

### The Medicare EHR Incentive Program

- It is consecutive; CMS will treat every year following the first payment year (PY) as a payment year
- The first PY for the program is Calendar Year (CY) 2011
- EPs may start participating from 2011(for up to 5 years)
- The last year to register to participate in the program is 2014
- The last possible payment year is 2016
- From January 2015, CMS will penalize EPs that are not meaningful users (in either the Medicare or Medicaid EHR incentive program)
- EPs that switch practices during the reporting period may still be eligible for IPs since they are contingent on the EP's ability to demonstrate meaningful use.
- The EHR reporting period may be "any continuous 90-day period within the first payment year and the entire year for all subsequent payment years."
- To demonstrate meaningful use, EPs must show that they meet the entire 15 core set objectives <http://www.entnet.org/Practice/upload/Stage-1-Meaningful-Use-Criteria-July-2010-FINAL.pdf> and their associated measures for stage 1. (EPs that don't have any patients that meet some measure may be excluded from reporting these objectives).
- CMS plans to convert every measure in the menu set in stage 1 to the core set for stage 2 and to increase the thresholds for stage 1 as the program advances to the second and third stages
- CMS will identify EPs by their unique National Provider Identifiers (NPIs)
- Hospital based professionals (perform at least 90% of their services in an inpatient or emergency room setting) are not eligible to participate in this program

### Clinical Quality Measures:

- For the 2011 payment year, EPs must submit to CMS required clinical quality data with an attestation that they used certified EHRs
- EPs are required to submit the numerators, denominators, and exclusions for the required measures for all applicable patients (not just Medicare and Medicaid patients).
- For the 2012 PY, EPs may start reporting the required data on quality measures electronically via a CMS designated portal.
- Beyond 2012, CMS plans to test (and possibly adopt) submission through Health Information Exchange/ Health Information Organizations or through registries. (The agency plans to announce the technical requirements for electronic submission on or before July 1, 2011 for Medicare EPs).

### Measures Required for 2011 and 2012

- For the 2011 and 2012 EHR reporting periods, CMS requires each EP to submit information on three core clinical quality measures [http://www.entnet.org/Practice/upload/Core\\_Measure\\_Group.pdf](http://www.entnet.org/Practice/upload/Core_Measure_Group.pdf) (CQMs) and three additional CQMs that cannot be core or alternate measures.

- If the denominator for any of the 3 core measures is zero, CMS requires the EP to report results for up to three alternate core measures.
- If all 6 of the core and alternate core measures have a denominator of zero, CMS requires EPs to report on 3 measures selected from the remaining 38 measures  
<http://www.entnet.org/Practice/upload/Clinical-Quality-Measures-July-2010-FINAL.pdf>
- To be exempt from reporting these measures, you must attest that all of the other clinical measures calculated by the certified EHR have a value of zero for the denominator.

Incentive Payments (IPs):

EPs who are meaningful EHR users during the relevant EHR reporting period are entitled to an incentive payment (IP) amount, subject to an annual limit, equal to 75 percent of the Secretary’s estimate of the Medicare allowed charges for covered professional services furnished by the EP during the relevant PY.” EPs are eligible for IPs for up to five years - there won’t be any IPs after 2016. EPs will not reassign EPs’ incentive payments to more than one employer or entity to reduce administrative burden and confusion.

Calendar Year	First CY in which the EP receives an incentive payment				
	2011	2012	2013	2014	2015 - subsequent years
2011	\$18,000				
2012	\$12,000	\$18,000			
2013	\$8,000	\$12,000	\$15,000		
2014	\$4,000	\$8,000	\$12,000	\$12,000	
2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
2016		\$2,000	\$4,000	\$4,000	\$0
Total	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Payment Adjustments (penalties) for EPs who are not Meaningful Users of CEHR

There will be a one to five percent payment adjustment for EPs who are not meaningful CEHR users after 2015. EPs that are able to prove that they are undergoing “significant hardship” may be exempt from this payment adjustment (case by case basis reviewed by the CMS secretary). EPs that fall under this category would need to renew this status annually and will not be granted this status for more than five years.

Meaningful Use for EPs who Work at Multiple Sites

EPs that work at multiple locations and do not have CEHR at all of them need to have at least 50% of all their patient encounters at locations that have CEHR. CMS will base the EP's MU on encounters that occurred in sites with CEHRs.

*How May EPs Register for the Program?*

Registration for the program will begin in January 2011 via the CMS website [http://www.cms.gov/EHRIncentivePrograms/50\\_Registration.asp#TopOfPage](http://www.cms.gov/EHRIncentivePrograms/50_Registration.asp#TopOfPage).

Each EP must have has an enrollment record in Provider Enrollment, Chain and Ownership System (PECOS) prior to registering for the Medicare EHR incentive program. If you have not done so please visit: [http://www.cms.gov/MedicareProviderSupEnroll/04\\_InternetbasedPECOS.asp](http://www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp)

*How Mays EPs Determine whether they are Eligible to Participate?*

CMS has created a flow chart [http://www.cms.gov/MLNProducts/downloads/eligibility\\_flow\\_chart.pdf](http://www.cms.gov/MLNProducts/downloads/eligibility_flow_chart.pdf) to help your eligibility for the program.

If you have questions, please contact [Healthpolicy@entnet.org](mailto:Healthpolicy@entnet.org)

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