

## **Question & Answers**

### **EHR Opportunities through the Federal Government**

- 1) What are the maximum incentive payment amounts for Medicare and Medicaid professionals?

For Medicare professionals who do not predominantly furnish services in a HPSA (Health Professional Shortage Areas), the amount is a maximum \$44,000 over a six year period starting in 2011 (incentives decrease if starting after 2012), and eligible professionals (EPs) must begin by 2014. For Medicare professionals who do work predominantly in a HPSA the maximum possible incentive amount is \$48,400 starting in 2011. For Medicaid professionals the maximum cumulative incentive over a six year period is \$63,750 and EPs can begin as late as 2016. There is no extra incentive for Medicaid EPs in HPSAs.

Providers **MUST** choose to either participate in the Medicare or Medicaid program. EPs cannot participate in both and can only choose to switch once.

- 2) Who is eligible for the stimulus and health information technology (HIT) incentives?

Medicare and Medicaid providers. An eligible professional has to meet the criteria on an individual basis in order to qualify. See the ARRA summary for eligibility details ([www.ama-assn.org/ama1/pub/upload/mm/399/arra-hit-provisions.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/399/arra-hit-provisions.pdf)).

Medicare eligible professionals only include: doctors of medicine/osteopathy, doctors of dental surgery/medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. EPs cannot be hospital-based.

Under the Medicaid program, the term, eligible professional means a

- (i) physician;
- (ii) dentist
- (iii) certified nurse mid-wife
- (iv) nurse practitioner; and
- (v) Physician assistant insofar as the assistant is practicing in a rural health clinic (RHC) that is led by a physician assistant or is practicing in a federally qualified health center (FQHC) that is so led.

- 3) Does this funding apply to all practicing physicians, in all care settings?

No. The funding applies to eligible Medicare and Medicaid physicians. Hospital-based eligible professionals are **NOT** eligible to receive incentives according to the ARRA definition. There is a separate incentive program specifically for hospitals.

- 4) If I am a physician who sees Medicare patients, is there a penalty if I do not implement an EHR or EMR system by 2015?

Disincentives only apply to eligible providers who take Medicare patients. The penalty for not implementing an EHR or EMR system for office based physicians who see Medicare patients is as follows:

2015: Medicare payments will be reduced by one percent

2016: Medicare payments will be reduced by two percent

2017 and beyond: Medicare payments will be reduced by three percent

**There are no penalties for Medicaid-only EPs.**

5) If I am a physician that does not see Medicare or Medicaid patients is there a penalty if I do not implement an EHR or EMR system by 2015?

No, the only penalties for not implementing an EMR/EHR system will be for those physicians and hospitals that have Medicare patients.

6) If I am a physician who provides care to predominantly needy individuals, am I eligible to receive funding assistance to implement an EMR/EHR?

Yes, an EP is eligible when practicing predominantly in FQHC/RHC providing care to needy individuals (30% minimum patient volume). Practicing predominantly is when FQHC/RHC is the clinical location for over 50% of total encounters over a period of 6 months in the most recent calendar year. Needy individuals (specified in statute) include:

- Medicaid or CHIP enrollees;
- Patients furnished uncompensated care by the provider;
- Furnished services at either no cost or on a sliding scale

7) What do I need to do to participate in the program?

All providers must: register via the EHR Incentive Program web site, be enrolled in Medicare/Medicaid, have a National Provider Identifier (NPI), use certified EHR technology, and enroll in PECOS. There also Medicaid specific details; the states will interface with the HER incentive program registration site and will ask providers additional information.

8) Do I have to input current and past patient's paperwork into EMR/EHR?

The inputting of present and past medical records is dependent upon the physician, practice, or hospital needs, and the ability of different EMR/EHRs. Hospitals and larger practices usually pay for a service to input paper files into the new EMR/EHR system. Smaller practices and individual physicians usually maintain paper files for past patients and begin electronic files for new patients and may choose either path or both for current patients.

9) What is "meaningful use"? To what extent would you have to be using your EHR system to comply with this term?

There are currently criteria for both Stage 1 and Stage 2 that CMS requires physicians to meet in order to qualify as a “meaningful use” user. AACAP and other physician groups have offered recommendations to the proposed criteria. See the Advocacy and Privacy Issues page for copies of AACAP comments.

According to the ARRA, a meaningful EHR user is one who is:

- a) Using “certified EHR” in a meaningful manner, e.g. ePrescribing
- b) Use of “certified EHR” technology for electronic exchange of health information in a standard format for the purpose of improving quality of care and care coordination
- c) Reporting clinical quality measures and potentially other measures using a certified EHR

For more information on the Stage 1 and Stage 2 meaningful use criteria as well as the quality measures, CMS has a very helpful page at: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful\\_Use.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html).

10) What specific activities are required only for the Medicaid incentives?

Eligible professionals have to adopt, implement, and upgrade in the first participation year only. Eligible professionals DO NOT have to be “meaningful use” compliant for the first year. States may seek CMS approval of limited additional criteria for meaningful use beyond the base-level requirements from the CMS regulations.

11) How do you know/find out if your EHR is certified? Is there a list of certified programs available?

A list of certified EHRs and modules are posted on the web site of the Office of the National Coordinator web site. Information about certification and certified EHRs as well as other ONC programs designed to support providers can be found at: <http://healthit.hhs.gov>.

12) What about EPs who participate in other CMS incentive programs, e.g. PQRI?

If an EP participates in PQRI or the EHR demo programs and meets eligibility criteria, yes, the EP is eligible for the EHR program. If the EP participates in the Medicare Care Management Performance demo project, yes, the EP is eligible for the EHR program as the other demo will end before the EHR incentives begin. If the EP participates in ePrescribing, the Medicare EP will have to choose between the eRx or the EHR incentive program, but the Medicaid EP can participate in both simultaneously, though the eRx program is currently being phased out.

13) Is there a Web site for more information on the details of the Medicare/Medicaid Incentive Programs and the progress of the ONC?

CMS has very useful information about the programs including details on eligibility, incentives, meaningful use and clinical quality measures here: [http://www.cms.gov/EHRIncentivePrograms/01\\_Overview.asp#TopOfPage](http://www.cms.gov/EHRIncentivePrograms/01_Overview.asp#TopOfPage). The ONC has the latest information on the technology and certification, including the current list of certified EHR products here: <http://healthit.hhs.gov>.