

CMS Releases Proposed Rules Modifying Stage 2 of EHR's Meaningful Use Requirements

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On April 10th, CMS issued a new proposed rule modifying Stage 2 requirements for meaningful use under the Electronic Health Record (EHR) Incentive program. According to CMS, the rule is “intended to be responsive to provider concerns about software implementation, information exchange readiness, and other related concerns in 2015.” The newly proposed modifications are also intended to “allow providers to focus more closely on the advanced use of certified EHR technology.” This rule is separate from the [proposed rule](#) implementing Stage 3 of the meaningful use objectives, which CMS released earlier this month.

The proposed rule would streamline reporting requirements in several ways. It would reduce the overall number of objectives, moving from 20 objectives to a core of eight objectives, and aligning with the goals discussed in the Stage 3 proposed rule. Providers would have some flexibility in how they meet those eight objectives. The rule would also remove measures that have become redundant, duplicative, or which have already achieved widespread adoption.

The rule also proposes changes to individual objectives and measures for Stage 2 of meaningful use. Eligible providers would no longer be required to demonstrate that five percent of their patients had electronically viewed, downloaded or transmitted their personal health information using a certified EHR. Instead, eligible providers would only have to demonstrate that at least one patient had done so. Similarly, providers would no longer have to show that five percent of patients had sent a message using a certified EHR's direct messaging capability. Instead, providers would only be required to demonstrate that those capabilities had been fully enabled during the reporting period. These proposed changes would apply to providers starting with the 2015 reporting period.

Beginning in 2015, the rule would realign the reporting period so that eligible providers, eligible hospitals, and critical access hospitals (CAH) would begin and end reporting based on the calendar year instead of the fiscal year. CMS believes that this would allow hospitals and CAHs the same amount of time as eligible providers to fully implement new EHR technology.

The proposed rule would also shorten the 2015 attestation reporting period from 365 days to 90 days. This is intended to ease the burden for providers still transitioning from Stage 1 to Stage 2 of the meaningful use objectives. CMS believes that the shortened reporting period would allow providers and the agency the time to make necessary changes to operating systems, resulting in greater

alignment with long-term goals for advanced use of EHRs. However, the 90-day reporting period is temporary. It is applicable in 2015 for eligible providers, eligible hospitals and CAHs. In 2016, it is available for eligible professionals, eligible hospitals and CAHs that have not demonstrated meaningful use in a prior year and are first-time participants in the program. However, for all returning participants that have successfully demonstrated meaningful use in a prior year, the reporting period would be a full calendar year. The proposed rule does not change the attestation reporting periods for Stage 3 of the meaningful use objectives, which would require all providers to report on the full calendar year beginning in 2017, with a limited exception for Medicaid EHR incentive program providers.

The American Hospital Association has stated that these changes would provide some “much needed relief” from current Stage 2 requirements, but is still concerned that too many significant changes at such a late date could cause confusion when attempting to implement these changes alongside the Stage 3 requirements.

The proposals described above, including the proposed changes to the EHR reporting period, and the objectives and measures required to demonstrate meaningful use, would also apply for the Medicaid EHR Incentive Program. The full text of the proposed rule can be found [here](#). There is a 60-day public comment period for this proposed rule, with comments due by June 9, 2015.

This post was written by Shruti Baker.

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