Interim Final Rule with Comment Period: Health Information Technology: Revisions to the 2014 Edition Electronic Health Record Certification Criteria

Description: This interim final rule with comment period replaces the Data Element Catalog (DEC) standard and the Quality Reporting Document Architecture (QRDA) Category III standard adopted in the final rule published on September 4, 2012 in the Federal Register with updated versions of those standards.

Major Provisions

Adoption and Incorporation by Reference of Newer Versions of the DEC and QRDA III Standards

- **Data Element Catalog:** On October 25, 2012, CMS released the final 2014 CQM electronic specifications (e-specifications). In preparation for that release, CMS performed a gap analysis to determine whether the DEC, August 2012 version (now referred to as "DEC version 1.0") still appropriately specified all of the data that EHR technology would need to capture to support these final 2014 CQM e-specifications. Based on that analysis, CMS determined that the version of the DEC adopted in the final rule needed to be updated in order to correctly align with data capture expectations expressed by numerous 2014 CQM e-specifications. A new version of the DEC (version 1.1) is now available that fully aligns with the final 2014 CQM e-specifications.
- **Quality Reporting Document Architecture (QRDA) Category III (QRDA III):** In the 2014 Edition EHR certification criteria final rule, CMS adopted the QRDA III, Release 1, standard at 45 CFR 170.205(k) and incorporated the standard by reference at 45 CFR 170.299(f)(14). The QRDA III is included in the certification criterion at 45 CFR 170.314(c)(3), which requires EHR technology presented for certification to be capable of electronically creating a data file for transmission of clinical quality measurement data in accordance with QRDA III and that can be electronically accepted by CMS. The November 2012 balloted version of QRDA III clarifies ambiguities in the August version CMS adopted; specifically, certain data that would need to be included in any QRDA III file submitted to CMS, such as a provider's National Provider Identifier (NPI) or Taxpayer Identification Number (TIN) in order for the electronic submission to be properly processed.

Revisions to the Medicare and Medicaid EHR Incentive Programs

1. **Meaningful Use Criteria**
   - Stage 2 Hospital Objective for Providing Electronic Lab Results to Ambulatory Providers
   - Stages 1 and 2 Hospital Objective for View, Download, and Transmit

2. Case Number Threshold Exemption for CQM Reporting for Hospitals

- CMS is finalizing a case threshold exemption that is applicable for eligible hospitals and CAHs in all stages of meaningful use beginning with FY 2013. Eligible hospitals and CAHs that are demonstrating meaningful use for the first time and submitting their CQMs using attestation would be able to qualify for the exemption. Eligible hospitals and CAHs with 5 or fewer discharges during the relevant EHR reporting period (if attesting to a 90-day EHR reporting period), or 20 or fewer discharges during the year (if attesting to a full year EHR reporting period) as defined by the CQM's denominator population would be exempted from reporting on that CQM.
    - In FY 2013, since the reporting requirement is to report all 15 of the CQMs finalized in the Stage 1 final rule, invoking the case threshold exemption would reduce the number of CQMs a hospital would be required to report.
    - Beginning in FY 2014, the reporting requirement is to report 16 CQMs covering at least 3 domains from a list of 29 CQMs. The hospital would follow the same process as in FY 2013, but in order to be exempted from reporting fewer than 16 CQMs it would need to qualify for the case threshold exemption for more than 13 of the 29 CQMs.