

EHR Incentives for Multi-Campus Hospitals

THE ISSUE

In the Centers for Medicare & Medicaid Services' (CMS) final rule on the Medicare and Medicaid incentives for meaningful use of electronic health records (EHRs), hospital systems with multiple campuses are not eligible for more than one federal incentive payment if they share a single CMS certification number.

That is, CMS will make a single incentive payment for the entire system rather than a separate payment for each hospital. This does not reflect congressional intent to treat hospitals equitably for purposes of federal incentives; nor does it recognize the costs of implementing EHRs across different institutions within a single hospital system.

AHA POSITION

Congress should pass legislation allowing individual hospital sites to separately qualify for EHR incentives.

WHY?

■ **Each hospital campus will still incur considerable costs in implementing an EHR.** The cost of implementation at each site far exceeds the purchase cost of the actual application or software, and includes hardware, workflow redesign and staff training, among other costs. The incentives are meant to support adoption at all hospitals. It is unfair for some hospital systems to receive only one payment to cover multiple sites due to their organization's structure.

KEY FACTS

Reps. Michael Burgess, M.D. (R-TX), Eliot Engel (D-NY), Kevin Brady (R-TX) and Charles Rangel (D-NY) have introduced the *Equal Access and Parity for Multi-Campus Hospitals Act* (H.R. 2500), AHA-supported legislation to ensure that multi-campus hospitals are treated fairly under the Medicare and Medicaid EHR

incentive programs authorized in the *American Recovery and Reinvestment Act*. With 74 bipartisan co-sponsors, the bill specifies that the EHR incentive payments should go to each campus of a multi-campus hospital system, as long as each campus meets the meaningful use requirements.