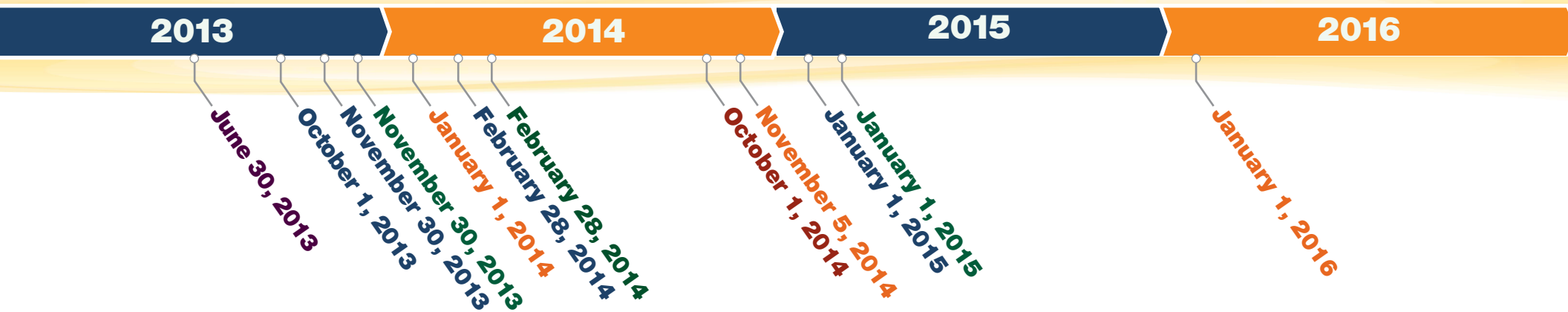


# 2013 - 2016

# KEY eHEALTH PROGRAMS

## TIMELINE

### MILESTONE DATES



#### KEY

- E-Prescribing (eRx)
- Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs
- Quality Measurement
- Administrative Simplification
- ICD-10



2013 - 2016  
**KEY eHEALTH PROGRAMS**  
 TIMELINE

2013	DATE	PROGRAM	MILESTONE	WHAT IT MEANS FOR HEALTH CARE
	<p><b>June 30, 2013</b></p>	<p><b>eRx</b></p>	<p>The 2013 eRx Incentive Program 6-month reporting period ends</p>	<p>The eRx Incentive Program encourages providers to use electronic prescribing, which will reduce errors in reading handwriting, decrease adverse drug events by making drug-to-drug information more clearly available, and reduce patients' costs by making their coverage information available before an Rx is ordered.</p> <p>Eligible professionals (EPs) and members within a group practice participating in eRx Group Practice Reporting Option (GPRO) who complete the six-month eRx reporting period by June 30, 2013 will avoid the 2014 eRx payment adjustment.</p> <p>Another way to avoid the 2014 payment adjustment was to demonstrate meaningful use in the Medicare or Medicaid EHR Incentive Program during the 2012 program year.</p>
<p><b>October 1, 2013</b></p>	<p><b>Medicare and Medicaid EHR Incentive Programs</b></p>	<p>Stage 2 begins for eligible hospitals and critical access hospitals (CAHs); EPs begin on January 1, 2014</p>	<p>Stage 2 of meaningful use for the Medicare and Medicaid EHR Incentive Programs is a critical step for meaningful use of certified EHR technology (CEHRT) for providers.</p> <p>In Stage 2, providers use CEHRT as a tool in health care quality improvement by increasing health information exchange (HIE) and promoting patient engagement.</p>	



2013 - 2016  
**KEY eHEALTH PROGRAMS**  
 TIMELINE

	DATE	PROGRAM	MILESTONE	WHAT IT MEANS FOR HEALTH CARE
2013	<b>November 30, 2013</b>	<b>Medicare EHR Incentive Program</b>	Last day for Medicare eligible hospitals and CAHs to register and attest to receive an incentive payment for fiscal year (FY) 2013	<p>Eligible hospitals and CAHs receive incentive payments for the 2013 Medicare EHR Incentive Program when they attest to successfully demonstrating meaningful use of CEHRT, which creates better, more efficient care.</p> <p>Attestation includes the submission of clinical quality measures (CQMs), which help measure and track the quality of health care services.</p> <p>For the 2013 program year, eligible hospitals can submit their CQMs through attestation, electronically through the Reporting Pilot or submit through Quality Reporting Document Architecture (QRDA).</p>
	<b>November 30, 2013</b>	<b>Quality Measurement: EHR Incentive 2013 Reporting Pilot Program through QualityNet</b>	Last day for eligible hospitals to submit their FY 2013 data through QualityNet to receive an incentive payment	<p>The EHR Incentive Program 2013 Reporting Pilot is a voluntary electronic reporting option to satisfy the CQM objective for the EHR Incentive Program.</p> <p>Participation in the EHR 2013 Reporting Pilot is highly encouraged and allows hospitals an opportunity to pioneer efforts for submitting CQMs electronically.</p>



2013 - 2016  
**KEY eHEALTH PROGRAMS**  
 TIMELINE

2014	DATE	PROGRAM	MILESTONE	WHAT IT MEANS FOR HEALTH CARE
	<b>January 1, 2014</b>	<b>Administrative Simplification</b>	Effective date of operating rules for electronic funds transfers (EFT) and remittance advice	<p>Certification of health plans is part of the Affordable Care Act's (ACA's) operating rules, or guidelines, that aim to improve the standards for electronic transactions mandated by the Health Insurance Portability and Accountability Act (HIPAA).</p> <p>The rules will improve interoperability by bringing uniformity to transactions that previously varied, and try to reduce the burden on providers who spend time accommodating requirements of different health plans.</p>
	<b>February 28, 2014</b>	<b>Medicare EHR Incentive Program</b>	Last day for Medicare EPs to register and attest to receive an incentive payment for calendar year (CY) 2013	<p>Like eligible hospitals, EPs receive incentive payments for the 2013 Medicare EHR Incentive Program when they attest to successfully demonstrating meaningful use of CEHRT.</p> <p>For the 2013 program year, EPs can submit their CQMs through attestation, or through the Physician Quality Reporting System (PQRS) reporting pilot, in which they would also satisfy the criteria for PQRS.</p>



2013 - 2016

# KEY eHEALTH PROGRAMS

## TIMELINE

2014	DATE	PROGRAM	MILESTONE	WHAT IT MEANS FOR HEALTH CARE
	<b>February 28, 2014</b>	<b>Quality Measurement: PQRS</b>	Last day for EPs to submit their CY 2013 data to receive an incentive payment	<p>The PQRS program provides an incentive payment to EPs who satisfactorily report data on quality measures, which support the overall delivery and coordination of care.</p> <p>The PQRS Medicare EHR Incentive Pilot allows EPs to meet the CQM reporting objective of meaningful use requirements for the Medicare EHR Incentive Program, while also reporting for the PQRS program.</p>
	<b>October 1, 2014</b>	<b>ICD-10</b>	Complete ICD-10 transition for full compliance	Among other benefits, ICD-10-CM and ICD-10-PCS better accommodate new technologies and procedures compared to ICD-9. The codes have the potential to provide better data for evaluating and improving the quality of patient care, including tracking care outcomes.



2013 - 2016

## KEY eHEALTH PROGRAMS

### TIMELINE

	DATE	PROGRAM	MILESTONE	WHAT IT MEANS FOR HEALTH CARE
2014	<b>November 5, 2014</b>	<b>Administrative Simplification</b>	Large health plans (Controlling Health Plan or CHPs) must obtain Health Plan Identifier (HPID); small health plans have until November 5, 2015	<p>HPIDs are unique identifiers that are mandatory for HIPAA transactions. A unique health plan identifier will simplify and improve the routing of health care transactions and the administration of health plan benefits.</p> <p>HPIDs will have a variety of purposes in health care, including identifying health plans in:</p> <ul style="list-style-type: none"> <li>• EHRs</li> <li>• HIEs</li> <li>• Health Insurance Exchanges (HIXs)</li> </ul>
2015	<b>January 1, 2015</b>	<b>Medicare EHR Incentive Program</b>	Payment adjustments begin for Medicare EPs	Medicare EPs who are not meaningful users will be subject to a payment adjustment at the start of 2015. The payment adjustment starts at 1% and is cumulative for every year that an EP is not a meaningful user.



2013 - 2016

## KEY eHEALTH PROGRAMS

### TIMELINE

	DATE	PROGRAM	MILESTONE	WHAT IT MEANS FOR HEALTH CARE
2015	<b>January 1, 2015</b>	<b>Quality Measurement: PQRS</b>	Payment adjustments begin for Medicare EPs	EPs who do not satisfactorily report PQRS measures will be subject to payment adjustments at the start of 2015. EPs will receive a 1.5% adjustment in 2015.
2016	<b>January 1, 2016</b>	<b>Administrative Simplification</b>	<p>Effective date of operating rules for:</p> <ul style="list-style-type: none"> <li>• health claims or equivalent encounter information</li> <li>• enrollment and disenrollment in a health plan</li> <li>• health plan premium payments</li> <li>• referral certification and authorization</li> </ul> <p>Effective date of standard and operating rules for health claims attachments</p>	The rules will make electronic processing between payers and providers more consistent by streamlining processing claims.

