Connecting America for Better Health

EHR INCENTIVE PROGRAM

Medicare & Medicaid EHR Incentive Program

Specifics of the Program for Eligible Professionals

August 10, 2010

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Today's Session

This training will cover the following topics:

- EHR Incentive Programs – a Background
- Who Is Eligible to Participate
- How Much Are the Incentives
- What Are the Requirements/Meaningful Use
- What You Need to Participate
- Timeline of the Programs
- Resources to Get Help and Learn More

What is the EHR Incentive Program?

EHR Incentive Programs were established by law

- American Recovery & Reinvestment Act of 2009
- Incentive programs for Medicare and Medicaid
- Programs for hospitals and eligible professionals
- Must use certified EHR technology AND demonstrate adoption, implementation, upgrading or meaningful use
- Programs differ between Medicare and Medicaid
- Medicare incentive program is federally run by CMS
- Medicaid incentive program is run by States and is voluntary

Who is Eligible to Participate?

- Eligibility determined in law
- Hospital-based EPs are NOT eligible for incentives
  - DEFINITION: 90% or more of their covered professional services in either an inpatient (POS 21) or emergency room (POS 23) of a hospital
  - Definition of hospital-based determined in law
- Incentives are based on the individual, not the practice

Who is Eligible to Participate?

- Medicare Eligible Professionals include:
  - Doctors of medicine or osteopathy
  - Doctors of dental surgery or dental medicine
  - Doctors of podiatric medicine
  - Doctors of optometry
  - Chiropractors
- Specialties are eligible if meet one of above criteria
- EPs may not be hospital-based

Who is Eligible to Participate?

- Eligible Professionals in Medicare Advantage must:
  - Furnish, on average, at least 20 hours/week of patient-care services and be employed by the qualifying MA organization, OR
  - Furnish, on average, at least 20 hours/week of patient care services and be employed by, or be a partner of, an entity that through contract with the qualifying MA organization furnishes at least 80% of the entity's Medicare patient care services to enrollees of the qualifying MA organization AND
  - 80% of professional services are provided to enrollees of the MAO

Who is Eligible to Participate?

- Medicaid Eligible Professionals include:
  - Physicians
  - Nurse practitioners
  - Certified nurse-midwives
  - Dentists
  - Physicians assistants working in a Federally Qualified Health Center (FQHC) or rural health clinic (RHC) that is so led by a physicians assistant
- EPs may not be hospital-based

Who is Eligible to Participate?

- Medicaid Eligible Professionals must also meet one of the three patient volume thresholds:
  - Have a minimum of 30% Medicaid patient volume
  - Pediatricians ONLY: Have a minimum of 20% Medicaid patient volume
  - Working in FQHC or RHC ONLY: Have a minimum of 30% patient volume attributed to needy individuals
- CHIP, sliding scale, free care only count towards thresholds if working in RHC or FQHC

Who is Eligible to Participate?

- Participation in EHR incentive program and other Medicare incentive programs

Other Medicare Incentive Program	Eligible for HITECH EHR Incentive Program?
Medicare Physician Quality Reporting Initiative (PQRI)	Yes, if the EP is eligible.
Medicare Electronic Health Record Demonstration (EHR Demo)	Yes, if the EP is eligible.
Medicare Care Management Performance Demonstration (MCMP)	Yes, if the practice is eligible. The MCMP demo will end before EHR incentive payments are available.
Electronic Prescribing (eRx) Incentive Program	If the EP chooses to participate in the Medicare EHR Incentive Program, they cannot participate in the Medicare eRx Incentive Program simultaneously in the same program year. If the EP chooses to participate in the Medicaid EHR Incentive Program, they can participate in the Medicare eRx Incentive Program simultaneously.

How Much Are the Incentives?

- Medicare Incentive Payments Overview
  - Incentive amounts based on Fee-for-Service allowable charges
  - Maximum incentives are $44,000 over 5 years
  - Incentives decrease if starting after 2012
  - Must begin by 2014 to receive incentive payments. Last payment year is 2016.
  - Extra bonus amount available for practicing predominantly in a Health Professional Shortage Area
  - Only 1 incentive payment per year

How Much Are the Incentives?

- Medicare Incentive Payments Detail
  - Columns = first calendar year EP receives a payment
  - Rows = Amount of payment each year if continue to meet requirements

	CY 2011	CY 2012	CY 2013	CY2014	CY 2015 and later
CY 2011	$18,000				
CY 2012	$12,000	$18,000			
CY 2013	$8,000	$12,000	$15,000		
CY 2014	$4,000	$8,000	$12,000	$12,000	
CY 2015	$2,000	$4,000	$8,000	$8,000	$0
CY 2016		$2,000	$4,000	$4,000	$0
TOTAL	$44,000	$44,000	$39,000	$24,000	$0

How Much Are the Incentives?

- Health Professional Shortage Area Bonuses for Medicare Incentive Program
  - Columns = first calendar year EP receives a payment
  - Rows = Amount of payment each year if continue to meet requirements

	CY 2011	CY 2012	CY 2013	CY2014	CY 2015 and later
CY 2011	$1,800				
CY 2012	$1,200	$1,800			
CY 2013	$800	$1,200	$1,500		
CY 2014	$400	$800	$1,200	$1,200	
CY 2015	$200	$400	$800	$800	$0
CY 2016		$200	$400	$400	$0
TOTAL	$4,400	$4,400	$3,900	$2,400	$0

How Much Are the Incentives?

- Medicaid Incentive Payments Overview
  - Maximum incentives are $63,750 over 6 years
  - Incentives are same regardless of start year
  - The first year payment is $21,250
  - Must begin by 2016 to receive incentive payments
  - No extra bonus for health professional shortage areas available
  - Incentives available through 2021
  - Only 1 incentive payment per year

How Much Are the Incentives?

- Medicaid Incentive Payments Detail
  - Columns = first calendar year EP receives a payment
  - Rows = Amount of payment each year if continue to meet requirements

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	$21,250					
CY 2012	$8,500	$21,250				
CY 2013	$8,500	$8,500	$21,250			
CY 2014	$8,500	$8,500	$8,500	$21,250		
CY 2015	$8,500	$8,500	$8,500	$8,500	$21,250	
CY 2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
CY 2017		$8,500	$8,500	$8,500	$8,500	$8,500
CY 2018			$8,500	$8,500	$8,500	$8,500
CY 2019				$8,500	$8,500	$8,500
CY 2020					$8,500	$8,500
CY 2021						$8,500
TOTAL	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

What are the Requirements/ Meaningful Use?

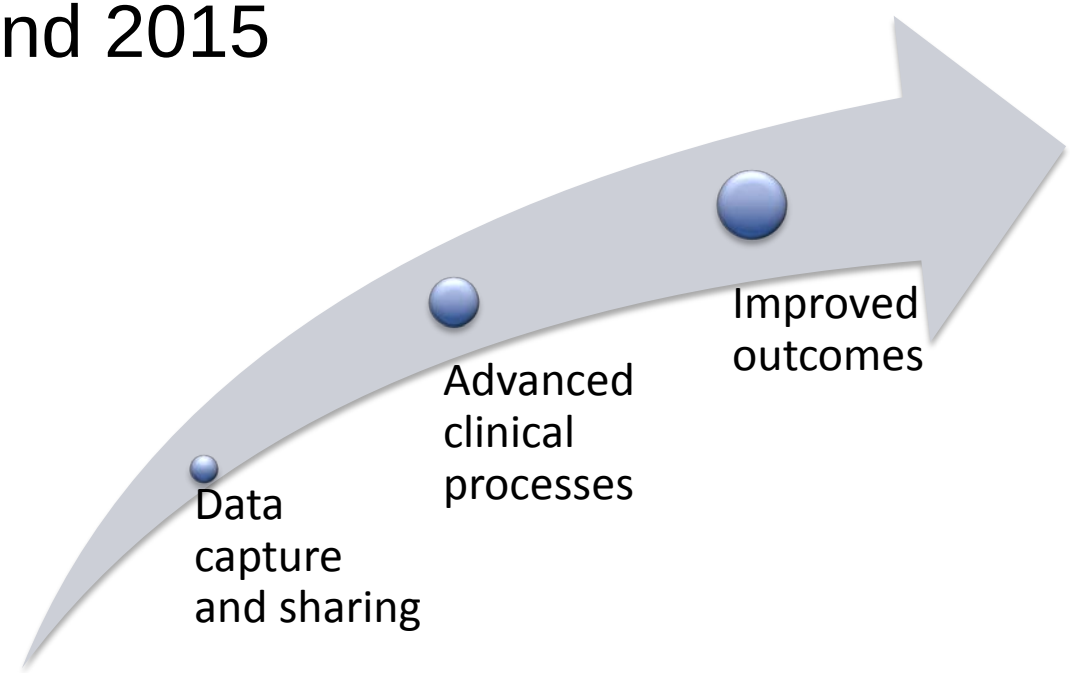
- Meaningful Use is using certified EHR technology to
  - Improve quality, safety, efficiency, and reduce health disparities
  - Engage patients and families in their health care
  - Improve care coordination
  - Improve population and public health
  - All the while maintaining privacy and security
- Meaningful Use mandated in law to receive incentives

What are the Requirements/ Meaningful Use?

- The Recovery Act specifies the following 3 components of Meaningful Use:
  1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
  2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
  3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary

What are the Requirements/ Meaningful Use?

- Rule making was open to public comment
- Listened to many comments received
- Established 3 stages of meaningful use: 2011, 2013 and 2015



What are the Requirements/ Adopt/Implement/Upgrade?

- MEDICAID – only for first participation year
- Adopted – Acquired and Installed
  - Eg: Evidence of installation prior to incentive
- Implemented – Commenced Utilization of
  - Eg: Staff training, data entry of patient demographic information into EHR
- Upgraded – Expanded
  - Upgraded to certified EHR technology or added new functionality to meet the definition of certified EHR technology
- Must be certified EHR technology capable of meeting meaningful use
- No EHR reporting period

What are the Requirements/ Meaningful Use?

- Basic Overview of Stage 1 Meaningful Use:
  - Stage 1
  - Reporting period is 90 days for first year and 1 year subsequently
  - Reporting through attestation
  - Objectives and Clinical Quality Measures
  - Reporting may be yes/no or numerator/denominator attestation
  - To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology

What are the Requirements/ Meaningful Use?

- Stage 1 Objectives and Measures Reporting
- Must complete:
  - 15 core objectives
  - 5 objectives out of 10 from menu set
  - 6 total Clinical Quality Measures
    (3 core or alternate core, and
    3 out of 38 from menu set)

What are the Requirements/ Meaningful Use?

- Some MU objectives not applicable to every provider's clinical practice, thus they would not have any eligible patients or actions for the measure denominator. Exclusions do not count against the 5 deferred measures
- In these cases, the eligible professional would be excluded from having to meet that measure
  - Eg: Dentists who do not perform immunizations; Chiropractors do not e-prescribe

What are the Requirements/ Meaningful Use?

- 2 types of percentage-based measures for denominator:
  - All patients seen during EHR reporting period
  - Patients or actions taken for patients who records are kept in the certified EHR technology

What are the Requirements/ Meaningful Use?

- **Eligible Professionals – 15 Core Objectives**
  1. Computerized physician order entry (CPOE)
  2. E-Prescribing (eRx)
  3. Report ambulatory clinical quality measures to CMS/States
  4. Implement one clinical decision support rule
  5. Provide patients with an electronic copy of their health information, upon request
  6. Provide clinical summaries for patients for each office visit
  7. Drug-drug and drug-allergy interaction checks
  8. Record demographics

What are the Requirements/ Meaningful Use?

- **Eligible Professionals – 15 Core Objectives (continued)**
  9. Maintain an up-to-date problem list of current and active diagnoses
  10. Maintain active medication list
  11. Maintain active medication allergy list
  12. Record and chart changes in vital signs
  13. Record smoking status for patients 13 years or older
  14. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
  15. Protect electronic health information

What are the Requirements/ Meaningful Use?

- Menu objectives – must complete 5 of 10
- **Eligible Professionals – 10 Menu Objectives**
  1. Drug-formulary checks
  2. Incorporate clinical lab test results as structured data
  3. Generate lists of patients by specific conditions
  4. Send reminders to patients per patient preference for preventive/follow up care
  5. Provide patients with timely electronic access to their health information

What are the Requirements/ Meaningful Use?

- **Eligible Professionals – 10 Menu Objectives (continued)**
  6. Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
  7. Medication reconciliation
  8. Summary of care record for each transition of care/referrals
  9. Capability to submit electronic data to immunization registries/systems*
  10. Capability to provide electronic syndromic surveillance data to public health agencies*

What are the Requirements/ Meaningful Use?

- An Eligible Professional who works at multiple locations, but does not have certified EHR technology available at all of them would:
  - Have to have 50% of their total patient encounters at locations where certified EHR technology is available
  - Would base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available

What are the Requirements/ Meaningful Use?

- States can seek CMS prior approval to require 4 MU objectives be core for their Medicaid providers:
  - Generate lists of patients by specific conditions for quality improvement, reduction of disparities, research, or outreach (can specify particular conditions)
  - Reporting to immunization registries, reportable lab results, and syndromic surveillance (can specify for their providers how to test the data submission and to which specific destination)

What are the Requirements/ Meaningful Use?

- A Medicare Eligible Professional who does NOT demonstrate meaningful use by 2015 will be subject to payment reductions in their Medicare reimbursement schedule
- Medicaid-only EPs are not subject to payment reductions
- Payment reductions may apply for any EP who accepts Medicare, even if you only participate in the Medicaid EHR incentive program

What are the Requirements/ Clinical Quality Measures

- Details of Clinical Quality Measures
  - 2011 – Eligible Professionals seeking to demonstrate Meaningful Use are required to submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States by ATTESTATION.
  - 2012 – Eligible Professionals seeking to demonstrate Meaningful Use are required to electronically submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States.

What are the Requirements/ Clinical Quality Measures

- **Clinical Quality Measures – Core Set**

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0013	Hypertension: Blood Pressure Measurement
NQF 0028	Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow-up

What are the Requirements/ Clinical Quality Measures

- **Clinical Quality Measures – Alternate Core Set**

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 110	Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
NQF 0038	Childhood Immunization Status

What are the Requirements/ Clinical Quality Measures

- **Additional set CQM– must complete 3 of 38**
  1. Diabetes: Hemoglobin A1c Poor Control
  2. Diabetes: Low Density Lipoprotein (LDL) Management and Control
  3. Diabetes: Blood Pressure Management
  4. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
  5. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
  6. Pneumonia Vaccination Status for Older Adults
  7. Breast Cancer Screening

What are the Requirements/ Clinical Quality Measures

- **Additional set CQM– must complete 3 of 38**
  8. Colorectal Cancer Screening
  9. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
  10. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
  11. Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b)Effective Continuation Phase Treatment
  12. Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

What are the Requirements/ Clinical Quality Measures

- **Additional set CQM– must complete 3 of 38**
  13. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
  14. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
  15. Asthma Pharmacologic Therapy
  16. Asthma Assessment
  17. Appropriate Testing for Children with Pharyngitis
  18. Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

What are the Requirements/ Clinical Quality Measures

- **Additional set CQM– must complete 3 of 38**

19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
20. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
21. Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies
22. Diabetes: Eye Exam
23. Diabetes: Urine Screening

What are the Requirements/ Clinical Quality Measures

- **Additional set CQM– must complete 3 of 38**
  24. Diabetes: Foot Exam
  25. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
  26. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
  27. Ischemic Vascular Disease (IVD): Blood Pressure Management
  28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

What are the Requirements/ Clinical Quality Measures

- **Additional set CQM– must complete 3 of 38**

29. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
30. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
31. Prenatal Care: Anti-D Immune Globulin
32. Controlling High Blood Pressure
33. Cervical Cancer Screening
34. Chlamydia Screening for Women

What are the Requirements/ Clinical Quality Measures

- **Additional set CQM– must complete 3 of 38**
  35. Use of Appropriate Medications for Asthma
  36. Low Back Pain: Use of Imaging Studies
  37. Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
  38. Diabetes: Hemoglobin A1c Control (<8.0%)
- Clinical Quality Measures align with Physicians Clinical Quality reporting (PQRI)
- Alignment between 4 HITECH CQM and the CHIPRA initial core set that providers report to States

What You Need to Participate

- All providers must:
  - Register via the EHR Incentive Program website
  - Be enrolled in Medicare FFS, MA, or Medicaid (FFS or managed care)
  - Have a National Provider Identifier (NPI)
  - Use certified EHR technology
    - Medicaid providers may adopt, implement, or upgrade in their first year
- All Medicare providers and Medicaid eligible hospitals must be enrolled in PECOS
  - http://www.cms.gov/EHRIncentivePrograms

What You Need to Participate

- Registration: Medicaid Specific Details
- States will interface with to the EHR Incentive Program registration website
- States will ask providers to provide and/or attest to additional information in order to make accurate and timely payments, such as:
  - Patient Volume
  - Licensure
  - A/I/U or Meaningful Use
  - Certified EHR Technology

What You Need to Participate

- Registration requirements include:
  - Name of the eligible professional
  - National Provider Identifier (NPI)
  - Business address and business phone
  - Taxpayer Identification Number (TIN) to which the provider would like their incentive payment made
  - Medicare or Medicaid program selection (may only switch once after receiving an incentive payment before 2015) for EPs
  - State selection for Medicaid providers

What You Need to Participate

- Certified EHR Technology:
  - Required in order to achieve meaningful use
  - Standards and certification criteria published in final rule on July 13, 2010.
  - ONC in process of authorizing “temporary certification bodies”
  - Certified products are expected to be available in the Fall
  - List of certified EHRs and EHR modules will be posted on ONC web site upon receipt from authorized certification bodies to support providers in identifying certified products

Notable Differences Between Medicare and Medicaid Incentive Programs

Medicare	Medicaid
Federal Government will implement starting in January 2011	Voluntary for States to implement- Most are expected to start by late summer 2011
Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use	No Medicaid payment reductions
Must demonstrate MU in Year 1	A/I/U option for 1st participation year
Maximum incentive is $44,000 for EPs (bonus for EPs in HPSAs)	Maximum incentive is $63,750 for EPs
MU definition is common for Medicare	States can adopt certain additional requirements for MU
Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015	Last year a provider may register for and initiate program is 2016; Last payment year is 2021
Only physicians, subsection (d) hospitals and CAHs	5 types of EPs, acute care hospitals (including CAHs) and children's hospitals

Timeline of the Program

- Fall 2011 – Certified EHR technology will be available and listed on website
- January 2011 – Registration for the EHR Incentive Programs begins
- January 2011 – For Medicaid providers, States may launch their programs if they so choose
- April 2011 – Attestation for the Medicare EHR Incentive Program begins
- May 2011 – Medicare EHR incentive payments begin

Timeline of the Program

- February 29, 2012 – Last day for EPs to register and attest to receive an incentive payment for CY 2011
- 2015 – Medicare payment adjustments begin for EPs and eligible hospitals that are not meaningful users of EHR technology
- 2016 – Last year to receive a Medicare EHR incentive payment; Last year to initiate participation in Medicaid EHR Incentive Program
- 2021 – Last year to receive Medicaid EHR incentive payment

Resources to Get Help and Learn More

- Get information, tip sheets and more at CMS' official website for the EHR incentive programs:

  http://www.cms.gov/EHRIncentivePrograms

- Learn about certification and certified EHRs, as well as other ONC programs designed to support providers as they make the transition:

  http://healthit.hhs.gov

ONC Programs Designed to Support Achievement of Meaningful Use

Area of Support	ONC Program
Technical Assistance	**Regional Extension Center Program:** ONC has provided funding for 70 regional extension centers that will help providers with EHR vendor selection and support and workflow redesign. Go to http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__rec_program/1495
Health Information Exchange	**State Health Information Exchange Program:** Funding and technical assistance to states to support providers in achieving health information exchange requirements **Nationwide Health Information Network Activities**: Expanded definitions, specifications and sample implementations to support exchange to achieve meaningful use
Breakthrough Examples	**Beacon Communities Program** Demonstration communities involving clinicians, hospitals and consumers who are showing how EHRs can achieve breakthrough improvements in care
Human Resources	**Workforce Training Programs** Several distinct programs that are supporting the education of up to 45,000 new health IT workers to support implementation

Resources to Get Help and Learn More - Acronyms

- ACA – Patient Protection and Affordable Care Act
- A/I/U – Adopt, implement, or upgrade
- CAH – Critical Access Hospital
- CCN – CMS Certification Number
- CHIPRA – Children's Health Insurance Program Reauthorization Act of 2009
- CMS – Centers for Medicare & Medicaid Services
- CNM – Certified Nurse Midwife
- CPOE – Computerized Physician Order Entry
- CQM – Clinical Quality Measures
- CY – Calendar Year
- EHR – Electronic Health Record
- EP – Eligible Professional
- eRx – E-Prescribing
- FFS – Fee-for-service
- FQHC – Federally Qualified Health Center
- FFY – Federal Fiscal Year
- HHS – U.S. Department of Health and Human Services
- HIT – Health Information Technology
- HITECH Act – Health Information Technology for Economic and Clinical Health Act
- HITPC – Health Information Technology Policy Committee
- HIPAA – Health Insurance Portability and Accountability Act of 1996
- HPSA – Health Professional Shortage Area
- MA – Medicare Advantage
- MCMP – Medicare Care Management Performance Demonstration
- MU – Meaningful Use
- NCVHS – National Committee on Vital and Health Statistics
- NP – Nurse Practitioner
- NPI – National Provider Identifier
- NPRM – Notice of Proposed Rulemaking
- OMB – Office of Management and Budget
- ONC – Office of the National Coordinator of Health Information Technology
- PA – Physician Assistant
- PECOS – Provider Enrollment, Chain, and Ownership System
- PPS – Prospective Payment System (Part A)
- PQRI – Medicare Physician Quality Reporting Initiative
- Recovery Act – American Reinvestment & Recovery Act of 2009
- RHC – Rural Health Clinic
- RHQDAPU – Reporting Hospital Quality Data for Annual Payment Update
- TIN – Taxpayer Identification Number