

**EHR Incentive Payments for Eligible
Professionals Working in Rural
Health Clinics**

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**EHR Incentive Payments for
Meaningful Use**

**What Does this mean for
Physicians, NPs, CNMs and
PAs working in RHCs?**

On July 13th, the Obama Administration published the final rules for Medicare and Medicaid EHR incentive payments.

Subsequent to the release of the MU final rule, ONC announced three organizations were announced as recognized as certifying organizations for EHR incentive payment purposes.

Recognized Certifying Organizations

[Certification Commission for Health Information Technology](#) (CCHIT) - Chicago, Ill.

Date of authorization: September 3, 2010.

Scope of authorization: Complete EHR and EHR Modules.

- [Drummond Group, Inc.](#) (DGI) - Austin, Texas.
Date of authorization: September 3, 2010.
Scope of authorization: Complete EHR and EHR Modules.
- [InfoGard Laboratories, Inc.](#) – San Luis Obispo, CA
Date of authorization: September 24, 2010.
Scope of authorization: Complete EHR and EHR Modules.

Medicare EHR Incentive Payments

Physicians – and only Physicians – are eligible for Medicare EHR incentive payments – even when working in an RHC setting.

Physicians must choose whether to get a Medicare EHR Incentive Payment or a Medicaid EHR incentive payment.

Medicare EHR Incentive Payments

If a physician chooses to get a Medicare EHR Incentive Payment, he/she is ineligible for a Medicaid EHR Incentive payment FOR THAT YEAR.

A physician can make a one-time switch from either a Medicare-to-Medicaid or Medicaid-to-Medicare for EHR incentive payments.

Medicare EHR Incentive Payments

Medicare EHR incentive payments are based upon a percentage of Medicare Part B claims.

If a physician bills Medicare Part B more than \$24,000 per year, he/she is eligible for the maximum Medicare EHR incentive payment for that year (\$18,000 first year).

In order to qualify for incentive payments, the EHR system being adopted and used by the provider **MUST** meet federal certification standards.

Although certification standards have been established, CMS has not yet identified those entities that will qualify as an approved certifying body.

Incentive Payments

EHR Incentive Payments go to the Eligible Professional (EP) – NOT the organization. EPs working in organizations, such as RHCs, should assign their EHR Incentive payments to the facility; however, the rules do not require the EP to make such an assignment.

Incentive Payments are available for EPs working in either independent OR Provider-based RHCs.

MAXIMUM TOTAL AMOUNT OF EHR INCENTIVE PAYMENTS FOR A MEDICARE EP WHO DOES NOT PREDOMINANTLY FURNISH SERVICES IN A HPSA

Calendar year	First CY in which the EP receives an incentive payment				
	2011	2012	2013	2014	2015 and Subsequent Years
2011	\$18,000				
2012	\$12,000	\$18,000			
2013	\$8,000	\$12,000	\$15,000		
2014	\$4,000	\$8,000	\$12,000	\$12,000	
2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
2016		\$2,000	\$4,000	\$4,000	\$0
Total	\$44,000	\$44,000	\$39,000	\$24,000	\$0

**MAXIMUM ADDITIONAL AMOUNT OF INCENTIVE PAYMENTS
FOR A MEDICARE EP WHO PREDOMINANTLY
PERFORMS SERVICES IN A HPSA**

Calendar year	Year that an EP first receives the incentive payment for Medicare covered professional services furnished in a geographic HPSA				2015 and Subsequent Years
	2011	2012	2013	2014	
2011	\$19,800				
2012	\$13,200	\$19,800			
2013	\$8,800	\$13,200	\$16,500		
2014	\$4,400	\$8,800	\$13,200	\$13,200	
2015	\$2,200	\$4,400	\$8,800	\$8,800	\$0
2016		\$2,200	\$4,400	\$4,400	\$0
Total	\$48,400	\$48,400	\$42,900	\$26,400	\$0

Requirements for MEDICAID Incentive Payments

Eligible Professionals (EP's) must meet the following qualifications:

Be a physician: (doctors of medicine and doctors of osteopathy), dentists, nurse practitioners, certified nurse midwives, and physician assistants practicing in a Federally Qualified Health Center (FQHC) or Rural Health Clinic as so led by a physician assistant.

PA Led Clinic

An RHC or FQHC is considered “PA Led” when any of the following circumstances exists:

- (1) When a PA is the primary provider in a clinic (for example, an RHC with a part-time physician and full-time PA, would be considered “PA led”);
- (2) When a PA is a clinical or medical director at a clinical site of practice; or
- (3) When a PA is an owner of an RHC

Needy individuals

EPs working in an RHC must demonstrate that more than 50 percent of their clinical encounters occurred at an RHC over a six-month period, and that they had a minimum of 30 percent of their patient volume from **needy** individuals.

Needy individuals are

- * Those patients enrolled in Medicaid (including dual eligibles);
- * Those patients enrolled in your state's Children's Health Insurance Program;
- * Low-income individuals furnished care for no cost by the provider;
- * Individuals furnished services at reduced cost based on a sliding scale determined by the individual's ability to pay.

Calculating the 30% Threshold

The ratio where the numerator is the total number of encounters with needy individuals treated in any 90-day period in the previous calendar year and the denominator is all patient encounters over the same period.

Calculating the 30% Threshold

The 30% threshold can be calculated per provider OR clinic-wide.

The Clinic determines the 90 day time period used.

The 90 day time period must be continuous.

