

Health Headlines

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CMS and ONC Issue Stage 2 Meaningful Use and Certification Standards Proposed Rules

On February 23, 2012, CMS posted a display copy of the proposed Stage 2 Meaningful Use criteria that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet in order to qualify for incentive payments under the Medicare and Medicaid Electronic Health Record (EHR) Incentives Programs. The proposed rule sets forth new functionality and clinical quality objectives eligible providers must satisfy in order to receive incentive payments under the HITECH Act. On February 24, 2012, the Office of the National Coordinator for Health IT (ONC) released a companion proposed rule setting forth the certification standards certified EHRs must meet to enable providers to achieve Meaningful Use during Stage 2.

The Stage 2 criteria will take effect during 2014 for providers that have successfully attested to the Stage 1 criteria. Originally, providers that successfully attested to the Stage 1 criteria would be responsible for meeting Stage 2 criteria in 2013. CMS now proposes to extend that timeline by one year.

The proposed Stage 2 requirements include the same core-menu structure as the Stage 1 requirements: EPs must meet or qualify for an exclusion to 17 core objectives and three of five menu objectives, while eligible hospitals and CAHs must meet or qualify for an exclusion to 16 core objectives and two of four menu objectives. CMS notes that almost all of the Stage 1 core and menu objectives have been retained in the proposed Stage 2 criteria. In the proposed rule, CMS also has proposed an electronic process by which eligible providers may submit clinical quality measures (CQMs), with EPs required to report 12 CQMs and eligible hospitals and CAHs required to report 24 CQMs.

EPs will be responsible for reporting CQMs for the entire period beginning on January 1, 2014 through December 31, 2014. Eligible hospitals' reporting period spans from October 1, 2013 through September 30, 2014. Both types of providers have two months from the end of their respective reporting periods to submit data to CMS. EPs may submit quality data individually through a CMS portal or through one of three group reporting options (i.e., under a common group practice Tax Identification Number, through participation in an accountable care organization already using a certified EHR in the Medicare Shared Savings Program, or through using a certified EHR in the Physician Quality Reporting System). Eligible hospitals also may submit clinical quality data through a CMS portal.

Like the CQMs, the functionality measures proposed for Stage 2 largely build upon Stage 1 criteria. For example, CMS proposes to require that 60 percent of all medication, laboratory and radiology orders must be made by providers using computerized provider order entry (CPOE) during Stage 2. Stage 1 required only 30 percent of an eligible provider's medication orders for unique patients to be entered using CPOE. Moreover, eligible providers would need to implement five clinical decision support interventions, up from one in Stage 1. The proposed rule also requires EPs to increase patient access to electronic health information: more than 50 percent of unique patients must be provided online access to their health information within four business days after the information is available to the EP, and 10 percent of all unique patients (or their designated representatives) must actually view, download or transmit to a third party their health information.

For Medicaid purposes, CMS proposes to redefine an “encounter” to encompass any service furnished to an enrolled Medicaid beneficiary, even if the service rendered is not covered by Medicaid.

CMS also has proposed to increase the amount of health information exchange eligible providers must successfully complete. For example, eligible providers must electronically transmit a summary of care record using a certified EHR to a recipient with no organizational affiliation and using a different certified EHR than the sender for more than 10 percent of care transitions/referrals.

Medicare payment adjustments will begin in 2015 for EPs who do not achieve meaningful use in the 2013 reporting year. Subsequent payment adjustments will be made based upon whether the EP achieved Meaningful Use two reporting periods prior (e.g., an EP will receive an adjustment in 2016 for not being a meaningful user in 2014). CMS also proposes four potential categories of exceptions to adjustments: “(1) lack of availability of internet access or barriers to obtaining IT infrastructure, (2) a time-limited exception for newly practicing EPs or new hospitals who would not otherwise be able to avoid payment adjustments, (3) unforeseen circumstances such as natural disasters that would be handled on a case-by-case basis, and (4) a combination of clinical features limiting a provider's interaction with patients and lack of control over the availability of Certified EHR technology at their practice locations.”

The ONC proposed rule on Stage 2 certification standards proposes a new definition to “certified” EHR technology beginning in 2014. Under the proposal, providers would have a “base” certified EHR that includes the fundamental capabilities that span all stages of meaningful use, and would add subsequent capabilities necessary to meet the meaningful use criteria for the particular stage in which the provider is seeking incentive payments. This change will permit providers to upgrade existing certified EHRs for compliance with future stages of meaningful use. The proposed certification standards rule is available [here](#).

CMS’s Stage 2 meaningful use proposed rule is available [here](#), and a Fact Sheet is available [here](#).

Comments on the CMS proposed rule must be received no later than 5 p.m. on the date that is 60 days after date of publication of the proposed rule in the Federal Register, expected to be March 7, 2012.

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