

*Solutions for Oncology*

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# Medicare Incentives for Health Information Technology (HIT)

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# Core Objectives

(Must report on all 15 of the below objectives)

OBJECTIVES	MEASUREMENT
Computerized provider order entry (CPOE) for medication orders	More than 30% of patients with at least one medication have at least one medication ordered using CPOE.
Implement drug-drug and drug-allergy interaction checks	Functionality enabled for the entire reporting period.
Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible Rx written are transmitted electronically.
Record demographics	More than 50% of patients have demographics recorded as structured data.
Maintain up-to-date problem list	More than 80% of patients have at least one entry recorded as structured data (includes 'None').
Maintain up-to-date medication list	More than 80% of patients have at least one entry recorded as structured data (includes 'None').
Maintain active medication allergy list	More than 80% of patients have at least one entry recorded as structured data (includes 'None').
Record and chart changes in vital signs	More than 50% of patients aged 2 and older have height, weight and blood pressure recorded as structured data.
Record smoking status for patients 13 and older	More than 50% of patients aged 13 and older have smoking status recorded as structured data.
Implement one clinical decision support rule and track compliance	Same as objective statement.
Report ambulatory clinical quality measures to CMS or the States (3 core or 3 alternate core, and 3 menu - ultimately report 6)	Provide aggregate numerator, denominator and exclusion data.
Provide patients with an electronic copy of their health information upon request	More than 50% of patients who make request are provided information within 3 business days.
Provide clinical summaries for patients for each office visit	Summaries provided for more than 50% of all office visits within 3 business days.
Capability to electronically exchange key information among providers and patient authorized entities	Perform at least one test to electronically exchange key clinical information.
Protect electronic health information	Conduct or review a security risk analysis (per 45 CFR 164.308), implement security updates and correct identified deficiencies.

## WHAT ARE THE INCENTIVES?

The federal stimulus package includes approximately \$20 billion in funding to incentivize the adoption and meaningful use of certified Electronic Health Record (EHR) systems by providers. This includes Medicare incentive payments up to \$44,000 to each physician who demonstrates meaningful use of a certified EHR system over the period 2011-2014.

## WHAT ARE THE MAIN COMPONENTS OF THE FEDERAL STIMULUS PACKAGE?

There are two main components. The first is directed to EHR vendors and requires EHR technology to be "Certified" in order for eligible professionals (EP) to be able to receive incentives. This means that vendors need to submit EHR technologies to an Office of the National Coordinator-Authorized Testing and Certification Body (ONC-ATCB), which tests and certifies EHR technologies against the federal regulations. The second component is directed to healthcare providers and requires them to

demonstrate "meaningful use" of certified EHR technology in order for them to qualify for incentives.

# Menu Objectives

(Must report on 5 of the below objectives)

OBJECTIVES	MEASUREMENT
Implement drug-formulary checks	Functionality enabled and have access to at least one internal or external formulary for the entire reporting period.
Incorporate clinical lab test results as structured data	More than 40% of all clinical lab results that are positive/negative or numerical format are stored as structured data.
Generate list of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients with a specific condition.
Send reminders to patients per patient preference for preventive/follow-up care	More than 20% of patients 65 and older, or 5 and younger are sent appropriate reminder in the reporting period.
Provide patients with timely electronic access to their health information within 4 business days of information being available to the EP	More than 10% of patients provided electronic access to their information within 4 business days of being updated in EHR (EP has discretion to withhold certain info).
Use EHR to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of patients are provided patient-specific education resources.
Medication reconciliation	Perform medication reconciliation for more than 50% of transitions of care. Automation not required.
Summary of care record	Provide summary of care record for more than 50% of transitions of care and referrals.
* Capability to submit electronic data to immunization registries or immunization Information Systems (and actual submission)	Perform at least one test to submit electronic data to immunization registries and follow up submission if the test is successful.
* Capability to submit electronic syndromic surveillance data to public health agencies (and actual submission)	Perform at least one test to submit electronic syndromic surveillance data to public health agencies and follow up submission if the test is successful.

\*EPs must pick one of these two objectives to report

## WILL I BE ELIGIBLE TO RECEIVE THE INCENTIVE PAYMENTS IF I HAVE ALREADY ADOPTED AN EHR SYSTEM?

Yes. The incentives will be paid to each physician who demonstrates meaningful use of a certified EHR during the incentive period regardless of when the EHR system was first adopted.

## HOW WILL I PROVE TO THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) THAT I AM A "MEANINGFUL USER" OF HIT?

Stage 1 requirements state that EPs may prove meaningful use of a certified EHR by reporting on 20 of the 25 meaningful use objectives for 90 days during their first year via attestation and for the full-year in subsequent years. (See charts)

# What is the maximum Medicare HIT incentive payment for which an eligible professional can qualify?

## Yearly incentive payments based on year of first use\*

2011	\$18,000.00				
2012	\$12,000.00	\$18,000.00			
2013	\$8,000.00	\$12,000.00	\$15,000.00		
2014	\$4,000.00	\$8,000.00	\$12,000.00	\$12,000.00	
2015	\$2,000.00	\$4,000.00	\$8,000.00	\$8,000.00	-1%
2016		\$2,000.00	\$4,000.00	\$4,000.00	-2%
2017					-3%
2018					-4%
2019					-5%
<b>Total Payments</b>	<b>\$44,000.00</b>	<b>\$44,000.00</b>	<b>\$39,000.00</b>	<b>\$24,000.00</b>	<b>Variable</b>

\* incentives will be paid to eligible professionals who are or become meaningful users of a certified EHR during the incentive period (2011-2014) without regard to when the EHR system was adopted. Incentive payments for eligible professionals are based on the year of adoption and the amount of Medicare-covered professional services furnished during the year in question. If the professional is not a meaningful user of a qualified EHR during the previous years reporting period, the Medicare fee schedule amount will be reduced to 99 percent in 2015, 98 percent in 2016, and 97 percent in 2017 and in each subsequent year. For 2018 and each subsequent year, optional reductions may occur as determined by the Secretary of Health and Human Services. Eligible professionals may be able to receive a larger incentive amount. Incentive payments are increased by 10 percent if the professional predominantly serves in an area designated as a health professional shortage area.

### WHAT CLINICAL QUALITY MEASURES (CQM) AND OTHER MEASURES MUST BE SUBMITTED?

CQMs will be submitted via attestation until electronic submission is required. There are six CQMs to report:

- Three required core CQMs or up to three alternate core (see table below); and
- At least three additional CQMs from a set of 38

### WILL I RECEIVE THE PAYMENTS DIRECTLY OR WILL THEY BE PAID TO MY GROUP?

Payments to Medicare EPs will be made to the taxpayer identification number (TIN) selected at the time of registration, through the same channels their claims payments are made. The form of payment (electronic funds transfer or check) will be the same as claims payments.

Core Set	Alternative Core Set
Hypertension: Blood pressure measurement	Weight Assessment and Counseling for Children and Adolescents
Preventive Care and Screening measure: <ul style="list-style-type: none"> <li>• Tobacco Use Assessment</li> <li>• Tobacco Cessation Intervention</li> </ul>	Preventive Care and Screening: <ul style="list-style-type: none"> <li>• Influenza Immunization for patients 50 years and older</li> </ul>
Adult Weight Screening and F/U	Childhood Immunization Status

# Questions and Answers!

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## **WHEN DO I HAVE TO START PARTICIPATING IN MEANINGFUL USE IN ORDER TO GET THE FULL INCENTIVE?**

You must begin participation no later than the last 90 days of 2012 to qualify for the maximum incentives.

## **ARE EHR'S THE ONLY SYSTEMS THAT CAN OR NEED TO BE CERTIFIED?**

Not necessarily. Stage 1 meaningful use objectives require functionality that other healthcare information technologies can provide. For example, the objective that requires EPs to provide a copy of health information to the patient within 3 business days from the patient's request can be fulfilled solely by a certified EHR, or through the use of a combination of a certified EHR and a certified portal that patients can access. Additionally, Stage 2 is likely to add meaningful use objectives that can be fulfilled by a certified practice management system.

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