



CMS Offers Relief to Meaningful Use Providers for 2014

On Tuesday, May 20, the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC) for Health IT issued [a proposed rule](#) that would change the meaningful use timeline for 2014 to allow providers to continue to use 2011 Edition certified electronic health record technology (CEHRT) or a combination of 2011 Edition and 2014 Edition CEHRT for their 2014 reporting year.

The proposed rule is CMS and ONC's response to the challenges that eligible hospitals and professionals have been expressing about installing, implementing, and integrating 2014 Edition CEHRT that was required in order to meet both the Meaningful Use Stage 1 and Stage 2 requirements in 2014.

The government has established a 60-day comment period for the proposed rule. [Public comments](#) will be due by the end of July 2014.

Change to Required Start Date for Using 2014 Certified Technology:

The rule proposes that the beginning of providers' 2015 reporting year would be the new required start date for the use of 2014 Edition certified complete EHRs and EHR Modules to meet the CEHRT definition.

- For eligible hospitals and critical access hospitals (CAHs), the new start date would be October 1, 2014 (the first day of fiscal year 2015),
- Eligible professionals have a start date would be January 1, 2015 (as eligible professionals are paid incentives according to the calendar year).
- Providers that were scheduled to begin Stage 2 in 2014 but instead meet the Stage 1 criteria in 2014 will be required to begin Stage 2 in 2015.

In the rule, the agencies present three options for providers in 2014 to meet the requirements for Meaningful Use and continue to participate in the EHR Incentive Program:

- **Using 2011 Edition CEHRT Only**

Providers can use only 2011 Edition CEHRT for their EHR reporting period in 2014 that must meet the meaningful use objectives and associated measures for Stage 1 that were applicable for their 2013 payment year, regardless of their current stage of meaningful use.

- **Using a Combination of 2011 and 2014 Edition CEHRT**

Providers can use a combination of 2011 Edition CEHRT and 2014 Edition CEHRT for their EHR reporting period in 2014 or they 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 Stage 2 objectives and associated measures.

- **Using 2014 Edition CEHRT for 2014 Stage 1 Objectives and Measures in 2014 for Providers Scheduled to Begin Stage 2**

For those providers that have been able to implement their 2014 Edition CEHRT, they can use 2014 Edition CEHRT to attest to the 2014 Stage 1 or Stage 2 objectives and measures for the 2014 EHR reporting period.

If providers choose one of the options where they will use 2011 Edition CEHRT in 2014, when they attest to the meaningful use objectives and measures, they must attest to the fact that they have been unable to fully implement 2014 Edition CEHRT because of issues related to 2014 Edition CEHRT availability delays.

Formal Extension of MU Stage 2 to 2016:

As a follow-up to the announcement from CMS in late 2013 about an extension for the end of Stage 2 and the start of Stage 3, CMS formally included the shift to start MU Stage 3 to begin October 1, 2016, for eligible hospitals and CAHs, and January 1, 2017, for eligible professionals that first became meaningful users in 2011 or 2012.

The agencies noted that the goal of this proposed change is two-fold:

- The change allows CMS and ONC to focus efforts on the successful implementation of the enhanced patient engagement, interoperability, and health information exchange requirements in Stage 2;
- The MU Stage 2 participation data can inform policy decisions for Stage 3.

Updates to Clinical Quality Measure Requirements:

Clinical quality measure (CQM) reporting requirements under this proposal, the method of CQM submission depends on the edition of CEHRT a provider is using to record, calculate, and report its CQMs for their selected reporting period in 2014.

For example, if a provider uses only 2011 Edition CEHRT for its EHR reporting period in 2014, the provider would be required to report CQMs by attestation as follows:

- eligible professionals would report from the set of 44 measures from the Stage 1 final rule;
- eligible hospitals and CAHs would report all 15 measures finalized in the Stage 1 final rule.

The reporting period would continue to be any continuous 90 days within 2014 for those providers that are demonstrating meaningful use for the first time, or a 3-month quarter for providers that have previously demonstrated meaningful use.