Medicare & Medicaid Electronic Health Records (EHRs) Incentive Program and Meaningful Use Criteria

Juanita Archer, MD
Anita Henderson-Sumpter, MHA, MBA, CPC
Director of Socioeconomics & Member Advocacy
Overview

• Eligible professionals and hospitals
• Registration process
• ‘Meaningful use’ requirements
• Incentive payments
• Timelines
• Regional Extension Centers (RECs)
Background

• The American Recovery and Reinvestment Act of 2009
• Provides incentive payment for Medicare and Medicaid hospitals and eligible professionals (EPs) who are meaningful users of certified EHRs
• Improve quality, safety and efficiency of patient health care
• EPs may qualify for incentive payments as early as 2011
Who is Eligible to Participate?

• Medicare
  – Doctors of medicine or osteopathy
  – Doctors of dental surgery or dental medicine
  – Doctors of podiatric medicine
  – Doctors of optometry
  – Chiropractors

• Eligible professionals may not be hospital-based
  – Hospital based physicians provide 90% or more of their services in a hospital inpatient or ER setting
Who is Eligible to Participate? (cont’d)

- Medicaid
  - Physicians
  - Nurse Practitioners
  - Certified nurse-midwives
  - Dentists
  - Physician assistants working in a Federally Qualified Health Center (FQHC) or rural health clinic (RHC) that is led by a physicians assistant

- EPs may not be hospital-based
Who is Eligible to Participate? (cont’d)

• EPs must decide which program they want to participate in
  – Can not participate in both Medicare and Medicaid incentive programs
## Who is Eligible to Participate? (cont’d)

<table>
<thead>
<tr>
<th>Other Medicare Incentive Program</th>
<th>Eligible for HITECH EHR Incentive Program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Physician Quality Reporting System (also known as PQRI)</td>
<td>Yes, if the EP is eligible</td>
</tr>
<tr>
<td>Medicare Meaningful Use EHR Program</td>
<td>If the EP chooses to participate in the Medicare EHR Incentive Program, they cannot participate in the Medicare e-prescribing Incentive Program during the same year. If the EP chooses to participate in the Medicaid EHR Incentive Program and the Medicare e-prescribing Incentive Program, the EP is eligible to receive incentives under both programs.</td>
</tr>
</tbody>
</table>
How to Participate in the Program

• Register via the EHR Incentive Program website
  – www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation

• Information required to register:
  – National Provider Identifier (NPI)
  – National Plan and Provider Enumeration System (NPPES) or PECOS user id and password
  – Payee Tax Identification Number (TIN)
  – Payee NPI (if you have reassigned your benefits)
How to Participate in the Program (cont’d)

• All Medicare EPs and Medicaid eligible hospitals must be enrolled in PECOS (Physician Enrollment Chain Ownership System)

• Medicare or Medicaid program selection
  – May only switch once after receiving an incentive payment before 2015 for EPs
‘Meaningful Use’ Requirements

• Medicare
  – EPs and hospitals must successfully demonstrate meaningful use of certified EHR technology every year they participate in the program

• Medicaid
  – EPs and hospitals may qualify for incentive payments for the adoption, implementation, upgrade or the demonstration of meaningful use in their first year of participation
  – Must successfully demonstrate meaningful use for the remaining years they participate in the program
‘Meaningful Use’ Requirements (cont’d)

• Three Components of Meaningful Use
  – Meaningful Use is using certified EHR technology:
    • In a meaningful manner (e.g.: e-Prescribing)
    • For electronic exchange of health information to improve quality of health care
    • To submit clinical quality and other measures

• Benefits
  – Financial incentives
  – Reduction in errors
  – Availability of records and data
  – Reminders and alerts
  – Clinical decision support
  – e-Prescribing/refill automation
‘Meaningful Use’ Requirements (cont’d)

- Will be implemented in three stages
- Stage I
  - Sets baseline for capturing electronic data and information sharing
  - 2011 and 2012
- Stages II and III
  - Will be developed through future rule making
  - 2013 and 2015, respectively
‘Meaningful Use’ Requirements (cont’d)

• Stage I
  – 80% of patients must have records in the certified EHR technology
  – EPs must attest to successfully demonstrating ‘meaningful use’ for 90 days during the first year and one year subsequently
  – 25 ‘meaningful use’ objectives
  – EPs must report on 20 of the 25 objectives
    • 15 core objectives
    • 5 objectives may be chosen from a list of 10 menu set objectives
    • 6 Clinical Quality Measures
      – (3 core or alternate core and 3 out of 38 from alternate set)
## Stage I Core Set Objectives and Measures Example

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines</td>
<td>More than 30% of unique patients with at least one medication list seen by the EP or admitted to the eligible hospital or CAH have at least one medication entered using CPOE</td>
</tr>
<tr>
<td>Implement drug-drug and drug-allergy interaction checks</td>
<td>The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period</td>
</tr>
<tr>
<td>EP Only: Generate and transmit permissible prescriptions electronically (eRX)</td>
<td>More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology</td>
</tr>
<tr>
<td>Record demographics: preferred language, gender, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH</td>
<td>More than 50% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have demographics as recorded structured data</td>
</tr>
<tr>
<td>Maintain up-to-date problem list of current and active diagnoses</td>
<td>More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry or an indication that no problems are known for the patient recorded as structured data</td>
</tr>
</tbody>
</table>
Stage I Menu Set Objectives

• Implement drug-formulary checks
• Incorporate clinical lab-test results into certified EHR technology as structured data
• Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach
• EPs only: Send reminders to patients per patient preference for preventive/follow-up care
Stage I Menu Set Objectives (cont’d)

• EPs only: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within 4 business days of the information being available to the EP

• Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate

• The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes and encounter is relevant should perform medication reconciliation
Stage I Menu Set Objectives (cont’d)

- The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care record for each transition of care or referral.
- Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice.
- Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.
# Clinical Quality Measures

- **EPs Core set**

<table>
<thead>
<tr>
<th>NQF Measure Number &amp; PQRS Implementation Number</th>
<th>Clinical Quality Measure Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF 0013</td>
<td>Hypertension: Blood Pressure Measurement</td>
</tr>
<tr>
<td>NQF 0028</td>
<td>Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention</td>
</tr>
<tr>
<td>NQF 0421 PQRI 128</td>
<td>Adult Weight Screening and Follow-up</td>
</tr>
</tbody>
</table>
Clinical Quality Measures (cont’d)

- EPs Alternate Core Set CQMs

NQF 0024 Weight Assessment and Counseling for Children and Adolescents

NQF 0041 Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older

PQRI 110

NQF 0038 Childhood Immunization Status
Clinical Quality Measures (cont’d)

• Examples of Additional Set CQM – EPs must complete 3 of 38
  – Diabetes: Hemoglobin A1c Poor Control
  – Diabetes: Low Density Lipoprotein (LDL) Management and Control
  – Diabetes: Blood Pressure Management
  – Diabetes: Eye Exam
  – Diabetes: Urine Screening
  – Diabetes: Foot Exam
  – Controlling High Blood Pressure
  – Diabetes: Hemoglobin A1c (<8.0%)
Standards and Certification Criteria

- **Final Rule**
  - EHR technology specifications
  - Using EHR technology to demonstrate ‘meaningful use’
- **Must be certified by an ONC Health Information Technology- Authorized Testing and Certification Body (ONC-ATCB)**
  - Surescripts LLC
  - ICSA Labs
  - SLI Global Solutions
  - InfoGard Laboratories, Inc.
  - Certification Commission for Health Information Technology
  - Drummond Group, Inc.

Maximum Incentive Payments

• Medicare
  – Incentive payments are based on total Fee-for-Service allowable charges (75%)
    • Services must be performed between January 1, 2011, and December 31, 2011
    • Incentives decrease after 2012
    • Must participate in program no later than 2014 to receive incentives
    • Last year for incentives is 2016
  – EPs in Health Professional Shortage Areas (HPSAs) receive an additional incentive (10%)
## Maximum Incentive Payments by Calendar Year (CY)

<table>
<thead>
<tr>
<th>Calendar Year (CY)</th>
<th>Incentive Payments Based on the First CY an EP participates in the program (Medicare)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
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<tr>
<td>2011</td>
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<td>2016</td>
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<tr>
<td>Total</td>
<td>$44,000</td>
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Maximum Incentive Payments (cont’d)

• Medicaid
  – Incentives are the same regardless of start year
  – Must participate in program no later than 2016 to receive incentives
  – Last year for incentives is 2021

• No additional payment for HPSAs
## Maximum Incentive Payments by Calendar Year (CY)

**Incentive Payments Based on the First CY an EP participates in the program (Medicaid)**

<table>
<thead>
<tr>
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</tbody>
</table>
Maximum Incentive Payments (cont'd)

• Medicare Advantage Organizations (MAOs)
  – Must furnish on average, at least 20 hours/week of patient care; and
  – Be employed by the qualifying MAO or
  – Be employed by, or be a partner of an entity contracted with the qualifying MAO
    • Must furnish at least 80% of the entity’s Medicare patient care services for enrollees of the qualifying MAO
  – Cannot receive incentive payments from both fee-for-service and MA programs
### Maximum Incentive Payments by Calendar Year (CY)

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<tr>
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</table>
Maximum Incentive Payments (cont’d)

• After 2015, providers who have not demonstrated ‘meaningful use’ will receive 1% reduction in reimbursement
  – After 2016, 2% reduction
  – 2017 and after, 3% reduction

• If determined by Medicare that less than 75% of EPs are meaningful users, reimbursement will be reduced 1% until the adjustment reaches 5%
  – Starting in 2018
EHR Incentive Program Timeline

- January 2011 – Register for EHR Incentive Programs
- January 2011 – For Medicaid, States may launch their programs
- April 2011 – Attestation for Medicare EHR Incentive Program begins
- May 2011 – EHR Incentive payments begin
- 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 that are not meaningful users of EHR technology
- 2016 – Last year to receive Medicare EHR incentive payment; last year to participate in Medicaid EHR Incentive program
- 2021 – Last year to receive Medicaid EHR incentive payment
Regional Extension Centers (RECs)

- Health Information Technology Economic and Clinical Health (HITECH) Act
- Office of the National Coordinator for Health Information Technology (ONC)
  - $677 million is allocated for the next two years to support the RECs
    - Funded to support primary care providers
Regional Extension Centers (RECs) (cont’d)

- RECs focus is to provide assistance to:
  - Individual and small practices
  - Medical practices lacking resources to implement and maintain EHRs
  - Health care providers who provide primary care services in public and critical access hospitals, community health centers and other settings that mostly serve patients who lack adequate coverage or medical care

- Provide training and support services to assist health care providers in adopting EHRs
- Help health care providers with EHR vendor selection, support and workflow design
- Give technical assistance as needed
- List of RECs are located at www.healthit.hhs.gov