



Sound Policy. Quality Care.

June 13, 2017

Seema Verma, MPH, Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

Submitted electronically via: <http://www.regulations.gov>

Re: Medicare Program: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2018 Rates; Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Electronic Health Record (EHR) Incentive Program Requirements for Eligible Hospitals, Critical Access Hospitals, and Eligible Professionals; Provider-Based Status of Indian Health Service and Tribal Facilities and Organizations; Costs Reporting and Provider Requirements; Agreement Termination Notices (CMS-1677-P)

Dear Administrator Verma,

As the Alliance of Specialty Medicine (Alliance), our mission is to advocate for sound federal health care policy that fosters patient access to the highest quality specialty care. On behalf of the undersigned members of the Alliance, we appreciate the opportunity to provide feedback on certification requirements for 2018 under the Medicare Electronic Health Record (EHR) Incentive Program as outlined in the FY 2018 Hospital inpatient Prospective Payment System proposed rule.

[Certification Requirements for 2018](#)

The Alliance appreciates that CMS is working with the Office of the National Coordinator for Health Information Technology (ONC) to monitor the deployment and implementation status of EHR technology certified to the 2015 Edition. We also appreciate that, if the Agency identifies a change in the current trends and significant issues with the certification and deployment of the 2015 Edition, it will consider flexibility in 2018.

CMS notes that providers faced significant challenges with the transition from 2011 CEHRT to 2014 CEHRT. We believe this will be amplified with the transition to 2015 CEHRT and the

requisite Stage 3 measures if providers must comply by 2018. Most providers are still familiarizing themselves with the Modified Stage 2 measure set, which was only finalized in October 2015. We also note that several measures in Stage 3 hinge on an increased level of interoperability for which robust standards have not been fully developed and adopted. Finally, we assume CMS aims to align CEHRT requirements across the EHR Incentive Program, the Quality Payment Program and other payment and delivery models where CEHRT is required; therefore, we note that too few EHR systems are certified to the 2015 Edition, especially for eligible clinicians that provide specialty medical care, to purchase or upgrade by 2018.

The Alliance urges CMS to finalize the use of technology certified to the 2014 Edition **OR** the 2015 Edition for an EHR reporting period in 2018. We would also support allowing providers to use a combination of EHR technologies certified to the 2014 Edition and 2015 Edition for an EHR reporting period in 2018. CMS should ensure these modifications are also applied to the Quality Payment Program and other delivery and payment models where CEHRT is required.

We appreciate the opportunity to provide comments on the aforementioned issues of importance to the Alliance. Should you have any questions, please contact us at info@specialtydocs.org.

Sincerely,

American Association of Neurological Surgeons
American College of Mohs Surgery
American Gastroenterological Association
American Society for Dermatologic Surgery Association
American Society of Cataract and Refractive Surgery
American Urological Association
Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons
National American Spine Society