

Electronic Health Record Incentives

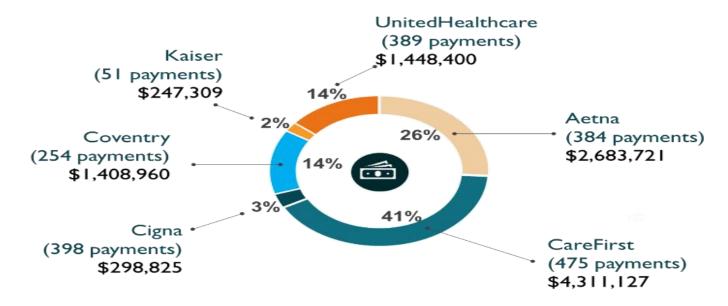
A Maryland Program



Background

In 2009, State law (Chapter 689) required the Maryland Health Care Commission (MHCC) in consultation with the Maryland Department of Health and others to develop regulations requiring certain State-regulated payors (payors) to provide eligible health care providers financial incentives for their adoption and Meaningful Use (MU)¹ of certified electronic health record technology (CEHRT).² COMAR 10.25.16, *Electronic Health Record Incentives* was adopted in 2011³ and established the State-Regulated Payor EHR Incentive Program (or program).⁴ Payors in the program included: Aetna; CareFirst BlueCross BlueShield (CareFirst); Cigna Health Care Mid-Atlantic Region (Cigna); Coventry Health Care (Coventry); Kaiser Permanente (Kaiser); UnitedHealthcare Mid-Atlantic Region (UnitedHealthcare).

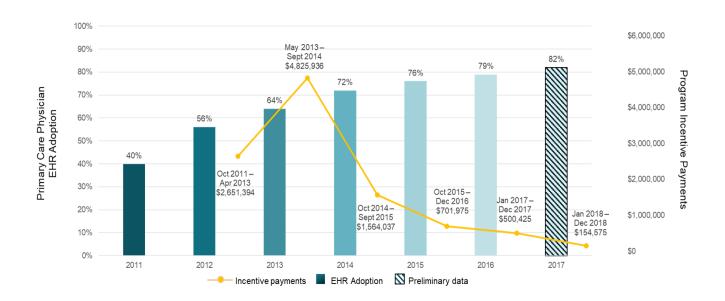
Incentives By Payor



The program provided nearly 2,000 incentive payments to primary care practices amounting to approximately \$10.4 million from 2011 through 2018.5



EHR Adoption⁶ and Incentives



EHR adoption has increased more than twofold since 2011. Program incentive payments subsequent to 2014 were issued to the practices that acquired an EHR during that time.

Observations

- Private payor incentives were not intended to cover all costs of EHR implementation; practices used incentives to help defray a portion of the costs.
- Program funding provided support to primary care practices for transformation activities that are central to progressing towards data-driven redesign of care, patient-centered care delivery, and provider activation.
- Program benefits went beyond the economics by equipping primary care practices with tools to enhance
 patient safety, improve efficiencies, and increase access to information for quality improvement and cost
 savings.



¹ MU outlines objectives to earn financial incentives under the federal EHR incentive programs. More information is available at: www.healthit.gov/faq/what-meaningful-use.

² The Office of the National Coordinator for Health Information Technology (ONC) oversees a certification program for EHRs. The program outlines criteria needed to fulfill requirements MU; some value-based care programs mandate use of CEHRT. ONC released a new edition of certification criteria in 2015 and is continuously revising the program to address consumer and industry needs.

³ The regulations were amended in June 2014 to simplify some administrative requirements and align the program with the federal EHR incentive programs and November 2016 to extend the program by two years (until December 31, 2018).

⁴ Program eligibility: 1) Primary care practices led by a physician or nurse practitioner providing family, general, geriatric, internal medicine, pediatric, or gynecologic health care services in Maryland; 2) adopt CEHRT; and 3) demonstrate the practice has either attested to federal MU requirements or participates in an MHCC approved patient-centered medical home (PCMH) program and achieved National Committee for Quality Assurance PCMH level two recognition.

⁵ Incentives were a one-time cash incentive from each payor for members on the practice panel calculated at \$25 per member for a maximum of \$15,000 per payor or an incentive of equivalent value agreed upon by the practice and payor. Eligible practices submitted requests for payments through December 2018.

⁶ EHR adoption data was obtained from the Maryland Board of Physician Licensure Renewal Files.