



**Centers for Medicare & Medicaid Services
Region 9 - San Francisco Regional Office**

Dear Healthcare Professionals,
Below, please find several important updates on the CMS EHR Incentive Programs, including recently announced changes to the CMS e-Prescribing Incentive Program. We are experimenting with new software to manage our mailing list, so if you have any problems with this email please just let me know.

- Newest Registration and Incentive Payment Numbers
- Questions on Meaningful Use and Reporting Periods and Reminder of October 3rd Deadline
- Changes to the 2011 E-Prescribing Incentive Program
- Clinical Quality Measures Slides Available
- ICD-10/ 5010 Resources from CMS

You are receiving this information because you are signed up to the CMS Region 9 mailing list for the CMS EHR Incentive Programs. If you would like to be removed from this list, please reply to this email.

Thanks very much,
Jon

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Newest Registration and Incentive Payment Numbers

Through August, 2011, 90,950 eligible professionals and eligible hospitals have enrolled in the Medicare and Medicaid EHR Incentive Programs. \$264,305,545 has been paid under the Medicare EHR Incentive Program, and \$389,000,672 has been paid under the Medicaid EHR Incentive Program in 17 states to professionals and hospitals.

Questions on Meaningful Use and Reporting Periods and Reminder of October 3rd Deadline

We've received a lot of questions about how reporting periods work for the Incentive Programs. We have a frequently asked question on our website that defines the concept of a reporting period, and I'm pasting it below:

What is the reporting period for eligible professionals (EPs) participating in the electronic health record (EHR) incentive programs?

For demonstrating meaningful use through both the Medicare and Medicaid EHR Incentive Programs, the EHR reporting period for an EP's first year is any continuous 90-day period within the calendar year. In subsequent years, the EHR reporting period for EPs is the entire calendar year. Under the Medicaid program, there is also an incentive for the adoption, implementation, or upgrade of certified EHR technology, which does not have a reporting period.

Source:

https://questions.cms.hhs.gov/app/answers/detail/a_id/9961/kw/reporting%20period

We've also received questions around exactly what is meant by "meaningful use". Meaningful use is a set objectives that are specific to eligible professionals or eligible hospitals and CAHs, and under the Medicare Incentive Program for payment year 2011, providers must meet meaningful use for 90 consecutive days, using certified Electronic Health Record technology, to receive an incentive payment.

- For eligible professionals, there are a total of 25 meaningful use objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met:
 - There are 15 required core objectives.
 - The remaining 5 objectives may be chosen from the list of 10 menu set objectives.

- For eligible hospitals and CAHs, there are a total of 24 meaningful use objectives. To qualify for an incentive payment, 19 of these 24 objectives must be met.
 - There are 14 required core objectives.
 - The remaining 5 objectives may be chosen from the list of 10 menu set objectives.

CMS has tip sheets on each of the objectives available here:

<http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf> (for Professionals) and here:

http://www.cms.gov/EHRIncentivePrograms/Downloads/Hosp_CAH_MU-TOC.pdf (for Hospitals and CAHs). From these sheets you can get specifics on each of the objectives, including how to qualify for an exclusion and how to calculate your numerators and denominators. If you have any questions on the specifics of meaningful use, please use

these as a starting point as people are finding them to be very helpful.

And, as a reminder, October 3rd, 2011 is the last day for eligible professionals to begin their 90-day meaningful use reporting period for calendar year 2011 for the Medicare EHR Incentive Program. Providers who do not participate in the incentive program in calendar year 2011 can still participate in calendar year 2012 and potentially receive the full \$44,000 in incentive payments over 5 years. Also, providers and hospitals who do not begin participating until 2012 will still have a 90-day reporting period for meaningful use in their first year of participation.

Changes to the 2011 E-Prescribing (eRx) Incentive Program

On August 31, 2011, the Centers for Medicare & Medicaid Services (CMS) announced significant changes to the Medicare Electronic Prescribing (eRx) Incentive Program for the 2011 program year. A fact sheet outlining the changes can be found here:

https://www.cms.gov/ERxIncentive/Downloads/2011eRxRule-QRG_09-06-2011F.pdf

Effective October 6, 2011, the three following major changes will take effect:

1. Modifying the eRx measure to allow for use of Certified EHR Technology for purposes of reporting for the 2011 eRx incentive and 2013 eRx payment adjustment;
2. Providing additional significant hardship exemption categories for the 2012 eRx payment adjustment; and
3. Extending the deadline for eligible professionals to request a significant hardship exemption for the 2012 eRx payment adjustment to November 1, 2011.

It is very important to note that providers now have until November 1, 2011 to register for a hardship exemption under the eRx program, including a new exemption for Eligible professionals who register to participate in the 2011 Medicare or Medicaid EHR Incentive Program and adopt certified EHR technology, to avoid payment adjustments under the eRx program. The process for applying for a hardship is outlined in the document at

https://www.cms.gov/ERxIncentive/Downloads/2011eRxRule-QRG_09-06-2011F.pdf.

Clinical Quality Measures Slides Available

Slides from CMS's August 30th webinar on Clinical Quality Measures (CQMs) are now available on-line at:

https://www.cms.gov/EHRIncentivePrograms/Downloads/CQM_Webinar_Slides.pdf

Besides an overview of CQMs and how to report on them during attestation, the deck gives a good overview of the Incentive Programs, in general.

ICD-10/ 5010 Resources from CMS

The transition to 5010 is approaching very quickly. All covered entities under the Health Insurance Portability and Accountability Act (HIPAA) must be ready to implement the Version 5010 transaction standards on January 1, 2012. The transitions to Version 5010 and ICD-10 involve significant preparation, and require business and systems changes throughout health care industry. Please visit the ICD-10 website at <http://www.cms.gov/ICD10/> for the latest news and resources to help you prepare, and below are two updates we recently distributed on our national listserv.

Version 5010 Testing is Critical to a Successful Transition – How Prepared Are You?

With less than four months until the transition to Version 5010, it is time to take action, especially on external (Level II) testing. The Centers for Medicare & Medicaid Services (CMS) has posted a new fact sheet to help you better understand testing and the steps involved, available here: <http://www.cms.gov/ICD10/Downloads/Versions5010TestingReadinessFactSheet.pdf>

External testing with business partners in the new Version 5010 format will ensure that you are able to send and receive compliant transactions prior to the deadline. You should begin testing as soon as possible if you have not already done so. Waiting until the last minute may result in long testing queues, so plan ahead to avoid the rush.

Here are some suggested steps to take now:

- Identify the partners you currently conduct transactions with
- Create a schedule and timeline for external testing with each partner
- Identify priority partners to conduct testing with if you trade with a large number of business partners

Help Planning for Version 5010 and ICD-10 is Available from CMS

Do you need help with the transition to Version 5010 or planning for ICD-10? The Centers for Medicare & Medicaid Services (CMS) has created an interactive timeline widget that is now available on the CMS ICD-10 website at the following address: www.cms.gov/ICD10/03_ICD-10andVersion5010ComplianceTimelines.asp

This user-friendly tool can help you and your organization:

- Understand what you should be doing right now to prepare for the switches to Version 5010 and ICD-10

- Know the steps you'll need to take in the future and when
- Stay on top of approaching transition deadlines to help manage the implementation process

The content of the widget is tailored with specific information for large and small provider practices, payers and vendors. Also available are printer-friendly versions of the timeline information to download and use as check lists.

