



## Why chance **IT** alone?

**The Benefits of Adopting an  
Electronic Health Record (EHR)  
with M-CEITA Assistance**



**M-CEITA**

MICHIGAN CENTER FOR  
EFFECTIVE IT ADOPTION

IMPROVING HEALTH THROUGH TECHNOLOGY  
[www.mceita.org](http://www.mceita.org) • 888-MICH-EHR



Dear Provider,

Quality and efficiency are essential for physician office practices to thrive in today's highly competitive healthcare industry. Electronic health records (EHRs) can be a valuable tool in the quest for quality healthcare and especially helpful in the areas of patient safety, practice efficiency, and clinical decision support at the point of care.

M-CEITA, Michigan's Center for Effective IT Adoption, is the state of Michigan's Health Information Technology (HIT) Regional Extension Center (REC). Our role is to accelerate the selection, adoption, and Meaningful Use of HIT to support efficient quality care delivery in the state of Michigan.

Assistance through M-CEITA is available to practices considering an EHR, in the process of implementing an EHR, or would like to optimize their current EHR. Our team members provide important information to increase the efficiencies of the EHR, and achieve increased levels of quality and safety for patients.

We welcome the opportunity to present the M-CEITA program to your primary care physicians. This booklet provides an overview of the program and valuable information about Medicare and Medicaid incentives.

To learn more about the REC or how an EHR might benefit your practice, please call 1-888- MICH-EHR (888-642-4347) or visit [www.mceita.org](http://www.mceita.org). We look forward to speaking with you.

Sincerely,  
M-CEITA

# Contents

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**Who is M-CEITA? .....3**  
    Brief History .....3  
    Who We Serve .....5  
    Wrap-Around Services.....6

**M-CEITA is Your EHR Solution .....7**

**What are the Benefits of Adopting an  
Electronic Health Record (EHR)?.....8**

**Program Expectations.....9**

**Provider Expectations .....10**

**Medicare and Medicaid Incentive Programs .....11**

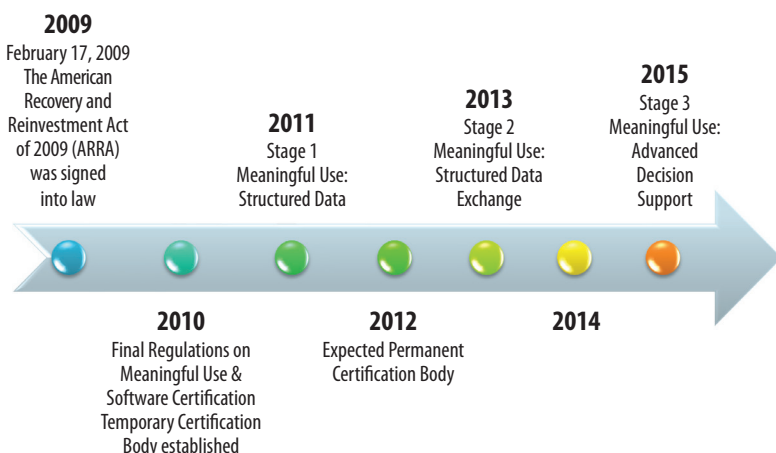


## Who is M-CEITA?

**We are not a vendor.** M-CEITA, Michigan's Regional Extension Center (REC) is a non-profit statewide collaborative funded by the Department of Health and Human Services (HHS) to assist primary care providers with the adoption and Meaningful Use of electronic health records (EHRs). EHRs are becoming increasingly prevalent in both the public and private healthcare sectors in Michigan and across the nation, and are recognized as beneficial by the Institute of Medicine, American Academy of Family Physicians, and the American College of Physicians. They are pivotal to improvement in the areas of quality of care, patient safety, decision support, access to patient information, practice efficiency, and patient-clinician communication.

### Brief History

The American Recovery and Reinvestment Act of 2009 was signed into law by President Obama on February 17, 2009. The law includes the Health Information Technology for Economic and Clinical Health (HITECH) Act, which established CMS programs to provide incentive payments for the Meaningful Use of certified electronic health record (EHR) technology.



As Michigan's REC, M-CEITA will advance the Meaningful Use of HIT across Michigan promoting improvements in quality.

## **M-CEITA's Mission**

Partner with Michigan providers to accelerate the selection, adoption and Meaningful Use of health information technology to improve the quality and efficiency of care delivered in our state.

## **M-CEITA's Vision**

As Michigan's Regional Extension Center, we are a trusted agent on behalf of nearly 18,000 primary care providers. By 2012, we expect to assist nearly 6,000 providers and their patients – imparting a broad community benefit throughout the state. Further, M-CEITA will remain a provider resource for years to come through dedication to program sustainability and proven value.

## **M-CEITA Approach – Outreach**

**Our Message:** M-CEITA supports Michigan providers with:

- › Negotiation with vendors and selection of HIT products
- › Successful implementation of EHRs
- › Achievement of Meaningful Use

**Our Goal:** Make M-CEITA services available to providers at the time and in the ways they need.



## Who We Serve

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### Primary-care providers (PCP)

- › MDs, DOs, NPs, CNMs & PAs who practice family, general internal, pediatric medicine, geriatrics, or obstetrics and gynecology

### Priority PCPs

- › Individual and small group (<10) primary care practices
- › Public and Critical Access Hospitals
- › Community Health Centers and Rural Health Clinics
- › Settings serving uninsured, underinsured, and medically underserved populations

### M-CEITA Service Area

- › Approximately 18,000 PCPs; 7,000 priority PCPs



# Wrap-Around Services

M-CEITA services “wrap-around” vendor services to maximize providers’ ability to successfully implement and use certified EHR technology to improve quality care delivery and achieve Meaningful Use incentives.

There are 5 stages of M-CEITA service offerings. Each stage is supported by proven tools and resources to ensure successful EHR adoption and optimization.

## 5 Stages of Service

### ENGAGE

Identify current processes, goals and objectives to develop targeted office redesign strategies that support and prepare for the change process within your practice.

### SELECT

Identify HIT products that support your practice goals and facilitate expedient implementation of Meaningful Use functionalities. We offer tools and services that support the negotiation of appropriate contract terms to foster effective practice/ vendor relationships.

### PLAN

Build on the change management strategies (practice workflow redesign) identified during Engagement and develop transition plans which allow for efficient technical and operational integration of an EHR.

### IMPLEMENT

M-CEITA implementation services ‘wrap-around’ those provided directly by EHR vendors and ensure that product architecture aligns with practice workflows. Designed to support identified goals and objectives to ensure that user training is adequate to support effective and expedient EHR use.

### MEANINGFUL USE

Leverage the EHR tools to actively manage patient populations, support effective care delivery, enhance business operations, facilitate interoperability and information exchange, and improve health outcomes. Receive assistance in qualifying for EHR incentive payments.



## M-CEITA is Your EHR Solution!

### Make the Transition with a Program Tailored to Your Needs!

We recognize that practices are in different stages of adoption and use of EHRs/Health IT. M-CEITA partners with you to develop a practice-specific plan to successfully adopt technology and achieve Meaningful Use. Our services are heavily subsidized by the federal government.

Services	Vendor Program Costs to Make the Transition to EHR*	M-CEITA Program Costs to Make the Transition to EHR
<b>Initial Practice Assessment:</b> Analyze practice needs, readiness to adopt an EHR, how to maximize the use of an EHR, and potential challenges associated with implementation	\$5,000 -10,000	<b>M-CEITA</b> partners with your practice to identify and deliver services necessary to successfully adopt, implement and/or optimize electronic health record to meet Meaningful Use, as defined by CMS.  Services delivered are based on practice assessment and matched to practice needs.
<b>EHR Implementation Planning and Support:</b> Objective information from experts about EHR selection, implementation and optimization	\$2,500 -14,000	
<b>Practice Workflow Redesign:</b> Current practice workflow assessment and craft revised strategies to create efficiencies and capitalize on the opportunities offered by an EHR	\$1,500 - 5,000	
<b>Fee</b>	<b>N/A</b>	<b>\$500</b>
<b>Total</b>	<b>\$9,000 - 29,000/ Practice</b>	<b>\$500/Provider</b> Price may be negotiable based upon practice characteristics

*\*Based upon an average of listed prices by private vendors, as of June 1, 2010. Services provided through M-CEITA may not reflect the exact services provided by the private vendor.*



# What are the Benefits of Adopting an Electronic Health Record (EHR)?

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## Quality Tracking and Reporting

The Medicare/Medicaid financial incentive programs require the ability to track and report required data. EHRs allow practitioners to survey their quality indicator compliance rates and report.

## Improve Patient Care

EHRs can track patients individually or by disease group to query preventive/screening (i.e. mammogram, influenza vaccination) or chronic disease management services (i.e. lipid profile, diabetic eye exam). Providers can also sample treatment protocols to assess effectiveness.

## Refocus Operating Costs

Since EHRs eliminate paper documentation, practices can avoid costs related to transcription, supplies, and record storage. Staff time saved on chart pulls, documentation, and other related activities could be reallocated to additional priorities.

## Transform Office Space

Space saved on chart storage can be converted into profitable exam space.

## Enhance Patient Safety

EHRs cross reference patient problems, allergies, and medications, alerting the provider when a potential contraindication is found. Lab results are also documented in a timelier manner, allowing for faster follow up.

## Access Patient Information Remotely

EHRs allow for remote access to patient information, which is especially useful to physicians who are on call or who are not in the office.

## Program Expectations

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M-CEITA agrees to:

- › Assign a M-CEITA Liaison who communicates with the provider and practice team to support and provide assistance throughout the program.
- › Partner with your practice to develop a customized plan to facilitate adoption, implementation, and/or optimization of EHR/HIT leading to the ability to demonstrate Meaningful Use.
- › Provide a review of available products in your area, federal incentive options, workflow design methods, and best practices for deploying technologies in your practice.
- › Assist with provider & staff clinical process improvement efforts.
- › Identify strategies and interventions to assist with understanding and meeting Meaningful Use criteria.
- › Facilitate frequent conference calls, workshops, and site visits as needed.

## Provider Expectations

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Providers agree to:

- › Provide a dedicated team/staff member to act as lead for the office as well as timely resources to the project.
- › Demonstrate progress toward HIT project goals/ milestones set forth and agreed upon by the practice and M-CEITA.
- › The project lead participating in a minimum of two monthly program activities with M-CEITA, such as conference calls, online tutorials, and teleconferences.
- › Agree to implement strategies to achieve effective EHR use including e-prescribing and quality measure reporting.
- › Will collaborate to achieve Meaningful Use as specified by CMS.



## **Medicare & Medicaid Incentive Programs**

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### **Overview**

The Medicare & Medicaid EHR Incentive program is an American Reinvestment & Recovery Act (ARRA) funded financial incentive to encourage the adoption and Meaningful Use of “certified” electronic health records (EHRs) in ways that improve quality, increase efficiency, and promote safety.

### **Certified EHR Technology**

In order to qualify for the incentives, providers must adopt a “certified” EHR technology. Certification will ensure the product is capable of meeting one or more of the Meaningful Use specifications, and is expected to begin in September 2010. The Office of the National Coordinator (ONC) will maintain on its website a Certified HIT Products List (CHPL) as a single, aggregate source of all certified Complete EHRs and EHR Modules reported by ONC Authorized Temporary Certified Bodies to the National Coordinator upon certification.

### **Meaningful Use**

Meaningful Use is a set of measures that a provider must achieve to demonstrate they are fully using the EHR to improve quality, increase efficiency, and promote patient safety. Meaningful Use has five broad healthcare goals: to improve quality, safety, efficiency, and reduce health disparities; engage patients and families; improve care coordination; ensure adequate privacy and security protections for personal health information; and improve population and public health. For more information on Meaningful Use please contact M-CEITA or go to [www.CMS.hhs.gov/EHRincentives](http://www.CMS.hhs.gov/EHRincentives).

## Who Is “Eligible” to Receive the CMS EHR Incentive?

Individual professionals who meet eligibility factors can receive the EHR incentive. Providers must be an eligible professional (EP) and must not be “hospital-based.” Hospital-based is currently defined as a professional who furnishes 90% or more of their services in a hospital setting, including inpatient or emergency room settings, based on Place of Service (POS) codes on claims. Both fee-for-service and managed care providers are eligible.

### **Medicare Eligible Professionals include:**

- › Physicians (MDs, DOs)
- › Dentists
- › Podiatrists
- › Optometrists
- › Chiropractors

### **Medicaid Eligible Professionals include:**

- › Physicians
- › Dentists
- › Certified Nurse Mid-wives
- › Nurse Practitioners
- › Physician Assistants (PA) practicing in a PA-led FQHC or Rural Health Clinic

Medicaid providers must also meet a Medicaid patient volume threshold. For most providers this is 30% Medicaid patient volume based on total encounters. For providers that predominantly practice in a FQHC or rural health clinic, the 30% threshold is based on “needy individuals” (includes medical assistance, SCHIP, uncompensated care and those charged based on a sliding scale per ability to pay). For pediatricians, the threshold is only 20% Medicaid but pediatricians who meet this lower threshold (20% to 29.9%) receive 2/3 of the incentive funds.

## Medicare & Medicaid Incentive Programs (continued)

### Medicare Financial Incentives

Medicare eligible professionals (EPs) can receive up to \$44,000 under the Medicare EHR Incentive. The incentives are spread over 5 years (see Table 1 below). Incentive payments are based on calendar year beginning in April 2011. In year one, the provider must be able to demonstrate Meaningful Use for 90 consecutive days. However, by year two a provider must be able to demonstrate for the full calendar year to continue receiving the incentive.

**Table 1: Maximum Incentive Payments for Medicare EPs**

Calendar Year	First Calendar Year in which the EP receives an Incentive Payment				
	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
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

### Medicaid Financial Incentives

The Medicaid EHR Incentive allows Medicaid eligible professionals (EPs) to receive up to \$63,750 over 6 years (see Table 2 below). Meaningful Use is not required for the first year a provider receives an incentive payment but is required for later years. In year one, the provider must be able to demonstrate adoption or implementation of a new EHR or the upgrade of an existing EHR.

**Table 2: Maximum Incentive Payments for Medicaid EPs**

Calendar Year	First Calendar Year in which the EP receives an Incentive Payment					
	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Eligible professionals (EPs) can only receive one EHR incentive, however providers are able to change the EHR incentive program track once. If a provider practices across State lines, he/she is eligible to collect incentive payment only from the state in which the provider treats 50% of the total provider population.

## Registering for the EHR Incentive Program

Eligible professionals (EPs) will need to register for the EHR incentives. The registration process requires the following steps:

- › All EPs must have a National Provider Identifier (NPI) and have an active user account in the National Plan and Provider Enumeration System (NPPES).
- › For Medicare, EPs must be enrolled in the CMS Provider Enrollment, Chain and Ownership System (PECOS) to participate in the EHR incentive program.
- › For Medicaid EPs, this will be a two-step process. Providers will have to register with the Centers for Medicare and Medicaid Services at the national level and then provide additional information at the state level.

CMS will use these systems' records to register for the program and verify enrollment prior to making EHR incentive program payments. The final registration process is still being developed. Details will be made available later this year.

## Additional Information

For additional information about the EHR Incentive Programs and other HIT initiatives in Michigan, please visit:

**[www.CMS.hhs.gov/EHRincentives](http://www.CMS.hhs.gov/EHRincentives)** and  
**[www.MichiganHealthIT.org](http://www.MichiganHealthIT.org)**

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