

Electronic Health Record Incentive Program Update February 20, 2015



**Florida Health Information Exchange
Coordinating Committee**



Topics

- Payment Data
- Participation Years and Payments
- Meaningful Use Progression
- EH and EP participation by program year
- Final Rule on Certification flexibility
- Proposed Rule for the 2015 program year
- Medicare Payment Adjustments



Payments

Payment information as of 2/6/2015:

*EP attestation period for program Year 2014 ends June 30, 2015.
EH attestation period for program year 2014 ended January 31, 2015.

	Eligible Professionals	Eligible Hospitals
Total # of payments	9501	471
Unique Providers	6556	174
# of payments for MU	3081**	311
# of payments for Stage 2*	0	18
Total payments	\$162,949,301	\$301,635,256.39
**2272 unique EPs were paid for attesting to MU		



Participation Years and Payments

- Eligible Professionals (EPs) can receive up to 6 Medicaid EHR incentive payments, Eligible Hospitals can receive up to 3 Medicaid EHR incentive payments
- EPs can attest with Medicare or Medicaid and then switch programs once by 12/31/14.
- Medicare EHR Incentive Program ends 2016.
- Medicaid EHR Incentive Program ends 2021.
The last year providers can begin is 2016.



Meaningful Use Progression

- The first year with the Medicaid program, a provider can attest to Adopt, Implement, Upgrade (AIU).
- All providers attest/receive payments for two years Meaningful Use (MU) at Stage 1 before progressing to attest to Stage 2 MU.
- 625 EPs are scheduled for Stage 2 for 2014.
- 95 hospitals received their third and final payment in 2013 and won't be attesting to Stage 2 with the Medicaid program.



Meaningful Use Progression (cont.)

- 33 hospitals eligible for a Medicaid incentive payment for 2014 have been paid for two years of MU and thus were scheduled for Stage 2 in 2014.
 - 22 attested to Stage 2 with Medicare and Medicaid
 - 7 attested to Stage 1 using a flexibility option
 - 4 did not attest with Medicaid; 3 of the 4 attested with Medicare, 1 to Stage 2, 2 to Stage 1 using a flexibility option
- EPs and EHs scheduled for Stage 2 may qualify for a flexibility option for 2014 and attest to Stage 1.
- Details on hospital payments with Medicare program:

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html>



Hospital Participation

Program Year 2014 for Hospitals ended 9/30/14. The grace period for submitting attestations ended 1/31/15.

Payment Year	2011	2012	2013	2014	2015
1 st payment	111	49	9	4	1
2 nd payment		95	58	10	
3 rd payment			95	39	
Payment Approved				12	
Under Review				5	
Totals	111	144	162	53 paid	1

22 hospitals paid or payment approved attested to Stage 2 MU



Eligible Professional Participation

Program Year 2014 for Eligible Professionals ends 12/31/14. The grace period for attesting ends 6/30/15

Payment Year	2011	2012	2013	2014 paid & approved?	2014 in review	2014 submitted and returned to provider
1 st payment	2665	2071	1645	123	72	123
2 nd payment		941	1243*	88	32	76
3 rd payment			587	138	63	38
4 th payment					4 Stage 2	8 Stage 2
Totals	2665	3012	3475	349	171	245

* 38 EPs' second payment with Florida Medicaid was their second payment for MU.



Final Rule on CEHRT flexibility

- Released August 29, 2014
- Effective October 1, 2014
- Rule provisions:
 - Allows some providers to meet meaningful use with EHRs certified to the 2011 or the 2014 Edition criteria, or a combination of both Editions for an EHR Reporting Period in 2014
 - Requires providers to report using 2014 Edition certified EHR technology (CEHRT) for EHR Reporting Period in 2015
 - Extends Stage 2 through 2016



2014 CEHRT flexibility

- Flexibility only available to providers who are **unable to fully implement** 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability
- First-year Medicaid participants must use 2014 Edition CEHRT in order to receive a payment for adopt, implement, or upgrade for 2014 participation



Unable to Fully Implement due to delays in 2014 CEHRT availability

- The delay must be attributable to the issues related to software development, certification, implementation, testing, or release of the product by the EHR vendor which affected 2014 CEHRT availability
- One exception is for providers scheduled to attest to Stage 2
 - Providers who are unable to meet the summary of care for transitions of care measure because the providers to whom they regularly transition were unable to fully implement 2014 CEHRT due to delays in it's availability.
 - Providers in this category can attest to Stage 1 measures instead.
 - Providers will need to obtain a list of their transition partners and the partner's status on implementing 2014 CEHRT during the EHR reporting period.



Program Year 2014 Attestations

- Florida's attestation system upgrades are expected to be completed in the Spring of 2015.
- Providers who can attest to the 2014 measures for which they were scheduled are encouraged to attest now.
- Providers who wish to attest to a flexibility option will need to wait until our upgrade is completed.
- The grace period is extended to June 30, 2015.



Intent to Propose Rule for 2015 Program Year

- January 29, 2015, CMS announced the intent to engage in rulemaking this spring to update the EHR Incentive Programs for the 2015 program year.
- CMS is considering the following changes:
 - **Shortening the 2015 reporting period to 90 days** to address provider concerns about their ability to fully deploy 2014 Edition software
 - **Realigning hospital reporting periods to the calendar year** to allow eligible hospitals more time to incorporate 2014 Edition software into their workflows and to better align with other quality programs
 - **Modifying other aspects of the programs** to match long-term goals, reduce complexity, and lessen providers' reporting burden



Rulemaking for 2015 Program Year

- CMS will publish the proposed rule and allow a 60 day comment period before finalizing.
- Timeline for publishing the proposed rule may be Spring of 2015.
- AHCA will not be able to update our attestation system until the final rule is published.



2015 Program Year

- All providers must have 2014 CEHRT.
- Providers attesting to their first year of Meaningful Use (MU) will have a continuous 90 day reporting period.
- Providers attesting to their second year of MU may be able to report a 90 day period instead of the full year if the rule is changed.
- Hospital Program Year 2015 began 10/1/14.
- Eligible Professional Program Year 2015 began 1/1/15.
- Our attestation system is ready for Program Year 2015 attestations for AIU and providers scheduled for 90 day MU reporting.



Medicare Payment Adjustment

- EPs and hospitals avoid the 2016 payment adjustment by
 - Successfully attesting to MU with Medicaid or Medicare for 2014 program year;
 - Attest to MU for first time for 2015 program year by 7/1/15 for hospitals and 10/1/15 for EP; or
 - Apply for and be granted an exception by CMS.

