Understanding ARRA
EHR Incentives and
Meaningful Use
(Getting the $$$)

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What Money?

As part of the American Recovery and Reinvestment Act, the government established a program to incentivize physicians to implement EHR technology. The end goal of this program is to improve health care quality, efficiency and patient safety.

Show Me The Money!

You must meet three qualifications to participate:

- Be an eligible provider:
  Not hospital based
  MD's - >20% Medicaid visits
  NP's - >50% Medicaid visits

- Adopt, update, or implement a Certified EHR Technology
  PCC EHR was fully certified as of October, 2011

- Prove you are a Meaningful User of your EHR technology
  *eligibility is by provider, not by practice!
Calculating Medicaid Visit Volume

- The numerator is the EP's total number of medicaid patient encounters in any consecutive 90 day period within the calendar year.
- Medicaid encounter: any encounter with a medicaid reimbursement of any amount.
- **NOTE:** There are some State variations in addition to other changes coming in 2014
- The denominator is the EP's total number of patient encounters for same time period.

ARRA Report for Medicaid Tracking

- The ARRA report in **Partner** calculates Medicaid participation for patient encounters for any physician/provider in your office.
- You can run the ARRA report from a command prompt by typing 'arra', or you can ask PCC Support to add the ARRA Report to your Partner windows.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Visits</th>
<th>Medicaid</th>
<th>%</th>
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<tbody>
<tr>
<td>Dr. Casey</td>
<td>1444</td>
<td>444</td>
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<td>Dr. Reynolds</td>
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<td>Dr. Williams</td>
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<td>8</td>
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<tr>
<td>Office</td>
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</table>
Six Year Incentive Schedule

- Eligible pediatric providers with at least 30% Medicaid volume can receive up to $63,750.
  - Year 1 up to $21,250
  - Year 2-6 up to $8,500 each year
- Eligible pediatricians with 20-30% Medicaid volume can receive up to $42,500
  - Year 1 up to $14,167
  - Years 2-6 up to $5,667 each year

When Does the Program Begin and End?

- You can begin participating as late as 2016 and still receive the full amount.
- States were permitted to make payments as of January 2011 and through 2021 at the latest.
- Contact your state Medicaid office to find out about participation.


- Medicaid allows you to skip years within the ten year time frame and still receive the full incentive.
Registration & Attestation

Registration
- You must first register with CMS online at:
  https://ehrincentives.cms.gov/
- You must have an active NPI and NPPES web user account.
- CMS sends your information to your state.
- 24 hrs later you will need to log into your state program's website to verify your registration and provide additional eligibility information.

Attestation
- Attestation: a legal statement that you have met the thresholds and all of the requirements – done through your state portal for the Medicaid EHR Incentive Program
- First year AIU – demonstrate A, I or U through your state Medicaid agency site and attest that you meet all other eligibility criteria (visit %)
- Subsequent years – attest to meeting the MU requirements as well as all other eligibility criteria (visit %)
  **If you fail to meet even one of the measures you will not receive a payment**
First Year Requirement

- Adopt an EHR: Acquire and install certified EHR technology
- Implement an EHR: Begin using certified EHR technology
- Upgrade to an EHR: Expand existing technology or add new functionality to meet certification requirements

Second and Subsequent Years

- Providers must show they are using their EHR in a meaningful way by meeting thresholds
- 15 Core Objectives (one of which includes 6 CQM measures)
- 5 Menu Objectives – 5 out of the 10 available menu objectives, including at least one public health-related objective

What is the Criteria for MU?

- See handout for reference
- Some require attestation that you have technology, policies, and/or procedures to meet specific objectives.
- Some items are designed to be reportable with a computer system
- CMS estimates it will take 9 hours to report on this data – you should make your own estimate.
* Don’t forget to estimate time to develop new work flows!
**Required Criteria for MU Proven by Attestation**

- Implement drug-drug and drug-allergy interaction checking (PCC eRx – Ropia DrFirst).
- Implement one clinical decision support rule (PCC EHR Clinical Alerts).
- Perform one test of Clinical Information Exchange. PCC is able to submit a CCD test file in HL7 format to your local REC (Regional Extension Center) where required to meet MU objectives.
- Conduct a Security Risk Analysis (based on HIPAA).

**Required Criteria for MU Proven by Attestation**

- Report Ambulatory Clinical Quality Measures to your State. There are no % thresh holds to meet.
  
  See Handout – Clinical Quality Measures

- PCC EHR will calculate and report the required CQMs. There are 44 total measures. For certification, 6 are required:
  
  3 core/alternate core, and 3 of the vendor's choice. PCC selected the 3 optional CQMs based on applicability to pediatrics. Attestation is by submitting aggregated data electronically (assuming states are ready).

**Required Criteria for MU Reported from EHR**

- Use Computerized Order Entry for Medication Orders (>30%)
- Maintain up-to-date problem list of current and active diagnoses (>80%). You must also report on this for any patient you see during the reporting period that is NOT charted in the EHR.
- Generate and Transmit Permissible Prescriptions Electronically (>40%)
**Required Criteria for MU Reported from EHR**

- Maintain active Medication List for patients (>80%)
- Maintain active Medication Allergy List for patients (>80%)
- Record Demographics including preferred language, gender, race, ethnicity, and date of birth (>50%). You must also report on this for **any patient you see** during the reporting period that is NOT charted in the EHR.

**Required Criteria for MU Reported from EHR**

- Record and chart changes in vitals (height, weight, blood pressure). Calculate growth chart and BMI (>50%)
- Record Smoking Status (>50%)
- Provide patients with Electronic Copy of Health Information (>50)
- Provide Clinical Summary to patient for each office visit (>50%)

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**PCC EHR Automated Measure Calculation Report allows you to view your progress toward MU criteria.**
Menu Set Criteria for MU
Satisfy Five of Ten

Maybe Easier?
- Drug-Formulary Checking
- Patient Lists
- Medication Reconciliation
- Patient Education
- Pos/Neg and Numeric Lab Results
- Immunization Registry Submission*

More Challenging?
- Electronic Access to Health Information
- Patient Reminders
- Summary of Care Record
- Submission of Syndromic Surveillance Data*  
* Public Health items: One required unless exclusion met

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Menu Set Criteria for MU
Public Health Items

- Submit electronic data to immunization registries (Attestation or test file). PCC is able to submit an immunization test file in HL7 format to state registries where required to meet MU objectives.
- Submit electronic syndromic surveillance data to public health agencies (Attestation).

You must include one of the above Public Health items within your choice of 5 of the 10 optional measures unless you meet the stated exclusions.

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Meaningful Use Stage 2

- Stage 2 will require meeting 17 core and 3 out of 6 menu objectives (total of 20 objectives)
- Plus 12 CQM
- Increased measure thresh holds - recording demographics, vital signs, smoking status increases from >50% to >80%
- CPOE to include labs and radiology
- Increasingly robust expectations for health information exchange including online patient access
Stage 2 New Core Requirements

- Use secure electronic messaging to communicate with patients on relevant health information
- Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP

Stages Versus Years

- The first time providers demonstrate MU they have to meet the requirements for & report on a continuous 90-day period during the calendar year.
- For the 2nd year they demonstrate MU they have to meet the requirements for the entire calendar year unless the 2nd year falls in 2014. In 2014 everyone only needs to report a 90-day period.
- If the 1st year of Stage 2 falls in 2014, EP's will again demonstrate MU for a continuous 90-day period. For all other years of Stage 2, EP's will have to demonstrate MU for the full calendar year.

Stages Versus Years continued...

- EP's who were early adopters of MU in 2011 have 3 years to meet Stage 1, assuming that during the 1st year they selected the AIU option for meeting MU.
- All other providers will meet two years of MU under Stage 1 before advancing to Stage 2.
- In 2014, all EP's regardless of their stage of MU will report on CQM's in the same way.
Recap of this ARRA Incentive for Pediatric Practices

- Determine if you are an Eligible Provider (EP)
  - Not hospital-based
  - At least 20% (MD's) or 30% (NP's) Medicaid Volume
- Adopt, update, or implement Certified EHR Technology anytime up through 2016
- Prove you are a Meaningful User of your EHR technology in subsequent years

CMS MU Information Links


Questions?
http://www.pedsource.com/ehrmoney

Thank You!

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