

July 31, 2015

The Honorable Sylvia M. Burwell
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Notice of Proposed Rule Making (NPRM) on [Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Modifications to Meaningful Use in 2015 Through 2017](#) (42 CFR Part 495; [CMS-3311-P]; RIN 0938-AS58)

Dear Secretary Burwell:

The undersigned stakeholder organizations are writing to urge the Department to expeditiously publish the Final Rule on modifications to the Electronic Health Record (EHR) Incentive Program for program years 2015-2017. We appreciate the Department's willingness to offer useful changes to the EHR Incentive Program for this year and for 2016-2017; to ensure that eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) will be able to meet the reporting deadlines for 2015 and continue to participate in the program, the healthcare professionals and organizations that we serve need certainty now on what this Final Rule will include.

The October 3rd deadline to begin the final possible 90-day reporting period in calendar year 2015 is fast-approaching. If providers do not receive the Final Rule shortly, it will be very difficult to make workflow adjustments in a timely manner to meet programmatic deadlines and facilitate Meaningful Use tracking and reporting.

Fundamentally, it is critical that the 90-day reporting period and streamlining of Meaningful Use objectives and measures are confirmed, and that the proposals for public health reporting are clarified and enhanced. As these items are finalized, given the compressed timelines, we urge CMS to ensure that the Final Rule offers flexibility to providers and requires only capabilities already in use in 2014 Edition-certified EHRs.

With the progression from the proposed to the Final Rule, several specific areas could require significant changes that will be challenging in this short timeframe, especially in public health reporting. For instance, the proposed requirement of bi-directional exchange for immunizations registries is a concern. Such capabilities are not currently available in most certified EHR vendor systems, and the bi-directional functionality was not required in the 2014 Edition certification criteria for public health reporting. There is general stakeholder agreement on the need to develop toward bi-directional functionality, but most providers and developers indicate that it is simply not feasible for most products at this time, especially in the remaining truncated 2015 reporting year.

Moreover, on the public health objectives, the NPRM outlines stringent exclusion pathways that will require thousands of EPs, EHs, and CAHs to reorient their engagement with outside parties to successfully meet this measure. Such pathways will likely require time, money, and technical resources. Although many stakeholders agree that this move is directionally appropriate, the

timeline to make these changes before the beginning of the final possible 2015 90-day reporting period will be extremely challenging if the Final Rule is not published in the near-term.

Overall, the Department's efforts to simplify and focus meaningful use in the 2015-2017 Modifications Rule are welcomed by the community—and will be a key contributor to the ongoing success of the EHR Incentive Program. However, providers and technology developers need to have the certainty now that comes with a Final Rule in order to be able to meet the reporting deadlines for 2015 and continue participation in the program.

Our organizations continue to support health IT as a critical tool for enabling healthcare transformation, value-based care models, and the delivery of better care, improved outcomes, and lower costs. The ability to share and exchange health information is also a key component of healthcare transformation. As policy discussions continue on health information exchange/interoperability functionality, ensuring that the EHR Incentive Program is on track for 2015-2017 will reinforce the investments made to-date and support continued momentum towards the goals of enhanced care coordination and interoperability.

Representatives from the undersigned list of organizations would be pleased to meet with you to discuss these issues in more depth. Please feel free to contact [Jeff Coughlin](#), Senior Director of Federal & State Affairs at the Healthcare Information and Management Systems Society, at 703.562.8824, or [Leslie Krigstein](#), Interim Vice President of Public Policy at the College of Healthcare Information Management Executives, at 202.507.6158, with questions or for more information.

Thank you for your consideration.

Sincerely,

Allscripts
American College of Physicians
American Medical Informatics Association
Association of Medical Directors of Information Systems
Cerner
College of Healthcare Information Management Executives
DirectTrust
Electronic Health Record Association
GE Healthcare
Greenway Health
Healthcare Information and Management Systems Society
Healthland
Medical Group Management Association
National Association for Trusted Exchange
National Rural Health Association
The Sequoia Project
QuadraMed
QSI NextGen Healthcare