



## EHR Incentives

Last Fall Federal Register published final rules for the 'meaningful use' of Electronic Health Records in medical offices and related incentives under the Medicare or Medicaid programs. Here is our general summary of the key points:

- Incentive program is **per provider**. One must choose to get incentive in either Medicare or Medicaid Plan.
- Participation in the incentive program is **voluntary**. One must register starting from January 2011 to participate in the incentive program.
- Incentive payment is more under a Medicaid Plan (\$63,750) than under a Medicare Plan (\$44,000).
- It is also voluntary for a State to offer the Medicaid incentive program.
- **A provider will be eligible for full incentive payment whether he/she starts in 2011 or 2012.**
- To qualify for a Medicaid Plan, the number of Medicaid patient visits in a year should be at least 30% of all visits. For a pediatrician, this may be 20%.
- Incentive payments are divided over five years starting from 2011 for Medicare. In Medicaid case, this is for six years.
- Under the Medicare Plan, the incentive payment is 75% of allowed charges for services provided to Medicare patients during the year, up to a maximum amount of \$44,000.
- In order to get the payment, a provider must use a certified EHR and demonstrate that he/she is using the certified EHR.
- Under the Medicare plan, a provider must demonstrate the use of a certified EHR for **each consecutive year**. Such is not the case under Medicaid.
- All requirements for a 'meaningful use' of EHR are divided in three (3) stages.
- Details of only Stage 1 have been finalized at this time.
- A certified EHR needs to have only Stage 1 requirements in 2011.
- Stage 2 certification will be required in 2013 and

Stage 3 in 2015.

- Currently there are three certifying bodies. (Called ATCB, Authorized Testing and Certifying Body.)
- There are 15 fixed core criteria. A provider has a choice of 5 out of a menu of 10 additional criteria in Stage 1. A certified EHR product will have been tested by certifying agencies for the core and 5 menu criteria in Stage 1.
- A Complete EHR software is certified in all core and optional criteria.
- **InfoCare is certified by Drummond Group as a 'Complete EHR'.**
- **A provider will demonstrate the use of the certified EHR for any period of THREE MONTHS in 2011 (or 2012) by submitting certain information to CMS that he/she has been using EHR for 30% to 80% of the patients, depending on the criteria.**
- Participation in this program is voluntary. However, non participation will mean a **loss** of 1% of Medicare reimbursement in year 2015, 2% in 2016 and 3% beyond that.

## Stage 1 Objectives and how you will demonstrate that you have met them

### Core Objectives :

1. Enter medication orders in an EHR. Do this at least for 30% of patients.
2. Implement drug-drug and drug-allergy interaction checks. You must have this facility available for the entire reporting period (90 days in first year and whole year after that).
3. Submit prescriptions electronically for at least 40% of all prescriptions.
4. Record patient's sex, race, ethnicity and date of birth in EHR at least for 50% of patients.
5. Record height, weight, blood pressure, and body mass index, and growth chart for children for at least for 50% of patients.
6. Maintain at least one current and active diagnosis for at least 80% of patients.



7. Maintain at least one active medication for at least 80% of patients. (none is acceptable)

8. Maintain at least one active allergy for at least 80% of patients. (none is acceptable)

9. Record smoking status of at least 50% of patients 13 years or older.

10. Provide clinical summaries to patients for at least 50% of all visits within 3 business days.

11. On request, provide electronic copies of health information, including problems list, medication and allergy list, diagnostic test results and any procedure summaries to 50% of patients within 3 business days.

12. Attest that the EHR has the capability to exchange key clinical information among providers and patient authorized entities. You are not required to actually exchange any information in Stage 1.

13. Implement one clinical decision support rule and attest that the EHR has the capability to track compliance with that rule.

14. Conduct a security risk analysis, correct deficiencies, and implement security updates to protect privacy and security of patient data.

15. Report clinical quality measures to CMS and Sates on paper in first year and then electronically later.

## **Menu Objectives : (Choose 5)**

1. Conduct drug formulary with at least one internal/external formulary.

2. Incorporate clinical lab test results in EHR for at least 40% of patients.

3. Generate at least one list of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach.

4. Identify patient specific education resources and provide to at least 10% of patients.

5. Perform medication reconciliation for 50% of transitions of care between care settings.

6. Provide summary of care records for at least 50% of patient transitions or referrals to another provider or setting.

7. Have the ability to submit electronic immunization data to immunization registries.

8. Have the ability to submit syndromic surveillance data to public health agencies.

9. Provide electronic access to their health data within four business days of the availability of data for at least 10% of patients.

10. Send reminders to more than 20% of patients for preventive/follow up care.