

Medicaid EHR Incentive Program Overview and Status

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**Medicare-only Eligible
Professionals**

**Medicaid-only Eligible
Professionals**

**Doctors of Optometry
Doctors of Podiatric Medicine
Chiropractor**

**Doctors of Medicine
Doctors of Osteopathy
Doctors of Dental Medicine
or Surgery**

**Nurse practitioners
Certified nurse midwives
Physician assistants (PAs)
when working at an FQHC
or RHC that is so led by a
PA**

**Could be eligible for
both Medicare &
Medicaid incentives**



EP Eligibility: Medicaid Basics

Must be one of 5 types of Eligible Professionals

Must either:

- Have $\geq 30\%$ *Medicaid* patient volume ($\geq 20\%$ for pediatricians only); or
- Practice predominantly in an FQHC or RHC with $\geq 30\%$ *needy individual* patient volume

Licensed, credentialed

No OIG exclusions, living

Must not be hospital-based



Medicaid Eligibility: Patient Volume

Entity	Minimum Medicaid patient volume threshold	Or the Medicaid EP <i>practices predominantly</i> in an FQHC or RHC—30% <i>needy individual</i> patient volume threshold
Physicians	30%	
- Pediatricians	20%	
Dentists	30%	
CNMs	30%	
PAs when practicing at an FQHC/RHC that is so led by a PA	30%	
NPs	30%	
Acute care hospitals	10%	Not an option for hospitals
Children's hospitals	No requirement	

Medicaid Eligibility: Practices Predominantly & Needy Individuals

Medicaid EP is also eligible when *practicing predominantly* in FQHC/RHC providing care to *needy individuals*

Practicing predominantly is when FQHC/RHC is the clinical location for over 50% of total encounters over a period of 6 months in the most recent calendar year

Needy individuals (specified in statute) include:

- Medicaid or CHIP enrollees;
- Patients furnished uncompensated care by the provider; or
- furnished services at either no cost or on a sliding scale.

Medicaid Eligibility: Physician Assistants at PA-led FQHCs/RHCs

PAs are eligible when practicing at an FQHC or RHC that is led by a PA

What does it mean for a PA to lead an FQHC or RHC?

- When a PA is the primary provider in a clinic (e.g., when there is a part-time physician and full-time PA, CMS would consider the PA as the primary provider)
- When a PA is a clinical or medical director at a clinical site of practice
- When a PA is an owner of an RHC

Medicaid Eligibility: Hospital-based EPs

EPs must not be *hospital-based* for participation

- Does not apply to EPs practicing predominantly in FQHC/RHC

Hospital-based is an EP who “furnishes *substantially all* of the individual’s professional services in a hospital setting...”

If 90% or more of the EP’s services are conducted in an inpatient hospital or ER:

= *hospital-based* (i.e., ineligible)

Medicaid Payments: EP Adoption Timeline

	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Registration and Attestation

Medicaid Eligible Professionals:

- NPPES (i.e., NPI) web user account
- Adopt, implement, upgrade, or meaningfully use certified EHR technology
- Get EHR certification number from CHPL
- Attest to meeting all program requirements
 - Patient volume
 - Practice predominately



Registration and Attestation

EPs in states with launched programs:

Go to the CMS EHR Incentive Program website

- Click on the Registration tab
- Complete your registration

Go to your state's website and complete the eligibility verification; submit attestation

States pay within 3 months of accepting attestations, and within 45 days of verifying provider eligibility



AIU & MU: Overview

Adopt, implement, upgrade (AIU)

- First participation year only
- No EHR reporting period

Meaningful use (MU)

- Successive participation years; and
- EHR reporting period of 90 days for first year of MU, then 365 days for Years 2-6

Medicaid Providers' AIU/MU does not have to be over six consecutive years



AIU: Adopt, Implement, Upgrade

Adopted: Acquired and installed

- e.g., evidence of installation prior to incentive

Implemented: Commenced utilization of

- e.g., staff training, data entry of patient demographic information into EHR

Upgraded: Expanded

- e.g., upgraded to certified EHR technology or added new functionality to meet the definition of certified EHR technology



MU: HITECH Act Description

Recovery Act specifies following 3 components of Meaningful Use:

1. Use of certified EHR in a meaningful manner (e.g., e-prescribing)
2. Use of certified EHR technology for electronic exchange of health information to improve quality of health care
3. Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary



What are the Requirements of Stage 1 Meaningful Use?

Basic Overview of Stage 1 Meaningful Use:

- Reporting period is 90 days for first year and 1 year subsequently
- Reporting through attestation
- Objectives and Clinical Quality Measures
- Reporting may be yes/no or numerator/denominator attestation
- To meet certain objectives/measures, 80% of patients must have records in the certified EHR technology



What are the Requirements of Stage 1 Meaningful Use?

Stage 1 Objectives and Measures Reporting

Eligible Professionals must complete:

- 15 core objectives
- 5 objectives out of 10 from menu set
- 6 total Clinical Quality Measures (3 core or alternate core, and 3 out of 38 from additional set)



What are the Requirements of Stage 1 Meaningful Use?

Detailed information on all the meaningful use objectives and measures in CMS' Meaningful Use Specification Sheets

To find the specification sheets:

- Visit CMS website (www.cms.gov/EHRIncentivePrograms)
- Click on the “CMS EHR Meaningful Use Overview” tab
- Scroll to the bottom
- Select “Eligible Professional”



Applicability of Meaningful Use Objectives and Measures

- Some MU objectives not applicable to every provider's clinical practice
 - Thus they would not have any eligible patients or actions for the measure denominator.
 - Exclusions do not count against the 5 deferred measures
- In these cases, the eligible professional would be excluded from having to meet that measure
 - Example: Dentists do not perform immunizations



Meaningful Use for EPs Working in Multiple Settings

- An Eligible Professional who works at multiple locations, but does not have certified EHR technology available at all of them would:
 - Have to have 50% of their total patient encounters at locations where certified EHR technology is available
 - Would base all meaningful use measures only on encounters that occurred at locations where certified EHR technology is available



Medicaid Program Status

- Launched in first 11 States - January 3, 2011
- 44 States have launched as of May 7, 2012
- Remaining States to launch during 2012 (some Territories too)
- 42 States have made payments as of May 1, 2012
- Total Medicaid EHR Incentives paid through March 31, 2012:
\$2,092 million



Program Updates

Update to CMS regulations

- CMS' Stage 2 Meaningful Use NPRM published in Federal Register on March 7; 60 comment period ended May 7
- Medicaid-specific changes for Stage 1 proposed in Stage 2 MU NPRM; would take effect after final rule is published

States are collecting MU attestations in 2012

- Beginning of MU attestation varies by State
- CMS has tool on the State Medicaid Information page showing State EHR Incentive Program milestones:

<http://www.cms.gov/apps/files/statecontacts.pdf>



HRSA contributions to Stage II

- HRSA sits on ONC Federal Advisory Commission
 - Meaningful Use
 - Certification
 - Privacy & Security
- 17 HRSA measures included in NPRM
 - Rural hospitals
 - HIV/AIDs
 - Oral
 - Behavioral
 - Pediatric/Maternal



CMS Response to FQHC EP Challenges

CMS & Thomson Reuters conducting study

- Identify implementation & attestation challenges faced by FQHC-based EPs
- Identify promising practices/lessons learned

CMS & ONC working to identify FQHC EPs eligible for incentives

AHRQ & RTI finalizing study on MU barriers for Medicaid Providers

- Developing technical assistance tools from study
- Study included dental focus group

Dentist challenges to incentive program participation



CMS Resources to Get Help

www.cms.hhs.gov/EHRIncentiveprograms

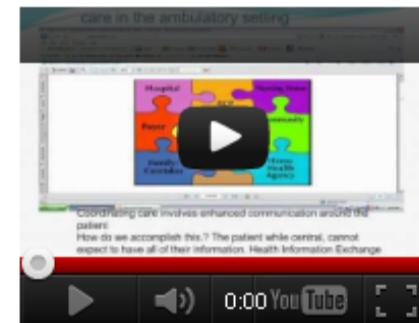
- Videos
- FAQs
- Email list-serv
- Medicaid EP Users' Guide for Registration
- Helpful Links
- Monthly data on provider registration, attestation and payment



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Health IT and Quality Webinars

Grantee Spotlight

AAPCHO's Enabling Services Accountability Project Use of Electronic Health Record Data

This month HRSA's Health Information Technology (IT) website highlights the work of the Association of Asian Pacific Community Health Organization's (AAPCHO) Enabling Services Accountability Project (ESAP). Health centers often provide a range of non-clinical services, such as financial counseling, housing and food assistance programs, language services, case management and health education. The participating health centers refer to these services as "enabling services" and emphasize their critical importance to support the care received by many low-income and minority patients. [More>>](#)

Health IT Toolboxes

News

New [Health Affairs and Robert Wood Johnson Foundation Papers on Health IT](#) [↗](#) (04/26/2012)

[Electronic Health Records Adoption Rates](#) [↗](#)

[Eligibility For Federal Health IT Incentives](#) [↗](#)

[EHR Adoption Rate in Hospitals](#) [↗](#)

[HRSA Health IT and Quality Newsletter for April/May Now Online](#) (04/24/2012)

April's HRSA Health IT and Quality Webinar "Continuity and Resiliency for Health IT Systems: Preparing for Unforeseen Events", Friday April 27, 2PM ET, [Registration Now Open](#)

CMS Releases [Meaningful Use Stage 2 Proposed Quality Measures Rules](#) (04/10/2012)

[Using Health IT for Patient Safety](#)

[Overview of Meaningful Use Stage 2 NPRM for Safety Net Providers](#)

[Tips for Preventing Scope Creep and Cost Over Runs When Implementing a Health IT System](#)

[Tips for Engaging Safety Net Patients Using Health IT](#)

[Tips for Overcoming the Gray Areas of Meaningful Use Stage 1 for Safety Net Providers](#)

[Tips for Using Your Health IT System for Population Health Management](#)

[Tips for Going Live With Your Health IT System](#)

[Impact of ICD-10 on Safety Net](#)

Toolkits

Health IT Toolboxes

New! [Oral Health IT Toolbox](#)

Information, tools, and resources regarding oral health and health IT.

New! [Pediatric Oral Health and Health IT Toolbox](#)

Information, tools, and resources that illustrate the importance of pediatric oral health, how the stakeholders can impact oral health, and how health IT can facilitate the delivery of high quality oral health care.

New! [Health IT for HIV/AIDS Care Toolbox](#)

A supplement to the Health IT Adoption Toolkit and addresses health IT adoption issues that are specific to HIV/AIDS providers and the patients they serve.

[Health IT Adoption Toolbox](#)

Assistance and resources for the various stages in implementing Health IT

[Health IT for Children Toolbox](#)

Resources for the children's health community to integrate information technology into promoting pediatric health and well-being.

[Rural Health IT and Meaningful Use Toolbox](#)

This toolkit is designed by HRSA grantees and is intended to help rural providers find resources for health IT, electronic health records, meaningful use and related topics.

[Rural Health IT Adoption Toolbox](#)

Resources for public and private rural health providers in implementing Health IT



Educational Webinars

Health IT and Quality Webinars

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Health IT and Quality webinars are technical assistance webcasts for HRSA grantees and other safety net providers who are either using or planning to use health IT to improve the quality of patient care. Each webinar features experts with hands-on experience from within the safety net community, as well as speakers with various grantee experiences and federal expertise.

Upcoming Webinars

- **April 27:** "Continuity and Resiliency for Health IT Systems: Preparing for Unforeseen Events", 2PM ET ([Registration Now Available](#) )
- **May 18:** "Using Health IT for Care Coordination Across Inpatient and Outpatient Settings", 2 PM ET ([Registration Now Available](#) )

Topics and dates subject to change.

These webinars focus on health IT and quality topics based on feedback from HRSA grantees that includes becoming meaningful users of health IT. Any topic suggestions are welcome and can be sent to healthit@hrsa.gov.

Archived Webinars by Category

- [Quality Improvement and Reporting](#)
- [Health IT Due Diligence/Selecting a Health IT System](#)
- [Health IT Implementation/Operations/Workflow/Budgeting](#)
- [Meaningful Use](#)
- [Workforce and Safety Net Providers](#)
- [Health and Quality Programs/Topics](#)

Please click on the webinar title to access the webinar description and video.

Health IT Due Diligence/Selecting a Health IT System

- [Conducting Due Diligence for a Health IT System](#) (April 2011)
- [Key Consideration When Considering an Electronic Health Record Implementation](#) (March 2010)
- [Privacy and Security - What Questions Should You Ask Your Vendor?](#) (August 2011)
- [Overview of Open Source Tools Health IT and Solutions for the Safety Net Community](#) (February (2011)
- [Open Source EHR Systems in the Safety Net Community](#) (April 2011)
- [Successful Strategies for Integrating EHRs and Practice Management Systems](#) (June 2010)
- [Budgeting for HIT](#) (March 2009)
- [HIT Investments: Infrastructure, Building and Renovation Issues](#) (September 2009)
- [Vertical Networks and Sustainability](#) (May 2009)

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Health IT Implementation/Operations/Workflow/Budgeting

- [Workflow Analysis during an EHR Implementation](#)
- [Preventing Scope Creep and Cost Over Runs When Implementing a Health IT System](#) (February 2012)
- [Going Live with a Health IT System](#) (October 2011)
- [Budgeting for HIT](#) (March 2009)
- [Customizing your EHR System](#) (May 2010)
- [Minimizing Loss of Productivity during an Electronic Health Record Implementation](#) (April 2010)
- [Disaster Recovery Plans for HIT - Why is it Important](#) (July 2009)
- [Successful Strategies for Integrating EHRs and Practice Management Systems](#) (July 2010)
- [HIT Investments: Infrastructure, Building and Renovation Issue](#) (September 2009)
- [Success Stories and Lessons Learned](#) (June 2008)

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Meaningful Use

- [Overview of Meaningful Use Stage 2 NPRM for Safety Net Providers](#) (March 2012)
- [Meaningful Use 101 for the Safety Net Community](#) (July 2010)
- [Implementing Meaningful Use Stage 1 in the Safety Community](#) (August 2010)
- [Conducting Meaningful Use Gap Analysis within the Safety Net Community](#) (August 2010)
- [Overview of Meaningful Use Stage 1 Quality Measures for the Safety Net Community](#) (December 2010)
- [Overcoming the Gray Areas of Meaningful Use Stage 1 for Safety Net Providers](#) (December 2011)

Network Guide



[The Network Guide](#) is a directory of Health Center Networks and offers helpful tips to engage directly with potential network partners. It is a user-friendly resource for grantees of the Health Resources and Services Administration (HRSA), safety net providers, and all health care organizations seeking information and technical assistance with their quality improvement and operational efforts. The Guide is a collaborative project between HRSA and the National Association of Community Health Centers.

Health Center Networks have a strong history of providing quality service and support to their health center(s) and other member organizations, often at reduced costs achieved by leveraging economies of scale under a shared governance structure. To support stakeholders in their consideration and selection of a Health Center Network partner, the Guide provides:

- Data from more than 40 networks about their activities in quality and health care delivery improvement, operational management, and HIT in the safety net.
- Twenty five (25) tables of data to enable the user to distinguish among the networks' different approaches, services, and areas of expertise including information on:
 - **Electronic health records**
 - **Quality reporting and incentive programs**
 - **Membership options and existing member organizations**
 - **Registries/data warehouses**
 - **Personal health records**
 - **Electronic mobile health applications**
 - **Health information exchange**
 - **Central IT and administrative function support**
 - **Accreditation programs**

Please email: healthit@hrsa.gov with any questions and for more information on submitting new or updated information for future releases.

HIT Workforce

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Health Information Technology Workforce

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Why are Health IT Workforce Issues Important?

As the nation moves towards a more technologically advanced health care system, providers will need a highly skilled health information technology (IT) workforce to support them in the adoption and meaningful use of electronic health records.

The [U.S. Bureau of Labor Statistics](#) estimates that 51,000 health IT professionals will be needed in the future for the nation to successfully become meaningful users of health IT systems*. Training, development, and retention of the workforce are critical challenges for successfully implementing and sustaining a health IT system. In no place is the need greater for this health IT professionals than in the safety net community where health IT will play an important role in

Employment Opportunities

[Resumes of Health IT Professionals](#)[Job Opportunities in Health IT within the Safety Net](#)

Video Forum

The Electronic Health Record Opportunity (Office of the National Coordinator)



Meaningful Use Vanguard Describes EHR Benefits (Office of the National Coordinator)



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