitals and Critical Access Hospitals (CAHs) to attest to meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program 2014 reporting year from 11:59 pm EST on November 30, 2014 to **11:59 pm EST on December 31, 2014**.

This extension will allow more time for hospitals to submit their meaningful use data and receive an incentive payment for the 2014 program year, as well as avoid the 2016 Medicare payment adjustment.

CMS is also extending the deadline for eligible hospitals and CAHs that are electronically submitting clinical quality measures (CQMs) to meet that requirement of meaningful use and the Hospital Inpatient Quality Reporting (IQR) program. Hospitals now have until December 31, 2014 to submit their eCQM data via [Quality Net](#).

Note: *This extension does not impact the deadlines for the Medicaid EHR Incentive Program.*

How to attest?

Medicare eligible hospitals and CAHs will use the [Registration and Attestation](#)

[System](#) to submit their attestation for meaningful use for the 2014 reporting year. The [system](#) is open and fully operational, and includes the [2014 Certified EHR Technology \(CEHRT\) Flexibility Rule](#) options. Medicare eligible hospitals and CAHs can attest any time to 2014 data until 11:59 pm EST on December 31, 2014 to meet the new 2014 program deadline.

Attestation Tips

Here are some steps to help make the attestation process easier:

- Consider logging on to use the attestation system during non-peak hours, such as evenings and weekends
- Log on to the registration and attestation system now and ensure that your information is up to date and begin entering your 2014 data
- If you experience attestation problems, call the EHR Incentive Program Help Desk and report the problem

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

2016 Payment Adjustments

Payment adjustments will be applied at the beginning of FY 2016 (October 1, 2015) for Medicare eligible hospitals that have not successfully demonstrated meaningful use in 2014. Read the eligible hospital [payment adjustment tipsheet](#) to learn more.

Note: CAHs have a different payment adjustment schedule than Medicare eligible hospitals. Review the [CAH Payment Adjustment and Hardship Exception Tipsheet](#).

Resources

The EHR Information Center is open to assist you with all of your registration and attestation system inquiries. Please call, 1-888-734-6433 (primary number) or 888-734-6563 (TTY number). The EHR Information Center is open Monday through Friday from 7:30 a.m. – 6:30 p.m. (Central Time), except federal holidays.

Attestation resources are available on the [Educational Resources](#) webpage of the [EHR Incentives Programs](#) website.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Eligible Professionals: Register for 12/3 Webinar on the 2014 CEHRT Flexibility Rule

Join Centers for Medicare & Medicaid Services (CMS) representatives **tomorrow, December 3rd, from 11:00 a.m. to 12:00 p.m. ET** for a webinar on the [2014 Certified EHR Technology \(CEHRT\) Flexibility Rule](#).

This presentation will cover guidance and instructions on how eligible professionals who have been unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability can use the rule's flexibility to report for 2014.

A portion of the webinar will be dedicated to Q&A.

How to Register

[Register now](#) to participate in this webinar. Once registration is complete, you will receive a follow-up email with instructions on how to log-in to the webinar. Space is limited, so register now!



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs.](#)



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Learn More about the Protect Electronic Health Information Core Objective

The security risk analysis must be completed **prior to attestation. Review [FAQ #10754](#), and learn more about this meaningful use requirement below.*

If you are a provider participating in the EHR Incentive Programs, conducting or reviewing a security risk analysis is required to meet [Stage 1](#) and [Stage 2](#) of meaningful use. This meaningful use objective complements, but does not impose new or expanded requirements on the [HIPAA Security Rule](#).

How This Objective Improves Care

Security risk analysis doesn't just help your organization ensure it is compliant with HIPAA's [administrative, physical, and technical safeguards](#); this ongoing process also helps reveal areas where your organization's electronic protected health information (e-PHI) could be at risk. Meeting this objective can help you avoid and address common security gaps that lead to cyber-attack or data loss, which helps protect your practice, information, technology, and the people you serve.

New CMS Guidance for When to Complete a Security Risk Analysis

A security risk analysis needs to be conducted or reviewed during each program year for Stage 1 and Stage 2. These steps may be completed outside **OR** during the EHR reporting period timeframe, but must take place no earlier than the start of

the EHR reporting year and no later than the date the provider submits their attestation for that EHR reporting period.

For example, an eligible professional who is reporting for a 90-day EHR reporting period in 2014 may complete the appropriate security risk analysis requirements outside of this 90-day period as long as it is completed between January 1st of the EHR reporting year and no later than the date the eligible professional submits the attestation for that EHR reporting period. For more information, read the [updated FAQ](#).

Please note:

- Conducting a security risk analysis is required when certified EHR technology is adopted in the first reporting year.
- In subsequent reporting years, or when changes to the practice or electronic systems occur, a review must be conducted.

Resources for Security Risk Analysis

To help providers understand what's required to meet this core objective, CMS has a [Security Risk Analysis Tipsheet](#) available on the [Educational Resources](#) page that includes:

- Steps for conducting a security risk analysis
- How to create an action plan
- Security areas to consider and potential courses of action
- Myths and facts about conducting or reviewing a security risk analysis

This information is also available as an intermediate level resource on [eHealth University](#).

Providers in small-to-medium sized offices may also use ONC's [Security Risk Assessment \(SRA\) tool](#) to conduct risk assessments of their organizations. The tool also produces a report that can be provided to auditors. A [User Guide](#) and [Tutorial video](#) are available to help providers use the tool.

Want more information about the EHR Incentive Programs?

Make sure to visit the [Medicare and Medicaid EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

Reminder: Eligible Hospitals Must Attest By December 31 to Receive 2014 Incentive

If you are an eligible hospital or critical access hospital (CAH), the last day you can register and attest to demonstrating meaningful use for the Medicare Electronic Health Record (EHR) Incentive Program 2014 reporting year is December 31, 2014. You must successfully **attest by 11:59 p.m. ET on December 31**, to receive an incentive payment for your 2014 participation.

CMS extended the deadline for eligible hospitals and CAHs to attest to meaningful use for the Medicare EHR Incentive Program to allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2014 program year, as well as avoid the 2016 Medicare payment adjustment.

CMS also extended the deadline for eligible hospitals and CAHs that are electronically submitting clinical quality measures (CQMs) to meet that requirement of meaningful use and the Hospital Inpatient Quality Reporting (IQR) program. Hospitals now have until December 31, 2014 to submit their eCQM data via [Quality Net](#).

Note: *This extension does not impact the deadlines for the Medicaid EHR Incentive Program.*

How to attest?

Medicare eligible hospitals and CAHs will use the [Registration and Attestation System](#) to submit their attestation for meaningful use for the 2014 reporting year. The [system](#) is open and fully operational, and includes the [2014 Certified EHR Technology \(CEHRT\) Flexibility Rule](#) options. Medicare eligible hospitals and CAHs can attest any time to 2014 data until 11:59 pm EST on December 31, 2014 to meet the new 2014 program deadline.

Attestation Tips

Here are some steps to help make the attestation process easier:

- Consider logging on to use the attestation system during non-peak hours, such as evenings and weekends
- Log on to the registration and attestation system now and ensure that your information is up to date and begin entering your 2014 data
- If you experience attestation problems, call the EHR Incentive Program Help Desk and report the problem

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

2016 Payment Adjustments

Payment adjustments will be applied at the beginning of FY 2016 (October 1, 2015) for Medicare eligible hospitals that have not successfully demonstrated meaningful use in 2014. Read the eligible hospital [payment adjustment tipsheet](#) to learn more.

Note: CAHs have a different payment adjustment schedule than Medicare eligible hospitals. Review the [CAH Payment Adjustment and Hardship Exception Tipsheet](#).

Resources

The EHR Information Center is open to assist you with all of your registration and attestation system inquiries. Please call, 1-888-734-6433 (primary number) or 888-734-6563 (TTY number). The EHR Information Center is open Monday through Friday from 7:30 a.m. – 6:30 p.m. CT, except federal holidays. Attestation resources are available on the [Educational Resources](#) webpage of the [EHR Incentives Programs](#) website.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).



EHR Incentive Programs

A program of the Centers for Medicare & Medicaid Services

News Updates

2014 Reporting Ends for Eligible Professionals on December 31, 2014; Prepare for Attestation

CMS reminds eligible professionals participating in the Electronic Health Record (EHR) Incentive Programs that **December 31, 2014** marks the end of the 2014 calendar year (CY) and the end of the last 2014 EHR reporting period.

Attestation Deadline

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 will be 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](#)

Note: January 1, 2015 marks the start of [Stage 2](#) for eligible professionals who have already completed at least two years of Stage 1.

More Information

For more information, please visit the [Educational Resources](#) webpage of the [EHR Incentive Programs](#) website.



Visit the [CMS EHR Incentive Programs](#) website

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Medicare and Medicaid EHR Incentive Programs](#).
