

Emerging Issue

2014 Certified Electronic Health Record Technology (CEHRT) Flexibility

The Centers for Medicare & Medicaid Services (CMS) released a final rule on Aug. 29, 2014, to give flexibility to providers about the CEHRT allowable for meaningful use attestation in 2014. The final rule allows providers to attest to meaningful use for 2014 using 2011 Edition CEHRT, 2014 Edition CEHRT, or a combination of the two, if the provider is unable to fully implement 2014 Edition CEHRT due to availability delays. Availability delays are not related solely to the availability of 2014 Edition CEHRT; they include instances in which providers are waiting for vendor software updates, there are software functionality problems, or the software does not contain all required components. Inaction on the provider's part or the provider's inability to meet one or more measures does not grant an exemption from meeting stage 2 requirements. If providers have been affected by availability delays, providers are able to attest to meaningful use in 2014, as follows:

Scheduled to Demonstrate in 2014			
Options for attestation based on the final rule			
	Using 2011 Edition CEHRT	Using 2011 and 2014 Edition CEHRT	Using 2014 Edition CEHRT
Stage 1	2013 stage 1 objectives and measures*	2013 stage 1 objectives and measures* -OR- 2014 stage 1 objectives and measures*	2014 stage 1 objectives and measures
Stage 2	2013 stage 1 objectives and measures*	2013 stage 1 objectives and measures* -OR- 2014 stage 1 objectives and measures* -OR- Stage 2 objectives and measures*	2014 stage 1 objectives and measures* -OR- Stage 2 objectives and measures
* Allowed only for providers that could not fully implement 2014 Edition CEHRT for the EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability			

To qualify for an incentive payment under Medicaid for 2014 for adopting, implementing, or upgrading CEHRT, a provider must adopt, implement, or upgrade to 2014 Edition CEHRT only. CMS reiterated that all providers must use 2014 Edition CEHRT for the EHR reporting periods in 2015 and subsequent years or until new certification requirements are adopted in future rulemaking.

For 2014, providers attesting for the first time will attest to a 90-consecutive-day reporting period of their choosing. Providers beyond their first year of meaningful use will attest to a three-month quarter-based reporting period for Medicare in 2014. Eligible professionals attesting to Medicaid will attest to any continuous 90-day reporting period in calendar year 2014 or, if their state so chooses, to any three-month calendar-year-based quarter.

Clinical quality measure (CQM) providers' submissions are based on the year and objectives selected. For providers attesting to 2013 stage 1 objectives, CQM reporting is in accordance with 2013 CQM requirements, and providers attesting to 2014 stage 1 or stage 2 objectives are required to report based on 2014 CQM requirements. For providers attesting to 2014 stage 2 requirements, the final rule will allow providers that were unable to meet the second measure of the "summary of care" objective to attest to 2013 stage 1 requirements if the recipients of the transitions or referrals were affected by issues related to 2014 Edition CEHRT availability delays.

The final rule also:

- Gave an alternative denominator for the “lab results to ambulatory providers” measurement
- Clarified that the second measurement of the “patient electronic access” objective is based on unique patients
- Established case number exemption thresholds for CQM reporting for hospitals
- Specified that providers attesting to stage 1 do not have to perform an additional test for public data submission measures if the providers are beyond their stage 1, year 1 attestation
- Changed stage 3 to begin in 2017 rather than 2016

The final rule does not affect the 2015 meaningful use requirement that providers beyond the first year of stage 1 must attest to a 365-day reporting period and providers that have two years or more at stage 1 must meet stage 2 measures. Providers that attest for the first time in 2015 will be able to attest to a 90-consecutive-day reporting period of their choosing.

SUMMARY

The most recent meaningful use final rule offers flexibility to providers that have experienced implementation delays due to the unavailability of 2014 Edition CEHRT. These providers may continue to receive incentive payments and avoid payment adjustments that begin in 2015. Meaningful use project teams should assess whether they have been affected by 2014 Edition CEHRT availability delays and determine if changing their attestation plan is warranted. Providers that elect to alter the 2014 attestations, as provided for by the final rule, should fully document and retain support as evidence of 2014 Edition CEHRT availability delays, for the final rule stipulates that the support is subject to review as a part of future audits. The final rule does not provide this flexibility to providers that have not been affected by CEHRT delays or providers that experience difficulties meeting stage 2 measures.

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