



Connecting America  
for Better Health



# Medicare & Medicaid EHR Incentive Program

David W. Sayen  
*Regional Administrator*  
*August 2010*



# Overview

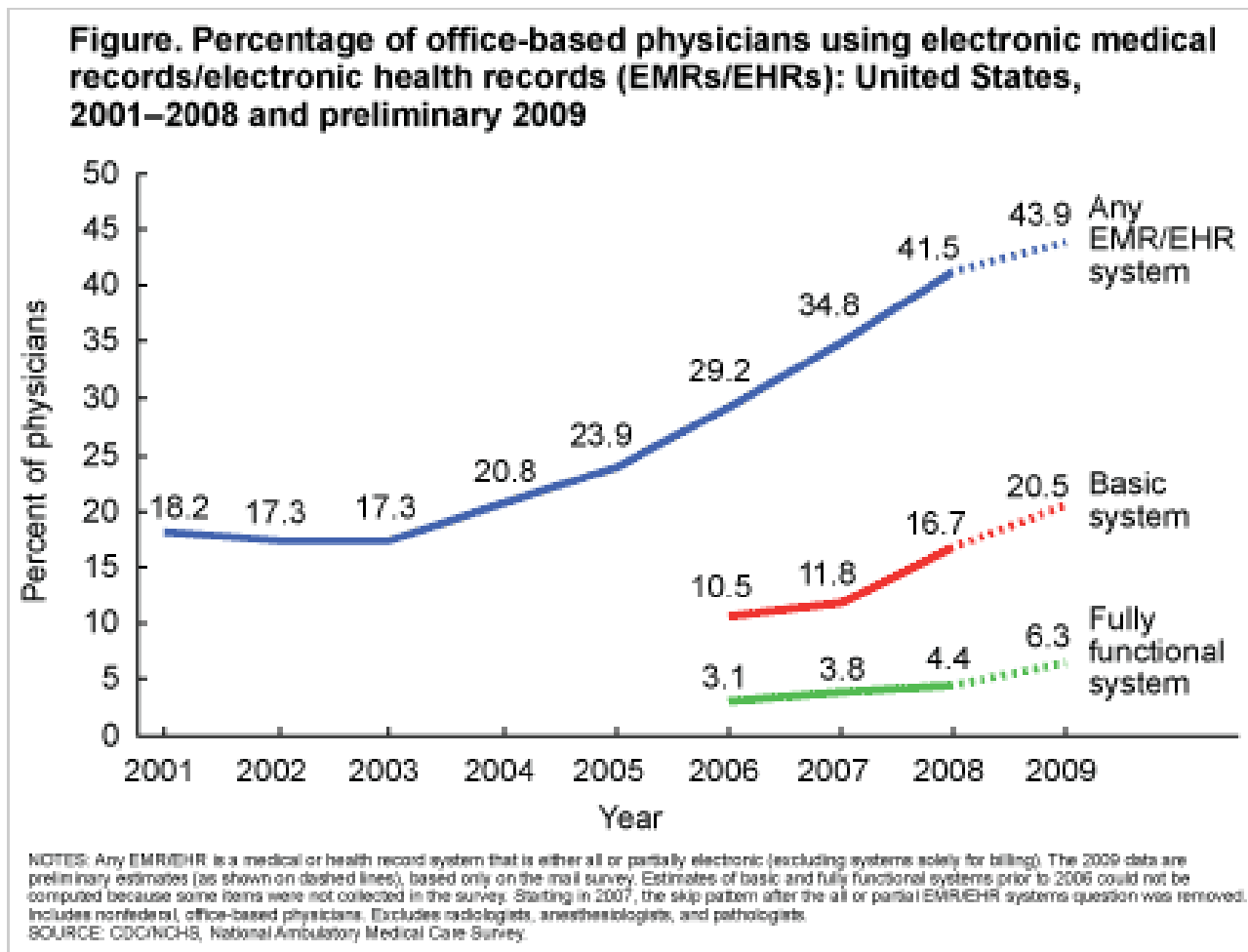
- Background / Policy Context
- EHR Incentive Program basics
  - Who is eligible
  - EHR certification
  - Meaningful Use
    - Objectives and Clinical Quality Measures
  - Program logistics
  - Incentive payments
- Next steps

# Why Health IT?

- Improve quality, safety, efficiency
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health

\*Adapted from National Priorities Partnership. National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare. Washington, DC: National Quality Forum; 2008.

# Current EMR/ EHR Adoption



Source: Electronic Medical Record/Electronic Health Record Use by Office-based Physicians: United States, 2008 and Preliminary 2009, Hsiao, Beatty, Hing, et al., NCHS



# Hospital Adoption Levels

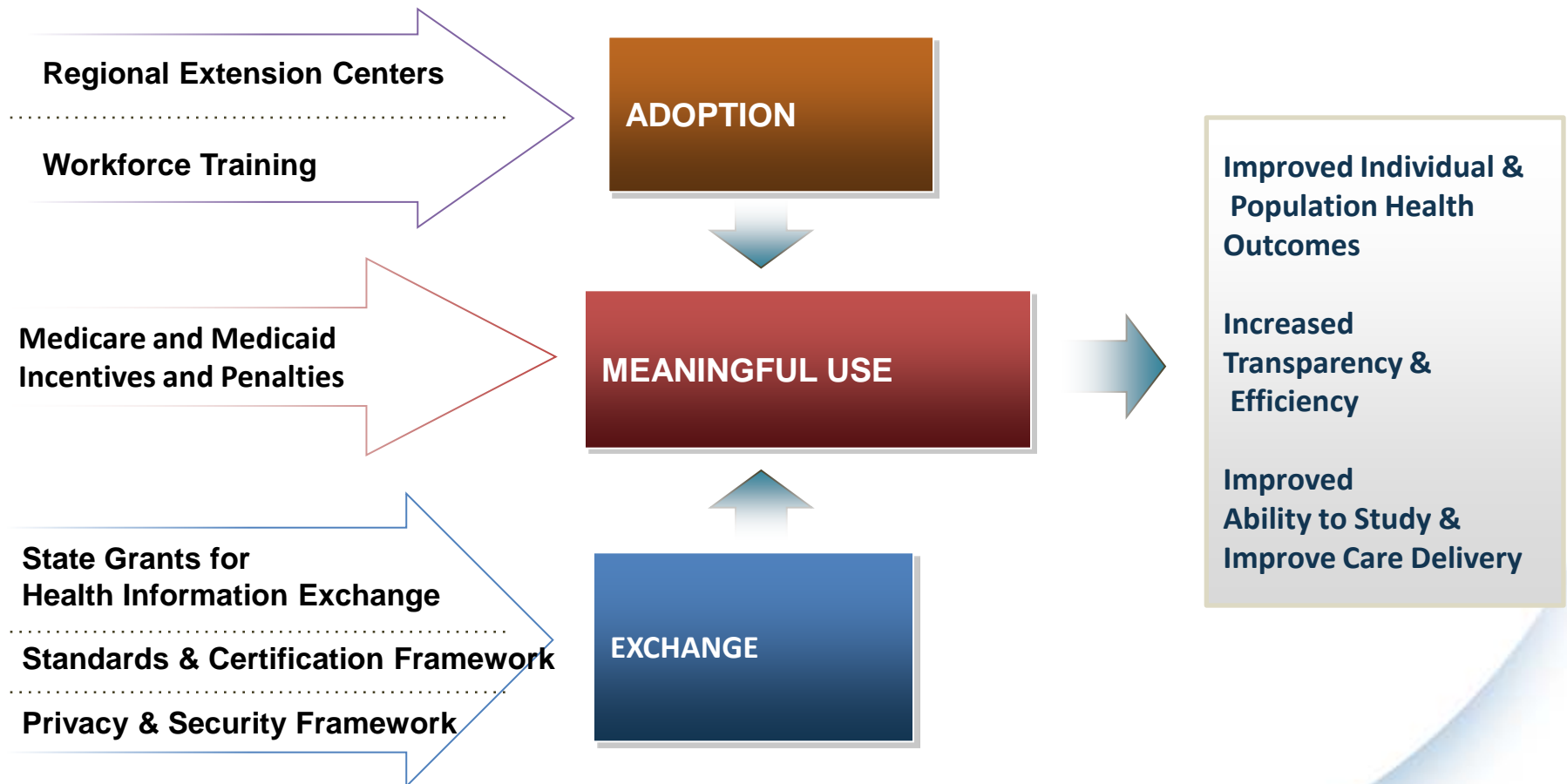
1.5% percent of U.S. hospitals have a comprehensive electronic records system

An additional 7.6% have a basic system

Only 17% of hospitals have implemented computerized provider-order entry for medications

Source: Jha A, DesRoches C, Campbell E, Donelan K, Rao S, Ferris T, Shields A, Rosenbaum S, Blumenthal D. "Use of Electronic Health Records in U.S. Hospitals". *New England Journal of Medicine*: 360;16. April 16, 2009.

# HITECH: How the Pieces Fit Together





# **MEDICARE AND MEDICAID EHR INCENTIVE PROGRAM**

# Eligibility Overview

- Medicare Fee-For-Service (FFS)
  - Eligible Professionals (EPs)
  - Eligible hospitals and critical access hospitals (CAHs)
- Medicare Advantage (MA)
  - MA EPs
  - MA-affiliated eligible hospitals
- Medicaid
  - EPs
  - Eligible hospitals

# Who is a Medicare Eligible Provider?

<b>Eligible Providers in Medicare FFS</b>
<b><u>Eligible Professionals (EPs)</u></b>
Doctor of Medicine or Osteopathy
Doctor of Dental Surgery or Dental Medicine
Doctor of Podiatric Medicine
Doctor of Optometry
Chiropractor
<b><u>Eligible Hospitals</u></b>
Acute Care Hospitals*
Critical Access Hospitals (CAHs)

\*Subsection (d) hospitals that are paid under the PPS and are located in the 50 States or Washington, DC (including Maryland)

# Who is a Medicare Advantage Eligible Provider?

## Eligible Providers in Medicare Advantage (MA)

### MA Eligible Professionals (EPs)

Must furnish at least 20 hours/week of patient-care services and be employed by the qualifying MA organization

-or-

Must be employed by, or be a partner of, an entity that through contract with the qualifying MA organization furnishes at least 80 percent of the entity's Medicare patient care services to enrollees of the qualifying MA organization

### MA-Affiliated Eligible Hospitals

Will be paid under the Medicare Fee-for-service EHR incentive program

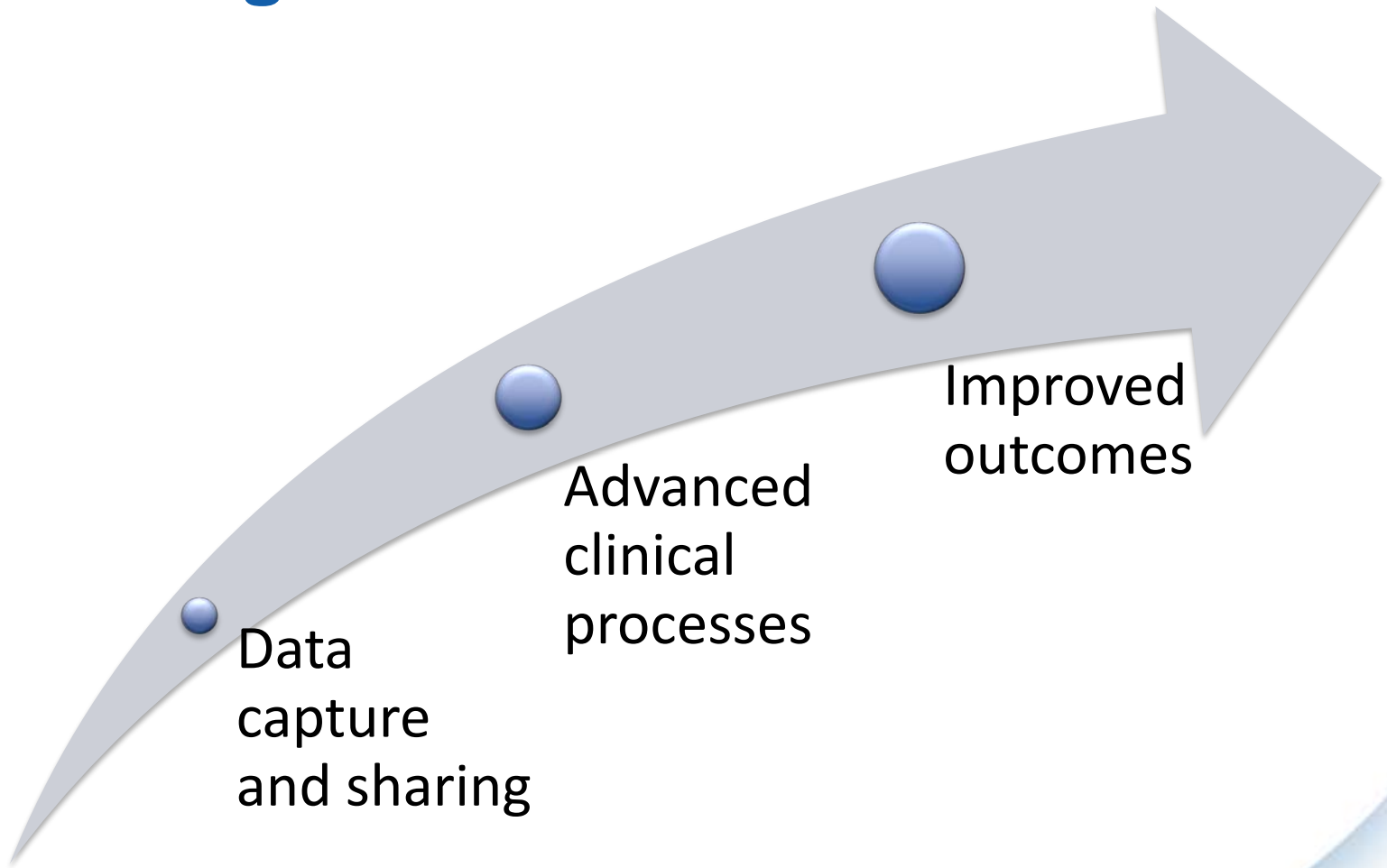
# Who is a Medicaid Eligible Provider?

Eligible Providers in Medicaid
<b><u>Eligible Professionals (EPs)</u></b>
Physicians
Nurse Practitioners (NPs)
Certified Nurse-Midwives (CNMs)
Dentists
Physician Assistants (PAs) working in a Federally Qualified Health Center (FQHC) or rural health clinic (RHC) that is so led by a PA
<b><u>Eligible Hospitals</u></b>
Acute Care Hospitals (now including CAHs)
Children's Hospitals

# Hospital-based EPs

- Do not qualify for Medicare or Medicaid EHR incentive payments.
- Furnishes 90% or more of their services in either inpatient or emergency department of a hospital.

# Conceptual Approach to Meaningful Use



## Adopt / Implement / Upgrade (A/I/U)

- Year 1 option for Medicaid providers only
- Adopted = Acquired and Installed
  - Evidence of installation prior to incentive
- Implemented = Commenced Utilization
  - 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

# Meaningful Use: Description

- The Recovery Act specifies the 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

# Meaningful Use: Basic Overview

- Stage 1 (2011 and 2012)
  - To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology
  - EPs have to report on 20 of 25 objectives
    - All 15 core objectives
    - 5 of 10 on menu set
  - Eligible hospitals have to report on 19 of 24 objectives
    - All 14 core objectives
    - 5 of 10 on menu set



# Meaningful Use: Core Objectives

## 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
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics
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

# Meaningful Use: Menu Set Objectives\*

## Eligible Professionals – may defer 5 / 10 objectives:

- Drug-formulary checks
- Incorporate clinical lab test results as structured data
- Generate lists of patients by specific conditions
- Send reminders to patients per patient preference for preventive/follow up care
- Provide patients with timely electronic access to their health information
- Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
- Medication reconciliation
- Summary of care record for each transition of care/referrals
- Capability to submit electronic data to immunization registries\*
- Capability to provide electronic syndromic surveillance data to public health agencies\*

# Clinical Quality Measures

- Submitting clinical quality measures one of the core MU objectives for EPs
- To fulfill this objective EPs must report on:
  - 3 required measures
    - If none of the 3 are applicable then required to report on 3 alternate required measures
  - 3 additional measures from a set of 38 (other than the required or alternate required measures)
- EPs must report on 6 total measures: 3 required core measures (substituting alternate core measures where necessary) and 3 additional measures

# CQM: Core Set for EPs

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

# CQM: Alternate Core Set for EPs

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

# CQM: Additional Set for EPs

1. Diabetes: Hemoglobin A1c Poor Control
2. Diabetes: LDL Management and Control
3. Diabetes: Blood Pressure Management
4. Heart Failure : ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction
5. Coronary Artery Disease: Beta-Blocker Therapy for Patients with Prior MI
6. Pneumonia Vaccination Status for Older Adults
7. Breast Cancer Screening
8. Colorectal Cancer Screening
9. Coronary Artery Disease: Oral Antiplatelet Therapy
10. Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction
11. Anti-depressant medication management
12. Primary Open Angle Glaucoma: Optic Nerve Evaluation
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
19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

## CQM: Additional Set for EPs, cont'd

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
24. Diabetes: Foot Exam
25. Coronary Artery Disease: Drug Therapy for Lowering LDL-Cholesterol
26. Heart Failure : Warfarin Therapy Patients with Atrial Fibrillation
27. Ischemic Vascular Disease: Blood Pressure Management
28. Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic
29. Initiation and Engagement of Alcohol and Other Drug Dependence
30. Prenatal Care: Screening for Human Immunodeficiency Virus
31. Prenatal Care: Anti-D Immune Globulin
32. Controlling High Blood Pressure
33. Cervical Cancer Screening
34. Chlamydia Screening for Women
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%)

# Meaningful Use: Core Set Objectives

## Eligible Hospitals – 14 Core Objectives

1. CPOE
2. Drug-drug and drug-allergy interaction checks
3. Record demographics
4. Implement one clinical decision support rule
5. Maintain up-to-date problem list of current and active diagnoses
6. Maintain active medication list
7. Maintain active medication allergy list
8. Record and chart changes in vital signs
9. Record smoking status for patients 13 years or older
10. Report hospital clinical quality measures to CMS or States
11. Provide patients with an electronic copy of their health information, upon request
12. Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request
13. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
14. Protect electronic health information

# Meaningful Use: Menu Set Objectives\*

## Eligible Hospitals

- Drug-formulary checks
- Record advanced directives for patients 65 years or older
- Incorporate clinical lab test results as structured data
- Generate lists of patients by specific conditions
- Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
- Medication reconciliation
- Summary of care record for each transition of care/referrals
- Capability to submit electronic data to immunization registries/systems\*
- Capability to provide electronic submission of reportable lab results to public health agencies\*
- Capability to provide electronic syndromic surveillance data to public health agencies\*

\*At least 1 public health objective must be selected

# CQM: Eligible Hospitals and CAHs

1. Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients
2. Emergency Department Throughput – admitted patients – Admission decision time to ED departure time for admitted patients
3. Ischemic stroke – Discharge on anti-thrombotics
4. Ischemic stroke – Anticoagulation for A-fib/flutter
5. Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset
6. Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2
7. Ischemic stroke – Discharge on statins
8. Ischemic or hemorrhagic stroke – Stroke education
9. Ischemic or hemorrhagic stroke – Rehabilitation assessment
10. VTE prophylaxis within 24 hours of arrival
11. Intensive Care Unit VTE prophylaxis
12. Anticoagulation overlap therapy
13. Platelet monitoring on unfractionated heparin
14. VTE discharge instructions
15. Incidence of potentially preventable VTE

# Meaningful Use: Applicability of Objectives and Measures

- Some objectives are not applicable to every provider's clinical practice (no eligible patients or actions for the measure denominator)
- In these cases, the EP, eligible hospital or CAH would be excluded from having to meet that measure
  - Dentists who do not perform immunizations
  - Chiropractors do not e-prescribe

# Demonstration of Meaningful Use

- 2011 – EPs, hospitals are required to submit aggregate CQM numerator, denominator, and exclusion data to CMS / States by attestation.
- 2012 – EPs, hospitals are required to electronically submit aggregate CQM numerator, denominator, and exclusion data to CMS / States.

# Incentive Payments for Medicare EPs

- First Calendar Year (CY) for which the EP Receives an Incentive Payment

	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

Additional 10% Incentive Payment for Medicare EPs Practicing in HPSAs



# Incentive Payments for Medicaid EPs

- First Calendar Year (CY) for which the EP Receives an Incentive Payment

	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

# Incentive Payments for Eligible Hospitals

- Federal Fiscal Year
- \$2M base + per discharge amount (based on Medicare/Medicaid share)
- There is no maximum incentive amount
- Hospitals meeting Medicare MU requirements may be deemed eligible for Medicaid payments
- Payment adjustments for Medicare begin in 2015
  - No Federal Medicaid payment adjustments
- Medicare hospitals: No payments after 2016
- Medicaid hospitals: Cannot initiate payments after 2016

# Registration Overview

- 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 to demonstrate Meaningful Use
    - Medicaid providers may adopt, implement, or upgrade in their first year
- All Medicare providers and Medicaid eligible hospitals must be enrolled in PECOS

# Timeline

- 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 – EHR incentive payments begin
- November 30, 2011 – Last day for eligible hospitals and CAHs to register and attest to receive an incentive payment for FFY 2011
- February 29, 2012 – Last day for EPs to register and attest to receive an incentive payment for CY 2011
- 2013 – Stage 2 Meaningful use requirements
- 2015 – Stage 3 Meaningful use requirements
- 2015 – Medicare payment adjustments begin for EPs and eligible hospitals that are not meaningful users
- 2016 – Last year to receive Medicare EHR incentive payment; Last year to initiate participation in Medicaid EHR Incentive Program
- 2021 – Last year to receive Medicaid EHR incentive payment

## Next steps: Meaningful Use

- CMS will propose additional Stages in future
- Stages 2 & 3 will expand upon Stage 1
- Stage 1 menu set will be transitioned into core set for Stage 2
- Will reevaluate measures – possibly higher thresholds
- Will include greater emphasis on health information exchange between institutions

# Tip Sheets



- EHRs:  
[http://www.cms.gov/MLNProducts/downloads/EHR\\_TipSheet\\_Medicare\\_Hosp.pdf](http://www.cms.gov/MLNProducts/downloads/EHR_TipSheet_Medicare_Hosp.pdf)
- Medicaid Hospitals:  
[http://www.cms.gov/MLNProducts/downloads/Medicaid\\_Hosp\\_Incentive\\_Payments\\_Tip\\_Sheets.pdf](http://www.cms.gov/MLNProducts/downloads/Medicaid_Hosp_Incentive_Payments_Tip_Sheets.pdf)
- Medicare payments:  
[http://www.cms.gov/MLNProducts/downloads/Medicare-Incentive-Payments\\_Tip-Sheet.pdf](http://www.cms.gov/MLNProducts/downloads/Medicare-Incentive-Payments_Tip-Sheet.pdf)
- EPs:  
[http://www.cms.gov/MLNProducts/downloads/CMS\\_eHR\\_Tip\\_Sheet.pdf](http://www.cms.gov/MLNProducts/downloads/CMS_eHR_Tip_Sheet.pdf)
- CAHs:  
[https://www.cms.gov/MLNProducts/downloads/EHR\\_TipSheet\\_CA\\_H.pdf](https://www.cms.gov/MLNProducts/downloads/EHR_TipSheet_CA_H.pdf)



# Helpful Websites

Centers for Medicare and Medicaid EHR  
Incentive Programs:

<http://www.cms.gov/EHRIncentivePrograms/>

HHS Health IT:

[http://healthit.hhs.gov/portal/server.pt?open=512&objID=1204&parentname=CommunityPage&parentid=1&mode=2&in\\_hi\\_userid=10741&cached=true](http://healthit.hhs.gov/portal/server.pt?open=512&objID=1204&parentname=CommunityPage&parentid=1&mode=2&in_hi_userid=10741&cached=true)



# Hawai'i Pacific Regional Extension Center

- Sign up to work with the Hawaii Pacific Regional Extension Center (REC).
- Work with the REC staff to determine which category of incentives best meets your profile.
- REC staff will assess your practice and help you develop a meaningful use action plan.
- Contact: Hawaii Pacific REC  
808-440-6024  
Tom Cannon [tcannon@mpqhf.org](mailto:tcannon@mpqhf.org)



*Thank you*

David W. Sayen  
*Regional Administrator*

(415) 744-3501

David.Sayen@cms.hhs.gov

<http://www.cms.gov/EHRIncentivePrograms>