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

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PCC Users' Conference
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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.

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## 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 - >30% 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!**

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## 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.

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## 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.

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```
                    ARRA Medicaid Patient Volume Report

        Generated:  01/13/2012  10:04AM

Visit Date Range:  06/01/2011 to 08/30/2011  (90 day Date Range)

                              Visits w/
                      Total   Medicaid
        Provider Name Visits  Payments       %
        ------------- ------  --------    ------
           Dr. Casey    1444       444        30
        Dr. Davidson    1533       533        34
           Dr. Gomez    1299       299        23
        Dr. Williams    4144       144         3
              Office     299         0         0
        ------------- ------  --------    ------
       PRACTICE TOTAL    8719      1420        16

About this Report:

Your eligibility for the ARRA EHR Incentive Program is determined by CMS and by
your State. PCC is not responsible for determining your program eligibility and
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| Done | Jump to Top | Jump to Bottom | Send To... | | | | Search Pattern |

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## 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

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## 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.

  **http://www.cms.gov/apps/files/medicaid-HIT-sites/**

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

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## Six Year Schedule

| | Medicaid EP Qualifies to Receive First Payment in 2011 | Medicaid EP Qualifies to Receive First Payment in 2012 | Medicaid EP Qualifies to Receive First Payment in 2013 | Medicaid EP Qualifies to Receive First Payment in 2014 | Medicaid EP Qualifies to Receive First Payment in 2015 | Medicaid EP Qualifies to Receive First Payment in 2016 |
|---|---|---|---|---|---|---|
| Payment amount in 2011 | $21,250.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Payment amount in 2012 | $8,500.00 | $21,250.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Payment amount in 2013 | $8,500.00 | $8,500.00 | $21,250.00 | $0.00 | $0.00 | $0.00 |
| Payment amount in 2014 | $8,500.00 | $8,500.00 | $8,500.00 | $21,250.00 | $0.00 | $0.00 |
| Payment amount in 2015 | $8,500.00 | $8,500.00 | $8,500.00 | $8,500.00 | $21,250.00 | $0.00 |
| Payment amount in 2016 | $8,500.00 | $8,500.00 | $8,500.00 | $8,500.00 | $8,500.00 | $21,250.00 |
| Payment amount in 2017 | $0.00 | $8,500.00 | $8,500.00 | $8,500.00 | $8,500.00 | $8,500.00 |
| Payment amount in 2018 | $0.00 | $0.00 | $8,500.00 | $8,500.00 | $8,500.00 | $8,500.00 |
| Payment amount in 2019 | $0.00 | $0.00 | $0.00 | $8,500.00 | $8,500.00 | $8,500.00 |
| Payment amount in 2020 | $0.00 | $0.00 | $0.00 | $0.00 | $8,500.00 | $8,500.00 |
| Payment amount in 2021 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $8,500.00 |
| TOTAL incentive payments | $63,750.00 | $63,750.00 | $63,750.00 | $63,750.00 | $63,750.00 | $63,750.00 |

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# Registration &
# Attestation

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## 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.

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## Attestation

- Attestation: a legal statement that you have met the thresh holds 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

- **A**dopt an EHR: Acquire and install certified EHR technology
- **I**mplement an EHR: Begin using certified EHR technology
- **U**pgrade to an EHR: Expand existing technology or add new functionality to meet certification requirements

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## Second and Subsequent Years

- Providers must show they are using their EHR in a meaningful way by meeting thresh holds
- 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

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## 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!**

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## Required Criteria for MU
## Proven by Attestation

- Implement drug-drug and drug-allergy interaction checking (PCC eRx – Rcopia 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).

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## 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).

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## 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.
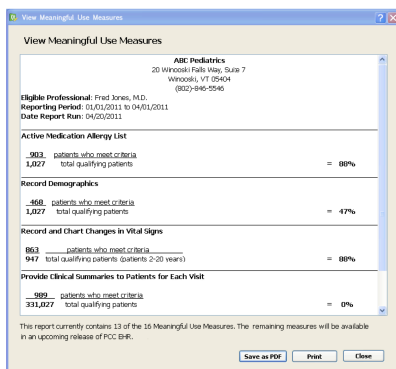- Generate and Transmit Permissible Prescriptions Electronically (>40%)

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## 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.

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## 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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**View Meaningful Use Measures**

View Meaningful Use Measures

**ABC Pediatrics**
20 Winooski Falls Way, Suite 7
Winooski, VT 05404
(802)-846-5546

**Eligible Professional**: Fred Jones, M.D.
**Reporting Period**: 01/01/2011 to 04/01/2011
**Date Report Run**: 04/20/2011

**Active Medication Allergy List**

903    patients who meet criteria
1,027    total qualifying patients    = 88%

**Record Demographics**

468    patients who meet criteria
1,027    total qualifying patients    = 47%

**Record and Chart Changes in Vital Signs**

863    patients who meet criteria
947    total qualifying patients (patients 2-20 years)    = 88%

**Provide Clinical Summaries to Patients for Each Visit**

989    patients who meet criteria
331,027    total qualifying patients    = 0%

This report currently contains 13 of the 16 Meaningful Use Measures. The remaining measures will be available in an upcoming release of PCC EHR.

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**PCC EHR Automated Measure Calculation Report allows you to view your progress toward MU criteria.**

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## 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 heath 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's

- 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

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## 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 2$^{nd}$ year they demonstrate MU they have to meet the requirements for the entire calendar year unless the 2$^{nd}$ year falls in 2014. In 2014 everyone only needs to report a 90-day period.
- If the 1$^{st}$ 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 1$^{st}$ 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.

# Stage 2 Time Frames

| 1st Year | Stage of Meaningful Use | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| 2011 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | TBD | TBD | TBD | TBD |
| 2012 | | 1 | 1 | 2 | 2 | 3 | 3 | TBD | 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 |

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# 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

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# CMS MU Information Links

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html

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# Questions?

**http://www.pedsource.com/ehrmoney**

**Thank You!**

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