

CMS Releases Its Stage 3 Proposed Rule Regarding Meaningful Use



On March 20th, the Centers for Medicare & Medicaid Services (CMS) issued its Stage 3 proposed rule to the Medicare and Medicaid Electronic Health Records Incentive Program. To qualify for the Program incentives, and to avoid negative payment adjustments absent an applicable hardship exception, eligible professionals and hospitals must certify they have achieved certain benchmarks for meaningfully using the Electronic Health Record (EHR) technology. This rule builds on the first two stages of rulemaking raising the standards for meaningful use of EHR technology to new stage 3. By doing so, CMS hopes to improve quality of care by requiring interoperability of EHR systems to enable different systems to communicate and exchange records with each other and by driving use of EHR in a way that improves patient outcomes. The proposed rule is subject to public comment through May 29, 2015. After analyzing comments, CMS will issue a final rule.

Stage 3 is Final Stage In the proposed rule, CMS states its intent that the stage 3 criteria for meaningful use be the final stage. It plans to incorporate elements from stages 1 and 2 to establish one set of criteria applicable to all professionals and hospitals participating in the Program, including those attesting to meaningful use for the first time in 2018. CMS also proposes that in 2018 and after, all eligible professionals and hospitals be required to use technology that meets the 2015 edition of certified EHR technology. On March 20th, the Office of the National Coordinator for Health Information Technology released its proposed certification criteria for the 2015 edition. **Stage 3 Criteria** The stage 3 criteria once final are voluntary in 2017 and mandatory in 2018. The proposed stage 3 rule requires participating providers to attest to eight different objectives and their associated measures. These eight areas include: (1) protection of patient health information; (2) electronic prescribing; (3) clinical decision support; (4) computerized provider order entry; (5) patient electronic access to healthcare information; (6) coordination of care through patient engagement; (7) health information exchange; and (8) public health and clinical data registry reporting. Furthermore, there may be sub-measures within given measures. Here, the healthcare provider would only need to attest to a majority of the sub-measures in order to fall within the standard guidelines. The Health Care Lawyers at Seigfreid Bingham work in these areas every day and would be happy to help you. Contact us today to learn more. Image:

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