HITECH Act Description

The Recovery Act Specifies —
Three Components of Meaningful Use:

- Use of certified EHR in a meaningful manner (e.g., E-prescribing).
- Use of certified EHR technology for electronic exchange of health information to improve quality of health care.
- Use of certified EHR technology to submit Clinical Quality Measures (CQM) and other such measures selected by the Secretary.

Basic Overview of Final Rule

- Must meet "15 core set," but can defer 5 from optional "menu set" (equates to flexibility).
- Eligible Professional (EP) has to report on 20 of 25 MU Objectives.
- Measure thresholds range from 10% to 80% of patients orders.
- Stage 1 (2011 and 2012) "Eligible Professionals" doctors, in CMS must use "Computerized physician order entry" or EMRs for at least 80% of all orders.
- Reporting Period 90 days for first year; one year subsequently. EHR must be able to produce report for each objective at the end of reporting period.

Registration Overview

- Register via the EHR Incentive Program website.
- Be enrolled in Medicare FFS, MA, or Medicaid (FFS or managed care).
- Have a National Provider Identifier (NPI).
- Have a business address and business phone.
- Have a Taxpayer Identification Number (TIN) to which the provider would like their incentive payment made.
- Have a CMS Certification Number (CCN) for eligible hospitals.
- Make a Medicare or Medicaid program selection (may only switch once after receiving an incentive payment before 2015) for EPs.
- Make a state selection for Medicaid providers.
- Use certified EHR technology to demonstrate Meaningful Use. Medicaid providers may adopt, implement, or upgrade in their first year.

REGISTER NOW

* Information on registration for EHR incentive programs will be available toward the end of 2010 on the CMS website at http://www.cms.gov/EHRIncentivePrograms.

* Registration for the Medicare EHR Incentive Program will begin in January 2011 and will be available online.

* Registration for the Medicaid EHR Incentive Program may also begin in January 2011, but the timing will vary by State.

* All Medicare providers and Medicaid eligible hospitals must be enrolled in PECOS.

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Maximum Incentive Payments an Eligible Professional Can Receive

- EHR EPs may receive an incentive payment based on the criteria of the program under which they elect to receive payment (Medicare or Medicaid).
- Medicare – EPs may be eligible to receive an incentive payment, subject to an annual limit, equal to 75% of the EPs' allowed charges submitted not later than two months after the end of the calendar year. The amount of the annual EHR incentive payment limit for each payment year will be increased by 10% for EPs who predominantly furnish services in an area that is designated by the Secretary as a geographic health professional shortage area (HPSA).
- Medicaid – EP must quality after the first year of participation, then must successfully demonstrate meaningful use in subsequent years to be eligible for additional incentive payment amounts.

EHR Incentive Program Timeline

* January 2011– Registration for the EHR Incentive Programs begins.

* January 2011 – For Medicaid providers, states may launch their programs if they so choose.

For more Information, visit:
http://www.cms.gov/EHRIncentivePrograms

A Providers Perspective

Dr. Paul Rottler, said in hindsight, he wishes he had changed sooner. "Believe you me, it was a leap of faith," he said. "All my records had to be scanned and eventually they shredded them, and that was really scary. I was parting with charts I had from the first day of my practice."

He started using Encite software from Precision Practice Management about a year and a half ago. After a three-month learning curve, Dr. Rottler was sold. Now instead of rummaging through paper files, he and the nurses carry tablet computers with patients' records. Encite is even available on the iPod. Dr. Rottler and his staff can take notes during a consultation, order an X-ray, order a prescription and even schedule a future appointment, all from one device.

After a patient visit, Dr. Rottler uses a dictation program to transcribe his notes, and everything is connected to the patient's record. "This is so much easier, so much better. There are fewer steps, fewer screw-ups, fewer everything," he said. "Like any new software program, it takes a while to learn it. But once you see all it can do, you wonder, 'Why didn't I do this a long time ago?'"

*This is an excerpt from the St. Louis Business Journal article titled, "EHR provders continue to wait on stimulus boost," by Rebecca Boyle.

Healthcare Reform Law
Role of EHR in the Medical Practice

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