Medicaid
EHR Incentive Program:
Overview, update, and implications for oral health

David Koppel
HITECH Coordinator
Centers for Medicare & Medicaid Services
Who is a Medicaid Eligible Provider?

- **ELIGIBLE PROFESSIONALS (EPs)**
  - Physicians
  - Nurse practitioners (NPs)
  - Certified Nurse Midwives (CNMs)
- **Dentists**
  - Physician Assistants (PAs) when practicing at an FQHC/RHC that is *so led* by a PA
- **ELIGIBLE HOSPITALS**
  - Acute care hospitals (including CAHs and cancer hospitals)
  - Children’s hospitals
Eligibility: Patient Volume

<table>
<thead>
<tr>
<th>Entity</th>
<th>Minimum Medicaid patient volume threshold</th>
<th>Or the Medicaid EP practices predominantly in an FQHC or RHC—30% needy individual patient volume threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>- Pediatricians</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>CNMs</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>PAs when practicing at an FQHC/RHC that is so led by a PA</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>NPs</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Acute care hospitals</td>
<td>10%</td>
<td>Not an option for hospitals</td>
</tr>
<tr>
<td>Children’s hospitals</td>
<td>No requirement</td>
<td></td>
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</table>

Eligibility: Practices Predominantly & Needy Individuals

- EP is also eligible when *practicing predominantly* in FQHC/RHC providing care to *needy individuals*
- *Practicing predominantly* is when FQHC/RHC is the clinical location for over 50% of total encounters over a period of 6 months in the most recent calendar year
- *Needy individuals* (specified in statute) include:
  - Medicaid or CHIP enrollees;
  - Patients furnished uncompensated care by the provider; or
  - furnished services at either no cost or on a sliding scale.
Eligibility: Hospital-based EPs

- EPs must not be *hospital-based* for participation
  - Does not apply to EPs practicing predominantly in FQHC/RHC
- *Hospital-based* is an EP who “furnishes substantially all of the individual’s professional services in a hospital setting…”
- If 90% or more of the EP’s services are conducted in an inpatient hospital or ER:
  
  = *hospital-based* (i.e., ineligible)

Payments: EP Adoption Timeline

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>2011</td>
<td>$21,250</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2012</td>
<td>$8,500</td>
<td>$21,250</td>
<td></td>
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<tr>
<td>2013</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$21,250</td>
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<tr>
<td>2014</td>
<td>$8,500</td>
<td>$8,500</td>
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<tr>
<td>2015</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$21,250</td>
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<td>2016</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$21,250</td>
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<tr>
<td>2017</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
</tr>
<tr>
<td>2018</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
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<tr>
<td>2019</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>$8,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$63,750</td>
<td>$63,750</td>
<td>$63,750</td>
<td>$63,750</td>
<td>$63,750</td>
<td>$63,750</td>
</tr>
</tbody>
</table>
AIU & MU: Overview

- Adopt, implement, upgrade (AIU)
  - First participation year only
  - No EHR reporting period
- Meaningful use (MU)
  - Successive participation years; and
  - Some dually-eligible hospitals in year 1
- Medicaid Providers’ AIU/MU does not have to be over six consecutive years

What is AIU?

- Having adopted or upgraded to certified EHR technology capable of meeting all of the Stage 1 meaningful use objectives
- Has presented a problem for EPs who meet the exclusion criteria for certain measures, e.g. nurse-midwives who don’t prescribe or dentists who do not administer immunizations
- The Stage 2 Notice of Proposed Rulemaking included proposed language to remediate this issue
Medicaid At a Glance:

81,029 eligible professionals registered and 40,700 paid
  $851.9 million
87 Medicaid-only eligible hospitals registered and 60 paid
  $137.1 million
3,373 Dually-eligible hospitals registered and 2,043 paid
  $1.7 billion

HOW WILL CHANGES IN MEDICAID ELIGIBILITY AND EHRs AFFECT ORAL HEALTH?
### Medicaid Incentive Payments

#### Program-To-Date (Jan 2011 to Present)

<table>
<thead>
<tr>
<th>Providers</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>$633,202,441</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>$145,014,503</td>
</tr>
<tr>
<td>Dentists</td>
<td>$47,481,000</td>
</tr>
<tr>
<td>Certified Nurse - Midwives</td>
<td>$18,887,000</td>
</tr>
<tr>
<td>Physicians Assistants practicing in FQHC or RHC led by a PA</td>
<td>$7,331,250</td>
</tr>
<tr>
<td><strong>Eligible Professionals Total</strong></td>
<td><strong>$851,916,194</strong></td>
</tr>
<tr>
<td>Acute Care Hospitals (including CAMS)</td>
<td>$1,717,338,916</td>
</tr>
<tr>
<td>Children's Hospitals</td>
<td>$120,763,811</td>
</tr>
<tr>
<td><strong>Eligible Hospitals Total</strong></td>
<td><strong>$1,838,102,728</strong></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>$2,690,018,922</strong></td>
</tr>
</tbody>
</table>

### Oral Health Payments

(As of May 31)

<table>
<thead>
<tr>
<th>Medicaid EP/Hospital Type</th>
<th>Payment Criteria</th>
<th>Program Year</th>
<th>States</th>
<th>Provider Count</th>
<th>Payment Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>AIU</td>
<td>2011</td>
<td>39 States</td>
<td>2059</td>
<td>$43,541,250</td>
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<tr>
<td></td>
<td>AIU</td>
<td>2012</td>
<td>29 States</td>
<td>555</td>
<td>$11,793,750</td>
</tr>
<tr>
<td></td>
<td>MU</td>
<td>2012</td>
<td>4 States</td>
<td>8</td>
<td>$68,000</td>
</tr>
</tbody>
</table>
Eligible Professional Core Objectives

1. Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.  AVAILABLE
2. Implement drug-drug and drug allergy interaction checks.  AVAILABLE
3. Maintain an up-to-date problem list of current and active diagnoses.  AVAILABLE
4. Generate and transmit permutable prescriptions electronically (eRx).  AVAILABLE
5. Maintain active medication list.  AVAILABLE
6. Maintain active medication allergy list.  AVAILABLE
7. Record all of the following demographics:
   (A) Preferred language.
   (B) Gender.
   (C) Race.
   (D) Ethnicity.
   (E) Date of birth.  AVAILABLE
8. Record and chart changes in the following vital signs:
   (A) Height.
   (B) Weight.
   (C) Blood pressure.
   (D) Calculate and display body mass index (BMI).
   (E) Plot and display growth charts for children 2-20 years, including BMI.  AVAILABLE
9. Report smoking status for patients 13 years old or older.  AVAILABLE
10. Report ambulatory clinical quality measures to EHR or, in the case of Medicaid EEs, via the States.  AVAILABLE
11. Implement one decision support rule relevant to specialty or high clinical priority along with the analytic tool to track compliance with that rule.  AVAILABLE
12. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies) upon request.  AVAILABLE
13. Provide clinical summaries for patients for each office visit.  AVAILABLE

Clinical Quality Measures: Oral Health

- **Title: Preventive Care and Screening Measure Pair:** a. Tobacco Use Assessment, b. Tobacco Cessation Intervention Description: Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

- **Title: Preventive Care and Screening:** Advising Smokers to Quit
  Description: Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking.
Proposed Stage 2 Oral Health CQMs

• NQF# 1335: Children who have dental decay or cavities
• NQF#: 1419: Primary caries prevention intervention as part of well/ill child care as offered by primary care medical providers

Resources

– Web: www.cms.hhs.gov/EHRIncentiveprograms
  • Videos
  • FAQs
  • Email list-serv
  • EP Users’ Guides for Registration and Attestation
  • EH Users’ Guide for Registration and Attestation
  • Helpful Links
  • Monthly data on provider registration, attestation and payment
– Twitter: @CMSgov
– States’ EHR Incentive Program websites
Supporting Oral Health Providers in the Use of Health IT

Girma Alemu, MD, MS

U.S Department of Health and Human Services
Health Resources and Services Administration
Office of Health IT & Quality

Overview

• Discuss HRSA’s focus on Health IT & quality

• Outline available tools and resources

• Review HRSA’s efforts in oral health IT and quality measures.
Focus on Health IT & Quality

- Meaningful Use
- Person Centered Medical Homes
- Integration of Oral Health & Primary Care
Toolkits

Educational Webinars
Network Guide

The Network Guide is a directory of Health Center Networks and offers helpful tips to engage directly with potential network partners. It is a user-friendly resource for grantees of the Health Resources and Services Administration (HRSA), safety net providers, and all health care organizations seeking information and technical assistance with their quality improvement and operational efforts. The Guide is a collaborative project between HRSA and the National Association of Community Health Centers.

Health Center Networks have a strong history of providing quality service and support to their health center(s) and other member organizations, often at reduced costs achieved by leveraging economies of scale under a shared governance structure. To support stakeholders in their consideration and selection of a Health Center Network partner, the Guide provides:

- Data from more than 40 networks about their activities in quality and health care delivery improvement, operational management, and HIT in the safety net.
- Twenty-five (25) tables of data to enable the user to distinguish among the networks’ different approaches, services, and areas of expertise.
Focus on Quality Measures

• Meaningful Use- Stage 2

• National Quality Forum

• HRSA Oral Health Workgroup

Contact Info

galemu@hrsa.gov
The Triangulation of Quality

Improving the quality of healthcare by connecting our patients and providers to health information technology

Pam Reece
Director of Enterprise and Specialty Solutions – Henry Schein, Inc.

June 26, 2012

Discussion Overview

- Technology is Changing our World
- The Intersection of Technology and Healthcare
- The Quality Triangle
- Connection through Collaboration & Integration
- Our Goal
- Integration Challenges
- Meaningful Use and Oral Health
Times They are a Changin’ – Telecommunications

Mobile Technology

Times They are a Changin’ - Computing

![Pencil and Paper](image1)
![Calculator](image2)
![ATM Machine](image3)
![Desktop Computer](image4)
![Laptop](image5)
![Tablet](image6)

Tablet Forecast

**Figure 2** Tablet Sales Will Surpass Notebook Sales Before 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Tablet PC Sales</th>
<th>Netbook/Mini PC Sales</th>
<th>Notebook/Laptop PC Sales</th>
<th>Desktop PC Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>4%</td>
<td>46%</td>
<td>30%</td>
<td>36%</td>
</tr>
<tr>
<td>2009</td>
<td>17%</td>
<td>39%</td>
<td>29%</td>
<td>30%</td>
</tr>
<tr>
<td>2010</td>
<td>15%</td>
<td>40%</td>
<td>22%</td>
<td>30%</td>
</tr>
<tr>
<td>2011</td>
<td>15%</td>
<td>44%</td>
<td>18%</td>
<td>30%</td>
</tr>
<tr>
<td>2012</td>
<td>36%</td>
<td>12%</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>2013</td>
<td>38%</td>
<td>12%</td>
<td>18%</td>
<td>30%</td>
</tr>
<tr>
<td>2014</td>
<td>38%</td>
<td>12%</td>
<td>17%</td>
<td>30%</td>
</tr>
<tr>
<td>2015</td>
<td>38%</td>
<td>12%</td>
<td>16%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Source: Forrester Research eReader Adoption Forecast, 2010 to 2015 (US)
The Intersection of Technology and Healthcare

The Quality Triangle

- Education & Communication
- Health Information Technology
- Collaboration
- Empowerment & Engagement
Connection through Collaboration

Collaboration for Quality

- Patient to Provider
- Provider to Patient
- Provider to Provider
- Provider to State Medicaid
- REC
- HIEs
- NHIN
Connection through Integration

Our Goal - The Holistic View

- Provide holistic view of a child or individual across disparate data sources and systems
- Increase transparency and improve quality of care
- Leave data in place – expose only what is needed to assemble the view
Integration Challenges

- No two interfaces are the same
- Medical and dental packages have different versions
- Different types of implementation teams
- Different understanding and use of the HL7 standard

The Biggest Challenge of all:
- Proprietary Systems don’t play well in the “sandbox.”
- This defeats the mission of interoperability!
Other Challenges

- Planning
- Resources
- Funding
- User Acceptance

“Meaningful Use”

- The use of certified EHR in a meaningful manner (e.g. ePrescribing)
- The use of certified EHR technology for electronic exchange of health information to improve quality of care
- Use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary of Health and Human Services

“Meaningful Use” changes from stage to stage and year to year as the government determines new criteria.

Who Can Qualify for Reimbursement?

- There are NO dental specific criteria and NO electronic dental record (EDR) Vendor Certification Program

- Most dentists who meet the requirements for incentive payments will do so under the Medicaid program.

- Incentive payment is PER PROVIDER.

- Medicaid Program Qualifications
  - An “eligible professional”:
    - Provides at least 30% of their services to Medicaid patients
    - Meets the specific stage and yearly criteria
References


Questions