



CMS and ONC NPRMs Released on March 20

CMS NPRM proposes requirements for Stage 3 of EHR Incentive Programs (in FR March 30, 2015)

In conjunction with ONC NPRM for 2015 Edition certification criteria for health IT products, the rules:

- Provide more flexibility
- Simplify the programs
- Reduce burden
- Drive interoperability
- Increase the focus on patient outcomes to improve care



Stage 3 NPRM Increases Flexibility

To make the EHR Incentive Programs more flexible, the Stage 3 NPRM:

- Establishes a single, aligned reporting period for all providers-entire calendar year (Medicaid exception)
- Allows providers the option to start Stage 3 in either 2017 or 2018 (required in 2018)
- Simplifies reporting requirements by allowing flexible measures under:
 - health information exchange
 - consumer engagement
 - public health reporting



Stage 3 NPRM Eases Burden

To reduce the reporting burden, the proposed rule:

- ✓ Reduces number of objectives to 8
- ✓ Includes single set of measures slightly tailored for EPs and hospitals
- ✓ Removes redundant measures or measures that received widespread adoption
- ✓ Realigns reporting period into one for all providers (hospitals to participate on calendar instead of fiscal year)
- ✓ Aligns quality data reporting; focuses on electronic submission



Stage 3 NPRM Focuses on Advanced Use

By streamlining objectives and simplifying reporting requirements, the Stage 3 NPRM focuses on objectives that support advanced use of EHR technology

The proposed flexibility for HIE objectives give providers more options to effectively coordinate the care they provide



Program goal/objective	Delivery system reform goal alignment
Protect Patient Health Information	<ul style="list-style-type: none"> • Foundational to Meaningful Use and Certified EHR Technology* • Recommended by HIT Policy Committee
Electronic Prescribing (eRx)	<ul style="list-style-type: none"> • Foundational to Meaningful Use • National Quality Strategy Alignment
Clinical Decision Support (CDS)	<ul style="list-style-type: none"> • Foundational to Certified EHR Technology • Recommended by HIT Policy Committee • National Quality Strategy Alignment
Computerized Provider Order Entry (CPOE)	<ul style="list-style-type: none"> • Foundational to Certified EHR Technology • National Quality Strategy Alignment
Patient Electronic Access to Health Information	<ul style="list-style-type: none"> • Recommended by HIT Policy Committee • National Quality Strategy Alignment
Coordination of Care through Patient Engagement	<ul style="list-style-type: none"> • Recommended by HIT Policy Committee • National Quality Strategy Alignment
Health Information Exchange (HIE)	<ul style="list-style-type: none"> • Foundational to Meaningful Use and Certified EHR Technology • Recommended by HIT Policy Committee • National Quality Strategy Alignment
Public Health and Clinical Data Registry Reporting	<ul style="list-style-type: none"> • Recommended by HIT Policy Committee • National Quality Strategy Alignment



Stage 3 NPRM Reporting Options

First Year Provider Demonstrated Meaningful Use	Stages	Certification Edition required by CEHRT	EHR Reporting Period in 2017
2011- 2014	Stage 2	2014 or 2015	Full CY
	Stage 3	2014 or 2015	Full CY
2015- 2016	Stage 1	2014 or 2015	Full CY
	Stage 2	2014 or 2015	Full CY
	Stage 3	2014 or 2015	Full CY
2017	Stage 1	2014 or 2015	Full CY*
	Stage 2	2014 or 2015	Full CY*
	Stage 3	2015	Full CY*
Starting in 2018 providers must use 2015 CEHRT and meet Stage 3 for the full year, with a limited exception for Medicaid providers demonstrating meaningful use for the first time.*			



Submit Comments no later than May 29, 2015

1. **Electronically:** Submit electronic comments on this regulation to <http://www.regulations.gov>
 - **Follow the “submit a comment” instructions**
2. **By regular mail**
3. **By express or overnight mail**
4. **By hand or courier**



Rulemaking Intent Announcement

On Jan. 29, CMS announced its intent to engage in rulemaking this spring

CMS is considering the following changes:

- Shortening 2015 reporting period to 90 days
- Realigning hospital reporting to calendar year
- Modifying other aspects of programs to match goals, reduce complexity, lessen reporting burden

See Dr. Conway's blog on <http://blog.cms.gov/>