Medical and Practice Management

LSS Data Systems

Recap of the Requirements for Eligible Professionals

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LSS ARRA webinar

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Agenda

- ARRA Background
- Eligible Provider (EP) Eligibility
- Incentive Payments & Adjustments
- Meaningful Use
- Other Important Requirements

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American Recovery and Reinvestment Act of 2009

- Established the incentive programs
  - Eligibility
    - Hospital Based
    - Medicare
    - Medicaid
- Outlined basic meaningful use guidelines
- Incentives based on individual provider, not by practice

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Medicare Fee-for Service

Eligibility

- Eligible Professionals
  - Doctor of Medicine or Osteopathy
  - Doctor of Dental Surgery or Dental Medicine
  - Doctor of Podiatric Medicine
  - Doctor of Optometry
  - Chiropractor
- Submit eligible allowed charges to CMS
  - Lesser of the actual charge or the MPFS amount

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Medicare Advantage

Eligibility

- Eligible Professionals
  - Furnish, on average, at least 20 hours/week of patient-care services and be employed by the qualifying MA organization, OR
  - Furnish, on average, at least 20 hours/week of patient care services and be employed by, or be a partner of, an entity that through contract with the qualifying MA organization furnishes at least 80% of the entity's
  - Medicare patient care services to enrollees of the qualifying MA organization AND
  - 80% of professional services are provided to enrollees of the MAO

Medicaid

Eligibility

- Eligible Professionals
  - Physician - Same providers as Medicare EPs
  - Dentist
  - Certified Nurse Midwife
  - Nurse Practitioner
  - Physician Assistants practicing in FQHC/RHC

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Medicaid

Eligibility

- Patient thresholds
  - Have a minimum 30 percent patient volume attributable to individuals receiving Medicaid
  - Minimum 20 percent…and be a pediatrician
  - Practice predominately in in a FQHC or RHC and have a minimum 30 percent…

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Medicaid

Eligibility

- Two ways to calculate patient volume
  - Patient encounters
    - Total Medicaid Patient encounters in any continuous 90 day period in the preceding calendar year/Total patient encounters in the same 90 day period
  - Patient panel
    - Total Medicaid patients assigned to the EP's panel in any continuous 90 day period in the preceding calendar year when at least one Medicaid encounter took place with the Medicaid patient in the year prior to the 90 day period + unduplicated Medicaid encounters in the same 90 day period/The total patients

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Medicaid

Eligibility

- Rural Health Clinics & Federally Qualified Health Centers
  - Exempt from hospital-based requirements
  - Same patient threshold rules apply
  - "Practices Predominantly"
    - "…over 50 percent of his or her total patient encounters over a period of 6 months occurs at an FQHC or RHC."
- Needy Individuals
  - They are receiving medical assistance from Medicaid or the Children's Health Insurance Program (CHIP)
  - They are furnished uncompensated care by the provider
  - They are furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay. An explanation of how we propose to apply each of these criteria is described in detail in this section of the proposed rule.

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Medicare Fee-for Service

Incentives

- Eligible professionals will receive 75% of their Medicare Part B annual allowable charges as an incentive
- Total maximum incentive $44,000
  - Year 1 - $15,000 ($18,000 in 2011 & 2012)
  - Year 2 - $12,000
  - Year 3 - $8,000
  - Year 4 - $4,000
  - Year 5 - $2,000
- The incentive increases by 10 percent if the provider is in an area designated as a health professional shortage area
  - Year 1 through 5 – Maximum of $48,400
- No incentives for providers adopting after 2014
- Penalties for non-adoption start in 2015

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Medicare Fee-for Service

Incentives

- Payment schedule

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
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
Totals	**44,000**	**44,000**	**39,000**	**24,000**	**0**

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Medicare Fee-for Service

Incentives

- Health professional shortage payment schedule

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
CY 2011	19,800				
CY 2012	13,200	19,800			
CY 2013	8,800	13,200	16,500		
CY 2014	4,400	8,800	13,200	13,200	
CY 2015	2,200	4,400	8,800	8,800	0
CY 2016		2,200	4,400	4,400	0
Totals	**48,400**	**48,400**	**42,900**	**25,400**	**0**

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Medicaid

Incentives

- Eligible professionals will receive 85% of the average allowable cost of implementing and using an electronic health record
  - Year 1 average allowable costs are capped at $25,000
  - Year 2 through 6 costs are capped at $10,000 each year
- Total maximum incentive - $63,750
  - Year 1 – Maximum of $21,250
  - Year 2 through 6 – Maximum of $8,500 each year
- The incentive amount is adjusted by two-thirds for pediatricians and children's hospitals
  - Year 1 through 6 – Maximum of $42,500
- No incentives for providers who adopt after 2016
- No penalties under the Medicaid Program

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Medicaid

Incentives

- In the first participation year
- Adopted – Acquired and Installed
  - Eg: Evidence of installation prior to incentive
- Implemented – Commenced Utilization of
  - Eg: Staff training, data entry of patient demographic information into EHR
- Upgraded – Expanded
  - Upgraded to certified EHR technology or added new functionality to meet the definition of certified EHR technology
- No EHR reporting period

Medicaid

Incentives

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	21,250					
CY 2012	8,500	21,250				
CY 2013	8,500	8,500	21,250			
CY 2014	8,500	8,500	8,500	21,250		
CY 2015	8,500	8,500	8,500	8,500	21,250	
CY 2016	8,500	8,500	8,500	8,500	8,500	21,250
CY 2017		8,500	8,500	8,500	8,500	8,500
CY 2018			8,500	8,500	8,500	8,500
CY 2019				8,500	8,500	8,500
CY 2020					8,500	8,500
CY 2021						8,500
Totals	**63,750**	**63,750**	**63,750**	**63,750**	**63,750**	**63,750**

Medicare/Medicaid

Payment Adjustments

- A Medicare Eligible Professional who does NOT demonstrate meaningful use by 2015 will be subject to payment adjustments in their Medicare reimbursement schedule
- Medicaid-only EPs are not subject to payment adjustments
- Payment adjustments may apply for any EP who accepts Medicare and does not demonstrate meaningful use in 2015

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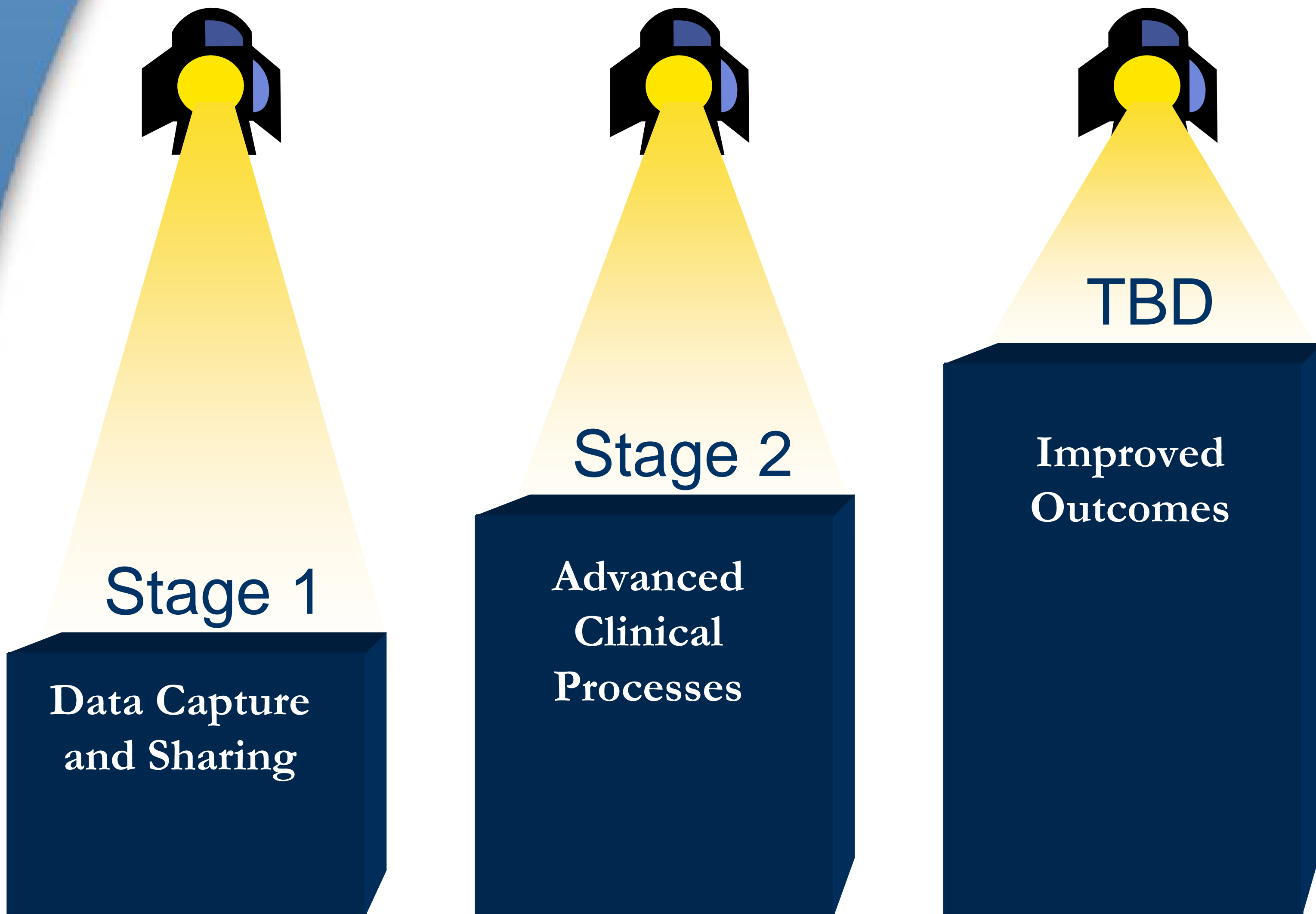
Meaningful Use

- The Recovery Act specifies the following 3 components of Meaningful Use:
  1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
  2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
  3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary

Meaningful Use

Implementation



Meaningful Use

Implementation

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
CY 2011	Stage 1 18,000				
CY 2012	Stage 1 12,000	Stage 1 18,000			
CY 2013	Stage 2 8,000	Stage 1 12,000	Stage 1 15,000		
CY 2014	Stage 2 4,000	Stage 2 8,000	Stage 1 12,000	Stage 1 12,000	
CY 2015	TBD 2,000	TBD 4,000	TBD 8,000	TBD 8,000	TBD 0
CY 2016		TBD 2,000	TBD 4,000	TBD 4,000	TBD 0
Totals	**44,000**	**44,000**	**39,000**	**24,000**	**0**

Meaningful Use

Stage 1

- 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

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Meaningful Use

Stage 1

- Eligible Providers (EP) must report:
  - 15 Core Objectives
  - 5 of the 10 “Menu Set” Objectives
  - 6 total Clinical Quality Measures (3 core or alternate core, and 3 out of 38 from menu set)

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Meaningful Use

Stage 1

- 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 would be excluded from having to meet that measure
  - Eg: Dentists who do not perform immunizations; Chiropractors do not e-prescribe

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Meaningful Use

Stage 1 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

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Meaningful Use

Stage 1 Core Objectives

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

Stage 1 Menu 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

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Meaningful Use

Stage 1 Menu Objectives

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

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Meaningful Use

Stage 1 Clinical Quality Measures

- 2011 – Providers required to submit summary quality measure data to CMS by attestation
  - Report Numerator/Denominator/Exclusions
- 2012 – Providers required to electronically submit summary quality measure data to CMS
  - Site logs into their web portal and upload data
  - Use EHR to directly submit through an HIE
  - Submit data through Quality Reporting Registry
  - Technical Requirements posted on or before July 1, 2011
- Measures must be reported for all applicable patients, regardless of payer

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Meaningful Use

Stage 1 Clinical Quality Measures

- EP quality reporting
  - 44 Quality Measures Identified
- Two measure groups
  - Core measures
    - Blood Pressure, Tobacco Use Assessment, Adult Weight Screening
    - Alternate Core
  - Subset of clinical measures most appropriate to the EP
    - Select three from the additional quality measures

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EHR Incentive Programs

Registration

- All providers must:
  - Register via the EHR Incentive Program website
  - Be enrolled in Medicare FFS, MA, or Medicaid (FFS or managed care)
  - Have a National Provider Identifier (NPI)
  - Use certified EHR technology
- Medicaid providers may adopt, implement, or upgrade in their first year
- All Medicare providers and Medicaid eligible hospitals must be enrolled in PECOS http://www.cms.gov/EHRIncentivePrograms

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EHR Incentive Programs

Registration

- Medicaid Specific Details
  - States will interface with to the EHR Incentive Program registration website
  - States will ask providers to provide and/or attest to additional information in order to make accurate and timely payments, such as:
    - Patient Volume
    - Licensure
    - A/I/U or Meaningful Use
    - Certified EHR Technology

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EHR Incentive Programs

Registration

- Registration requirements include:
- Name of the eligible professional
- National Provider Identifier (NPI)
- Business address and business phone
- Taxpayer Identification Number (TIN) to which the provider would like their incentive payment made
- Medicare or Medicaid program selection (may only switch once after receiving an incentive payment before 2015) for EPs
- State selection for Medicaid providers

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EHR Incentive Programs

Certification

- ONC-ATCBs
  - CCHIT
  - Drummond
  - InfoGard
- LSS Certification
  - MAGIC – Beginning in November
  - C/S – beginning in Decemeber
  - 6.0 – in Quarter 1 of 2011

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EHR Incentive Programs

Multiple Locations

- An Eligible Professional who works at multiple locations, but does not have certified EHR technology available at all of them would:
  - Have to have 50% of their total patient encounters at locations where certified EHR technology is available
  - Would base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available

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EHR Incentive Programs

Other Program Participation

- Electronic Prescribing (eRx) Incentive Program
  - If the EP chooses to participate in the Medicare EHR Incentive Program, they cannot participate in the Medicare eRx Incentive Program simultaneously in the same program year. If the EP chooses to participate in the Medicaid EHR Incentive Program, they can participate in the Medicare eRx Incentive Program simultaneously.

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EHR Incentive Programs

Other Program Participation

- Medicare Physician Quality Reporting Initiative (PQRI)
  - Yes, if the EP is eligible
- Medicare Electronic Health Record Demonstration (EHR Demo)
  - Yes, if the EP is eligible.
- Medicare Care Management Performance Demonstration (MCMP)
  - Yes, if the practice is eligible. The MCMP demo will end before EHR incentive payments are available.

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EHR Incentive Programs

Timeline

- Fall 2010 – Certified EHR technology will be available and listed on website
- January 2011 – Registration for the EHR Incentive Programs begins
- January 2011 – For Medicaid providers, States may launch their programs if they so choose
- April 2011 – Attestation for the Medicare EHR Incentive Program begins
- May 2011 – Medicare EHR incentive payments begin

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EHR Incentive Programs

Timeline

- February 29, 2012 – Last day for EPs to register and attest to receive an incentive payment for CY 2011
- 2015 – Medicare payment adjustments begin for EPs and eligible hospitals that are not meaningful users of EHR technology
- 2016 – Last year to receive a Medicare EHR incentive payment; Last year to initiate participation in Medicaid EHR Incentive Program
- 2021 – Last year to receive Medicaid EHR incentive payment

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Webinar Series

MAGIC

- October 26, 2010
  Meaningful Use: Quality Reporting MAGIC
- November 2, 2010
  Meaningful Use: Sharing Data MAGIC
- November 16, 2010
  Meaningful Use: Engaging Patients MAGIC
- November 30, 2010
  Meaningful Use: Documenting MAGIC
- December 7, 2010
  Meaningful Use: Ordering MAGIC

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Webinar Series

C/S & 6.0

- October 28, 2010
  Meaningful Use: Quality Reporting C/S
- November 4, 2010
  Meaningful Use: Sharing Data C/S
- November 18, 2010
  Meaningful Use: Engaging Patients C/S
- December 2, 2010
  Meaningful Use: Documenting C/S
- December 9, 2010
  Meaningful Use: Ordering C/S

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Thank You

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