

# Medicare & Medicaid EHR Incentive Programs

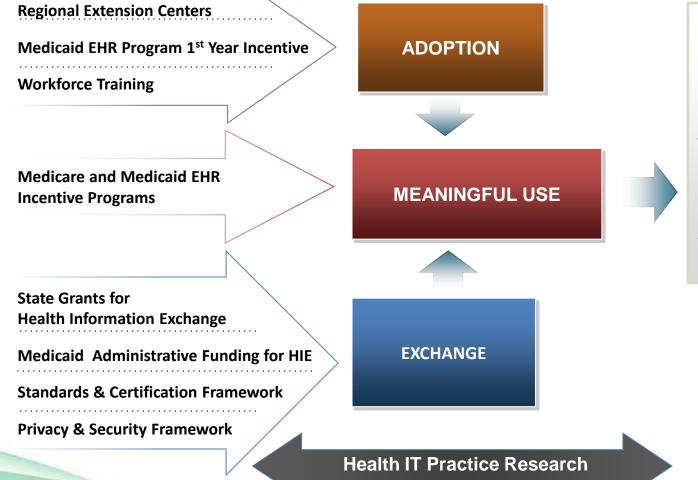
## Puerto Rico Health & Insurance Conference 2012 "Economic Transformation in Health"

#### **Thomas Novak**

Health Information Technology for Economic & Clinical Health Centers for Medicare & Medicaid Services Consortium for Medicaid and Children's Health Operations



# HITECH: How the Pieces Fit Together



Improved Individual & Population Health Outcomes

Increased
Transparency &
Efficiency

Improved
Ability to Study &
Improve Care Delivery



## Who is a Medicaid Eligible Provider?

#### **ELIGIBLE PROFESSIONALS (EPs)**

- Physicians
- Nurse practitioners (NPs)
- Certified Nurse Midwives (CNMs)
- Dentists
- Physician Assistants (PAs) when practicing at an FQHC/RHC that is so led by a PA

#### **ELIGIBLE HOSPITALS**

- Acute care hospitals (including CAHs and cancer hospitals)
- Children's hospitals



### **Eligibility: Patient Volume**

Entity	Minimum Medicaid patient volume threshold	Or the Medicaid EP practices predominantly in an
Physicians	30%	FQHC or RHC—30%
- Pediatricians	20%	<i>needy individual</i> patient volume
Dentists	30%	threshold
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
Children's hospitals	No requirement	hospitals



## Eligibility: Practices Predominantly & Needy Individuals

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.



## 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)

### **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



### **AIU & MU: Overview**

Adopt, implement, upgrade (AIU)

- First participation year only
- No EHR reporting period

Meaningful use (MU)

- Successive participation years; and
- Some dually-eligible hospitals in year 1

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



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



#### State Overview





#### Source: CMS EHR Incentive Program

Implementation Report as of November 30, 2011			
Disbursed Incentives	28 (AL, AK, AZ, AR, CT, FL, GA, IN, IA, KY, LA, ME, MI, MS, MO, NM, NC, OH, OK, OR, PA, SC, TN, TX, UT, WA, WV, WI)		
Total Disbursed Incentives	\$908,955,358		
EPs Received Incentives	11,140		
Medicaid Only Hospitals Paid	25		
Dually Eligible Hospitals Paid	777		



## Active Registrations – December 2011

		December-11	YTD
Medicare	Eligible Professional	8,996	123,923
	Hospital	0	168
	Total	8,996	124,089
Medicaid	Eligible Professional	9,614	49,051
	Hospital	9	75
	Total	8,186	39,503
Medicare/Medicaid	Hospital (registered for both Medicare & Medicaid)	200	2,834
TOTAL		18,819	176,049

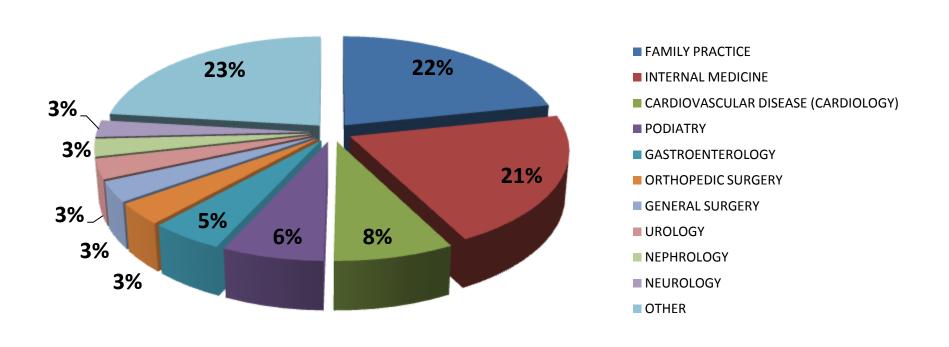


#### Medicare Incentive Payments – November 2011 Meaningful Use (MU)

	November2011 Providers Paid		vember2011 Payments	YTD Providers Paid	YT Paym	
Eligible Professional	4,255	\$	76,590,000	10,155	\$	182,790,000
Medicare Only Hospital	·	\$	36,413,026	34		51,181,686
Medicare & Medicaid Hospital (Medicare Payment)	148	-	278,455,929	377		696 210 520
TOTAL	4,426		391,458,955	10,566	·	686,319,530 <b>920,291,216</b>



### **Medicare EPs by Specialty**





# Medicaid Incentive Payments – December 2011 (Both MU and AIU)

	December 2011 Providers Paid	December 2011 Payments	YTD Providers Paid	YTD Payments
Eligible Professional	2,794	\$ 58,373,535	11,270	\$ 295,760,910
Medicare & Medicaid Hospital (Medicaid Payment) + Medicaid Only Hospital	230	\$ 165,141,069	1,016	\$ 787,466,254
TOTAL	3,024	\$ 229,380,747	15,132	\$ 1,149,476,633



### EHR Incentive Programs – December 2011 Totals

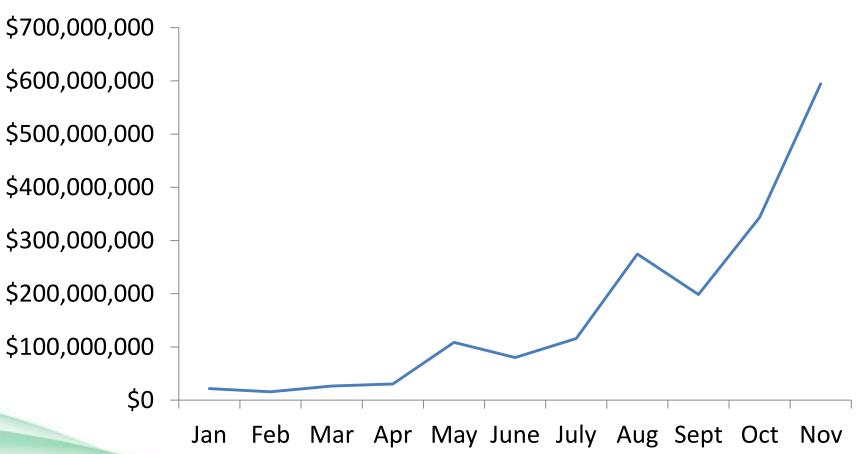
Registrations	December-11	YTD
Medicare EPs	8,996	123,921
Medicaid EPs	9,614	49,051
Medicaid/Medicare Hospitals	200	2,834
Total	18,819	176,049

Payments	December-11	YTD
Medicare EPs	\$95,546,870	\$274,590,000
Medicaid EPs	\$64,239,678	\$362,010,379
Medicaid/Medicare Hospitals (Medicare Payment)	\$369,136,265	\$1,052,839,955
Medicaid/Medicare Hospitals (Medicaid Payment)	\$165,141,069	\$787,466,254
		4
То	al \$694,063,883	\$2,533,689,145



### EHR Incentive Programs – November 2011

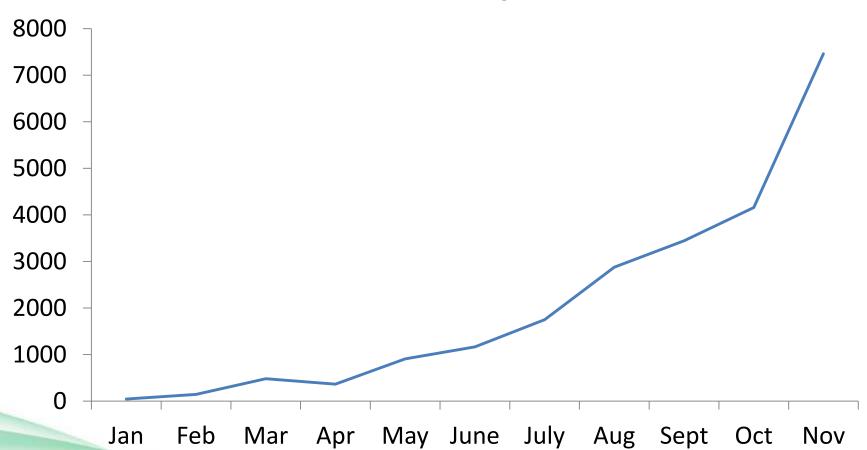
#### **Payment Amounts by Month**





### EHR Incentive Programs – November 2011

#### **Providers Paid by Month**





## Where does Puerto Rico stand?

- What concerns do Eligible Providers have?
- What concerns do Eligible Hospitals have?
- What makes Puerto Rico unique?
  - MMIS?
  - Lack of Medicare?
- What can CMS do to help?