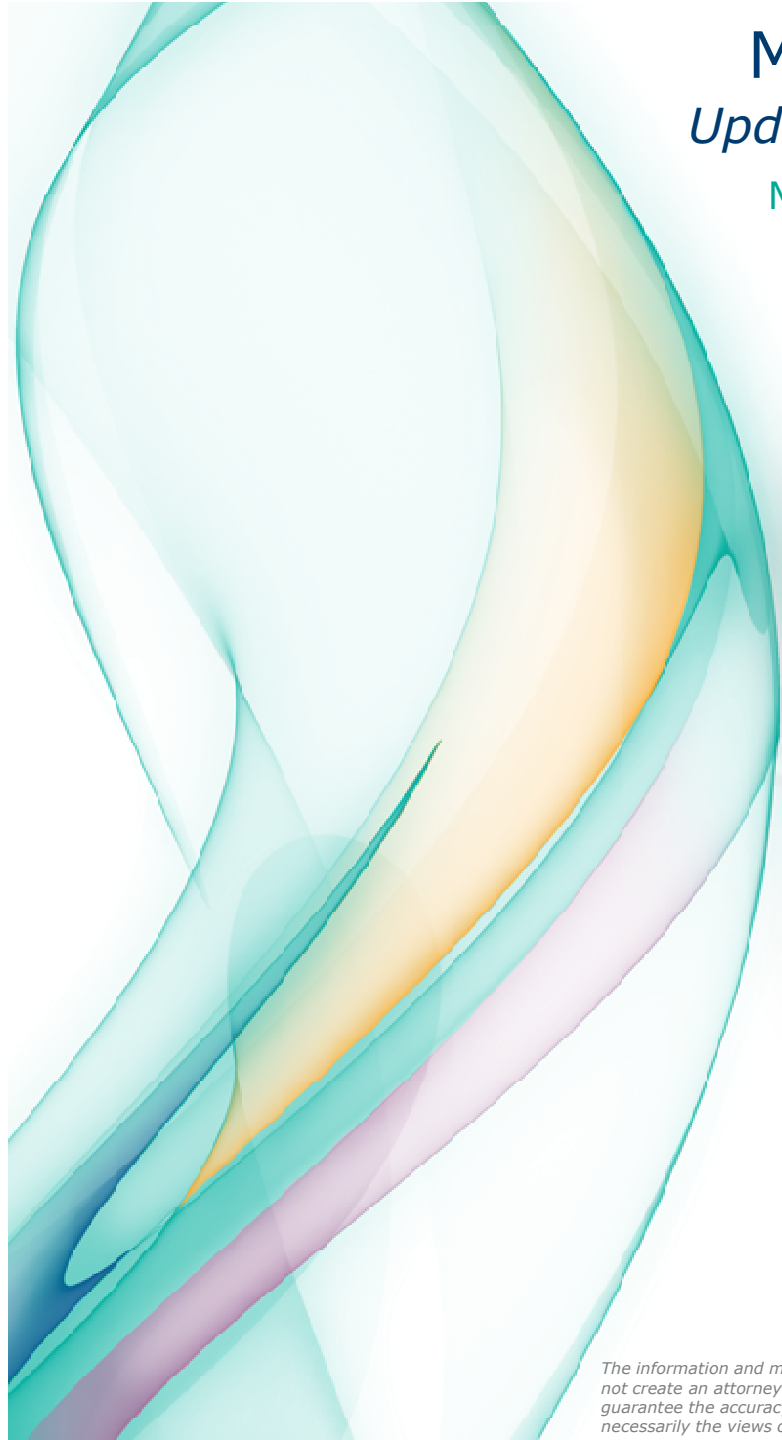


More Meaningful... Meaningful Use

Update on Meaningful Use and Other Incentives

MWIPA Practice Administrator Meeting, October 26, 2011



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Am I Eligible for the Meaningful Use Incentive?



Medicare

- Medicare EP is defined as a doctor of **medicine** or **osteopathy**, doctor of **dental surgery** or **dental medicine**, doctor of **podiatry**, doctor of **optometry** or a **chiropractor** who is not hospital-based*
- Must have Part B Medicare allowed charges

**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*

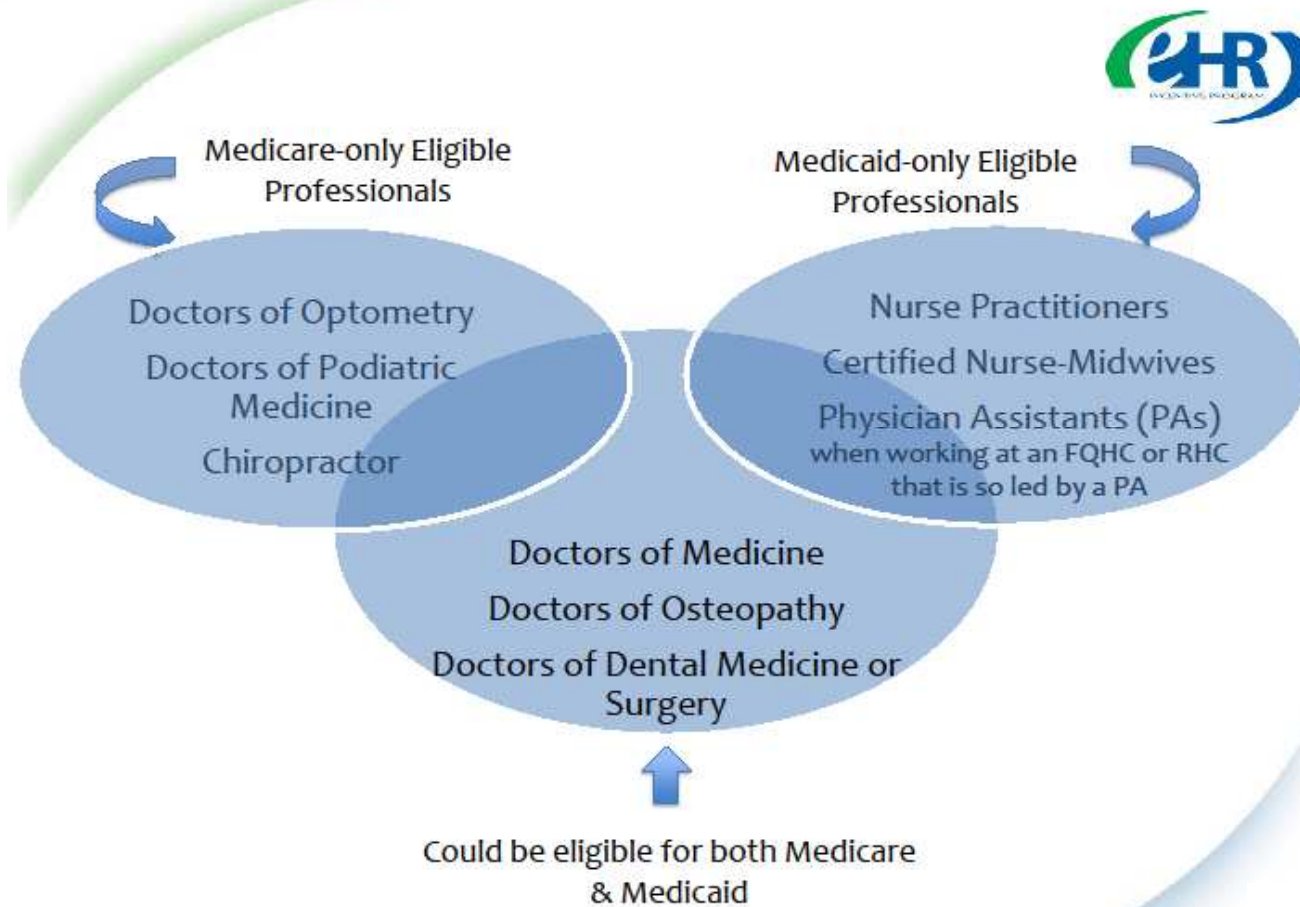


Medicaid

- A Medicaid EP is defined as a **physician**, **nurse practitioner**, **certified nurse-midwife**, **dentist**, or **physician assistant** who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant - Medicaid EP must not be hospital-based* and must meet one of the following criteria:
 1. Have a minimum 30% Medicaid patient volume
 2. Have a minimum 20% Medicaid patient volume, and is a pediatrician
 3. Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

**Medicaid EP is considered hospital-based if 90% or more of the EP's services are performed in a hospital inpatient or emergency room setting*

Eligible Professionals



3

What is Meaningful Use for Physician Offices?

EPs will need to meet 3 requirements:

- 1. Utilization of EHR technology in a meaningful manner*
- 2. EHR technology is connected in a manner that provides electronic exchange of health information to improve the quality of care*
- 3. Through utilization of the EHR technology, the provider submits to the Secretary of HHS information on clinical quality measures and other measures as selected by the Secretary*

Ultimate Goal: Improvement in Population Health Through Transformed Delivery System

15 Core Criteria Must Be Met by All EPs

Meaningful Use: Core Criteria

1. Use CPOE for medication orders directly entered by licensed healthcare professional
2. Implement drug-drug and drug-allergy interaction checks
3. Generate and transmit permissible prescriptions electronically
4. Record vital signs and chart changes
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 of age or older
10. Implement one clinical decision support rule and ability to track compliance with the rule
11. Report clinical quality measures to CMS or States
12. On request, provide patients with an electronic copy of their health information
13. Provide clinical summaries for patients for each office visit
14. Capability to exchange key clinical information among providers and patient authorized entities electronically
15. Implement systems to protect privacy and security of patient data in the EHR

Menu Set of 10 Additional Criteria – EPs Choose 5 in 2011-2012

Meaningful Use: Menu Set – Choose 5

1. Implement drug formulary checks.
2. Incorporate clinical lab-test results into EHR as structured data.
3. Generate patient lists by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.
4. Send patient reminders per patient preference for preventive/follow-up care.
5. Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP.
6. Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.
7. The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.
8. The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.
9. Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.
10. Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice.

Differences Between Medicare and Medicaid Meaningful Use Incentives

Medicare	Medicaid
Federal Government will implement (will be an option nationally)	Voluntary for States to implement (may not be an option in every State)
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 (10% bonus for EPs in HPSAs)	Maximum incentive is \$63,750 for EPs
Meaningful Use definition is common for Medicare	States can adopt certain additional requirements for Meaningful Use
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

AIU = Adopt, Implement and Upgrade
 CAH = Critical Access Hospital
 HPSA = Health Professional Shortage Area

Source: CMS National Provider Call, April 1, 2011

Payment Considerations

- *EP may only participate in **one program at a time** (Medicare or Medicaid EHR Incentive Programs)*
- *EP is eligible to **change from one program to another** once during the life of the EHR incentive program (after getting one incentive payment) but change must occur before 2015*
- ***Medicaid** providers can **switch once per year to another state Medicaid** program*



Payment Considerations

Medicare

- **Year 1:** must report utilization of certified EHR technology on 90 consecutive days
- **Subsequent Years:** must report utilization for a full 12 months

Medicaid

- **Year 1:** no requirement to report on implementation or upgrade; must report on costs of acquisition
- **Year 2:** must report utilization for 90 consecutive days
- **Subsequent Years:** must report utilization for a full 12 months
- Medicaid providers are not required to report on consecutive years until 2017



See appendix for
more details

Attestation for Medicare and Medicaid Incentives

Medicare

- Medicare eligible professionals and eligible hospitals will have to demonstrate Meaningful Use through the CMS web-based Medicare and Medicaid EHR Incentive Program Registration and Attestation System available at <https://ehrincentives.cms.gov/hitech/login.action>
- Providers will fill in numerators and denominators for the Meaningful Use objectives and clinical quality measures, indicate if they qualify for exclusions to specific objectives, and legally attest that they have successfully demonstrated Meaningful Use.
- Once providers have completed a successful online submission through the Attestation System, they will qualify for a Medicare EHR incentive payment.
- For more information on attestation, visit: http://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp#TopOfPage

Medicaid

- For the Medicaid EHR Incentive Program, providers will follow a similar process using their State's Attestation System.
- Check here to see states' scheduled launch dates for their Medicaid EHR Incentive Programs: <http://www.cms.gov/apps/files/medicaid-HIT-sites/>

E-Prescribing Incentives

Three ePrescribing incentive programs:

- 1. Physician Quality Reporting System (PQRS) - Medicare**
- 2. eRx Incentive Program under Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) - Medicare**
- 3. EHR Incentive Program (EHR) – Medicare, Medicare Advantage and Medicaid Incentives for Meaningful Use of EHRs**

Medicare and Medicare Advantage:

- PQRS incentive can be received regardless of participation in other programs
- EPs participating in Medicare or Medicare Advantage EHR program must still report MIPPA measures to avoid penalty – but they only get one incentive payment
- EPs successfully participating in both EHR and MIPPA will get the EHR incentive payment

Medicaid

- EPs participating in the Medicaid EHR incentive, can also receive the MIPPA incentive

Emdeon *Clinician* can meet all your ePrescribing needs: instantly cross-referencing medication histories, payer formularies and drug usage reports at the point of care.

E-Prescribing Penalties

Medicare and Medicare Advantage

- *EPs must continue to report MIPPA measures in 2011 even if their practice is also participating in the Medicare or Medicare Advantage EHR incentive*
- *Claims data for first six months of 2011 will be analyzed to determine if a 2012 MIPPA penalty will apply*
- *If EP successfully generates and reports 25 e-prescriptions (with at least 10 in first 6 months of 2011), he or she would be exempt from 2013 MIPPA penalty*

Medicaid

- *There are no penalties under the Medicaid EHR incentive program*

Emdeon *Clinician* can meet all your ePrescribing needs: instantly cross-referencing medication histories, payer formularies and drug usage reports at the point of care.

What MIPPA Means for You

- ePrescribe on 10 Medicare encounters with appropriate G-codes between now and June 30, 2011 to avoid a 1% reduction in 2012 Medicare rates.
- ePrescribe on 25 Medicare encounters with appropriate G-codes between now and December 31, 2011 to avoid a 1.5% adjustment in 2013.
- By ePrescribing 25 times with appropriate G-codes in 2011, providers can also earn the 1% ePrescribing incentive in 2011.

Regulations do not allow Medicare providers to collect both MIPPA and EHR incentives in same year, so Medicare providers must make a choice:

Collect the MIPPA incentive in 2011 and start pursuing meaningful use in 2012
- or -

Forego the MIPPA incentive in 2011 and attest to meaningful use in 2011

➤ *In either case, providers must continue to comply with MIPPA requirements to avoid the future penalties associated with that program.*

Emdeon *Clinician* can meet all your ePrescribing needs: instantly cross-referencing medication histories, payer formularies and drug usage reports at the point of care.

MIPPA Update: CMS Finalizes Changes to 2011 eRx Incentive Program

The three main changes for the 2011 eRx Incentive Program include:

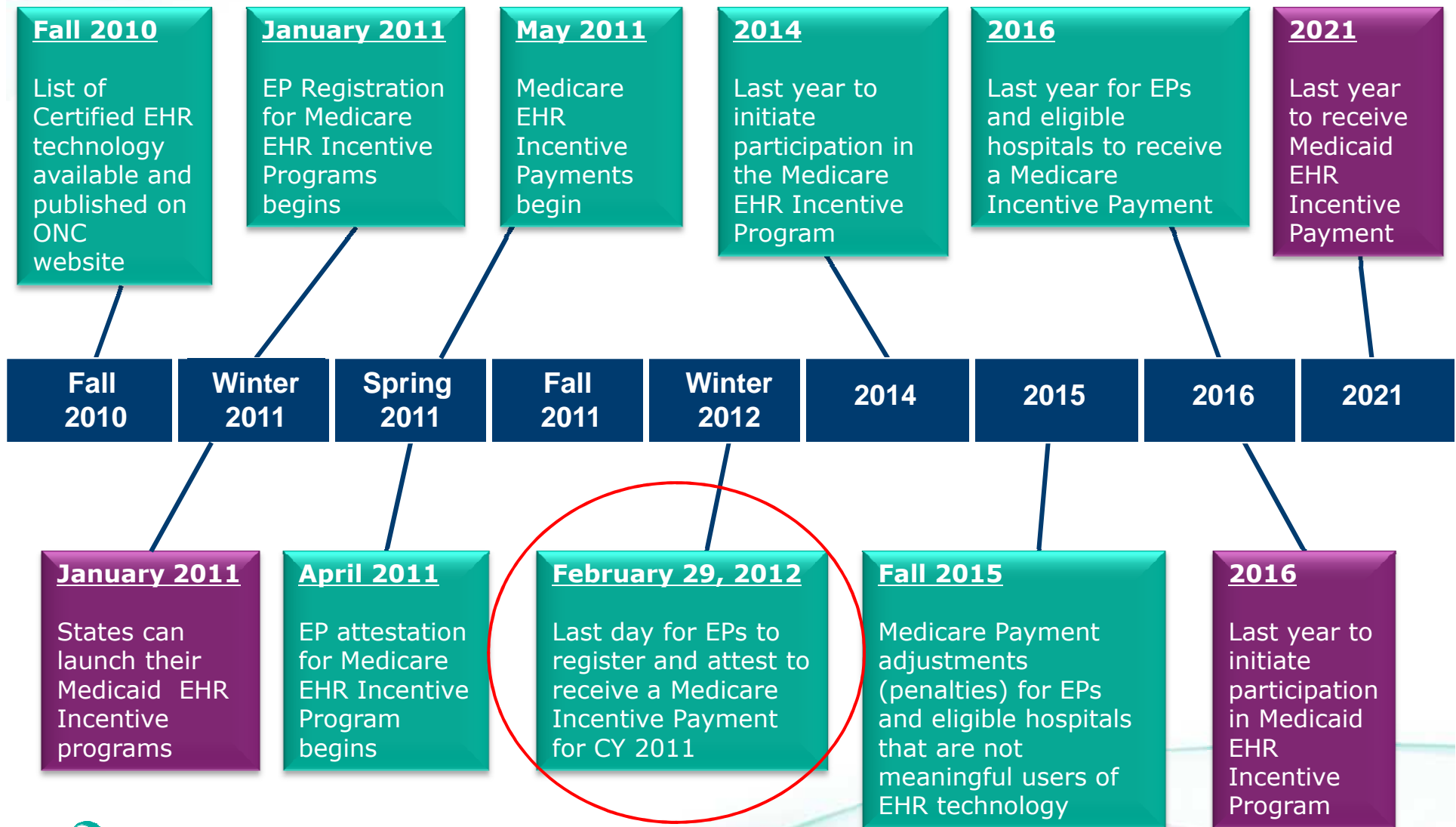
- 1. Modifying the eRx measure to allow for use of Certified EHR Technology for purposes of reporting for the 2011 eRx incentive and 2013 eRx payment adjustment;*
- 2. Providing additional significant hardship exemption categories for the 2012 eRx payment adjustment; and*
- 3. Extending the deadline for eligible professionals to request a significant hardship exemption for the 2012 eRx payment adjustment to November 1, 2011.*

The regulation containing these changes may be viewed at <http://www.gpo.gov/fdsys/pkg/FR-2011-09-06/pdf/2011-22629.pdf>

Source: CMS Quick Reference Guide, September 6, 2011

http://www.cms.gov/ERxIncentive/Downloads/2011eRxRule-QRG_09-06-2011F.pdf

Meaningful Use Timeline: Stage 1



Meaningful Use Stages 2 and 3

- *Proposed Objectives and Measures for Stages 2 and 3 were released by CMS on Jan. 18, 2011*
- *Final rules have been delayed by CMS*
- *The HIT Policy Committee and Dr. Farzad Mostashari have recommended delaying Stage 2 until 2014 for those who meet MU Stage 1 in 2011; no formal action to date by CMS*

Questions



Appendix



Medicare Payments and Penalties for Physicians (Maximum Payments)

Incentive Paid in	Meaningful Use of a Certified EHR in				Failure to Adopt or demonstrate Meaningful Use of Certified EHR by			
	2011	2012	2013	2014	2015	2016	2017	2018
2011	\$18K	-	-	-	-			
2012	\$12K	\$18K	-	-	-			
2013	\$8K	\$12K	\$15K	-	-			
2014	\$4K	\$8K	\$12K	\$12K	-			
2015	\$2K	\$4K	\$8K	\$8K	-			
2016	\$0	\$2K	\$4K	\$4K	-			
2017	\$0	\$0	\$0	\$0	-			
Total	\$44K	\$44K	\$39K	\$24K	-1% Penalty	-2% Penalty	-3% Penalty	-4% Penalty
(HPSA)*	\$48.4K (+10%)	\$48.4K (+10%)	\$42.9K (+10%)	\$26.4K (+10%)				

* Health Professional Shortage Area

For each year in the incentive program, EPs who demonstrate MU can receive 75% of their total "Allowed Charges" (Medicare Physician Fee Schedule payments) up to the maximum payment caps above

Source: CMS Tip Sheet: Medicare EHR Incentive Program for EPs

Medicaid Payments Adoption Timeline (Maximum Payments)

For more information on State Medicaid incentive payments, visit <http://www.cms.gov/apps/files/medicaid-HIT-sites/>

	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

- EPs can either Adopt/Implement/Upgrade (AIU) or demonstrate MU for 90 consecutive days to qualify for payment of \$21,250 in the first year; then they can qualify for payments of \$8,500 per year in subsequent years that they demonstrate MU.
- Payments for pediatricians may be lower, depending on patient volumes.
- State rules may vary; contact States directly for details.

Additional Information & Resources

CMS Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs

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

CMS Frequently Asked Questions (FAQ) CHECK OFTEN FOR UPDATES

- <http://questions.cms.hhs.gov/app/answers/list/p/21,26,1139>

CMS Registration and Attestation Page

- http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp

CMS Tip Sheets for Eligible Professionals

- Medicare
 - http://www.cms.gov/MLNProducts/downloads/CMS_eHR_Tip_Sheet.pdf
- Medicaid
 - http://www.cms.gov/MLNProducts/downloads/EHRIP_Eligible_Professionals_Tip_Sheet.pdf

Meaningful Use OneSource Powered by HIMSS (Free for HIMSS Members)

- http://www.himss.org/ASP/topics_meaningfuluse.asp