

**Federal Incentive Payments to DCs
for Implementing Electronic Health Records (EHR):
Dispelling the Myths**

First convened in September 2007, the Chiropractic Summit represents leadership from some 40 organizations within the profession. The Summit meets regularly to collaborate, seek solutions, and support collective action to address challenges with the common goal of advancing chiropractic.

A major focus of the Summit has been to improve practitioner participation, documentation, and compliance within the Medicare system. The article that follows is the twelfth in a series developed by the Chiropractic Summit Documentation Committee.

Starting in 2011, doctors of chiropractic were among the hundreds of thousands of American health care practitioners who have received checks of up to \$18,000 from the federal government for implementing electronic health records (EHR) in their clinics. These early adopters are eligible for up to \$44,000 each. Approximately \$2.8 billion have been paid so far to Medicare providers and hospitals that met the standards for “meaningful use,” with \$16.5 million of that being paid to DCs.

If you implement EHR by October 3, 2012, and use it “meaningfully” for the next 90 days, you may still qualify for the full \$44,000, payable over five years.

Unfortunately, there is a great deal of misinformation in the chiropractic profession, and elsewhere, about the EHR incentive payments and EHR in general. We want everyone to have the facts, so they can make informed decisions; therefore, we have put together the following list of myths vs. facts regarding electronic health records.

MYTH: Chiropractors are not eligible for the “up to \$44,000” incentive for implementing certified EHR software.

FACT: The government uses the definition of “physician” from the Social Security code, which includes chiropractic physicians. Thus, doctors of chiropractic are eligible to receive reimbursement for implementing EHR as long as they meet the other established guidelines.

In fact, hundreds of DCs have already gone through the processes of implementation and attestation and have received their 2011 payments. Some have even received their 2012 payments! We estimate that well over 2000 DCs have successfully attested and received

stimulus funds. *You can still receive the full incentive by starting no later than October 3, 2012 and performing meaningful use for just 90 days in your first year.*

MYTH: I have to attest for the full year if I didn't start meaningful use before 2012.

FACT: The EHR reporting period for the first year of meaningful use—regardless of which year that is—is any continuous 90-day period within that calendar year. In subsequent years, after a provider's first year, the reporting period is the entire calendar year.

MYTH: If I am a non-participating physician, and do not accept assignment, I am not eligible for an incentive payment.

FACT: If you submit claims for Part B covered services, *you are eligible*. If you successfully register and demonstrate meaningful use of a certified EHR, your incentive payment will be based on all services allowed under Part B regardless of your participation status or whether you have accepted assignment on those claims.

MYTH: Any electronic system will qualify me for reimbursement.

FACT: Only the use of certified EHRs (those that meet specific federal standards for meaningful use) can qualify for incentive payments. It's important to note that there are two distinct classifications of certified software: Modular and Complete. EHRs with Complete Certification can help you qualify for up to \$44,000 using just that software. EHR software with Modular Certification requires you to find complementary software to combine with the modularly certified software in order to be eligible.

MYTH: As long as my software is certified, I qualify for the stimulus funds.

FACT: Having EHR technology that is certified is certainly an essential part of qualifying for the EHR incentive program; however, practicing meaningful use of that software is up to the provider. Visit <https://ehrincentives.cms.gov> to learn more about meaningful use requirements and how to register for the EHR incentive program.

Only software, or a combination of software systems, that meets 100% of the certification requirements can qualify you for the stimulus payment. Modular certification alone is not enough to qualify.

To evaluate a vendor's certification status:

1. Visit <http://onc-chpl.force.com/ehrcert>.
2. Search for the vendor or product name.

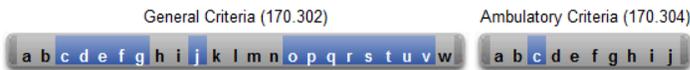
| | | | | | | |
|-----------------------|----------------------------------|--|-----------|--------------|--|-----------------------------|
| CCHIT | Acendo Software, Inc. | A.I.Med Pro | 9 | Complete EHR | NewCorp, E-Prescribing, 9.1 | Add to Cart |
| CCHIT | ABEL Medical Software Inc. | ABELMed EHR - EMR / PM | 11 | Complete EHR | Microsoft, Microsoft Access, 2007; Microsoft, Microsoft Word, 2007; ABEL Medical Software Inc, ABELHealthNet | Add to Cart |
| CCHIT | Abraxas Medical Solutions, Inc. | Abraxas EMR | 4.1.7 | Complete EHR | Intuit Health;NewCropRx | Add to Cart |
| Drummond Group Inc. | Accumedic Computer Systems, Inc. | AccuMed | 12.10 | Modular EHR | NewCropRX LabSoft 7-Zip | Add to Cart |
| Drummond Group Inc. | EMRlogic Systems | activEHR™ | 2011.1 | Complete EHR | Windows OS Dr.First/Rcopia Medline Plus | Add to Cart |
| CCHIT | Eyefinity | AcuityLogic | Q2.2011.0 | Modular EHR | Eyefinity, ExamWRITER, v10 | Add to Cart |
| CCHIT | Health IT Services Group | Acumen EHR | 6.0 | Complete EHR | DrFirst, Rcopia, 3.0 | Add to Cart |
| San Diego Hospitalist | STAMFO EMR | | 3.0 | Complete | | Add to Cart |

3. Add the product(s) to your cart.
4. View your cart to see the percentage of certification criteria the selected software system(s) meets.

CERTIFICATION CART

Certification Criteria Summary

This bar provides a summary of the criteria that are met by items in your cart. Criteria highlighted in blue have been met by products in the cart, criteria in gray have not. Place your mouse over the individual letters to learn more about each criterion.



Requesting a CMS EHR Certification ID

The button below allows you to request a CMS EHR Certification ID. You will need to submit this ID to CMS if you apply for Meaningful Use incentives.

The button will not be activated until the items in your cart meet 100% of the required criteria.

Percentage of criteria currently met:46%

PRODUCTS IN CART

| Certifying ATCB | ONC Certification # | Vendor | Product | Product Classification | Product Version # | |
|-----------------|---------------------|-------------|-----------------------|------------------------|-------------------|------------------------|
| CCHIT | CC-1112-203300-1 | ACOM Health | RAPID | Modular EHR | 7 | Remove |

MYTH: If I choose not to implement EHR in my clinic, nothing will happen to me.

FACT: Beginning in 2015, penalties will be assessed to doctors who have chosen not to transition to electronic health records. The penalties will be in the form of decreased Medicare reimbursement, starting at a 1% decrease the first year, followed by higher decreases in subsequent years.

MYTH: I will only get reimbursed for the amount I spend on my EHR software.

FACT: *You can actually be reimbursed for substantially more than what you spend for EHR.* The incentive payment amounts have been set by the federal government and have nothing to do with how much you spend on your EHR.

The government wants to motivate doctors to implement an EHR as soon as possible and has created a strong financial incentive plan to move the process forward swiftly. The sooner doctors implement a certified EHR system, the more in incentive payments they can receive. The chart included with this column shows how incentive payments can be as high as \$44,000—a substantially higher benefit than the average cost to implement a system.

Here is how the maximum payments break out:

| Adoption Year | Medicare EHR Incentive Payout Over Time | | | No Adoption |
|---------------|---|--------------------|--------------------|-------------|
| 2012 | \$18,000.00 | | | |
| 2013 | \$12,000.00 | \$15,000.00 | | |
| 2014 | \$8,000.00 | \$12,000.00 | \$12,000.00 | |
| 2015 | \$4,000.00 | \$8,000.00 | \$8,000.00 | 1% penalty |
| 2016 | \$2,000.00 | \$4,000.00 | \$4,000.00 | 2% penalty |
| 2017 | | | | 3% penalty |
| TOTAL | \$44,000.00 | \$39,000.00 | \$24,000.00 | |

The government recognizes that there are hardware costs, training costs, and possible revenue loss during the initial conversion to your new system. EHR incentive payments of up to \$44,000 are intended to compensate providers for those additional costs.

MYTH: By participating in the incentive program, I am guaranteed to receive the full \$44,000 reimbursement.

FACT: \$44,000 is the maximum incentive payout, over five years, if your first qualifying year is 2011 or 2012. Your actual payment amount will be 75% of your Medicare allowed services for each year, up to the maximum amount for that year (presuming, of course, you have satisfied the applicable meaningful use criteria).

MYTH: Individual doctors do not receive incentive payments for implementing EHR, but rather the clinic.

FACT: The incentive payment program has been set up to benefit individual eligible providers specifically. This means that multiple DCs, who practice in the same clinic, can

each qualify for incentive payments, as long as the individual doctors are using a qualified system meaningfully, according to the incentive payment requirements. Even though they may all use the same EHR, they can each receive up to \$44,000 based on their individual allowed charges.

Myth: Chiropractic physicians will have a difficult time meeting the criteria for “meaningful use” because they are excluded from many of the meaningful use criteria.

FACT: DCs do have some obvious exclusions, such as e-prescribing or immunization reporting; however, most DCs will find that, if their state scope of licensure allows for certain quality reporting of such items as smoking cessation, blood pressure recording, or weight loss counseling, they can perform most of the meaningful use criteria without further exclusions.

Much of the meaningful use criteria are related to capturing patient demographic or diagnostic data one time during the reporting period and this can be performed by staff for most of the criteria. Other criteria are related to testing your EHR to see if it can perform certain functions. Many DCs who have already received their incentive payment commented that, once they were trained on each of the measures, it was not difficult.

MYTH: Now that the government is incenting all eligible providers to adopt EHR, the government will be able to dictate how we deliver care.

FACT: Nowhere, in any of the legislation, does it indicate that the government will exert any influence on the way you deliver patient care. Rather, an agency called the Office of the National Coordinator of Healthcare Information Technology (ONCHIT) was established in 2004 to facilitate the implementation of EHRs across healthcare entities. ONCHIT is only given authority to organize the implementation process, and is not charged with overseeing actual delivery of care and how you treat patients.

There is still time to take advantage of the full \$44,000 incentive.

The government decided earlier this year that eligible providers—including DCs—could still qualify for the full \$44,000 incentive if they implement a Certified EHR in 2012 and demonstrate 90 consecutive days of meaningful use this year. That means there is still time to take full advantage of this incentive for doing something many of us know we should be doing anyway.

October 3, 2012 is the absolute last day you can begin meaningful use of a certified EHR to qualify for the maximum incentive. However, recognize that the maximum incentive amount for the first year drops by only \$3,000 from 2012 to 2013. It is obviously best to move quickly and implement before October 3, 2012—but moving before July 2013 is critical to maximizing the program, due to changes in requirements.

There is still time, but time is of the essence as it will take 30-60 days to get up and operating. No need to over-react... simply act!

The standing members of the Summit Documentation Committee include Dr. Carl Cleveland III, Kim Driggers, Esq., Dr. Farrel Grossman, Dr. Steven Kraus, Dr. Peter Martin, Ms. Susan McClelland, Mr. Robert Moberg, Dr. Frank Nicchi, David O'Bryon, Esq., and Dr. Claire Welsh.

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