

Health Information Compliance Alert

EHRs: Meaningful Use: Get Your 2014 CEHRT Now

Good news: You're getting another year for Stage 3 compliance.

If you're not already using 2014 certified electronic health record technology (CEHRT), you'd better hurry up — a new final rule requires that you do so for your meaningful use (MU) reporting in 2015.

On Sept. 4, the **Centers for Medicare & Medicaid Services** (CMS) and the **Office of the National Coordinator for Health Information Technology** (ONC) published a final rule on the EHR Incentive Programs. The final rule makes no significant changes to the proposed rule from May 23.

How Your MU Requirements Changed

The final rule largely aims to help physicians, hospitals and critical-access hospitals (CAHs) implement and use CEHRT products, according to the American **Academy of Family Physicians** (AAFP). Specifically, the final rule:

- Allows physicians and other eligible providers to use 2011 CEHRT, or a combination of 2011 and 2014 CEHRT, to complete the 90-day reporting period in 2014;
- Mandates that all eligible healthcare professionals, hospitals and CAHs must use 2014 CEHRT for MU reporting in 2015;
- Extends Stage 2 through 2016 for some providers; and
- Sets the Stage 3 timeline to begin in 2017 for physicians and other eligible providers who became EHR meaningful users in 2011 or 2012.

Caveat: "The rule applies largely to physicians who were scheduled to attest to MU Stage 2 for the first time in 2014 and had trouble implementing a 2014 edition certified EHR technology (CEHRT)," AAFP notes. "In addition, physicians who were to attest to MU Stage 1 could possibly attest to the 2013 edition of Stage 1; those who were to attest to Stage 2 can attest to the 2013 or 2014 version of Stage 1."

Choose from 3 Options

In other words: If you've been unable to roll out 2014 edition CEHRT because your EHR vendor didn't develop the products in a timely fashion, you'll have more flexibility in complying with MU requirements, explains the law firm **Ropes & Gray LLP**. In this situation, the final rule offers three options:

1. Using 2011 Edition CEHRT Only: Eligible professionals (EPs), eligible hospitals (EHs) and CAHs using only 2011 edition CEHRT during the 2014 reporting period must meet MU objectives and measures for Stage 1 that were applicable during the 2013 payment year, regardless of the current MU stage.

2. Using a Combination of 2011 and 2014 Edition CEHRT: If you're using a combination of 2011 edition and 2014 edition CEHRT during the 2014 reporting period, you can choose to meet the 2013 Stage 1 or 2014 Stage 1 objectives and measures. Or, if you are scheduled to begin Stage 2 in 2014, you could choose to meet the Stage 2 objectives and measures.

3. Using the 2014 Edition CEHRT Only: If you're scheduled to begin Stage 2 for the 2014 EHR reporting period but are unable to fully implement all the functions of your 2014 edition CEHRT required for Stage 2, you can attest to the 2014 Stage 1 objectives and measures for the 2014 reporting period.

Important: "The above options are only available to providers that attest they are 'not able to fully implement' 2014 edition CEHRT as a result of 'delays in 2014 edition CEHRT availability,'" Ropes & Gray stresses.

Will Rule's Timing Cost You Next Year?

AAFP laments the timing of the final rule, arguing that CMS and ONC should have finalized the rule months ago. "For physicians who were to do meaningful use Stage 2 reporting in 2014, that's important, because on Jan. 1, 2015, physicians will have to begin reporting for a full year at Stage 2."

And **Russell Branzell**, president and CEO of the **College of Healthcare Information Management Executives** (CHIME) is also unhappy with this timing. "CHIME is deeply disappointed in the decision made by CMS and ONC to require 365 days of EHR reporting in 2015," he wrote in a recent statement.

"This single provision has severely muted the positive impacts of this final rule," Branzell charged. "Further, it has all but ensured that industry struggles will continue well beyond 2014." Most hospitals will not be able to meet Stage 2 requirements beginning on Oct. 1, 2014, which means that the penalties hospitals avoided in 2014 will come in 2015, "and millions of dollars will be lost due to misguided government timelines," he warned.

Bright Spot: Enjoy a Stage 3 Delay

The final rule also solidifies the proposed delay to the Stage 3 deadline. Instead of Jan. 1, 2016, you will have until Jan. 1, 2017 for the first cohort of adopters to implement Stage 3 MU requirements, according to Ropes & Gray.

"The delay is intended to give CMS and ONC the opportunity to focus on the successful implementation of Stage 2 requirements, including those of enhanced patient engagement, interoperability and health information exchange, as well as to utilize Stage 2 participation data to inform policy decisions regarding Stage 3," Ropes & Gray notes.

Link: The final rule appears in the Sept. 4 Federal Register: www.gpo.gov/fdsys/pkg/FR-2014-09-04/pdf/2014-21021.pdf.