

# Qualify for Meaningful Use & Maximum Stimulus Dollars

The American Recovery and Reinvestment Act (ARRA) includes over \$60B, designed to stimulate health care IT (HIT) adoption by the medical community over the next few years. Of the total money available, approximately \$46B is dedicated to pay-for-performance and \$14B to grants. Find out how a CCHIT Certified® EHR can help you obtain maximum stimulus dollars, from \$44,000 to \$63,750 depending on your specific practice.

## Economic Stimulus Plan

With unprecedented incentives of up to \$63,750\* for implementing electronic health records (EHR), there is a lot of interest on behalf of medical practices to learn more about the 2009 Stimulus Plan and how they can benefit from it. Therefore, we have created this site as an information center covering some of the most commonly asked questions concerning the Stimulus Plan and how medical practices can benefit from it.

### Year Physician Becomes a Meaningful User / Payment Per Year

Meaningful Use Year	2011	2012	2013	2014	2015	2016	Total
2011	\$18000	\$12000	\$8000	\$4000	\$2000	\$-	\$44000
2012	\$-	\$18000	\$12000	\$8000	\$4000	\$2000	\$44000
2013	\$-	\$-	\$15000	\$12000	\$8000	\$4000	\$39000
2014	\$-	\$-	\$-	\$15000	\$12000	\$8000	\$35000
2015	\$-	\$-	\$-	\$-	\$-	\$-	\$0

\*Medicaid Incentives up to \$63,750 for Pediatricians (with 20-30% patient volume attributable to patients receiving assistance through Medicaid), Uninsured, Rural, FQHC and Low-Income Providers/Eligible Professionals /1% Annual Medicare Penalties/ Reimbursement Reductions Start in 2015 for Providers not “Meaningfully Using” Certified EHRs Eligible Providers Must Choose Either the Medicare or Medicaid Incentive but They Cannot “Double-Dip” with all “Pay Outs” being Paid after “Pay Year” is Complete

## [What is the 2009 Stimulus Plan?](#)

The American Recovery and Reinvestment Act of 2009 (ARRA), widely referred to as the Economic Stimulus Plan was signed into law in February 2009. The Act aims to stimulate the economy through investments in infrastructure, unemployment benefits, transportation, education, and health care.

[What's in it for You?](#) The government is focused on two primary goals in this legislation: moving physicians who have been slow to adopt Electronic Health Records to a computerized environment, and ensuring that patient data no longer sits in silos within individual provider organizations but instead is actively and securely exchanged between health care professionals. Therefore, the vast majority of the funds within the HITECH Act are assigned to payments that will reward physicians and hospitals for effectively using a robust, connected EHR system. There is a program designed for those that see large volumes of Medicaid patients, and another for those that accept Medicare, and in order to qualify for the incentive payments, both physicians and hospitals have to demonstrate three things:

1. Use of a certified EHR product with [ePrescribing capability](#) that meets current HHS standards.
2. Connectivity to other providers to improve access to the full view of a patient's health history
3. Ability to report on their use of the technology to HHS

Additionally, because the government wants to spur quick movement in this area, all of the incentives include payments for up to five years but provide the largest payments early in the program, and those that don't demonstrate [meaningful use](#) of an EHR under the Medicare component of the program will eventually be penalized through lower payments. The incentive payments begin in 2011 to ensure the providers have time to adopt and learn to use the EHR; penalties begin in 2015. If you become a *meaningful user* of an *certified EHR* by 2011, you can receive up to **\$44,000** from **Medicare**, or up to **\$63,750** from **Medicaid**.

### [Are you eligible to receive the incentives of up to \\$63,750?](#)

Doctors who qualify for the incentives are Medicare-participating physicians who adopt *certified EHRs* and use them in a *meaningful way* as well as physicians who have at least 30% Medicaid patients and who also meet the health IT adoption standards. Pediatricians can qualify under the Medicaid incentive if they have at least 20% Medicaid patients.

### [How can EHS Help You?](#)

In order to qualify under the Medicare or Medicaid incentive plans, you need to demonstrate that you are a meaningful user of a certified EHR. We can provide you with a certified stimulus-ready EHR:

- Certified stimulus-ready EHR software is expected to include patient demographic and clinical health information, such as medical history and problem lists, and have the capacity to provide clinical decision support, to support physician order entry, to capture and query information relevant to health care quality, and to exchange electronic health information with, and integrate such information from other source

[EHS can Help You Become a Meaningful User](#) In order to demonstrate that you are a meaningful user of a certified EHR, you should prove that you:

- use your EHR actively at the point of care (experts predict for at least a year)
- use your EHR for [e-prescribing](#)
- use your EHR to receive and share patient data to the next provider of care for continuity and quality of care (this is also known as an [interoperability](#)), and
- use an EHR that is capable of clinical reporting

Our team of experienced project managers and trainers can help you meet all of the above requirements. \_\_\_\_\_ EHR is already well positioned to help you maximize your incentive payments in year one. We are closely monitoring emerging requirements. EHS is commitment to maintain EHR certification requirements, and to help you achieve the status of a meaningful user.

## **What are Medicare Incentives?**

- All non-hospital physicians who see Medicare patients and are meaningful users of a certified EHR by year 2011 are eligible to receive a stimulus payment of up to \$44,000 per physician over five years according to the following schedule: Medicare incentives are reduced over time and will be phased out after 2014.
- Rural health physicians are eligible for a 25% increase over and above the base incentive and up to \$55,000.
- Incentives are based on the lesser of either 75% of the provider's Medicare Part B billings or the maximum allowable incentive

## **What are Medicaid incentives?**

All non-hospital physicians whose practice is greater than 30% Medicaid (or 20% for pediatricians), as well as their Nurse Practitioners and Physician Assistants are qualified to receive up to \$63,750 EACH, once they become meaningful users of an certified EHR:

- Year 1: \$25,000 or 85% of your EHR cost, whichever is less
- Year 2 through 6: \$10,000 or 85% of the annual cost, whichever is less
- Total incentive not to exceed \$63,750

The exact incentive is calculated based on the percentage of Medicaid within the practice.

Ex: A practice with only 50% Medicaid will receive \$12,500 per provider in year 1, which is 50% of \$25,000, etc.

## **Can You be Eligible for both Medicare & Medicaid Incentives?**

Qualified providers can apply for either Medicare incentives or Medicaid incentives, but not both.

## **When will Incentives be Available?**

Incentives will be available beginning in 2011 for implementations completed and meaningful use established during 2010.

## **Are there Penalties for not Using an EHR?**

Starting January 1, 2015, eligible providers who are not meaningful users of a certified EHR will begin to have their Medicare reimbursements drop 1% per year until it reaches 5% in 2020.

## Why should You Act Now?

Once you select an EHR software, additional time is required for implementation, training and then allowing your staff to become proficient and for your use to be considered meaningful. Most experts predict meaningful use means having at least one year of active EHR use at the point-of-care. Waiting could delay and/or reduce what you may receive in stimulus payments. Industry experts are predicting an unprecedented surge in number of physicians purchasing EHR and rushing to learn it to be considered a “meaningful user” in 2010. Providers who choose to wait can expect the following:

- Pay more for both EHR software and training: As EHR vendors get busy with the rush of buyers, they’ll be less willing to negotiate over the price.
- Wait longer for implementation and training: Due to limited resources of professionals in this field, a rush of buyers will make the queue of implementation much longer than usual.
- Meaningful Use can be achieved an average of one year after go-live date.
- Rushing the implementation will sacrifice the quality: To make a physician a meaningful user of an EHR in a rush could reduce the quality of the implementation leading to frustration for the physician and the staff. The same project done in a timely manner will yield maximum benefits from using an EHR.
- Delaying the purchase means delaying the stimulus payments or losing them altogether.