

What is the EHR Stimulus?

Under the Health Information Technology for Economic and Clinical Act (HITECH), federal incentive payments will be available to doctors when they adopt EHRs and demonstrate use in ways they can improve quality, safety and effectiveness of care. Eligible professionals can receive as much as \$44,000 over a five-year period through Medicare. A qualifying eligible professional can receive an annual incentive payment as high as \$18,000 if their first payment is in 2011 or 2012.

Medicare EHR Incentive Program Eligibility

Physicians qualifying under the Medicare provision are eligible for up to \$44,000. The total amount that you receive is based on how early you adopt and your Medicare Part B billings. (You must submit Medicare Part B claims to qualify.) You will receive the lesser amount of either 75% of your Medicare Part B charges or \$44,000 over a five year period from 2011 to 2015.

Medicare EHR Incentive Program – Eligible Professionals (EPs)

Under the Medicare EHR Incentive Program, EPs must be one of the following:

- Doctors of Medicine or Osteopathy
- Doctors of Dental Surgery or Dental Medicine
- Doctors of Podiatric Medicine
- Doctors of Optometry
- Chiropractors

NOTE: Medicare EPs may not be hospital-based. A Medicare EP is considered hospital-based if 90% or more of the EP's services are performed in a hospital inpatient or emergency room setting.

Physicians who are also eligible as a Medicaid EP must choose between the Medicare and Medicaid incentive programs when they register.

Medicare EHR Incentive Overview

- Meet certain objectives/measures – 80% of patients must have records in the credited EHR
 - Must report on 20 of the 25 meaningful use objectives. The final rule divides the requirements into a “core” group of requirements that must be met, plus an additional “menu” of procedures from which providers may choose
 - Reporting period 90 days for the 1st year; one year subsequently
 - A qualifying EP can receive EHR incentive payments for up to five years with payments beginning as early as 2011. In general, the maximum amount of total incentive payments that an EP can receive under the Medicare program is \$44,000
 - For the first year for which an EP applies for and receives an incentive payment, the EHR Reporting Period is 90 days for any continuous period beginning and ending within the year. For every year after the first payment year, the EHR reporting period is the entire year
 - A Payment Year equals a Calendar Year (CY). Incentive payments for this program end after 2016
 - EPs who do not successfully demonstrate meaningful use of certified EHR technology will be subject to payment adjustments for their covered professional services beginning in 2015. MA organizations will also be subject to payment adjustments if their affiliated EPs do not demonstrate meaningful use of certified EHR technology beginning in 2015
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Incentive Payments for Medicare Eligible Professionals

First Calendar Year (CY) for which the Eligible Professional Receives an Incentive Payment

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015 & 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

- A qualifying EP will receive an incentive payment equal to 75 percent of Medicare allowable charges for covered professional services furnished by the EP in a payment year, subject to maximum payments
- Payments under Medicare will be disbursed through a single payment contractor to the Tax Identification Number (TIN) provided by the qualifying EP
- The incentives are based on individual providers. Therefore, if you are part of a practice, each eligible professional may qualify for an incentive payment provided they successfully demonstrate meaningful use. Each EP is only eligible for one incentive payment each year, regardless of how many practices or locations they provide service

EHR Incentive Program Timeline

January 2011	Registration for the EHR Incentive Programs begins
April 2011	Attestation for the Medicare EHR Incentive Program begins
May 2011	EHR incentive payments begin
2015	Medicare payment adjustments begin for Eligible Professionals that are not meaningful users of EHR technology
2016	Last year to receive a Medicare EHR incentive payment

Registration:

1. January 2011 - Register for the Medicare EHR Incentive Program via <http://www.cms.gov/EHRincentivePrograms/>
2. Attestation for the Medicare EHR Incentive Program begins
3. EHR incentive payments begin
4. Medicare payment adjustments begin for Eligible Professionals that are not meaningful users of EHR technology

criteria for Eligible Providers adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments. NexTech Practice 2011 version 9.7 was certified on October 13, 2010 and its certification number is CC-1112-998990-2. The clinical quality measures to which NexTech Practice 2011 has been certified include: NQF 0421, NQF 0013, NQF 0028, NQF 0041, NQF 0024, NQF 0038, NQF 0055, NQF 0056, and NQF 0062. The additional software NexTech Practice 2011 relied upon to demonstrate compliance includes: WinHasher for 170.302(s) and 7-zip for 170.302(u) and 170.302(v).

Meaningful Use Objectives

Eligible Professionals must report on 20 of the 25 meaningful use objectives. The final rule divides the requirements into a "core" group of requirements that must be met, plus an additional "menu" of procedures from which providers may choose.

Meaningful Use: Eligible Professionals - 15 Core Set Objectives

EPs –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, upon request
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: Eligible Professionals - 10 Menu Set Objectives*

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

*At least 1 public health objective must be selected

eRx - Electronic Prescribing Incentive Program

If an Eligible Professional chooses to participate in the Medicare EHR Incentive Program, they cannot participate in the Medicare eRx Incentive Program simultaneously in the same program year.

Under Section 132 of the Medicare Improvements for Patients and Provider Act of 2008 (MIPPA), eligible professionals (EPs) who are successful electronic prescribers from 2009 through 2013 as defined by MIPPA, may qualify to receive an incentive payments from 0.5% - 2 % of the total estimated allowed charges submitted not later than the end of the reporting. This new incentive program is in addition to the quality reporting incentive program authorized by Division B of the Tax Relief and Health Care Act of 2006 –

Medicare Improvements and Extension Act of 2006 (MIEA-TRHCA) and known as the Physician Quality Reporting Initiative (PQRI).

How much are the incentive amounts?

The e-prescribing incentive percent amount is based on the Secretary's estimate (based on claims submitted not later than 2 months after the end of the reporting period) of the allowed charges for all such Physician Fee Schedule covered professional services furnished by the eligible professional during the reporting year.

The incentive amount for reporting years is:

2009 - 2010 is 2%

2011 – 2012 is 1%

2013 is 0.5%

How do I participate in the 2010 eRx Incentive program?

Individual Eligible Professionals may choose to report on their adoption and use of a qualified eRx system by submitting information on one eRx measure:

1. to CMS on their Medicare part B claims
2. to a qualified registry
3. to CMS via a qualified electronic health record (EHR) product

How can I be considered a successful electronic prescriber for the 2010 eRx Incentive Program?

Individual eligible professionals must report the eRx measure at least 25 unique electronic prescribing events in which the measure is reportable by the eligible professional during 2010.

Who are Eligible Professionals?

1. Medicare physicians
 - Doctor of Medicine
 - Doctor of Osteopathy
 - Doctor of Podiatric Medicine
 - Doctor of Optometry
 - Doctor of Oral Surgery
 - Doctor of Dental Medicine
 - Doctor of Chiropractic
2. Practitioner
 - Physician Assistant
 - Nurse Practitioner
 - Clinical Nurse Specialist
 - Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant)
 - Certified Nurse Midwife
 - Clinical Social Worker
 - Clinical Psychologist
 - Registered Dietician
 - Nutrition Professional
 - Audiologists (as of 1/1/2009)
3. Therapists
 - Physical Therapist
 - Occupational Therapist
 - Qualified Speech-Language Therapist (as of 7/1/2009)