

EHR Incentive Program Modified Stage 2 Rule Changes Synopsis

As OHCA is in the process of updating its EHR attestation system per the regulations outlined in the Modified Stage 2 final rule, we have developed this document to outline the changes. OHCA is working diligently to have these changes implemented as soon as possible. Our anticipated go live date is February 18, 2016.

For program year 2015 only, the attestation tail period will be extended through May 31, 2016.

Modified Stage 2 Rule Changes:

- Length of reporting periods by year:
 - Program year 2015 – 90 days for all attestation types (i.e. AIU, MU)
 - Program year 2016 (last year to begin program) - 90 days for AIU and 1st year of MU; 365 days for providers/hospitals beyond 1st year of MU
 - Program year 2017 - 90 days for 1st year of MU and Stage 3 (optional); 365 days for providers/hospitals beyond 1st year of MU
 - Program years 2018 and beyond - 365 days for all professionals/hospitals
- All providers are required to attest to a single set of objectives and measures. No more core and menu measures
- No changes to Clinical Quality Measures
- Types of certified EHR technology (CEHRT)
 - Program year 2015 - providers must attest using 2014 Edition CEHRT
 - Program years 2016 and 2017 - providers may attest using either 2014 Edition CEHRT or 2015 Edition CEHRT
 - Program years 2018 and beyond - providers must attest using 2015 Edition CEHRT

Changes Specific to Eligible Professionals

- Eligible Professionals will now report on 10 objectives and measures (https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EP_TableofContents.pdf);

Changes specific to Eligible Hospitals and Critical Access Hospitals

- Hospitals move to a calendar year reporting period (January 1 – December 31)
 - For program year 2015 only, hospitals may select a reporting period from 10/1/2014 – 12/31/2015.
 - Patient volume will still be calculated using the previous federal fiscal year or the most recent 12 months.
- To better align with the federal rule, Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) will now calculate Patient Volume using inpatient discharges rather than inpatient bed days. See Eligible Hospital Patient Volume Tip sheet at: http://www.okhca.org/EH_PV_Tipsheet
- EHs and CAHs will now report on 9 objectives and measures, including one consolidated public health reporting objective. (https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2015EHCAH_TableofContents.pdf)

For the complete rule or additional information, please visit the following link:
<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2015ProgramRequirements.html>.

More information will be forthcoming on Stage 3 and any other updates in the near future.

If you have any questions, please contact the EHR Incentive team at 405-522-7347 or by email OKEHRIncentive@okhca.org, or you may visit our website at www.okhca.org/ehr-incentive