Practice Management

Planning for Meaningful Use? The Clock Is Ticking

Urgent message: CMS offers stimulus funds to providers who "attest" that their EHR use improves patient care: up to $18,000 in 2011 alone. The sooner you do, the more you stand to earn.

ERIC McDONALD

Introduction

"Meaningful use" refers to the use of a "certified" electronic health record (EHR) to meet specific objectives established by the Centers for Medicare & Medicaid Services (CMS), which administers the EHR incentive program. An EHR is certified when it demonstrates that it can perform certain functions mandated by CMS, such as electronic prescribing, computerized order entry, and the electronic exchange of clinical information (eg, problem lists, medication lists, allergies and diagnostic test results) to providers of care and patient-authorized entities.

For use to be considered meaningful, however, it is not enough for an EHR to offer the CMS-approved functionality. A medical practice must actually employ this functionality in its EHR to meet specific performance targets set by CMS, it must "attest" that it has done so, and it must meet these goals by specific dates to qualify for stimulus funds.

What are these goals and dates, and how much money is at stake? Let's take a look.

Qualifying for Meaningful Use

You can qualify for meaningful use in one of two ways: by participating in either the Medicare or the Medicaid reimbursement program. You can't participate in both programs at once. Important differences between the two include eligibility and incentive payments.

Eric McDonald is the CEO of DocuTAP, an urgent care-specific EHR vendor in Sioux Falls, South Dakota (*www.docutap.com*). He may be emailed at *emcdonald@docutap.com.*.

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Participation in the Medicare program is open to MDs and DOs and provides a maximum incentive of $44,000 per provider over five years. Participation in the Medicaid program is also open to nurse practitioners and, in some cases, physician assistants (among other providers) and provides a maximum incentive of $63,750 per provider over six years, including up to $21,250 for the adoption and implementation of a certified EHR.

In both the Medicare and Medicaid programs, incentive payments decrease each year, so the longer you wait to adopt a certified EHR—or use one you already have—to achieve meaningful use goals, the less you stand to earn. In addition, Medicare-eligible providers who do

before selecting this measure. On the other hand, clinics that already submit immunization or health surveillance data to state registries may consider selecting one or both of those measures to submit the same data to CMS (in the case of Medicare patients) via the EHR.

What Does "Attest" Mean?
Medicare-eligible professionals must attest to meaningful use through CMS's web-based Registration and Attestation System, available at: *https://ehrincentives. cms.gov/hitech/login.action*. Providers fill in numerators and denominators for the meaningful use objectives and clinical quality measures (which a certified EHR will be able to generate), indicate whether they qualify for exclusions to specific objectives, and legally attest that they that they have successfully demonstrated meaningful use.

As soon as you enter that data into the online Attestation System, you will see a summary of your attestation and whether it was successful. The Attestation System for the Medicare EHR Incentive Program went online on April 18, 2011.

For the Medicaid EHR Incentive Program, providers follow a similar process using their state's Attestation System. The states' scheduled launch dates for their Medicaid EHR Incentive Programs are available at: *www.cms.gov/apps/files/medicaid-HIT-sites*.

To attest for the Medicare EHR Incentive Program in your first year of participation, you will need to have met meaningful use for a consecutive 90-day reporting period. If your initial attestation fails, you can select a different 90-day reporting period that may partially overlap with a previously reported 90-day period. To attest for the Medicare EHR Incentive Program in subsequent years, you will need to have met meaningful use for a full year.

Under the Medicaid EHR Incentive Program, providers can attest that they have adopted, implemented, or upgraded certified EHR technology in their first year of participation to receive an incentive payment. Medicaid EHR Incentive Program participants should check with their state to find out when they can begin participation.

However, any provider attesting to receive an EHR

Table 2. Menu Set Measures

The Centers for Medicare & Medicaid Services have established that five of 10 Menu Set Measures must be met using a certified EHR to demonstrate meaningful use. Details about each measure are available at: *www.cms.gov/EHRIncentivePrograms/ Downloads/EP-MU-TOC.pdf.*

- Implement drug formulary checks
- Incorporate clinical lab test results into an EHR as structured data
- Generate patient lists by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
- Send patient reminders in a form the patient prefers for preventive/follow-up care
- Provide patients with timely electronic access to their health information
- Use certified EHR technology to identify patient-specific educational resources and provide those resources to the patient if appropriate
- Perform a medical reconciliation if a provider receives a patient from another setting of care or from another provider or if it is believed an encounter is relevant
- Provide summaries for transition of care to another care setting or provider, including referrals
- Have the capability to submit electronic data to immunization registries or immunization information systems and perform actual submissions according to applicable law and practice
- Have the capability to submit electronic surveillance data to public health agencies and perform actual submissions according to applicable law and practice

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incentive payment for either the Medicare or the Medicaid EHR Incentive Program may be subject to an audit. Providers should therefore retain all relevant supporting documentation used to complete the Attestation Module responses. Documentation to support the attestation should be retained for six years post-attestation. Documentation to support payment calculations (such as cost report data) should continue to follow current documentation retention processes.

CMS and its contractors will perform audits on Medicare providers. The states and their contractors will perform audits on Medicaid providers. CMS and the states will also manage appeals processes. If, based on an audit, a provider is found to not be eligible for an EHR incentive payment, the payment will be recouped.

How the Payment Schedules Work
Participants in the Medicare program can receive a maximum of $44,000 over five years. Participants in the Medicaid program can receive a maximum of $63,750 over six years. Distribution payments are made according to schedules established by CMS (**Table 3** and **Table 4**).

Important differences in incentive payments exist between the two programs. For the Medicare program,

Table 1. Core Measures

The Centers for Medicare & Medicaid Services have established that 15 Core Measures must be met using a certified EHR to demonstrate meaningful use. Details about each measure are available at: *www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf*.

- Use computerized provider order entry (CPOE) for medication orders
- Implement drug-drug interaction checks
- Maintain an up-to-date problem list of current and active diagnoses
- Generate and transmit electronic prescriptions
- Maintain an active medication list
- Maintain a medication allergy list
- Record demographics (including preferred language, gender, race, ethnicity, and date of birth)
- Record and chart changes in vital signs (including height, weight, blood pressure, body mass index [BMI], and growth charts for children 2-20 years of age, including BMI)
- Record smoking status for patients ≥13 years of age
- Report ambulatory clinical quality measures to CMS (Medicare) or the states (Medicaid)
- Implement clinical decision support rules
- Provide an electronic copy of health information to patients
- Provide clinical summaries for patients for each office visit
- Provide electronic exchange of clinical information (problem lists, medication lists, allergies, and diagnostic test results) to providers of care and patient-authorized entities
- Protect electronic health information by implementing appropriate technical capabilities

not successfully demonstrate meaningful use by 2015 will have their Medicare reimbursement reduced. The reduction starts at 1% and increases each year that meaningful use is not demonstrated, up to a maximum of 5%.

To participate in the Medicaid program, adopting a certified EHR, and using it to meet the meaningful-use goals by the deadlines established by CMS, are not sufficient. To qualify for stimulus funds, at least 30% of a provider's patients (by volume, not by charges) must be Medicaid patients. The Medicare program does not have a corresponding requirement for Medicare patients.

You can't participate in both programs simultaneously. However, once a provider (referred to as an "eligible professional" for the purposes of qualification) selects one program, he or she is allowed to switch to the other program—but only once.

Demonstrating Meaningful Use

To demonstrate meaningful use, a provider must attest to meeting each of 15 Core Measures (**Table 1**) and five of 10 Menu Set Measures (**Table 2**).

Each Core Measure is accompanied by a percentage-based measure as a threshold for meeting that requirement. For example, you must maintain an active medication list for at least 80 percent of your patients.

Many of the measures are self-explanatory. Recording a patient's demographics, vital signs, and smoking status, for example, while maintaining a list of that patient's diagnoses (problem list), medications, and medication allergies is pretty simple.

However, some measures may require additional explanation. For example, providers are required to report information on clinical quality measures, such as how often patients were queried about their smoking status, and, if applicable, offered cessation counseling, or how often hypertensive patients have had their blood pressure checked.

Beyond the clinical quality measures, providers must demonstrate the ability to implement a real-time clinical decision support rule related to a patient's diagnosis, medication use, allergy, or lab test result.

A number of the core measures focus on the provision of health information (electronic or otherwise) to patients or other parties, such as primary care providers, and the ability of the system to protect patient health information when transmitting it through password protection and data encryption.

Remember, all 15 Core Measures must be met to attest to meaningful use.

As for the Menu Set Measures, a provider needs to attest to meeting the requirements of only five of 10. Selecting which five measures to meet may depend on the provider's or clinic's preferences, on whether there are additional costs associated with any of the features required, or even on whether the functionality involved is easy and practical to use.

For example, a clinic not using a lab interface would not be likely select the clinical lab test requirement, or would at least consider the cost of interface design

Table 3. Medicare Schedule for Maximum Available Payments for EHR Meaningful Use

If you qualify to receive your first payment in:

	2011	2012	2013	2014	2015
2011	$18,000	—	—	—	—
2012	$12,000	$18,000	—	—	—
2013	$8,000	$12,000	$15,000	—	—
2014	$4,000	$8,000	$12,000	$12,000	—
2015	$2,000	$4,000	$8,000	$8,000	$0
2016 and beyond	—	$2,000	$4,000	$4,000	$0
TOTAL	$44,000	$44,000	$39,000	$24,000	$0

Table 4. Medicaid Schedule for Maximum Available Payments for EHR Meaningful Use

If you qualify to receive your first payment in:

	2011	2012	2013	2014	2015
2011	$21,250	—-	—-	—-	—-
2012	$8,500	$18,000	—-	—-	—-
2013	$8,500	$12,000	$15,000	—-	—-
2014	$8,500	$8,000	$12,000	$12,000	—-
2015	$8,500	$4,000	$8,000	$8,000	$0
2016	$8,500	$2,000	$4,000	$4,000	$0
TOTAL	$63,750	$44,000	$39,000	$24,000	$0

payments are calculated at 75% of the total allowable Medicare charges for each provider. Thus, in order for a provider to receive the maximum first-year payment of $18,000, he or she would need to have billed at least $24,000 in Medicare charges. For the Medicaid program, payments are calculated at 85% of the cost of the EHR, up to a maximum of $8,500 paid per year following implementation.

The total incentives of $44,000 (Medicare) and $63,750 (Medicaid) represent not only the maximum total payment available to each provider, but this money is available only to providers who attest to demonstrating meaningful use as early as 2012. Each year thereafter, the maximum available incentive payment for each program is reduced.

Incentive payments for the Medicare EHR Incentive Program will be made approximately four to eight weeks after an eligible professional meets the program requirements and successfully attests that he or she has demonstrated meaningful use of certified EHR technology. CMS began making Medicare incentive payments in May 2011. Payments will be held for eligible professionals until the eligible professional meets the $24,000 threshold in allowed charges.

Medicaid incentives will be paid by the states and are also expected to begin this year. States are required to issue incentive payments within 45 days of providers successfully attesting to having adopted, implemented, or upgraded certified EHR technology during their first year of participation in the Medicaid EHR Incentive Program. Launch dates for the Medicaid EHR Incentive Program vary by state, so the earliest date attestation can begin also varies by state. Several states have disbursed incentive payments as early as April 2011.

The Payment Process

CMS will issue incentive payments in the same manner that providers receive payments for Medicare services, via electronic funds transfer or check. Payments will be made to the taxpayer identification number (TIN) selected during registration for the Medicare EHR Incentive Program.

Attesting to Meaningful Use After 2012

The EHR Incentive program is being unfolded three phases. Phase I lasts through the end of 2012. Phase II begins in 2013 and ends in 2014. Phase III runs from 2015-2016.

Both Phase II and Phase III will introduce new requirements for demonstrating meaningful use. When the requirements, which are still in development, are finalized, it will mean that EHR vendors will need to re-certify their products in order to comply. Similarly, the standards for providers to demonstrate meaningful use will change accordingly.

As such, to claim your maximum share of the financial incentives in the years to come, it is crucial that your vendor be committed both to EHR re-certification and to training your staff in the use of any new functionalities needed to meet new meaningful use requirements.

With an EHR, particularly one being adopted to achieve meaningful use, vendor support is as important as the system itself. Choose a vendor with a track record of delivering it. ∎