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Data Exchange Concerns Hospitals in Expected Payment Rule

Hospitals are concerned about the potential changes to the electronic health records incentive program that could be made final in a rule expected from the Medicare agency next week.

The inpatient and acute care payment rule (RIN:0938-AT27) will update payment rates for acute care hospitals and make changes to the electronic health records incentive program, including making adjustments to its scoring methodology and price transparency. The final rule would apply to more than 3,330 acute care hospitals and 420 long-term acute care hospitals.

Jeff Smith, vice president of public policy at the Bethesda, Md.-based American Medical Informatics Association, anticipates that the rule will be made final "more or less as proposed."

Tenet Healthcare, HCA Healthcare, and Quorum Health would stand to benefit the most among publicly traded hospital systems, Jason McGorman, a senior equity analyst for health care with Bloomberg Intelligence, told Bloomberg Law in April.

The rule would take effect Oct. 1.

Data Exchange The American Hospital Association is most concerned about the proposal to potentially require hospitals to promote interoperability as a condition of their participation in the Medicare program, Joanna Hiatt Kim, vice president of policy at the Washington-based AHA, told Bloomberg Law July 24.

Interoperability is the capacity for different EHR systems to communicate with one another.

Hiatt Kim said this would not be the appropriate way to do that and that it would not be feasible for the majority of hospitals to achieve this goal. It would be a significant consequence to hospitals if they couldn't meet this condition, she said.

Instead, Hiatt Kim said the Centers for Medicare & Medicaid Services should put in other incentives for interoperability and address the infrastructure impediments to information sharing that exist.

The CMS could make some regulatory leaps to change the condition of participation now, Smith told Bloomberg Law July 26, but he doesn't expect them to do so. Hospitals are against it, and although the "CMS is worried about patients not having access to their data," he expects the CMS will continue to think about it rather than act now.

The EHR proposals will align the inpatient prospective payment system program with the Merit-based Incentive Payment System physician fee schedule, Smith said.

"Physicians have had different requirements for meeting meaningful use than hospitals" since MIPS was created in 2015, Smith said. The proposed rule made the requirements for EHR incentive programs, and the scoring, the same for doctors and hospitals.

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