Connecting America for Better Health

EHR INCENTIVE PROGRAM

Meaningful Use Update

Jessica Kahn

AIM Meeting February 2012

CMS CENTERS for MEDICARE & MEDICAID SERVICES

Presentation Overview

- Status of Stage 1 of Meaningful Use
- Challenges Encountered
- Stage 2 of Meaningful Use
- Immunization Managers' Role in Enabling MU

Health IT: Underpinnings of Healthcare Reform

IT brings benefits to the way healthcare is organized and financed:

- Avoiding waste and duplication
- Providing clinicians with technical support they need to implement new information systems
- Recognizing how societal modes of communication have changed
- Altering reimbursement methodologies

What are the EHR Incentive Programs?

- EHR Incentive Programs were established by the American Recovery & Reinvestment Act of 2009
  - Incentive programs for Medicare and Medicaid Programs for hospitals and eligible professionals
  - Must adopt/use certified EHR technology AND demonstrate meaningful use
  - Programs differ between Medicare and Medicaid
  - Medicare incentive program is federally run by CMS
  - Medicaid incentive program is run by States and is voluntary for States to implement

Who is Eligible to Participate?

- Medicaid Eligible Professionals 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 led by a physicians assistant
- Medicaid Eligible Hospitals include:
  - Acute care hospitals (including critical access hospitals, and some cancer hospitals)
  - Children's hospitals

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

Latest Status

- Medicare incentives last through 2016, but penalties for lack of meaningful use of EHRs start in 2015. Incentives up to $44,000 over 5 yrs
- Medicaid incentives last through 2021, no penalties. Incentives up to $63,750 over 6 yrs
- Medicaid providers can get their first incentive payment through 2016 for having adopted, implemented or upgraded to certified EHR technology- and then have to demonstrate meaningful use in subsequent years

Quick Status Overview

- 43 States have launched their Medicaid EHR Incentive Programs
  - Medicaid providers are not required to demonstrate meaningful use in their 1st participation year
- CMS has been accepting Medicare providers' attestations for meaningful use since April 2011
- Over 176,000 providers had registered by 12/31/11
- Combined, Medicaid and Medicare have paid out over $2.5 billion in EHR incentive payments

Level-Setting

The meaningful use immunization measure is:

- Performed at least **one test** of certified EHR technology's capacity to submit electronic data to immunization registries **and follow up submission if the test is successful** (unless none of the immunization registries to which the EP or eligible hospital submits such information have the capacity to receive the information electronically).

More….

Not all eligible professionals:

- We acknowledge that this objective is not relevant to all EPs, eligible hospitals or CAHs. ….this objective and its associated measure apply only to EPs, eligible hospitals or CAHs that **administer one or more immunizations** during the EHR reporting period.

More….

Not all eligible professionals:

- We acknowledge that this objective is not relevant to all EPs, eligible hospitals or CAHs. ….this objective and its associated measure apply only to EPs, eligible hospitals or CAHs that **administer one or more immunizations** during the EHR reporting period.

More…

We do note however, that applicable law and practice do not guarantee every receiving entity will be able to accept it electronically. **We do not seek to enforce through meaningful use every law and practice that may require submission of immunization data.**

More…

….the use of test information about a fictional patient that would be identical in form to what would be sent about an actual patient would satisfy this objective.

More…

A failed attempt *would* meet the measure. We highly encourage EPs, eligible hospitals, and CAHs to work with their vendor and the receiving entity with whom they tested to identify the source of the failure and develop remedies, but for Stage 1 of meaningful use a failed attempt would meet the requirements.

Challenges to Date

- The exclusion criteria
- Operational questions- can an IS accept tests in a test environment or does it have to be in a production environment? Can it be via an HIE? Attached to an email? Uploaded to an FTP site?
- How do providers know if their IS can accept a test?
- Interface costs/ transport questions

Stage 2 of Meaningful Use

- NPRM to be released in February 2012
- Secretary announced the extension of Stage 1 through 2013. So providers who demonstrated meaningful use in 2011, have 3 years of Stage 1 (not applicable to Medicaid)

What's the Immunization Manager's Role?

- Know the right answers (or who to call) about your capacity and what's involved
- Make sure providers know who, what and how
- It's not your job requirement to validate who tested for meaningful use (but isn't it already part of your workflow to tell providers who test if they passed/failed?)

Best Meaningful Use Resource

www.cms.hhs.gov/EHRIncentiveprograms

- Check out the email list-serve to get updates about trainings, new FAQs, events, etc.
- Monthly reports are available on registrations and payments, by program and by State

Follow-up

If you have specific questions, ideas, or thoughts to share, please email me:

Jessica.kahn@cms.hhs.gov

Please cc' your CDC colleagues as well.

Thank you!