

**Submitted Electronically**

June 8, 2015

Andrew M. Slavitt, Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-3311-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

**Re: Medicare and Medicaid Programs: Electronic Health Record Incentive Program – Modifications to Meaningful Use in 2015 through 2017; Proposed Rule**

Dear Mr. Slavitt:

The Florida Hospital Association (FHA), on behalf of its more than 200 member hospitals and health systems, appreciates the opportunity to comment on the Notice of Proposed Rule Making (NPRM) titled “Medicare and Medicaid Programs: Electronic Health Record Incentive Program – Modifications to Meaningful Use in 2015 through 2017.” We support the actions of CMS to reshape the meaningful use program in a way that affords simplicity and flexibility, but we also have concerns about some of the proposed changes occurring in the middle of a program year.

We believe that the following proposals will make Stage 2 more manageable and reasonable over the next three years and support their adoption –

- Reduce stage reporting to a single stage per year for all providers;
- Align the hospital data collection period with that of eligible professionals;
- Eliminate duplicative and topped-out measures;
- Make patient-controlled measures more manageable; and
- Eliminate menu measures.

We are concerned, however, with the proposals surrounding public health and clinical data registry reporting. Requiring a bi-directional interface with uncertain certification requirements for a number of new registries makes it difficult for providers to meet the Stage 2 requirements. We do not believe that vendors are ready to meet this requirement nor are states ready to send and receive data effectively.

We also have concern about the summary of care measure that requires 10 percent of summaries be sent electronically for outgoing transitions of care. When discharging a patient to a post-acute provider type that is not required to use direct technology, providers are unable to meet this measure. It should be removed and replaced with a yes/no attestation as to the capability of the discharging provider.

Finally, the FHA urges CMS to open the attestation window as quickly as possible – no later than August 1, 2015. This is necessary in order to treat providers fairly, especially those first attesting in 2015. Any delay in attestation would cause financial challenges to those providers expecting to receive their incentive payments this fall. Removing the option of attestation this fall could preclude eligible hospitals and professionals from receiving their incentive this year.

We encourage CMS to swiftly finalize the regulation, with the noted exceptions, providing as much time as possible for eligible hospitals and professionals to realize the benefits of flexibility and simplification the rule puts forward.

We appreciate the opportunity to provide these comments on the electronic health records modifications rule. Should our comments require further clarification, please do not hesitate to contact me via email at [kathyr@fha.org](mailto:kathyr@fha.org).

Sincerely,

A handwritten signature in cursive script that reads "Kathy Reep".

Kathy Reep  
Vice President/Financial Services