

EMB and The American Recovery and Reinvestment Act of 2009 (ARRA)

CMS Medicare and Medicaid Incentives Opportunity

ARRA was signed into law by President Obama on February 17, 2009. A portion of ARRA, the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) provisions up to \$45B for direct EHR adoption in the form of Medicare and Medicaid incentives for eligible professionals who meet the CMS "meaningful use" criterion. Meaningful use incentives will be available in 3 stages of EHR adoption. On January 13, 2010, CMS published its Notice of Proposed Rulemaking for meaningful use and set forth the stage 1 measures.

Who is eligible?

Under Medicare: MD/DO, DDS/DMD, DPM, Optometrists, DC

Under Medicaid: Physicians, Pediatricians, Dentists, Midwives, Nurse Practitioners and Physician Assistants

Excluded: Hospital-based professionals

What are the incentive timelines?

Eligibility for the Medicare/Medicaid incentives begins January 1, 2011 for Eligible Professionals (EPs). EPs that bill Medicare but have not achieved stage 3 meaningful use by January 1, 2015 will receive less than 100% of the allowed fee schedule.

How much incentive money is available?

The Medicare and Medicaid incentive programs are mutually exclusive. Under Medicare, EPs would be eligible for up to \$48,400 over 5-years, if EHR meaningful use adoption is demonstrated in 2011 or 2012. The incentives diminish between 2013 and 2014, and are eliminated by 2015. Under Medicaid, EPs would be eligible for up to \$63,750 over 6-years, beginning in calendar year 2011, subject to the following Medicaid patient volume thresholds: Pediatricians 20%, FQHC or Rural Health Center 30%, and all others 30%.

CareRevolution Achieves Meaningful Use under ARRA

Together, EMB and Providers Can:

MEET "ELIGIBLE PROFESSIONAL"

EMB will allow you to meet the 5 requirements to be an Eligible Professional under ARRA/HITECH:

- Meaningful Use
- Certified EHR Technology
- ePrescribing
- Health Information Exchange Standards
- Reporting Clinical Quality Measures

REALIZE MEANINGFUL USE

EMB implementation experts will guide your clinic for success with all 25 required standards.

USE A CERTIFIED EHR TECHNOLOGY

CareRevolution is CCHIT 2011 certified with a 5-star usability rating!

ACHIEVE THE ePRESCRIBING STANDARDS

The EMB meets all 4 Federal ePrescribing Standards through SureScripts.

REACH INTEROPERABILITY WITH OTHER PROVIDERS

EMB has actual proven experience in health information exchange.

REPORT MEANINGFUL USE CLINICAL MEASURES

The EMB clinical team will show you how to meet the reporting requirements under ARRA.

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How do I qualify?

	<u>Medicare</u>	<u>Medicaid</u>
Eligible Provider Types	MD, DO, DDS, DMD, DPM, Optometrists, DC	Physicians, Dentists, Midwives, Nurse Practitioners, Physician Assistants leading a FQHC/RHC
EHR Reporting Periods	Year 1: any continuous 90-day period within the calendar year; Years 2-4: the entire calendar year	<u>Year 1</u> : any continuous 90-day period within the calendar year; <u>Years 2-4</u> : the entire calendar year
Meaningful Use Criteria	Stage 1: 25 objectives/measures	Not required the first year. Thereafter, Medicare criterion apply and/or states may add additional criteria
Volume Threshold Requirement	None required, but payment is capped at 75% of Medicare allowable received during the EHR reporting period	Medicaid encounters must represent 20% for pediatricians; 30% for FQHC/RHCs; and, 30% for all others

How do I get paid?

	<u>Medicare</u>	<u>Medicaid</u>
Payment Year	Calendar year (CY) beginning January 1, 2011	Beginning 2010 for adoption, implementation, or upgrading of EHR. Meaningful use beginning CY2011
Reporting Requirements	CY2011 – no electronic submission, results reported through attestation CY2012 – electronic submission to CMS required	TBD by each state
Incentive Opportunity	Up to \$48,400 per provider by NPI; additional 10% for providers in shortage areas; Incentives end after 2014	Up to \$63,750 per provider by NPI; Incentives end after 2016
Penalty for Non-Adoption	Medicare payment adjustment decrease to 99% of allowable in 2015; 98% of allowable in 2016; 97% of allowable in 2017	No penalty for non-adoption
Incentive Payment Administration	Through Medicare Administrative Contractors to the TIN	Through states to the TIN