



NATIONAL ASSOCIATION OF

Community Health Centers



America's Voice for Community Health Care

Rev 1/19/10



America's Voice for Community Health Care

The NACHC Mission

To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved people.



Overview of CMS & ONC Interim Rules For EHR Adoption

Overview & Actions for Health Centers

DRAFT 2/3/10

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- **“My presentation today does not include any discussion about a particular commercial product/service and I do not have any significant financial interest/relationship with any organizations that make/provide this product/service”**



CMS Interim Rule Authority

American Recovery and Reinvestment Act (ARRA) (Pub. L. 111-5)

- **Enacted February 17, 2009**

- **Modernize nation's infrastructure**
- **Enhance energy independence**
- **Expand educational opportunities**
- **Provide tax relief, and**
- **Preserve and improve affordable health care**

- **Title IV of Division B of ARRA**
 - **Amends Titles XVIII and XIX of the Social Security Act**
 - **Established incentive payments to eligible professionals (EPs) to promote**
 - **Adoption**
 - **Meaningful Use of**
 - **Interoperable health information technology**

- **Together with Title XIII of Division A of ARRA =**
 - **Health Information Technology for Economic Clinical Health or the HITECH Act**



➤ Requirements for “Meaningful Use” - (CMS pg. 32)

- Use of EHR technology in a meaningful manner
 - E.g. electronic prescribing
- The certified technology is
 - Connected in a manner that provides for
 - Electronic exchange of health information to
 - Improve quality care
- In using the certified EHR technology
 - Provider submits to the Secretary information on
 - Clinical Quality Measures
 - Other measures selected by the Secretary
 - For Medicaid EPs to the States



➤ Focus of Stage 1 Requirements for “Meaningful Use” - (CMS pg. 40)

- Electronically capturing health information in a coded format
- Using that information to track key clinical conditions
- Communicating that information for care coordination
- Implementing clinical decision support tools to
 - Facilitate disease management
 - Medication management
 - Reporting clinical quality measures
 - Public health information



➤ **Definitions of “Qualified EHR Technology” (CMS pg. 467)**

➤ **A Qualified EHR must be applicable to the type of practice**

➤ **E.g. ambulatory EHR for office based physicians**

➤ **An electronic record of health information on an individual that includes:**

➤ **Patient demographics**

➤ **Clinical health Information**

➤ **Medical History**

➤ **Problem lists**

➤ **Has capacity to**

➤ **Provide clinical decision support**

➤ **Support physician order entry**

➤ **Capture and query information relevant to health care quality**

➤ **Exchange electronic health information**

➤ **Integrate such information from other sources**



Identification of Qualifying Medicaid EPs

➤ EPs that Practice Predominantly in an FQHC

- **Physicians**
- **Certified nurse-midwives**
- **Nurse practitioners**
- **Dentists**
- **Physician assistants practicing in an FQHC**
- **or Physician assistants in an RHC that is so led by a physician assistant**

NACHC comments: this wording is not in alignment with the ARRA wording so we need to clarify. ARRA states:

H. R. 1—377

ambulatory electronic health record for office-based physicians or an inpatient hospital electronic health record for hospitals).

“(B) The term ‘eligible professional’ means a—

“(i) physician;

“(ii) dentist;

“(iii) certified nurse mid-wife;

“(iv) nurse practitioner; and

“(v) physician assistant insofar as the assistant is practicing in a rural health clinic that is led by a physician assistant or is practicing in a Federally qualified health center that is so led.

- **“Practices predominantly ” = is the clinical location for over 50% of his/her total patient encounters over a six (6) month period (pg 280)**



Identification of Qualifying Medicaid EPs

- **FQHC Action: - ML**
 - **Determine the extent to which providers meet this "Practices Predominantly" 50% of all patient encounters in the FQHC**
 - **Determine financial effect on EHR licenses (may be paying for the EHR license now on a partial FTE basis.**
 - **If paying license fee and EP will not meet this standard FQHC will be paying but not receiving incentive funds for these providers**
 - **Look to renegotiate EHR licenses to only include providers that meet the 50% requirement - ML**
 - **Should NACHC comment on this? - Roger - thoughts??**
 - **Can Michelle P. look at UDS data to determine how many providers in how many FQHCs would be effected?**
ML



Identification of Qualifying Medicaid EPs

- **Pg 68**
- **In order to be a meaningful user the EP must have 50% of their patient encounters in a practice/location where he/she uses a certified EHR**
- **NACHC Comment:**
- **This may be an issue for many of the part time EPs in health centers**



30% Medicaid Rule and Exceptions

➤ Eligibility

➤ EP must have minimum of 30% of all patient encounters attributable to Medicaid over any continuous 90-day period within the most recent calendar year prior to reporting

➤ Two Exceptions

➤ Pediatricians

➤ 20 % attributable to Medicaid

➤ Medicaid EPs practicing Predominantly in an FQHC



Medicaid EPs practicing Predominantly in FQHC's

- **EP must have minimum of 30% of all patient encounters attributable to "Needy Individuals" over any continuous 90-day period within the most recent calendar year prior to reporting**



Definition of “Needy” Individuals (CMS - pg 286)

- **They are receiving medical assistance from Medicaid, including**
 - **Medicaid MCOs**
 - **Prepaid Inpatient Health Plans (PIHPs)**
 - **Prepaid Ambulatory Health Plans (PAHPs)**
- **The Children's Health Insurance Program (CHIP)**
- **They are furnished uncompensated care by the provider**
- **They are furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay**



➤ **How Calculated:**

➤ **Numerator:**

➤ **EP's total number of Medicaid patient encounters**

➤ **Any representative continuous 90-day period**

➤ **Preceding calendar year**

➤ **Denominator:**

➤ **All patient encounters for the same individual professional**

➤ **Over the same continuous 90-day period**

➤ **Must be a "representative period"**



- **Bad debts are not included (CMS - pg 289)**
 - **Use the Medicare definition of bad debt**
 - **Should use the Medicare 222-92 Cost Report or most recent version of 222 to determine bad debt numbers**
 - **All information under attestation is subject to audit**



Formula to Determine 30% “Needy Individuals

[Total (Needy Individuals) patient encounters in any continuous 90-day period in the preceding calendar year

Divided by

Total patient encounters in that same 90-day period] * 100



Entity	Minimum 90-day Medicaid Patient Volume Threshold	Or the Medicaid EP practices predominantly in an FQHC or RHC - 30% “needy individual” patient volume threshold
Physicians	30%	
Pediatricians	20%	
Dentists	30%	
Physician Assistants when practicing at an FQHC/RHC led by a physician assistant	30%	
Nurse Practitioner	30%	



- **Incentive payments must generally be made directly to the EP**
- **Permits payment of incentive payments to “entities promoting the adoption of certified EHR technology,”**
 - **Designated by the State**
 - **E.g. State Designated HIE**
 - **States must publish rules**
 - **Voluntary participation**
- **States would disburse reimbursements to EPs in alignment with the calendar year**



➤ **Payments to Medicaid EPs:**

- **Maximum of 85% of \$75,000 over 6 years**
 - **85% of \$25,000 1st year (\$21,250)**
 - **Adopting, Implementing or Upgrading**
 - **85% of \$10,000 years 2 – 6 (\$8,500)**
 - **Demonstrating “Meaningful Use”**
- **Total \$63,750**
- **Must begin receiving incentive payments no later than CY 2016**



➤ Payments to Medicaid EPs:

➤ Incentive Payments may be reduced due to payments from other non-State/local resources

➤ *NACHC Comment: Require clarification if HCCN and/or other HRSA or AHRQ grants would reduce incentive payments. Reducing payments would have a negative effect on innovation and research activities- ML*



Calendar Year	Medicaid EPs who begin adoption in					
	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



Early Adopters: (CMS - pg. 303; 324)

- Medicaid EPs who have already adopted, implemented, or upgraded certified EHR technology, and
- Can meaningfully use this technology in the first incentive payment year
 - Are eligible to receive the same maximum payments, for the same period of time
 - NACHC Comments:
 - CMS is asking for comments on an alternative scenario where early adopters would only receive \$8,500 for 5 years - NACHC should comment that this methodology not be used. If a provider is past "adopting", "implementing" or "upgrading" the effort to meet "meaningful use" is minimal. The financial impact to health centers nationally would be significant ($\$21,250 - \$8,500 = \$12,750$ per EP) Estimate 20% of 14,000 EPs have EHRs = $2800 * \$12,750 = \35.7 million



- **EPs Must select either Medicare or Medicaid**
- **If working in multiple states must select only one state of participation**
- **Only pay to one TIN**
- **100% State Medicaid FFP will not start until 2011**
 - **Would not expect many states to begin Incentive Payments until 2011**
 - **Some states may be approved prior to 2011**



➤ **Definitions of Adopting, Implementing or Upgrading EHR Technology**

- **Medicaid Incentives allow for payments even before an EP begins “meaningful use”**
- **Adopting, Implementing or Upgrading**
 - **Installed or commenced utilization of EHR Technology**
 - **Capable of meeting meaningful use**
 - **Expanded the available functionality and commenced utilization of the EHR Technology**
 - **Includes**
 - **Staffing**
 - **Maintenance**
 - **Training**



➤ **Definitions of Adopting, Implementing or Upgrading EHR Technology**

➤ **Attest to**

- **Having Acquired and installed = "Adopted"**
- **Commenced utilization = "Implemented"**
- **Expanded the available functionality = "Upgraded"**

➤ **States must establish a verification process**

- **Submission of a vendor contract is recommended by CMS as one means of verification**

➤ **Implementing includes**

- **Staff training**
- **Efforts to Redesign Provider Workflows**

➤ **CMS is looking for progress towards**

- **Integration of EHRS into routine practice**
 - **Improve patient safety, care and outcomes**



➤ **Definitions of Adopting, Implementing or Upgrading EHR Technology**

➤ **Adoption**

- **Demonstrate actual implementation prior to the incentive payment**
 - **“Efforts” to install are not sufficient**
 - **Researching EHRs or interviewing vendors would not meet the criteria**
- **CMS is Seeking actual purchase/acquisition or installation**



➤ **Definitions of Adopting, Implementing or Upgrading EHR Technology**

➤ **Implementation**

- **Has installed certified EHR technology**
- **Has started using the certified EHR technology**

➤ **Activities would include**

- **Staff training on use of the technology**

- **Data entry of their patients' demographic and administrative data**

- **Establishing data exchange agreements and relationships between the technology and**

- **Other providers**

- **Laboratories**

- **Pharmacies**

- **HIEs**



➤ **Definitions of Adopting, Implementing or Upgrading EHR Technology**

➤ **Upgrade**

➤ **Expansion of the functionality of the EHR**

➤ **Addition of**

- **Clinical decision support**

- **E-Prescribing functionality**

- **CPOE**

- **Other enhancements that facilitate the meaningful use of certified EHR technology**



➤ Reporting Period

- Occurs on a rolling basis during the first payment year
 - Any continuous 90-day period
 - March 13, 2011 – June 11, 2011 and
 - January 1, 2011 – April 1, 2011
 - Both are valid
- On an annual basis for subsequent payment years
 - That is for the entire year
- Reporting Methods
 - Surveys
 - Attestation
 - Special codes on claims
 - Something beyond attestation
 - Comments are requested on impact of alternative methods



➤ **Early Adopters**

- **Can receive full first year Medicaid Incentive payments**
 - **Show they are a meaningful user of certified EHR technology**
 - **Use of EHR technology in a meaningful manner**
 - **E.g. E-Prescribing**
 - **Certified EHR technology is connected**
 - **Providing for electronic health information exchange to improve the quality of care such as promoting care coordination**
 - **Using EHR technology, the provider submits to the Secretary information on clinical quality measures and other such measures selected by the Secretary (CMS pg. 32 and 36 12/30/09) - Medicaid EPs would be to the States**

➤ **NACHC Comment:**

➤ **EPs working predominantly in FQHC should be allowed to report to HRSA on RQHC Measures not by individual EP. Would cause a burden to FQHCs to set up and track reporting on numerous providers and numerous measures - ML**



➤ Early Adopters

- Providers must demonstrate this to the states
- States must track and validate
- If states require additional objectives to meet “meaningful use” the state would need to request prior approval from CMS
 - *(NACHC should comment positively on this as it is very helpful to require the states to go through a process)*
- Regardless of the calendar year
 - The Medicaid EPs first year as a participant is when they must demonstrate
 - Adoption
 - Implementation,
 - Upgrading or
 - Meaningful Use



Reporting on Clinical Quality Measures

Exemption for Medicaid EPs

- **Only Early Adopters will need to actually report on the Quality Measures (via attestation) in Year 1 (2011 or when state begins)**
- **Given that approx 40% of health centers already have EHRs this is significant for year 1**
- **All health centers that have not already “adopted”, “implemented” or “upgraded” prior to year 1 are EXEMPT from reporting quality measures in year 1 (CMS - pg. 468)**



Reporting on Clinical Quality Measures

Provider/Specialty Types that need to report Start (CMS pg 122 of document) *NACHC needs to evaluate and make comment*

<u>Specialty</u>	<u># of Criteria to Report on</u>
Primary Care	26
Pediatric	9
OB/GYN	9
Psychiatry	6
Cardiology	10
Pulmonology	8
Endocrinology	9
Oncology	6
Proceduralist/Surgery	6
Neurology	5
Ophthalmology	3
Podiatry	3
Radiology	7
Gastroenterology	6
Nephrology	6



**Measures - Stage 1 Criteria for EPs – (CMS starts pg 469
495.6 For a grid of Criteria and Measures see pg. 103)**

➤ **Objective (1):** Implement drug-drug, drug allergy, drug formulary checks

➤ **Measure:** EP has enabled this technology

➤ **Objective (2):** Maintain an up-to-date problem list of current active diagnoses based on ICD-9-CM or SNOMED CT ®

➤ **“Problem List”**

➤ **List of current and active diagnoses as well as past diagnoses relevant to the current care of the patient (CMS - pg. 50)**

➤ **Measure:** At least 80% of all unique patients seen by the EP have at least one entry or indication of “none” recorded as structured data



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469 495.6)

➤ Objective (3): Maintain active medication list

➤ Measure: At least 80% of all unique patients seen by EP have at least one entry (or an indication of “none” if patient is not currently prescribed any medications) recorded as structured data

➤ Objective (4): Maintain active medication allergy list

➤ Measure: At least 80% of all unique patients seen by EP have at least one entry (or an indication of “none” if patient has no medication allergies) recorded as structured data



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

- **Objective (5): Record the following demographics:**
 - **(a) Preferred language**
 - **(b) Insurance type**
 - **(c) Gender**
 - **(d) Race**
 - **(e) Ethnicity**
 - **(f) Date of birth**
 - **Measure: At least 80% of all unique patients seen by EP have the demographics above recorded as structured data**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

- **Objective (6): Record and chart changes in**
- **(A) The following vital signs:**
 - **(1) Height**
 - **(2) Weight**
 - **(3) blood pressure**
- **(B) Calculate and display the body mass index (BMI) for patients 2 years and older**
- **(C) Plot and display growth charts for children 2 to 20 years including body mass index**
 - **Measure: At least 80% of all unique patients 2 years or older seen by the EP record blood pressure and BMI and plot growth chart for children 2 - 20 years old**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

➤ **Objective (7): Record smoking status for patients 13 years old or older**

➤ **Measure: At least 80% of all unique patients 13 years or older seen by the EP have “smoking status” recorded**

➤ **Objective (8): Incorporate clinical lab-test results into EHR as structured data**

➤ **Measure: At least 50% of all clinical lab tests ordered by the EP or authorized provider whose results are either in the positive/negative or numerical format are incorporated in certified EHR technology as structured data**

➤ **How would the denominator be identified if they are not electronic? Keep a paper system? What will be the true data source for lab tests that were ordered?.**

➤ **What about a nurse ordering for a physician? Or is it only when the physician signs the order?**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

➤ **Objective (9)**: Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research and outreach

➤ **Measure**: Generate at least one report listing patients of the EP with a specific condition

➤ **Objective (10)**: Implement five (5) clinical decision support rules relevant to specialty or high clinical priority, including diagnosis for test ordering, along with the ability to track compliance with those rules

➤ **Measure**: Implement five (5) clinical decision support rules relevant to the quality measure metrics (see metrics - slide 27)



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

➤ **Objective (10):** Implement five (5) clinical decision support rules relevant to specialty or high clinical priority, including diagnosis for test ordering, along with the ability to track compliance with those rules

➤ **Measure:** Implement five (5) clinical decision support rules relevant to the quality measure metrics (see metrics - slide 27)

➤ **NACHC Comment:**

➤ **FQHCs may have an unnecessary burden in this area. FQHCs will need to report on a number of Eps, i.e. primary care, OBGYN, Psychiatry, others that are 50% volume of patients in the FQHC and do 5 for each NOT just for the FQHC as a whole. We should review - requested report from Michelle - ML**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

- **Objective (11): Check insurance eligibility electronically from public and private payers**
 - **Measure: Insurance eligibility is checked electronically for at least 80% of all unique patients seen by the EP**
 - **Where insurers allow for electronic eligibility checking**
- **Objective (12): Submit claims electronically to public and private payers**
 - **Measure: At least 80% of all claims are filed electronically by the EP**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

- **Objective (13): Perform medication reconciliation at relevant encounters and each transition of care**
 - **Measure: Perform medication reconciliation for at least 80% of relevant encounters and transitions of care**
 - **NACHC Comment:**
 - **How would the reconciliation be recorded? Need clarification - ML**
- **Objective (14): Provide summary of care record for each transition of care and referral**
 - **Measure: Provide summary of care record for at least 80% of all transitions of care and referrals**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

➤ **Objective (15): Capability to submit electronic data to immunization registries and actual submission where required and accepted**

➤ **Measure: Perform at least one test of certified EHR technology's capability to submit electronic data to immunization registries**

➤ **Objective (16): Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice**

➤ **Measure: Perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies unless none have the capacity to receive**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

- **Objective (17): Protect health created or maintained by certified EHR technology through the implementation of appropriate technical capabilities**
 - **Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary**
- **Additional criteria for EPs**
- **Objective (18): Use computerized order entry (CPOE)**
 - **Measure: CPOE is used for at least 80% of all orders (does not require transmittal of the order to pharmacy, laboratory or diagnostic imaging center pg. 49)**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

➤ **Objective (19): Generate and transmit permissible prescriptions electronically (eRx)**

➤ **Measure: At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology**

➤ **NACHC Comment:**

➤ **There needs to be a specific allowance for EPs (FQHCs) that are in rural areas or other disadvantaged areas where pharmacies cannot accept eRX!!! The criteria needs to extend beyond the word "permissible" and include language that "the transmission is able to be received".- ML**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

➤ **Objective (20):** Report ambulatory quality measures to CMS or, in the case of Medicaid EPs, the States

➤ **Measure:** Successfully report to CMS (or, in the case of Medicaid EPs, the States) clinical quality measures in the form and manner specified by CMS or States



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

➤ **Objective (21)**: Send reminders to patients per patient preference for preventive/follow up care

➤ **Measure**: Reminder sent to at least 50% of all unique patients seen by the EP that are 50 years of age or older

➤ **Phone?**

➤ **Email?**

➤ **Paper?**

➤ **PHR?**

➤ **URL?**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

➤ **Objective (22):** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists and allergies upon request in CCD or CCR format

➤ **Measure:** At least 80% of all patient requests for an electronic copy of the health information are provided within 48 hours

➤ **NACHC Comment:**

➤ **What mechanism would be used to capture the total requests for information from patients???** **There is no requirement in EHRs that there is a field to record that a patient made a request so what number is used for total requests??** **Need to respond to CMS and ONC on this one and request that EHRs be required to capture each patient request with a date, have a mechanism to record fulfilling the request and be able to provide reports to EPs. Otherwise EPs will need to establish a separate system to track this data. Intent is good but the metric is not workable. - ML**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

➤ **Objective (23):** Provide patients with timely electronic access to their health information (including diagnostic tests, problem list, medication lists and allergies) within 96 hours of the information being available to the EP

➤ **Measure:** At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information

➤ **NACHC Comment:**

➤ **This may still be a stretch for many health centers as the functionality is not required in EHRs (I will need to check this out with CCHIT). If it is not part of the EHR then this is an additional implementation/expense for FQHCs. We should comment that this functionality needs to be part of the EHRs – ML Labtestonline.org – used by Deaconess Hosp.**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

- **Objective (24): Provide clinical summaries to patients after each office visit on paper or a CCD/CCR format**
 - **Measure: Clinical summaries provided to patients for 80% of all office visits**
 - **NACHC Comment:**
 - **I think we need to make sure that this requirement does not require that the summary be provided in the patient's language as EHRs do not have this capability and the cost of FQHC translating the text would be prohibitive. - ML**



Measures - Stage 1 Criteria for EPs – (CMS starts pg 469)

➤ **Objective (25): Capability to exchange key clinical information among providers of care and patient authorized entities electronically**

➤ **Measure: Perform at least one test of certified EHR technology's capacity to exchange key clinical information**



Demonstration of meaningful use criteria – (CMS starts pg 476 495.8)

➤ **Early Adopters Must Demonstrate the EP satisfies all of the previous criteria (CMS - pg 114)**

➤ **For CY 2011**

➤ **Attestation**

➤ **Through a secure mechanism**

➤ **In a manner specified by CMS (or for a Medicaid EP, in a manner specified by the State)**

➤ **That during the EHR reporting period**

➤ **EP used certified EHR technology**

➤ **Specify the technology used**



Demonstration of meaningful use criteria – (CMS starts pg 476 495.8)

➤ For CY 2011 (con't)

➤ Attestation

➤ EP satisfied all of the applicable objectives and measures under 495.6

➤ EP Must

➤ Specify the reporting period

➤ Provide the result of each applicable measure

➤ for ALL patients seen during the reporting period for which a measure is applicable

➤ Clinical quality Measure reporting will be required electronically in 2012 (States, however, may differ)

➤ If CMS has approved a State plan additional criteria may be required



Demonstration of meaningful use criteria – (CMS starts pg 476 495.8)

- **Comment on alternative methods of reporting**
 - **Distributed network of individual EP EHRs submits Summary Data**
 - **Creation of a regional or state level databases that provide the reporting for the EP**
 - **NACHC “Comprehensive IT/HIT Strategy” can assist FQHCs and their EPs to comply with this reporting**
 - **HCCNs could also provide this capability as one of their services**
 - **NACHC Comment:**
 - **NACHC should recommend to CMS that they allow as much flexibility in reporting as possible and both strategies identified above should be allowed - ML pg. 170**



Demonstration of meaningful use criteria – (CMS starts pg 476 495.8)

➤ **What is the preferred reporting period for FQHCs? (CMS pg 170)**

- **Annually**
- **Quarterly**
- **Every 6 months**

➤ **NACHC Comment:**

➤ **We need feedback from health centers, however, I believe Annually would be less of a burden on health centers.**

➤ **This does not mean that health centers should not “dashboard” the criteria so they know they are meeting it throughout the year!!! - ML**



Participation requirements for Eps – (CMS starts pg 479 495.10)

- **EPS must provide**
 - **Name of EP**
 - **National Provider Number (NPI)**
 - **Business Address and phone number**
 - **Taxpayer Identification Number (TIN) to which EPs incentive payment should be made**
 - **Notify CMS if the EP is choosing the Medicaid or Medicare incentive payment plan**
 - **EPs allowed to make a one-time switch from one program to the other**
 - **EPs are permitted to reassign their incentive payments to their employer or to an entity with which they have a contractual arrangement (including part 424, subpart F)**

Defined in clause (A) of section 1842(b)(6) of the Act and in accordance with 57 our regulations at 42 CFR 424.73 and 42 CFR 424.80 - Roger for re view



How do Payments Occur - CMS pg. 518

➤ States disburse payments consistent with the calendar year on a rolling basis following the end of the EHR reporting period for the payment year

➤ **SO WHAT DOES THIS REALLY MEAN? HOW SOON IN THE YEAR?? ROGER - NEED SOME REVIEW HERE**

➤ States need to verify annually with EPs

➤ EPs must state: "This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws."



Conditions for States to Receive Federal Financial Incentives

Section 1903(a)(3)(F) of the Act (pg 333 12/30/09)

- **States are eligible for 100 percent FFP for direct payment expenditures to certain Medicaid EPs**
 - **To encourage the adoption and use of certified EHR technology**
 - **90 percent FFP for reasonable administrative expenses**
 - (1) using the funds to administer Medicaid incentive payments for certified EHR technology, including tracking of meaningful use by Medicaid EPs and eligible hospitals;**
 - (2) conducting oversight of the Medicaid EHR incentive program, including routine tracking of meaningful use attestations and reporting mechanisms; and**
 - (3) pursuing initiatives to encourage the adoption of certified EHR technology for the promotion of health care quality and the exchange of health care information.**



ONC Interim Rule

➤ CCHIT

- The Secretary has decided not to adopt previously recognized certification criteria**
 - CCHIT certification may or may not be the certifying body**
 - Other certifying bodies may be developed**
 - ONC will propose a separate rule making process to establish HIT certification programs (ONC - pr 17)**



Allows a Modular approach

Examples of modules

- **An interface or software program that provides the capability to exchange clinical information**
- **An open source software program that enables individuals online access to certain health information in the EHR**
- **A clinical decision support engine**
- **A software program used to submit public health information to public health authorities**
- **A quality measure reporting service or software program**



Certified EHR Technology:

- **A Complete or a combination of EHR modules, each of which:**
 - **Meets the requirements included in the definition of a qualified EHR**
 - **Has been tested and certified in accordance with the certification program established by the National Coordinator and having met all certification criteria adopted by the Secretary**
 - **NACHC Comment:**
 - **Recommended Action for Health Centers**
 - **Health centers should not enter into agreements with EHR and/or other technology vendors without an express agreement that fees will be based and paid ONLY if the technology meets certification criteria as identified by ONC**
 - **- Renegotiate current contracts - ML**



**For more information visit the NACHC web site HIT Section at
<http://www.nachc.com/New%20News%20in%20HIT.cfm>**

Or Contact

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