

August 22, 2016

The Honorable Andy Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Acting Administrator Slavitt:

The undersigned stakeholder organizations enthusiastically support the proposal for a shortened reporting period for returning participants of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program, or Meaningful Use program, included in the Medicare Hospital Outpatient Prospective Payment rule published in the *Federal Register* on July 14, 2016. We urge the Centers for Medicare and Medicaid Services (CMS) to finalize this important proposal, to move from full-year reporting to 90-day reporting period for 2016, as soon as possible.

The start of the final 90-day reporting period in calendar year 2016 is rapidly-approaching, and to ensure that eligible professionals (EPs) and eligible hospitals (EHs) are able to take advantage of the flexibility associated with the shortened reporting period, the policy must be finalized as expeditiously as possible. The sooner CMS can provide certainty to providers about a 90-day reporting period, the more it will help participants successfully attest in 2016, and make necessary changes to prepare for the first Medicare Access and CHIP Reauthorization Act (MACRA) program year.

Although a 90-day reporting period was granted for Meaningful Use program participants in 2015, the policy was not finalized until after the start of the final reporting period so many providers were not able to take advantage of the additional flexibilities, and instead relied on hardship exemptions under the expanded authority established under the Patient Access and Medicare Protection Act, thus it is vital that the 90-day reporting period be finalized as soon as possible to avoid a similar scenario. Finalizing the 90-day reporting period as quickly as possible will reduce the number of providers who must rely on a hardship exemption in 2016 and if the finalization of the policy is similarly delayed, CMS must be prepared to provide hardship exemptions as was done in 2015.

Our organizations and members are dedicated to transforming the delivery system and improving care for patients across the nation. Finalizing the proposal for a 90-day reporting period in 2016 will support continued momentum towards the goals of enhanced care coordination and meaningful health information exchange.

We again applaud the Department's willingness to provide flexibility to Meaningful Use program participants and we look forward to continuing the dialogue to build on the foundation this program is providing for continued healthcare transformation

Sincerely,

American Academy of Asthma Allergy and Immunology  
American Academy of Dermatology Association  
American Academy of Family Physicians  
American Academy of Ophthalmology  
American Association of Orthopaedic Surgeons  
American College of Cardiology  
American College of Rheumatology  
American College of Surgeons  
American Medical Association  
American Medical Informatics Association  
American Society for Gastrointestinal Endoscopy  
American Society of Nuclear Cardiology  
Cardiology Advocacy Alliance  
Coalition of State Rheumatology Organizations  
College of Healthcare Information Management Executives  
Federation of American Hospitals  
Heart Rhythm Society  
Medical Group Management Association  
National Association of Community Health Centers  
North American Spine Society  
United Surgical Partners International