Fundamentals of Health Information Systems, Electronic Health Records, and the Medicaid EHR Incentive Program

Training Module 1

Last updated: November 2014
Introduction

This module provides an overview of the changing landscape of health care in the United States and addresses the important new role of Health Information Technology (HIT).

At the end of this reading training module, you will be able to explain the material listed in the Module 1 objectives.
Module 1 Objectives

- Identify the basic terms used in HIT
- Identify key points of the HIT sections of the American Recovery and Reinvestment Act (ARRA), including the Health Information Technology for Economic and Clinical Health Act (HITECH)
- Recognize the goals of using an Electronic Health Record (EHR) system
- Demonstrate knowledge of the Medicaid EHR Incentive Program’s components and framework
- Summarize the State Medicaid planning process
Topics

1. Overview of ARRA and the HITECH Act
2. EHR Incentive Program goals and benefits
3. Medicaid EHR Incentive Program components
4. State Medicaid planning process and the Centers for Medicare & Medicaid Services (CMS) role

We will first look at the terms and acronyms you will use in this module.
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Name</th>
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<tbody>
<tr>
<td>AIU</td>
<td>Adopt, Implement, Upgrade</td>
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<tr>
<td>ARRA</td>
<td>American Recovery and Reinvestment Act</td>
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<td>ATCB</td>
<td>Authorized Testing and Certification Body</td>
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<tr>
<td>CAH</td>
<td>Critical Access Hospital</td>
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<tr>
<td>CCN</td>
<td>CMS Certification Number</td>
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<tr>
<td>CEHRT</td>
<td>Certified Electronic Health Record Technology</td>
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<tr>
<td>CHPL</td>
<td>Certified HIT Product List</td>
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<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
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<tr>
<td>CNM</td>
<td>Certified nurse midwife</td>
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<tr>
<td>CQM</td>
<td>Clinical Quality Measures</td>
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<td>EH</td>
<td>Eligible Hospital</td>
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<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
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5/29/2014
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Name</th>
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<td>EP</td>
<td>Eligible Professional</td>
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<tr>
<td>e-prescribing</td>
<td>Electronic Prescribing</td>
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<td>FFP</td>
<td>Federal Financial Participation</td>
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<td>FQHC</td>
<td>Federally Qualified Health Center</td>
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<td>HIE</td>
<td>Health Information Exchange</td>
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<td>HIT</td>
<td>Health Information Technology</td>
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<td>HITECH</td>
<td>Health Information Technology for Economic and Clinical Health Act</td>
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<td>HPSA</td>
<td>Health Professional Shortage Area</td>
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<td>IAPD</td>
<td>Implementation Advance Planning Document</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>MMIS</td>
<td>Medicaid Management Information Systems</td>
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<td>MU</td>
<td>Meaningful Use</td>
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## Acronyms (continued)

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<th>Acronym</th>
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<td>NP</td>
<td>Nurse Practitioner</td>
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<td>OIG</td>
<td>Office of the Inspector General</td>
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<td>Office of the National Coordinator for Health Information Technology</td>
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<tr>
<td>PA</td>
<td>Physician Assistant</td>
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<td>PAPD</td>
<td>Planning Advance Planning Document</td>
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<td>PV</td>
<td>Patient Volume</td>
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<td>R&amp;A</td>
<td>Registration and Attestation</td>
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<td>REC</td>
<td>Regional Extension Center</td>
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<td>RHC</td>
<td>Rural Health Clinic (Center)</td>
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<td>SHARP</td>
<td>Strategic Health IT Advanced Research Projects</td>
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<td>SMHP</td>
<td>State Medicaid HIT Plan</td>
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The purpose of the Medicaid EHR Incentive Program is to encourage providers to adopt and implement an EHR system, and then to use such HIT within their operations to improve the quality and efficiency of care.

To understand the effects of the Medicaid EHR Incentive Program, read the case study of a patient named Kevin.
Case Study: Kevin’s Health Care and Health Records

- Kevin, a Medicaid recipient who is eligible as a result of medication-resistant epilepsy:
  - Frequently visits hospitals and doctors.
  - Has uncontrolled seizures.
  - Occasionally injures himself.

- Each doctor’s office, clinic, and hospital has a health record on Kevin as part of their business records.
Case Study: More About Kevin

- Each provider’s record is a separate, paper record created at the provider’s location.
- None of Kevin’s providers have all of his health information. They only know what occurred within the walls of their offices and what Kevin can remember to tell his provider, often not stated in concise and clear medical terms.
- Occasionally, Kevin has duplicate tests. He is often confused about his medications and changes to his medications. He has trouble remembering the exact medical terms for his conditions.
Kevin’s Current Health Records

- Paper records are created and maintained by each provider in different locations and formats.
- This may cause risk to Kevin because of missing or incomplete information such as:
  - Treatment and medication errors.
  - Cost of duplicate testing.
  - Risk of injury from invasive testing.

We will learn how the new laws will help Kevin and improve his quality of care.
1. Overview of ARRA and the HITECH Act
ARRA – HITECH Act

ARRA


ARRA Focuses on:
1. Infrastructure modernization
2. Energy independence
3. Education opportunities
4. Tax relief
5. Expanded and increased healthcare funding, and the HITECH Act

ARRA, also known as the Recovery Act or Stimulus Act, exists to stimulate the economy through various programs.

HITECH

HIT provisions & incentives

• TITLE XIII — HIT
• TITLE IV — Medicare and Medicaid HIT
  • Amends Titles XVIII & XIX of Social Security Act
ARRA – HITECH Act

ARRA
PL 111-5

HITECH Titles
Healthcare

AGENCY

PROGRAMS

* Health Information Exchange (HIE)-agency for networking data
* Regional Extension Centers (REC) – agency to assist doctors to meet Meaningful Use (MU)
* Strategic Health IT Advanced Research Projects (SHARP) – research program
* Beacon Community – community of leaders in HIT
* Workforce Development
* College Consortium

DIVISION A, TITLE XIII
HIT

ONC

CMS

EHR Incentive Program

DIVISION B, TITLE IV
Medicare and Medicaid HIT: Miscellaneous Medicare Provisions

ARRA
HITECH Act Funding

HITECH Act Programs

$2 Billion – ONC-Administered
- Infrastructure and support grant programs

EHR Incentive Program

$34 Billion
- Medicare - $19 Billion
  - CMS-administered
- Medicaid - $15 Billion
  - State-administered
HITECH Act – Vision

HITECH Act Goals

1. Promote coordination and improve continuity of health care among providers
2. Reduce medical errors
3. Improve population health
4. Reduce health disparities
5. Reduce chronic disease
6. Advance research and education

Health Outcome Priorities HIT Policy Committee (HITECH developed the ONC policy framework committee to make recommendations)

1. Improve quality, safety, and efficiency, and reduce health disparities
2. Engage patients and families
3. Improve care coordination
4. Improve population and public health
5. Ensure adequate privacy and security protection for personal health information

The law and the HIT Policy Committee share goals that emphasize the importance of improving patient health care.
Module 1: Topic

2. EHR Incentive Program Goals and Benefits
# EHR Systems: Goals and Benefits

<table>
<thead>
<tr>
<th>Goals for Improvements</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Improve quality and safety of patient care</td>
<td>• Enhance care coordination&lt;br&gt;• Enhance patient safety by reducing errors&lt;br&gt;• Improve clarity of data entered</td>
</tr>
<tr>
<td>Increase healthcare efficiency and effectiveness</td>
<td>• Facilitate electronic information-sharing across providers, payers, and state lines&lt;br&gt;• Enable data-sharing among healthcare providers using state HIEs and the Nationwide Health Information Network</td>
</tr>
<tr>
<td>Reduce healthcare costs due to efficiency</td>
<td>• Reduce paperwork and improve efficiencies&lt;br&gt;• Reduce duplicate testing and delays</td>
</tr>
<tr>
<td>Reduce health disparities</td>
<td>• Reduce health disparities among different populations</td>
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</table>
Improving Quality of Patient Care

Technology to be used to improve the quality of patient care and safety includes the following:

- EHR system
- Electronic prescribing (e-prescribing) capability
- Diagnostic test alerts to provider
- HIE for data sharing

The Medicaid EHR Incentive Program was established to promote the adoption and use of these technologies.
The Medicaid EHR Incentive Program:
- Functions as a provider incentive program, not a total reimbursement program for costs.
- Provides incentive payments to providers to Adopt, Implement, or Upgrade (AIU) to a certified EHR system.
- Contains specific guidelines which must be met to receive the EHR incentive payments.
Why Are Providers Reluctant to Use the EHR System?

- Costs - Money, money, money!
- Business work flow changes/redesign
- Confusion with systems and lack of knowledge
- Inadequate systems to transmit data and concerns over security and privacy
- Existing systems may not integrate well to a new EHR system (lack of interoperability – systems do not “talk” to each other)
Kevin’s providers now have instant electronic access to his records through an EHR.

Kevin does not have to remember the correct medical terms to tell providers about his treatment, diagnoses, and medicines.

Kevin can avoid having multiple or repeat tests.
Case Study: Kevin, After Using an EHR System

Health Records

Hospital → Lab → Doctor → Specialist → Hospital

Medicaid EHR Team
Analysis, Training & Technical Assistance
3. Medicaid EHR Incentive Program Components
CMS published the EHR Incentive Program Final Rule in June 2010.

Components of the Final Rule include:
- Provider eligibility.
- MU with core objectives.
- Provider registration and attestation (R&A).
- Incentive payments to providers.

The Rule provides primary guidance for states and providers in implementing the EHR Incentive Program.
CMS published the Medicare and Medicaid EHR Incentive Programs Meaningful Use (MU) Stage 2 Final Rule in August 2012.

Components of the Stage 2 Final Rule include:
- Revised core and menu measures.
- Revised Clinical Quality Measures (CQMs).
- Medicare payment adjustments and exceptions.
- Hardship exemptions.
CMS published the 2014 CEHRT Flexibility Final Rule in August 2014.

Components of the 2014 CEHRT Rule include:
- Allows providers to use previous CEHRT editions in 2014, for the 2014 reporting period
- 2014 Edition CEHRT will be required for the 2015 reporting period
- 2015 will be a full-year reporting period
- Stage 3 will begin in 2017
- MU and CQM reporting must remain aligned across the reporting years
Provider Path to a Medicaid EHR Incentive Payment
The Path To Payments for the Medicaid Provider

For Medicaid, CMS refers to the CMS process as “registering” in the Program, and the state process as “attesting” to meeting the criteria for payment.
Eligible Providers

- Eligible professionals (EPs)
  - Physicians and pediatricians
  - Dentists
  - Certified nurse midwives (CNMs)
  - Physician assistants (PAs) when practicing at a Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)
  - Nurse practitioners (NPs)

- Eligible hospitals (EHs)
  - Acute care hospitals, including cancer hospitals
  - Children's hospitals
Specific Medicaid patient volumes (PVs) are required for all EPs.

EHs, except for children’s hospitals, are also required to have specific Medicaid PVs.

The Medicare EHR Incentive Program does not require PVs.
EPs: The Basics

- Must be one of the five types of EPs
- Must demonstrate one of the following:
  - Have ≥ 30% Medicaid PV (≥ 20% for pediatricians only)
  - Practice predominantly in a FQHC or RHC with ≥ 30% needy individual PV
- Must be licensed and credentialed
- Must not have Office of Inspector General (OIG) exclusions
- Must be living
- Must not be a hospital-based professional
Beginning with payment year 2013, EPs whose site of service is hospital-based may seek a non-hospital-based determination from CMS if they can demonstrate they funded the acquisition, implementation, and maintenance of certified EHR technology (CEHRT).

- This technology includes supporting hardware and any interfaces necessary to meet MU without reimbursement from an EH or a Critical Access Hospital (CAH).
- These EPs must use such CEHRT in the inpatient or emergency department of a hospital (instead of the hospital’s CEHRT).
EHSs: The Basics

- Acute care hospital with \( \geq 10\% \) Medicaid PV; hospitals include the following:
  - General hospital, short-term stay
  - Cancer hospital
  - CAH

- Children’s hospitals have no requirements in order to receive payments

Unlike EPs, EHSs may receive both Medicare and Medicaid EHR incentive payments.
As a result of the Medicaid Stage 2 Final Rule changes, beginning program year 2013, approximately 12 additional children’s hospitals will now be eligible for the Medicaid EHR Incentive Program.

– These children’s hospitals, despite meeting all other eligibility criteria were not able to participate in the Program because they did not have a CMS Certification Number (CCN) and did not bill Medicare.

– These hospitals will be issued a special CCN from CMS.
Providers: The Basics

- Providers may only select one program (Medicare or Medicaid) from which to receive an incentive payment each year, and may only switch programs once.
- Providers can transfer between states multiple times; but can only be paid by one state per year.

As states voluntarily launch their Medicaid EHR Incentive Programs, if a provider has patients in an already-participating state, he or she may wish to register in that state and then transfer to his or her main state when that state begins to participate.
Medicaid providers must register on the CMS R&A Web site. They must also register and attest with the state Web site that they have Adopted, Implemented, or Upgraded certified EHR technology to qualify for the Medicaid incentive payment.

AIU is allowed for Medicaid providers in the first year of participation.
## EHR: AIU

| Newly Certified EHR | • Adopt (purchase and install)  
|                     | • Implement (train staff and exchange data) |
| Existing Certified EHR | • Upgrade (improve the current system) |

Providers can verify their EHR systems are certified on the [ONC Web site](http://www.healthit.gov). ONC has certified a 2011 CEHRT Edition and a 2014 CEHRT Edition.
ONC Certified EHR System Check

Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology

The Certified Health IT Product List (CHPL) provides the authoritative, comprehensive listing of Complete Electronic Health Records (EHRs) and EHR Modules that have been tested and certified under the ONC HIT Certification Program, maintained by The Office of the National Coordinator for Health Information Technology (ONC).

Each Complete EHR and EHR Module listed on CHPL has been tested and certified by an authorized testing and certification body against applicable standards and certification criteria adopted by the HHS Secretary. EHR technologies that have been certified under the ONC HIT Certification Program are eligible to be used for the Centers for Medicare and Medicaid (CMS) EHR Incentive Programs. The CHPL provides CMS EHR Certification ID for qualified products to be used in the CMS EHR Incentive Programs.

Eligible providers have the ability to use EHR technology that is certified to 2011 edition certification criteria, 2014 edition certification criteria, and a combination of 2011 and 2014 edition certification criteria to generate CMS EHR Certification ID that is submitted to CMS as part of attesting to meaningful use of certified EHR technology.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov with "CHPL" in the subject line.

Vendors or developers with questions about their product's listing should contact their certification body that certified their product.

STEP 1: TO WHICH EDITION OF ONC HIT EHR CERTIFICATION ARE YOU ATTESTING?

- 2011 Edition
- Combination of 2011 and 2014 Edition
- 2014 Edition

USING THE CHPL WEBSITE / CERTIFICATION ID NUMBERS FOR OPTIONS UNDER THE 2014 CEBHRT FLEXIBILITY RULE

UPDATE: These step-by-step instructions also would apply to providers who intend to use a certified EHR technology option identified in the Flexibility Rule, which was published by CMS on September 4, 2014. The Flexibility Rule grants flexibility to providers who are unable to fully implement 2014 Edition for an EHR reporting period in 2014 due to delays in the availability of 2014 certified EHR technology. Under the Flexibility Rule, such providers participating in the Medicare and Medicaid EHR Incentive Programs in 2014 may use EHRs that have been certified under the 2011 Edition, a combination of the 2011 and 2014 Edition, or the 2014 Edition. More information on the Flexibility Rule may be found here.
Certified EHR for AIU

- Certification of the EHR system must come from one of the ONC Authorized Testing and Certification Bodies (ATCBs).
- An EP or EH that chooses to participate must obtain an EHR Certification ID from the ONC Certified Health IT Product List (CHPL) Web site.
- EHR Certification ID is submitted at R&A for both Medicare and Medicaid EHR Incentive Programs.
Provider will use certified EHR technology:

- In a meaningful manner, such as e-prescribing.
- With an electronic exchange of health information to improve the quality of care.
- To submit clinical quality and other measures.

“Meaningful use” means providers need to show the EHR technology is being used in ways that can be measured significantly in quality and results.
Demonstrating MU will be a requirement after the first year for a Medicaid EHR incentive payment.

MU consists of a set of primary Core Objectives and secondary Menu Objectives.

There are different MU requirements for EPs and EHs.

MU is being implemented in Stages, which providers progress through as they participate in the program.

EHR vendors had to build new EHR systems to fully meet MU requirements. ONC certifies those EHR systems so states and providers know they have the required functionality.
MU Implementation for EHR Systems

The MU program is phased-in as it continues to be defined and evolves.

**Stage 1**
Data Capture and Sharing (2011 - 2013)

**Stage 2**

**Stage 3**
Improved Outcomes (2017)
MU: Stage 1

Five priority areas:

1. Improving quality, safety, and efficiency, and reducing health disparities
2. Engaging patients and families in their health care
3. Improving care coordination
4. Improving population and public health
5. Ensuring adequate privacy and security protections for personal health information
CMS has a process in place for all providers to register to participate for payment on the CMS Web site, *EHR Incentive Program Registration and Attestation* page.

Providers must then go to the state Web site to register and attest to their certified EHR systems.

Go to the [CMS EHR Incentive Program Web site](http://www.cms.gov) for more information on registration and attestation.
CMS Provider Registration and Attestation

Registration and Attestation

Registration for the Medicare and Medicaid EHR Incentive Programs is now open. We encourage providers to register for the Medicare and/or Medicaid EHR Incentive Program(s) as soon as possible. You must register even if you do not have an enrollment record in PECOS.

Register for the Medicare and/or Medicaid EHR Incentive Programs

Below are step-by-step guides to help you register for EHR Incentive Programs. Choose the guide that fits your needs:

- Registration User Guide for Eligible Professionals
- Registration User Guide for Eligible Professionals
- Registration User Guide for Eligible Hospitals
- Medicare Electronic Health Record (EHR) Incentive Program
- Medicaid EHR Incentive Program

Please Note: Although the Medicaid EHR Incentive Programs will begin January 3, 2011, not all states will be ready to participate when registration will be available for Medicaid EHR Incentive Programs in specific States is posted at Medicaid State Incentive Programs.

What can you do now for the Medicare and Medicaid EHR Incentive Programs?

What information will you need when you register?

- Eligible Professionals
- Hospitals

What else do I need to know about registration?

What can you do now for the Medicare and Medicaid EHR Incentive Programs?
Registration Login

Medicare & Medicaid EHR Incentive Program Registration and Attestation System

Login

Login Instructions

(1) Red asterisk indicates a required field.

Eligible Professionals (EP)

- If you are an EP, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.
- If you are an EP who does not have an NPI and/or an NPPES web user account, navigate to NPPES to apply for an NPI and/or create an NPPES web user account.

Eligible Hospitals

- If you are an Eligible Hospital, you must have an active NPI. If you do not have an NPI, apply for an NPI in NPPES.
- Users working on behalf of an Eligible Hospital(s) must have an Identity and Access Management system (I&AS) web user account (User ID/Password) and be associated to an organization NPI. If you are working on behalf of an Eligible Hospital(s) and do not have an I&AS web user account, Create a Login in the I&AS System.

Account Management

- If you are an existing user and need to reset your password, visit the I&AS System.
- If you are having issues with your User ID/Password and are unable to log in, please contact the EHR Incentive Program Information Center at 888-734-0433 / TTY: 888-734-0563.

WARNING: Only authorized registered users have rights to access the Medicare & Medicaid EHR Incentive Program Registration & Attestation system. Unauthorized access to this system is forbidden and will be prosecuted by law. By accessing the system users are subject to monitoring by system personnel. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

* User ID: [Enter User ID]
* Password: [Enter Password]
States can volunteer to participate in a Medicaid EHR Incentive Program and are then scheduled to launch throughout the year.

Medicaid provider incentive payments began in January 2011 for registered providers in participating states.

Medicaid providers may select only one state from which to receive an incentive payment each year; however, providers may switch states multiple times.
Medicaid EHR Incentive Program:  
EP Incentive Payments Component

- EPs:
  - Must select either a Medicare or Medicaid incentive payment. Providers may switch between Medicare and Medicaid once during the length of the incentive program.
  - Can assign their payments to employer or state-designated entity (e.g., give payments to their medical group practice or state facility).
EP Medicaid Incentive Payment

- Medicaid EPs can receive an incentive payment for Adopting, Implementing, or Upgrading an EHR system and meeting Meaningful Use requirements:
  - The maximum incentive payment an EP can receive each year is:
    - Year 1: $21,250
    - Years 2 – 6: $8,500 per year
  - Providers may only receive one Medicaid EHR incentive payment per year.
  - The maximum Medicaid EHR incentive payment received can be $63,750 over six payments.
### EP Incentive Payment Time Line

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EH Medicaid Incentive Payment

- Payment for EHs is calculated over a six-year period.
- EHs cannot begin participation after 2016.
- Incentive payments may continue until 2021.
- EHs must have records to prove, for auditing purposes, that the payment request was accurately submitted.

The hospital calculation formula is complex and will be included in a future training module. States will determine the source of the data to be calculated for audits.
## Differences Between Medicare and Medicaid Incentive Programs

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Medicaid</th>
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<td>Federal Government will implement (will be an option nationally)</td>
<td>Voluntary for states to implement; so, Program may not be an option in every state</td>
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<tr>
<td>Payment reductions begin in 2015 for providers that do not demonstrate MU</td>
<td>No Medicaid payment reductions</td>
</tr>
<tr>
<td>Must demonstrate MU in Year 1</td>
<td>AIU option for Year 1 of participation</td>
</tr>
<tr>
<td>Maximum total EHR incentive is $44,000 for EPs (bonus for EPs in Health Professional Shortage Areas)</td>
<td>Maximum EHR incentive is $63,750 for EPs</td>
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<tr>
<td>MU definition is fixed with core and menu objectives</td>
<td>States can adopt certain additional requirements for MU</td>
</tr>
<tr>
<td>Last year a provider can initiate (inform they will be participating) in EHR Incentive Program is 2014; last year may fully register in CMS System is 2016; billing payment adjustments begin in 2015</td>
<td>Last year a provider may initiate in EHR Incentive Program is 2016; last year to register is 2016</td>
</tr>
<tr>
<td>Only physicians and chiropractors, specific hospitals, and CAHs may participate</td>
<td>Five types of EPs, acute care hospitals (including CAHs), and children’s hospitals</td>
</tr>
</tbody>
</table>
Module 1: Topic

4. State Medicaid Planning Process and the CMS Role
Financial Oversight Fraud/Abuse

Generally, oversight of the Medicaid EHR Incentive Program is similar to the current state and CMS process:

– No duplicate payments are made.
– Auditable documents are maintained.
– Recovery is made for overpayment of errors.
– An appeals process is available for providers.
– Review for fraud and abuse is provided by the OIG.
Medicaid EHR Incentive Payments to Providers

- States are responsible for:
  - Making the annual incentive payments to eligible providers.
  - Promoting EHR adoption within the state.

- CMS will reimburse the states for:
  - Costs of incentive payments.
  - Administrative costs.
Financing State EHR Incentive Program

Federal Financial Participation (FFP)

CMS pays state 90%, state pays 10%

Money for states to plan for and implement the program

CMS pays state 100%

Incentive payments paid by state to providers

States request approval from CMS by submitting planning documents.
Purpose of State Planning Documents

- State planning documents must be submitted to CMS and approved prior to receiving increased federal matching funds and are:
  - Used by states to provide CMS information about how the state is planning to implement the EHR Incentive Program.
  - Used by CMS for federal funding to support the states’ efforts.
Medicaid state planning documents submitted to CMS include:

- PAPD – Planning Advance Planning Document
- SMHP – State Medicaid HIT Plan
- IAPD – Implementation Advance Planning Document
Phase I: Planning

State submits PAPD for $ 

E-Scan, develops SMHP

Phase II: Initial Implementation

State submits IAPD and SMHP 

Tests interfaces with CMS

Phase III: Program Launch and Ongoing Administration

Updates to IAPDs for changes in $ 

Updates to SMHP
SMHP Framework

Planning and Allocating Resources to Improve Quality Through HIT
Projects HIT planning expenditures for the state
Estimates costs incurred due to enhancing Medicaid Management Information Systems (MMIS)
Identifies a state’s vision and needs, along with related costs
Describes how the state agency will use planning funds to develop the SMHP
Plans for state’s phased HIT activities.
Describes process for EHR incentive payments.
Outlines state’s time line, noting critical steps.
Notes steps deferred for future updates.
Includes state R&A plans for Medicaid providers.
IAPD

- Requests federal matching funds and approval through an action plan to implement proposed SMHP activities, service, and equipment
- Requires CMS prior review and approval for higher state HIT reimbursement of costs
- Some states submit IAPDs to help finance HIE activities in addition to Medicaid EHR Incentive program activities
Summary of Roles from the HITECH Act

<table>
<thead>
<tr>
<th>ONC Roles</th>
<th>CMS Roles</th>
<th>State Medicaid Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR Certification</td>
<td>Establish Regulations</td>
<td>PAPD</td>
</tr>
<tr>
<td>Health Information Exchange (HIE)</td>
<td>Registration</td>
<td>IAPD</td>
</tr>
<tr>
<td>Regional Extension Centers (REC)</td>
<td>Attestation</td>
<td>SMHP</td>
</tr>
<tr>
<td>Beacon Award</td>
<td>Review and Approve State Planning Documents</td>
<td>State Registration/Attestation</td>
</tr>
<tr>
<td>SHARP</td>
<td>Medicaid Payment to States</td>
<td>Provider Payment</td>
</tr>
<tr>
<td></td>
<td>Medicare Payment to Providers</td>
<td>Oversight and Validation</td>
</tr>
</tbody>
</table>
Review of HITECH Act Key Goals

1. Enhance care coordination and patient safety.
2. Reduce paperwork and improve efficiencies.
3. Facilitate electronic information sharing across providers, payers, and state lines.
4. Enable data sharing across health information networks.

Achieving these goals is intended to improve health outcomes, facilitate access, simplify care, and reduce costs of health care nationwide.
<table>
<thead>
<tr>
<th>Name and Hyperlink</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS EHR Incentive Program Website</td>
<td>This page provides information about the CMS Medicare and Medicaid EHR Incentive Programs.</td>
</tr>
<tr>
<td>EHR Incentive Program Electronic Specifications</td>
<td>This page provides information about quality measures and measure specifications.</td>
</tr>
<tr>
<td>Meaningful Use</td>
<td>This page provides information about the core and menu MU objectives that are specific to EPs, or EHs and CAHs.</td>
</tr>
<tr>
<td>ONC Overview: Federal Health IT Strategic Plan 2011-2015</td>
<td>This page provides information about the Federal Government’s vision and mission to help eligible providers become meaningful users of HIT.</td>
</tr>
<tr>
<td>2011 Report to Congress: National Strategy for Quality Improvement in Health Care</td>
<td>This page provides information about the NQS, which sets the priorities to guide the effort of increasing access to high-quality, affordable health care.</td>
</tr>
<tr>
<td>2013 Progress Report: National Strategy for Quality Improvement in Health Care</td>
<td>This page provides information about the NQS, which sets the priorities to guide the effort of increasing access to high-quality, affordable health care.</td>
</tr>
<tr>
<td>Reporting Clinical Quality Measures Will Change for All Providers in 2014</td>
<td>This document provides information about the changes that impact how CQMs are reported beginning in 2014.</td>
</tr>
<tr>
<td>Name and Hyperlink</td>
<td>Description</td>
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<td>--------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Stage 1 versus Stage 2</strong></td>
<td>These documents provide information about the increase in utilization that is necessary to move from Stage 1 to Stage 2.</td>
</tr>
<tr>
<td><strong>Stage 1 and Stage 2 Tip Sheets for EPs and EHs</strong></td>
<td>These documents provide an overview of Stage 1 and Stage 2 MU.</td>
</tr>
<tr>
<td><strong>Module 4: Stage 1 Meaningful</strong></td>
<td>This training provides an overview of the Stage 1 MU requirements of the HITECH Act.</td>
</tr>
<tr>
<td><strong>CMS Stage 2 Meaningful Use Final Rule</strong></td>
<td>This page provides information about the Stage 2 MU Final Rule, which was published in September 2012.</td>
</tr>
<tr>
<td><strong>Clinical Quality Measures</strong></td>
<td>This page provides information about CQMs, which are tools to help measure and track the quality of healthcare services provided by EPs, EHs, and CAHs.</td>
</tr>
<tr>
<td><strong>Stage 2 Meaningful Use Exclusions Regarding Broadband</strong></td>
<td>This document provides information to providers who are located in counties with limited broadband availability.</td>
</tr>
<tr>
<td><strong>2014 CMS CEHRT Flexibility Rule Fact Sheet</strong></td>
<td>This document provides information and resources for State Medicaid Agencies on the changes invoked by the 2014 CEHRT Flexibility Rule.</td>
</tr>
<tr>
<td><strong>CMS Press Release - 2014 CMS CEHRT Flexibility Rule</strong></td>
<td>This page highlights the key provisions of the 2014 Final Rule released by CMS.</td>
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</table>
Certificate of Completion

Please click the hyperlink below to complete your Knowledge Check and to receive your Certificate of Completion: (Knowledge Check Hyperlink)

You will soon receive information for the next Medicaid EHR Incentive Program Training.