# MEDICARE AND MEDICAID ELECTRONIC HEALTH RECORDS INCENTIVE PROGRAM: PROMOTING THE ADOPTION OF ELECTRONIC HEALTH INFORMATION TECHNOLOGY

## Clinician Outreach and Communication Activity (COCA) Conference Call
## January 25, 2011

CDC

# Objectives

**At the conclusion of this hour, each participant should be able to:**

❑ **Understand the basics of the Medicare and Medicaid Electronic Health Records Incentive Program**

❑ **Understand the path to payment for the Medicare and Medicaid Electronic Health Records Incentive Program**

❑

❑ **Identify national, regional, and local resources available to clinicians related to electronic health record selection, implementation, and meaningful use**

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# TODAY'S PRESENTER

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# TODAY'S PRESENTER



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# Medicare & Medicaid
# EHR Incentive Programs: Promoting the Adoption of Electronic Health Record Technology

## CDC Clinician Outreach and Communication Activity

## January 25, 2011

## Centers for Medicare & Medicaid Services

# Session Overview

- **Learn how EHRs can improve patient workflow, clinical service delivery, and administrative processes.**

- **In addition, we will provide information on the incentive payments available to clinicians and hospitals when they adopt and meaningfully use certified EHR technology.**

# Background

- **Since enactment of the Health Information Technology for Economic and Clinical Health Act (HITECH) in February 2009, the Office of the National Coordinator for Health Information Technology (ONC), CMS and other HHS agencies have been laying the groundwork for the massive national investment in electronic health records (EHRs).**

- **Clinicians can leverage EHRs to improve safety, increase availability, and improve privacy and security of health information.**

# A Conceptual Approach to Meaningful Use
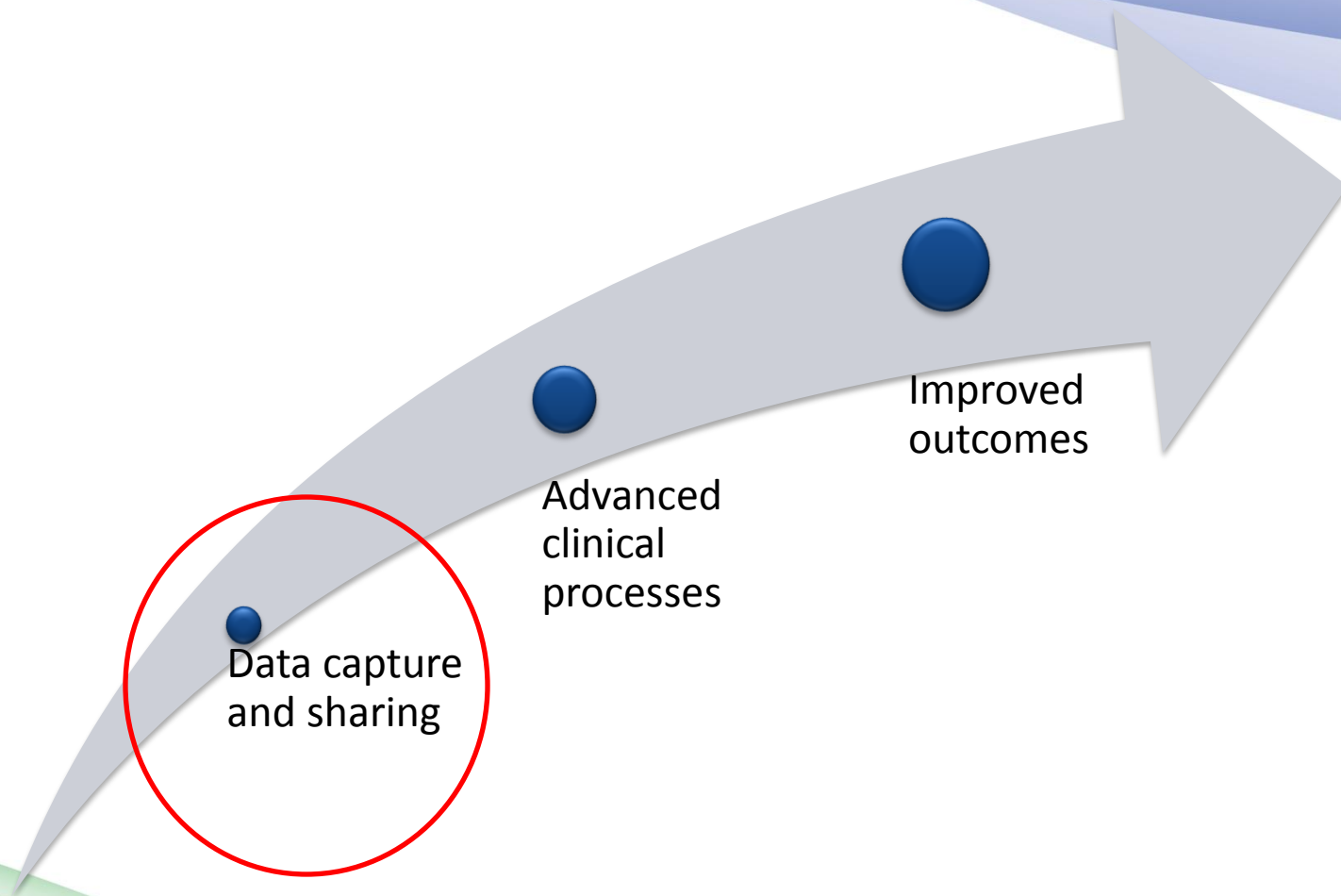
Data capture and sharing

Advanced clinical processes

Improved outcomes

# What are the Requirements of Stage 1 Meaningful Use?

- Stage 1 Meaningful Use:
  - Reporting period is 90 days for first year and 1 year subsequently
  - Reporting through attestation
  - Objectives and Clinical Quality Measures
  - Reporting may be yes/no or numerator/denominator attestation
  - To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology

# What are the Requirements of Stage 1 Meaningful Use?

- Eligible Professionals must complete:
  - 15 core objectives
  - 5 objectives out of 10 from menu set
  - 6 total Clinical Quality Measures
    (3 core or alternate core, and 3 out of 38 from menu set)
- Hospitals must complete:
  - 14 core objectives
  - 5 objectives out of 10 from menu set
  - 15 Clinical Quality Measures

# Meaningful Use Denominators

- Two types of percentage based measures are included in demonstrating Meaningful Use:
    1. Denominator is all patients seen or admitted during the EHR reporting period
        - The denominator is all patients regardless of whether their records are kept using certified EHR technology
    2. Denominator is actions or subsets of patients seen or admitted during the EHR reporting period
        - The denominator only includes patients, or actions taken on behalf of those patients, whose records are kept using certified EHR technology

# States' Flexibility to Revise Meaningful Use

- States can seek CMS prior approval to move up to 4 public health related objectives to the core set for their Medicaid providers:

  - Generate lists of patients by specific conditions for quality improvement, reduction of disparities, research, or outreach (can specify particular conditions); Reporting to immunization registries; Reportable lab results; and Syndromic surveillance (can specify for their providers how to test the data submission and to which specific destination)

  - To date, no States have made this request

# Applicability of Meaningful Use Objectives and Measures

- Some MU objectives not applicable to every provider's clinical practice, thus they would not have any eligible patients or actions for the measure denominator. Exclusions do not count against the 5 deferred measures

- In these cases, the eligible professional, eligible hospital or CAH would be excluded from having to meet that measure
  - E.g., Dentists who do not perform immunizations; Chiropractors do not e-prescribe

# Meaningful Use: Clinical Quality Measures

- ## Details of Clinical Quality Measures
    - 2011 – Eligible Professionals, eligible hospitals and CAHs seeking to demonstrate Meaningful Use are required to submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States by ATTESTATION.

    - 2012 – Eligible Professionals, eligible hospitals and CAHs seeking to demonstrate Meaningful Use are required to electronically submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States if capable of receiving.

# Resources to Get Help and Learn More about MU

**Eligible Professional**
**Meaningful Use Core Measures**
**Measure 1 of 15**
Stage 1
Date issued: November 7, 2010

**CPOE for Medication Orders**

| Objective | Use computerized provider order entry (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. |
| Measure | More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE. |
| Exclusion | Any EP who writes fewer than 100 prescriptions during the EHR reporting period. |

**Table of Contents**
- Definition of Terms
- Attestation Requirements
- Additional Information

**Definition of Terms**

**Computerized Provider Order Entry (CPOE)** – CPOE entails the provider's use of computer assistance to directly enter medication orders from a computer or mobile device. The order is also documented or captured in a digital, structured, and computable format for use in improving safety and organization.

**Unique Patient** – If a patient is seen by an EP more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure. All the measures relying on the term "unique patient" relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period.

**Attestation Requirements**

NUMERATOR / DENOMINATOR / EXCLUSION

- DENOMINATOR: Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.
- NUMERATOR: The number of patients in the denominator that have at least one medication order entered using CPOE.
- EXCLUSION: EPs who write fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. EPs must enter the number of prescriptions written during the EHR reporting period in the Exclusion box to attest to exclusion from this requirement.

## Meaningful Use Specification Sheets

- For EPs, all available <u>except</u> e-Rx

- For Hospitals, all coming 12/20

- www.cms.gov/EHRIncentivePrograms/99_Meaningful_Use.asp#TopOfPage

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

# Reminder: Notable Differences Between Medicare and Medicaid Programs

| Medicare | Medicaid |
|---|---|
| Federal Government will implement (will be an option nationally) | Voluntary for States to implement |
| Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use | No Medicaid payment reductions |
| Must demonstrate MU in Year 1 | A/I/U option for 1st participation year |
| Maximum incentive is $44,000 for EPs (bonus for EPs in HPSAs) | Maximum incentive is $63,750 for EPs |
| MU definition is common for Medicare | States can adopt certain additional requirements for MU with CMS approval |
| Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015 | Last year a provider may initiate program is 2016; Last year to register is 2016 |
| Only physicians, subsection (d) hospitals and CAHs | 5 types of EPs, acute care hospitals (including CAHs) and children's hospitals |

# Adopt/Implement/Upgrade for Medicaid EHR Incentives

- Only for first participation year

- <u>Adopted</u> – demonstration of a financial and/or legal commitment to certified EHR technology

- Implemented – E.g.: Staff training, data entry of patient demographic information into EHR

- <u>Upgraded</u> – demonstration of a financial and/or legal commitment to the new MU certified release

- <u>Must be certified EHR technology capable of meeting all of the meaningful use objectives</u>

- No EHR reporting period

18

# States' Status

- States must have approved State Medicaid HIT Plans, among other steps, in order to launch their Medicaid EHR Incentive Programs

- 14 States with approved SMHPs: OK, LA, SC, WI, TN, IA, AL, PA, KY, MI, AK, NC, MS and TX

- 14 States with approved IAPDs: WI, LA, TN, AL, OK, SC, KY, MI, AK, MS, IA, NC, MAPIR Core, and TX

- Final SMHPs (13) and (9) IAPDs pending

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

# Which States launched this month?

- Oklahoma, Louisiana, Kentucky, Mississippi, Alaska, North Carolina, South Carolina, Michigan, Iowa, Texas and Tennessee

- Of these, Oklahoma, Louisiana, Kentucky, South Carolina, North Carolina and Michigan and Iowa are issuing EHR Incentive Payments between January-March

  – **Kentucky and Oklahoma both already made over $5m total in EHR incentive payments in the 1st three days**

- Wondering about the status of your State?

  – The CMS website lists our latest information (updated monthly) about States' timelines

# Registration for the Medicare and Medicaid EHR Incentive Programs

# What is Needed to Participate

- All providers must:
  - Use certified EHR technology
    - Medicaid providers may adopt, implement, or upgrade in their first year
  - Register via the EHR Incentive Program website
  - Have a National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account.  The NPPES user ID and password will be used to log into the incentive program system.

# What is Needed to Participate

- Be enrolled in Medicare FFS, MA, or Medicaid (FFS or managed care)

- All Medicare providers and Medicaid eligible hospitals must have an enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS)!!!  They will not be able to complete registration if they do not have a PECOS enrollment record

- To determine if they have an enrollment record, they can go to http://www.cms.gov/MedicareProviderSupEnroll

23

# One Front Door

- All eligible providers can register for both the Medicare and Medicaid EHR Incentive Programs at the CMS site

- For Medicare- registration launched January 3$^{rd}$ but providers cannot come back and attest to meeting meaningful use of certified EHR technology until April 2011

- For Medicaid- registration launched January 3$^{rd}$ for 11 States; other States to come onboard in the coming months

# Registration Hand-Off to States

- After registration, eligible providers who selected Medicaid (or eligible hospitals who selected "both"), are sent to a link to the States' website URLs for States with live Medicaid EHR Incentive Programs

- They then log in at those URLs and complete the submission of required information and attest to AIU, etc

- This process was completed successfully in OK, KY, LA, and IA already this month for both EPs and EHs

- **As of 1/18/11, over 13,650 providers initiated registration**

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

# How Can CMS Help?

- Registration Users Guide
- Webinars and video demonstrations on Registration
- Webinars on Attestation Examples (both Medicare and Medicaid)
- FAQs (eligibility, Emergency Departments, payment, PECOS enrollment, etc)
- Information Center Support
- Medicaid Communities of Practice

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

# Resources to Get Help and Learn More

- Get information, FAQs, tip sheets and more at CMS' official website for the EHR incentive programs:

  - [www.cms.gov/EHRIncentivePrograms](www.cms.gov/EHRIncentivePrograms)

  - *Follow the latest information about the EHR Incentive Programs on Twitter at [www.Twitter.com/CMSGov](www.Twitter.com/CMSGov)*

- Learn about certification and certified EHRs, as well as other ONC programs designed to support providers as they make the transition:

  - [http://healthit.hhs.gov](http://healthit.hhs.gov)

**Centers for Disease Control and Prevention**
**Atlanta, Georgia**

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# Please email us questions at
# coca@cdc.gov