CMS Rule Allows CEHRT Flexibility

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By AHIMA's Advocacy and Policy Team

On August 29, 2014, the Department of Health and Human Services (HHS) published a final rule that provides flexibility on how providers use certified electronic health record technology (CEHRT) and qualify for attestation to the "meaningful use" EHR Incentive Program for the 2014 reporting period.

The Centers for Medicare and Medicaid Services (CMS) changed the requirements based on feedback they received from providers and other healthcare industry stakeholders. CMS identified ways to provide flexibility so that more providers will be able to meet and attest to meaningful use objectives like drug interaction and drug allergy checks, providing clinical summaries to patients, electronic prescribing, reporting on key public health data, and reporting on quality measures.

HHS believes that the update to the EHR Incentive Program supports its commitment to ensure effective health information technology (IT) infrastructure that promotes patient-centered care, improves health outcomes, and supports the providers that care for patients.

In addition, the final rule finalizes the extension of stage 2 of the program through 2016 for certain providers and announces the updated stage 3 timeline, which will begin in 2017 for providers who first became meaningful electronic health record (EHR) users in 2011 or 2012. See the sidebar on page 19 for the updated meaningful use timeline.

ONC Creates New Federal Advisory Committee Workgroups

The Office of the National Coordinator for Health IT (ONC) has recently created two new groups of the Health IT Policy Committee (HITPC) to provide rapid feedback to ONC: the Interoperability and Health Information Exchange – Governance Subgroup, and the JASON Task Force.

The Governance Subgroup will identify the scope and process ONC should use to implement a governance approach for interoperability and health information exchange (HIE). The goal is to establish "rules of the road" to allow information to flow efficiently and effectively across networks.

This committee should address the key problems that slow trust and exchange across networks, including:

- Inconsistent security policies and practices
- Inconsistent privacy policies and practices and operational/business
- Inconsistent policies and technical agendas at the local, state, and regional levels

The JASON Task Force, a short-term joint group of the HITPC and Health IT Standards Committee (HITSC), has been established to synthesize feedback on the JASON report. Their feedback will inform current and future activities of both the HITPC and HITSC committees, as well as ONC. The report, "A Robust Health Data Infrastructure" (also known as the JASON Report), was published by an independent group of scientists called JASON, and convened by contractor MITRE Corp., and was funded by the Agency for Healthcare Research and Quality.

The report recommends that the government establish a "comprehensive, transparent and overarching software architecture" that would create an open, interoperable health data infrastructure. This was recommended to be included in stage 3 of the meaningful use program. ONC's HITPC is reviewing the findings of the JASON report to decide which, if any, should be incorporated into stage 3.

Updated Meaningful Use Timeline

First Payment Year	Stage of Meaningful Use					Previous Stage 3 Start Date	New Stage 3 Start Date				
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3 -> 2	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3 -> 2	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

Source: Centers for Medicare and Medicaid Services. “New CMS Rule Allows Flexibility in Certified EHR Technology for 2014.” Press Release. August 29, 2014. http://cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-08-29.html.

EHR/HIE Interoperability Workgroup Final Report

In May 2013, ONC released the final report from the EHR/HIE Interoperability Workgroup (IWG), an Exemplar Governance Program participant. This is comprised of a collaborative of 19 states and 47 EHR and HIE developers and organizations. The IWG convened pilot programs to test interoperability standards for provider directories.

The scope of the project includes:

1. Pilot testing of provider directories for Direct exchange: The goals include demonstrating delivery of results based on query linking of two or more provider directories, documenting best practices and lessons learned, drafting an updated implementation guide, and establishing measures to report routinely to ONC.
2. Advance the ONC governance framework: Focus on the participation and collaboration with the ONC governance forum and other initiatives for trusted exchange of health information.
3. Collaborate with ONC-led initiatives for patient matching: This includes participation in a patient matching learning forum and sharing information with the IWG membership.

CMS to Improve Quality of Care During Hospital Inpatient Stays

The Centers for Medicare and Medicaid Services (CMS) issued a final rule on August 4, 2014 updating the Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) for fiscal year

2015. The rule was scheduled to go into effect for discharges beginning on October 1, 2014. This rule impacts over 3,000 acute care hospitals and 400 long-term care hospitals.

For Medicare-covered inpatient services, the final rule updates the measures and financial incentives in:

- Hospital Acquired Condition Reduction
- Hospital Value-Based Purchasing
- Hospital Inpatient Quality Reporting (IQR)
- Hospital Readmissions Reduction Programs

In the final rule, CMS aligns the timelines for measures reported electronically in the Hospital IQR Program and Medicare EHR Incentive Program. The rule also revises measures for the Long-Term Care Hospital Quality Reporting Program and the PPS-Exempt Cancer Hospital Quality Reporting Program, and clarifies how to mitigate solid organ transplant programs that do not meet CMS standards for data submission, clinical experience, or outcomes.

CMS Proposes Expanding Telemedicine Coverage

In the proposed changes to the Medicare Physician Fee Schedule for 2015, CMS recommended that annual wellness visits, psychotherapy, psychoanalysis, and "prolonged evaluation and management services" be added to the telemedicine coverage for Medicare beneficiaries. These telehealth services are anticipated to expand access to care for Medicare beneficiaries.

The covered wellness visit includes the initial visit and a subsequent visit. The prolonged evaluation and management services pertains to services that required direct patient contact beyond usual care. CMS proposes providing CPT codes for both the first hour beyond the usual care, and then each additional 30 minutes.

The final rule is anticipated in July 2015.

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