SATINSKY CONSULTING

SUMMER 2010 NEWSLETTER

Since the passage of the American Recovery and Reinvestment Act (ARRA) in 2009, healthcare providers have been waiting for final rules regarding financial incentives for the "meaningful use" of electronic health records (EHR). The Final Rule for a "temporary" process for ARRA certification came out on June 24, 2010, and on July 13, 2010, the Secretary of the U.S. Department of Health and Human Services announced the release of two more important rules. CMS has issued its Final Rule on meaningful use and payment policies, and the Office of the National Coordinator for Health Information Technology (ONC) has issued its Rule identifying the standards and certification criteria for the certification of EHR technology. Make sure you understand what meaningful use means, how it works, and what your practice must do if it wishes to apply for the Medicare or Medicaid incentive payments.

Margie Satinsky

MEANINGFUL USE – 10 THINGS TO KNOW

1. **What exactly is "meaningful use?"**

   Signed into law in 2009, the American Recovery and Reinvestment Act (ARRA) sets forth financial incentives to adopt electronic health records (EHR) that meet specific requirements. The HITECH Act, part of ARRA, contains the details, including criteria for "meaningful use" which providers must meet in order to qualify for financial incentives under the Medicare or Medicaid programs. Here's the logic. EHR can potentially improve patient care, but just having EHR in your practice is not enough. You must use EHR to collect and use "meaningful" information on clinical quality, and you must use your information technology in a specified form and manner. Quality reporting and exchange of health information among different providers are important parts of the picture.

2. **Who qualifies for meaningful use? Is it the provider and/or the vendor that provides the information technology (IT)?**

   Both the provider and the vendor must meet specific requirements. Providers must have and use technology that meets temporary and eventually permanent certification. It's up to the vendors to obtain that certification. Providers themselves must use the certified software to report health information technology (HIT) and clinical quality measures. Because most vendors are tying promotional campaigns to certified software, providers may be confused about their own role. Vendors don't qualify for "meaningful use"; that's a provider responsibility. Certification of vendor software doesn't mean that providers will automatically receive an incentive payment.

3. **Do all physicians have to report the same information?**

   No - in response to public comment, CMS has retained the fundamental form of reporting on both HIT and Quality Objectives but recognized that different physicians have different needs. For the HIT reporting, providers must report on 15 core reporting objectives and can select five from an additional ten objectives. For the Quality Objectives, providers must report on three core measures and can select three other measures. The pathway to meaningful use is more individualized than it had been in the Interim Final Rule.

4. Is a provider who cares for both Medicare and Medicaid patients eligible for financial incentives from both programs?

No – take your choice, but don't double dip. If a provider starts out by participating in one program and decides to change to the other, he/she can make one change.

5. Are the ARRA incentives tied to the number of Medicare or Medicaid patients for whom a physician provides care?

Eligible Professionals (defined differently for Medicare and Medicaid programs) who apply for the Medicare incentive payment are not required to see a specific percentage of Medicare patients. However, they must submit a minimum amount of Medicare charges in order to qualify for the full incentive payment. For example, in 2011 a provider must submit at least $24,000 in Medicare charges in order to collect $18,000. Eligible professionals who apply for the Medicaid incentive must meet specific volume requirements that are tied to the unique number of patients, not encounters. The Medicaid requirement is 30% and 20% for pediatricians. There are special requirements for federally qualified health centers and rural health clinics led by a Physician Assistant.

6. If a provider receives financial assistance in purchasing an EHR, does that financial contribution impact eligibility for the Medicare or Medicaid incentive?

Yes – if a hospital or organization other than a state or local agency makes a direct financial contribution toward payment of the EHR, that money is subtracted from the financial incentive.

7. Who makes the incentive payment to the provider?

CMS makes the incentive payment for both Medicare and Medicaid, even though the states administer the Medicaid program.

8. How do providers prove meaningful use?

The approach for proving meaningful use has remained intact even though the Final Rule made some important changes. (See #3 above.) At the start, it will be sufficient to attest to the achievement of certain measures/criteria. It can also describe the way it uses the EHR. Eventually, proof of meaningful use will become more rigorous, and it is likely that providers will have to demonstrate that they are using what they described in the early phase of the program.

9. Will providers need to turn their practices upside down to qualify for meaningful use?

Like any new program, becoming familiar with the requirements and developing methods for meeting them will take time. However, many physicians already do what they must now document in order to receive a financial incentive. Here's an example from the documentation section of the HIT Measures. Maintaining up-to-date problem lists, active medication lists, allergy lists, and keeping records that indicate preferred language, insurance, gender, race, ethnicity, date of birth, are common practice. So are recording and charting changes in vital signs and smoking status. There's not much new here. In other situations, however, meeting the requirements will require more thought and collaboration with the IT vendors. For example, lab tests must be incorporated into structured fields within the EHR. Does the lab test requirement mean that the test results from each and every lab test must be entered separately, or can the results be integrated into the EHR in another way?

10. What's the best place to get current information on meaningful use?

CMS has a new website (**http://www.cms.gov/EHRIncentivePrograms**) that contains up-to-date information. Starting in January 2011, this website will have a link to a Registration form so providers can begin the application process.

SATINSKY CONSULTING

Contact Satinsky Consulting at (919) 383-5998 or Margie@satinskyconsulting.com for assistance in understanding meaningful use and for selecting and implementing information technology (IT) solutions for your practice. We provide the following services:

- Identification of vendors that offer products and services that meet your needs. We're vendor-neutral and have experience with many different companies.

- Guidance in vendor selection and implementation. Rely on our experience to help you through the maze.

- Assistance in the evaluation of vendor products, plans, strengths and weaknesses, and pricing.

- Comparison of vendor proposals. Because proposals always come in different formats, making comparisons is challenging.

- Negotiation of price and other contract terms.

- Arrangement of site visits to Satinsky Consulting clients who use different products.

- Assistance with vendor reference checks.

- Troubleshooting in practice-vendor communications.

- Provision of up-to-date summaries of federal and other requirements for IT.

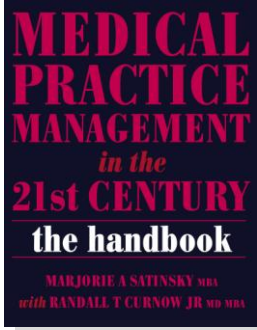## Articles on Selecting and Implementing Information Technology

Use the links below, or visit **www.satinskyconsulting.com/publications.htm** to read these and other articles by Margie Satinsky.

- **"Electronic Health Records. Is Now the Time for Your Practice?"**
  Coming soon in the North Carolina Medical Board Forum • 2010

- **"Selecting Electronic Health Records and Other Technology Solutions to Support Your Practice"**
  Medical Association of Georgia Journal • 2009

- **"Medical Practice Excellence in the 21st Century: How to assess your practice before choosing the best information technology - Part 3 of a three-part series"**
  Skin & Aging • 2008

Upcoming Presentations on Selecting IT to Support Your Practice

September 28, 2010   **"Choosing and Implementing EHR and Dealing with Meaningful Use"**
Wake County Medical Society

Ideas for Managing Your Practice

If you are looking for new ideas to improve your bottom line and practice operations, order **The Handbook for Medical Practice Management in the 21st Century**. The book and the companion website offer concrete suggestions and practical tools. Authored by Marjorie A. Satinsky, M.B.A., with Randall T. Curnow, Jr., M.D., M.B.A., the handbook is available from Radcliffe Press.

To order the book, call 800.247.6553 or visit www.radcliffe-oxford.com.

Satinsky Consulting, LLC
201 Cedar Ridge Way
Durham, NC 27705-1981
919.383.5998
Fax 919.309.0109
www.satinskyconsulting.com