



Maryland Medicaid EHR Incentive Program

*Updates to and Implications of
Meaningful Use*

Paul Messino, MPP
Chief, Health IT Policy, Maryland Medicaid



Outline

- I. Program Overview
- II. Program Status, By the Numbers
- III. Program Implementation
 - A. AIU
 - B. Meaningful Use: Stages I and II
- IV. Proposed Changes
- V. EHR Acquisition Process



The Basics

- Financial incentives for adoption and meaningful use of certified EHRs

| | Eligible Providers (EP) | Eligible Hospitals (EH) |
|----------|--------------------------------|--------------------------------|
| Medicare | Either, but not both. | Both.* |
| Medicaid | | |

* Generally, hospitals are eligible to participate in both programs.



Eligibility

| Medicaid | Medicare |
|---------------------|---|
| Physician (MD, OD)* | Physician (MD, OD) |
| Nurse Practitioners | Doctor of dental surgery or dental medicine |
| Nurse Midwives | Doctor of podiatry |
| Dentists | Doctor of optometry |
| PAs** | Chiropractor |
| Certain Hospitals | Certain Hospitals |

* Includes optometrists for MD.

** In certain situations, unlikely in MD.



Eligibility Requirements

- Patient Volume (Medicaid)
- Adoption (Medicaid) and “Meaningful Use” (Medicaid and Medicare) of EHRs



Medicaid PV Requirements

| Entity | Minimum Medicaid Patient Volume | |
|---|---------------------------------|---|
| Physicians | 30% | Or EP practices predominately in FQHC or RHC with 30% needy individual patient volume |
| - Pediatrician | 20%* | |
| Dentist | 30% | |
| CNMs | 30% | |
| PAs when practicing at an FQHC/RHC that is so led by a PA | 30% | |
| NPs | 30% | |
| Acute Care Hospitals | 10% | |
| Children's Hospitals | No requirement | |

* Receives 2/3 of a Physician's incentive amount



How to Calculate Patient Volume

- Individually
 - All FFS and MCO encounters in 90 day period in previous CY divided by all encounters
- Group Proxy
 - All FFS and MCO encounters in 90 day period for the whole group (NPI-based) in previous CY divided by all encounters



How Much is Available?

| | EPs* Medicaid | | EH Medicaid | EH Medicare |
|--------------|------------------|--|--|---|
| Year 1 | \$21,250 | <p>Last Year to Begin Participation: 2014</p> | <ul style="list-style-type: none"> - 4 Years - Single calc. - \$2M+ | <ul style="list-style-type: none"> - 3-4 Years - Mult. calc. - \$2M+ |
| Year 2 | \$8,500 | | | |
| Year 3 | \$8,500 | | | |
| Year 4 | \$8,500 | | | |
| Year 5 | \$8,500 | | | |
| Year 6 | \$8,500 | | | |
| Total | \$63,750 | | | |



Program Status

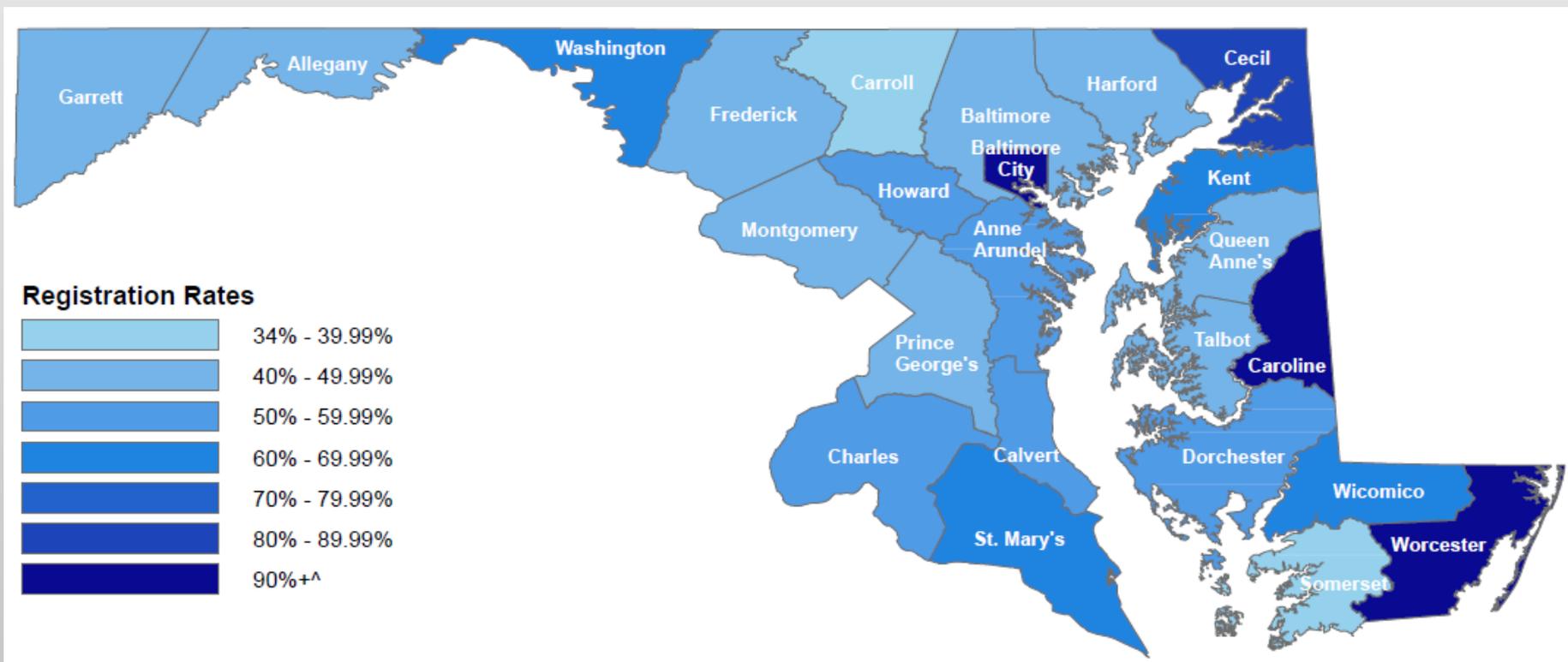
Statewide

- Payments: \$146,825,633 (2,490 EP; 38 EH)
- Enrollment: 7,816
- Adoption rate* (non-hospital-based):
 - 2010: ~20%
 - 2013: ~73%

Sources: DHMH Environmental Scan, 2010, 2013 and Charles, Dustin et al (2014). "Adoption of Electronic Health Record Systems among U.S. Non-federal Acute Care Hospitals: 2008-2013." *ONC Data Brief* (16), May.



EP Registration Rates



Data from 2013; mixed-methods for percent eligible by county.



Program Implementation

- Two-stage enrollment process
 - CMS: Registration and Attestation System
<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/RegistrationandAttestation.html>
 - Maryland: Electronic Medicaid Incentive Payment Program (eMIPP)
<https://emipp.dhmh.maryland.gov/>



Adopt, Implement, Upgrade

- *Adopt*: Acquire and install system
- *Implement*: Training, data migration, commence utilization
- *Upgrade*: Expand and improve existing system to meet definition of certified EHR technology



Meaningful Use

- MU Periods (90, 365)
- Staged approach
- For Stage 1 Meaningful Use (2014 CEHRT), same core and menu set as Medicare*
 - Eligible Professions: Must meet 18 of 22 objectives, all 13 core objectives and 5 of 9 menu set objectives (plus CQMs).
 - Eligible Hospitals: Must meet 16 of 21 objectives, all 11 core and 5 of 10 menu set objectives (plus CQMs).

**As of Stage 2 ruling.*



MU Stage 1 Examples

| CORE SET | MENU SET |
|---|---|
| Drug-drug and drug-allergy checks | Summary of Care record |
| Clinical Quality Measures | Public health data submission* |
| E-Prescribing | Medication reconciliation (new patients) |
| CPOE | Identify and supply patient-specific care information |
| Up-to-date problem list of current and active diagnoses | Generate lists of patients by condition |

Source: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP_MU_TableOfContents.pdf



Meaningful Use – Stage 2

- For Stage 2 Meaningful Use, same core and menu set as Medicare
 - Eligible Professions: Must meet 20 of 23 objectives, all 17 core objectives and 3 of 6 menu set objectives (plus CQM).
 - Eligible Hospitals: Must meet 19 of 22 objectives, all 16 core and 3 of 6 menu set objectives.



MU Stage 2 Examples

| CORE SET | MENU SET |
|---|--|
| Public Health reporting (EP: Imm; EH:All) | Record electronic notes. |
| Send reminders to patients for follow up. | Imaging results, with notes. |
| Summary of care record. | Patient family history as structured data. |
| Use secure electronic messages to communicate with patients. | Special public health reporting (e.g.cancer) |
| Protect e-Health Information | Specialized registry reporting |

Source: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EPs.pdf



Proposed Changes

- Proposed Rules
 - Stage 3 (March 30, 2015)
 - 2015-2017 Modification (April 15, 2015)
- Significant Programmatic Changes
 - Flexibility (2015-2017)
 - Break the “core” and “menu” structure
 - 2018 = Stage 3 reporting only



Questions?

- DHMH Informational Website

Maryland EHR

<https://mmcp.dhmh.maryland.gov/ehr/SitePages/Home.aspx>

CRISP MU Support

<https://meaningfuluse.crisphealth.org/>

- Contacts

DHMH: dhmh.MarylandEHR@maryland.gov

CRISP: 1-877-952-7477; support@crisphealth.org



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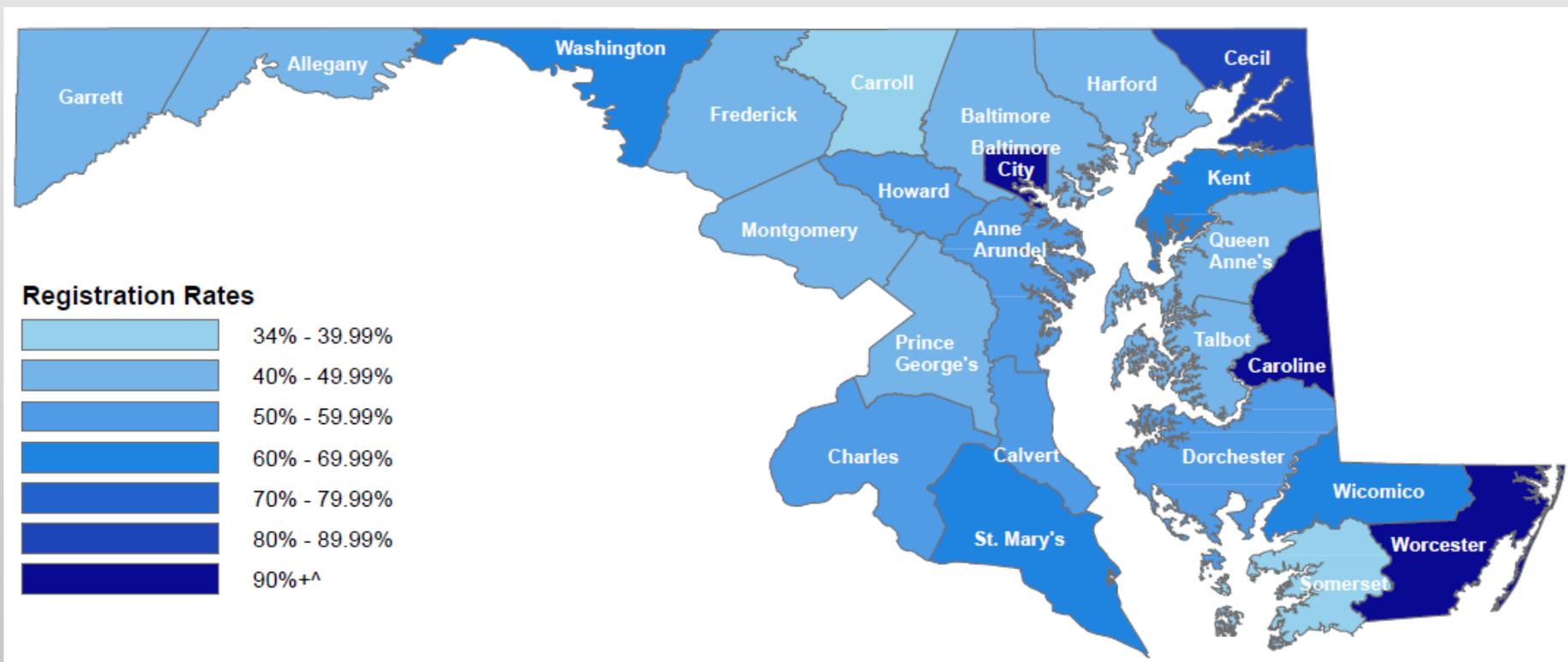
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