Overview
of the
Medicaid EHR Incentive Program

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3 – 4 pm

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Medicaid EHR Incentive Payments

Medicaid Percent	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
30%	$21,250	$8,500	$8,500	$8,500	$8,500	$8,500	$63,750
> 20% < 30%	$14,167	$5,667	$5,667	$5,667	$5,667	$5,667	$42,500

- 10 year window for participation
- Must start by 2016 to receive entire incentive payment
- Program ends 2021

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Medicaid EHR Incentive Program

- Run by your State Medicaid Agency
- Final year to begin process for full incentive is 2016
- Maximum incentive amount is $63,750 per EP
- First year the EP receives an incentive payment for AIU
- Succeeding years require the EP attest & demonstrate MU and CQM
- Incentive payments over 6 years and need not be in consecutive years
- Regional Extension Service (REC)

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Medicaid EHR Incentive Program

- Submit CQM data directly to their State

- Each State is responsible for sharing details on the process for electronic reporting

- Subject to prior approval by CMS, the process and the time line are within the States' purview

Regional Extension Centers (RECs)

ARRA and the ONC established 62 RECs to

- Assist primary care providers in the adoption and meaningful use of electronic health records.

- Leverage local expertise to provide practical, customized support to meet the needs of local healthcare providers.

http://www.healthit.gov/providers-professionals/regional-extension-centers-recs

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Three Main Components of MU

ARRA specifies the following 3 components of MU

1. Use of certified EHR in a meaningful manner
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 and other such measures as selected

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Stages of MU

- Stage 1   Data capture and sharing

- Stage 2   Advance clinical processes

- Stage 3   Improved Outcomes

Starting in 2014 regardless of the year or stage, in order to attest requires a 2014 certified EHR. However, this may change if the proposed rule is adopted.

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2014 Definition
Stage 1 & Stage 2 Requirements

Stage 1

- 13 Core Objectives

- 5 of 10 Menu Objectives

- 18 Total Objectives

- 6 CQM

Stage 2

- 17 Core Objectives

- 3 of 6 Menu Objectives

- 20 Total Objectives

- 9 CQM

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NQS Domains Requirement

Selected CQMs must cover at least 3 of the 6 available National Quality Strategy domains.

1. Patient Safety
2. Care Coordination
3. Population/Public Health
4. Efficient Use of Healthcare Resources
5. Clinical Process/Effectiveness
6. Patient and Family Engagement

Stage 2 Changes

- Secure messaging

- Family Health History – document in "snomed" format and report in Personal Health Records

- Imaging Results – Upload images when resulting in radiology exam

- Patient Health Records – sent in secure email

- Progress Note – ability to search text

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CMS Press Release of May 20, 2014

 "Increasing the adoption of EHRs is key to improving the nation's health care system and the steps we are taking today will give new options to those who, through no fault of their own, **have been unable to get the new 2014 Edition technology**, including those at high risk, such as smaller providers and rural hospitals," said Karen DeSalvo, M.D., M.P.H, M.Sc., national coordinator for health information technology. "

Final ruling will not be until August

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Proposed Rule from CMS & ONC

- Allowing EPs to revert back to Stage 1, if they attest that they are unable to fully implement the 2014 Edition CEHRT because of issues related to availability of the required technology.

- Extending Stage 3 until 2017

- Flexibility in CQM reporting

  - ◆ 2011 technology can use the Stage 1 CQMs

  - ◆ Applicable to Stage 1 and Stage 2

- Hardship exemptions

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Proposed Rule from CMS & ONC

- Beginning in 2015, all eligible professionals would still be required to report using 2014 Edition CEHRT.

- A provider would not be able to qualify for a Medicaid incentive payment for 2014 for AIU with 2011 Edition CEHRT. (revise the definition of "Adopt, Implement or Upgrade" under 42 CFR 495.302).

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Proposed Changes to MU Timeline

1st Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3-->2	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3-->2	3	3	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

Attesting for MU in 2014

If you were scheduled to demonstrate:	Using 2011 Edition CEHRT to do:	Using 2011 & 2014 Edition CEHRT to do:	Using 2014 Edition CEHRT to do:
Stage 1 in 2014	2013 Stage 1 objectives & measures	2013 Stage 1 objectives & measures - OR - 2014 Stage 1 objectives & measures	2014 Stage 1 objectives & measures
Stage 2 in 2014	2013 Stage 1 objectives & measures	2013 Stage 1 objectives & measures - OR - 2014 Stage 1 objectives & measures -OR- Stage 2 objectives & measures	2014 Stage 1 objectives & measures - OR - Stage 2 objectives & measures

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Stage 2 Certification Time Line for EHR

- PCC EHR will not be 2014 certified until 2015

- Some elements for 2014 certification are in place, e.g. patient portal

- 2014 CQM reports may be completed by October, but not certified until 2015

- Check with your REC for interpretation of the requirements for your state

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To Do List

- Visit the CMS Website

    - explore the available and plentiful documentation.

- Contact your REC regarding the proposed role and the impact it will have on your attestation

- Make a plan

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Thank You