Medicare and Medicaid Electronic Health Record (EHR) Incentive Program

INDIAN HEALTH SERVICE FACT SHEET

April 2011

Overview

Starting in 2011, eligible hospitals and eligible professionals in Indian Health Service, Tribal or urban Indian health programs (I/T/U) have the opportunity to receive Electronic Health Record (EHR) incentive payments from State Medicaid agencies if they can adopt, implement, or upgrade certified Electronic Health Record (EHR) technology or from Medicare if they demonstrate Meaningful Use of certified EHR technology.

Basically, eligible hospitals and eligible professionals must use EHR technology that is certified by one of the six ONC-Approved Testing and Certification bodies (ONC-ATCB) and can manage patient care and public/population health in a “meaningful way,” including ordering medications, keeping updated problem lists for patients, checking for drug interactions, recording and tracking vital signs, generating an electronic copy of medical information for a patient, recording and reporting quality measures, and having the ability to electronically exchange data with other providers.

If hospitals and eligible professionals can register and prove (attest) that they have adopted or meaningfully used certified EHR technology and meet all the eligibility requirements, they can receive EHR incentive payments from Medicaid or Medicare (or both for some hospitals).

The American Recovery and Reinvestment Act (Recovery Act) of 2009 provides for incentive payments for Medicare and Medicaid eligible professionals and eligible hospitals that are meaningful users of certified electronic health record (EHR) technology. The EHR incentive programs were included as part of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 which amended the Social Security Act. I/T/U sites must take specific actions and steps to qualify for and receive EHR incentive payments that are available starting this year (2011) for the first time since passage of the HITECH Act.
Steps to Receive EHR Incentive Payments

1) Determine ELIGIBILITY

- Eligible hospitals and critical access hospitals— all IHS hospitals are eligible
- Eligible professionals – individual health professionals at I/T/U clinics and ambulatory care sites in a hospital who meet the requirements
- Medicare: physicians, oral surgeons, podiatrists, optometrists, chiropractors
- Medicaid: physicians, nurse practitioners, dentists, certified nurse midwives, and some physician assistants (where they work at a federally-qualified health center or rural health center that is PA-led) that meet the patient volume requirements. For pediatricians, they must have at least 20% Medicaid patient volume. For all other Medicaid eligible professionals, it’s 30% Medicaid patient volume; unless they practice predominately at an FQHC/RHC then it’s 30% “needy individual” patient volume (includes Medicaid, CHIP, sliding scale and uncompensated care)

2) REGISTER on the Center for Medicare and Medicaid Services (CMS) website

- Registration began in January, 2011
  - Medicare – registration available now
  - Medicaid – 13 States are accepting registration as of April 2011. Other states are not yet open for registration
- Eligible hospitals must register for both Medicare and Medicaid if they qualify
- Eligible professionals at clinics or ambulatory care sites in a hospital must register for Medicaid or Medicare, not both (incentives are highest with Medicaid)
- IHS cannot register on behalf of eligible hospitals and eligible professionals – each eligible hospital or eligible professional must register independently

3) Use CERTIFIED EHR technology

Certification of EHR technology is done by one of the Department of Health and Human Services (HHS) ONC-ATCBs.

- Certified EHR technology must meet the standards, implementation specifications, certification criteria adopted by the HHS Secretary
- IHS RPMS Ambulatory and Inpatient EHRs are now certified as of April 8, 2011.
- All sites must ensure all RPMS packages are up-to-date with current patches/releases
- Final RPMS certification patches will be available in May 2011 for installation
- Sites that do not use RPMS must obtain/verify certification of their EHR technology separately in order to qualify for an EHR incentive payment
4) ATTEST that the eligible hospital or eligible professional meets requirements for incentive payments

**Medicare**

For Medicare, this includes the ability to measure core, menu and clinical quality measures related to using the EHR in a “meaningful” way and demonstrating “meaningful use” of the certified EHR.

- Eligible hospitals and eligible professionals must provide actual data (numerator, denominator, and exclusion information for meaningful use and clinical quality measures) during attestation for Medicare.
- Examples:
  - **Core measures**
    - EHR allows electronic orders of medications, can check for drug interactions, can generate a problem list of current diagnoses, can generate an active medication list, records demographics and vital signs, can generate a copy of medical information for the patient, can exchange key information with other providers electronically, and can protect health information.
  - **Menu measures – public health measures**
    - EHR can submit information to immunization registries in states where available and to the IHS Division of Epidemiology and Disease Prevention, which is considered a public health entity for reportable conditions or biosurveillance.
    - EHR can generate a list of patients by medical condition to help with quality improvement activities, reducing disparities or outreach.
  - **Clinical quality measures**
    - Preventive care and screening, such as tobacco use and cessation interventions.

Hospitals that are eligible for both Medicare and Medicaid EHR incentives and successfully attest to being meaningful users of certified EHR technology to CMS will be deemed as meaningful users for the purposes of the Medicaid payment.

**Medicaid**

For Medicaid, providers do not have to demonstrate meaningful use in their first participation year. The requirement instead is to have adopted, implemented or upgraded to certified EHR technology, such as RPMS, in their 1st participation year. States will indicate their specific requirements for attestation separately. For information about which States have launched their Medicaid EHR Incentive payments, go to: http://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp#TopOfPage
5) **Qualify and receive PAYMENTS**

**Requirements**

Hospitals and eligible professionals must meet the following requirements to qualify and receive payments:

**Medicare**
- Eligible hospitals and eligible professionals must report data and demonstrate meaningful use of a certified EHR to receive payments
- Eligible hospitals and eligible professionals must have been meaningful users of their certified EHR technology and report data for a period of at least 90 consecutive days to receive an EHR incentive payment in their first payment year
- Eligible hospitals must begin 90-day reporting period by July 3, 2011 at the latest
- Eligible professionals must begin 90-day reporting period by October 1, 2011 at the latest

**Medicaid**
- Eligible hospitals and eligible professionals may receive an EHR incentive payment for having adopted, implemented or upgraded to certified EHR technology in their first participation year – States will set other eligibility requirements in accordance with CMS regulations and guidance.
  - Eligible hospitals – reporting year ends September 30, 2011
  - Eligible professionals – reporting year ends December 31, 2011

**Deadlines**

Eligible hospitals and eligible professionals must initiate participation in the EHR Incentive Program by the following deadlines in order to receive incentive payments:

**Medicare**
- Last year to initiate participation and receive an incentive payment – 2014
- Medicare payment adjustments begin in 2015 if not demonstrating meaningful use of EHR
- Last year to receive Medicare EHR incentive payments – 2016

**Medicaid**
- Last year to initiate participation– 2016
- Last year to receive Medicaid EHR incentive payments - 2021
For more information:

IHS Certification/meaningful Use
http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use

Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs
http://www.cms.gov/EHRIncentivePrograms/

Office of the National Coordinator for Health Information Technology; Incentive Programs for EHRs
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_incentive_programs_for_electronic_health_records%293355
SUMMARY: EHR INCENTIVE PAYMENTS

Key Roles in the Indian Health System

Indian Health Service/Tribal/Urban Indian Health Programs (I/T/Us)
To receive incentive payments, I/T/U eligible hospitals and eligible professionals must do the following:
- Determine eligibility for either Medicare or Medicaid’s EHR Incentive Programs (or both for some hospitals)
- Register by the deadlines – Medicare and/or Medicaid
- Use certified EHR technology (RPMS or other)
- Submit Attestation
  - Medicare – demonstrate meaningful use of certified EHR
  - Medicaid – adopt, implement or upgrade certified EHR
- Receive incentive payments

Indian Health Service Office of Information Technology
IHS Office of Information Technology can help:
- RPMS EHR certification – completed
- RPMS upgrades/patches for certification – available May, 2011
- IHS cannot register, attest or demonstrate meaningful use with their EHR on behalf of I/T/U eligible hospitals or eligible professionals - they must take steps themselves
- If an eligible hospital or eligible professional has chosen an EHR other than RPMS, they must use a certified EHR
- IHS OIT can provide technical assistance

National Indian Health Board
NIHB can help:
- NIHB received a HITECH grant to be a regional extension center (REC) to ensure that providers throughout the Indian Health System receive resources to support EHR adoption and use of certified EHRs
- For more information, go to the NIHB REC site – http://www.nihb.org/rec/rec.php