Practical Tips

The 2011 Medicare Electronic Health Records Incentive Program

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This year, the Centers for Medicare & Medicaid Services (CMS) launched the initial stages of the Medicare and Medicaid Electronic Health Records (EHRs) Incentive Programs, which will financially reward physicians and hospitals for the “meaningful use” of EHR technology. With these programs, providers are eligible to earn up to \$44,000 over 5 years in the Medicare program or \$63,750 over 6 years in the Medicaid program. Starting in 2015, providers who do not use EHRs will be subject to penalties through the Medicare program. The total incentive payment awarded to an eligible provider (EP) or a hospital depends on the year in which they first qualify for one of the programs (see Table 1 for the Medicare program payments).

Most oncologists will be eligible for the Medicare program and will be subject to the aforementioned penalties without the timely adoption of EHR technology. Oncologists, nurse practitioners, and physician assistants with a 30% Medicaid patient load are eligible for the Medicaid incentive program. EPs can participate in only one of the two programs.

Both the Medicare and Medicaid EHR incentive programs are split into three stages with incrementally progressing participation requirements. All three stages require EPs to use EHR technology to meet certain meaningful use objectives and measures, which look to incorporate specific functionality in an EP’s use of health information technology (IT). For example, in stage 1, EPs will be required to use

their EHRs to submit more than 40% of prescriptions electronically, record the smoking status for more than 50% of their patients, and provide a clinical summary to more than 50% of their patients within 3 business days for all office visits. The meaningful use objectives and measures will change throughout the three stages. For the Medicare program, CMS has only defined stage 1, which consists of 15 mandatory objectives (the “core” set) and 10 optional objectives (the “menu” set). Providers must report on all of the core objectives and five of their choosing from the menu set, for a total of 20 measures. The Medicaid program is administered by the states and may differ in their requirements.

Qualifying for the incentives in stage 1 of the Medicare program requires a four-step approach. First, providers must adopt a certified EHR or a combination of EHR-related technologies that can fulfill the meaningful use requirements. The Office of the National Coordinator for Health IT (ONC) has set up ONC-Authorized Testing and Certification Bodies; these are organizations that specifically screen and confirm that the EHR technology can fulfill the meaningful use criteria. There are hundreds of certified EHRs; see the full list online (Table 2).

Second, providers must register for the program. At a minimum, one will need a National Provider Identifier number; be enrolled in the Provider Enrollment, Chain and Ownership System; and have a National Plan and Provider Enumeration System user identification and password. EPs

Table 1. Payment Amounts for the Medicare Incentive Program

Payment Year	Payment Amount (\$) for Year in Which EP Qualifies for First Payment				
	2011	2012*	2013	2014	2015
2011	18,000	0	0	0	0
2012	12,000	18,000	0	0	0
2013	8000	12,000	15,000	0	0
2014	4000	8000	12,000	12,000	0
2015	2000	4000	8000	8000	0
2016	0	2000	4000	4000	0
Total	44,000	44,000	39,000	24,000	0

NOTE. Information courtesy of Centers for Medicare & Medicaid Services.

Abbreviation: EP, eligible provider.

* Eligible providers must begin reporting period no later than October 1, 2012.

Table 2. Important URLs

Site Description	URL
List of certified EHR technology	http://onc-chpl.force.com/ehrcert
Registration for the Identity and Access Management System	https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do
Registration for the incentive program	https://ehrincentives.cms.gov
Attestation for the incentive program	https://ehrincentives.cms.gov
Attestation calculator	http://www.cms.gov/apps/ehr/
CMS overview of incentive programs	https://www.cms.gov/ehrincentiveprograms/
ASCO overview on incentive programs	http://www.asco.org/ehr

Abbreviations: EHR, electronic health record; CMS, Centers for Medicare & Medicaid Services.

ASCO recently launched a health IT survey to its US-based membership, and the Society thanks the 388 members who participated. Although the survey was not intended to be scientific, the results are enlightening. Some highlights of the results include the following:

- Fifty percent of respondents have an advanced EHR, 27% have a basic EHR, and 22% do not have an EHR.
- Ten percent are very satisfied with their EHR, 39% are satisfied, 23% are neutral, 20% are unsatisfied, and 8% are very unsatisfied.
- Respondents are most satisfied with their EHR's ability to present patient information (54% satisfied), record clinical notes (52%), and store and view laboratory and imaging results (48%).
- Respondents are most unsatisfied with their EHR's capacity with data interoperability (51% unsatisfied), ability to provide patient education (42%), and clinical decision support functionality (38%).
- The two largest barriers to EHR adoption were lack of time for implementation (cited as a primary factor by 36% of those without an EHR) and cost (cited by 29%).
- The survey presented possible services and resources that ASCO could provide through health IT; respondents were the most supportive of education for the patient (76% supportive), education for the physician (76% supportive), and a clinical decision support module (69% supportive).
- The survey also presented broader ASCO initiatives: "influencing government policy to ensure that the criteria for the EHR meaningful use incentives are applicable to oncology" and providing "a library of chemotherapy regimens that vendors could use" received the most support (from 84% and 77% of the respondents, respectively).

may register themselves or use a surrogate. Users representing an EP must obtain an account via the Identify and Access Management System. One user can represent multiple EPs.

Third, a provider must meet the EHR meaningful use measures for 90 consecutive days during the first year of reporting to the program (subsequent reporting years will include the full 12 months). Certified EHR technology will be able to automatically calculate whether or not EPs are meeting most of the measures. However, oncologists and office staff should carefully review the meaningful use measures, as some may require manual calculation of the eligible population (eg, for providers maintaining some paper records).

Fourth, providers will attest to CMS that they have met the stage 1 meaningful use criteria. This is done online and requires that the EP or their surrogate enter in the required information. Some measures require submission of the numerator and denominator numbers, whereas others require a simple yes or no response. At the end of the attestation process, the Web site will process the values and immediately determine whether or not the EP has qualified for the incentives. Providers may use a CMS-sponsored online meaningful use calculator to simulate the attestation process beforehand.

Following this four-step process will qualify a provider for stage 1 of the Medicare program. Note that the criteria will become more stringent in stages 2 and 3. Both the Medicare and Medicaid EHR incentive programs are complicated and feature many nuances. EPs are encouraged to visit ASCO and CMS online resources; each Web site has details on each meaningful use measure and other information.

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Author's Disclosures of Potential Conflicts of Interest

The author indicated no potential conflicts of interest.

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