

# eHealth Provider Webinar

## July 2, 2013



## Introduction to the EHR Incentive Programs: Overview of Basic Eligibility, Payment Information, and Key Deadlines

### Presentation Objectives

Assist Eligible Professionals with:

1. Eligibility requirements for EPs
2. Basic participation requirements
3. Key program deadlines
4. Payment amounts
5. Payment Adjustments & Hardship Exceptions



# What are the EHR Incentive Programs?

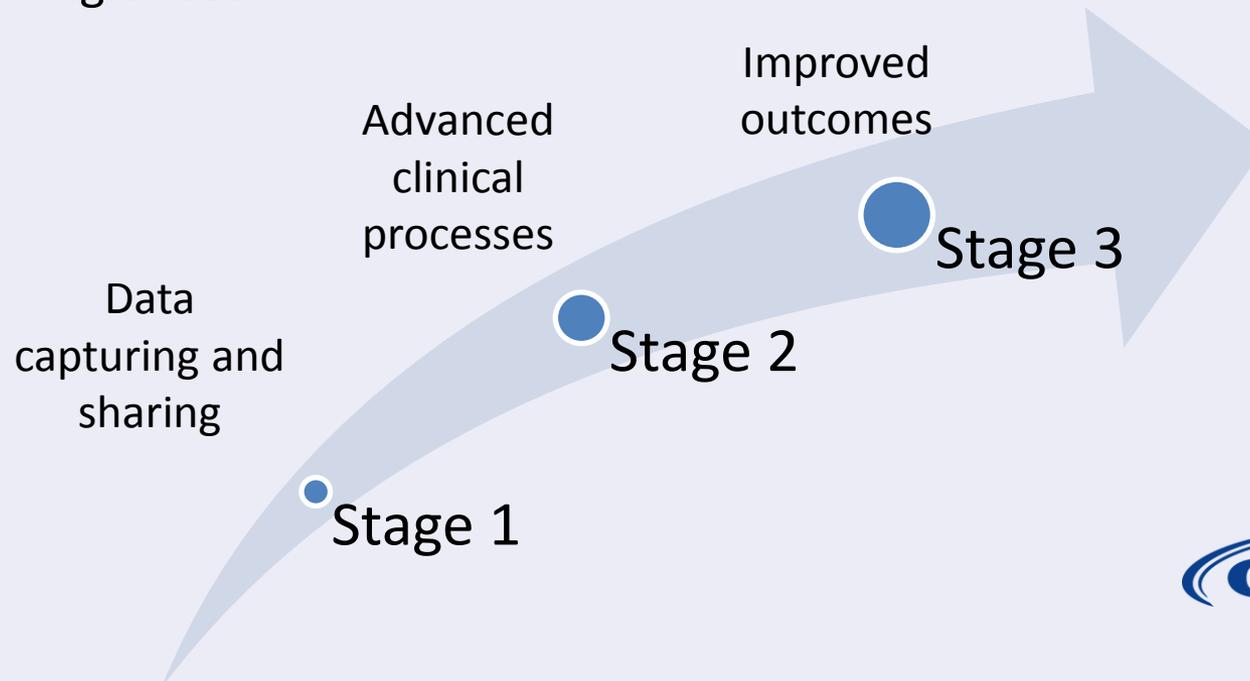
- ❑ The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals (EPs) who demonstrate meaningful use of electronic health records (EHRs)
- ❑ EPs must demonstrate meaningful use and submit measures for Stage 1, Stage 2, and Stage 3

# What is 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 by law to receive incentives

# How does the program work?

- The EHR Incentive Programs consist of 3 stages of meaningful use
- Each stage has its own set of requirements to meet in order to demonstrate meaningful use



HIT can also turn data  
into information



# Eligibility

# Who is eligible to participate?

- Eligibility determined by 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 EPs include:

- Doctors of medicine or osteopathy
- Doctors of dental surgery or dental medicine
- Doctors of podiatric medicine
- Doctors of optometry
- Chiropractors

## EPs may not be hospital-based

## CAH II physicians can begin participation in calendar year (CY) 2013

# Who is eligible to participate?

EPs 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 EPs 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?

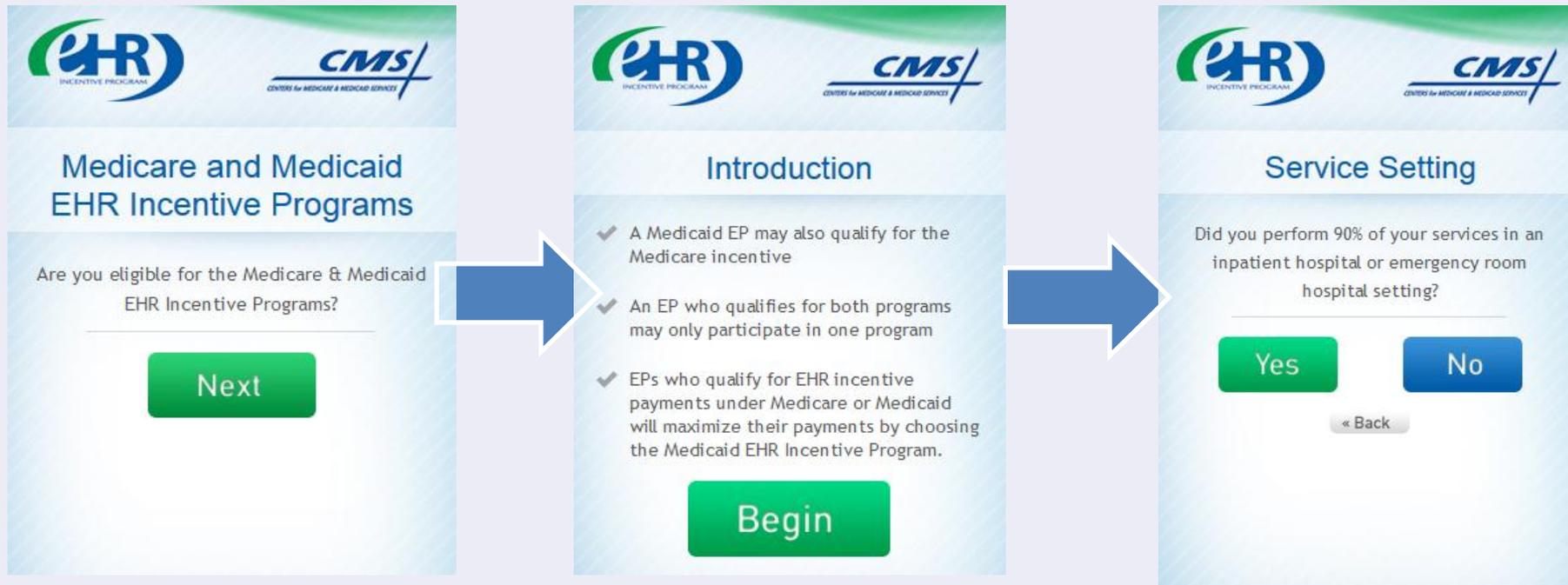
Medicaid EPs must also meet one of the three patient volume thresholds:

1. Have a minimum of 30% Medicaid patient volume
2. Pediatricians ONLY: Have a minimum of 20% Medicaid patient volume
3. Working in FQHC or RHC ONLY: Have a minimum of 30% patient volume attributed to needy individuals

CHIP, sliding scale, free care only count toward thresholds if working in RHC or FQHC

# Are you eligible?

CMS has created an eligibility tool to help EPs determine their eligibility:



# Requirements

# What are the requirements for 1st year Medicaid EPs?

- MEDICAID – Only for first participation year:
  - **Adopted** – Acquired access to certified EHR technology in a legally and/or financially committed manner
  - **Implemented** – Began using certified EHR technology
  - **Upgraded** – Demonstrated having upgraded access to EHR technology newly certified in a legally and/or financially committed manner
  
- Must be certified EHR technology capable of meeting meaningful use
  
- No EHR reporting period in 1<sup>st</sup> year, but in 2<sup>nd</sup> year Medicaid EPs must meet the meaningful use requirements for 90 days

# What are the requirements for 1<sup>st</sup> year Medicare EPs?

- For the first year they participate, Medicare EPs have to:
  - Meet the requirements for and report data on a continuous 90-day period during the calendar year (any 90 days from January 1st to December 31st)
- For the remaining years they participate, EPs have to meet the requirements for the entire calendar year
- Both of these are called the reporting periods

# What do Medicare EPs need for registration?

## Before registering:

- Make sure to have an enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS)\*
- Verify that the Medicare Administrative Contractor (MAC) has the correct banking information and payee information including:
  - Bank account number
  - Bank routing number
  - Payee Address
  - Payee National Provider Identifier (NPI) and Payee Tax Identification Number (TIN) Combinations

## When registering, have on-hand:

- An NPI
- A National Plan and Provider Enumeration System (NPPES) Identity and Access Management (I&A) ID and password for the individual provider;
- A Payee TIN
- A Payee NPI
- EHR Certification Number

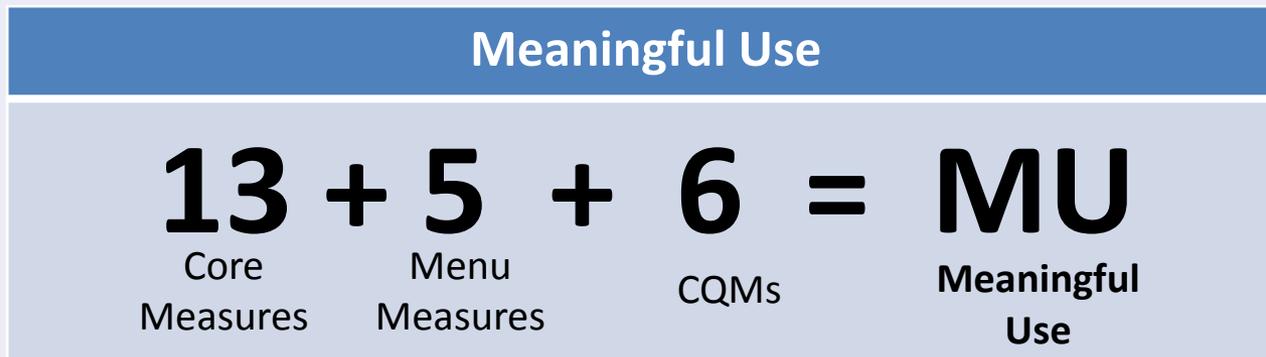
# What do Medicaid EPs need for registration?

When registering, have on-hand:

- An NPI
- An NPPES I&A ID and Password
- A Payee TIN
- A Payee NPI\*\*
- EHR Certification Number

# What are the requirements for Stage 1 of meaningful use?

- ❑ EPs participating must meet the following for Stage 1:
  - 14 required core objectives
  - 5 objectives chosen from a list of 10 menu set objectives
  
- ❑ In addition to meeting the thresholds for the 14 core and 5 menu objectives, all EPs have to report on clinical quality measures (CQMs)



*Beginning in 2014, reporting CQMs will no longer be part of the 14 core measures, but will be still be required. The total of core measures will become 13.*

# What are the core objectives for Stage 1?

EPs must meet all core objectives:

<b>Core Objective</b>	<b>Measure</b>
<b>1. CPOE</b>	Use CPOE for at least 30% of medication orders
<b>2. Drug-drug and Drug-allergy Checks</b>	Enable drug-drug and drug-allergy checks on EHR
<b>3. Problem List</b>	Record patient diagnoses for more than 80%
<b>4. E-Rx</b>	E-Rx for more than 40%
<b>5. Medication List</b>	Record patient medications for more than 80%
<b>6. Medication Allergy List</b>	Record patient medications for more than 80%
<b>7. Demographics</b>	Record demographics for more than 50%
<b>8. Vital Signs</b>	Record vital signs for more than 50%

# What are the core objectives for Stage 1?

EPs must meet all core objectives:

Core Objective	Measure
9. Smoking Status	Record smoking status for more than 50%
10. Clinical Decision	Implement one clinical decision support rule
11. Electronic Copy	Provide electronic copy of health information for more than 50% of patients
12. Clinical Summaries	Provide clinical summaries to more than 50% of patients
13. Protect health information	Conduct security risk analysis and implement security updates

# What are the menu objectives for Stage 1?

EPs must select 5 menu objectives:

Menu Objective	Measure
1. Drug Formulary Checks	Enable the formulary check for the entire reporting period
2. Lab Results	Incorporate lab results for more than 40%
3. Patient List	Generate patient list by specific condition
4. Preventive Reminders	Use EHR to identify and provide reminders for preventive/follow-up care for more than 20% of patients 65 years or older or 5 years old or younger
5. Patient Access	Provide online access to health information for at least 10%
6. Education Resources	Use EHR to identify and provide education resources more than 10%
7. Rx Reconciliation	Medication reconciliation at more than 50% of transitions of care
8. Summary of Care	Provide summary of care document for more than 50% of transitions of care and referrals
9. Immunization Registries	Submit at least one immunization registry electronically
10. Syndromic Surveillance	Perform at least one transmission of syndromic surveillance data

# What do EPs need for attestation?

- Before attesting Medicare EPs should have:
  - ✓ Met all of the necessary measures to successfully demonstrate meaningful use and qualify for an EHR incentive payment
  - ✓ Completed the appropriate reporting period and timeframe
  - ✓ A successful and active Registration status in the Registration and Attestation system
  - ✓ An EHR Certification Number
  
- State requirements may vary for Medicaid EPs
  - EPs should refer to their State for details about attestation

# What is required for Stage 2?

- In the Stage 1 meaningful use regulations, CMS had established a timeline that required providers to progress to Stage 2 criteria after two program years under the Stage 1 criteria
- CMS delayed the onset of Stage 2 criteria, therefore the earliest that the Stage 2 criteria will be effective is in calendar year 2014 for EPs
- EPs must meet the following for Stage 2:
  - 17 core objectives
  - 3 menu objectives that they select from a total list of 6

# Deadlines

# What are the important 2013 deadlines?

Date	Deadline
<b>October 3, 2013</b>	Last day for EPs to begin 90-day reporting period for CY 2013
<b>December 31, 2013</b>	Reporting year ends for EPs
<b>February 28, 2014</b>	Last day for Medicare EPs to register and attest to receive an incentive payment for CY 2013 ( <i>deadline varies for Medicaid EPs</i> )

*January 1, 2014- Reporting period begins for EPs for CY 2014 (90 days for Medicaid and 3 months on the quarter for Medicare)*

# What is happening in 2014?

**For 2014 only**, all providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a 3-month EHR reporting period:

- For Medicare EPs-** 3-month reporting period is fixed to the quarter of the year in order to align with existing CMS quality measurement programs
- For Medicaid EPs-** 3-month reporting period is not fixed for Medicaid EPs that are only eligible to receive Medicaid EHR incentives, where providers do not have the same alignment needs

*This one-time 3-month reporting period in 2014 will help all providers who must upgrade to 2014 Certified EHR Technology to have adequate time to implement their new Certified EHR systems*

# Payment Amounts

# How sequestration affects EHR payments

- ❑ As required by law, President Obama issued a sequestration order on March 1, 2013:
  - Under these mandatory reductions, Medicare EHR incentive payments made to EPs and eligible hospitals will be reduced by 2%
  - The 2% reduction will be applied to any Medicare EHR incentive payment for a reporting period that ends on or after April 1, 2013
  - If the final day of the reporting period occurs before April 1, 2013, those incentive payments will not be subject to the reduction
  
- ❑ Medicaid payments are not affected by sequestration

*The Medicare payment slides do not take into account the 2% reduction for sequestration*

# How much are Medicare incentive payments?

- Incentive amounts based on Fee-for-Service allowable charges
- Maximum incentive for EPs starting in 2013 is \$39,000 over 4 years
- Must begin by 2014 to receive incentive payments
- Extra bonus amount available for practicing predominantly in a Health Professional Shortage Area
- Only 1 incentive payment per year

# Medicare incentive payment schedule

Maximum Payment by Start Year	2011	2012	2013	2014	2015	2016
<b>2011</b>	1	1	1	2	2	3
\$44,000	18,000	12,000	8,000	4,000	2,000	
<b>2012</b>		1	1	2	2	3
\$44,000		18,000	12,000	8,000	4,000	2,000
<b>2013</b>			1	1	2	2
\$39,000			15,000	12,000	8,000	4,000
<b>2014</b>				1	1	2
\$24,000				12,000	8,000	4,000

# Medicare incentive payment sequestration schedule\*



\*This 2% reduction will be applied to any Medicare EHR incentive payment for a reporting period that ends on or after April 1, 2013. If the final day of the reporting period occurs before April 1, 2013, those incentive payments will not be subject to the reduction.

Maximum Payment by Start Year	2011	2012	2013	2014	2015	2016
<b>2011</b>	1	1	1	2	2	3
\$43,720	18,000	12,000	<b>7,840</b> Reduction (\$160)	<b>3,920</b> Reduction (\$80)	<b>1,960</b> Reduction (\$40)	
<b>2012</b>		1	1	2	2	3
\$43,480		18,000	<b>11,760</b> Reduction (\$240)	<b>7,840</b> Reduction (\$160)	<b>3,920</b> Reduction (\$80)	<b>1,960</b> Reduction (\$40)
<b>2013</b>			1	1	2	2
\$38,220			<b>14,700</b> Reduction (\$300)	<b>11,760</b> Reduction (\$240)	<b>7,840</b> Reduction (\$160)	<b>3,920</b> Reduction (\$80)
<b>2014</b>				1	1	2
\$23,520				<b>11,760</b> Reduction (\$240)	<b>7,840</b> Reduction (\$160)	<b>3,920</b> Reduction (\$80)

# How much are Medicaid incentive payments?

- 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
- Incentives available through 2021
- Only 1 incentive payment per year

# Medicaid incentive payments amounts

## Annual Incentive Payment by Stage of Meaningful Use

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
(AIU)	1	1	2	2	3
\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500

Maximum incentive payment amount is \$63,750. Payments are made over 6 years and do not have to be consecutive.

\*2016 is the last year that Medicaid EPs can begin participation in the program.

# When Do I Start Stage 2?



## My EHR Participation Timeline

Use this timeline to determine which year you will demonstrate **Stage 1, Stage 2, and Stage 3 of meaningful use.**

It will also provide the length of time you are required to demonstrate meaningful use at each stage, and the maximum incentive payment for each year you participate.

**START**



# Payment Adjustments & Hardship Exceptions

# Medicare EPs and payment adjustments

- ❑ The HITECH Act stipulates that for Medicare EPs **a payment adjustment applies if they are not a meaningful EHR user**
- ❑ An EP becomes a meaningful EHR user **when he/she successfully attest to meaningful use under either the Medicare or Medicaid EHR Incentive Program**

## Adopt, implement and upgrade ≠ meaningful use

A provider receiving a Medicaid incentive for AIU **would still be subject to the Medicare payment adjustment.**

# Avoiding the 2015 payment adjustments

- Demonstrate meaningful use to CMS by:

Meaningful EHR User in 2011 or 2012	Never been a Meaningful EHR User
End EHR reporting period by December 13, 2013	End EHR reporting period by September 30, 2014
Attest by February 28, 2014	Attest by October 1, 2014

- Apply to CMS for a hardship exemption by **July 1, 2014**
- Medicaid EPs are not subject to payment adjustments

# Payment adjustments for EPs eligible for both programs

## Eligible for both programs?

If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you **MUST** demonstrate meaningful use according to the timelines in the previous slides to avoid the payment adjustments. You may demonstrate meaningful use under either Medicare or Medicaid.

**Note:** Congress mandated that an EP must be a meaningful user in order to avoid the payment adjustment; therefore receiving a Medicaid EHR incentive payment for adopting, implementing, or upgrading your certified EHR Technology would not exempt you from the payment adjustments.

# What are the hardship exceptions for EPs?

## EPs can apply for hardship exceptions in the following categories:

### 1. Infrastructure

EPs must demonstrate that they are in an area without sufficient internet access or face insurmountable barriers to obtaining infrastructure (e.g., lack of broadband).

### 2. New EPs

Newly practicing EPs who would not have had time to become meaningful users can apply for a 2-year limited exception to payment adjustments.

### 3. Unforeseen Circumstances

Examples may include a natural disaster or other unforeseeable barrier.

### 4. EPs must demonstrate that they meet the following criteria:

- Lack of face-to-face or telemedicine interaction with patients
- Lack of follow-up need with patients

### 5. EPs who practice at multiple locations must demonstrate that they:

Lack of control over availability of CEHRT for more than 50% of patient encounters

# What are the hardship exceptions for EPs?

**EPs whose primary specialties are anesthesiology, radiology or pathology:**

As of July 1<sup>st</sup> of the year preceding the payment adjustment year, EPs in these specialties will receive a hardship exception based on the 4<sup>th</sup> criteria for EPs

**EPs must demonstrate that they meet the following criteria:**

- **Lack of face-to-face or telemedicine interaction with patients**
- **Lack of follow-up need with patients**

# How do EPs apply for a hardship exceptions?

- Applying:** EPs, eligible hospitals, and CAHs must apply for hardship exceptions to avoid the payment adjustments.
- Granting Exceptions:** Hardship exceptions will be granted only if CMS determines that providers have demonstrated that those circumstances pose a significant barrier to their achieving meaningful use.
- Deadlines:** Applications need to be submitted **no later than April 1 for hospitals**, and **July 1 for EPs** of the year before the payment adjustment year; however, CMS encourages earlier submission

**For More Info:** Details on how to apply for a hardship exception will be posted on the CMS EHR Incentive Programs website in the future: [www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms)

# Resources

# Resources from CMS and ONC



- ❑ Get information, tip sheets and more at CMS' official website for the EHR incentive programs: [www.cms.gov/EHRIncentivePrograms](http://www.cms.gov/EHRIncentivePrograms)
  - Introduction to EHR Incentive Programs
  - Frequently Asked Questions (FAQs)
  - Meaningful Use Attestation Calculator
  - Registration & Attestation User Guides
  - Listserv
  
- ❑ Learn about certification and certified EHRs, as well as other ONC programs designed to support providers as they make the transition: [www.healthit.gov/](http://www.healthit.gov/)



## Questions?

The **Electronic Health Record (EHR) Information Center** is open to assist you with all of your registration and attestation system inquiries.

- 7:30 a.m. – 6:30 p.m. (Central Time) Monday through Friday (except federal holidays)
- 1-888-734-6433 (primary number) or 888-734-6563 (TTY number)

