

Submitted Electronically

July 11, 2014

Marilyn Tavenner, Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
201 Independence Avenue, S.W., Room 445-G
Washington, D.C. 20201

Karen DeSalvo, M.D., National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Department of Health & Human Services
Hubert H. Humphrey Building, Suite 729D
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Medicare and Medicaid Programs; Modifications to the Medicare and Medicaid Electronic Health Record Incentive Programs for 2014; and Health Information Technology: Revisions to the Certified EHR Technology Definition (CMS-0052-P)

Dear Administrator Tavenner and Dr. DeSalvo:

On behalf of our 239 member hospitals and health systems, the Florida Hospital Association (FHA) appreciates the opportunity to comment on the Notice of Proposed Rule Making (NPRM) listed above, published by the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) in the *Federal Register* on May 23, 2014 (CMS-0052-P). FHA appreciates the increased flexibility that has been proposed for eligible hospitals, critical access hospitals, physicians and other eligible professionals in 2014. We strongly support the goals of the meaningful use program and our members continue to work diligently toward widespread interoperability as an important step in transforming healthcare.

We urge you to finalize, as quickly as possible, the proposal to expand providers' choice of certified EHR technology (CEHRT) to be used in 2014. While the proposed flexibility is important to our members, we are concerned that the late release of the proposed rule will limit its benefit to hospitals – the rule comment period will close after the final 2014 reporting period for hospitals has begun.

The proposed rule states that, beginning in 2015, all eligible hospitals and professionals will be required to use 2014 CEHRT to report meaningful use, consistent with current rules. The reporting period would be 365 days for all providers, except those in their first year of meaningful use who would have a reporting period of 90 days. The vast majority of hospitals, while being able to take advantage of the proposed flexibility, would still be expected to implement and adopt software certified to the 2014 Stage 2 certification criteria in barely 90 days.

The timeline offers no relief from the challenge of implementing new software and adopting new workflows. FHA strongly recommends that CMS and ONC included a provision in the final rule that allows both hospitals and eligible professionals to attest to a 90-day reporting period in 2015, rather than a 365-day period that could begin before this rule is finalized.

In addition, FHA supports the comments submitted by the American Hospital Association (AHA), with emphasis on the following points:

- Finalizing as quickly as possible the proposal to expand providers' choice of CEHRT to be used in 2014;
- Providing greater flexibility in the electronic clinical quality measures reported;
- Clarifying and simplifying how the rule would be implemented;
- Recognizing that 2015 will also be a transition year;
- Learning from Stage 2 before finalizing the start date for Stage 3 of meaningful use; and
- Verifying that the specific proposed changes to regulatory text support the intended flexibility.

Each of these items will facilitate the smooth transition to meaningful use of electronic records and communications throughout the healthcare system.

FHA appreciates the opportunity to comment on this proposed rule. Should you have any questions, please do not hesitate to contact me at kathyr@fha.org.

Sincerely,



Kathy Reep
Vice President/Financial Services