NEO HealthConnect
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Ohio Health Information Partnership

NEO HealthConnect Answers

August 2011

Medicare EHR Incentives and the Payment Adjustment Timeline

Many providers believe that delaying adoption of an EHR will not adversely effect the financial health of their practice. Although CMS has reported that over $149 million in *Medicare* incentive dollars have been paid out through July of this year, there is still disbelief that the program is real. The incentives *are* real and, in addition to missing out on the incentives, Medicare providers who do not become meaningful users *will* be subject to payment reductions.

Following are the Incentive Program guidelines set forth by the Centers for Medicare & Medicaid:

1. To qualify for Medicare EHR incentive payments, Medicare eligible professionals must successfully demonstrate meaningful use for each year of participation in the program.

2. Incentive payments are made based on the calendar year. The reporting period for the first year is any 90 continuous days during the calendar year. The reporting period for all subsequent years is the entire calendar year.

3. For calendar years 2011-2016, eligible professionals who demonstrate meaningful use of certified EHR technology can receive up to $44,000 over 5 years under the Medicare EHR Incentive Program.

4. **Important!** For 2015 and later, Medicare eligible professionals who do not successfully demonstrate meaningful use will have a payment adjustment to their Medicare reimbursement. The payment reduction starts at 1% and increases each year that a Medicare eligible professional does not demonstrate meaningful use, to a maximum of 5%.

Meaningful Use Stage 2 Likely to be Pushed Back

At the ONC regional meeting held recently in Minneapolis, Dr. Farzad Mostashari, MD, director of the ONC, said there's every indication that the meaningful use stage 2 implementation date will be pushed back to 2014. Recommendations for the change came from the Health IT Policy Committee and other organizations, such as the Ohio Health Information Partnership.

Mostashari said the current 2013 implementation date for meaningful use stage 2 may be "infeasible, and therefore could have a detrimental effect on keeping providers on the meaningful use escalator," according to Government Health IT. Some physicians and hospitals are putting off attesting to meaningful use stage 1 this year since they would have to meet stage 2 by 2013, whereas if they waited until next year they'd have until 2014.

This is a problem especially for the hospitals, since their meaningful use reporting period coincides with the federal fiscal year. Therefore, a 2013 meaningful use implementation date for the hospitals would mean they would need to meet Stage 2 meaningful use reporting requirements starting in October 2012, the beginning of the 2013 federal fiscal year. Since the new Stage 2 meaningful use regulations would not be finalized until mid-2012, there would be little time to restructure workflow to meet any additional reporting requirements introduced in Stage 2. "The last thing we want to do is provide a disincentive toward attesting for meaningful use in 2011. We recognize that not accepting your recommendation to delay the start of stage 2 could negatively impact provider participation rates in the EHR incentive program in 2011," Mostashari said, according to Government Health IT.

A decision by the Office of the National Coordinator for Health IT (ONC) and the Centers for Medicare and Medicaid Services (CMS) is expected by the end of the year or early 2012 after receiving public input, with the rule being finalized next summer.

Share Your Experience With REC Services

It has been almost a year since NEO HealthConnect began serving the physician population in the counties of Columbiana, Jefferson, Mahoning and Trumbull. In that short time, our combined efforts have added over $400,000 to the local economy through the payment of federal EHR incentive dollars. We have worked with many of you through the discovery, evaluation and adoption phases of the EHR process and you are well on your way to becoming "Meaningful Users" of certified technology.

As the program draws to its close, and the Medicare reimbursement penalties approach, there are many of your peers who have not yet taken advantage of the cost-free assistance offered through NEO HealthConnect. Several of you have referred your colleagues to us, and we appreciate your acknowledgement of the value of working with our office. We believe that your referrals are the ***BEST*** way for NEO HealthConnect to

reach those providers who need assistance before the program ends. We encourage you to share your success story with your colleagues and invite them to contact us at 330-599-4595, or direct them to our website www.neohc.org, where they can learn more about us and the service we provide. Thank you.

Ohio Health Information Partnership Surveys

In the coming weeks, those practices that have contracts with NEO HealthConnect will receive a survey from the Ohio Health Information Partnership (OHIP). As federal grant recipients, OHIP is required to conduct the survey to determine the effectiveness of the Regional Extension Center initiative.

Once you receive your survey, if you have any questions, please to do not hesitate to contact our office at 330-599-4595. Thank you for your participation.

The Top Five Worst Electronic Medical Record Myths

With Washington in the midst of a big push for Electronic Medical Record (EMR) adoption in the US, rumors are flying about exactly what the switch from paper charts to EMR will mean. The top 5 worst EMR myths have been identified and investigated:

1. MYTH: EMRs are bad for "bedside manner" - Does a computer ruin the interaction between patients and doctors? The opposite is true according to a 2010 GAO report. The study found that EMRs help doctors have more information about the patient and contribute to better communication. A good EMR allows a doctor to spend more time with a patient and less with paperwork. Plus, patients can get real-time access to their own health records online through the doctor's EMR system.

2. MYTH: You can't teach old doctors new tricks - Change is hard, right? Although there is an initial learning curve during the EMR adoption process, an easy to use EMR can significantly improve workflows once an EMR is fully implemented. Older physicians often lead the charge for an EMR transition in order to prepare their practice for sale when they retire. Tools like dictation software and customizable templates can help win over even the most technology-adverse docs.

3. MYTH: Only hospitals use EMRs - While EMRs are more common in large medical facilities such as hospitals, health technology is starting to sweep smaller private practices. Private practice physicians deliver more than 80% of all care provided to uninsured patients and serve as the front-lines for primary care in the US - so getting them to use technology that improves the quality of care is especially important.

4. MYTH: Having my data stored in an EMR is a security risk - Big myth. Federal HIPAA regulations are very strict about who can see inside a chart and give a patient's EMR records protection beyond what's possible with paper charts. In order to open an electronic chart, a medical professional needs strict login permissions. The EMR system tracks each time records are accessed and backs up data in a safe and secure way so that records are always available to patients and doctors when

needed. Plus, web-based EMR systems protect from disasters, floods, building fires, and tornadoes that could easily destroy paper records.

5. MYTH: EMRs are crazy expensive - Okay, so our final myth is actually true a lot of the time. Many EMR vendors still charge small medical practices $100k or more for software, with additional money spent on hardware and IT maintenance. However, new affordable EMR technology has made it easier for small practices to join the technology transformation.NEO HealthConnect can help identify reasonably-priced options and help you determine whether or not they are right for your practice.

Certified EHR Systems Are Not All Equal

Jim Tate, Meaningful Use Expert

The Open Secret

There is an Open Secret: CMS knows it. ONC knows it. Certainly the ONC-ATCBs know it. The Certified Health IT Product List should be approached with extreme trepidation. Let the provider beware. The site clearly states that the list is composed of Certified Complete EHRs and Modules that have met the "certification criteria as identified in the Standards and Certification Rule."

During the extreme compression of the timeline in preparation for Stage 1 meaningful use it became necessary to create a Temporary Certification program so that certified technology could quickly be made available for providers and hospitals as they prepared for EHR adoption and the CMS Medicare and Medicaid incentive programs. EHRs and Modules are tested and certified based upon the NIST test procedures by the various ONC-ATCBs. As someone who has worked with over 130 EHR vendors on their certification projects I can say I have been impressed with the professionalism and consistency of every ONC-ATCB I have seen. My warning is about the mistaken belief that because an EHR or Module has been listed on the CHPL site it must be good or even serve an intended purpose with any degree of usability. That is simply not the case and everyone knows it.

Stage 1 Certification is not a seal of approval. No one should think the list of Certified Products is a list of equals. Quite a few of the applications are excellent and demonstrate elegant approaches to the electronic documentation of health information. Others are poorly designed, cumbersome, and no provider will ever be satisfied using them. The purpose of certification was not to separate the good from the bad. So tread very carefully and know the list of these applications contains quite a few diamonds, as well as a few snakes.

Jim Tate is a nationally recognized expert on the CMS EHR Incentive Program, certified technology and meaningful use and author of The Incentive Roadmap® The Meaningful Use of Certified Technology: Stage 1.

5010 Compliance Begins October 1, 2011

All physicians, providers, and suppliers who bill Medicare Carriers, Fiscal Intermediaries (FIs), Medicare Administrative Contractors (A/B MACs), and Durable Medical Equipment MACs (DME MACs) for services provided to Medicare beneficiaries will be affected by the upcoming HIPAA 5010 Conversion.

The implementation of HIPAA 5010 presents substantial changes in the content of the data that you submit with your claims as well as the data available to you in response to your electronic inquiries. The implementation will require changes to the software, systems, and perhaps procedures that you use for billing Medicare and other payers. So it is extremely important that you are aware of these HIPAA changes and plan for their implementation.

If you have any questions or concerns, please contact our office at 330-599-4595.

Free REC Services Update

As of August 19, NEO HealthConnect has only 31 slots remaining for free REC Services.

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