EHR Guide to Available Federal Dollars

**REC Direct Assistance Support: Your Federal Benefits**

The primary purpose to join the REC is to receive federally subsidized Direct Assistance Support to primary care providers (PPCP).

Direct Assistant Support is a Federal subsidy available to priority primary care providers (PPCP) to help them implement an electronic health record (EHR) system and/or achieve Meaningful Use. A PPCP is defined as an MD, DO, Nurse Practitioner or Certified Nurse Midwife, who practices in the following settings:

- Primary care providers in individual and small practices of 10 or less
- Public and critical access hospitals
- FQCHCs, community health centers and rural health clinics
- Other settings that serve uninsured, underinsured and medically underserved populations

The Regional Extension Center (REC) will only be providing this subsidy to the first 2,500 providers who enroll with the REC. *This subsidy is paid directly to the implementation and optimization organization (IOO), who works with the provider/practice to achieve Meaningful Use, as predefined milestones are met.* There are two levels of assistance available:

**Basic Services 1 ($4,500):** Designed to assist the Regional Extension Center affiliated priority provider with the transition from a paper-based medical records system or from a non-certified EHR system to a certified EHR system.

**Basic Services 2 ($2,500):** Designed to assist the Regional Extension Center affiliated priority provider that has a certified EHR system currently installed achieved Meaningful Use on that system.
Medicare & Medicaid Incentive Payments: Your Federal Dollars

Through Medicare you can receive up to $44,000 per provider over a five-year period; and through Medicaid you can receive up to $63,750 per provider over a six-year period.

Path to Initial Incentive Payments:

1. Ensure your current EHR technology is certified by the Office of the National Coordinator (ONC) for HIT.  http://onc-chpl.force.com/ehrcert

2. Determine eligibility:
   a. Medicare
      i. Hospital/provider must have an enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS) in order to receive the Medicare EHR incentive payment.
      ii. Eligible providers (EPs) include:
          1. Doctor of medicine or osteopathy
          2. Doctor of dental surgery or dental medicine
          3. Doctor of podiatry
          4. Doctor of optometry
          5. Chiropractor
      iii. Eligible hospitals include:
          1. Hospitals that are paid under the Inpatient Prospective Payment System (IPPS)
          2. Critical Access Hospitals (CAHs)
          3. Medicare Advantage (MA-Affiliated) Hospitals
   b. Medicaid
      i. Eligible providers include:
          1. Physicians (primarily doctors of medicine and doctors of osteopathy)
          2. Nurse practitioner
          3. Certified nurse-midwife
          4. Dentist
          5. Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.
      ii. Eligible providers must meet one of the following criteria:
          1. Have a minimum 30% Medicaid patient volume*
          2. Have a minimum 20% Medicaid patient volume, and is a pediatrician*
          3. Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals
          * Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.
      iii. Eligible hospitals include:
1. Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid patient volume
2. Children's hospitals (no minimum Medicaid patient volume requirements)

3. Register for the program (Medicare, Medicaid or both) beginning January 3, 2011 through the CMS website. [www.cms.gov/ehrincentiveprograms](http://www.cms.gov/ehrincentiveprograms)
   a. Hospitals will need the following information for registration:
      i. CMS Identity and Access Management (I&A) User ID and Password
      ii. CMS Certification Number (CCN)
      iii. National Provider Identifier (NPI)
      iv. Hospital Tax Identification Number
   b. EPs will need the following information for registration:
      i. National Provider Identifier (NPI)
      ii. National Plan and Provider Enumeration System (NPPES) ID and Password
      iii. Payee Tax Identification Number (if you are reassigning your benefits)
      iv. Payee National Provider Identifier (NPI) (if you are reassigning your benefits)

4. Prove Meaningful Use/Certified EHR Adoption:
   a. Medicare:
      i. To receive the maximum incentive payment:
         1. Eligible hospitals need to register and attest for Federal fiscal year (FY) 2011 by November 30th, 2011.
         2. Eligible providers need to register and attest for calendar year (CY) 2011 by February 29, 2012.
      ii. Attestation begins for Medicare Only in April 2011 through the CMS website. EPs and Hospitals must demonstrate "meaningful use" for a consecutive 90-day period in your first year of participation to receive EHR incentive payments.
   b. Medicaid:
      i. No attestation required. To receive EHR incentive payments in the first registered year, EPs and Hospitals must do one or more of the following:
         1. Adopt certified EHR technology; or
         2. Implement certified EHR technology you have already purchased; or
         3. Upgrade your current system to certified EHR technology; or
         4. Demonstrate "meaningful use" of certified EHR technology for a 90-day period.
      ii. Payments are calculated by CMS and disbursed over 3 – 6 years.
FAQs Medicare/Medicaid

1. What if I am part of a physician practice?
   - If you are part of a practice, each eligible provider may qualify for an incentive payment if he/she can successfully demonstrate meaningful use of certified EHR technology.

2. How many incentive payments can I get per year?
   - Each eligible provider is only eligible for one incentive payment per year, regardless of how many practices or locations at which he or she provide services.

3. What if I am a hospital-based EP; Am I eligible?
   - Hospital-based providers are not eligible for incentive payments if 90% or more of his or her services are performed in a hospital inpatient or emergency room setting.

4. Can I be eligible for both Medicare and Medicaid Incentive Payments?
   - **Hospitals** that are eligible for EHR incentive payments under both Medicare and Medicaid should select "Both Medicare and Medicaid" during the registration process, even if they plan to apply only for a Medicaid EHR incentive payments. Dually-eligible hospitals can then attest through CMS for their Medicare EHR incentive payment at a later date, if they so desire. It is important for a dually-eligible hospital to select "Both Medicare and Medicaid" from the start of registration in order to maintain this option. After a payment is initiated, switching to a different incentive program may cause significant delays in receiving their EHR incentive payment.

   - **Eligible providers** that meet the criteria for both Medicare and Medicaid are required to select only one at the time of registration. They are allowed to switch only once after they have received their first payment.

5. Are part-time providers eligible to receive incentive payments?
   - Yes. Eligibility is not based on full or part-time status.

6. Are retiring providers eligible to receive incentive payments if they register in 2011?
   - The retiring eligible provider can receive the first incentive payment if he/she has practiced for a consecutive 90-day period in the calendar year prior to reporting. The incentive payments will stop after the provider retires.

7. Is each provider in a practice required to demonstrate achieving Meaningful Use criteria or just the practice as a whole?
   - Each individual provider must demonstrate meaningful use of the EHR.

8. Do the incentive payments go to the individual provider or to the practice/hospital the provider is affiliated with?
   - EPs will receive the incentive payments via their Tax ID Number. However, provided they meet certain conditions, EPs can reassign the entire amount of their incentive payment to one employer or entity.
## Glossary of Terms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ARRA</td>
<td>American Recovery and Reinvestment Act of 2009 – is the economic stimulus package signed by President Obama. It includes the HITECH Act</td>
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<td>EHR</td>
<td>Electronic Health Record</td>
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<td>EP</td>
<td>Eligible Provider (also referred to as Eligible Provider) – there are varying levels of eligibility determined by either Medicare or Medicaid</td>
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<td>IOO</td>
<td>Implementation and Optimization Organization – organizations who will work with the provider/practice/hospital to achieve Meaningful use</td>
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<td>HHS</td>
<td>Department of Health and Human Services</td>
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<td>HITECH</td>
<td>Health Information Technology for Economic and Clinical Health Act – enacted as part of the ARRA and addresses the privacy and security concerns associated with the electronic transmission of health information – this is where the $25 billion dollars is coming from</td>
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<td>MeHI</td>
<td>Massachusetts eHealth Institute - a division of the Massachusetts Technology Collaborative, MeHI is the state’s entity for health care innovation, technology and competitiveness</td>
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<td>ONC</td>
<td>Office of the National Coordinator for Health Information Technology – a division of the Department of Health and Human Services, the ONC is directed by the HITECH legislation to support and promote Meaningful Use of EHRs through the adoption of standards, implementation specifications and certification criteria as well as the establishment of certification programs for HIT, such as EHR technology</td>
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<td>ONC-ATCB</td>
<td>ONC- Authorized Testing and Certification Bodies – through the ONC, ATCBs have been established to test and certify that certain types of EHR technology are compliant with the standards, implementation specifications, and certification criteria adopted by the HHS Secretary and meet the definition of “certified EHR technology.”</td>
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<td>PPCP</td>
<td>Priority Primary Care Provider – for the purposes of joining the REC, a PPCP is defined as an MD, DO, Nurse Practitioner or Certified Nurse Midwife</td>
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<td>REC</td>
<td>Regional Extension Center (aka MeHI) - MeHI is the state designated authority to coordinate and facilitate planning, implementation, support and oversight of EHR implementation and the development of a statewide health information exchange</td>
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<td>CMS</td>
<td>Centers for Medicare and Medicaid Services – the CMS EHR incentive programs will provide incentive payments to eligible providers and hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology</td>
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