



**Participant questions from  
“Stimulus 101: Basics of the health information technology provisions”  
May 21, 2009**

**Eligibility/incentive process**

**1. Who is eligible for the stimulus health information technology (HIT) incentives?**

Medicare and Medicaid providers. See the American Recovery and Reinvestment Act (ARRA) summary for eligibility details ([www.ama-assn.org/ama1/pub/upload/mm/399/arra-hit-provisions.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/399/arra-hit-provisions.pdf)).

**2. Will the incentive bonus apply to mid-level practitioners, such as physician assistants and nurse practitioners?**

See ARRA’s definition of “eligible professional” under the Medicare incentive program. The term eligible professional means a physician as defined in section 1861(r) of the Social Security Act.

42 USCS § 1395x (r) Physician. The term “physician,” when used in connection with the performance of any function or action, means (1) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action...

42 USCS § 1396b Under the Medicaid program, the term, eligible professional means a  
(i) physician;  
(ii) dentist;  
(iii) certified nurse mid-wife;  
(iv) nurse practitioner; and  
(v) physician assistant insofar as the assistant is practicing in a rural health clinic that is led by a physician assistant or is practicing in a Federally qualified health center that is so led.

Centers for Medicare & Medicaid Services (CMS) are due to release details on eligibility and reporting requirements soon.

**3. Does the funding apply to all practicing physicians, in all care settings?**

No. The funding applies only to eligible Medicare and Medicaid physicians. Hospital-based eligible professionals are *not* eligible according to the ARRA definition.

ARRA definition of “hospital-based eligible professional”:

The term “hospital-based eligible professional” means, with respect to covered professional services furnished by an eligible professional during the EHR reporting period for a payment year, an eligible professional, such as a pathologist, anesthesiologist, or emergency physician, who furnishes substantially all of such services in a hospital setting (whether inpatient or outpatient) and through the use of the facilities and equipment, including qualified electronic health records, of the hospital. The



determination of whether an eligible professional is a hospital-based eligible professional shall be made on the basis of the site of service (as defined by the Secretary) and without regard to any employment or billing arrangement between the eligible professional and any other provider.

**4. Do the providers have to service both the Medicare and Medicaid markets?**

No. See eligibility requirements in the ARRA summary ([www.ama-assn.org/ama1/pub/upload/mm/399/arra-hit-provisions.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/399/arra-hit-provisions.pdf)). In addition, eligible professionals cannot take advantage of incentives under both Medicare and Medicaid incentive programs.

**5. Is the incentive amount awarded per doctor or per clinic?**

The incentive payments should be awarded per eligible professional/physician.

Incentives under the Medicaid program are also available for eligible physicians, hospitals, federally qualified health centers, rural health clinics and other providers.

**6. Is there any requirement that the practice bills a certain percentage of Medicare or Medicaid? Will physicians need to see a specific number or percentage of Medicare patients in order to qualify for the incentive?**

At this time, physicians (non-hospital based) are eligible for Medicare incentive payments based on an amount equal to 75 percent of the allowed Medicare Part B charges, up to a maximum of \$18,000 for early adopters whose first payment year is 2011 or 2012.

Under the Medicaid incentive program, eligible pediatricians (non-hospital based), with at least 20 percent Medicaid patient volume, could receive up to \$42,500, and other physicians (non-hospital based), with at least 30 percent Medicaid patient volume, could receive up to \$63,750, over a six-year period.

**7. With incentives starting in 2011, when will most physicians/hospitals need to purchase EHR systems?**

The ARRA requires the Department of Health and Human Services (HHS) to develop standards for qualifying electronic health record (EHR) systems by Dec. 31, 2009. HHS is expected to make more announcements this summer that will impact what vendors need to do in order to meet certification criteria. While the certification criteria are not yet known, physicians should begin researching vendors and questioning them on their plans for adjusting their products based upon future changes.

**8. As a pediatrician who does not see many Medicaid patients, am I out of luck for any ARRA money?**

Under the Medicaid incentive program, eligible pediatricians (non-hospital based), with at least 20 percent Medicaid patient volume, could receive up to \$42,500. Look for more information when CMS provides more details on eligibility and reporting requirements.



**9. I am a child and adolescent psychiatrist in a solo practice and an EHR is too expensive for the number of patients I see. What kind of help is available to providers like me?**

The Office of the National Coordinator (ONC) is authorized to make a qualifying EHR system available to health care providers for a nominal fee, if the marketplace does not come up with affordable options.

**10. Our practice has been using EHR and digital X-rays for four years. It's very expensive, and the cost for our two-man practice is oppressive including the upkeep. How do we apply for funding? Do we have to wait until 2011 as you mentioned?**

CMS should be releasing details on eligibility and reporting requirements. HHS is in the process of determining the criteria that will apply to physicians through public meetings with input from the AMA. The AMA recognizes the timeframes are very aggressive and is strongly advocating that the maximum number of physicians will be eligible for the incentives, and that the bar for qualifying is not set too high. More information from HHS is expected later this summer on eligibility criteria.

**11. Can mental health practitioners get incentive payments for utilizing EHR as well?**

As long as the mental health practitioner meets the definition of "eligible professional" as defined in section 1861(r) of the Social Security Act, and complies with the reporting requirements, such professionals would be eligible for incentive payments. See Question 2 above.

**12. What waiver/exemption will be available to mobile house-call physicians who only have connectivity to broadband through the slow WWAN aircards?**

The Secretary of HHS has the authority to make exceptions to the Medicare penalty program for non-adoption and use of qualifying EHRs on a case-by-case basis for physicians who demonstrate significant hardship (e.g., a physician who practices in rural areas without sufficient Internet access). HHS will release details in the future.

**13. How are small practices expected to afford an EHR, particularly primary-care providers who are already struggling to stay alive in this economy? Are there any grants that local foundations could use to assist these small practitioners?**

The ONC is authorized to make available a qualifying EHR system to health care providers for a nominal fee, if the marketplace does not come up with affordable options.

**14. Will incentives be available for jail and prison health care settings?**

Look for more information from CMS when they provide greater detail on eligibility and reporting requirements. Incentives under the Medicaid program are also available for eligible physicians, hospitals, federally qualified health centers, rural health clinics and other providers.

**15. What is the process to select a physician group or solo practitioner to qualify for ARRA incentives if they do not yet have an EHR?**



CMS should be releasing details on eligibility and reporting requirements—stay tuned.

**16. The stimulus incentive is capped at 75 percent of allowable charges under Medicare. Is this figure strictly that which is paid to the provider or that which is billed to Medicare?**

The 75 percent cap pertains to allowable charges. CMS should be releasing details on eligibility and reporting requirements soon that will offer more guidance.

**17. How and when can we recover money for using EHR? What is the process?**

CMS should be releasing details on eligibility and reporting requirements, and payment process—stay tuned.

**18. How is the incentive paid through CMS? Through individual checks made payable to the physician? Once a year, once a month, or daily?**

CMS is authorized to make either a single consolidated payment, or periodic installments. CMS should be releasing details on eligibility and reporting requirements, and payment process.

**Grants and other incentives**

**19. Will grants be made available to providers, hospitals, and physicians for purchase of EHRs? Or, is the government limiting the ARRA funds to incentive payments and/or loans?**

The Office of the National Coordinator for Health IT (ONCHIT) is authorized to award competitive grants to states to establish loan programs for health care providers to purchase certified EHR technology and to train personnel in the use of such technology. ONC should be providing details on the grant programs soon.

**20. Where can we best research other programs that offer incentives, such as the Physician Quality Reporting Initiative (PQRI)?**

The American Medical Association (AMA) ePrescribing learning center ([www.ama-assn.org/go/eprescribing](http://www.ama-assn.org/go/eprescribing)) has a state map that lists incentive programs for each state. Visit [www.recovery.gov/?q=content/state-recovery-page](http://www.recovery.gov/?q=content/state-recovery-page) to locate ARRA information in your state.

**21. Are there stipulations on the use of stimulus moneys? Will the grants be taxable?**

Look for more information when ONC provides additional details on the grant programs.

**Regional extension centers**

**22. What is a “regional extension center” grant? Whom does this apply to?**



On May 28, 2009, the ONC published a notice with initial guidance on regional extension centers. The guidance, which was open to public comment for two weeks, makes the following broad proposals for the design and operation of regional extension centers.

- The goals of the centers should be to:
  - Encourage adoption of electronic health records by clinicians and hospitals
  - Assist clinicians and hospitals to become meaningful users of electronic health records
  - Increase the probability that adopters of electronic health record systems will become meaningful users of the technology
- The centers shall offer access to information and some level of assistance to all providers in a designated region. The regional centers will become, upon award, members of a consortium that will be coordinated and facilitated by the to-be-established Health Information Technology Research Center.
- The core purpose of the centers shall be to furnish direct, individualized and on-site assistance to individual providers.
- It is expected that each regional center will provide technical assistance within a defined geographic area, and that each defined geographic area will be served by only one center.
- To apply to host a center, an entity may have to:
  - Define the geographic region and the provider population it proposes to serve within that region
  - Describe proposed approaches and levels of support for prioritized and other providers to be served
  - Address how the applicant would structure its organization and staffing to enable providers served to have ready access to reasonably local health IT “extension agents” and provide training and on-going support for these critical workers
  - Demonstrate the capacity to facilitate and support cooperation among local providers, health systems, communities and health information exchanges
  - Propose an efficient and feasible strategy to broadly furnish specialized expertise to all providers served, as well as provide an intensive, individualized, “local” presence from an interdisciplinary extension agent to smaller groups of providers assigned to individual agents
- Given current national economic conditions, the ONC proposes to exercise the option in the ARRA to not require matching funds for awards made in fiscal year 2010. It anticipates providing \$1 million to \$2 million per center, with the largest center receiving a maximum of \$10 million.
- Centers will begin to be awarded in the first quarter of fiscal year 2010, and awards will continue through the end of fiscal year 2010.

**23. Did the ONC meet the statutory requirements for identifying the process for identifying Regional Healthcare IT Extension Centers by May 18? Are there suggested resources for learning more about the regional extension centers grants?**

Please see Question 22 above.



### **Hospitals and hospital-based physicians**

#### **24. Is there a funding or incentives available to hospitals?**

Yes. Hospitals can earn up to \$2 million *plus* discharge bonuses.

#### **25. Does the exclusion of hospital-based physicians apply to hospital-owned physician groups?**

ARRA definition of “hospital-based eligible professional”:

The term “hospital-based eligible professional” means, with respect to covered professional services furnished by an eligible professional during the EHR reporting period for a payment year, an eligible professional, such as a pathologist, anesthesiologist, or emergency physician, who furnishes substantially all of such services in a hospital setting (whether inpatient or outpatient) and through the use of the facilities and equipment, including qualified electronic health records, of the hospital. The determination of whether an eligible professional is a hospital-based eligible professional shall be made on the basis of the site of service (as defined by the Secretary) and without regard to any employment or billing arrangement between the eligible professional and any other provider.

#### **26. Incentives for hospital-based physicians are not available. What about a surgeon’s private practice that performs more than 50 percent of work at the hospital?**

CMS should be releasing details on eligibility and reporting requirements soon—stay tuned.

### **Health information exchange**

#### **27. When do you think we will need to meet the requirements for exchanging electronic health information across health systems?**

The ARRA requires the HHS to develop standards, including interoperability, security, etc., for qualifying EHRs by Dec. 31, 2009. The law allows HHS to develop a phased approach to meaningful use and the AMA and many others are advocating for this such that the criteria for demonstrating meaningful use should be achievable.

#### **28. If systems don’t “talk” to each other between practices and hospitals, and the meaningful use standards require interoperability, who pays for that connectivity—the hospitals or the physicians? Is this left to each local community to hash out?**

The ARRA requires the HHS to develop standards, including interoperability, security, etc., for qualifying EHRs by Dec. 31, 2009. It is widely recognized that these standards will need to be tested to ensure that they work. The AMA will be monitoring and contributing input throughout this process.



**29. If we wish to communicate from one electronic medical record to another (i.e., from one physician to another, or one hospital to another), how do we protect privacy?**

The ARRA requires HHS to develop standards, including interoperability, security, etc., for qualifying EHRs by Dec. 31, 2009.

**30. We have Allscripts™ EHR, but our hospital uses Epic and is pressuring us to enroll with Epic. Are all EHRs going to communicate with one another so that different health care organizations can have different systems, and yet still have access to patient records? Or, will interfacing between various EMRs be cumbersome, or even impossible?**

The end goal is to achieve interoperability between EHR systems. Products that are in line with the Integrating the Healthcare Enterprise initiative, sometimes referred to as "IHE compatible," can already exchange basic discrete data. This compatibility is hoped to expand significantly with the HHS standards that are rolled-out in the next year. Once HHS comes out with more information on meaningful user criteria and certification, more will be known about what will be expected of physicians, and what the criteria vendors will need to incorporate into their products. We recommend if you are shopping for vendors to query them on their plans for modifying their products to meet the new certification criteria.

**Practices with pre-existing EHRs**

**31. Are the ARRA incentives only available for new implementations? How can practices already using an EHR benefit from this?**

The incentives are available to both new and early adopters of EHR technology. However, EHRs (even ones that are already in use) must meet certain certification/qualification requirements. In this case, early adopters may need to upgrade to newer versions of their EHR product depending on the standards rule that is released by the end of this year. The ARRA requires HHS to develop standards, including interoperability, security, etc., for qualifying EHRs by Dec. 31, 2009.

**32. If you have already invested \$500,000 to \$750,000 in an EHR infrastructure and are using ePrescribing, but don't have a Medicare/Medicaid patient base, are there any stimulus dollars available to cover prior investments or future maintenance/licensing fees?**

The incentive payments are currently limited to Medicare and Medicaid programs. However, the ARRA also requires a study on providing incentives to providers who do not qualify under the Medicare or Medicaid incentive programs. New programs could be established at that time to incite EHR adoption among those not benefiting from the current program.

**Medicare ePrescribing Incentive Program**

**33. Does the "mini-stimulus" for the ePrescribing incentive become absorbed in the stimulus package regarding adopting an EHR system (basically part of the four-year payout)?**



Physicians who report using an EHR system that is also capable of ePrescribing will no longer be eligible for the ePrescribing bonuses established by the “Medicare Improvements for Patients and Providers Act” (MIPPA); they will be eligible for HIT incentives only to avoid “double-dipping.” Also, ePrescribing penalties sunset after 2014, so that no physician will be subject to penalties for failing to both e-prescribe and to use an EHR.

**34. Where would you begin the reporting for the Medicare ePrescribing Incentive Program reimbursement?**

See the AMA’s FAQs on the Medicare ePrescribing Incentive Program requirements ([www.ama-assn.org/ama1/pub/upload/mm/472/faq-cms-incentive-program.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/472/faq-cms-incentive-program.pdf)).

**35. ePrescribing is not available when administering Schedule II narcotics under the Medicare ePrescribing Incentive Program. If you are a physician in a pain practice and a majority of the drugs you prescribe are Schedule II narcotics, will you still be able to qualify for incentive payments?**

See the AMA’s FAQ on the Medicare ePrescribing Incentive Program requirements ([www.ama-assn.org/ama1/pub/upload/mm/472/faq-cms-incentive-program.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/472/faq-cms-incentive-program.pdf)).

**Types of EHR/EMR technology**

**36. Are EMRs and EHRs the same thing or are they different? If so what makes them different?**

ARRA defines an electronic health record (EHR) as an electronic record of health-related information on an individual that is created, gathered, managed and consulted by authorized health care clinicians and staff. Qualifying EHRs must comply with the standards that HHS is required to issue by Dec. 31, 2009. The terms electronic medical record (EMRs) and EHRs are often used synonymously.

**37. Will a chart management system qualify for the EHR incentive, or does the system need to be a full EHR?**

The ARRA requires the HHS to develop standards, including interoperability, security, etc., for qualifying EHRs by Dec. 31, 2009.

According to the ARRA, a certified EHR is one that will be certified as meeting the standards approved and issued by the Secretary of the Department of Health and Human Services (HHS); the Secretary is required to publish standards by the end of 2009. In order to qualify as a certified EHR, the electronic record of health-related information must:

1. Include patient demographic and clinical health information, such as medical history and problem lists
2. Have the capacity to:
  - a. Provide clinical decision support
  - b. Support physician order entry
  - c. Capture and query information relevant to health care quality
  - d. Exchange electronic health information with other sources, and integrate such information



**38. Has anything been mentioned regarding a purchased EMR vs. an application service provider (ASP) or a Software as a Service (SaaS) model?**

The ARRA requires the HHS to develop standards, including interoperability, security, etc., for qualifying EHRs by Dec. 31, 2009.

**39. Why not allow all of us to use the Department of Defense (DOD) system, or have CMS develop a system with open source DOD code that all doctors can use without having to buy something from a private vendor?**

The ARRA allows for options. The ONC is authorized to make available a qualifying EHR system to health care providers for a nominal fee, if the marketplace does not come up with affordable options.

**Meaningful use**

**40. What is “meaningful use”? To what extent would you have to be using your EHR system to comply with this term?**

According to the ARRA, a meaningful EHR user is one who is:

1. Using a “certified EHR” that includes ePrescribing
2. Connected in such a way as to allow the exchange of health information in a standard format for the purpose of improving quality of care and care coordination
3. Reporting clinical quality measures and potentially other measures using a certified EHR

CMS should be releasing details on eligibility and reporting requirements as well as information on meaningful use.

**Certification**

**41. How do you know/find out if your EHR is certified? Is there a list of certified programs available?**

The ARRA requires HHS to develop HIT standards, including interoperability, security, etc., for qualifying EHRs by Dec. 31, 2009.

The Certification Commission for Healthcare Information Technology (CCHIT) currently certifies EHR systems. While the details on EHR certification under ARRA are still undefined, you can visit [www.cchit.org](http://www.cchit.org) to view a listing of currently certified EHR systems.

**Miscellaneous**

**42. Is the issue of a unique health care identifier for each patient/citizen back on the table? Is it considered a pivotal issue in this endeavor?**



Although this issue was not specifically addressed in the ARRA, it has come up as a health care reform issue.

**43. In figuring the ARRA stimulus per physician per year, will they be deducting items like lab and chemotherapy drugs from the formulas like they currently are doing with PQRI and ePrescribing?**

Physicians (non-hospital based) are eligible for Medicare incentive payments based on an amount equal to 75 percent of the allowed Medicare Part B charges. CMS should be releasing details on eligibility and reporting requirements soon to offer more guidance.

**44. What about public health reporting? Why isn't this being addressed by the policy committee?**

ARRA created two committees—the policy and standards committees—to advise the HHS Secretary. The Policy Committee is also authorized to make recommendations on public health reporting.

**45. How do the ongoing CMS EHR demonstrations fit into ARRA?**

Due to the passage of ARRA, CMS recently announced the “roll back” of the second phase of a physician electronic health record subsidy pilot program that was launched in 2007. CMS has indicated that its decision will leave unaffected about 1,500 physicians in 400 practices initially enrolled in the program. The announcement to “roll back” the program ([www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/EHR\\_Announcement.pdf](http://www.cms.hhs.gov/DemoProjectsEvalRpts/downloads/EHR_Announcement.pdf)) was made April 7 as the national focus on health information technology centered on the 2009 Healthcare Information and Management Systems Society convention in Chicago.

**46. Does the AMA have any advice for medical association or societies on how to best help their physicians take advantage of these funds?**

Please work with the AMA for details about eligibility and reporting requirements. In using the most up-to-date and comprehensive information, physicians will be better equipped to make informed decisions about selecting and implementing EHRs in accordance with the ARRA.

**Additional resources for information**

**47. Is there any Web site we can visit for information on the progress of the ARRA and HIT committees?**

The Department of Health and Human Services developed a HIT Web site (<http://healthit.hhs.gov>) where you can find the latest updates on the ARRA and the HIT committees under the tab “Health IT/Recovery.” Also, visit the AMA legislative Web site ([www.ama-assn.org/go/advocacy](http://www.ama-assn.org/go/advocacy)) and the AMA HIT Web site ([www.ama-assn.org/go/hit](http://www.ama-assn.org/go/hit)) for updates on relevant topics.



**48. Is there a forum or bulletin board on the Internet that can send me information on HIT developments?**

Visit <http://healthit.hhs.gov> and join the Health-IT LISTSERV to stay up to speed on the latest information on EHRs and the ARRA.



**Participant questions from  
“Stimulus 102: Update on health information technology provisions”  
June 9, 2009**

**Eligibility/incentive process**

**1. Assuming that our EHR is certified, how does Medicare/Medicaid know to reimburse us? How do we file/apply?**

CMS will provide eligible providers with information so that they can decide whether to pursue incentive payments under Medicare or Medicaid. CMS will also conduct outreach efforts to ensure providers understand all policies and requirements related to provider eligibility, selection of Medicare or Medicaid incentive programs for eligible providers, incentive payments, and the demonstration of meaningful use.

Also, visit the AMA's legislative (<http://www.ama-assn.org/ama/pub/legislation-advocacy/current-topics-advocacy.shtm>) and HIT ([www.ama-assn.org/go/hit](http://www.ama-assn.org/go/hit)) Web sites to find the latest information.

**2. How will we be notified of how to get an application to participate in the stimulus?**

CMS will provide eligible providers with information so that they can decide whether to pursue incentive payments under Medicare or Medicaid. CMS will also conduct outreach efforts (planned for 2010) to ensure providers understand all policies and requirements related to provider eligibility, selection of Medicare or Medicaid incentive programs for eligible providers, incentive payments and the demonstration of meaningful use.

**3. “30 percent Medicaid.” Does this refer to charges, collections or patients?**

In order to qualify under the Medicaid requirement, a physician must not be hospital-based and his/her practice must consist of seeing at least 30 percent Medicaid patients by volume (pediatricians are subject to a lower 20 percent threshold).

**4. Can you get reimbursed if you lease the EHR subscription instead of purchasing?**

Yes, see answer for Question 2 above.

**5. Does this stimulus money apply toward what you paid for the EHR when purchased or what you spend currently on support licensing?**

Provider incentive payments are intended to be applied toward the expense of purchasing, implementing, and operating certified EHR technology. For providers who receive Medicaid incentive payments, these payments can cover up to 85 percent of the federally determined “net average allowable costs” of EHR technology, including support and training for staff, up to a certain annual maximum amount. For providers who receive Medicare incentive payments, payments will be based on a percentage of Medicare allowable charges, up to a certain annual



maximum amount that will be reduced over time. Eligibility for incentive payments will be subject to meeting criteria to be defined by CMS, including “meaningful use” of EHR.

**6. Is this money just for the EHR, or is it for practice management system costs as well?**

ARRA incentive payments are earmarked for EHR adoption only.

**7. I believe you stated that MDs and DOs are the only providers that qualify for the Medicare funding. Does that mean that other providers such as OD's (optometrists) are excluded at this time even though they are eligible for PQRI incentives.**

That is our understanding at this time. The term eligible professional means a physician as defined in section 1861(r) of the Social Security Act. CMS should be coming out with details on eligibility.

**8. Does the stimulus apply to a medical group that is wholly owned by a not-for-profit hospital?**

If a hospital-owned medical group provides a substantial amount of its services outside of the hospital, the group may be eligible for some stimulus reimbursement.

**9. We are a pediatric practice, originally we were told we did not qualify for the stimulus, but it is now my understanding that we indeed can qualify, and at a \$64,000 stimulus level, if we have over 20 percent Medicaid. Our Medicaid is approximately 60 percent.**

You may be able to qualify if your pediatric practice is not hospital-based, the practice consists of at least 20 percent Medicaid patients by volume, and you can demonstrate meaningful use of a certified EHR.

**10. Is the meaningful use money available in addition to dollars received from a hospital partnership and subsidization for software?**

This cannot be answered until “meaningful use” is defined.

**11. Will you receive all the money if your EHR solution costs less than \$18,000 but it meets the meaningful use requirement?**

The legislation does not tie incentive payments to the cost of the provider’s EHR solution. We anticipate that providers will receive incentive payments based on their ability to meet eligibility requirements and demonstrate meaningful use.

**12. Will our “home grown” EHR system qualify if we meet the certification requirements?**

All EHR systems have to meet the same certified requirements.



**13. How will the reporting take place? Through claims processing?**

CMS is developing systems (anticipated to be available in 2010) to monitor and evaluate incentive payments.

**14. Are you eligible for stimulus funding if you previously received a grant for EHR implementation?**

Details have not been released regarding grants in conjunction with EHR reimbursements.

**15. Why would a physician invest funds in an EHR system now when all of these requirements have not been developed? This seems to be very risky.**

Physicians will have to consider whether they want to invest funds in an EHR system now or wait until the Secretary of HHS comes out with details on what constitutes a "certified EHR."

**16. On the bonus requirements page, the line on the bottom states that if EHR adoption is less than 75 percent the Secretary of HHS can reduce fees until adoption reaches 95 percent. Is that a reduction of how much the stimulus will pay? If so, can I assume that they will request that five percent back?**

Additional details surrounding these bonus requirements have not been released.

**Vendor selection**

**17. Can you please summarize the "cautions" you mentioned. What questions should physicians ask vendors when getting an EHR system before meaningful use is defined? (i.e., It was mentioned earlier that five-year contracts are not practical now.)**

Ask if their EHR is CCHIT-certified, if their organization is "interoperable" (can capture and export data and/or communicate information to some common platform), and if the system can support ePrescribing. Most of these, and additional requirements, would be supported through CCHIT certification.

**18. What questions should we ask prospective EHR vendors?**

In addition to what is stated above in Question 3, ask about their current client base (size, specialties, academic, etc.) and interface capabilities to facilitate compatibility. Finally, inquire whether EHR upgrades are included in the contract (particularly with any pre-existing PMS or laboratory information system), their customer support model, how long an implementation would last, and their implementation methodology. Reference the AMA's "[15 questions to ask before signing an electronic medical record or electronic health record agreement](#)" for a more detailed list of questions.



### **Hospitals and hospital-based physicians**

#### **19. How are hospital-owned physician practices reimbursed or paid for EHR participation?**

If hospital-owned physician practices provide a substantial amount of their services outside of the hospital, they may qualify for the stimulus incentive. If physicians qualify, it is not clear whether incentives would flow through the hospital or through the providers.

#### **20. We are a private practice located in a hospital. Would we qualify?**

A physician whose practice is solely hospital-based (such as ER physicians, anesthesiologists, and pathologists) is not eligible for incentive funds, as the hospital incurs the EHR system expense. However, if your hospital-owned practice does not provide substantially all its services in the hospital setting, you may be eligible for incentive payments. The law also contains incentives for hospital adoption of health IT. Be sure to check with your hospital administration to see how these incentives may affect your practice.



**Participant questions from  
“Stimulus 103: Real World Perspectives”  
July 14, 2009**

**Eligibility/incentive process**

- 1. Do ambulatory surgical centers qualify for stimulus incentive money? If so, is it done by number of physicians even if physicians are also part of a private practice?**

Ambulatory surgical centers are not eligible for incentive payments under the American Recovery and Reinvestment Act (ARRA). To remain competitive, centers may choose to implement an electronic health record system.

- 2. Do ambulatory service centers have to implement an EHR? In other words, if they don't will they be penalized down the road for not having it?**

No. See Question 1 above.

- 3. What if a provider is part of two entities, do they qualify for both entities?**

No. The provider—if eligible as determined by the ARRA criteria—could receive up to \$44,000. The incentives are set at the physician or NPI-level, and not tied the physical location of the practice.

- 4. What is the anticipated stimulus application start date?**

There isn't an application per se. It's believed that providers will receive credit by meeting meaningful use requirements beginning in 2011.

- 5. We have a specialist who visits different practices. He bills enough to qualify at each practice. Would we split the incentive or would he get the whole amount at each practice?**

The specialist—if eligible as determined by the ARRA criteria—could receive up to \$44,000 in total. The incentives are set at the physician or NPI-level, and not tied the physical location of a practice.

- 6. Is there any information on incentives for part-time or multi-location doctors?**



Employment status and location do not affect an eligible provider's ability to qualify for stimulus incentives. It doesn't matter if the provider works full or part time or in multiple locations if the provider fulfills the ARRA eligibility requirements.

**7. Is there a distinction between physicians vs. providers in the stimulus money? For example, as the number of providers increases, so will the cost of the EHR due to license fees. In other words, independent solo practitioners in the same office would have an advantage over a group practice.**

Each eligible provider—despite practice size or set-up—could qualify for up to \$44,000 in Medicare incentives over a five-year period, 2011–2016. The incentives are set at the physician or NPI-level, and not tied to the physical location of a practice.

**8. If we file for 2011 and don't meet the qualifications, can we re-file for 2012 as our first year?**

Reporting details will be finalized in the Interim Final Rule set for release in December. However, the HIT Policy Committee recommended on July 16 that the 2011 criteria apply to providers who adopt EHR systems by 2011 as well as to providers whose first adoption year is after 2011. Thus, a provider that is not ready to implement an EHR system until 2012 or 2013 will need to comply with the 2011 criteria as its initial criteria. The 2013 criteria are applicable for a provider's third year of EHR adoption.

**9. What is the actual filing year for 2011 incentives? Calendar year 2010 or 2011?**

The reporting period requirements have not been determined yet.

**10. Can you implement an EHR and meet requirements at any time between Jan. 1–Dec. 31 of each year?**

Expect CMS to release details on eligibility and reporting requirements and the payment process in December.

**11. Is there a determination of 2007 versus 2008 CCHIT?**

CCHIT releases updated criteria each year. Visit [www.cchit.org](http://www.cchit.org) for updated information.

**12. How can we find comparative information about EHR systems?**

KLAS offers ratings of vendor performance. Visit [www.KLASresearch.com](http://www.KLASresearch.com). There is also a toolkit for providers online: [www.klasresearch.com/klasemrtoolkit](http://www.klasresearch.com/klasemrtoolkit). Tools like [www.ehrscope.com](http://www.ehrscope.com), [www.ehrselector.com](http://www.ehrselector.com) and [www.softwareadvice.com](http://www.softwareadvice.com) might also help.