

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE PLAN PAYMENT GROUP

DATE: August 13, 2014

TO: All Medicare Advantage Organizations Participating in the 2014 EHR Incentive Program

FROM: Cheri Rice /s/
Director, Medicare Plan Payment Group

SUBJECT: **2014 Electronic Health Record Incentive Program (EHR) for Medicare Advantage (MA) Organizations - Stage 2 Flexibility Options**

The purpose of this memorandum is to provide additional guidance to MA organizations participating in the MA EHR Incentive Program for payment year 2014. On May 23, 2014, The Centers for Medicare & Medicaid Services (CMS) published a proposed rule ([CMS-0052-P](#)) that proposes to provide eligible professionals, eligible hospitals, and critical access hospitals more flexibility in how they use certified electronic health record (EHR) technology (CEHRT) to meet meaningful use. In the rule, CMS proposed to let providers use the 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT for the EHR reporting period in 2014 for the Medicare and Medicaid EHR Incentive Programs.

Beginning in 2015, all eligible hospitals and professionals must report using 2014 Edition CEHRT.

Meaningful Use Attestation for Eligible Professionals (EPs)

For 2014, the reporting period for “Meaningful use of certified EHR technology” will be defined as:

- Any continuous 90-day period for participants in their first year of the program; or
- A three month period for all other participants. The three month reporting period constitutes one quarter of the 2014 calendar year (January through March, April through June, July through September, or October through December).

The delay in certifying many EHR products has impacted the time available to providers to effectively deploy 2014 Edition CEHRT in order to demonstrate meaningful use in 2014. The availability of 2014 Edition CEHRT is further limited by the large number of providers needing to upgrade. The delay in availability may limit a provider’s ability to fully implement 2014 Edition CEHRT.

For these reasons, we are proposing the following options for plans that are not fully able to implement 2014 Edition CEHRT for a full reporting period in 2014 due to delays in 2014 Edition CEHRT availability:

- For the EHR reporting period in CY 2014, EPs may use either 2011 Edition CEHRT or a combination of 2011 Edition and 2014 Edition CEHRT.
- The edition of certified EHR technology which is available to a provider dictates the stage and version of the meaningful use objectives and measures to which the provider will be able to attest.
 - All MA organizations using 2011 Edition CEHRT for their EHR reporting period in 2014 must meet the meaningful use objectives and associated measures for Stage 1 that were applicable for the 2013 payment year ("2013 Stage 1 Objectives and Measures") regardless of their current stage of meaningful use.
 - All MA organizations using a combination of 2011 Edition CEHRT and 2014 Edition CEHRT for their EHR reporting period in 2014 may choose to meet the "2013 Stage 1 Objectives and Measures" or the "2014 Stage 1 Objectives and Measures", or, if they are scheduled to begin Stage 2 in 2014, they may choose to meet the "2014 Stage 2 Objectives and Measures" under 42 CFR § 495.6.
 - All MA organizations that are scheduled to begin Stage 2 for the 2014 EHR reporting period but are unable to fully implement all the functions of their 2014 Edition CEHRT required for "2014 Stage 2 Objectives and Measures" due to delays in 2014 Edition CEHRT availability may use 2014 Edition CEHRT to attest to the "2014 Stage 1 Objectives and Measures" for the 2014 EHR reporting period.

Please Note: MA organizations that are scheduled to begin Stage 2 in 2014 but choose to meet the Stage 1 criteria in 2014 will be required to begin Stage 2 in 2015. In 2015, all MA organizations, except those in their first year of demonstrating meaningful use, are required to have a full year EHR reporting period. In addition, in 2015, all MA organizations are required to have 2014 Edition CEHRT in order to successfully demonstrate meaningful use.

If an MA organization has not yet purchased EHR technology, we strongly recommend that it obtain 2014 Edition CEHRT because it will be needed for the EHR reporting period in 2015.

MA Eligible Hospitals (EHs) are subject to the rules of the Medicare FFS incentive program as they attest through the NLR system.

Additional information on the Health Plan Management System attestation module will be provided at a later date.

Summary of Proposed Flexibility for 2014 Attestations

If you were scheduled to demonstrate:	You would be able to attest for MU:		
	<u>Using 2011 Edition CEHRT** to do:</u>	<u>Using 2011 & 2014 Edition CEHRT** to do:</u>	<u>Using 2014 Edition CEHRT** to do:</u>
<u>Stage 1 in 2014</u>	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
<u>Stage 2 in 2014</u>	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

*Only MAOs that could not fully implement 2014 Edition CEHRT for the reporting period in 2014 due to delays in 2014 Edition CEHRT availability.

**The Edition of CEHRT may be identified by the software's Certification Number. 2014 Edition CEHRTs will have "14E" in positions 3-5 of the certification number. 2011 & 2014 Edition CEHRT will have "H13" in positions 3-5 of the certification number. Any other characters in positions 3-5 of the certification number denote a 2011 Edition CEHRT.

Please send any questions about this guidance to the CMS MA HITECH mailbox at MA_EHRincentiveprogram@cms.hhs.gov.