



S. 2822/H.R. 5001 - THE FLEXIBILITY IN ELECTRONIC HEALTH RECORD (EHR) REPORTING ACT

In both the 2014 and 2015 reporting years, CMS instituted a change which allowed providers to report for a consecutive 90-day reporting period instead of the full 365 days. The AAOS believes that having a 90-day reporting period has been good policy in the past and will be good policy for the 2016 reporting year, allowing providers and hospitals the opportunity to make any changes and prepare for the new programs in 2017.

The new health care provider payment models, the Merit-based Incentive Payment System (MIPS) and the Alternative Payment Methods (APMs), instituted under the Medicare Access and CHIP Reauthorization Act (MACRA) are set to begin on January 1, 2017. Both programs rely heavily on health information technology and electronic health records (EHRs) as a main component in improving quality of care. The MIPS model, specifically, folds the Meaningful Use (MU) EHR program into the payment system and on several occasions, officials from the Centers for Medicare and Medicaid Services (CMS) have alluded that they are working to change the MU program in a drastic way.

The AAOS looks forward to seeing what changes CMS will make to the MU program for 2017. However, the current MU program requires providers to report for 365 days in a reporting year. This means that providers will be reporting for the 2016 program through December 31, 2016. Providers and hospitals will have no time to plan, prepare, or implement any systematic or infrastructural changes necessary to participate in the new MU program and payment models that start on January 1, 2017.

Why the Flexibility in EHR Reporting Act Matters:

S. 2822/H.R. 5001 will institute a 90-day reporting period for the MU program for the 2016 reporting year, regardless of payment year or stage of meaningful use criteria involved. This will give providers and hospitals the opportunity to complete the reporting for the MU program early in the year, and will allow time at the end of the year for providers and hospitals to prepare for the changes in the MU program that begin in 2017.

AAOS Recommends:

The AAOS recommends supporting the passage of S. 2822/H.R. 5001, the Flexibility in Electronic Health Record Reporting Act, into law.