

IN THIS ISSUE

The Hospital Outpatient Prospective Payment System (OPPS) final rule was released in November 2016.

The final rule changes the EHR reporting period to 90 days for returning Medicare and Medicaid EHR Incentive Program participants in Program Years 2016 and 2017.

The final rule also changes requirements for eligible hospitals (EHs), and Critical Access Hospitals (CAHs) attesting under the Medicare EHR Incentive Program for Modified Stage 2 and Stage 3 for 2017 and subsequent years. It does not make any changes to Medicaid-Only EHs.

EHR Reporting Period Changes

On November 1, 2016, the Centers for Medicare & Medicaid Services (CMS) released the OPPS final rule.

Under the final rule, returning eligible professionals (EPs), EHs, and CAHs are no longer required to report for a 365-day EHR reporting period in 2016 and 2017. **The OPPS rule allows returning participants to report for a 90-day EHR reporting period in Program Years 2016 and 2017.**

For all eligible providers (EPs), EHs, and CAHs that have previously demonstrated meaningful use in the Medicare and Medicaid EHR Incentive Programs, the EHR reporting period will be any continuous 90-day period between January 1st and December 31st in CY 2016 and CY 2017.

For Program Year 2016, all Meaningful Users may attest to any 90-day period of Meaningful Use in calendar year 2016. The eCQM reporting period is also any 90-day period of the same calendar year. The reporting periods can be different 90 day periods in the same calendar year.

In Program Year 2017, all *returning* Meaningful Users will have a 90-day Meaningful Use reporting period in calendar year 2017. However, the eCQM reporting period will be for the full calendar year.

In Program Year 2017, all *newly attesting* participants in the Medicaid EHR Incentive Program will have a 90-day Meaningful Use **AND** eCQM reporting period in calendar year 2017. The OPPS rule did not address Program Year 2017 CQM reporting period requirements.

Maryland Medicaid will be implementing these changes on Friday, December 30, 2016. This means that during Maryland's normal attestation tail – January 1, 2017 through March 31, 2017 – all providers and hospitals attesting for Program Year 2016 will experience these changes in Maryland's Registration and Attestation System, eMIPP.

To view more information about requirements for Program Years 2016 and 2017, please visit the [CMS Meaningful Use website](#).

If you have questions or concerns, please contact CRISP, our Meaningful Use Support team, at 877-952-7477 or email support@crisphealth.org.

For both EPs and EHs, Maryland's deadline to submit a Medicaid EHR Incentive Program attestation for Program Year 2016 is March 31, 2017.

Maryland will begin accepting attestations for Program Year 2017 on April 1, 2017.*

CMS is finalizing an application process for a one-time hardship exception to the Medicare EHR Incentive Program for certain EPs in 2017 who are also transitioning to MIPS. Please visit the [Payment Adjustments & Hardship Information](#) page for more information.

*Participants who have demonstrated meaningful use in prior years will not be able to attest for Program Year 2017 until January 2018.

Meaningful Use Reporting Periods By First Year

First Year Demonstrating MU	MU Reporting Period in Calendar Year				
	2015	2016	2017	2018	2019+
2011	90 days	90 days	90 days	365 days	365 days
2012	90 days	90 days	90 days	365 days	365 days
2013	90 days	90 days	90 days	365 days	365 days
2014	90 days	90 days	90 days	365 days	365 days
2015	90 days	90 days	90 days	365 days	365 days
2016	-	90 days	90 days	365 days	365 days
2017	-	-	90 days**	365 days	365 days
2018	-	-	-	90 days*	365 days
2019+	-	-	-	-	90 days

* Medicaid providers only; Stage 3 Final Rule

**First Medicaid providers only in Stage 3 Final Rule, then expanded to all in OPSS Final Rule

eCQM Reporting Periods by First Year

First Year Demonstrating MU	eCQM Reporting Period in Calendar Year				
	2015	2016	2017	2018	2019+
2011	90 days	90 days	365 days	365 days	365 days
2012	90 days	90 days	365 days	365 days	365 days
2013	90 days	90 days	365 days	365 days	365 days
2014	90 days	90 days	365 days	365 days	365 days
2015	90 days**	90 days	365 days	365 days	365 days
2016	-	90 days	365 days	365 days	365 days
2017	-	-	90 days*	365 days	365 days
2018	-	-	-	90 days*	365 days
2019+	-	-	-	-	90 days*

* Medicaid providers only; Stage 3 Final Rule

**At least 90 days in Calendar Year (CY), but up to 365 days in CY

Medicare EHR Incentive Program Changes for EHs and CAHs

The OPSS final rule eliminates the Clinical Decision Support (CDS) and Computerized Provider Order Entry (CPOE) objectives and measures for EHs and CAHs attesting under the Medicare EHR Incentive Program for Modified Stage 2 and Stage 3 for 2017 and subsequent years.

CMS is also reducing the thresholds of a subset of the remaining objectives and measures in Modified Stage 2 for 2017 and in Stage 3 for 2017-2018 for eligible hospitals and CAHs attesting under the Medicare EHR Incentive Program.

These changes apply to hospitals eligible to participate in both the Medicare and Medicaid EHR Incentive Programs (dual-eligible hospitals). The changes do not apply to Medicaid-only hospitals and CAHs that only attest under their State Medicaid Agency.