**Stage 1 – Year 1**

**Meaningful Use**

**Guide for Ambulatory Facilities**

**Last Revision: 6/14/11**

The Medicare and Medicaid EHR incentive programs provide incentive payments to eligible professionals to promote adoption and Meaningful Use (MU) of a certified Electronic Health Record (EHR). MU occurs in three stages: Stage 1 (data capture and sharing) 2011-2012; Stage 2 (advanced clinical processes) 2013-2014; and Stage 3 (improved outcomes) 2015+. In general, eligible professionals will demonstrate MU in Stage 1 by using certified EHR technology to meet MU objectives and report on clinical quality measures.

This Guide lists detailed steps to take to achieve MU and qualify for incentive payments in Year 1. It is intended for facility staff and the Area MU team. Whenever possible, links for further information are provided. As the checklist suggests, consult with your Area MU Coordinator and MU Consultant for information and support. The Indian Health Service’s (IHS) intent is to make it as easy as possible for you to achieve MU

A quick overview checklist of the essential tasks needed to accomplish MU is attached.

**Create Facility MU Team**

An MU facility team may include a clinical application Coordinator (CAC), site manager, at least one EHR Super User, subject matter experts, such as those with expertise in pharmacy and labs, and others. The Area MU Coordinator and MU Consultant will work closely with the team.

* Identify and contact Area MU Coordinator and MU Consultant.
* To locate the Area Coordinator and Consultant, check the [MU resources Web page](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use_resources).
* Appoint a facility MU point-of-contact/Coordinator.
* Establish a facility MU team.
* Collaborate with Improving Patient Care (IPC) and Government Performance and Performance Act (GPRA) Coordinators to integrate MU, IPC and GPRA.

**Communicate MU Information**

Regular communication among MU facility team members and with the MU Coordinators and Consultants is essential to the process of achieving MU. Numerous mechanisms are available for discussing MU and keeping up-to-date.

* Schedule regular **MU team meetings** for updates, report metrics, and other information.
* Report data, metrics and progress to Area MU Coordinator and MU Consultant regularly (determine frequency).
* Check [MU FAQs](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use_faq).
* Sign up for [IHS MU Listserv](http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=168).
* Check [IHS’s MU Web site](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use_resources)
* Sign up on State Medicaid Health Plan Listserv (if available)
* Sign up on State HIE/HIT Listserv (if available)
* Sign up for Centers for Medicare & Medicaid Services [Centers for Medicare & Medicaid Services (CMS) Listserv](http://www.cms.gov/EHRIncentivePrograms/65_CMS_EHR_Listserv.asp).
* Conduct facility briefings/trainings on MU requirements, roles, challenges, and progress
* Share information from area and MU national teams.
* Identify issues and propose solutions.

**Receive and Provide MU Training**

Numerous mechanisms are available to receive MU training, including area conferences, PowerPoint presentations, and WebEx training sessions. The Area MU Coordinator and MU Consultant are resources for training opportunities.

* Check with MU Coordinator and MU Consultant for all relevant information, such as area newsletters, area conference schedules, MU presentations, and WebEx training sessions.
* Provide refresher MU training as needed to EPs and facility staff
* Check [CMS’s EHR Incentive Program Overview](http://www.cms.gov/EHRIncentivePrograms/01_Overview.asp#TopOfPage)
* Review [IHS Summary of CMS Final Rule Meaningful Use Stage 1 Requirements](http://www.ihs.gov/recovery/mu_documents/Summary_MU%20Stage%201_CMS%20Final%20Rule.pdf%20).
* Review full final rule at [CMS Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule](http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf).

**Conduct MU Readiness Assessment**

An assessment will be done to evaluate the facility’s MU readiness and progress toward meeting MU core and menu set objectives and Health Information Technology (HIT) adoption. The assessment also will estimate your incentive payment under Medicare and Medicaid depending on eligibility. IHS will use this information to evaluate the staff’s training needs and then provide the support needed.

* Set a date with Area MU Consultant to complete MU readiness assessment.
* Evaluate the facility’s MU readiness and progress toward meeting MU core and menu set objectives.
* Work with MU Coordinator and MU Consultant to develop an action plan to help achieve MU. Complete plan within 2-3 weeks after assessment.
* Implement action plan
* Evaluate outcome of implementation
* Report on action plan progress to Area MU Coordinator and MU Consultant

**Meet State Medicaid Health Plan and Health Information Exchange Requirements**

The State Medicaid Health Plan (SMHP) and Health Information Exchange (HIE) may have different or additional MU requirements than those required at the federal level. Requirements may vary from state-to-state, so pay special attention to the state’s specific requirements. These requirements may include Medicaid and provider registration, certification of EHR A/I/U, data transmission and submission, and public health objectives.

* Sign up for State Medicaid Health Plan (SMHP) listserv (if available).See the list of [State Medicaid Web](http://www.cms.gov/apps/files/medicaid-HIT-sites)

[sites](http://www.cms.gov/apps/files/medicaid-HIT-sites)

* Confer with Area MU Coordinator and MU Consultant on SMHP and HIE requirements:
* Medicaid registration Web site opening
* Provider registration requirements
* Proof of certified EHR A/I/U
* HIE/HIT requirements for data transmission/submission
* Additional MU requirements from State Medicaid (encounter definition & additional public health objectives)

**A/I/U Certified EHR**

The facility must verify (attest) that it is using an EHR program certified by the ONC. Take these steps to assure you are using appropriate EHR technology for achieving MU.

* Adopt/Implement/Upgrade to a certified EHR
* If utilizing Resource and Patient Management System (RPMS) EHR, evaluate system to determine if complete certified EHR package is installed. Refer to Attachment X (RPMS Certified Electronic Health Record for MU: Application Checklist) for packages needed for a certified RPMS EHR, including all applications and specific versions and patches.
* Work with your Area MU Coordinator and MU Consultant to run the RPMS Certified MU report (date available TBD). This tool performs an automated check to determine if your site has everything on the list of current certified EHR versions/patches. It will show what is missing, if anything.
* For Non- RPMS facilities, a comprehensive listing of certified EHR productscan be found at: [Certified Health IT Product List](http://onc-chpl.force.com/ehrcert).
* Check with your Area MU Coordinator and MU Consultant to determine your State’s requirements to document/attest adopt/implement/upgrade (A/I/U).

**Obtain EHR Training/Support**

To use the certified EHR technology, appropriate EHR training and support will be needed. Suggestions on how to obtain training and support are provided below.

* For RPMS support, contact the Clinical Applications Coordinator (CAC) and/or EHR Deployment and Training Team.
* For non-RPMS support, contact the EHR vendor.
* Support may be needed for:
  + Implementation and training
  + Configuration and optimization
  + Training for providers on utilization
* Properly use the configured, optimized functionality currently available.
* For RPMS EHR users, ensure facility support has taken EHR Team’s MU Guide and EHR Report training
* Check the Office of Information Technology (OIT) Training Schedule for upcoming RPMS Training events go to [Resource and Patient Management System Training](http://www.ihs.gov/RPMS/index.cfm?module=Training&option=index&sortChoice=Title&newquery=1)

**Complete Regional Extension Center Provider Agreement**

Regional Extension Centers (RECs) are funded by the Office of the National Coordinator (ONC) for Health Information Technology (HIT) and provide support to health care providers and medical facilities in adopting a certified EHR and achieving MU. The National Indian Health Board (NIHB) supports the same activities, but specifically to providers of the Indian Health Service, tribes, urban, and tribal organization facilities (I/T/U). The NIHB is the only National REC.

* Ensure eligible professionals and facilities complete a provider agreement with a REC and electronically submit agreement.
* **IHS Federal & Urban Sites** - complete a National Indian Health Board REC provider (includes facilities) agreement package ASAP. For the Provider Agreement Package, go to [Indian Health Board home page](http://www.nihb.org/rec/rec.php).
* **Tribal Sites** - sign a Provider Agreement Package with a REC of your choice, on the [Indian Health Board home page](http://www.nihb.org/rec/rec.php) **OR** go to the[ONC list of State RECs](http://healthit.hhs.gov/portal/server.pt?open=512&objID=1495&mode=2).
* All providers should sign up as soon as possible to enable the release of the ONC funding necessary to support Indian Country in the achievement of MU.
* For assistance with filling out the Provider Agreement for RPMS Users:
* A variety of RPMS tools can be used to facilitate the data collection that is required to complete the REC agreement. A new RPMS Business Office management report, released on 1/5/11 in RPMS TPB v2.6, Patch 5, will provide **practice** demographics, including the number of patients, number of patient encounters, and number of unique patients. This report will also provide **patient** demographics, including percent of patients on Medicaid, Medicare, private insurance, and are uninsured. Appendix Y, titled "NPI Number provides two options that RPMS users can use to identify the provider NPI numbers at I/T/I facilities using RPMS. This management report and the NPI number report will provide the data that is needed to sign up with an REC.

**Determine Eligibility for Medicare and Medicaid EHR Incentives**

To qualify for incentive payments health care professionals must meet certain eligibility criteria for Year 1.

|  |  |
| --- | --- |
| **Medicare** | **Medicaid** |
| * A/I/U of a Certified EHR | * A/I/U of a Certified EHR |
| * Be an Eligible Professional | * Be an Eligible Professional |
| * Demonstrate Meaningful Use | * Meet Patient Volume |

* Confer with MU Coordinator and MU Consultant to determine additional requirements for MU from the state Medicaid agency

**Qualifying as Eligible Professionals**

Eligible professionals can determine if they meet the eligibility requirements for Medicare and Medicaid EHR Incentive Programs by reviewing the following table. Those who qualify for Medicare and Medicaid programs may only participate in one program. Those eligible to receive EHR incentive payments under both programs will maximize their payments by choosing the **Medicaid** EHR Incentive Program.

|  |  |
| --- | --- |
| **Medicare** | **Medicaid** |
| If you check the two main items below, you may qualify as an eligible professional under the **Medicare** program. | If you check one of the items below, you may qualify as an eligible professional under the **Medicaid** program. |
| * Eligible professionals must bill the Medicare Physician Fee Schedule for patient services. * Eligible professionals under the Medicare Incentive Program include: * Doctor of medicine or osteopathy * Doctor of oral surgery or dental medicine * Doctor of podiatric medicine * Doctor of optometry * Chiropractor | Eligible professionals under the Medicaid Incentive Program include:   * Physician * Dentist * Certified nurse-midwife * Nurse practitioner * Physician assistant practicing in a Federally Qualified Health Center (FQHC) or Rural Health Center led by a physician assistant |

**Qualifying for an Incentive Payment under the Medicare and Medicaid EHR Incentive Programs**

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| **Medicare** | **Medicaid** |
| For Medicare, there is not a Patient Volume requirement; however, you must **demonstrate Meaningful Use** during a consecutive 90-day period in the calendar year. | To be eligible to receive an incentive under the ***Medicaid*** EHR, an eligible professional must meet **one** of the following **patient volume criteria** during a consecutive 90-day period in the calendar year |
| ***October 1, 2011 – Last day for eligible professionals to begin their 90-day reporting period for calendar year 2011 for the Medicare EHR Incentive Program.*** | * Have at least 30% of your ***paid*** services furnished to Medicaid patients in an outpatient setting (20% for pediatricians) ***OR*** * Practice predominately in an FQHC or RHC with a 30% needy individual patient volume threshold. Needy patient volume is defined as patients who are enrolled in the Medicaid or Children’s Health Insurance Program (CHIP), receive uncompensated care, or receive care on a reduced fee scale. |

* *\*\*****Encourage eligible patients to sign up for Medicaid to ensure required patient volume and eligibility requirements are met. \*\****
* For more information on eligibility, go to [CMS EHR Incentive Program Eligibility](http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#TopOfPage).

**Calculating Patient Volume for Medicaid**

The calculation of patient volume under Medicaid is based on the total number of ***paid*** encounters to the eligible professional during a consecutive 90-day period in the calendar year prior to the MU payment year.

The numerator is the number of encounters during the same time period where Medicaid ***paid for*** all or part of the service, co-pay, premium, or cost share. Thus, the ***patient*** not only has to be Medicaid eligible, but Medicaid must have ***paid*** for some part of the encounter. If your state has an 1115 waiver, you will include both Medicaid and CHIP paid encounters into the numerator.

The denominator is all patient encounters for the same eligible professional over the same 90-day period. For example, if the eligible professional had 100 encounters and 30 were ***paid*** in full or in part by Medicaid, they would have a 30% patient ***volume***.

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| The calculation formula is: [Total (Medicaid) ***paid*** patient encounters in any representative continuous 90-day period in the preceding calendar year/Total patient encounters in that same 90-day period] \*100 |

There is an option to calculate or aggregate patient volume for the entire facility and then each eligible professional would use the facility's patient volume as a proxy for their individual patient volumes. However, in this case you would count encounters for ALL PROVIDERS - not just eligible professionals - when you calculate the group rate. Thus, if you have providers who see a lot of patients but those encounters are not ***paid*** for by Medicaid, it can lower your group rate. The opposite also could be true.

***\*\*An RPMS EHR report will be available in spring 2011 that will help you calculate patient volume. You MUST be using the RPMS Third-Party Billing package for this Patient Volume Report to work. \*\****

**Calculating Incentive Payments for Medicare and Medicaid**

Tools are available to help you calculate provider payments under Medicare and Medicaid.

* Go to the [MU Resources page](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use_resources) to calculate provider payments. Scroll to center of page to provider incentive payment estimator.

**Register for Medicare and Medicaid EHR Incentive Programs**

Before registering, eligible professionals will need to decide whether to register under the Medicare or Medicaid Incentive program. Eligible professionals who qualify for Medicare and Medicaid programs may only participate in one program either the Medicare or Medicaid Incentive program.

Eligible professionals eligible to receive EHR incentive payments under both programs will maximize their payments by choosing the **Medicaid** EHR Incentive Program. Incentive payments for eligible professionals are based on individual practitioners. If you’re part of a practice, each eligible professional may qualify for an incentive payment if each eligible professional successfully demonstrates MU of certified EHR technology.

***Before 2015, eligible professionals may switch incentive programs only once after the first incentive payment is initiated.***

**Gathering Information for CMS Registration**

Prior to registering for the CMS Incentive Program, eligible professionals will need to gather the following information. This will help expedite the registration process. Also verify eligible professionals are enrolled in CMS Medicare FFS or Medicaid programs.

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| * National Provider Identifier (NPI) * To locate your NPI number, go to [NPPES NPI Registry page](https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do). * If you do not have an NPI number, to apply go to [NPPES home page](https://nppes.cms.hhs.gov/NPPES/Welcome.do) |
| * An enrollment record in Provider Enrollment, Chain and Ownership System (PECOS) if you are a Medicare eligible professional. * Note: If you do not have an enrollment record in PECOS, you should still register for the Medicare and Medicaid EHR incentive programs. For more information about PECOS, go to: [PECOS home page](https://pecos.cms.hhs.gov/pecos/login.do). * Eligible professionals who are only participating in the Medicaid EHR incentive program are ***not*** required to be enrolled in PECOS. |
| * National Plan and Provider Enumeration System (NPPES) User and ID and Password. If you do not have an NPPES Web user account, go to [NPPES home page](https://nppes.cms.hhs.gov/NPPES/Welcome.do). |
| * Payee Tax Identification Number (for reassignment of individual provider benefits to facility) |
| * Payee National Provider Identifier (NPI) (for reassignment of individual provider benefits to facility) |
| * Confirmed facility tax ID number (TIN) for incentive benefit re-assignment by IHS eligible professionals in group practices |
| * IHS eligible professionals must re-assign incentive payment to their facility. Tribal eligible professionals should confer with their Tribal and facility management to determine re-assignment. |
| * Address from IRS form CP-575 and copy of form |

**How to Register for Incentive Programs**

Now that all the information has been gathered, the next step is to register with CMS. All eligible professionals who are participating in the EHR Incentive Program must register for either the Medicare or Medicaid Incentive programs through CMS. This can be done using CMS’s *Step-by-Step Guide* at [Registration and Attestation EHR Incentive Programs](http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp).

Eligible professional who intend to participate in the Medicaid Incentive Program also must register on their state Medicaid Web site. Although the Medicaid EHR incentive programs opened in January 2011, some states are not ready to participate. Information on when registration will be available for Medicaid EHR incentive programs in specific states is posted at [EHR Incentive Programs Medicaid State Information](http://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp).

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| ***CMS recommends waiting until your state Medicaid site is available before registering with CMS.*** |

* Confer with MU Coordinator and MU Consultant to determine when your state’s registration site for Medicaid EHR incentive programs is available.

***UPDATE regarding third-party registration:*** *In April 2011, CMS implemented functionality that allows an EP to designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an EP must have an Identity and Access Management System (I&A) web user account (User ID/Password), and be associated to the EP's NPI. If you are working on behalf of an EP(s) and do not have an I&A web user account, please visit* [***I&A Security Check***](https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do)*to create one. States will not necessarily offer the same functionality for attestation in the Medicaid EHR Incentive Program. Check with your State to see what functionality will be offered.*

**Demonstrate Achievement of Meaningful Use in Stage 1**

As stated under the section “Eligibility for Medicare and Medicaid Incentive Payments”, eligible professionals must demonstrate meaningful use. This section covers how to demonstrate MU, calculate the MU reporting period, and verify achievement of MU.

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| --- | --- |
| **Medicare** | **Medicaid** |
| * Demonstrate MU of a certified EHR in all participation years of a certified EHR. | * In the first year of Stage 1, adopt, implement, or upgrade (AIU) to a certified EHR. * **After the first year,** demonstrate MU of a certified EHR as noted in the next three rows. |
| * Report on 15 core objectives and five objectives from a menu set of 10. | * Report on 15 core objectives and five objectives from a menu set of 10. |
| * Meet performance targets on most objectives. | * Meet performance targets on most objectives. |
| * Report on a total of six clinical quality measures (3 core, 3 menu set). If the denominator for any of the three measures is zero, the eligible professional must report on the three alternate core measures. If all six of the measures have a denominator of zero, the eligible professional must still report on any three measures shown in the menu set. Note: There are no performance targets. | * Report on a total of six clinical quality measures (3 core, 3 menu set). If the denominator for any of the three core measures is zero, the eligible professional must report on the three alternate core measures. If all six of the measures have a denominator of zero, the eligible professional must still report on any three measures shown in the menu set. If any of the menu set measures have a denominator of zero, the eligible professional must choose other menu set measures that do not have a denominator of zero. Note: For Stage 1 MU, there are no performance targets. |

Review [IHS Summary of CMS Final Rule Meaningful Use Stage 1 Requirements](http://www.ihs.gov/recovery/mu_documents/Summary_MU%20Stage%201_CMS%20Final%20Rule.pdf%20) to see a complete listing of MU objectives and measures. An MU Cheat Sheet, which is forthcoming, will help you determine how to meet these objectives and measures.

**Reporting Period for Demonstrating Meaningful Use**

The reporting periods for demonstrating MU for Medicare and Medicaid are listed below. The 90-day reporting period begins AFTER the outpatient facility has installed all versions/patches that will comprise the certified version of RPMS EHR in an ambulatory setting for Medicare. Use the same reporting period for all measures.

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| **Medicare Reporting Period** | **Medicaid Reporting Period** |
| * For **Medicare**, eligible professionals must satisfy MU requirements (see above) for 90 consecutive days within the **first** **calendar** **year** of participating in the program. Note: In subsequent **years**, the EHR reporting period for eligible professionals will be the entire calendar **year**. | * For **Medicaid**, A/I/U MU certified EHR technology during the **first** calendar **year**. If the Medicaid eligible professional A/I/U in the **first** **year** of payment and demonstrates MU in the second **year** of payment, then the EHR reporting period in the second **year** is a continuous 90-day period within the calendar **year**. Subsequent to that, the EHR reporting period is the entire calendar **year**. |

October 1, 2011 – Last day for eligible professionals to begin their 90-day reporting period to demonstrate MU for the Medicare EHR Incentive Program December 31, 2011 – Reporting year ends for eligible professionals

**Verify Achievement of Meaningful Use**

Reports will be available to help you verify achievement of MU requirements.

* Run Performance Measures Report to verify achievement of MU requirements
* Run Clinical Quality Measure Report to verify achievement of MU requirements
* Run MU iCare report
* Upon release of reports, export data to Area MU Coordinator and MU Consultant.
* Review reporting data to estimate status.

**Attest for Incentive Payments**

**How will I attest for the Medicare and Medicaid Incentive Programs?**

Medicare eligible professionals, eligible hospitals and critical access hospitals will have to demonstrate meaningful use through CMS' web-based [Registration and Attestation System](https://ehrincentives.cms.gov/). In the Medicare & Medicaid EHR Incentive Program Registration and Attestation System, providers will fill in numerators and denominators for the meaningful use objectives and clinical quality measures, indicate if they qualify for exclusions to specific objectives, and legally *attest* that they have successfully demonstrated meaningful use. A complete EHR system will provide a report of the numerators, denominators and other information. Then you will need to enter that data into our online Attestation System. Providers will qualify for a Medicare EHR incentive payment upon completing a **successful** online submission through the Attestation System—immediately after you submit your results you will see a summary of your attestation, and whether or not it was successful. The Attestation System for the Medicare EHR Incentive Program will open on April 18, 2011.

For the Medicaid EHR Incentive Program, providers will follow a similar process using their state's Attestation System. Check here to see states' scheduled launch dates for their Medicaid EHR Incentive Programs: [http://www.cms.gov/apps/files/statecontacts.pdf](http://www.cms.gov/apps/files/medicaid-HIT-sites/)

**Attestation Guide**

* Review [Attestation User Guide for Medicare Eligible Professionals](http://www.cms.gov/EHRIncentivePrograms/Downloads/EP_Attestation_User_Guide.pdf).

**Medicare and Medicaid**

* Find the certified EHR number [certified EHR number](http://onc-chpl.force.com/ehrcert). This number is needed for attestation.

**Medicare**

* [Review CMS Attestation User Guide](http://www.cms.gov/EHRIncentivePrograms/Downloads/EP_Attestation_User_Guide.pdf), which provide step-by-step instructions for login and completing attestation.
* Enter your information in our [Meaningful Use Attestation](http://www.cms.gov/apps/ehr/) Calculator prior to submitting your attestation to see if you would be able to meet all of the necessary measures to successfully demonstrate meaningful use and qualify for an EHR incentive payment.

**Medicaid**

* Check with your Area MU Coordinator and MU Consultant to find out when and how you can attest.