



NEO HealthConnect  
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Ohio Health Information Partnership

## NEO HealthConnect Answers

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### Medicare Attestation Begins on April 18. Are You Ready?

Attestation for the Medicare Electronic Health Record (EHR) Incentive Program begins on April 18, 2011. In order to receive your Medicare EHR incentive payment, you must attest through CMS' web-based Medicare and Medicaid EHR Incentive Programs Registration and Attestation System.

Today you can [preview](#) selected screenshots of the Attestation System to help you understand what the attestation process will involve. Please note that these screenshots are only examples-the final appearance and language may incorporate additional changes.

CMS will release additional information about the Medicare attestation process soon, including User Guides that provide step-by-step instructions for completing attestation, and educational webinars that describe the attestation process in depth.

#### Here is more information to help you prepare for Medicare attestation:

You need to understand the required meaningful use criteria to successfully attest. Meaningful use requirements for eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) participating in the Medicare EHR Incentive Program are different:

**EP Meaningful Use Criteria** - Must report on 15 core measures, 5 of 10 menu measures, and 6 clinical quality measures, consisting of 3 required core measures and 3 additional measures.

- Go to the [Stage 1 EHR Meaningful Use Specification Sheets for EPs](#) for information on core and menu measures for EPs.
- Go to the [Clinical Quality Measures page](#) for information on the required clinical quality measures for EPs.

**Eligible Hospital and CAH Meaningful Use Criteria** - Must report on 14 core measures, 5 of 10 menu measures, and 15 clinical quality measures.

- Go to the [Stage 1 EHR Meaningful Use Specification Sheets for Eligible Hospitals and CAHs](#) for information on core and menu measures for eligible hospitals and CAHs.
- Go to the [Clinical Quality Measures page](#) for information on the required clinical quality measures for eligible hospitals and CAHs.

You should also make sure that you begin your 90-day reporting period in time to attest and receive a Medicare payment in 2011. The last day to begin your 90-day reporting period for 2011 incentive payments is:

July 3, 2011, for eligible hospitals and CAHs, and  
October 1, 2011, for EPs.

Under the Medicaid EHR Incentive Programs, the date when participants can begin attestation for adopting, implementing, upgrading, or demonstrating meaningful use of certified EHR technology varies by state. Go to the [Medicaid State EHR Incentive Program web tool](#) for more information about Ohio's participation in the Medicaid EHR Incentive Program.

### **Want more information about the EHR Incentive Programs?**

Make sure to visit the [CMS EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.

## **Version 5010 Transaction Standards Deadline Is Approaching. Test Education Week is April 4-8, 2011**

The health care industry has ***less than a year*** left to prepare for the Version 5010 transaction set change on **January 1, 2012**. Have you started to prepare for the transition? Are you getting ready to test with your trading partners?

Unlike the current Version 4010/4010A1, Version 5010 accommodates the ICD-10 codes and must be in place first before the changeover to ICD-10 on October 1, 2013. Version 5010 has the ability to tell your practice management or other system that you are using an ICD-10 versus an ICD-9 code.

A key step in preparing your office for this upgrade is testing transactions in the new Version 5010 format. If you have not already done so, you should begin external Version 5010 testing now. Testing transactions using Version 5010 standards will assure that you are able to send and receive compliant transactions effectively. Testing will also allow you to identify any potential issues and address them in advance of the January 1, 2012 compliance date.

To assist with compliance, the Centers for Medicare and Medicaid Services is supporting an education effort, ***Get Ready for 5010***, that will sponsor a second set of free webinars April 4-8, 2011. These webinars will focus on testing for 5010. [Register Today for the Free Webinars!](#) All providers should be planning to test soon if they expect to meet the end of the year compliance deadline.

The webinars will feature speakers from the Centers for Medicare & Medicaid Services (CMS), provider and payer organizations, and will offer practical information and early lessons learned on:

- Testing for Large and Small Practices and Facilities
- How to Test with Medicare Fee-for-Service
- Testing with Commercial Payers and Clearinghouses

The Get Ready 5010 initiative is supported by a broad group of health care industry stakeholders representing providers, payers, government, and vendors who are coordinating their efforts to support a smooth and timely transition to Version 5010.

Whether you are well along with your Version 5010 project or just starting, you will find value in one or more of these free webinars. For more information and to register for these webinars, go to the Get Ready 5010 website at <http://www.getready5010.org>.

## ONC Issues Health IT Strategic Plan

Dr. David Blumenthal, outgoing head of the Office of the National Coordinator for Health Information Technology at HHS, has issued an 81-page draft update to the five-year [Federal Health IT Strategic Plan](#).

The plan, mandated by the American Recovery and Reinvestment Act of 2009, shows how the diverse federal and public- and private-sector collaborations to promote the use of health IT "fit together," according to Blumenthal, in a one-page cover letter published online with the plan today.

Blumenthal said that adoption and meaningful use of electronic health record systems remains the "unifying focal point of our strategy." However, he added, "We must continue to be attentive to implementing and enforcing privacy and security protections."

The updated plan also "charts new ground for the national health IT agenda" Blumenthal said. Those new goals are an expansion of the ability of providers to exchange healthcare information in areas where such exchange is not taking place today, the promotion of engaging and empowering individuals via electronic health information to "move to patient-centered care" and the development of a clear path for "building a 'learning health system'".

**The public comment period will remain open through Friday, April 22.**

## Health IT Calendar Available

CMS has issued a [two-page calendar \(PDF\)](#) with key deadlines through 2012 for "eligible professionals" planning to participate in the Medicare and Medicaid electronic health-record incentive payment programs created under the American Recovery and Reinvestment Act of 2009.

It also lists milestones for compliance with the switch to the Accredited Standards Committee X12 Version 5010 data transmission standards. An upgrade from the currently used Version 4010 standards is a necessary precursor to the planned later conversion to the ICD-10 family of diagnostic and inpatient procedure codes.

Office-based physicians and practice managers who would like more clarity on the many compliance dates and timelines for federal health information technology promotional programs now can turn to the health IT calendar for reference.

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