CMS | **eHealth**
CENTERS FOR MEDICARE & MEDICAID SERVICES

eHealth Targets Success

CMS eHealth programs create efficiencies and improve health care delivery in our nation's health care system. CMS acknowledges the efforts of health care providers, vendors and organizations who are working in partnership with CMS to make this transformation a reality.
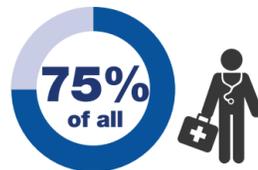
Medicare & Medicaid EHR Incentive Programs

As of June 2014...

92% of all
eligible hospitals

75% of all
eligible professionals

have received an EHR incentive payment for either meaningful use or adopt, implement, upgrade.

Of the 265,415 Medicare eligible professionals that have attested,
99.9% success rate.

How EHRs advance health care:

EHRs reduce errors, improve patient safety, support better patient outcomes, and help providers diagnose patients' problems sooner.

Accountable Care Organizations (ACOs)

In January 2014, HHS released data that showed:

Savings from the Medicare ACOs and Pioneer ACOs exceeded
$380 million

54 Medicare Shared Savings Program ACOs exceeded their benchmarks in the first 12 months; 29 generated shared savings totaling more than
$126 million

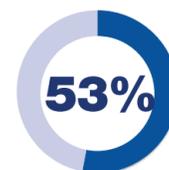All 23 Pioneer ACOs generated gross savings of
$147 million

How ACOs advance health care:

ACOs aim to provide patients with the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

Physician Quality Reporting System (PQRS)

In the 2012 PQRS program...

432,490 professionals who were eligible participated.

84% met the criteria for incentive eligibility.

53% of eligible professionals who **treat more than 200 Medicare beneficiaries** a year participated.

How PQRS advances health care:

PQRS data helps patients make informed decisions about their health care. They will have access to the quality of care information of their providers through the CMS Physician Compare website.

ICD-10: Transition on October 1, 2015

In March 2014...

127,000 ICD-10 claims submitted by

providers   suppliers   billing companies   clearing houses

that participated in Medicare Acknowledgment Testing Week.

89% of all test claims were accepted by CMS.
Nationally, CMS accepted 89 percent of the test claims, with some regions reporting acceptance rates as high as 99 percent. Testing did not identify any issues with the Medicare FFS claims systems. Results also include claims where testers intentionally included errors to test rejection, a process known as negative validation.

How ICD-10 advances health care:

ICD-10 codes will provide better support for patient care. By enabling more detailed patient history coding, ICD-10 can help to better coordinate a patient's care across providers and over time.

Electronic Funds Transfer (EFT)

Progress to date ...

In January 2014, more than **8 million** health care payments were made using EFT through the Automated Clearing House Network.

32% increase in EFT transactions in the first quarter of 2014 from the fourth quarter of 2013.

91% of all claim submission transactions were conducted electronically in 2012.

How EFT advances health care:

EFT creates efficiencies in payment processing, including paper reduction, decreased risk of lost or stolen paper checks, quicker access to funds, and easier payment reconciliation.

Sources

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/HITPC_August2014_Full_Deck.pdf
http://www.hhs.gov/news/press/2014pres/01/20140130a.html
http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-04-03.html
http://www.cms.gov/eHealth/ListServ_ICD10AckTestWeek.html
https://healthcare.nacha.org/node/444
http://www.caqh.org/index_report.php