

Minnesota e-Health Summit 2010

Centers for Medicare & Medicaid Services Electronic Health Record Incentives

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EHR Incentives

- ❑ Funded by the Health Information Technology for Clinical Health (HITECH) Act
- ❑ Centers for Medicare & Medicaid Services (CMS) issued Notice of Proposed Rule Making (NPRM) on December 30, 2009 and officially published on January 13, 2010
- ❑ Public comment period ended March 15, 2010
- ❑ Final regulations anticipated in June or July 2010



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EHR Incentives (contd.)

- ❑ Provides incentives to eligible professionals (EP), eligible hospitals (EH) and critical access hospitals (CAH) that adopt and meaningfully use certified electronic health records (EHRs)
- ❑ Medicare EHR incentives administered by CMS
- ❑ Medicaid EHR incentives administered by states
- ❑ Significant alignment and coordination between CMS and Office of National Coordinator (ONC) with other HITECH initiatives



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Policy Priorities

- ❑ Improving quality, safety, and efficiency and reducing health disparities
- ❑ Engaging patients and families in their healthcare
- ❑ Improving care coordination
- ❑ Improving population and public health
- ❑ Ensuring adequate privacy and security protections for personal health information



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Evolution of Development

Incremental and phased implementation

- ▣ Stage 1 Meaningful Use: Data capture and sharing
 - ▣ Electronically capturing health information in a coded format
 - ▣ Using information to track key clinical conditions
 - ▣ Communicate information for care coordination purposes
 - ▣ Reporting clinical quality measures and public health information
- ▣ Stages 2 and 3 evolve towards advanced clinical processes and improved outcomes
 - ▣ Defined in future rulemaking for 2013 and 2015



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Meaningful Use Stage 1

Policy Priority	Meaningful Use Stage 1 Objectives/Measures	
	Eligible Providers	Eligible Hospitals
Improving quality, safety, and efficiency and reducing health disparities	16	14
Engaging patients and families in their healthcare	3	2
Improving care coordination	3	3
Improving population and public health	2	3
Ensuring adequate privacy and security protections for personal health information	1	1
Total	25	23



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Differences between Medicare and Medicaid EHR Incentives Programs

Medicaid	Medicare
States administered and voluntary	CMS administered
No CMS imposed penalty for not meeting criteria of EHR Meaningful Use (MU)	Medicare fee schedule reductions start 2015 for physicians who are not Meaningful Users (MU)
Maximum EP total incentive is \$63,750	Maximum EP total incentive is \$44,000
States can make adjustments to baseline MU criteria. Can't be less than Medicare MU criteria	MU criteria is standard
Last payment year 2021; last year an EP may initiate program is 2016	Last payment year 2016; last year an EP may initiate program is 2014
Five types of EPs, two types of hospitals	Only physicians, subsection (d) hospitals, and CAHs



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EHR Incentives Program Timeline

- ▣ Medicaid EHR Incentive program:
 - Starts in 2011
 - Ends in 2021
 - Last year to initiate program is 2016
- ▣ Medicare EHR Incentive program:
 - Starts in 2011
 - Ends in 2016
 - Last year to initiate program is 2014
- ▣ Both have benefits for earlier participation



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Maximum Medicaid Incentives for EP

Calendar Year	First CY EP Receives Incentive Payment					
	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Stage 1

Stage 2

Stage 3



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Maximum Medicare Incentives for EP (not practicing in Health Professional Shortage Area)

Calendar Year	First CY EP Receives Incentive Payment				
	2011	2012	2013	2014	2015 +
2011	\$18,000				
2012	\$12,000	\$18,000			
2013	\$8,000	\$12,000	\$15,000		
2014	\$4,000	\$8,000	\$12,000	\$12,000	
2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
2016		\$2,000	\$4,000	\$4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Stage 1

Stage 2

Stage 3



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National Level Repository

- National Level Repository (NLR) developed and maintained by CMS
 - Single point of entry for registration for both Medicaid and Medicare EHR incentives
 - Ensure no duplication of payments between Medicare and Medicaid and between states
 - Allows Medicare to meet its mandate for online posting requirements
 - Track EHR incentives nationally
 - Ensure accurate and timely payments



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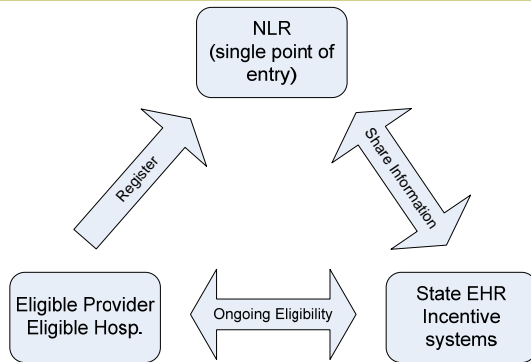
National Level Repository (contd.)

- EPs and EHs elect state participation
- Collects following proposed information:
 - Name
 - NPI
 - Business Address/Phone
 - Taxpayer Identification Number (TIN)
 - EPs elect participation in Medicare or Medicaid EHR Incentive Program
- NLR interfaces with state EHR systems



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National Level Repository (contd.)



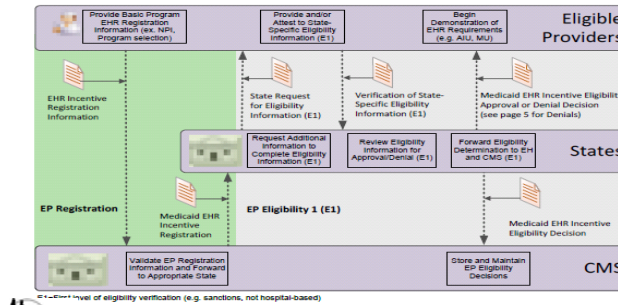
Adapted from: CMS Open Door Forum, Feb 26, 2010. NLR narrative 022310.pdf

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National Level Repository (contd.)

DRAFT PROPOSED CONTENT

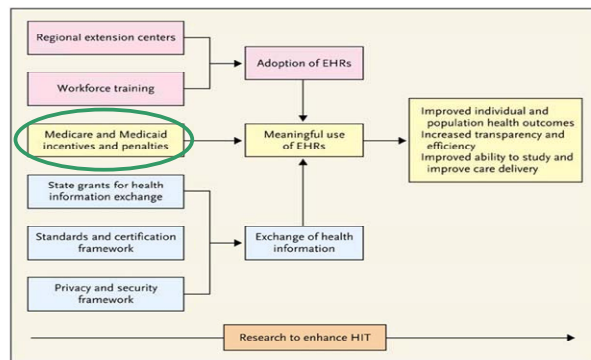
Data Exchanges to and from States for Eligible Professional Registration & Eligibility Verification in the Medicaid EHR Incentive Program



Source: CMS Open Door Forum, Feb 26, 2010. Medicaid EP Data Exchanges 022310 DRAFT.pdf

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Working Together for the Patient



Adapted from: Blumenthal D. Launching HITECH. NEJM Posted Dec 30, 2009
<http://healthcareerform.nejm.org/?p=2669>

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Resources:

- CMS
 - http://www.cms.gov/Recovery/11_HealthIT.asp
- HHS – Meaningful Use
 - <http://healthit.hhs.gov/meaningfuluse>
- Draft NPRM
 - <http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf>
- Minnesota e-Health Initiative
 - <http://www.health.state.mn.us/e-health>

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Contact Information

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