

SPRINGCHARTS®

Electronic Health Records



Guide To Meaningful Use

Volume 2 – Roadmap to Stage One
Qualification

Guide to Meaningful Use – Volume 2

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DISCLAIMER:

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OVERVIEW

The previous SpringCharts *Guide to Meaningful Use Volume 1- Collecting the Data* was designed to help SpringCharts users understand the 15 core features and functionality of the ONC-ATCB certified SpringCharts EHR¹ program that are required operations for Eligible Professionals (EP) to achieve ‘meaningful use’ (MU) qualifications. The first volume also outlined an additional 10 EHR functions that formed a menu set from which the EP will choose 5 features to further demonstrate and satisfy MU stage one requirements.

This *Guide to Meaningful Use Volume 2 – Roadmap to Stage One Qualification* will set forth the necessary steps to achievement stage one MU as set forth by the ARRA/HITECH requisites. The frequently asked questions and answers outlined in volume 2 will guide SpringCharts EPs through all necessary steps to allow self-attestation for MU qualifications over a 90-day period.



Note: SpringCharts customers **MUST** upgrade to SpringCharts EHR 2011 prior to starting their 90 day demonstration period to be eligible for Medicare incentives (Medicaid incentives do not have a 90 day demonstration period requirement – check with your local state Medicaid office for details).

For questions about versions, functionality or any other inquiries please contact your SpringCharts Value Added Reseller or Spring Medical at 281-537-1377 or visit our website: www.SpringMedical.com.

¹ SpringCharts EHR 2011 is a Complete EHR and is 2011/2012 compliant and has been certified by an ONC-ATCB in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments.



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Introduction

On February 17, 2009, the American Recovery and Reinvestment Act (ARRA) – commonly known as the Stimulus Package – was signed into law. The Health Information Technology for Economic and Clinical Health (HITECH) Act was passed as part of ARRA and included approximately \$20 billion to aid in the development of a healthcare infrastructure and to assist individual providers in adopting and using health information technology, including EHRs. Sizeable incentives available as reimbursements through the Centers for Medicare and Medicaid Services (CMS) will assist providers in selecting, implementing, and deploying EHRs. In order to receive remuneration from the HITECH Act program, practitioners are required to demonstrate “meaningful use” (MU) of a “certified” EHR program beginning as early as 2011.

In September 2010, the ONC launched a two-year temporary certification program to guarantee basic standards, implementation specifications, and functionality of EHR programs for the medical community. Six IT organizations across the country were selected to fulfill the task of testing and certifying ambulatory EHR programs; these entities are known as ONC-Authorized Testing and Certification Bodies (ONC-ATCB).

1. ‘Certified’ EHR Version

Q1 ~ We already have a SpringCharts version that is CCHIT Certified. Will that qualify our office for ‘meaningful use’?

No. All EHR products that were previously CCHIT CertifiedSM must be resubmitted for ONC-ATCB certification in order to qualify for the incentive program under the HITECH Act. Although SpringCharts EHR has been certified with CCHIT since 2006, the ONC requires that all EHRs be certified through an ONC-ATCB organization to qualify for financial remuneration. *SpringCharts EHR 2011* is a Complete EHR and is 2011/2012 compliant and has been certified by an ONC-ATCB.

Q2 ~ Does the HITECH Act require my practice to adopt a ‘certified’ EHR and participate in the CMS program?

No. While the HITECH Act does not “require” that medical providers adopt EHR programs, those who fail to do so by 2015 face a reduction of 1% in the **Medicare** reimbursement fee schedule. (The Act does not address reductions in Medicaid reimbursement). The HITECH Act also allows for an increased deduction of 5% from Medicare reimbursements after 2017 for providers not utilizing an EHR program.



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Q3 ~ Does Spring Medical guarantee that I will receive my MU incentive payment by investing in SpringCharts 2011?

Spring Medical guarantees that *SpringCharts EHR 2011* meets the criteria for Meaningful Use set by the Office of the National Coordinator for Health Information and is ONC-ATCB certified. The attestation to MU through CMS must be carried out by each EP.

2. Who Is An Eligible Professional (EP)?

Q1 ~ What medical providers qualify as eligible providers?

Many. The list of professionals who qualify for financial remuneration under the HITECH Act differs for eligibility under Medicare and Medicaid.

To qualify as an EP under the Medicare program, you must be a:

- MD - Medical Doctor
- DO - Doctor of Osteopathy
- DDS - Doctor of Dental Surgery
- DMD - Doctor of Dental Medicine
- DPM - Doctor of Podiatric Medicine
- OF - Doctor of Optometry
- DC - Doctor of Chiropractic

To qualify as an EP under the Medicaid program, you must be a:

- MD - Medical Doctor
- DO - Doctor of Osteopathy
- DDS - Doctor of Dental Surgery
- DMD - Doctor of Dental Medicine
- DPM - Doctor of Podiatric Medicine
- CNMW - Certified Nurse Midwife
- NP - Nurse Practitioner
- PA - Physician Assistant - practicing in federally qualified health centers (FQHCs)

Q2 ~ What if I qualify as an 'eligible professional' but I do not participate in either the Medicare or Medicaid programs; Can I receive incentive payments?

Sorry. In 2004, the Office of the National Coordinator for Health Information Technology (ONC) was established as a sub-cabinet position within the Office of the Secretary for the U.S. Department of Health and Human Services (HHS). As a government agency, its purpose is to provide resources to support the adoption of health information technology and is providing finances only through the Centers for Medicare and Medicaid Services (CMS).



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Q3 ~ There are several providers in our group practice. We bill under the same tax ID number. Do we qualify for the MU incentive payment as one clinic or as each provider?

The MU payments are based upon each EP, not per practice!

3. Understanding Financial Incentives

Q1 ~ How much money can I expect to get through the Medicare program?

As an EP using *SpringCharts 2011* and demonstrating MU each year, you will qualify for ‘up to’ \$44,000 through the Medicare program which is rolled out over a five-year period. Each year you must demonstrate MU based on the guidelines of the ONC to qualify for the designated amount for that year. The earliest year to demonstrate MU is 2011 at which time you can qualify for up to \$18,000. In the second year of demonstrating MU you can qualify for up to \$12,000, and so on. Entering the program in 2013 or 2014 will diminish the maximum amount you can qualify for. See diagram below. [Note: An additional incentive exists for EPs who provide services in a Health Professional Shortage Area (HSPA)].

Entry Yr	2011	2012	2013	2014
→				
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
2016	---	\$2,000	\$4,000	\$4,000
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000



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Q2 ~ How much money can I expect to get through the Medicaid program?

As an EP using *SpringCharts 2011* and demonstrating MU each year, you will qualify for ‘up to’ \$63,750 through the Medicaid program which is rolled out over a six-year period. The first year of qualifying for MU using *SpringCharts 2011* you will be eligible for up to \$21,150, the next year \$8,500, and so on. You will have up to six years to join the Medicaid incentive program and still qualify for up to \$63,750. See diagram below. (Note: The Medicaid EHR Incentive Program is voluntarily offered by individual states and territories.)

Entry Yr 	2011	2012	2013	2014	2015	2016
2011	\$21,150	---	---	---	---	---
2012	\$8,500	\$21,150	---	---	---	---
2013	\$8,500	\$8,500	\$21,150	---	---	---
2014	\$8,500	\$8,500	\$8,500	\$21,150	---	---
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,150	---
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,150
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



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Q3 ~ Can I ‘double dip’ and get financial incentives from both the Medicare and the Medicaid programs?

No. You must choose one program or the other. **However, before 2015, an EP may switch programs only once after the first incentive payment is initiated.** (Most EPs will maximize their incentive payments by participating in the Medicaid EHR Incentive Program.)

Q4 ~ You keep mentioning ‘up to’ \$44,000 through Medicare or ‘up to’ \$63,750 through Medicaid. What do you mean by ‘up to’?

Under the Medicare program, the annual incentive payments are calculated by multiplying the billed Medicare ‘allowable’ charges by 75%. You will receive the lesser amount of either the ‘75% rule’ or the annual amount allotted in the program. So, in order to earn the maximum incentive in 2011 of \$18,000, you will need to submit claims with allowable charges of \$24,000 or more. Qualified eligible professionals who do not meet this threshold will receive an amount less than the \$18,000 maximum, based on the 75% rule. In the following year, an EP will need to bill allowable charges of \$16,000 or more to qualify for the maximum incentive payment in the second year of \$12,000. The annual incentive payment will not be released until the threshold has been met or until the year is completed.

Under the Medicaid program, an EP may receive “up to 85% of the net average allowable costs for certified EHR technology, including support and training (determined on the basis of studies that the Secretary will undertake)” and will receive up to \$25,000 in the first year. So, in order to receive this maximum allotted amount in the first year, an EP will need to show EHR costs (as outlined above) for \$29,412 or more.

Q5 ~ How do I decide whether I should go with the Medicare program or the Medicaid program?

If you are not sure whether the Medicare program or the Medicaid program will be more advantageous for you, you can run a Medicare payment report for the last year from your practice management software program. By applying the rules outlined above you will be able to determine the better way to go.

4. Receiving Incentive Payments

Q1 ~ How do I receive my payment?

The incentives will be paid in a **single, consolidated annual payment**, not periodic installments. Payments are made to the taxpayer identification number (TIN) selected at



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the time of registration, through the same channels that claim payments are currently made.

Q2 ~ When do I receive my payment?

Incentive payments through the Medicare program will be made approximately four to six weeks after EPs successfully 'attest' that they have demonstrated meaningful use of SpringCharts EHR 2011, AND, the threshold criteria has been determined. Remember that an EP must meet the \$24,000 threshold in allowed charges for an incentive payment to be released. Incentive payments will be made to EPs on a rolling basis as soon as the EP demonstrates meaningful use for the reporting period; that is, after 90 consecutive days in the first year, and **after** the full calendar year in subsequent years. For EPs who do not reach the maximum threshold during the first year, Medicare will disburse the incentive payment the following year.

5. Meaningful Use Attestation

Q1 ~ How do I start the process of attestation?

Registration is the first step. Opportunity to register with CMS for the incentive program began on January 3, 2011. You can do this at the following site:

<https://ehrincentives.cms.gov>.

You can even register before the purchase of SpringCharts EHR 2011. EPs who are eligible for both the Medicare and Medicaid Incentive Programs must choose which incentive program they wish to participate in when they register. In addition, each state will develop its own Medicaid registration process. More details will be released over the coming months. EPs may contact their state's Regional Extension Center for information.

Q2 ~ What information will I need to begin the registration?

If you are an EP you will need your National Provider Identifier (NPI), National Plan and Provider Enumeration System (NPPES) User ID and Password, Payee Tax Identification Number (if you are reassigning your benefits), and Payee National Provider Identifier (NPI) (if you are reassigning your benefits). Please be aware that currently EPs are not permitted to allow a practice manager or any other person to register for them.

If you are enrolling in the **Medicare** incentive program, you will ultimately need an enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS) before you receive your incentive payments. If you are enrolling in the **Medicaid** incentive program you will not need to be enrolled in PECOS.



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Q3 ~ What do I need to 'attest' to in stage one of MU?

After 90 days of successfully using SpringCharts EHR 2011, **Medicare** EPs will attest to MU through the CMS' web-based *Medicare Incentive Program Registration and Attestation System*. In the Registration and Attestation System, you will fill in numerators and denominators for the MU objectives and clinical quality measures. Once providers have completed a successful online submission through the Attestation System, and the 75% rule has been met, they will qualify for a Medicare EHR incentive payment.

There are a set of fifteen measures described in *SpringCharts Guide to Meaning Use – Volume 1* that are **required** of all EPs to meet MU qualifications. In addition, a set of five measures must be chosen from a second set of ten objectives in order to satisfy the MU requirements. The ONC encourages EPs to select menu objectives that are relevant to their scope of practice and only claim an exclusion for a menu objective in cases where there are no remaining menu objectives that are relevant to their scope of practice.

For the **Medicaid** EHR Incentive Program, providers will follow a similar process using their State's Attestation System. Check here to see states' scheduled launch dates for their Medicaid EHR Incentive Programs: <http://www.cms.gov/apps/files/medicaid-HIT-sites/>.

Q4 ~ What do 'numerators' and 'denominators' mean when attesting MU?

There are 15 measures for EPs that require the collection of data to calculate a percentage, which will be the basis for determining if the Meaningful Use objective was met according to a minimum threshold for that objective. These measures are outlined in *SpringCharts Guide to Meaning Use – Volume 1*. Measures requiring a numerator and denominator are divided into two groups: one where the denominator is based on patients seen during the 90-day reporting period, regardless of whether their records are maintained in SpringCharts EHR 2011; and a second group where the measure is not relevant to all patients, due to limitations (e.g., recording tobacco use for all patients 13 and older) or because the action related to the measure is not relevant (e.g., transmitting prescriptions electronically). For these second measures, the denominator is based on actions related to patients whose records **are** maintained in SpringCharts EHR 2011.

For example, the **denominator** for the 'electronic prescriptions' (eRx) measure consists of the total number of prescriptions written for drugs during the 90-day reporting period. The **numerator** consists of the number of prescriptions in the denominator generated and transmitted electronically using SpringCharts EHR 2011. In order to meet the objective for MU, 40% of all permissible prescriptions written by the EP must be generated and transmitted electronically. You will need to attest to this fact.



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Disclaimer:

This guide is designed to be a "road map" for *SpringCharts EHR 2011* EPs to plan how to achieve stage one Meaningful Use. For more detailed information and additional answers related to CMS and the EHR Incentive Programs, please visit the official Department of Health & Human Services website at: <http://questions.cms.hhs.gov/app/answers/list>