

Meaningful Use gets a meaningful change: 90-day reporting

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The Centers for Medicare and Medicaid Services (CMS) have issued a proposed change that would make Meaningful Use more flexible for physicians by allowing them to report only for a 90-day period in 2016. Also included in the change is a hardship exemption for first time Meaningful Use participants to report once in 2017 to satisfy both Meaningful Use and the Advanced Care Information (ACI) performance category in the upcoming Merit-based Incentive Payment System (MIPS).

Physicians have long called for the Meaningful Use program to be more flexible. In its Outpatient Prospective Payment System proposed rule, CMS announced it may grant a 90-day reporting period for Meaningful Use for 2016, rather than maintaining the current full-year reporting period, which will make it less difficult for physicians who are currently experiencing a number of other practice changes, including:

- Making the required system changes to certified electronic health record technology
- Implementing a new application programming interface to comply with Stage 3
- Preparing for a transition to the MIPS program in 2017 under the Medicare Access and CHIP Reauthorization Act (MACRA)

Yet, there is still one major concern. The proposed change to the reporting period may not be finalized until November, which would leave physicians with less than 90-days left in the year to report on—which is exactly what happened last year when the policy was not finalized until after the start of the final reporting period so many physicians were not able to take advantage of the additional flexibilities.

In a comment letter to CMS, the AMA recommended that CMS issue guidance notifying physicians of the 90-day reporting period and begin educating physicians about the change as quickly as possible so they will still have enough time.

The lack of alignment between Meaningful Use and the Physician Quality Reporting System (PQRS) in 2016 is also cause for concern. “If a physician would like his or her Meaningful Use electronic

clinical quality measure requirement to count towards PQRS,” the AMA said in the comments, “the physician must report for a full 2016 calendar year, as opposed to taking advantage of the flexible 90-day reporting period.”

To address this concern, CMS should allow the Meaningful Use 90-day reporting period to count toward successfully reporting quality for both PQRS and the Meaningful Use in 2016.

CMS has made several other changes in the past two weeks. One gives physicians more flexibility and allows for an easier transition to MACRA in its initial year. The other—changes to the Medicare Physician Fee Schedule—holds several positive changes but still needs some work.