

Stimulus Update - Qualifying and getting paid



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Agenda

- Background on the HITECH Act
- Meaningful Use
- Receiving Payment
- Conclusion
- Questions



\$19 billion for Health Information Technology

The purpose of these funds is to modernize and speed the use of health information technology, particularly electronic health records (EHRs) by hospitals and physicians.

Benefit to physician

Each physician who meaningfully uses a certified EHR could receive up to \$44,000 (Medicare) or \$64,000 (Medicaid) in government funding.

Physicians practicing in rural or underserved areas would be eligible for up to \$48,400 in Medicare incentives. These figures represent the maximum allowable incentives under the Medicare and Medicaid programs. Many physicians will not qualify for the maximum amounts.

Who is eligible?

- “Eligible Professionals” under the Medicare HIT incentive program are limited to physicians as defined in the Social Security Act (1861(r)), which includes:
 - A doctor of medicine or osteopathy
 - A doctor of surgery or of dental medicine
 - A doctor of podiatric medicine
 - A doctor of optometry
 - A chiropractor



How to Qualify

There are two paths to receiving the stimulus money. They are -

The Medicare HIT incentive program

The Medicaid HIT incentive program.

To qualify, physicians must choose one path and can only qualify in one, **not both**.

If a physician does not treat Medicare or Medicaid patients then they are not qualified to receive incentive payments from the stimulus package.

Who is eligible? Cont.

The Medicaid HIT Incentive program expands the definition of "eligible professionals" to include:

- certified nurse mid-wife
- nurse practitioner
- physician assistant (under certain circumstances)

Medicare

To receive Medicare incentive payments, the physician must:

- a. Not be hospital-based;
- b. Demonstrate meaningful use of a certified EHR; **and**
- c. Submit Medicare Part B claims of at least 133% of the maximum incentive for a program year to qualify for the maximum incentive payment.

Medicaid

To receive Medicaid incentive payments, eligible professionals must:

- a. Not be hospital-based;
- b. Demonstrate meaningful use of a certified EHR; **and**
- c. Treat a patient population of which at least 30% receive medical assistance (or 20% if the physician is a pediatrician).

25 Meaningful Use Objectives

1. Use CPOE
2. Implement drug-drug, drug-allergy, drug-formulary checks
3. Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT
4. Generate and transmit permissible prescriptions electronically (eRx)
5. Maintain active medication list
6. Maintain active allergy list
7. Record demographics: preferred language, insurance type, gender, race, ethnicity and date of birth
8. Record and chart changes in vital signs: height, weight, blood pressure, calculate and display:
BMI, and plot and display growth charts for children 2-20 years, including BMI
9. Record smoking status for patients 13 years old or older
10. Incorporate clinical lab-test results into HER as structured data

<http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf>

25 Meaningful Use Objectives – cont.

11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities and outreach
12. Report ambulatory quality measures to CMS or the States
13. Send reminders to patients per patient preference for preventive/follow up care
14. Implement five clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules
15. Check insurance eligibility electronically from public and private payers
16. Submit claims electronically to public and private payers
17. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies) upon request
18. Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP
19. Provide clinical summaries for patients for each office visit
20. Capability to exchange key clinical information among providers of care and patient authorized entities electronically (for example: problem list, medication list, allergies, diagnostic test results)

25 Meaningful Use Objectives – cont.

21. Perform medication reconciliation at relevant encounters and each transition of care. Perform medication reconciliation for at least 80 percent of relevant encounters and transitions of care.
22. Provide summary care record for each transition of care and referral. Provide summary of care record for at least 80 percent of transitions of care and referrals.
23. Capability to submit electronic data to immunization registries and actual submission where required and accepted. Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries.
24. Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice. Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or eligible hospital submits such information have the capacity to receive the information electronically).
25. Protect electronic health information maintained using certified EHR technology through the implementation of appropriate technical capabilities.



“Meaningful Use” Period

The period to begin showing Meaningful Use starts January 01, 2011. After that, physician must use the EMR for a 90 day period.

This is for the first qualifying year only. After the first year, to qualify for the additional payments, physicians must use the EMR for 365 days.

A physician may start their 90 day period any time during 2011.



When do physicians begin to receive payments?

- The first checks will come out in May 2011.
- Will come after the 90 day period of meaningful use
 - Payment is a single annual payment
- Payment will come from Medicare or from the state



Maximum Incentive Payments

Starting Year	2011	2012	2013	2014	2015	2016	Totals
2011	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
2012		\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$44,000
2013			\$15,000	\$12,000	\$8,000	\$4,000	\$39,000
2014				\$12,000	\$8,000	\$4,000	\$24,000
2015					\$0	\$0	\$0

This is paid per eligible professional each year



Conclusion

- Any EMR product that is used must be certified.
- Once the EMR is installed in a clinic, the product must be used in a way that shows “meaningful use”.
- Meaningful use must last for 90 days to qualify for the first payment
 - The first period of meaningful use starts
January 01, 2011