For the most up to date Medicare EHR incentive program information please reference the Medicare EHR Incentive Program Web site:

http://www.cms.gov/EHRIncentivePrograms/

Medicare FAQs:

http://www.cms.gov/EHRIncentivePrograms/95_FAQ.asp#TopOfPage

1. When does the program start?

Medicare Eligible Professionals (EPs) and Eligible Hospitals (EHs): Participation in the Medicare EHR Incentive Program *can* begin as early as January 2011 or as late as 2014. Incentives end in 2016.

2. When can I register and where do I register for the Medicare Incentive Program?

Hospitals and eligible professionals that are applying for the Medicare and/or Medicaid incentive programs can register starting in January 2011.

https://ehrincentives.cms.gov

3. What do I need in order to register?

1. PECOS Enrollment - All Medicare EPs must have enrollment information in PECOS to register for the EHR Incentive Programs. PECOS is the Medicare Provider Enrollment, Chain, and Ownership System that manages, tracks, and validates enrollment data for Medicare providers and suppliers. If a provider has never enrolled in PECOS, they will need to do so (http://www.cms.gov/MedicareProviderSupEnroll/). If an EP or hospital enrolled in Medicare before November, 2003 and has not updated their enrollment information since then, they will also need to enroll through PECOS. If an EP or hospital enrolled in Medicare after November, 2003 or enrolled before November 2003 and has updated its Medicare enrollment information since November 2003, no further action is required. Providers can check to see if they are enrolled in PECOS at http://www.cms.gov/MedicareProviderSupEnroll/.
2. National Provider Identifier (NPI).
3. Most providers will require an Active web user account in the National Plan and Provider Enumeration System (NPPES).
4. Taxpayer Identification Number (TIN) (can be the SSN for some EPs) or Employer Identification Number (EIN).

More information about these requirements (including PECOS and NPPES links) can be found at https://ehrincentives.cms.gov/hitech/login.action

4. What do I need to do to participate?

Once an eligible professional is registered to participate in the EHR Incentive Program, they will need to demonstrate meaningful use of certified EHR Technology. Information on certification and certified EHR technology can be found on the Office of the National Coordinator for Health IT website (http://healthit.hhs.gov). Information on achieving meaningful use can be found in Incentive Program Tip Sheets available on the CMS web https://ehrincentives.cms.gov

• Essentially, Medicare eligible professionals need to:
1. Register for the Incentive Program
2. Implement and meaningfully use certified EHR Technology
3. Attest to the Meaningful Use functional measures and clinical quality measures

Some hospitals may participate in both the Medicare and Medicaid EHR Incentive Programs. They should therefore register for both programs and follow the guidance to show that they have met the eligibility requirements for both EHR Incentive Payments.

5. What is the difference between the Medicare & Medicaid EHR Incentive programs?

Medicare	Medicaid
Implemented by the Federal Government	Voluntary for States to implement - Connecticut is targeting July 2011 to begin accepting registrations for the CT Medicaid EHR Incentive Program
Maximum incentive is $44,000 for EPs (10% bonus for EPs in Health Provider Shortage Area (HPSAs))	Maximum incentive is $63,750 for EPs
EPs and hospitals must successfully demonstrate meaningful use of certified EHR technology to receive incentive payments in Year 1	Providers can qualify for an EHR incentive payment for adopting, implementing upgrading or demonstrating meaningful use of certified EHR technology in the first participation year. Required to demonstrate meaningful use of certified EHR technology in each subsequent year to qualify for further EHR payments.
Payment reductions begin in 2015 for providers that do not demonstrate Meaningful Use	No Medicaid payment reductions.
Meaningful Use definition is common for Medicare	States can adopt certain additional requirements for Meaningful Use
Last year a provider may initiate program is 2014; Last year to register is 2016; Payment adjustments begin in 2015	Last year a provider may initiate program is 2016; Last year to register is 2016
Only physicians (doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry and chiropractors), subsection (d) hospitals and CAHs	5 types of EPs: non-hospital based physicians (MDs, Dos), nurse practitioners, certified nurse midwives, dentists, and physician assistants that practice at an FQHC that is led by a PA; acute care hospitals (including CAHs) and children's hospitals
Incentive amounts are linked to the participation year and decrease year by year. Once a participant receives an incentive payment, they are locked into a payment year succession.	Incentives can be paid for nonconsecutive participation (i.e. you can skip participation years) through 2021 for EPs and 2015 for EHs.

6. How do I know if I'm eligible?

Provider Eligibility Information

A Medicare EP is defined as:

1. A doctor of medicine or osteopathy
2. A doctor of dental surgery or dental medicine
3. A doctor of podiatric medicine
4. A doctor of optometry
5. A chiropractor

In addition, a Medicare EP cannot be "hospital-based" and must have allowed charges for the participation year. An EP is considered to be hospital-based if the EP furnishes 90 percent of his or her services in a hospital inpatient or emergency room setting.

Further information on Medicare eligibility can be found on the Medicare Web sites: https://ehrincentives.cms.gov and http://www.cms.gov/EHRIncentivePrograms/

Hospital Eligibility Information

An eligible hospital for Medicare incentive payments is a "subsection (d) hospital" that is paid under the hospital inpatient prospective payment system. Hospitals must be located in one of the 50 states or the District of Columbia. Critical Access Hospitals and Medicare Advantage Hospitals are also eligible to receive Medicare EHR payments.

7. What is meaningful use? I keep hearing about it, but I don't understand what it means.

Under the American Recovery and Reinvestment Act, the EHR incentive payments are available to eligible professionals and eligible hospitals that adopt, implement, upgrade or meaningfully use certified EHR technology. Meaningful use describes how certified EHR technology moves beyond being a digital medical chart into being a tool to transform health care service delivery and therefore improve health outcomes. For example, some people just use a cell phone to make calls. Others have smart phones that contain GPS systems and video cameras and applications for monitoring their food intake, sending emails, etc. Meaningful use describes how the EHR is used by the provider so that the focus isn't on the technology and what it can do, but on how it is actually used in practice. Just having certified EHR technology isn't enough to improve care. CMS wants providers to use EHR technology to transform how they deliver care, like some people use their smart phones to organize their lives, stay in touch, etc.

CMS was responsible for defining "meaningful use" as it applies to the EHR Incentive Programs. CMS solicited and received significant public comment as part of the meaningful use rulemaking process and has issued a final rule, which contains a definition for stage one of meaningful use. It closely links to the EHR certification standards criteria developed by the Office of the National Coordinator (ONC) and provides a platform for evolving minimum requirements over time.

The Recovery Act specifies that the definition of meaningful use include at the very least, three particular elements:

- The use of a certified EHR in a meaningful manner (e.g.: e-Prescribing);
- The use of certified EHR technology for electronic exchange of health information to improve quality of health care

- The use of certified EHR technology to submit clinical quality and other measures.

Providers seeking additional should reference the following link:

https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp

8. The Recovery Act requires the electronic exchange of health information. Is there funding to pay for connectivity between clinical practices and hospitals? Will there be federal guidance, or will this be hashed out at a local/community level?

The Office of the National Coordinator has established 56 Health Information Exchange Cooperative Programs to assist States and territories' efforts to rapidly build capacity for exchanging health information across the health care system both within and across stales. These exchanges will play a critical role in facilitating the exchange capacity of clinicians, laboratories, pharmacies and hospitals, etc in their jurisdictions to help them in meeting the health information exchange requirements which are part of meaningful use. More information on ONC's Health Information Exchange grantees can be found here:
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204

9. Can we implement an EHR system and satisfy meaningful use requirements at any time within a January 1-Dec. 31 calendar year?

• *Medicare EPs:* For EPs first payment year, the EHR reporting period is a continuous 90-day period within a calendar year, so EPs must be satisfying meaningful use requirements for 90 consecutive days within their first year of participating in the program to qualify for an incentive payment. In subsequent years, the EHR reporting period for EPs will be the entire calendar year.
• *Medicare Hospitals:* For a hospital's first payment year, the EHR reporting period is a continuous 90-day period within a Federal Fiscal year, so hospitals must be satisfying meaningful use requirements for 90 consecutive days within their first Federal Fiscal year of participating in the program to qualify for an incentive payment. In subsequent years, the EHR reporting period for hospitals will be the entire Federal Fiscal year.

10. Do I need to save receipts and turn in items to get money?

No. Receipts are not required to receive an incentive payment for Medicare.

11. My practice is struggling in the current economy and cannot afford an electronic health records (EHR) system. Are there any grants available to help providers like me?

Under the Medicare EHR incentive program, there are no grants or upfront money available for the purchase of EHR technology. These incentives are not intended to cover costs, but rather to incentivize adoption and meaningful use of certified EHR technology.

12. If I'm receiving payments under the e-Prescribing Incentive Program, can I participate in the EHR Incentive Program as well?

No. The Recovery Act specifically states that under Medicare, eligible professionals cannot receive a payment for both the Medicare Improvements for Patients and Providers Act (MIPPA) e-prescribing incentive program and an incentive payment for the Recovery Act.

13. How much are the incentives for eligible professionals?

Eligible professionals who are meaningful EHR users of certified EHR technology can receive up to $44,000 over 5 years under the Medicare incentive program. Additional incentives are available to eligible professionals who provide services in a Health Provider Shortage Area (HPSA).

14. Can I receive the maximum allowable incentive payments if they total more than the cost of purchasing my EHR system?

Medicare and Medicaid: Yes, the incentives are not based on the cost of purchasing EHR technology. As long as an eligible professional or hospital meets all necessary requirements for qualifying for incentive payments, they may receive the maximum allowed amount regardless of what their EHR technology or implementation costs were.