



# The Pulse of CMS

**“A quarterly regional publication for health care professionals”**  
Serving Arkansas, Louisiana, New Mexico, Oklahoma and Texas.

## SPECIAL EDITION: HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH (HITECH) ACT

*The Pulse of CMS* took a summer vacation, but we’re back with this “special edition” that focuses on the **Health Information Technology for Economic and Clinical Health Act, or “HITECH.”** The next regular edition of *“The Pulse of CMS”* will be released in early 2011.

## Quick Links

Click on the following links for more information on:

**Eligibility**

[Eligible Professionals \(EPs\)](#)

[Eligible Hospitals](#)

**Incentive Payments**

[Medicare EPs](#)

[Medicaid EPs](#)

[Hospitals](#)

[Registration/Attestation](#)

[Medicare Advantage](#)

[Certified EHR Technology](#)

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## CMS Final Rule Addresses Eligibility, Meaningful Use and Incentive Payments

After carefully considering more than 2,000 comments from health care providers and patients, the Centers for Medicare & Medicaid Services (CMS) announced a Final Rule to help improve health, increase safety, and reduce health care costs through expanded use of electronic health records (EHR) technology on July 13, 2010. The Final Rule implements provisions of the American Recovery and Reinvestment Act of 2009 that authorize up to \$27 billion in incentive payments over 10 years for the meaningful use of certified EHRs.

The Medicare EHR incentive program will provide incentive payments to eligible professionals (EPs), eligible hospitals, and critical access hospitals that are meaningful users of certified EHR technology. The Medicaid EHR incentive program will provide incentive payments to eligible professionals and hospitals for efforts to adopt, implement, upgrade, or meaningfully use certified EHR technology. EPs may receive up to \$44,000 under Medicare or \$63,750 under Medicaid, and hospitals may receive millions of dollars for implementation and meaningful use of certified EHRs under both Medicare and Medicaid.

Requirements for meaningful use incentive payments will be implemented over a three-stage, multi-year period, phasing in additional requirements that will raise the bar for performance on information technology and quality objectives in later years. The Final Rule specifies initial criteria that EPs and eligible hospitals must satisfy in Stage 1, which begins in 2011. The Stage 1 criteria focus on electronically capturing health information in a coded

format, using that information to track key clinical conditions, communicating that information for care coordination, and beginning to report clinical quality measures and public health information.

Stage 2 would expand on the Stage 1 criteria in the areas of disease management, clinical decision support, medication management support for patient access to their health information, transitions in care, quality measurement and research, and bi-directional communication with public health agencies. Stage 3 would focus on achieving improvements in quality, safety and efficiency, focusing on decision support for national high priority conditions, patient access to self management tools, access to comprehensive patient data, and improving population health outcomes. Both Stage 2 and Stage 3 criteria will be addressed in future CMS rulemaking.

The CMS Final Rule on meaningful use of EHRs should be read in conjunction with a closely related Final Rule that was issued simultaneously by the Office of the National Coordinator for Health Information Technology (ONC). The ONC Final Rule provides an initial set of standards, implementation specifications and certification criteria for EHRs. A [link to the text of the CMS Final Rule](#), as well as a CMS/ONC fact sheet on the rules, is available on the CMS website. [Text of ONC’s Final Rule](#) and a technical fact sheet are available at on the ONC website.





## Office of the National Coordinator for HIT

The Office of the National Coordinator (ONC) is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology (HIT) and the electronic exchange of health information. The position of National Coordinator was created in 2004, through an Executive Order, and legislatively mandated in the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009. Dr David Blumenthal currently serves in this National Coordinator role.

The ONC not only coordinates a variety of programs to implement HITECH, but also supports the efforts of several related initiatives to facilitate nationwide adoption of HIT. Through working with these initiatives, ONC is able to reach diverse stakeholder groups that are imperative to the success of the HITECH Act. This includes state-level health initiatives, nationwide HIT, federal health architecture, adoption, as well as clinical decision support and the CDS collaborator.

Specific information regarding the ONC and various initiatives is available at the [ONC website](#).

## Is Your System Certified??

ONC has selected five Authorized Testing and Certification Bodies (ATCBs):

1. [Certification Commission for Health Information Technology \(CCHIT\)](#) - Chicago, IL;
2. [Drummond Group, Inc.](#) (DGI) - Austin, TX;
3. [InfoGard Laboratories, Inc.](#) - San Luis Obispo, CA;
4. [ICSA Labs](#) - Mechanicsburg, PA; and
5. [SLI Global Solutions](#) - Denver, CO

Certification by an ATCB will signify to eligible professionals, hospitals, and critical access hospitals that an EHR technology has the capabilities necessary to support their efforts to meet the goals and objectives of meaningful use.

See the most up-to-date listing of ONC-ATCB-certified systems by visiting the [Certified Health IT Product List](#) on the ONC website.

## Regional Extension Centers Available to Help Providers Meaningfully Use their Certified EHR

ONC has funded 62 Regional Extension Centers (RECs) to help more than 100,000 primary care providers meaningfully use electronic health records (EHRs) within two years. Specifically, the RECs' focus is to provide on-the-ground assistance for:

- individual and small practices, including primary care providers, physicians, physician assistants, and nurse practitioners;
- medical practices lacking resources to implement and maintain EHRs; and
- those who provide primary care services in public and critical access hospitals, community health centers, and other settings that mostly serve those who lack adequate coverage or medical care

Services that the REC will provide include outreach and education, EHR support (e.g., working with

vendors, helping choose a certified EHR system), and technical assistance in implementing health IT and using it in a meaningful way to improve care.

Under HITECH, \$677 million is allocated to support a nationwide system of RECs that cover every geographic region of the United States to ensure plenty of support to health care providers in communities across the country.

For more information on the RECs, including the list of the 62 RECs and their contact information, visit the [Health Information Technology Extension Program](#) page of the ONC website.

## Additional Grant-Funded Programs Overseen by the Office of National Coordinator for HIT

In addition to the Regional Extension Center Program, the HITECH Act, seeking to improve American health care delivery and patient care through an unprecedented investment in health information technology, created the following programs:

- **The Beacon Community Program:** This program aims to help communities build and strengthen their health information technology infrastructure and exchange capabilities. These communities will demonstrate the vision of a future where hospitals, clinicians, and patients are meaningful users of health IT, and together the community achieves measurable improvements in health care quality, safety, efficiency, and population health.
- **State Health Information Exchange Cooperative Agreement Program:** This program aims to support States and State Designated Entities in establishing health information exchange capability among healthcare providers and hospitals in their jurisdictions.
- **Health IT Workforce Program:** This program consists of four grant programs, the Community College Consortia to Educate Health Information Technology Professionals Program, the Curriculum Development Centers Program, the Program of Assistance for University-Based Training, and the Competency Examination for Individuals Completing Non-Degree Training Program. Together, these programs will directly support greatly expanded training in community colleges and universities, create and disseminate high quality educational materials that will be used in the community college program, but will also be available to the entire nation, and create health IT competency examinations to help verify that trainees have the knowledge and skills required to be effective in their jobs.
- **Strategic Health IT Advanced Research Projects (SHARP) Program:** This program funds research focused on achieving

breakthrough advances to address well-documented problems that have impeded adoption: 1) Security of Health Information Technology; 2) Patient-Centered Cognitive Support; 3) Healthcare Application and Network Platform Architectures; and 4) Secondary Use of EHR Data.

More information on [the HITECH Grant Programs](#) can be found on the ONC website.

## Frequently Asked Questions Now Available on Website

Use the [Frequently Asked Questions](#) (FAQs) link to get answers to commonly asked questions regarding Electronic Health Record (EHR) incentive programs. CMS has developed a list of frequently asked question regarding the EHR incentive program to help providers better understand the EHR process. This resource will assist you in preparing for the implementation of the Medicare and Medicaid EHR Incentive Programs.

Electronic Health Record FAQs are posted on the CMS website and continue to be updated as new information is available. To view these FAQs, go to [the FAQ site](#). Clicking on the word *Advanced Search* (above the Search box) allows the capability to sort by terms, product, and direction. We trust that you will find this document useful in answering your EHR incentive questions.

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## Registration and Attestation System to be Ready by January 2011 – Are You in PECOS?

All eligible professionals, hospitals, and critical access hospitals must register to participate in the EHR Incentive Programs. Registration for the Medicare program will be available starting on January 3, 2011. The Medicaid EHR Incentive Programs can also begin in 2011, but actual start dates will vary by state.

Ahead of the registration process, providers and hospitals can take steps now to prepare. Make sure you have enrollment records in the appropriate systems, including:

- **National Provider Identifier (NPI)**  
All eligible professionals, eligible hospitals, and critical access hospitals must have a NPI in order to participate in the Medicare and Medicaid EHR Incentive Programs.
- **National Plan and Provider Enumeration System (NPPES)**  
Most providers will need an active user account in the National Plan and Provider Enumeration System (NPPES). Please visit the link under

"Related Links Inside CMS" for more information on NPPES.

- **Provider Enrollment, Chain and Ownership System (PECOS)**  
All eligible hospitals and Medicare eligible professionals must have an enrollment record in PECOS to participate in the EHR Incentive Programs. (Eligible professionals who are only participating in the Medicaid EHR Incentive Program are not required to be enrolled in PECOS.)

CMS encourages all providers and hospitals to act now to verify that you have an enrollment record in PECOS. If you do not have an enrollment record in PECOS, now is the time to set up your record. The best way to submit your application is through Internet-based PECOS.

For more PECOS information, [providers can click here](#), and [hospitals can click here](#).

## Hospital-Specific Information Available for Medicare/Medicaid Hospitals & CAHs

Eligible hospitals and Critical Access Hospitals (CAHs) will qualify for incentive payments under the Medicare EHR Incentive Program if they successfully demonstrate meaningful use of certified EHR technology. Eligible hospitals and CAHs that adopt and successfully demonstrate meaningful use of certified EHR technology can begin receiving incentive payments for any year from federal fiscal year (FY) 2011 to FY 2015.

Incentive payments to eligible hospitals and CAHs may begin as early as 2011 and are based on a number of factors, beginning with a \$2 million base payment. Hospitals that do not successfully demonstrate meaningful use of certified EHR technology beginning in FY 2015 will be subject to payment adjustments.

Eligible hospitals will qualify for incentive payments under the Medicaid EHR incentive program if they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology during the first participation year or successfully demonstrate meaningful use of certified EHR technology in subsequent participation years. Medicaid hospitals that qualify for EHR incentive payments may begin receiving incentive payments in any year from FY 2011 to FY 2016.

Some hospitals may qualify to receive incentive payments from both Medicare and Medicaid if they meet all eligibility criteria.

Go to [the Hospital page of the CMS EHR webpage](#) for three hospital tip sheets (under "Downloads").

### Information Disclaimer:

The information provided in this newsletter is intended only to be general summary information to the Region VI provider community. It is not intended to take the place of either the written law or regulations.

### Links to Other Resources:

Our newsletter may link to other federal agencies. You are subject to those sites' privacy policies. Reference in this newsletter to any specific commercial products, process, service, manufacturer, or company does not constitute its endorsement or recommendation by the U.S. government, HHS or CMS. HHS or CMS is not responsible for the contents of any "off-site" resource identified.