

July 21, 2014

Centers for Medicare & Medicaid Services Department of Health and Human Services Attention: CMS–0052–P P.O. Box 8013 Baltimore, MD 21244–1850

Re: CMS–0052–P - 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

The American Chiropractic Association (ACA) is the largest professional association in the United States representing over 130,000 doctors of chiropractic (DCs), chiropractic assistants (CAs) and chiropractic students. ACA promotes the highest standards of ethics and patient care, contributing to the health and well-being of over an estimated 27 million individuals across the United States. The ACA appreciates the opportunity to provide comments on the Modifications to the Medicare and Medicaid Electronic Health Record Incentive Programs for 2014 and revisions to CEHRT definition proposed rule.

The ACA would like to express our full support for the proposed changes to the meaningful use stage timeline and the definition of certified electronic health record technology (CEHRT). We also support the suggested changes to the requirements for the reporting of clinical quality measures for 2014. The ACA appreciates CMS' recognition of the difficulties many software vendors have encountered in making the necessary changes to get their EHR products certified and then getting their customers upgraded to the 2014 Edition CEHRT under the current timetable. Granting eligible professionals more flexibility in the CEHRT Edition used to report meaningful use in 2014 will allow more physicians to achieve meaningful use who would otherwise be unable to do so because of 2014 Edition CEHRT product availability issues which are fundamentally out of their control.

The ACA would also like to note that in the future, CMS should consider the problems that software vendors and providers have experienced with the upgrade from the 2011 to the 2014 Edition CEHRT. Both parties need adequate time to upgrade, install, test, train employees and properly implement the new Edition requirements, and providers must be able to do so without burden.

It should also be noted that while continued use of the 2011 Edition CEHRT in 2014 will allow many providers to meet meaningful use requirements in 2014, they are still faced with having to complete the upgrade to the 2014 Edition and be completely trained, implemented and ready for full-year reporting by January 1, 2015. The ACA has concerns with this timeline and recommends that CMS consider implementing a 90-day reporting period again in 2015, similar to that imposed for 2014, to allow providers adequate time and flexibility to fully upgrade and begin meaningfully using their CEHRT.

And finally, the ACA appreciates the Office of the National Coordinator for Health Information Technology (ONC) and CMS' acknowledgment of the need for a 1-year extension of Stage 2 meaningful use reporting for those providers that first became meaningful users in 2011 or 2012, and under the current timeline, would be required

to begin Stage 3 on January 1, 2016. We fully support the goals of this proposal to: allow CMS and ONC to focus efforts on the successful implementation of the enhanced patient engagement, interoperability, and health information exchange requirements in Stage 2; and to utilize data from Stage 2 participation to inform policy decisions for Stage 3.

The ACA stands ready to assist CMS is addressing the topics delineated above regarding the issues and barriers affecting vendors and providers alike. Thank you again for this opportunity to provide comments and recommendations on the proposed rule. If you should require further information, please feel free to contact Meghann Dugan-Haas, ACA Director of Federal and Regulatory Affairs, at (703) 812-0242.

Sincerely,

Anthony W. Hamm, DC

President