



# Medicare & Medicaid EHR Incentive Programs

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**HIT Policy Committee**

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# Active Registrations – December 2011

		December-11	YTD
<b>Medicare</b>	Eligible Professional	8,996	123,923
	Hospital	0	168
	<b>Total</b>	<b>8,996</b>	<b>124,089</b>

<b>Medicaid</b>	Eligible Professional	9,614	49,051
	Hospital	9	75
	<b>Total</b>	<b>8,186</b>	<b>39,503</b>

<b>Medicare/Medicaid</b>	Hospital (registered for both Medicare & Medicaid )	<b>200</b>	<b>2,834</b>
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<b>TOTAL</b>		<b>18,819</b>	<b>176,049</b>
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For final CMS reports, please visit:  
[http://www.cms.gov/EHRIncentivePrograms/56\\_DataAndReports.asp](http://www.cms.gov/EHRIncentivePrograms/56_DataAndReports.asp)



# Medicare Incentive Payments – December 2011 Meaningful Use (MU)

	December 2011 Providers Paid	December 2011 Payments	YTD Providers Paid	YTD Payments
Eligible Professional	4,997	\$ 86,946,000	15,255	\$ 274,590,000
Medicare Only Hospital	4	\$ 5,600,870	38	\$ 56,782,557
Medicare & Medicaid Hospital (Medicare Payment)	189	\$ 369,136,265	566	\$ 1,052,839,955
<b>TOTAL</b>	<b>5,190</b>	<b>\$ 464,683,136</b>	<b>15,859</b>	<b>\$ 1,384,212,512</b>

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# Medicaid Incentive Payments – December 2011 (Both MU and AIU)

	December 2011 Providers Paid	December 2011 Payments	YTD Providers Paid	YTD Payments
Eligible Professional	2,794	\$ 58,373,535	11,270	\$ 295,760,910
Medicare & Medicaid Hospital (Medicaid Payment) + Medicaid Only Hospital	230	\$ 165,141,069	1,016	\$ 787,466,254
<b>TOTAL</b>	<b>3,024</b>	<b>\$ 229,380,747</b>	<b>15,132</b>	<b>\$ 1,149,476,633</b>

For final CMS reports, please visit:  
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## EHR Incentive Programs – December 2011 Totals

Registrations	December-11	YTD
Medicare EPs	8,996	123,921
Medicaid EPs	9,614	49,051
Medicaid/Medicare Hospitals	200	2,834
<b>Total</b>	<b>18,819</b>	<b>176,049</b>

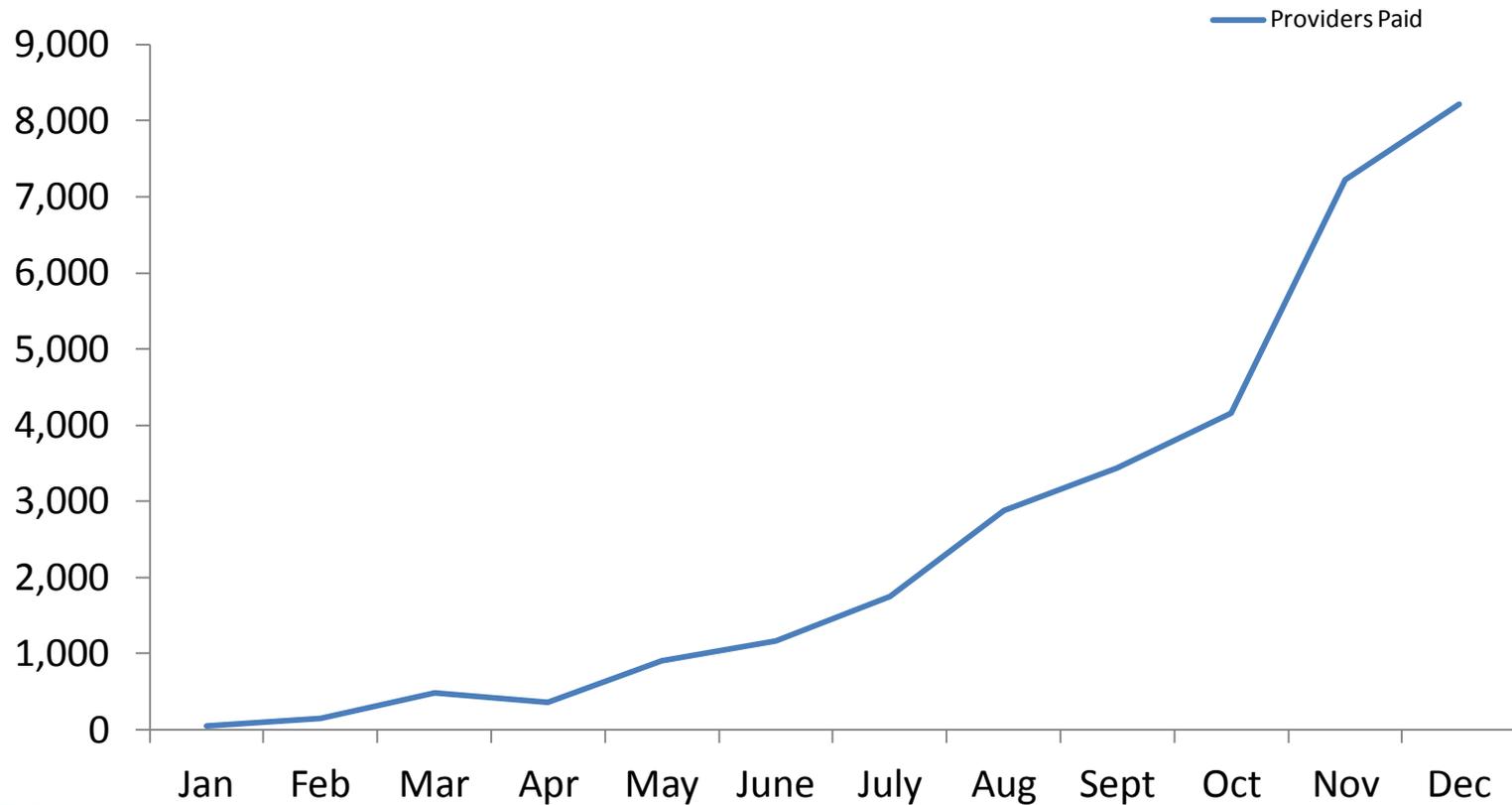
Payments	December-11	YTD
Medicare EPs	\$95,546,870	\$274,590,000
Medicaid EPs	\$64,239,678	\$362,010,379
Medicaid/Medicare Hospitals (Medicare Payment)	\$369,136,265	\$1,052,839,955
Medicaid/Medicare Hospitals (Medicaid Payment)	\$165,141,069	\$787,466,254
<b>Total</b>	<b>\$694,063,883</b>	<b>\$2,533,689,145</b>

For final CMS reports, please visit:  
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# EHR Incentive Programs – December 2011

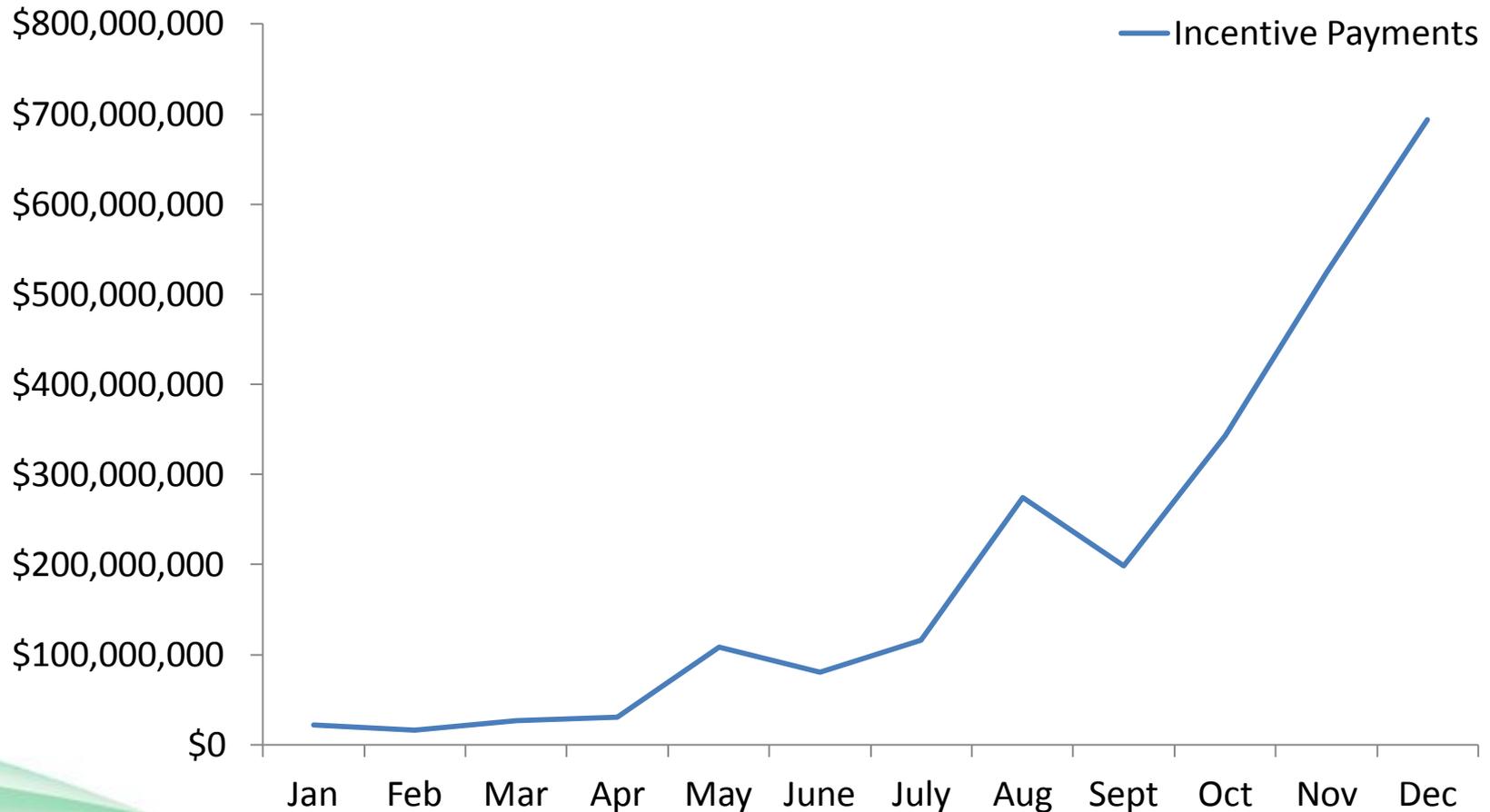
## Providers Paid by Month





# EHR Incentive Programs – December 2011

## Incentive Payments by Month





# Medicaid National Status Map

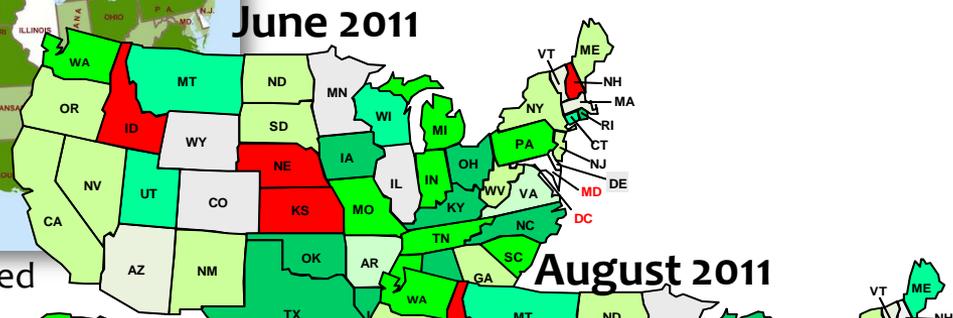
Implementation Report (1/12)

States launched as of January 2012: **42**  
# of States that disbursed incentives: **33**



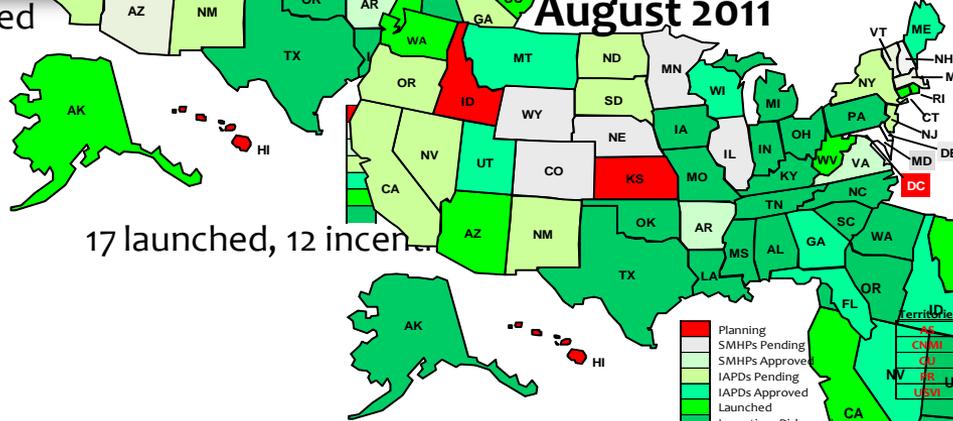
**March 2011**

19 SMHPs approved



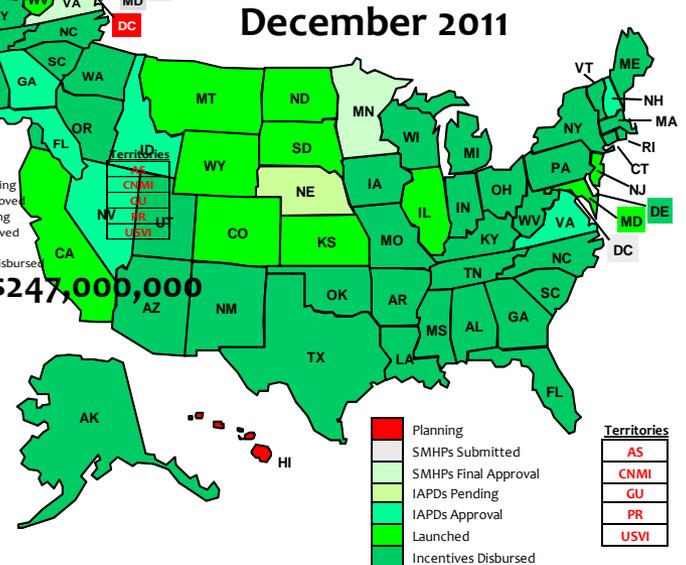
**June 2011**

17 launched, 12 incentives



**August 2011**

23 launched, 16 incentives, \$247,000,000



**December 2011**

43 launched, 33 incentives : \$908,955,358\*

- Planning
- SMHPs Submitted
- SMHPs Final Approval
- IAPDs Pending
- IAPDs Approved
- Launched
- Incentives Disbursed

Territories	
■	AS
■	CNMI
■	GU
■	PR
■	USVI



# **CMS EHR Incentive Programs Attestation Data**



# Data Caveats

As of December 2011:

- Only Medicare EPs are attesting to meaningful use.
- Medicaid EPs are attesting to AIU
- Acute care/critical access hospitals could be receiving a meaningful use incentive payment from both Medicare and Medicaid
- Medicaid-only hospitals are only attesting to AIU
- Reports from January onward will include both Medicare and Medicaid MU data, as well as Medicaid AIU data as available



# Highlights

- MU data is only for Medicare physicians and for acute care and critical access hospitals. It is not a representative sample of EPs, nor of all eligible hospitals.
- Do we have the n?
- What we know about early adopters:
  - On average all thresholds were greatly exceeded, but every threshold had some providers on the borderline
  - Little difference between EP and hospitals
  - Little difference among specialties in performance, but differences in exclusions



# Providers Included in MU Analysis

At the time of the analysis:

- 33,595 Medicare EPs had attested
  - 33,240 Successfully
  - 355 Unsuccessfully (89 previously unsuccessful resubmitted)
- 842 Acute Care and Critical Access Hospitals had attested
  - All successfully



# EP Quality, Safety, Efficiency, and Reduce Health Disparities

Objective	Performance	Exclusion	Deferral
Recording objectives*	90%+	9%*	N/A
CPOE	85%	17%	N/A
Electronic prescribing	78%	22%	N/A
Incorporate lab results	91%	4%	36%
Drug-formulary checks	N/A	14%	17%
Patient lists	N/A	N/A	27%
Send reminders to patients	61%	0.5%	77%

\*Refers to problem, med, allergy lists, vital signs, demographics and smoking status. Exclusion is for vital signs and smoking status.



# EP Engage Patients and Their Families

Objective	Performance	Exclusion	Deferral
E – Copy of Health Information	96%	75%	N/A
Office visit summaries	78%	2%	N/A
Patient Education Resources	50%	N/A	49%
Timely electronic access	75%	1%	62%



# EP Improve Care Coordination

Objective	Performance	Exclusion	Deferral
Medication reconciliation	89%	3%	56%
Summary of care at transitions	88%	3%	85%



# EP Improve Population and Public Health

Objective	Performance*	Exclusion	Deferral
Immunizations	34%	45%	20%
Syndromic Surveillance	3%	27%	70%

\*Performance is percentage of attesting providers who conducted test



# EH Quality, Safety, Efficiency, and Reduce Health Disparities

Objective	Performance	Exclusion	Deferral
Recording objectives*	+93%	0.5%	0%
CPOE	85%	N/A	N/A
Advance directives	95%	0.1%	13%
Incorporate lab results	95%	N/A	18%
Drug-formulary checks	N/A	N/A	13%
Patient lists	N/A	N/A	34%

\*Refers to problem, med, allergy lists, vital signs, demographics and smoking status. Exclusion is for vital signs and smoking status.



# EH Engage Patients and Their Families

Objective	Performance	Exclusion	Deferral
E – copy of health information	96%	68%	N/A
E – copy of discharge Instructions	96%	59%	N/A
Patient education resources	71%	N/A	62%



# EH Improve Care Coordination

Objective	Performance	Deferral
Medication reconciliation	84%	75%
Summary of care at transitions	81%	93%



# EHR Improve Population and Public Health

Objective	Performance*	Exclusion	Deferral
Immunizations	48%	15%	37%
Reportable Lab Results	16%	7%	77%
Syndromic Surveillance	18%	3%	79%

\*Performance is percentage of attesting providers who conducted test



# Specialty Performance

- Family practice, internal medicine, and optometry highest for CPOE
- Optometry and podiatry had lowest rates of recording vitals
- Gastroenterology lowest rate for patient electronic access by almost 10%
- For providing patient education resources, optometry was nearly 10% higher than others, podiatry was nearly 20% lower.
- All others measures were consistent across specialties.



# Concluding Points

- Preliminary monthly data is provided to the HITPC for consideration
- Official data should be sourced and cited from the CMS website, updated monthly ([http://www.cms.gov/EHRIncentivePrograms/56\\_DataAndReports.asp](http://www.cms.gov/EHRIncentivePrograms/56_DataAndReports.asp))
- Some States began accepting meaningful use attestations for Medicaid-only EHRs in January
- Some States will begin accepting meaningful use attestations from Medicaid EHRs in April