

March 15, 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:

On behalf of the below listed provider organizations and the members they serve who treat millions of patients, we write to express both our gratitude for your recent recognition of the many challenges providers face in meeting the requirements of the Meaningful Use program. Additionally, as you consider changes to the program we respectfully request the Centers for Medicare and Medicaid Services (CMS) **implement a shortened reporting period in 2016 to continue this positive momentum and enable providers to successfully transition to a reoriented 2017 program.**

Collectively, our members are dedicated to transforming the delivery system and improving care for patients across the nation. Health IT adoption is at the center of this equation. The changes made by the CMS in the Modified Stage 2 final rule provided welcomed relief to the provider community, but still warranted complex system upgrades for the 2016 program year. For many providers, these system changes will impact their ability to comply with the full-year reporting period.

Therefore, as a preliminary yet critical step to facilitate increased provider success, we respectfully request CMS adopt for the 2016 reporting year the same 90-day reporting period policy for participants in the Meaningful Use program that was offered in 2015. We also specifically recommend CMS allow participants to report on any 90 day period in 2016, as was the policy in 2015. Doing so will continue the significant progress providers are making to harness the use of technology to succeed in new payment and care delivery models. Further, announcing this as soon as possible will reduce the number of providers who will feel compelled to rely on filing for a hardship.

While we await the significant programmatic changes required under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) the Administration has alluded to, our members want to take this opportunity to stress the importance of a shortened reporting period for 2016. Our members emphasize that a 365-day reporting period:

- Increases the likelihood a provider will be forced to rely on a hardship exception;
- Will result in many providers having no “baseline” data for quality reporting purposes should they be unable to report these measures in 2016;
- Limits innovation for providers and their EHR vendor partners by leaving no down-time to modify products, improve usability, and test innovative solutions;
- Reduces the time and resources providers and vendors have to improve interoperability; and
- Makes it significantly more challenging for providers to prepare for the transition to the new MACRA requirements.

In order to continue the momentum generated as a result of the changes made under the Modified Stage 2 – particularly since many of the rules are not expected to be finalized until much later this year - we strongly recommend CMS announce a 90-day reporting period as soon as possible which can be completed at any time during the year. Doing so will ensure program reporting certainty and will allow providers to deploy the type of innovative technology that offers more efficient and effective patient care.

We thank you for considering this request and look forward to continuing the collaborative dialogue you have opened up with the provider community.

Sincerely,

American Academy of Dermatology Association
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Association of Clinical Endocrinologists
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Mohs Surgery
American College of Physicians
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Society for Dermatologic Surgery
American Society for Gastrointestinal Endoscopy
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Urological Association
America's Essential Hospitals
Association of Medical Directors of Information Systems
Cardiology Advocacy Alliance
Coalition of State Rheumatology Organizations
College of Healthcare Information Management Executives
Congress of Neurological Surgeons
Federation of American Hospitals
Heart Rhythm Society
Infectious Diseases Society of America
Medical Group Management Association
National Association of Spine Specialists
National Rural Health Association
Oncology Nursing Society
Premier healthcare alliance
Society for Cardiovascular Angiography and Interventions
United Surgical Partners International