Registration and Attestation for the Medicare and Medicaid EHR Incentive Programs

**AT A GLANCE**

The Issue:
The Centers for Medicare & Medicaid Services (CMS) recently took steps to operationalize the Medicare and Medicaid Electronic Health Record (EHR) incentive programs. The incentive programs provide bonus payments to certain physicians and hospitals for the adoption and “meaningful use” of EHRs beginning in 2011. Beginning in 2015, hospitals and physicians that fail to meet the meaningful use requirements will face payment penalties under Medicare, but not Medicaid.

Registration for the programs began in January 2011, and as of today, six states have made payments under the Medicaid program. Beginning on April 18, hospitals and physicians that meet all of the Medicare program requirements will be able to attest that they have demonstrated meaningful use of EHRs and receive Medicare EHR incentive payments beginning in May.

Providers do not have to register until they are ready to participate in the program. They may, however, register early with no adverse consequences.

Our Take:
CMS has been challenged to get the Medicare and Medicaid EHR incentive programs up and running under a very short time frame. The beginning of registration and attestation marks an important milestone in ensuring that needed federal funds are available to support adoption of EHRs. Hospitals interested in pursuing these incentives should familiarize themselves with the operational processes.

While the start of registration and attestation is a positive step, the EHR incentive programs continue to be hampered by regulatory complexity and uncertainty. The AHA will continue to work with CMS and Office of the National Coordinator for Health Information Technology (ONC) to simplify the certification and meaningful use requirements and ensure that the funds Congress intended to support adoption of EHRs are made available to hospitals and physicians.

What You Can Do:
- Share this advisory with your senior management team.
- Ask your chief information officer about your hospital’s strategies to implement EHRs and achieve meaningful use.
- Involve your compliance officer before you attest to meaningful use.
- Make sure your quality staff is aware of the new quality reporting requirements for meaningful use.

Further Questions:
If you have questions or need more information, please contact Chantal Worzala, director of policy, at cworzala@aha.org or (202) 626-2313.
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BACKGROUND

Congress established the Medicare and Medicaid Electronic Health Records (EHR) incentive programs as part of the American Recovery and Reinvestment Act (ARRA) of 2009. The incentive programs provide bonus payments to certain physicians and hospitals for the adoption and “meaningful use” of EHRs beginning in 2011. Beginning in 2015, hospitals and physicians that fail to meet the meaningful use requirements will face payment penalties under Medicare, but not Medicaid. The incentive programs operate on a federal fiscal year (FY) for hospitals (October 1 through September 30) and a calendar year for physicians and other eligible professionals (EPs).

Hospitals can receive up to four years of incentive payments under Medicare. For hospitals paid under the inpatient prospective payment system (PPS), the last year to begin the program and still receive all four consecutive years of payment is FY 2013. Critical access hospitals (CAHs) must first demonstrate meaningful use in FY 2012 to receive all four consecutive years of incentives.

The AHA has provided detailed Regulatory Advisories on the rules that govern the incentive programs, including:

- The final rule published by the Centers for Medicare & Medicaid Services (CMS) defining meaningful use and establishing the payment policies, available at http://www.aha.org/aha/advisory/2010/100813-regulatory-adv.pdf; and
- The final rules published by the Office of the National Coordinator for Health Information Technology (ONC) establishing the certification requirements for EHRs and the process of certification through ONC-approved testing and certification bodies (ONC-ATCB), available at http://www.aha.org/aha/advisory/2010/100720-regulatory-adv.pdf.

AT ISSUE

This Regulatory Advisory highlights key pieces of information on operational aspects of the EHR incentives programs, and gives hospitals links to the latest information from CMS and ONC.
Recent Guidance
Since the publication of the final rules in July 2010, both CMS and ONC have issued additional guidance on how the programs work, including educational materials, frequently asked questions (FAQs) and new websites. CMS' website on the EHR incentive programs contains information and educational materials, including answers to more than 100 FAQs. As the policies governing these new programs are complex, we encourage you to carefully review materials on this website at http://www.cms.gov/EHRIncentivePrograms/01_Overview.asp#TopOfPage.

Steps to Obtain a Meaningful Use Incentive Payment
Hospitals interested in receiving a meaningful use incentive payment must:

1. Register with CMS and, if they are eligible for a Medicaid payment, with a single state Medicaid agency;
2. Ensure that they have certified EHR technology;
3. Ensure that they meet all of the requirements of meaningful use, including reporting of specific clinical quality measures directly from the EHR;
4. Successfully attest to meeting both the certification and meaningful use requirements.

Registration
CMS opened registration in January 2011. Hospitals (and EPs, including physicians) may register at any time. Providers do not need to register before they plan to attest to meaningful use; they may, if they choose, register and attest on the same day. Providers may choose to register in advance to ensure that they have successfully met the registration requirements. If providers choose to register in advance, they are not committed to attest to meaningful use of certified EHR technology in the same year. In addition, physicians and other EPs will receive information about whether CMS considers them to be hospital-based, and therefore ineligible for incentives, during the registration process.

CMS has made available user guides on the registration process that contain full instructions on how to register at http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp#TopOfPage. Some items to note before beginning:

- To register, hospitals must have an active National Provider Identifier (NPI) and an enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS).
- The person registering on behalf of the hospital must have an Identity and Access Management (I&A) system web user account and be associated with the hospital in the CMS system.
- The registration is linked to the hospital’s CMS Certification Number (CCN), formerly known as a Medicare provider number.
- During the registration process, the hospital will identify the Tax ID where payments should go.
Hospitals and physicians begin their registration process for both Medicare and Medicaid EHR incentives through the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System at https://ehринcentives.cms.gov/hitech/login.action. Registration for the Medicare program is completed through this site. Registration on the CMS website is also required before providers register with a state Medicaid program.

**Most Hospitals Should Register for Both Medicare and Medicaid.** Hospitals can be eligible for both Medicare and Medicaid EHR incentives. Under the Medicaid program, the first year of payment does not require hospitals to achieve meaningful use. Rather, states can make a payment to support adoption, implementation or upgrading of certified EHR technology. Hospitals can receive the Medicaid incentives from only one state (see the AHA regulatory advisory on meaningful use for more details on eligibility for Medicare and Medicaid EHR incentives).

During registration, hospitals will be asked to choose among three options:

- Medicare only;
- Medicaid only; or
- both Medicare and Medicaid.

**CMS has advised hospitals that are eligible for EHR incentive payments under both Medicare and Medicaid, or think they may be at some point in the future, to select "both Medicare and Medicaid" during the CMS registration process.** This includes those hospitals that plan to apply for only a state Medicaid EHR incentive payment at first and those hospitals in states where the Medicaid program is not yet operational.

There will be no adverse consequences if a hospital registers as "both Medicare and Medicaid" but does not later attest to meaningful use under Medicare or register for the Medicaid program. Due to CMS operational issues, however, hospitals that register as "Medicare only" or "Medicaid only" will not be able to automatically change their registration online (i.e., change to "both Medicare and Medicaid" or from one program to the other) after a payment is initiated. This change will require a complex Medicare registration process and could cause delays in receiving a Medicare EHR incentive payment. If you have already registered, but not yet received payment, you can still switch.

Providers registering for a state Medicaid incentive program should begin on the CMS website. They will be asked to identify the state from which they plan to receive Medicaid incentives and be told to register directly with that state’s Medicaid program. If the state program is not yet active, providers will have to wait until the state is ready to continue. As of April 2011, the following states were accepting Medicaid incentive program registrations:

- Alabama
- Alaska
- Iowa
- Kentucky
- Louisiana
- Oklahoma
Of those, Iowa, Kentucky, Louisiana, North Carolina, Oklahoma and South Carolina have made payments.

Hospitals and EPs will be asked whether they have a certified EHR during the CMS registration process. However, you are not required to have a certified EHR to register (see section on certification below for more information).

If hospitals have difficulties with registration, they should contact the CMS EHR Information Center at 888-734-6433 (primary number) or 888-734-6563 (TTY number).

Registration for Physicians and Other Eligible Professionals. Physicians and other EPs follow a similar process to register, and begin at the same CMS website at https://ehrincentives.cms.gov/hitech/login.action. EPs must choose between Medicare and Medicaid when they register and may switch programs only one time. EPs must register individually, using their own NPI and I&A account. Hospitals that support employed or affiliated physicians with their Medicare billing may not register on their behalf at this time. CMS has announced that beginning on April 18, 2011 it will establish a mechanism for EPs to designate third parties to register for the Medicare program on their behalf, and the agency will soon provide information on the process. Each state will determine the registration process for Medicaid providers.

During registration, EPs designate the tax ID where incentive payments should go. They can designate a group practice or hospital to receive the payments if they have reassigned benefits to that group or hospital and the reassignment of benefits is recorded in the PECOS system. To identify a group practice or hospital to receive the payments, the EPs must know and enter the NPI for that group practice or hospital. Hospitals should work with their employed and affiliated physicians to ensure they have all of the needed information to register and properly identify the recipient of incentive payments.

Attesting to Meaningful Use of a Certified EHR. To successfully demonstrate meaningful use of a certified EHR, hospitals must:

1. Possess EHR technology certified against all 24 hospital objectives of meaningful use;
2. Meet each of the 14 “core” objectives of meaningful use;
3. Meet at least one public health objective, and at least four additional “menu set” objectives; and
4. Report on each of the 15 clinical quality measures generated directly from the certified EHR.
For detailed information on the meaningful use requirements, see the AHA’s Regulatory Advisory on the meaningful use rule at http://www.aha.org/aha/advisory/2010/100813-regulatory-adv.pdf. CMS’ website also contains additional guidance on the meaningful use requirements, including detailed specifications for each objective, at https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage.

Having a Certified EHR. To receive incentive payments, hospitals must attest that they possess EHR technology certified against all 24 hospital objectives of meaningful use, either by using a “Complete EHR” or a set of EHR Modules that collectively has been certified against all of the requirements.

Six ONC-ATCBs have been approved to ensure that vendor products meet the certification requirements mandated by ONC. Hospitals with self-developed technology or systems that have not been certified by a vendor are responsible for getting their systems certified by one of the ONC-ATCBs, at their own initiative and expense.

ONC maintains a single, authoritative, comprehensive list of certified EHR products (complete and modular) on its Certified Health IT Products List (CHPL) website at http://onc-chpl.force.com/ehrcert. It is very important that hospitals verify that their vendors’ products are on this list, as only products on the list can be used to demonstrate meaningful use. If a hospital successfully self-certifies a complete EHR or module with an ONC-ATB, it will appear on the CHPL.

During attestation, hospitals and EPs will be asked to provide CMS with a “CMS EHR Certification Number.” This is different from the certification number that your vendor will receive. Hospitals and EPs must go to the CHPL in order to get their unique CMS EHR Certification ID. According to the ONC website, providers will use a “shopping cart” functionality to select the EHR products they have installed; receive information on whether their bundle of products meets all of the criteria; and then request a CMS EHR Certification Number to use during CMS registration or attestation.

Hospitals have expressed considerable difficulty in understanding the complex certification requirements and determining whether the mix of products they have installed is certified according to the rules. ONC has published numerous FAQs about the certification requirements at http://healthit.hhs.gov/portal/server.pt/community/onc_regulations_faqs/3163, but confusion remains. The AHA continues to work with ONC to simplify the certification requirements, which currently risk becoming a barrier to meaningful use rather than an enabler.


Attestation Process. CMS reports that attestation for meaningful use under Medicare will begin on April 18, 2011, on the same website used for registration at...
Hospitals and EPs will be expected to enter into the online attestation system detailed information on the meaningful use objectives, as well as numerator, denominator and exclusion data on the clinical quality measures. Attestation for the Medicaid incentive programs will be handled by the states.

For the first year of participation in the Medicare EHR incentive program, hospitals and CAHs must attest to meeting meaningful use of certified EHR technology for at least 90 days within the federal fiscal year, which ends on September 30. Hospitals and CAHs cannot report on a period that spans two fiscal years. The 90-day reporting period is applicable no matter when a hospital or CAH first attests to meaningful use, but is only effective in the first year of meaningful use. In the second and later years of meaningful use, attestation will occur annually, based on a full year of reporting.

For example, in FY 2011, the latest possible 90-day period of attestation is July 3 through September 30, 2011. Hospitals cannot start their 90-day reporting period in August or September because there would be fewer than 90 days left in the fiscal year. If hospitals choose to attest to meaningful use in FY 2011, they must continue to meet all of the meaningful use requirements for the full year in FY 2012.

If hospitals decide to wait until FY 2012 to demonstrate meaningful use, the first 90-day reporting period in FY 2012 is October 1 through December 31, 2011. The last possible 90-day reporting period is approximately July through September 2012.

Hospitals and CAHs have 60 days after the end of the federal fiscal year to attest to meaningful use under Medicare. Therefore, to receive incentive payments for FY 2011, they must attest by November 30, 2011.

For EPs, the Medicare incentives follow a calendar year. Thus, for EPs the last 90-day period to demonstrate meaningful use for 2011 is October 1 through December 31. Attestation must occur by February 29, 2012.

During attestation, the official attesting on behalf of the hospital must affirm that the information entered is true and accurate to the best of his/her knowledge. False attestation may have significant legal consequences. Hospitals should consider who will attest on behalf of their facility and ensure that compliance officers have been consulted.

Hospitals, CAHs and EPs must keep documentation supporting their demonstration of meaningful use and use of a certified EHR for six years. Although requested by the AHA, further information on compliance audits is not currently available from CMS. Look for an update from the AHA when further information becomes available.

**Receiving a Payment**

CMS reports that payments will be made about four to six weeks after hospitals or EPs successfully attest that they have demonstrated meaningful use of certified EHR.
technology. Payments to Medicare providers will be made to the taxpayer identification number (TIN) selected at the time of registration, through the same channels and in the same form that Medicare claims payments are made.

Hospitals can receive their initial payment as early as May 2011 (if they attest in April 2011). Medicaid incentives will be paid by the states and are expected to begin in 2011, but the timing will vary by state.

Medicare contractors will calculate initial payments according to the formulas established in law and based on the hospital’s most recently available cost report. Final payment will be determined at the time the hospital’s cost report for the payment year is settled. For CAHs, payments will depend on the reasonable costs incurred for purchase of depreciable assets, such as computers and associated hardware and software necessary to administer certified EHR technology, excluding any depreciation and interest expenses. CMS directs CAHs to their Medicare contractors to answer questions on reasonable costs. See the AHA’s Regulatory Advisory on the final rule for details on the payment calculations at http://www.aha.org/aha/advisory/2010/100813-regulatory-adv.pdf.

**Next Steps**

Share this Advisory with your senior management team and make sure that they are familiar with the registration and attestation processes and requirements. Look for additional AHA education materials on our website at http://www.aha.org/aha/issues/HIT/100226-hit-meaningful.html.

The AHA will continue to advocate for greater simplicity and flexibility in the meaningful use and certification rules. If you have questions, please contact Chantal Worzala, director of policy at (202) 626-2313 or cworzala@aha.org.