



sergeMD, 6410 Poplar, Suite 800, Memphis, TN 38197
http://www.sergemd.com Phone 901-260-2600

Meaningful Use: The Purpose

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The American Recovery and Reinvestment Act of 2009 (Recovery Act) authorizes the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals and hospitals who are successful in becoming “meaningful users” of certified electronic health record (EHR) technology. The Medicare EHR incentive program will provide incentive payments to eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) that are meaningful users of certified EHR technology. The Medicaid EHR incentive program will provide incentive payments to eligible professionals and hospitals for efforts to adopt, implement, or upgrade certified EHR technology or for meaningful use in the first year of their participation in the program and for demonstrating meaningful use during each of five subsequent years. CMS’ goal is for the definition of meaningful use to be consistent with applicable provisions of Medicare and Medicaid law while continually advancing the contributions certified EHR technology can make to improving health care quality, efficiency, and patient safety.

Who Qualifies and What Happens

If **30%** of your patient demographic gets billed to **Medicare**, you qualify for the incentives that the government is paying to get you to Meaningful Use. If you are in pediatrics, your benchmark is **20%** of patients and you will qualify under **Medicaid**.

If you reach the initial benchmark mentioned above AND you either are now or will be utilizing an electronic health record system that meets the objectives as put together by the Office of the National Coordinator Health IT Policy Committee, then you qualify. There are 25 objectives/measures for EPs in the proposed rule for Stage 1. Those can be found on our website by clicking this link.

<http://sergemd.com/SergeInPractice/BusinessTips/MeaningfulUse>

There are three stages:

Stage 1 is listed as electronically capturing health information in a coded format, using that information to track key clinical conditions,

Some of you definitely qualify...do you know who you are?

Here's a link to the Federal Register-Proposed Rule if you really want to go there!

<http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf>

What NextGen Versions are Certified and What Software is Required?

NextGen has already submitted for and received the CCHIT certification. The versions certified and recommended are EHR 5.6 SP1 with 7.9 KBM. They have stated that 5.6 will be required but that 7.6 SP10-MC, 7.7 SP5-MU or 7.8 SP5-MU will suffice to meet Meaningful Use.

Version 5.6 is in general release at this time and 7.9 KBM is scheduled to be out August 1st. In addition, you'll need:

- Enterprise Practice Management (EPM)
- NextGen Real-time Transaction Server(RTS)
- and an HL7 interface or a testing tool

Additional recommended products to help demonstrate Meaningful Use would include:

- NextGen Health Quality Measure Reporting Module
- Crystal Reports or comparable ODBC reporting tool
- sergeMD's Healthbank: secure messaging, web check-in, health information exchange platform

What if We Don't Want to Participate?

Unfortunately, for physicians who participate in Medicare or Medicaid and choose not to implement an EHR, the stimulus bill is a double-edged sword. Not only will they forego thousands in incentive payments, but starting in 2015, they will be penalized by way of decreased Medicare and Medicaid payments. Physicians who fail to qualify as meaningful users will face decreases of 1% in 2015, 2% in 2016, and 3% in 2017, with a maximum reduction of 5% by 2020.

communicating that information for care coordination purposes, and initiating the reporting of clinical quality measures and public health information.

Methods for Demonstration of the Stage 1 Criteria of Meaningful Use For CY 2011 and FY 2011, Medicare EPs and eligible hospitals will demonstrate that they satisfy each of the proposed meaningful use objectives specified in §495.6 through attestation. Medicaid EP's will certify through attestation that they are engaged in efforts to "adopt, implement, or upgrade" to certified EHR technology.

- **Stage 2 (2013)** would expand upon the Stage 1 criteria in the areas of disease management, clinical decision support, medication management, support for patient access to their health information, transitions in care, quality measurement and research, and bi-directional communication with public health agencies.
- **Stage 3 (2015)** would focus on achieving improvements in quality, safety and efficiency, focusing on decision support for national high priority conditions, patient access to self management tools, access to comprehensive patient data, and improving population health outcomes.

What Are The Timelines?

Stage 1 begins in 2011. In the first year of adoption, CMS states that a physician or hospital must be using an EHR in a meaningful manner for a minimum of 90 days in order to qualify for incentives. In subsequent years, the EHR must be used in a meaningful manner for the entire year. You can begin your 90 day qualifying in 2010...for example; October, November, and December or any 90 day period in 2011.

When will you get the incentive payment and how much will it be? CMS states that the Act provides for, and they propose, to make a single, consolidated, annual incentive payment as soon as they ascertain that an EP has demonstrated meaningful use for the applicable 90-day reporting period (for year one).

Practices with multiple physicians will be eligible to receive incentive payments for each provider. Actual payments will be based on 75% of the correlating year’s Medicare/Medicaid charges. Therefore, in order to qualify for the maximum payment of \$18,000 (Medicare) or \$21,250 (Medicaid) in the first year, each provider must bill Medicare or Medicaid a minimum of \$24,000 or \$28,333 respectively.

The incentive payments decline for each subsequent year within the five year period; \$12,000 will be paid in year two, \$8,000 in year three, \$4,000 in year four, and \$2,000 in year five.

See the Medicare and Medicaid Incentive Schedules below.

Maximum Incentive Schedules

Medicare

<i>Year</i>	<i>Eligible in 2011</i>	<i>Eligible in 2012</i>	<i>Eligible in 2013</i>	<i>Eligible in 2014</i>	<i>Eligible in 2015</i>
2011	\$18,000	\$0	\$0	\$0	\$0
2012	\$12,000	\$18,000	\$0	\$0	\$0
2013	\$8,000	\$12,000	\$15,000	\$0	\$0
2014	\$4,000	\$8,000	\$12,000	\$12,000	\$0
2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
2016	\$0	\$2,000	\$4,000	\$4,000	\$0
Total	\$44,000	\$44,000	\$39,000	\$24,000	\$0

Medicaid

<i>Year</i>	<i>Eligible in 2011</i>	<i>Eligible in 2012</i>	<i>Eligible in 2013</i>	<i>Eligible in 2014</i>	<i>Eligible in 2015</i>
2011	\$21,250	\$0	\$0	\$0	\$0
2012	\$8,500	\$21,250	\$0	\$0	\$0
2013	\$8,500	\$8,500	\$21,250	\$0	\$0
2014	\$8,500	\$8,500	\$8,500	\$21,250	\$0
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2017	\$0	\$8,500	\$8,500	\$8,500	\$8,500
2018	\$0	\$0	\$8,500	\$8,500	\$8,500
2019	\$0	\$0	\$0	\$8,500	\$8,500
2020	\$0	\$0	\$0	\$0	\$8,500
Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Summary

As you can see, there are a number of details surrounding Meaningful Use. At sergeMD, we'd like to help each of you accomplish the task of qualifying and benefiting from the incentive payments.

If you are interested in determining whether you qualify and/or what your billed revenue to these two payers looks like over the past year, please contact us and we'd be happy to help you.

Please keep in mind that the final rule has not yet been determined but it is our belief that of the items outlined in this newsletter, not much will change in any material way. All information contained in this newsletter is current as of May 2010 only.

Our recommendation is to get started now if you want to receive the benefits that accompany Meaningful Use. Some qualifications will take time such as getting labs interfaced, upgrading to new versions, e-dispensing, and altering and improving processes in your office, etc. so we suggest you start as soon as possible. Remember we are here to help you.

While we make every effort to insure this information is correct, it is provided to you for informational purposes only. We have attempted to capture the most important items from the 169 pages in the Federal Register. Nothing contained on these pages is or should be used as a substitute for professional advice. Please do your homework and seek advice from attorneys, accountants, compliances officers or other professionals as necessary.

sergeMD
6400 Poplar Ave.
Suite 800
Memphis, TN 38119

Phone:
901-260-2600

Fax:
901-260-2601

E-mail:
MeaningfulQuestions@sergemd.com



**Meaningful Use Requires a
Dedicated Partner**