

Electronic Health Record Incentive Program Update May 29, 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
- Proposed Stage 3 Rule



Payments

Payment information as of 5/15/2015:

*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	10,179	490
Unique Providers	6876	177
# of payments for MU	3461/2515 unique	334/173 unique
# of payments for Stage 2*	15	24
Total payments	\$172,902,833	\$307,499,711.94



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 could attest with Medicare or Medicaid and then switch programs once by 3/20/2015.
- 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 received a payment for 2013 for their second year of MU and 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.)

- 34 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.
 - 24 attested to Stage 2 with Medicare and Medicaid
 - 9 attested 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 with a few exceptions.

Payment Year	2011	2012	2013	2014	2015
1 st payment	111	49	9	6	1
2 nd payment		95	58	14	
3 rd payment			95	55	
Under Review				2	
Totals	111	144	162	75 paid	1
24 hospitals paid or under review 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	2015 submitted
1	2665	2071	1645	523	94	140	20
2		941	1243*	249	94	140	13
3			587	340, 1 Stage 2	51	103	
4				18, 14 Stage 2	27, 7 Stage 2	24, 5 Stage 2	
Totals	2665	3012	3475	1130	266	407	33
* 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
 - 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
- First-year Medicaid participants must have access to 2014 Edition CEHRT in order to receive a payment for adopt, implement, or upgrade for 2014 participation



Program Year 2014 Attestations

- Florida's attestation system upgrades were completed March 20, 2015.
- Application submissions have been increasing since the beginning of May and are expected to continue to increase.
- The grace period is extended to June 30, 2015.



Proposed Rules

- March 30, 2015, the Centers for Medicare and Medicaid Services (CMS) published the Stage 3 proposed rule.
- The Office of the National Coordinator (ONC) published the Stage 3 certification rule March 30, 2015.
- April 15, 2015, CMS published a proposed rule for the program years 2015, 2016, and 2017.



Proposed Rule for 2015 Program Year

- Published April 15, 2015. Comments due June 15, 2015.
- Proposed changes:
 - Shortening the 2015 reporting period to 90 days
 - Realigning hospital reporting periods to the calendar year
 - Changing the measures for 2015 and 2016
 - Deleting measures that have become redundant, duplicative, or “topped out”
 - Moving all providers to Stage 2 measures with exceptions for providers scheduled to attest to Stage 1 measures for 2015 only.
 - All providers attest to one core set of measures.



Proposed Rule for 2015 Program Year

- AHCA will not be able to begin working on the updates for our attestation system until after the final rule is published.
- Providers scheduled for 90 day Meaningful Use attestation for 2015 can attest to current measures until the final rule is published.
 - Providers with a 2014 program year application that has not been paid or denied cannot attest for the 2015 program year.



Stage 3 Proposed Rule

- Published March 30, 2015. Comments are due May 29, 2015.
- Stage 3 would begin for the 2018 program year and require certification to the 2015 edition.
- Providers who implement the 2015 edition certification for 2017 could attest to Stage 3 measures.



Stage 3 Proposed Rule

- Stage 3 proposed as one core set of objectives and measures for all providers.
 - Some objectives have more than one measure and passing all is required.
 - For other objectives with multiple measures, providers will have to attest to all and pass a specified number.



Certification Criteria Proposed Rule

- Published March 30, 2015. Comments due May 30, 2015.
- Moves away from certification only for the Meaningful Use program to make the Office of the National Coordinator Health IT Certification Program accessible to more types of health IT for a variety of care and practice settings, various Health and Human Services programs, and public and private interests.
- Moves some of the certification criteria for the Meaningful Use Program to CMS.

